



# General Guidance for Developing, Documenting, Implementing, Maintaining, and Auditing an SQF System-Manufacture of Food Packaging

## Module 2: System Elements

SQF Code, Edition 8.1

**OCTOBER 2019**

202-220-0635  
[www.sqfi.com](http://www.sqfi.com)

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Guidance for Developing, Documenting, Implementing,  
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SQF Code, Edition 8.1– Module 2: SQF System Elements for Manufacture of Food Packaging

## Preface

This document provides general guidance for SQF sites, consultants and auditors on the implementation and auditing module 2 of the SQF Food Safety Code for Manufacture of Food Packaging, Edition 8.1 (herein referred to as the SQF Code) and can be used where no specific industry sector guidance is available.

The purpose of SQF Code implementation is not only to achieve certification, but to assure constant and continual validate and review of a site’s SQF System for currency and completeness.

Effective implementation of the SQF Code requires the commitment of the site management and the constant involvement and participation of site staff to maintain the safety of SQF certified products. The result of effective SQF implementation is not only the protection of public health and company brands, but real improvement through the reduction of waste, recalls and withdrawals, and improved productivity by “doing it right the first time.”

The SQF Institute is grateful to the SQF Institute’s Technical Advisory Council and SQF stakeholders for their assistance in reviewing and contributing to this document.

## Table of Contents

<b>Preface</b> .....	<b>1</b>
<b>Section 1. Introduction</b> .....	<b>3</b>
1.1 Purpose of the Guidance Documents .....	3
1.2 Layout of the SQF Code .....	3
<b>Section 2. The SQF Certification Process</b> .....	<b>4</b>
<b>Section 3. The SQF Implementation Process</b> .....	<b>4</b>
<b>Section 4. Introduction to this Guide</b> .....	<b>6</b>
1. Purpose and Scope of this Guide .....	6
2. The Structure of the SQF Code, Edition 8.1 .....	7
3. The Structure of an SQF System .....	7
4. Module 2 Mandatory Elements .....	8
5. Format of the Module 2 Guidance.....	9
<b>Section 5. Module 2: SQF Systems Elements</b> .....	<b>10</b>
2.1 Management Commitment .....	10
2.2 Document Control and Records.....	18
2.3 Specification and Product Development .....	21
2.4 Food Safety System .....	27
2.5 SQF System Verification .....	39
2.6 Product Identification, Trace, Withdrawal and Recall.....	46
2.7 Food Defense and Food Fraud.....	50
2.8 Allergen Management.....	54
2.9 Training .....	56
<b>Appendix 1: Allergen Cleaning and Sanitation Guide....</b> Error! Bookmark not defined.	
Introduction .....	<b>Error! Bookmark not defined.</b>
Cleaning Validation and Verification .....	<b>Error! Bookmark not defined.</b>
Conclusion .....	<b>Error! Bookmark not defined.</b>

## **Section 1. Introduction**

### **1.1 Purpose of the Guidance Documents**

The purpose of this series of SQF Guidance Documents is to assist sites with designing, developing, documenting, implementing and maintaining an SQF Food Safety System using the SQF Code and to assist SQF registered auditors in auditing the SQF Code.

The relevant Code version number is identified in the document header. Terms used in these documents are defined in Appendix 2: Glossary.

Guidance is intended to support the SQF Code, but does not replace it. It is not an auditable document, nor is it intended to be prescriptive to address every situation. Sites, consultants, and auditors are required to understand the food safety risks in a given industry sector and are able to apply the SQF Code effectively to control those risks.

### **1.2 Layout of the SQF Code**

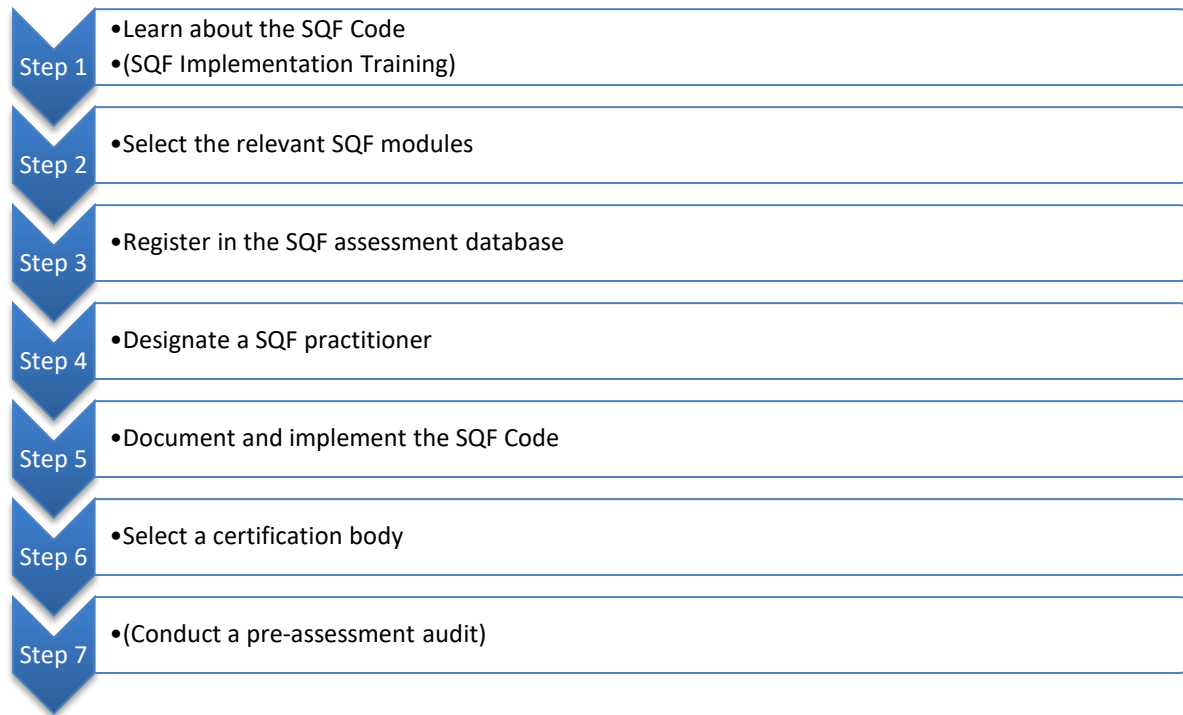
The SQF Code consists of two parts and four appendices. Part A contains the criteria for implementing and maintaining the SQF Code. Part B is made up of modules containing clauses or elements, which the site must implement as their SQF System. In module 2, the clauses encompass the system elements. Each element outlines where procedures need to be documented, where record keeping is required or where actions must be taken. Module 13 contains the Good Manufacturing Practices requirements applicable to various food industry sectors. Sites must meet the requirements of the module or modules applicable to their food industry sector.

The four appendices in the SQF Code provide additional information needed to implement an SQF System:

- Appendix 1: SQF Food Sector Categories
- Appendix 2: Glossary of Terms
- Appendix 3: SQF Logo Rules of Use
- Appendix 4: Requirements for SQF multi-site Certification

## Section 2. The SQF Certification Process

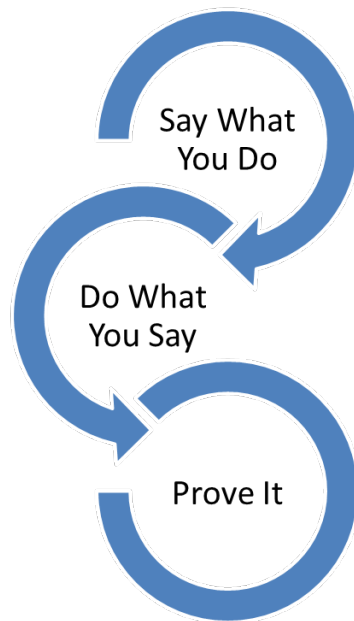
The steps for the process of preparing for SQF certification are shown below. Optional steps or other options are indicated in parenthesis. This process is outlined in section 1 of Part A of the SQF Code.



## Section 3. The SQF Implementation Process

To achieve SQF certification, the site must document and implement the relevant modules of the SQF Code. It's also important to provide evidence of the System in the form of documents and records. The implementation process is shown below.

Guidance for Developing, Documenting, Implementing,  
Maintaining and Auditing an SQF Food Safety System  
SQF Code, Edition 8.1– Module 2: SQF System Elements for Manufacture of Food Packaging



Document the SQF System – prepare policies, procedures, work instructions and specifications that address the relevant modules of the SQF Code. In other words “say what you do.”

Implement the SQF System – put into place the prepared policies, procedures, work instructions and specifications. In other words, “do what you say.”

Provide records the SQF System – keep records to demonstrate compliance to the relevant modules of the SQF Code. These records provide evidence of the function and control of the System. In other words, “prove it.”

## Section 4. Introduction to this Guide

### 1. Purpose and Scope of this Guide

The purpose of this series of SQF Guidance Documents is to assist sites with designing, developing, documenting, implementing and maintaining an SQF System using the SQF Code and to assist SQF registered auditors in auditing the SQF Code.

The relevant Code version number is identified in the document header. Terms used in this document are defined in Appendix 2: Glossary.

This particular guide covers the requirements of *Module 2: SQF System Elements*. All sites seeking certification to the SQF Code must document, implement and maintain module 2 of the SQF Code, irrespective of their industry sector.

Guidance for Developing, Documenting, Implementing,  
Maintaining and Auditing an SQF Food Safety System  
SQF Code, Edition 8.1– Module 2: SQF System Elements for Manufacture of Food Packaging

## 2. The Structure of the SQF Code, Edition 8.1

The SQF Code is a process and product certification standard that uses Hazard Analysis Critical Control Points (HACCP) as its foundation. HACCP is a food safety management system based on the principles defined in either:

- The CODEX Alimentarius Commission HACCP principles and guidelines, or
- The National Advisory Committee on Microbiological Criteria for Food (NACMCF)

The main feature of the SQF Code is its emphasis on the systematic application of HACCP to identify, monitor and control food safety hazards as well as food safety hazards in the process flow to manage identified food safety risks.

This guide references the HACCP (Hazard Analysis and Critical Control Point) technique but does not explain the HACCP method in any detail. It requires that those implementing and auditing an SQF System to have completed HACCP training as defined in *Appendix 2: Glossary* of the SQF Code, edition 8 and have extensive knowledge of the HACCP guidelines of either of the above documents, the application of the HACCP principles and experience in implementing HACCP systems. It is not meant to deliver prescribed, absolute rules for implementation, but to be utilized by sites, SQF consultants and SQF auditors as recommendations on practical applications for implementation and certification of the SQF Code.

## 3. The Structure of Module 2: SQF System Elements

An SQF System is a risk management system documented and implemented by a supplier of food (or related) products to control food safety risks using the SQF Code, edition 8.1. It can be audited and certified by an SQF licensed certification body.

The process of how to document and implement the SQF Code, edition 8.1 and achieve SQF certification can be found in the most current version of Part A of the SQF Code, edition 8.1.

Module 2 defines the core elements of the SQF Code that provide protection and assurance and are required to be implemented by all sites seeking SQF certification. It forms the foundation of the site's SQF System. It includes the commitment of site management to maintain a safe food supply and the management processes that must be in place to do so; the HACCP plan(s) that identify and control hazards; the HACCP food safety plan (s) that identifies threats and defines their control; product traceability and recall; control of foods containing allergens and other foods requiring identity preservation; and staff training requirements.

It also points to the industry specific pre-requisite programs that are found in applicable module 13 of the SQF Food Safety Code for Manufacture of Food Packaging. Module 2 must be paired with implementation of the GMP module 13 for SQF Certification to occur.

The elements of Module 2 that the site must address in their SQF System are as follows:

- 2.1 Management Commitment
- 2.2 Document Control and Records
- 2.3 Specification and Product Development
- 2.4 Food Safety System
- 2.5 SQF System Verification
- 2.6 Product Identification, Trace, Withdrawal and Recall
- 2.7 Food Defense and Food Fraud
- 2.8 Allergen Management
- 2.9 Training



Guidance for Developing, Documenting, Implementing,  
Maintaining and Auditing an SQF Food Safety System  
SQF Code, Edition 8.1– Module 2: SQF System Elements for Manufacture of Food Packaging

#### 4. Module 2 Mandatory Elements

The SQF Code recognizes that every business is different and that some SQF System Elements may not apply to some food businesses. However, it is expected that the majority of the elements of module 2 apply to the majority of food and food related businesses, and where they are applicable, must be documented and implemented.

A number of the elements in module 2 are indicated as “mandatory” and must be implemented and audited for certification to be granted. During an SQF audit, these elements cannot be reported as “not applicable” or “exempt” by the auditor. They are marked with as (Mandatory) in the heading of the clause. The mandatory elements are listed in Part A, 2.10 of the SQF Code, edition 8 and are as follows:

- 2.1.1 Food Safety Policy
- 2.1.2 Management Responsibility
- 2.1.3 Management Review
- 2.1.4 Complaint Management
- 2.2.1 Food Safety Management System
- 2.2.2 Document Control
- 2.2.3 Records
- 2.4.1 Food Legislation
- 2.4.2 Good Manufacturing Practices
- 2.4.3 Food Safety Plan
- 2.4.4 Approved Supplier Program
- 2.4.7 Product Release
- 2.5.1 Validation and Effectiveness
- 2.5.2 Verification and Monitoring
- 2.5.3 Corrective and Preventative Action
- 2.5.5 Internal Audits and Inspections
- 2.6.1 Product Identification
- 2.6.2 Product Traceability
- 2.6.3 Product Withdrawal and Recall
- 2.7.1 Food Defense Plan
- 2.8.1 Allergen Management for Food Packaging
- 2.9.2 Training Program

Sites should not consider the mandatory elements as the only elements to be implemented. All applicable elements within module 2 must be implemented and will be audited. For example, allergen management is not considered to be a mandatory element because some low risk food businesses do not have an allergen risk. However, every site that does have an allergen risk must have an allergen management program that meets 2.8.1, and will be audited against that element.

Guidance for Developing, Documenting, Implementing,  
Maintaining and Auditing an SQF Food Safety System  
SQF Code, Edition 8.1– Module 2: SQF System Elements for Manufacture of Food Packaging

**5. Format of the Module 2 Guidance**

The following section explains the elements and sub-elements of the SQF Code Module 2 and provides guidance on what a site needs to do to develop, document and implement an SQF System, and provides information on what the auditor may be looking for to confirm compliance.

The following format is used throughout:

**Element Number and Name**

**Sub-element Number and Name. Mandatory elements will be indicated by: "(Mandatory)"**

This section will describe what the SQF Code Module 2 requires. This is the text from the SQF Code, and is the auditable standard. Where there is disagreement between the text of the SQF Code and the guidance, the SQF Code in English prevails.

<b>Implementation Guidance</b>
<p><b>What does it mean?</b></p> <p>This will include the interpretative comments of what the sub-element requires or definitions of the terms used.</p> <p><b>What do I have to do?</b></p> <p>This will include suggestions of what is required to be done by the site to document and implement this sub-element. The information provided is not considered exhaustive and may not apply in every situation. It is meant to provide guidance and interpretation.</p>
<b>Auditing Guidance</b>
<p>This will include suggestions of what the auditor may seek as evidence of compliance for this sub-element. The information provided is not exhaustive and may not apply in every situation.</p>

## Section 5. Module 2: SQF Systems Elements

### 2.1 Management Commitment

The level of commitment, support, and leadership demonstrated by senior company and site management is fundamental to the effective implementation of an SQF food safety management system. Senior management must create an environment within their site to encourage all staff to support a pro-active attitude towards food safety.

The requirements detailed in 2.1 provide an important measure of the level of leadership within the site.

#### 2.1.1 Food Safety Policy (Mandatory)

##### What the SQF Code says

2.1.1.1 Senior management shall prepare and implement a policy statement that outlines as a minimum the:

- i. The site's commitment to supply safe food;
- ii. Methods used to comply with its customer and regulatory requirements and continually improve its food safety management system; and
- iii. The site's commitment to establish and review food safety objectives.

2.1.1.2 The policy statement shall be:

- i. Signed by senior site management;
- ii. Made available in language understood by all staff; and
- iii. Displayed in a prominent position and effectively communicated to all staff.

#### 2.1.1 Implementation Guidance

##### What does it mean?

Commitment to a policy by senior management is a visible sign of leadership – the creation of a “culture of food safety” within the site. The policy statement provides a focus on what the site aspires to and is working to achieve in terms of food safety.

“Senior” means the person who has operational control within the site. It is considered to be the senior person on site. Some larger sites may be influenced by a Board of Directors or senior management team based at Head Office. However as considered in the SQF Code, it is the site senior management that is referred to, and the person who must sign the policy.

Senior management must sign the document as an indication of their commitment to implement it. The policy statement sets out the objectives of the site’s SQF System, and provides the framework for achieving objectives at an operational level. Objectives must be written in a way that every employee at the site can contribute toward achieving them.

Commitment to regulatory and customer requirements underpins the site’s SQF System and must be included in the policy statement.

##### What do I have to do?

This element is mandatory. The policy statement is generally the first part of the site’s food safety manual (refer to 2.1.3). The owner or most senior responsible person within the site is required to:

- document and sign a policy statement that clearly demonstrates their understanding of their food safety responsibility under the SQF System;
- outlines how the site will achieve and maintain food safety;
- includes a stated commitment to comply with customer and regulatory requirements; and
- includes a stated commitment to continually improve the SQF System.

The policy statement must be reviewed at least annually by senior management. This review is normally done when the review of the SQF System is undertaken.

The policy statement must be available to all staff in a form and language that is understood by all staff.

#### 2.1.1 Auditing Guidance

Guidance for Developing, Documenting, Implementing,  
Maintaining and Auditing an SQF Food Safety System  
SQF Code, Edition 8.1– Module 2: SQF System Elements for Manufacture of Food Packaging

The content of the policy statement will be reviewed by the auditor initially at the desk audit. However, during the first and subsequent site audits, the auditor will check to confirm that the contents of the policy statement are applied in practice on a daily basis.

The auditor will seek evidence of compliance to management commitment and thereby a “culture of food safety” through observation and interview. Evidence may include:

- A documented policy statement, signed by the senior site manager, that commits to meeting customer and regulatory requirements and indicates how those requirements shall be met; setting and achieving food safety objectives; reviewing food safety objectives on a regular (at least annual) basis; and continually improving their SQF food safety management System.
- The currency of the policy statement.
- The availability of the policy statement to all staff within the site. This includes confirming employee understanding of the policy statement.
- Food safety objectives are established and realistic.
- Activities within the site meet customer and regulatory expectations.
- Activities within the site reflect established food safety objectives. The auditor may seek company food safety meeting minutes and check if management participated in these meetings.

The policy statement need not only be posted, however the actions for management commitment must be implemented.

There are also situations that may either singly or in combination indicate poor management commitment such as:

- A plant environment in which employees and management are not engaged or have no awareness of food safety objectives;
- Staffing positions that are recently created (indicating they were created simply to meet the element of the Code and not proactively to address food safety objectives), outdated or have been vacant for an extended period of time;
- Recent recalls or ongoing audit pressure;
- Plant is for sale or a public announcement has been made that the plant or division will be sold;
- The use of a large, temporary labor pool.

### **2.1.2 Management Responsibility (Mandatory)**

#### **What the SQF Code says**

2.1.2.1 The reporting structure describing those who have responsibility for food safety shall be identified and communicated within the site.

2.1.2.2 The senior site management shall make provision to ensure food safety practices and all applicable requirements of the SQF System are adopted and maintained.

2.1.2.3 The senior site management shall ensure adequate resources are available to achieve food safety objectives and support the development, implementation, maintenance and ongoing improvement of the SQF System.

2.1.2.4 Senior site management shall designate an SQF practitioner for each site with responsibility and authority to:

- i. Oversee the development, implementation, review and maintenance of the SQF System, including food safety fundamentals outlined in 2.4.2, and the food safety plan outlined in 2.4.3.
- ii. Take appropriate action to ensure the integrity of the SQF System; and
- iii. Communicate to relevant personnel all information essential to ensure the effective implementation and maintenance of the SQF System.

2.1.2.5 The SQF practitioner shall:

- i. Be employed by the site as a company employee on a full-time basis;
- ii. Hold a position of responsibility in relation to the management of the site's SQF System;
- iii. Have completed a HACCP training course;

Guidance for Developing, Documenting, Implementing,  
Maintaining and Auditing an SQF Food Safety System  
SQF Code, Edition 8.1– Module 2: SQF System Elements for Manufacture of Food Packaging

- iv. Be competent to implement and maintain HACCP based food safety plans; and
- v. Have an understanding of the SQF Food Safety Code and the requirements to implement and maintain SQF System relevant to the site's scope of certification.

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

2.1.2.7 Senior site management shall ensure that all staff are informed of their food safety and regulatory responsibilities, are aware of their role in meeting the requirements of the SQF food safety Code, and are informed of their responsibility to report food safety problems to personnel with authority to initiate action.

2.1.2.8 Job descriptions for those responsible for food safety shall be documented and include provision to cover for the absence of key personnel.

2.1.2.9 Senior site management shall establish processes to improve the effectiveness of the SQF System to demonstrate continuous improvement.

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

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

### 2.1.2 Implementation Guidance

#### **What does it mean?**

Tangible actions must follow commitment. Management must ensure that the resources required to implement the policy and food safety objectives, are available. Resources may be scarce in many organizations. Regardless, management must demonstrate that employees understand their responsibility for food safety and be allowed the time, tools and authority to carry out these responsibilities.

By providing and communicating an organizational chart or other reporting tool and position descriptions that demonstrate the interrelationships and responsibilities within the site, each employee will know his/her role in assuring food safety and continuous improvement. This must be understood by all employees and staff members of the site. Management must clearly identify and provide the resources to achieve food safety objectives.

This element also includes the requirements for, and responsibilities of, the SQF practitioner. This is a key role within the site, being the person designated by senior management to manage the development, implementation, daily operation, validation and verification of the SQF System.

Blackout periods are defined as blocked out seasons or time periods during the year where a site is not in full operation and therefore, unable to have a fully comprehensive unannounced audit conducted.

#### **What do I have to do?**

This element is mandatory. The senior responsible person is required to document the organizational reporting structure that describes each position that has responsibility for food safety. The organisational structure provides a snapshot of how these positions interact and share that responsibility. While an organizational chart may be used it is not the only way to demonstrate which positions are responsible for food safety. The reporting structure should also identify those who have responsibility for communication with customer and a defined system for that communication.

Senior management must convey the food safety responsibilities to every employee who has been identified as having an impact on food safety. This will be written into the job descriptions for all roles within the site that do impact food safety. Job descriptions for key personnel must include a provision for coverage on all shifts and replacement during absence. There must be documented instructions and training for all staff to report food safety problems to personnel with the authority to initiate actions.

Senior management must also document how they will provide resources to achieve food safety objectives. They must demonstrate their support of the development, implementation and maintenance and ongoing improvement of the SQF System. One definitive way to show support is for senior management to be present at opening and closing meetings of the SQF certification audits.

Guidance for Developing, Documenting, Implementing,  
Maintaining and Auditing an SQF Food Safety System  
SQF Code, Edition 8.1– Module 2: SQF System Elements for Manufacture of Food Packaging

For defining these blackout periods where an unannounced audit is not viable at that particular time, a site must submit dates and justification for their desired black out period at least one (1) month **before** the sixty (60) day re-certification window of an agreed upon unannounced audit.

The SQF practitioner is the individual designated by senior management to develop, validate, verify and maintain the company's Food Safety Plans, and assume control of the daily operation of the SQF System. The SQF practitioner may engage the services of an SQF consultant to assist with the development of the SQF System, or support its validation and verification, but overall responsibility remains with the site through the SQF practitioner.

The requirements of the SQF practitioner are clearly outlined in 2.1.2.5, and are further described in the SQFI guideline on SQF practitioners. Note that SQF practitioners are not required to complete an Implementing SQF Systems training course or Implementing SQF Systems examination. It is not compulsory although either or both is recommended. However, the practitioner is required to understand and demonstrate knowledge of the SQF Code and its application within the site. The SQF Practitioner is required to have completed a HACCP Training course. The minimum course requirement is 16 hrs in duration or equivalent. It is defined within the Appendix 2 glossary.

The commitment of management to ensuring that employees are trained and assessed as competent to carry out job functions pertaining to food safety must be documented. The job descriptions must reflect the competencies required of each employee to carry out their food safety responsibilities and the training that is necessary to assure those competencies (refer to 2.9).

Also, management must be able to demonstrate that the goal is not simply to achieve SQF Certification, but that they have processes in place to continuously improve their food safety processes (refer to 2.1.4). They must have measures in place to monitor the effectiveness of their SQF System and have programs and activities in place to improve the outcomes. Measures may include, but are not limited to:

- customer complaints (2.1.5),
- audit results (2.5.7),
- product analysis (2.5.6),
- corrective actions (2.5.5), and
- product withdrawal and recall (2.6.3).

### 2.1.2 Auditing Guidance

The auditor must avoid making a quick decision on *2.1.2 Management Responsibility*. Although this element is at the beginning of the Code, the auditor is unlikely to make a full judgment on compliance with this element until the end of the audit.

The documented organizational structure and job descriptions shall be audited as part of the initial desk audit. However during the first and subsequent site audits, the auditor will check to confirm that the contents of the organizational structure and job descriptions are applied in practice on a daily basis – that a "culture of food safety" has been created.

The credentials of the SQF practitioner shall also be checked at the initial desk audit. However the competence of the practitioner and his/her ability to effectively manage the SQF System shall be confirmed at each site audit.

The auditor will seek evidence of compliance to this requirement by observation and interview. Evidence may include:

- There is a current, documented organizational structure in place that identifies those responsible for food safety, and their interrelationship, and is agreed by senior management.
- Job descriptions are in place for positions within the site that have responsibility for food safety. The auditor may question why positions have been vacant for a long period of time or the site chooses to use a large, temporary labor pool.
- Adequate resources are in place to meet food safety objectives and the requirements of the SQF System. This includes coverage for all operational shifts and absences.
- Employees within the site with responsibility for food safety are clearly identified, are aware of their responsibilities and are trained and competent to carry out these responsibilities.
- Senior management ensures that all designated food safety practices and activities are correctly documented, meet the requirements of the SQF Code and are correctly and fully implemented on all

Guidance for Developing, Documenting, Implementing,  
Maintaining and Auditing an SQF Food Safety System  
SQF Code, Edition 8.1– Module 2: SQF System Elements for Manufacture of Food Packaging

shifts. This would include a review as to the timeliness of implementation of corrective actions, action on complaints, and addressing identified gaps in the site's programs.

- There is a designated SQF practitioner who manages the implementation and maintenance of the SQF System on a daily basis. (see 2.1.2.8 for provisions of alternates)
- The designated practitioner has the qualifications necessary to be an SQF practitioner (identified in 2.1.2.4 and 2.1.2.5) and is capable and competent to carry out this function.
- The designated practitioner has the support of senior management and has the time and availability to monitor the effectiveness of the SQF System; is competent and has the authority take appropriate corrective actions when necessary; and communicates to relevant employees any information necessary to maintain or improve the System.
- Senior management has processes in place to measure the effective implementation of the SQF System and initiate, resource and review improvement programs.

### 2.1.3 Management Review (Mandatory)

#### What the SQF Code says

2.1.3.1 The senior site management shall be responsible for reviewing the SQF System and documenting the review procedure. Reviews shall include:

- i. The policy manual;
- ii. Internal and external audit findings;
- iii. Corrective actions and their investigations and resolution;
- iv. Customer complaints and their resolution and investigation;
- v. Hazard and risk management system; and
- vi. Follow-up action items from previous management review.

2.1.3.2 The SQF practitioner (s) shall update senior site management on a (minimum) monthly basis on matters impacting the implementation and maintenance of the SQF System. The updates and management responses shall be documented. The SQF System in its entirety shall be reviewed at least annually.

2.1.3.3 Food safety plans, Good Manufacturing Practices and other aspects of the SQF System shall be reviewed and updated as needed when any potential changes implemented have an impact on the site's ability to deliver safe food.

2.1.3.4 Records of all management reviews and updates shall be maintained.

### 2.1.3 Implementation Guidance

#### What does it mean?

This element is closely linked to 2.1.2 and is one of the tangible actions which demonstrate management commitment and involvement.

The site must review their SQF System when any changes occur that impact food safety. This may include changes to product formulations, raw or packaging materials, processing or packaging equipment or changes to personnel. The SQF practitioner is responsible for managing such changes, but senior management is responsible for authorizing and approving these changes.

The SQF System shall be reviewed and update changes communicated (at a minimum) monthly to senior site management as part of the review of all operational activities. Additionally, a full review of the SQF System must be completed annually by senior management.

#### What do I have to do?

This element is mandatory. This (at a minimum) annual review, including monthly updates for site management, shall include the policies outlined in company's policy statement, findings from the regularly scheduled internal and external audits, customer complaints, test records, deviation reports and outcomes of corrective actions.

A procedure documenting how the review of SQF System is conducted shall be included in the food safety manual. The review must be conducted by senior management with the objective of ensuring the continued integrity of the food safety management system.



Guidance for Developing, Documenting, Implementing,  
Maintaining and Auditing an SQF Food Safety System  
SQF Code, Edition 8.1– Module 2: SQF System Elements for Manufacture of Food Packaging

The review shall measure the effectiveness of the SQF System against the food safety objectives established by senior management and the effectiveness of corrective actions taken in response to deficiencies in the System. The focus shall also be on the effectiveness of pre-requisite programs and the ongoing accuracy and validation of the Food Safety Plan (s).

All reviews and major changes to the SQF System shall be recorded by the SQF practitioner, including the reasons for any changes and the actions taken as a result of changes or reviews.

Major changes to a process, a process control or any changes that could impact on the ability of the System to deliver a safe product shall trigger a review of the Food Safety Plan in addition to the annual review. Any major changes to Food Safety Plans shall be validated and verified before implementation.

### 2.1.3 Auditing Guidance

The auditor will seek evidence of the existence of a management review procedure at the desk audit and compliance to this requirement through a review of records and interviews with senior management and the SQF practitioner. Evidence may include:

- Review of the management review procedure.
- Records of SQF System reviews by senior management and the depth of coverage of the review meetings (e.g., food safety objectives, food safety measures, customer complaints, test records, product and process changes, etc.).
- Identified actions from review meetings, and follow up on progress and outcomes of corrective actions.
- Changes to the products and/or operational processes since the last audit, and the extent to which these changes are reflected in the food safety manual.
- The extent to which changes in materials, process or products have been validated.
- Records of product and process changes and their validation.

### 2.1.4 Complaint Management (Mandatory)

#### What the SQF Code says

2.1.4.1 The methods and responsibility for handling and investigating the cause and resolution of complaints from customers and authorities, arising from products manufactured or handled on site, shall be documented and implemented.

2.1.4.2 Trends of customer complaint data shall be investigated and analyzed by personnel knowledgeable about the incidents.

2.1.4.3 Corrective action shall be implemented based on the seriousness of the incident and as outlined in 2.5.3.

2.1.4.4 Records of customer complaints and their investigations shall be maintained.

### 2.1.4 Implementation Guidance

#### What does it mean?

Customer complaints provide an important measure of how well the SQF System is performing. By accurately recording customer complaint types, a site can objectively measure changes in their management system and show improvements in a process. Customer complaints may also show trends that have not been identified during processing and normal process control checks. The SQF Code, edition 8.1 requires the site to implement a procedure for resolving customer complaints. The procedure shall outline the methods used and identify responsibilities for ensuring complaints are investigated and appropriate action is taken.

#### What do I have to do?

Although this is not a mandatory element, it is extremely unusual for sites NOT to have any customer complaints.

The site shall develop a procedure showing how customer complaints are received, investigated and responded to and the methods used to investigate complaint trends.

The procedure must detail the responsibility for investigating customer complaints, initiating follow up actions and communicating back to the customer how the complaint has been resolved. The procedure should include criteria for the determination of the validity of complaints.



Guidance for Developing, Documenting, Implementing,  
Maintaining and Auditing an SQF Food Safety System  
SQF Code, Edition 8.1– Module 2: SQF System Elements for Manufacture of Food Packaging

Any trending or data management of complaints need to be included in the procedure. The procedure can include criteria when trends show issues that require corrective action plan development and/or process adjustment. Complaints may be locally received or received from a central site, call center, or corporate entity and shall include complaints from customers, consumers and/or regulatory authorities. All should be available for use in the complaint procedure.

In the case of when the site's corporate entity is responsible for creating and executing the complaint management program, the procedure must describe how the site is made aware of the program, how it is communicated to the site, how the site has implemented the program, and how the site verifies that the program is being followed. The site will need to verify how it is using the information that is provided by corporate to develop corrective action plans.

Records of complaints must be retained and include corrective actions taken by the site.

#### **2.1.4 Auditing Guidance**

Customer complaints may be the first record that an auditor asks to review when beginning the site audit. Customer complaints can provide an auditor insight into the performance of the site's SQF System and any trend areas that may require greater focus. The customer complaint procedure shall be reviewed during the desk audit and the implementation of the procedure (including follow-up and corrective actions) checked as part of the site audit by interview, observation and review of records. Evidence may include:

- Review of customer complaint records (i.e., complaints from customers, consumers and/or regulatory authorities);
- Review of the customer complaint procedure including the responsibility for collecting customer complaint data, investigating complaints and managing corrective action (refer to 2.5.3);
- Investigation of the interface between a corporate reporting function and site knowledge and investigation of customer complaints (where applicable);
- Investigation of outcomes of corrective actions taken as a result of customer complaint investigations (refer to 2.5.3).

#### **2.1.5 Crisis Management Planning**

##### **What the SQF Code says**

2.1.5.1 A crisis management plan that is based on the understanding of known potential dangers (e.g., flood, drought, fire, tsunami, or other severe weather or regional events such as warfare or civil unrest) that can impact the site's ability to deliver safe food, shall be documented by senior management outlining the methods and responsibility the site shall implement to cope with such a business crisis.

2.1.5.2 The crisis management plan shall include as a minimum:

- i. A senior manager responsible for decision making, oversight and initiating actions arising from a crisis management incident;
- ii. The nomination and training of a crisis management team;
- iii. The controls implemented to ensure a response does not compromise product safety;
- iv. The measures to isolate and identify product affected by a response to a crisis;
- v. The measures taken to verify the acceptability of food prior to release;
- vi. The preparation and maintenance of a current crisis alert contact list, including supply chain customers;
- vii. Sources of legal and expert advice; and
- viii. The responsibility for internal communications and communicating with authorities, external organizations and media.

2.1.5.3 The crisis management plan shall be reviewed, tested and verified at least annually.

2.1.5.4 Records of reviews of the crisis management plan shall be maintained.

#### **2.1.5 Implementation Guidance**

Guidance for Developing, Documenting, Implementing,  
Maintaining and Auditing an SQF Food Safety System  
SQF Code, Edition 8.1– Module 2: SQF System Elements for Manufacture of Food Packaging

**What does it mean?**

A “crisis management plan” is often confused with a “product withdrawal and recall plan” (2.6.3). They are two separate functions and programs. A crisis management plan prescribes actions that will be taken as a result of external, environmental, climatic, equipment failure or other potential business threats that will impact the ability of the site to provide their customers with safe products. These threats, depending upon the site’s product, location and other factors may include fire, flood, power failure, storm damage, acts of terrorism, etc.

A recall plan however prescribes actions to be taken when sub-standard product, i.e., product that deviates from established safety limits, is distributed and has to be recovered from the market (refer to 2.6.3).

For some smaller sites, the crisis management team and recall team may be one and the same. For larger sites, they may differ.

It is expected that all SQF sites have considered the potential threats to their business and the controls necessary to ensure continuous, safe food supply.

**What do I have to do?**

The site is required to identify a crisis management team including a senior decision maker and ensure the team is trained in crisis management procedures. The team shall identify known threats to the business which could disrupt or impact its ability to produce and provide safe food and prepare a plan describing the methods and controls the site will implement to address these threats if they were to occur and how to maintain continuity of product supply during the crisis.

The plan must document in detail the controls the site will implement to assure that food safety is not compromised and that if the integrity of any product is compromised, how the product will be isolated and controlled. The plan should ensure that everyone on the crisis management team is familiar with the withdrawal and recall procedures the site has documented under 2.6.3.

The plan needs to include criteria for when controls will be implemented (e.g., numbers of hours with no power, rise in product temperature prior to moving to alternative storage locations, etc.) and how criteria will be monitored during the business threat condition. Criteria are to be product specific, as appropriate. Also included are product review and disposition criteria to determine what product is recoverable, what is salvageable and what is to be destroyed. Methods for recovery, salvage, and destruction shall be described within plan.

Communication during a crisis is important. Methods for communication with customers, stakeholders and news media must be described and the individual (s) who is/are responsible for communication (s) must be identified.

The crisis management plan shall include a crisis alert contact list, sources of legal and practitioner assistance which may counsel senior management in a crisis situation and designation of responsibilities for internal and external communication during a crisis.

The crisis management plan shall be reviewed at least annually. All elements of the plan need to be tested. This could include a mock press release, mock incident, requirement to contact external storage locations, etc. The key provision is to have a mock crisis identified, product identified, criteria for monitoring of affected product, actions that would be taken based on results from monitoring, and final disposition of identified product. If a mock communication is created, it is not recommended to contact customers for fear of confusion.

Records of this review are required.

**2.1.5 Auditing Guidance**

The crisis management plan shall be reviewed during the desk audit and the implementation of the plan, and its annual review (including follow-up and corrective actions) checked as part of the site audit by interview, observation and review of records. Evidence may include:

- A crisis management team has been established, trained and includes a senior decision maker;
- A crisis management plan is in place and has been tested at least annually;
- The crisis management plan includes known business threats, controls that need to be implemented, measures to isolate affected product and a contact list of relevant authorities, legal advice and other key stakeholders;
- The crisis management plan includes identification of the individual (s) responsible for communication, including communication within the site;
- Where the annual review of the crisis management plan has identified non-compliances or areas requiring improvements, corrective actions (refer to 2.5.3) have been identified and implemented;

Guidance for Developing, Documenting, Implementing,  
Maintaining and Auditing an SQF Food Safety System  
SQF Code, Edition 8.1– Module 2: SQF System Elements for Manufacture of Food Packaging

- Records of business continuity plan reviews and their corrective actions are available.

## 2.2 Document Control and Records

### 2.2.1 Food Safety Management System (Mandatory)

#### What the SQF Code says

2.2.1.1 A food safety management system shall be documented and maintained in either electronic and/or hard copy form. It shall outline the methods the organization will use to meet the requirements of the SQF Food Safety Code for Manufacturing, be made available to relevant staff and include:

- i. A summary of the organization’s food safety policies and the methods it will apply to meet the requirements of this standard;
- ii. The food safety policy statement and organization chart;
- iii. The scope of certification;
- iv. A list of the products covered under the scope of certification;
- v. Food safety procedures, pre-requisite programs, food safety plans; and
- vi. Other documentation necessary to support the development and the implementation, maintenance and control of the SQF System.

2.2.1.2 All changes made to food safety plans, Good Manufacturing Practices and other aspects of the SQF System shall be validated or justified.

#### 2.2.1 Implementation Guidance

##### What does it mean?

In general, food safety management systems involve “saying what you do,” e.g., documenting policies, specifications, procedures, HACCP plans and work instructions that agree with the standard (in this case, the SQF Code), and “doing what you say,” e.g., operating based on those documented policies and procedures. This is reflected throughout the SQF Code in the use of the terms “documented and implemented.”

In the SQF Code the food safety manual is the documented system (“saying what you do”) that must be implemented (“doing what you say”).

The food safety manual must be practical, usable, and available to all employees with a responsibility for food safety. It can be stored electronically or in hard copy, and the currency and security of the manual must be controlled (refer to 2.2.1). The form and structure of the manual is determined entirely by the site. It must be in a language and a form that is understood by all relevant employees.

##### What do I have to do?

This element is mandatory. The site must prepare a food safety manual that documents the policies, procedures, pre-requisite programs, Food Safety Plan(s), specifications and work instructions necessary to support the development, implementation, maintenance and control of the SQF System.

The manual will include the company policy statement and an organizational chart. It will include the HACCP Food Safety Plan(s) (refer to 2.4.3) for all products included in the site’s scope of certification.

There is no prescribed format for how the manual (s) is/are to be constructed. Format is determined by the site. It can be divided into a policy manual, food safety manual, or combined into one manual. It can be integrated with other operational procedures, or housed in a separate SQF manual - the choice depends on what best suits the site’s business.

The main criteria are to ensure that the manual conforms to the requirements of the SQF Code that are relevant for that industry sector and site, and that it is readily useable by the staff located at the site. It therefore is to be brief and concise and be available in a form and language that meets the access needs, language and literacy levels of the operating staff.

#### 2.2.1 Auditing Guidance

The food safety manual shall be thoroughly audited as part of the initial desk audit. The content of the manual shall be reviewed and verified, but not the format. At subsequent recertification audits the auditor

Guidance for Developing, Documenting, Implementing,  
Maintaining and Auditing an SQF Food Safety System  
SQF Code, Edition 8.1– Module 2: SQF System Elements for Manufacture of Food Packaging

shall review changes and conduct checks of the documentation, including specifications or procedures that may impact on food safety. The content of Food Safety Plans shall be reviewed at every audit.

The auditor will seek evidence of compliance to this requirement by reviewing documentation. Evidence may include:

- The manual includes the company policy statement (refer to 2.1.1) and organizational structure and job descriptions (refer to 2.1.2)
- The manual includes a summary of the site’s food safety policies and covers all relevant elements of the SQF Code.
- The manual includes procedures and/or work instructions for all pre-requisite programs included within the site’s scope of certification.
- The manual includes specifications for all products included within the site’s scope of certification.
- The manual includes the HACCP Food Safety Plan(s) for all products included in the site’s scope of certification.
- The manual is current, concise, available, and usable by employees by the site.

### 2.2.2 Document Control (Mandatory)

#### What the SQF Code says

2.2.2.1 The methods and responsibility for maintaining document control and ensuring staff have access to current documents shall be documented and implemented.

2.2.2.2 A register of current SQF System documents and amendments to documents shall be maintained.

2.2.2.3 Documents shall be safely stored and readily accessible.

### 2.2.2 Implementation Guidance

#### What does it mean?

This element relates back to *2.1.3 Food Safety Management System*. All management system documents (e.g., policies, procedures, specifications, food safety plans, work instructions), plus any other operational reference documents (e.g., external codes, regulations, customer requirements, equipment instructions, etc.), must be controlled to ensure their currency and relevance. This includes forms which are the templates for records that are used to report test, inspection and audit results.

Documents can be stored electronically or be paper-based, or a blend of both. However the current copy of the relevant documents must be available to staff and employees that need to use them. A list of documents and amendments to documents must be maintained to identify the current documents in use.

#### What do I have to do?

This element is mandatory. To comply with this requirement, the site must designate a staff member who is responsible for document storage and security and how documents are controlled; distributing current versions to relevant employees; and ensuring that documents are up-to-date. Worn, illegible or out-of-date documents must be replaced. A written procedure describing how documents will be maintained, updated and replaced must be developed and in place.

A register of all documents must be maintained including when they were issued, updated and alignment with who requires to have a copy of each document. Documents referred to include, for example, pre-requisite programs, food safety plans, SSOPs, SOPs, other work instructions and raw material and finished product specifications, etc.

Any requirements for corrections or maintenance of records must be recorded in document control procedures, including the appropriate methods for addressing corrections.

### 2.2.2 Auditing Guidance

The auditor needs to seek evidence of the existence of a document control procedure at the desk audit and compliance to this requirement by observation, interview with the responsible person and interviews with staff to ensure they have current documents available. Evidence may include:

- Review of the document control procedure;

Guidance for Developing, Documenting, Implementing,  
Maintaining and Auditing an SQF Food Safety System  
SQF Code, Edition 8.1– Module 2: SQF System Elements for Manufacture of Food Packaging

- Review of the document register and list of amendments, and their accuracy;
- Availability and currency of documents in use;
- Security and storage of documents;
- All personnel who need access to specific documents such as food safety plans, procedures, customer specifications and applicable food regulations have such access.

### 2.2.3 Records (Mandatory)

#### What the SQF Code says

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

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

2.2.3.3 Records shall be readily accessible, retrievable, securely stored to prevent damage and deterioration and shall be retained in accordance with periods specified by a customer or regulations.

### 2.2.3 Implementation Guidance

#### What does it mean?

Records are the information about operations recorded on forms, which must be clear, concise, legible and accurate. Records must be stored so as to not be damaged so they can be retrieved for investigation purposes. Storage can be electronic or paper-based. The SQF Code states that records must be suitably authorized and must be stored as required by the corporation, customer or legislation.

Various roles within the business may be responsible for completing records, including those who are responsible for monitoring, testing, and/or auditing. Other staff members (including the SQF practitioner) may be responsible for verifying the accuracy of records (refer to 2.5.4), and one or more may be responsible for retrieving and storing records. All such individuals must be identified and made aware of their responsibilities.

#### What do I have to do?

This element is mandatory. The site must develop a written procedure documenting responsibilities for completing records (e.g., monitoring records, inspection and test records, etc.) and identifying those responsible for verifying the records.

Records must be retained under secure conditions as required by customer specifications and legislation.

Employees who are responsible for monitoring and recording activities must be made aware of the importance of maintaining all records in a clear and legible manner and the importance of recording the information at the time the activity is performed. Records that are meant to be collected periodically at established intervals such as for testing or auditing are collected per their frequency.

The employees responsible for monitoring critical food safety points (CCP's) and other control points in the process or where activities being documented effect food safety are required to sign the record indicating the entry and the date it was made (or electronically authorize the entry). In addition, the site is required to ensure that staff responsible for verifying food safety records sign and date each record they review as part of their verification activities (refer to 2.5.4). These responsibilities and actions must be documented in the procedure.

Electronic records are acceptable. The site must have the means to manage electronic security of records, electronic signatures of monitors and reviewers and the means for electronic review. The methods and responsibilities for ensuring the safety and accuracy of electronic records and documents must also be documented and implemented. They should include a system backup procedures that are conducted when significant changes to the system occurs or at least once per year.

On paper-based records, the use of correction fluid to address corrections is not recommended. A line through the inaccurate recording, with accurate recording and initials of the monitor is recommended.

Guidance for Developing, Documenting, Implementing,  
Maintaining and Auditing an SQF Food Safety System  
SQF Code, Edition 8.1– Module 2: SQF System Elements for Manufacture of Food Packaging

There is no prescribed duration for retention of records. For some sites it may be prescribed by legislation, customer requirements or insurance coverage. Apart from those requirements, the general rule is to retain records for the commercial shelf-life of the product (i.e., the maximum time before consumption). In the case of packaging materials retentions should align with shelf life of products which make use of the materials. However for short shelf-life products, sites must retain records beyond the next recertification audit, as a minimum.

### 2.2.3 Auditing Guidance

At the desk audit, the auditor will seek evidence of the existence of procedures or work instructions for monitoring activities, verification activities, and record storage. At the site audit, the auditor will review a sample of records selected by the auditor and may interview employees who complete the records.

Evidence may include:

- Documented procedures defining the methods and responsibilities for undertaking activities to monitor critical control points and other activities necessary to maintain food safety, and accurately and legibly recording results;
- Documented procedures defining the methods and responsibilities for verifying monitoring activities and accurately and legibly recording results;
- Documented procedures defining the methods and responsibilities for undertaking testing and/or auditing activities and accurately and legibly recording results;
- Accurate and legible records for all required activities at defined frequencies;
- Understanding of actions required when recorded results show deviations from required values (e.g., outside critical limits);
- Records are securely stored and accessible.

It must also be mentioned that intentional, systemic falsification of records can result in a critical non-conformity and an immediate failure of an SQF certification or recertification audit and a potential withdrawal of the SQF certificate.

## 2.3 Specification and Product Development

### 2.3.1 Product Development and Realization

#### What the SQF Code says

2.3.1.1 The methods and responsibility for designing, developing and converting product concepts to commercial realization shall be documented and implemented.

2.3.1.2 Product designs, manufacturing processes and the fulfillment of product requirements shall be validated by site trials and product testing.

2.3.1.3 Packaging used to provide a functional effect on food (i.e., shelf life extension) shall, where known, have specified criteria and be referenced in the food safety plan (2.4.3).

2.3.1.4 Trials where necessary shall be conducted to establish and validate a product's:

- i. Handling, storage requirements; and
- ii. Customer specification including the intended use of the product.

2.3.1.5 A food safety plan shall be validated and verified for each new product and its associated process through conversion to commercial production and distribution, or where a change to materials, process, or unitizing occurs that may impact the safety of the product.

2.3.1.6 Records of all product design, process development, approvals and records of validated storage conditions shall be maintained.

2.3.1.7 Where applicable, the site shall have a procedure for certification and approval of artwork for primary or secondary packaging used in print processes. The controls shall also describe how print run samples are approved by customers, color standards are developed and changes to artwork is managed.

Guidance for Developing, Documenting, Implementing,  
Maintaining and Auditing an SQF Food Safety System  
SQF Code, Edition 8.1– Module 2: SQF System Elements for Manufacture of Food Packaging

**2.3.1 Implementation Guidance**

**What does it mean?**

New products and revisions to existing products are generally developed in product development or research departments or areas. However, commercially produced products are likely to have more process variability than bench or pilot products. The site must have a procedure in place to ensure that the food safety aspects of products escalated from bench/pilot scale production to full commercial production are meeting customer requirements. This will include a food safety plan for new or revised products, validation of functionality and performance and label accuracy if printing is completed.

This applies to new products, changes to existing products and introduction of new materials or designs.

This is not a mandatory element as not all facilities are involved in product changes or new product introductions. However any SQF certified site that does introduce new products or revisions must have a documented procedure in place and implemented.

**What do I have to do?**

The site must describe the methods and people responsible for the process by which new products are converted into commercial applications. Methods should include specific procedures required for transition from pilot plants and test facilities to full-scale in-plant production.

Even if the site's corporate function is responsible for creating the product development program, that program is the responsibility of the site once it reaches commercial development and products are being produced, sold and distributed into the market.

Any product claims must be substantiated by means of product research and/or testing, and customer shelf-life testing will be carried out as required. Any testing that is required may be focused on dimensional analysis, product performance, customer handling or new packaging conditions. If the site determines that customer shelf-life testing is not required, the site must document the reason for this decision and any supporting evidence.

Product designs, manufacturing processes and the fulfillment of product requirements should be validated by site trials and product testing to ensure that:

- Food safety and quality parameters can achieve or meet regulatory and customer requirements;
- Documented validation protocols & procedures have been documented and recorded; and
- Processing setting changes are transferred successfully to process control procedures and documentation.

As the product is being prepared for transition from pilot or test phase to commercial production, any new processes, equipment, additional handling, or storage conditions must be reviewed with identification of any possible food safety risks associated with new conditions. These risks must be assessed, and adjustments made to food safety plans prior to implementation.

A system should be in place to place product on hold or risk acceptance be taken prior to approval and release of new products.

Any adjustments to food safety must be validated and verified by the SQF practitioner prior to commercial production of the subject product.

Safe handling information must be included on all packaging, as required by legislation (regulation) and/or customer use.

**2.3.1 Auditing Guidance**

The auditor will seek evidence of the existence of a product realization procedure at the desk audit and compliance to this requirement by observation, interview and review of amendments and records at the site audit. Evidence may include:

- Review of the product realization procedure;
- Review of product, process, material and/or equipment changes or introductions;
- Amendments to food safety plans, procedures or specifications as a result of product changes or introductions;
- Verification of changes to documentation;



Guidance for Developing, Documenting, Implementing,  
Maintaining and Auditing an SQF Food Safety System  
SQF Code, Edition 8.1– Module 2: SQF System Elements for Manufacture of Food Packaging

- Communication of changes to relevant staff.

### 2.3.2 Raw and Packaging Materials

#### What the SQF Code says

2.3.2.1 Specifications for all raw materials, including, but not limited to additives, hazardous chemicals and processing aids that impact food safety of the product shall be documented and kept current.

2.3.2.2 Finished product labels shall be accurate, comply with the relevant legislation and be approved by qualified company personnel. When applying print on or producing finished product with product ingredient list(s), allergens, identification codes, etc., shall be managed in a manner that prevents misprinting.

2.3.2.3 All raw materials shall comply with the relevant legislation in the country of manufacture and country of destination, if known.

2.3.2.4 The methods and responsibility for developing and approving detailed raw material and packaging specifications shall be documented.

2.3.2.5 Raw materials shall be verified to ensure food safety is not compromised and the material is fit for its intended purpose. Verification of raw materials shall include certificates of conformance; or certificate of analysis; letter of guarantee or sampling and testing.

2.3.2.6 A register of current raw materials and packaging material specifications shall be maintained.

### 2.3.2 Implementation Guidance

#### What does it mean?

Before an approved supplier program (see 2.4.4) can be implemented, specifications must be in place for all materials that could impact product safety. This relates to materials, inputs, processing aids, additives and chemicals used within a site including cleaning compounds. The site is required to keep Material Safety Data Sheets (MSDS) and labels for all chemicals that are in use on-site.

#### What do I have to do?

Specifications must fully describe the materials provided. Safety-related information in material and input specifications may include threshold levels for microbiological pathogens (e.g on food contact recycled materials) and threshold levels for potential chemical or physical contaminants. The extent to which these factors need to be included in the specifications will depend on the use of the material and the food safety risk to the products being produced.

Specifications for raw and packaging materials should include expiry dates and a provision for corrective actions should these expiration dates be exceeded. Where, due to the type of material, there is no reasonable expiry date, this shall be indicated on the specification.

A register of all material and input specifications must be kept, including a version number and date so that there is proof that specifications are updated as needed. The site must ensure that all relevant departments and employees have the most current information.

All materials must be validated to ensure hazards and risks to product safety are identified and controlled. Materials should be included in the HACCP Food Safety Plan (refer to 2.4.3) to ensure that controls are in place to eliminate hazards or reduce them to an acceptable level.

Validation is testing over and above daily monitoring to ensure that established food safety measurements and practices are effective, i.e., they achieve the desired results, so that the site can have confidence that the product and process are safe. Validation methods will vary depending on the risk to products. Validation for low risk materials may include certificates of analysis or certificates of conformance, provided by an approved vendor. For high risk materials, testing and analysis is required for validation, and must be carried out annually (refer to 2.5.1). For materials that are used in food contact packaging, this may include testing or assurances for potential chemical migration to the food product that the final packaging product is being used in. Materials that are awaiting testing results or confirmation of acceptance must be held until approval by authorized personnel of its release.

Specifications must also meet the standards set by regulation in the country of origin and the country (ies) of intended destination. This includes type of materials that are allowed for use in food contact packaging, recycled materials, allergen declarations on printed products (refer to 2.4.1).

All current specifications for materials that could impact food safety must be included on a register (list).



Guidance for Developing, Documenting, Implementing,  
Maintaining and Auditing an SQF Food Safety System  
SQF Code, Edition 8.1– Module 2: SQF System Elements for Manufacture of Food Packaging

### 2.3.2 Auditing Guidance

The auditor will seek evidence of the existence and currency of material specifications and a procedure for developing and approving specifications at the desk audit. During the first and subsequent site audits, the auditor will confirm compliance to this procedure; the material specification register and the process for checking compliance to specifications, validating specifications and ensuring relevant employees have access to current copies of specifications (refer to 2.2.1). Evidence will be sought by interview, review of specifications and record review, and may include:

- Review of the procedure for developing and approving specifications;
- Confirmation that the register of material specifications includes all on-site materials;
- Review of a selected sample of raw and packaging material specifications to confirm agreement with relevant legislation;
- Review of a selected sample of material specifications, in particular for high risk materials, to ensure potential factors impacting on product safety are included;
- Availability of current copies of specifications to relevant staff;
- Interview of staff conducting validation activities;
- Review of records of validation checks.

### 2.3.3 Contract Service Providers

#### What the SQF Code says

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

2.3.3.2 A register of all contract service specifications shall be maintained.

### 2.3.3 Implementation Guidance

#### What does it mean?

Many duties within the site may be conducted by individuals or organizations that are not employed by the organization, however are contracted to provide specialist services. These may include companies involved in transport, construction, contract labor hire, engineering, pest control, sanitation, chemical management or trash collection.

The contract service does not need to directly involve product safety, but could still indirectly affect the product or site. For example, construction engineers may not have direct contact with manufacturing, but their work and presence in site can indirectly impact food safety.

This element of the Code addresses how the services from these outside organizations are controlled monitored and verified to ensure that food safety is maintained and customer specifications are achieved.

#### What do I have to do?

Just as with materials, specifications must also be in place for all providers of contract services. The specification may be included in the contract, and will describe fully the services provided, and how the safety of product is protected from the actions and presence of contract personnel. This will include, as necessary, the qualifications of contract personnel and the equipment, tools, and chemicals permitted on site (e.g., a “no glass” policy).

Contractors working within the site will be subject to the same personal hygiene and welfare conditions as employees. These conditions shall be included in the contract specification.

The specification must include the training, such as facility personnel practices and GMPs, required by contract service providers. Training examples could be training done by service providers, training completed by the site or certification as demonstration of training.

All current specifications for contract service providers must be included on a register (list).

Guidance for Developing, Documenting, Implementing,  
Maintaining and Auditing an SQF Food Safety System  
SQF Code, Edition 8.1– Module 2: SQF System Elements for Manufacture of Food Packaging

**2.3.3 Auditing Guidance**

The auditor will seek evidence of the existence of a register of contract service specifications and will review a sample of specifications to ensure compliance with the requirements of the Code. Evidence will be sought by interview, review of specifications, and observation, and may include:

- Review of selected sample of contract service specifications to confirm compliance with the SQF Code requirements, including personnel hygiene and welfare;
- Qualifications and credentials of contract staff;
- Knowledge of contract service and Code requirements by contract personnel.

**2.3.4 Contract Manufacturers**

**What the SQF Code says**

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

2.3.4.2 The site shall:

- i. Verify compliance with the SQF Food Safety Code for Manufacture of Food Packaging and that all customer requirements are being met at all times.
- ii. Ensure changes to contractual agreements are approved by both parties and communicated to relevant personnel.

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

**2.3.4 Implementation Guidance**

**What does it mean?**

Contract manufacturers are facilities that are contracted by the SQF certified site to produce, process, pack, and/or store part of all of one or more products included in the site's product scope. In some cases, a product may be manufactured interchangeably at the certified site and at a contracted site. In other cases, a contract manufacturer may only be used intermittently to fulfill or supplement the site's production.

Whatever the situation, any contract site used to manufacture, in part or in whole, an SQF certified product MUST fulfill the same requirements as the SQF certified site. The responsibility for ensuring that these conditions are met is part of the primary site's SQF System.

**What do I have to do?**

The site must have a documented procedure detailing how they will ensure that product in the care of the contract manufacturer meets their customer specifications and the requirements of the SQF Code. Control of the food safety management system in an external site that is under different management is not an easy task. However the site must ensure that facilities selected to contract manufacturer are committed to meeting SQF System requirements. This includes management commitment, pre-requisite programs, document control and records, adhering to specifications, food safety plans, and all other food safety controls.

The site may simply require the contract manufacturer themselves to be independently SQF certified, or may choose to control the conditions in the contract site via sampling, testing, inspections and internal auditing. In the latter case, a verification schedule, including a sampling plan and internal audit procedure must be included.

If the contract manufacturer is processing or packing high risk product on behalf of the site, then the contract manufacturer must undergo an audit to the requirements of the SQF Code for the particular food sector category. The audit may be conducted by the site, or by an independent third party agency, and must be conducted at least annually. The audit does not necessarily require certification but must confirm compliance to the requirements of the SQF Code.

An annual SQF audit of the contract manufacturer does not replace the need for other regular checks and inspections at regular intervals.

Guidance for Developing, Documenting, Implementing,  
Maintaining and Auditing an SQF Food Safety System  
SQF Code, Edition 8.1– Module 2: SQF System Elements for Manufacture of Food Packaging

Any changes to customer specifications must be fully documented. Procedures must include a communication plan to contract manufacturer(s) with changes to specification identified. The site's procedure must include verification that the contract manufacturer is aware of the changes to specification and that product produced after the change has been implemented reflects those required changes.

The site should also notify its customers or brand owners when any portion of their process of manufacturing packaging materials is contracted to another entity or corporately owned location. Changes made to contractual agreements should also include communication of such changes to the customer/brand owner.

#### 2.3.4 Auditing Guidance

The auditor will seek evidence of the existence of a documented arrangement binding the contract manufacturer to the SQF Code and detailing the methods by which the site confirms those arrangements. Evidence will be sought by interview, observation and review of records. Evidence may include:

- Review of the contract agreement and procedure for monitoring and verification of contracted product;
- Records of certification, internal audits, product sampling, testing and inspections from contracted facilities.
- Records of SQF audits of facilities contracted to manufacture high risk food.

Note: in situations where the auditor feels that there is product risk from the contracted site, the auditor may require a visit to that site to confirm compliance to the Code and the agreed arrangements.

#### 2.3.5 Finished Product Specifications

##### What the SQF Code says

2.3.5.1 Finished product specifications shall be documented, current, approved by the site and their customer, accessible to relevant staff and may include:

- i. Physical and chemical characteristics;
- ii. Microbiological, where appropriate;
- iii. Artwork and unitizing requirements; and
- iv. Confirmation that the packaging product is suitable for the intended use of the customer.
- v. Product ingredient lists(s), allergens, identification codes, etc.

2.3.5.2 A register of finished product specifications shall be maintained.

#### 2.3.5 Implementation Guidance

##### What does it mean?

A written product specification must be provided for all products covered under the site's SQF Certification. In some cases, industry sector specifications may apply for example for bulk consignments exported to world commodity markets. In other cases, the specification may be provided by the customer.

It is important that the site does not undertake to supply product where the specification is not consistently achievable under all processing and material supply conditions.

##### What do I have to do?

The site must develop a written product specification for each product (or group of similar products) covered under the scope of certification. It will include processes for creation, revision and approval of finished product specifications. The specification must, as a minimum, comply with the appropriate food safety legislation (including labeling requirements) and must be updated as required. The site must keep a copy of all finished product specifications and a register of all versions of these documents.

A product specification **can** include physical (e.g., size/grade, dimensions, performance or attribute expectations, color, weight, etc.), microbiological (e.g., aerobic plate count, yeast and mold, , coliforms), chemical (e.g., moisture, etc.) and the packaging specifications for the product. It should also include any targets, ranges or tolerances where applicable.

Guidance for Developing, Documenting, Implementing,  
Maintaining and Auditing an SQF Food Safety System  
SQF Code, Edition 8.1– Module 2: SQF System Elements for Manufacture of Food Packaging

The site needs to ensure that the annual review of the SQF System includes a review of the product specifications and that the list of specifications is maintained and kept current in a register (list).

Customers can provide product specifications and if this is the case, it is advisable that both the site and their customers agree the specification is achievable and agree on the safety attributes of the product to be supplied. It is also recommended that a finished product approval procedure ensures all customer requirements and/or specifications are transferred and integrated properly and in a timely manner into the site system. The procedures should include:

- A process to validate that data, trademarks and specifications have been accurately transferred;
- A process to evaluate customer needs, expectations and current specifications at a suitable frequency;
- A change management process that ensures customers are updated on any changes to specifications and how they could affect the original or current specification; and
- Customer testing methods, if applicable, are being met.

A declaration of compliance should accompany finished product specifications and include:

- The nature of the materials used in the manufacture of the products and that it meets regulatory requirements for end-product customer product in the country of origin and destination (if known);
- Inclusion of any post-consumer recycled materials and limitations, if any, that will affect the useable life of the packaging material.

For stock items that are not customer specific, the site is expected to develop finished product specifications for those items.

The specification must be made available to relevant processing staff in production, process control and QA personnel.

### 2.3.5 Auditing Guidance

Product specifications will be included in the food safety manual, and will initially be reviewed at the desk audit. At each site audit, the auditor will ensure that all specifications exist for all products included in the scope of certification and that the site is capable of and ensures compliance with the specifications.

Evidence may include:

- Every product covered by the scope of certification is covered by a specification;
- Specifications are current and agreed with customers;
- Specifications include all significant parameters required to ensure the safety of the product;
- Current versions of specifications are available to all relevant staff;
- The site has methods and criteria for sampling and testing finished product (refer to 2.5.4) to ensure compliance with product specifications;
- The site has processes in place to ensure that product released (refer to 2.4.7) meets specifications;
- Specifications are reviewed as part of the management review process (refer to 2.1.3).

## 2.4 Food Safety System for Manufacturing of Food Packaging

### 2.4.1 Food Legislation (Mandatory)

#### What the SQF Code says

2.4.1.1 The site shall ensure that, at the time of delivery to its customer, the food supplied shall comply with the legislation that applies to the food and its production in the country of use or sale. This includes compliance with legislative requirements applicable to maximum residue limits, food safety, packaging, product description, net weights, nutritional, allergen and additive labeling, labeling of identify preserved foods, any other criteria listed under food legislation, and to relevant established industry codes of practice.

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

Guidance for Developing, Documenting, Implementing,  
Maintaining and Auditing an SQF Food Safety System  
SQF Code, Edition 8.1– Module 2: SQF System Elements for Manufacture of Food Packaging

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

### 2.4.1 Implementation Guidance

#### What does it mean?

Food legislation (regulations) always applies and underpins the SQF Code. Sites MUST meet all applicable food regulations in the country, state, or region that the product is made (i.e., where the site is located) and the country in which the product will be sold, if it is known. In some cases, export destinations may not be known. However, if a product is intended for, labeled for, or known to be distributed to another legal jurisdiction, then the destination legislation must be known and applied.

If there is disagreement between food legislation and the SQF Code, the food legislation always takes precedent. This may include (but is not limited to) applicable chemical limits, materials permission, permitted pathogen levels on food contact surfaces, country-of-origin, nutritional and allergen labeling, etc.

#### What do I have to do?

This element is mandatory. The site is required to know and keep up-to-date with all applicable legislation. A larger site may employ a regulatory affairs person with that responsibility. For a smaller site, this may be achieved through web updates or communications from trade organizations, consultants or retail customers. A procedure must be developed to demonstrate how the site is informed of applicable legislation and changes to legislation. The procedure must include information about scientific or technical developments within the specific industry sector and applicable industry codes of practice.

The site is required to demonstrate knowledge of and compliance to all applicable legislation for all products included within their scope of certification. Legislative requirements must be included in finished product specifications (refer to 2.3.5) and be tested for (refer to 2.5.4).

Specifications for materials and inputs must also meet the standards set by regulation in the country of origin and the country (ies) of intended destination. This includes chemical residues, recycling materials permission and in particular, in-country labeling requirements (refer to 2.3.2).

In many jurisdictions, site operations must be approved by a relevant national or local authority (see module 13, 13.1.1.2) and sites must be registered, if applicable. The site must ensure compliance and be able to cite registration/approval documentation.

It is important to note here that where a site has been served with a regulatory infringement or causes a food safety incident that requires public notification, the certification body and SQFI MUST be contacted within 24 hours of the event (see 2.6.3.4). Failure to notify the certification body and SQFI of the existence of a regulatory infringement of a public nature may result in suspension or withdrawal of the SQF certificate. The SQFI contact for food safety events is [foodsafetycrisis@sqfi.com](mailto:foodsafetycrisis@sqfi.com).

### 2.4.1 Auditing Guidance

Applicable legislation may be included in the food safety manual or stored separately. The auditor will seek evidence of the existence of information on applicable legislation and of a procedure for maintaining currency of food regulations. Compliance will be checked at the desk audit and by observation and interview during the site audit. Evidence may include:

- Review of the procedure to maintain and update legislative requirements;
- Applicable legislative requirements have been incorporated into specifications (refer to 2.3.2, 2.3.5);
- Applicable legislative requirements are being applied and being inspected and/or tested (refer to 2.5.4);
- Compliance with legislation is checked as part of internal audits (refer to 2.5.5) and the management review (refer to 2.1.3).
- Confirmation that SQFI and the Certification Body have been notified in writing in the event of a food safety incident requiring public notification.

### 2.4.2 Good Manufacturing Practices (Mandatory)

Guidance for Developing, Documenting, Implementing,  
Maintaining and Auditing an SQF Food Safety System  
SQF Code, Edition 8.1– Module 2: SQF System Elements for Manufacture of Food Packaging

**What the SQF Code says**

2.4.2.1 The site shall ensure the Good Manufacturing Practices described in modules 13 (as applicable) of the Food Safety Code for Manufacture of Food Packaging are applied, or exempted according to a written risk analysis outlining the justification for exemption or evidence of the effectiveness of alternative control measures to ensure that food safety is not compromised.

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

**2.4.2 Implementation Guidance**

**What does it mean?**

This series of elements point to the industry sector pre-requisite program (PRP) module (i.e., module 13). The site must implement module 2 AND the module 13. Sites that are vertically integrated businesses may need to apply more than one PRP module. This is explained further in Part A, 1.2 of the SQF Code.

SQFI recognizes that not all food packaging businesses are the same, even though module 13 applies to all types of packaging materials being produced. Therefore, some elements from the modules may be excluded from audits by explaining via a risk assessment which is documented in the food safety manual for the reason why they are to be excluded. The site must get approval from their certification body for any exemptions they feel are applicable.

In the same way, some businesses may implement an alternative method of control to replace one or some of the elements in module 13. Where this applies, it must be justified via risk assessment to demonstrate that control is still in place. The site's procedures must reflect the alternative control method.

**What do I have to do?**

This element is mandatory. The site must ensure all relevant pre-requisite programs (PRPs) applicable to their industry sector, site and product (s) are documented and effectively implemented. The PRPs for sites making packaging materials are included in module 13.

A site plan should show the location of the premises and the surrounding land use, and evidence from the local authority indicating that the premise is approved for the purpose.

The premises, buildings and equipment must be located, constructed and designed to facilitate proper processing, handling, storage and delivery of safe product. The premises are to be maintained structurally sound and in a sanitary manner.

Pre-requisite programs shall be documented and implemented as applicable to the scope of certification. Each applied pre-requisite program must be verified by the SQF practitioner to ensure that it is achieving its intended purpose. The SQF practitioner is required to sign off on each pre-requisite program indicating that the verification has been completed (see 2.5.2).

**2.4.2 Auditing Guidance**

Documentation for the pre-requisite programs (PRPs) will be checked at the desk audit. This includes procedures and work instructions applicable to module 13, or alternative methods of control. The auditor will confirm compliance to this element at the site audit by interview, observation and sampling and checking records. Evidence may include:

- The site has documented and implemented the correct procedures and/or work instructions;
- Applicable PRPs are effectively implemented;
- Exempted PRPs are documented;
- The effectiveness of PRPs, including alternative controls where applicable, have been verified to ensure that they achieve the desired result
- Records of PRP validations are available;
- The property, buildings and equipment meet the PRP requirements, and are clean and achieve hygienic production;
- Personnel practices and processing techniques meet the PRP requirements and the documented

Guidance for Developing, Documenting, Implementing,  
Maintaining and Auditing an SQF Food Safety System  
SQF Code, Edition 8.1– Module 2: SQF System Elements for Manufacture of Food Packaging

procedures.

### **2.4.3 Food Safety Plan (Mandatory)**

#### **What the SQF Code says**

2.4.3.1 A food safety plan shall be prepared in accordance with the twelve steps identified in the Codex Alimentarius Commission HACCP guidelines.

2.4.3.2 The food safety plan shall be effectively implemented and maintained and outline the means by which the site controls and assures the manufacture of safe packaging product and included in the scope of the SQF certification and their associated manufacturing processes. More than one HACCP food safety plan may be required to cover all packaging included in the scope of certification.

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

2.4.3.4 The scope of each food safety plan shall be developed and documented including the start and end-point of the manufacturing under consideration and all relevant inputs and outputs.

2.4.3.5 Product descriptions shall be developed and documented for all packaging included in the scope of the food safety plans. This shall reference the finished product specifications (refer to 2.3.5.1) plus any additional information relevant to product safety, such as WVTR, gas permeability.

2.4.3.6 The intended use of each product shall be determined and documented by the food safety team. This shall include requirements for further processing if applicable, and potential alternative use of the product.

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

2.4.3.8 The food safety team shall identify and document all packaging safety hazards that can reasonably be expected to occur at each step in the processes, including raw materials and other inputs.

2.4.3.9 The food safety team shall conduct a hazard analysis for every identified hazard, to identify which hazards are significant, i.e. their elimination or reduction to an acceptable level is necessary to ensure food safety. The methodology for determining hazard significance shall be documented and used consistently to assess all potential hazards.

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

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

2.4.3.12 For each identified CCP, the food safety team shall identify and document the limits that separate safe from unsafe product. The food safety team shall validate the critical limits to ensure the designated level of control of the identified safety hazard(s); and that all critical limits and control measures individually or in combination effectively provide the level of control required (refer to 2.5.2.1).

2.4.3.13 The food safety team shall develop and document procedures to monitor CCPs to ensure they remain within the established limits (refer to 2.4.3.12). Monitoring procedures shall identify the personnel assigned to conduct testing, the sampling and test methods, and the test frequency.

2.4.3.14 The food safety team shall develop and document deviation procedures that identify the disposition of affected packaging material when monitoring indicates a loss of control at a CCP. The procedures shall also



Guidance for Developing, Documenting, Implementing,  
Maintaining and Auditing an SQF Food Safety System  
SQF Code, Edition 8.1– Module 2: SQF System Elements for Manufacture of Food Packaging

prescribe actions to correct the process step to prevent recurrence of the safety failure.

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

2.4.3.16 Implemented food safety plans shall be verified as part of SQF System verification (refer to 2.5)

2.4.3.17 Where applicable regulations in the country of production and destination (if known) prescribe a food safety control methodology other than the Codex Alimentarius Commission HACCP guidelines, the food safety team shall implement food safety plans that meet both Codex and applicable regulatory requirements.

### 2.4.3 Implementation Guidance

#### What does it mean?

The HACCP Food Safety Plan is the foundation of the site's SQF System. The Food Safety Plan must be prepared using the HACCP method, which means that all products and processes included in the SQF scope of certification must be addressed in one or more HACCP plans. The Codex HACCP model is to be used. All HACCP principles and implementation steps must be included in the HACCP Food Safety Plan. The HACCP Plan must be fully developed by the site, meaning the site may use the services of an SQF consultant, but takes full responsibility for the HACCP plan.

It is self-apparent but important to recognize that the HACCP plan cannot just be paper-based, but must be fully implemented. The HACCP system implemented by the site must be, in the words of the GFSI Requirements Document, seventh edition "systematic, comprehensive, and thorough."

#### What do I have to do?

This element is mandatory. The site must develop and fully implement a Food Safety Plan using the Codex HACCP method, that at a minimum follows the twelve HACCP implementation steps:

1. A multi-disciplinary HACCP team must be implemented which includes expertise on the process, product and food safety. A team leader must be appointed that is fully trained in the HACCP process. This team leader may be the SQF practitioner. Training must also be provided for all HACCP team members (refer to 2.9.4). The scope of the HACCP Food Safety Plan must also be determined, e.g., the products included in the plan and the start and end points of the process under consideration.
2. Product descriptions must be prepared for all products included in the HACCP Plan that includes all relevant product safety information. This may or may not already be included in the finished product specifications (refer to 2.3.5).
3. The intended use of each of the products included in the scope must be identified, e.g., is the product intended to be used in a cooking process by the consumer prior to consumption, or is it ready-to-eat. Is the product intended to be used to contain, cover, wrap food. Also define the food type the packaging is intended to be used for (E.g. edible oils, nuts, vegetables, grains, ketchup, etc..)  
Conditions of use such time, temperature, and type of food products (as per above) should also be considered.
4. Construct a process flow diagram that covers the agreed scope (see step 1 above) of the process and includes all process inputs (e.g., materials, packing materials, processing aids), and outputs (including second grade product, product for rework). Every step in the process must be identified.
5. The HACCP team must walk the process and confirm the flow diagram, including any variations on back shifts or overtime shifts. The HACCP team leader must sign off on the flow diagram.
6. Steps 1 through 5 allow the HACCP team to gather all the necessary information to complete step 6, which is also Principle 1 of HACCP. This step can be separated into three components:
  - a) For each step of the process identified in step 5, the HACCP team must identify all known food safety hazards, including potential food safety hazards. Hazards will, at a minimum, be classified as microbiological, chemical and physical, but may also, at the discretion of the site, be separated as allergens, microbial contamination, microbial growth, radiological hazards, metal, glass, etc.
  - b) For each identified hazard, conduct a hazard analysis to determine the potential likelihood of the hazard occurring and the severity if it did occur (collectively referred to as the significance). There is no specified methodology for conducting a hazard analysis, although there are many methodologies used within the food industry. SQFI expects that the method used is logical, evidence based, consistently applied across all identified hazards in the HACCP Plan, and documented.



**Guidance for Developing, Documenting, Implementing,  
Maintaining and Auditing an SQF Food Safety System**  
SQF Code, Edition 8.1– Module 2: SQF System Elements for Manufacture of Food Packaging

For some customers the food safety and quality team may need to identify any environmental conditions that may affect the quality and process parameters. These may include temperature and humidity and their effect on the process from raw materials through to finished products. The analysis should include identify threats to the quality of products being produced. Where threats are identified as being significant (ref to 2.4.3.9) they shall have appropriate control measure and critical limits applied to manage the threat to product quality (ref to 2.4.3.10 & 2.4.3.12).

c) Determine the control measures required for each identified hazard, and ensure procedures (SOPs) and/or work instructions are in place to apply this control.

7. Critical Control Points (CCPs) are steps in the process where control is essential to eliminate an identified hazard or reduce it to an acceptable level, e.g., cooking, pasteurizing, retort sterilizing, etc. Metal detection maybe, but is not necessarily a CCP. Codex includes a decision tree for determining CCPs, which works well for microbiological hazards. Again the methodology chosen for determining CCPs must be applied consistently.

If a hazard has been identified and no control measure exists for that hazard, then the process must be changed to ensure control can be applied at some point in the process.

8. All subsequent steps in the HACCP Plan relate to CCPs. Critical limits are according to the Codex definition, "criteria that separate acceptability from unacceptability." They are values that are set and easily measured, that identify "safe" from "unsafe" product. Critical limits must be established for each CCP and must be scientifically validated (refer to 2.5.1), or justified by regulation, customer requirements or industry code of practice.

9. Monitoring is the regular testing, or measurement of critical limits to ensure the process remains "safe." The HACCP plan must identify, for each CCP, what is to be measured; who (i.e., which position) is responsible for testing/measuring; when testing is to be carried out (e.g., every hour, once per shift), and how the testing is to be carried out. Monitoring applies to each CCP and must be supported by test work instructions and training of operators designated to carry out monitoring.

10. For each CCP, corrective actions must be established to identify action that will be taken for every deviation from critical limits (refer to 2.5.3). HACCP is a proactive system – it pre-determines actions that will be taken before they occur. Therefore corrective actions detailed in the HACCP Plan must be clear, concise and unambiguous. They must include actions to address or dispose of affected product (i.e., back to the last "good" check), and actions necessary to correct the process and prevent recurrence. Responsibilities for corrective actions must be identified.

11. Verification applies to the application of testing, audits and other procedures, other than monitoring, to determine compliance with the HACCP Plan. Verification is covered in element 2.5.

12. The HACCP Food Safety Plan must be included in the food safety system (refer to 2.2.1) and controlled as per 2.2.2. Records of monitoring, corrective actions and verification activities must be secured and retained according to 2.2.3.

The HACCP Plan is not a static document. Critical limits must be re-validated at least annually (refer to 2.5.1.1 ii) by the SQF practitioner, and the entire implemented Food Safety Plan verified annually. When changes occur in the process, the HACCP Plan must be updated and re-validated to reflect the changes (refer to 2.1.3.3).

If the country of production and/or sale requires by regulation a food safety control methodology other than a Codex-based HACCP plan, the site must develop and implement a food safety plan that addresses either singularly or jointly both the required food safety plan and a Codex based HACCP system.

### **2.4.3 Auditing Guidance**

The HACCP Food Safety Plan shall be reviewed by the auditor at the initial desk audit to ensure all products within the site's scope are covered, all potential hazards are identified and the HACCP implementation steps have been followed. The HACCP Food Safety Plan, plus changes to the HACCP plan, shall be reviewed in full at every subsequent site audit. Implementation of the HACCP plan will be checked by interview, observation and review of records. Evidence may include:

- The HACCP team is in place, includes expertise of the subject process, and members are trained in HACCP principles;
- The HACCP team has been fully involved in the development and review of the HACCP system;
- The product and process scope of the HACCP plan is defined;
- Product descriptions are available and include relevant safety information;

Guidance for Developing, Documenting, Implementing,  
Maintaining and Auditing an SQF Food Safety System  
SQF Code, Edition 8.1– Module 2: SQF System Elements for Manufacture of Food Packaging

- The intended use of the product is clearly defined;
- A process flow diagram has been developed and includes all process steps, inputs and outputs. It has been confirmed by the HACCP team for currency and accuracy;
- Potential hazards have been identified for all process steps and a hazard analysis conducted using a consistent and valid method;
- Control measures are in place for all identified hazards and procedures/work instructions are effectively implemented;
- CCPs are correctly identified using a valid methodology;
- Critical limits are in place for every CCP, and are validated to ensure consistent product safety;
- All critical limits are monitored and test procedures, responsibilities, and frequency fully documented and implemented;
- Corrective actions are documented, are clear and unambiguous, and determine the disposition of product and action required to prevent recurrence (refer to 2.5.3);
- The corrective action procedure has been followed when monitoring shows deviation from critical limits (refer to 2.5.3);
- Staff with responsibility for monitoring, validation, verification of critical limits, or any other food safety control measures are aware of their responsibility, trained, and are carrying out their functions correctly;
- The SQF practitioner ensures that the Food Safety Plan is effectively developed, implemented, maintained, and verified (refer to 2.1.2.4 i).

#### 2.4.4 Approved Supplier Program (Mandatory)

##### **What the SQF Code says**

2.4.4.1 Raw materials and services that impact finished product safety shall meet the agreed specification (2.3.2) and be supplied by an approved supplier.

2.4.4.2 The receipt of raw materials received from non-approved suppliers shall be acceptable only in an emergency situation and provided they are inspected or analyzed before use.

2.4.4.3 The responsibility and procedure for selecting, evaluating, approving and monitoring an approved supplier shall be documented and implemented.

2.4.4.4 The site's food defense plan (refer to 2.7.1.1) shall include measures to secure incoming materials and protect them from deliberate act of sabotage or terrorist-like incidents.

2.4.4.5 The site's food fraud vulnerability assessment (refer to 2.7.2.1) shall include the site's susceptibility to raw material substitution, mislabeling, and counterfeiting which may adversely impact food packaging safety.

2.4.4.6 The food fraud mitigation plan (refer to 2.7.2.2) shall include methods by which the identified food packaging safety vulnerabilities from materials shall be controlled.

2.4.4.7 Raw materials received from other facilities under the same corporate ownership, shall be subject to the same specification requirements (refer to 2.3.2) and approved supplier requirements as all other material providers.

2.4.4.8 The approved supplier program shall be based on the prior performance of a supplier and the risk level of the raw materials, services supplied, and shall contain as a minimum:

- i. Agreed specifications (refer to 2.3.2);
- ii. Reference to the rating of the level of risk applied to the raw material ingredients or services and the approved supplier;
- iii. A summary of the food safety controls implemented by the approved supplier;
- iv. Methods for granting approved supplier status;
- v. Methods and frequency of monitoring approved suppliers;
- vi. Details of the certificates of conformance if required; and
- vii. Methods and frequency of reviewing approved supplier performance and status.

Guidance for Developing, Documenting, Implementing,  
Maintaining and Auditing an SQF Food Safety System  
SQF Code, Edition 8.1– Module 2: SQF System Elements for Manufacture of Food Packaging

2.4.4.9 Supplier audits shall be based on risk and shall be conducted by individuals knowledgeable of applicable regulatory and food safety requirements risk and trained in auditing techniques.

2.4.4.10 A register of approved supplier and records of inspections and audits of approved suppliers shall be maintained.

#### 2.4.4 Implementation Guidance

##### **What does it mean?**

The objective of this element is to ensure that all incoming materials and services meet specifications and are safe. This element links with 2.3.2, which defines specifications for materials and inputs and 2.3.3, which defines specifications for contract service providers.

An approved supplier program is a set of procedures implemented by the site to assure the safety of incoming goods and services. It may be based on the safety risk presented by the material, or based on historical performance or prior history of the supplier.

##### **What do I have to do?**

The site must be able to provide documented evidence that incoming materials have either been inspected (for emergency situations) or that they come from an approved supplier. The methods for selecting, evaluating, approving and monitoring an approved supplier must be documented. This will be risk-based and may be as simple as a good supply history, sourcing from certified suppliers (e.g., SQF certified suppliers) or personally auditing/inspecting the material supplier's operations, depending on risk, supplier knowledge and past history. The same principles for approved suppliers extend to the sites internal or suppliers that are under the same corporate ownership, even if they are under the same food safety management system.

The site must require their material suppliers to verify they are complying with specifications for the products supplied. The methods of analyses must conform to recognized industry standards (refer to 2.5.4). The job functions responsible within the sites business for material inspections and supplier approval must be included in the job descriptions outlined in 2.1.3.2.

The approved supplier program must include providers of contract services such as transport, pest control, maintenance, labor hire, etc. The program will identify methods to ensure service providers and their staff adhere to the specifications outlined in 2.3.3.

The site must maintain a list of approved suppliers, including contract service providers. All providers of goods and services must be included on the list.

The approved supplier program shall be reviewed at least annually (refer to 2.1.3.3) or more frequently, based on supplier performance and changes to the approved supplier register. (for the addition and removal of suppliers).

The receipt of materials from non-approved suppliers is acceptable, but only in an emergency situation, and provided the materials are inspected before use. Records of the use of non-approved suppliers and their inspections shall be maintained.

The site shall also include, as part of their food defence plan (refer to 2.7.1.1), a means to secure incoming materials to prevent intentional adulteration and contamination.

As part of the food fraud plan (refer to 2.7.2.1 and 2.7.2.2) the site shall include within the vulnerability assessment and mitigation plan the potential risks for economic adulteration that may impact food safety for all incoming materials. Vulnerabilities may include ingredient substitution, mislabelling, dilution or counterfeiting. It is important to include minor ingredients such additives, and processing aids. These materials are often overlooked but many have a high rate of fraud.

#### 2.4.4 Auditing Guidance

During the desk audit, the auditor shall review the documented approved supplier program. However, compliance to this element will mainly be reviewed during the site audits. The approved supplier program will be audited by interview, observation and review of records. Evidence may include:

- Review of the documented approved supplier program to ensure all materials and services that may impact on product safety are included;
- The risk rating applied to suppliers is identified and controls implemented;
- There is a register/list of approved suppliers;

Guidance for Developing, Documenting, Implementing,  
Maintaining and Auditing an SQF Food Safety System  
SQF Code, Edition 8.1– Module 2: SQF System Elements for Manufacture of Food Packaging

- All materials or services in-use are included on the site’s register or listed as a non-approved supplier;
- Approval methods test for compliance with agreed specifications (refer to 2.3.2, 2.3.3);
- The program specifies actions to be taken when non-compliance is identified;
- Documented test/inspection methods and corrective actions have been followed;
- Relevant staff are aware of their responsibilities and duties with regard to inspection and receiving of incoming goods;
- The approved supplier program is modified based on supplier performance;
- Where non-approved suppliers have been used, goods have been inspected and a record kept;
- The approved supplier program is reviewed at least annually (refer to 2.1.4).

**2.4.5 Non-conforming Product or Equipment**

**What the SQF Code says**

2.4.5.1 The responsibility and methods outlining how non-conforming raw material, work-in-progress, finished product or equipment detected during receipt, storage, manufacturing, or delivery is handled shall be documented and implemented. The methods applied shall ensure:

- i. Non-conforming product is quarantined, identified, handled and disposed of in a manner that minimizes the risk of inadvertent use, improper use or risk to the integrity of finished product; and
- ii. Non-conforming equipment is effectively repaired or disposed of in a manner that minimizes the risk of inadvertent use, improper use or risk to the integrity of the finished product; and
- iii. All relevant staff is aware of the organization’s quarantine and release requirements applicable to equipment or product placed under quarantine status.

2.4.5.2 Food packaging product returned from a customer shall be quarantined until authorized for release for use or re-shipment.

2.4.5.3 Quarantine records, and records of the handling, corrective action, or disposal of non-conforming product or equipment shall be maintained.

**2.4.5 Implementation Guidance**

**What does it mean?**

Non-conforming product is product at any stage in the process that does not meet agreed food safety criteria. This can apply to materials, inputs, packaging materials, work-in-progress or finished product. It can also apply to any other material used in the site that can impact product safety, e.g. cleaning chemicals, processing aids.

This element also includes how the site deals with non-conforming equipment and program works in conjunction with 2.4.6 (Product Rework) and 2.4.7 (Product Release).

**What do I have to do?**

The site must document the procedure that outlines how to label and identify products that are rejected or quarantined as a result of inspection, audit or process deviation. The procedure must also define those who would be responsible for the awareness, training, coordination, maintenance of the non-conformance program and how non-conforming product is isolated in order to avoid its re-use or shipment.

In circumstances where product is adulterated or condemned, the site must detail how the condemned product is identified and disposed of.

The site must also document a procedure for equipment that has been found to be non-conforming. This procedure may be combined with, or separate from, that for non-conforming product. The equipment must be identified and placed out of production until it is repaired or otherwise disposed of.

The means of identification of non-conforming product and equipment must be communicated to relevant staff. This can be a system of tags, signs, designated storage locations, system holds or other methods that meet the intent of this section.

Guidance for Developing, Documenting, Implementing,  
Maintaining and Auditing an SQF Food Safety System  
SQF Code, Edition 8.1– Module 2: SQF System Elements for Manufacture of Food Packaging

The site is required to keep all records of the disposition of non-conforming product and equipment including product that is reworked, repackaged, condemned and/or disposed of.

#### **2.4.5 Auditing Guidance**

The auditor will review the non-conforming product/equipment procedure at the desk audit, and compliance to this requirement by observation, interview and review of records at each site audit. Evidence may include:

- Review of the procedure for non-conforming product/equipment;
- Identification of non-conforming product and/or equipment and the action taken;
- Records of product that has not met specification
- Records of finished product testing that is out of microbial specification and how it has been resolved
- Records of product disposition;
- Records of repair of non-conforming equipment.

#### **2.4.6 Product Rework**

##### **What the SQF Code says**

2.4.6.1 The responsibility and methods outlining how raw materials or food packaging product are reworked shall be documented and implemented and processed in a manner that does not contaminate raw materials or food packaging. The methods applied shall ensure:

- i. Reworking operations are supervised by qualified personnel;
- ii. Reworked product is clearly identified and traceable;
- iii. Each lot of reworked product is inspected or analyzed as required before release;
- iv. Inspections and analyses shall conform to the requirements outlined in element 2.5.6; and
- v. Release of reworked product shall conform to element 2.4.7.

2.4.6.2 Food packaging manufactured with post-consumer recycled materials shall conform to the applicable regulatory requirements.

2.4.6.3 Food Packaging that contains printed information shall be handled in a manner that prevents mixed up or intermingled product.

2.4.6.4 Records of all reworking operations shall be maintained.

#### **2.4.6 Implementation Guidance**

##### **What does it mean?**

The objective of this element is to ensure the products which are reworked or are of the same standards as first run product.

If the site's process allows product to be reworked or recouped, the process must be defined and documented to ensure consistent application. This process must ensure that reworked or recouped product (s) meet the same requirements as first run product (s).

##### **What do I have to do?**

The site must document that the product has been reworked or recouped under qualified supervision and under an approved procedure.

Traceability is to be retained and product is to be clearly identified. Evidence is to be provided that each lot is released only after inspection.

Guidance for Developing, Documenting, Implementing,  
Maintaining and Auditing an SQF Food Safety System  
SQF Code, Edition 8.1– Module 2: SQF System Elements for Manufacture of Food Packaging

An important element of the rework procedure is the criteria for determination when product is to be reworked, how much can be reworked, under what conditions it can be reworked, and how is it to be identified and traced. Product, after being reworked, must be reviewed per company-designated food safety checks to ensure that it meets all applicable specifications. Care must be taken to ensure that products with printed labelling is not mixed with other labelled product and that recycled materials are mixed like into like.

Recouping operations must ensure that recouped product is not dented or damaged outside company specifications.

Records of all reworking/recouping operations shall be maintained.

#### 2.4.6 Auditing Guidance

Rework and/or recoup policy, procedures and work instructions shall be reviewed (if applicable) as part of the initial desk audit. The implementation of these instructions shall be reviewed as part of the site audit. Evidence may include:

- A policy statement on rework/recoup included in the food safety manual;
- Where applicable, procedures and/or work instructions that detail reworking/recouping methods;
- Observation of reworking/recouping operations;
- Interview of operators and supervisors involved with reworking/recouping operations;
- Confirmation of the safety and integrity of work in progress and finished product that includes rework;
- Sampling and analysis of reworked product is conducted;
- Recoup operations discard damaged product;
- Records of rework or recoup operations are maintained.

#### 2.4.7 Product Release (Mandatory)

##### What the SQF Code says

2.4.7.1 The responsibility and methods for releasing finished packaging product shall be documented and implemented. The methods applied shall ensure the food packaging is released:

- i. By authorized personnel; and
- ii. Once all inspections and analyses are successfully completed and documented to verify legislative and other established food packaging safety controls have been met.

2.4.7.2 Records of release of finished food packaging shall be maintained.

#### 2.4.7 Implementation Guidance

##### What does it mean?

A product release program ensures that only compliant products are released to the market. The site must prepare a procedure outlining the responsibility and protocols for the release of products and effectively implement that procedure.

Product release also applies to the procedures for releasing quarantined or held product (refer to 2.4.6).

Refer also to 2.5.4 *Product sampling, inspection, and analysis*, 2.6.1 *Product identification* and 2.6.2 *Product trace*.

##### What do I have to do?

This element is mandatory.

A site may do this by outlining in-line process measures that demonstrate that products are compliant with specified requirements. In this procedure, the site will identify those personnel responsible for collecting samples and carrying out inspections, or ensuring that inspections are carried out, and the methods for doing so.

Guidance for Developing, Documenting, Implementing,  
Maintaining and Auditing an SQF Food Safety System  
SQF Code, Edition 8.1– Module 2: SQF System Elements for Manufacture of Food Packaging

The product release procedure not only applies to positive release of compliant products, the site must also outline the procedure for releasing products from quarantine or hold status.

In all cases, the site shall identify those staff positions with responsibility for releasing products and indicate the action they will take when results are outside specification, including reference to other procedures for holding, reworking or disposing of product.

The site must ensure that:

- All products are confirmed as compliant before release to the market;
- All staff are familiar with product release procedures and that personnel authorized to release product are aware of their responsibilities; and that
- All products under quarantine or hold status are released by authorized personnel only after the product has successfully passed inspection.

All products released for distribution must have records maintained. These records should record the product name and identification, confirmation of product checks, and the product disposition (e.g., release, quarantine, hold).

Products released from hold must also be recorded. Records must include the amount of product that was held and the reason for the hold. Records should be reviewed routinely to ensure that holds are closed out. Any product that is still on-hold must be physically or visually verifiable.

#### **2.4.7 Auditing Guidance**

Procedures shall be reviewed initially at the desk audit and compliance to this requirement by observation, interview and review of records at each site audit. Evidence may include:

- Review of product release procedure;
- Review of product release records;
- Understanding of personnel responsible for release, quarantine and hold of product release procedures;
- Visual confirmation and follow-up on held or quarantined product.

#### **2.4.8 Environmental Monitoring**

##### **What the SQF Code says**

2.4.8.1 A risk-based environmental monitoring program, for known or expected concerns, shall be in place for all processes in the manufacture of food packaging.

2.4.8.2 The responsibility and methods for the environmental monitoring program shall be documented and implemented.

2.4.8.3 An environmental sampling and testing schedule, appropriate to the nature of the product, shall be prepared, detailing any applicable pathogen (s), (i.e., *Bacillus* spp. in paper or paper products), the number of samples to be taken, and the frequency of sampling.

2.4.8.4 Environmental testing results shall be monitored and corrective actions (refer to 2.5.3.1) implemented where unsatisfactory trends are observed.

#### **2.4.8 Implementation Guidance**

##### **What does it mean?**

An environmental monitoring program must be in place for food packing processes that produce products that are known to be at possible risk to pathogenic microorganisms. This element outlines the specific conditions required in areas where products are processed or handled. Conditions in these areas may contain pathogenic microorganisms and will support the formation of toxins or growth of these organisms and has a likelihood of growth causing illness or injury to a consumer if not properly produced, processed, distributed. It may also apply to packaging materials that are being used in food that is deemed high risk



Guidance for Developing, Documenting, Implementing,  
Maintaining and Auditing an SQF Food Safety System  
SQF Code, Edition 8.1– Module 2: SQF System Elements for Manufacture of Food Packaging

by a customer, declared a risk by the relevant food regulation or has caused a major foodborne illness outbreak (refer SQF Code, Appendix 2: Glossary).

**What do I have to do?**

The process flow is particularly relevant for high risk processes where the product is subject to handling or exposure after a “kill-step.” This includes (refer to 13.7.1) and continuous process flow; controlling pedestrian walkways to avoid personnel contamination and storage areas.

The reference to the environmental monitoring program is self-explanatory but is worth repeating as it is considered mandatory for areas in which high risk product is processed, handled or exposed. Failure to have an effective environmental monitoring program will result in a major non-conformance.

An environmental monitoring program (EMP) is a program which includes pathogen swabbing to detect risk in the sanitary conditions of the processing environment and is a verification of the effectiveness of the pathogen controls that a management site has in place for high risk products.

Swabbing must include not only the smooth, accessible parts of the process, but also the areas of the facility where microorganism harbourage sites might exist.

Where a site does not produce products known to allow for growth or survival of pathogenic microorganisms a exemption can be applied for to the certification body. An initial extensive environmental swabbing may be required as part of the exemption requirement.

**2.4.8 Auditing Guidance**

Control procedures for environmental monitoring shall be reviewed as part of the initial desk audit. Subsequently, these processes will be audited as part of each site audit through observation, review of records and interviews with operating personnel. Evidence may include:

- There are control procedures in place for product processes;
- Control procedures are effectively implemented for product processes;
- Process and materials flows and product transfer points do not create a potential for contamination;
- Post-process areas are not at risk from pedestrian walkways;
- Dedicated tools and equipment are available in areas where contamination to finished products may occur;
- An effective environmental monitoring program (EMP) is in place;
- The EMP includes a sampling schedule and responsibility for sampling;
- Swabbing includes transfer points and joints in equipment;
- Swabbing records are maintained.

**2.5 SQF System Verification**

**2.5.1 Validation & Effectiveness (Mandatory)**

**What the SQF Code says**

2.5.1.1 The methods, responsibility and criteria for ensuring the effectiveness of all applicable elements of the SQF Program shall be documented and implemented. The methods applied shall ensure that:

- i. Good Manufacturing Practices are confirmed to ensure they achieve the required result;
- ii. Critical food safety limits are validated, and re-validated annually;
- iii. Changes to the processes or procedures are assessed to ensure controls are still effective; and
- iv. All applicable elements of the SQF Program are implemented and effective.

2.5.1.2 Records of all validation activities shall be maintained.

**2.5.1 Implementation Guidance**

**What does it mean?**



Guidance for Developing, Documenting, Implementing,  
Maintaining and Auditing an SQF Food Safety System  
SQF Code, Edition 8.1– Module 2: SQF System Elements for Manufacture of Food Packaging

Confirmation of the effectiveness of pre-requisite programs and validation of critical food safety limits is vital to ensuring that the programs and limits achieve their intended purpose, resulting in the production of safe products.

Validation involves testing over and above daily monitoring to ensure that established food safety limits are effective, i.e., achieve the desired results, so that the site can have confidence that the product and process are safe. Validation methods will vary depending on the risk to finished product safety. For hazards assessed as high risk, the critical limits must be re-validated annually.

Critical food safety limits are said to be validated because they have been confirmed by scientific analysis. Pre-requisite programs and other food safety controls, however are confirmed by observation, inspection or audit to ensure that they are achieving the desired result.

**What do I have to do?**

This is a mandatory element.

The SQF practitioner is responsible for documenting and implementing the methods, responsibility and criteria for confirming the effectiveness of pre-requisite programs and validating critical food safety limits to ensure they achieve their intended purpose. The site must demonstrate how the validation methods ensure that the selected critical limits achieve the level of control required for the targeted food safety hazard. The site must also have documentation showing that the methods and control measures provide the level of control needed.

Some potential methods for confirming the effectiveness of specific pre-requisite programs are listed below. The implementation of these specific methods is not necessarily required, but confirmation of the effectiveness of the program is required. This is not an exhaustive list, but provides some examples:

- Personnel practices: Observe employees during the internal audit or daily operational inspection to ensure they are meeting the requirements of the site's program.
- Personnel processing practices: Observe employees during the internal audit or daily operational inspection to ensure they are meeting the requirements of the program.
- Training of personnel: Interview employees to ensure that job training has been effective and that key points are understood.
- Calibration of equipment: Engage an outside contractor to confirm that equipment is properly calibrated.
- Management of pests and vermin: Trend pest activity information to determine that the program is effective.
- Premises and equipment maintenance: Trend equipment breakdowns for signs of repeat problems.
- Cleaning and inspection: Perform environmental testing to ensure that microbiological loads are acceptable.
- Water microbiology: Perform water testing to ensure that it meets potability standards.

Validation methods for CCP's must demonstrate that the hazard is adequately controlled. Possible validation for intervention steps used in the processing of product may be one of the following:

- Scientific literature;
- Peer-reviewed published research;
- In-house or laboratory challenge studies; and
- Reference to legally defined CCP's.

If technology is being used in a manner that is different from that described within literature or research then the site must demonstrate how the revised manner of use conforms to the original claim of intervention.

Validation is required for the critical limits identified for ALL CCP's.

All validation activities must be recorded to confirm and demonstrate they have been completed.

**2.5.1 Auditing Guidance**

Validation procedures shall be reviewed initially at the desk audit and compliance to this requirement by observation, interview with the SQF practitioner, interviews with other relevant staff responsible for validation activities and review of records at each site audit. Evidence may include:

- Documentation of the methods and responsibility and criteria for ensuring the effectiveness of the

Guidance for Developing, Documenting, Implementing,  
Maintaining and Auditing an SQF Food Safety System  
SQF Code, Edition 8.1– Module 2: SQF System Elements for Manufacture of Food Packaging

- pre-requisite programs;
- Implementation of the methods and responsibility and criteria for ensuring the effectiveness of the pre-requisite programs;
- Pre-requisite programs achieve their intended purpose;
- Critical food safety limits are validated annually or when changes to process occur;
- Methods used to validate critical limits ensure that the process step is safe if critical limits are met;
- Critical limits effectively provide the designated level of control;
- Personnel conducting validation activities understand their roles and responsibilities (refer to 2.5.1);
- Records of all validation activities are current and accurate.

**2.5.2 Verification Activities (Mandatory)**

**What the SQF Code says**

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

2.5.2.2 The methods, responsibility and criteria for verifying monitoring of Good Manufacturing Practices, critical control points and other food safety controls, and the legality of certified products, shall be documented and implemented. The methods applied shall ensure that personnel with responsibility for verifying monitoring activities authorize each verified record.

2.5.2.3 Records of the verification of monitoring activities shall be maintained.

**2.5.2 Implementation Guidance**

**What does it mean?**

A verification schedule is simple enough to create, but sometimes difficult to implement. The SQF practitioner is responsible for all verification activities, but is not necessarily the one to conduct those activities. The practitioner must set the schedule to ensure all required verification activities are conducted as per the stated frequency of these activities. The practitioner must also ensure that resources are available and suitably competent to conduct these activities.

**What do I have to do?**

Elements 2.5.1 and 2.5.3 require the site to define their validation (since it is a form of verification) and verification activities. This element simply requires the site (i.e., the SQF practitioner) to further identify when those activities will occur and who is responsible.

The site must have a verification schedule that:

- describes SQF System verification activities;
- outlines the frequency of verification;
- designates the person responsible for each verification activity; and
- provides for a log of verification activity.

**2.5.2 Auditing Guidance**

The verification schedule shall be reviewed initially at the desk audit and compliance to the schedule by observation, interview with the SQF practitioner, interviews with other relevant staff responsible for verification activities and review of records at each site audit. Evidence may include:

- Review of the verification schedule including identification of those responsible for verification activities;
- Interview with those designated as responsible for verification activities;
- Designated personnel are trained and competent to conduct verification activities;

Guidance for Developing, Documenting, Implementing,  
Maintaining and Auditing an SQF Food Safety System  
SQF Code, Edition 8.1– Module 2: SQF System Elements for Manufacture of Food Packaging

- Verification activities conducted as per schedule.

### 2.5.3 Corrective and Preventative Action (Mandatory)

#### What the SQF Code says

2.5.3.1 The responsibility and methods outlining how corrections and corrective actions are determined, implemented and verified, including the identification of the root cause and resolution of non-compliance of critical food safety limits, and deviations from food safety requirements, shall be documented and implemented.

2.5.3.2 Records of all investigation and resolution of non-conformities including their corrections and corrective action shall be maintained.

### 2.5.3 Implementation Guidance

#### What does it mean?

Corrective action is an important part of any management system. Corrective actions are proactive, rather than reactive responses to a deviation from regular operations. It requires the development of a procedure that describes, before the event, who, what, when, where and how the site will address an identified problem or deviation. Identifying a means to address a problem prior to its occurrence requires the site to consider immediate action to resolve the problem and deal with any affected product, and preventative action to prevent a recurrence of the problem.

#### What do I have to do?

This element is mandatory.

When problems or issues that involve food safety arise, the site is required to take corrective and preventive action to deal with any affected product (s) and to fix the process (es). The site must document a procedure describing the responsibility for investigating and identifying the causes of problems, including a breakdown of critical limits relating to critical food safety. Further, the site must document how these problems are to be resolved if and when they occur, the methods used to correct and control the situation and what action is to be taken to prevent the recurrence of the problem.

Corrections are considered a short term fix, i.e., a quick action taken to remediate a specific problem and make adjustments to regain immediate control. A corrective action is a long term fix designed to identify the root cause of the problem and to take actions that will prevent recurrence. This process is designed to minimize the risk that the situation will occur again.

When monitoring activities show that critical limits have been exceeded, the site's corrective actions must describe what happens to the affected product (s) (i.e., the product processed since the last good result), as well as the preventative action to correct the process. These corrective actions are proactive – they are described in the HACCP plan before the event.

Corrections should be made when there is any observation within a site that leads one to believe that product food safety is at risk. After the correction is made, the site must investigate to determine the root cause of the issue. When the root cause of the problem is identified, corrective actions can be taken.

Corrective actions associated with deviations from critical limits for CCPs must be documented on the HACCP plans (FSP – refer to 2.4.3, and 2.4.4). This shall describe responsibilities and actions required to deal with or dispose of affected product (e.g., back to the last good check) and actions necessary to correct the process. However, the site must also prepare a corrective action procedure (and log) to ensure corrections and corrective actions are planned, documented, assigned, followed up, and confirmed.

This type of preventive action helps to assure the continuous improvement of the System, resulting in fewer future problems since the root causes have been addressed. Corrective actions shall also be reviewed as part of the management review process (refer to 2.1.4.1 iii).

The site is also required to maintain records of corrections and corrective action taken.

Essentially, the site is asked to outline and demonstrate how they will manage corrective action, identify who is responsible for managing it and describe what methods are used to resolve any safety issues.

### 2.5.3 Auditing Guidance

The HACCP plan(s) and corrective action procedure shall be reviewed initially at the desk audit and

Guidance for Developing, Documenting, Implementing,  
Maintaining and Auditing an SQF Food Safety System  
SQF Code, Edition 8.1– Module 2: SQF System Elements for Manufacture of Food Packaging

compliance to this requirement by observation, interview with the SQF practitioner, interviews with other relevant staff responsible for carrying out corrective actions and review of corrective action records at each site audit (refer to 2.5.1). Evidence may include:

- Responsibilities and methods outlining how corrections and corrective actions are investigated/resolved/managed/controlled are documented;
- Responsibilities and methods outlining how corrections and corrective actions are investigated/resolved/managed/controlled/implemented;
- Root cause analyses have been carried out for non-compliance to critical food safety limits;
- Corrective actions have correctly dealt with affected product;
- Corrective actions have achieved resolutions that will prevent recurrence of process issues;
- Personnel carrying out corrective actions understand their roles and responsibilities;
- Records of corrective actions are current and accurate (refer to 2.5.1).

#### **2.5.4 Product Sampling, Inspection and Analysis**

##### **What the SQF Code says**

2.5.4.1 The methods, responsibility and criteria for sampling, inspecting and/or analyzing raw materials, finished food packaging and work in progress shall be documented and implemented. The methods applied shall ensure:

- i. Inspections and analyses are completed at regular intervals as required and to agreed specification and legal requirements, if any;
- ii. Inspections are conducted to ensure raw materials, work in progress and finished product comply with the relevant specification, regulatory requirement, if any; and
- iii. All analyses are conducted to industry recognized methods or alternative methods which are validated as equivalent to the industry recognized methods.

2.5.4.2 On-site personnel that conduct testing of finished product shall participate in an applicable proficiency testing program at least annually to ensure accuracy of results.

2.5.4.3 Where external laboratories are utilized to conduct input or product analysis, the laboratories shall be accredited to ISO 17025 or an equivalent national standard, and shall be included on the site's contract service specifications register (refer to 2.3.3.1).

2.5.4.4 Where applicable, procedures shall also be in place for managing and verifying correct printing plates, anilox rollers, cylinders are used during printing.

2.5.4.5 Where required, procedures shall be in place for effective storage of printing plates, cylinders and print blankets. Procedures for identifying print errors shall be documented and implemented.

2.5.4.6 Where applicable, a documented procedure shall be in place for the controlled disposal of trademarked or other printed food packaging product. Where a contracted disposal service is used, the disposal process shall be reviewed regularly to confirm compliance.

2.5.4.7 Product obtained for sampling and/or inspection shall be properly destroyed to prevent re-entry into the production process or sale to the customer.

2.5.4.8 Records of all inspections and analyses shall be maintained.

#### **2.5.4 Implementation Guidance**

##### **What does it mean?**

During the normal course of production and manufacturing of packaging materials product must be sampled and analyzed either during or after production, to ensure that it meets specifications and to verify, where applicable, food safety aspects.

The site must determine what materials, work-in-progress and finished product is to be analyzed (usually part of verification and detailed in the verification schedule). The methods and tests applied must be

Guidance for Developing, Documenting, Implementing,  
Maintaining and Auditing an SQF Food Safety System  
SQF Code, Edition 8.1– Module 2: SQF System Elements for Manufacture of Food Packaging

referenced to industry protocols or internal/customer protocols and control samples withheld to ensure follow up sampling if required. The procedure must include a plan and a schedule for sampling activities and designate individuals who will be responsible for them.

**What do I have to do?**

The site shall document a procedure outlining the methods established to test finished product, work-in-progress and/or materials to ensure they meet specification in relation to food safety. Inspections, test or analysis of finished product must be finalized before delivery to a customer. Finished product testing may be defined by the site and their customer and should specifically ensure:

- i. Sample selection for in-process quality shall be conducted according to customer instructions/requirement or according to industry best practice testing protocols;
- ii. Testing methods are conducted against industry or customer recognized methods;
- iii. When out-of-specification results occur, they are investigated and documented to determine if it is due to non-conforming product or testing failure. (see also 2.5.3.1);
- iv. Test data is traceable to production batches or lots;
- v. Bills of materials, specifications and process control point information is available and referenced by line operators and/or inspectors as required; and
- vi. Samples of printed packaging or other packaging materials are retained as representative of products produced and testing. Retention should be for a period of time as designated by customers or regulation.

The site must identify those with responsibility for sampling, inspecting and testing finished product, work-in-progress and/or materials and identify the methods used to collect samples and complete these tests, inspection and analyses.

The types of testing that are conducted on finished product should be determined by the finished product specification. Examples are varied and can include chemical migration dimensional measurements, performance measurements (E.g. top load, vacuum/seal testing), and fit for use testing (E.g. closure application and removal), etc.

Testing and/or inspection of printing equipment prior to storage and upon use in the facility is required to ensure accuracy of the printing of labels or ingredients declarations (as applicable). Written procedures and staff training to support these activities is required for site employees involved. Procedures and process must be in place when composite print (a mixture of different designs printed together) is used to ensure effective segregation of different print variants.

The inspection and disposal of trademarked materials requires a documented procedure to ensure that the materials do not get back into commerce. (see also 13.8.1)

If external laboratory analysis is used, the site must demonstrate that such analysis is completed by a recognized laboratory that is accredited to ISO 17025 or an equivalent national standard, and one that uses recognized industry standard methods. These methods may be described in the specifications.

If an internal or company laboratory is used, test methods should be checked against an accredited external laboratory at least once per year.

The site will demonstrate that sampling of product for inspection or analysis is completed using recognized sampling methods or is statistically based.

The site must ensure that staff is qualified, trained and competent to complete sampling inspection and analyses. The competency of staff responsible for product testing and sampling should be assessed through industry or customer competency protocols

Records must be maintained of all inspections, tests and analyses.

**2.5.4 Auditing Guidance**

Product sampling and testing procedures shall be reviewed initially at the desk audit and compliance to this requirement by observation, interview with the SQF practitioner and other relevant staff responsible for sampling and testing, and review of records at each site audit. Evidence may include:

- Methods for sampling, inspecting, and/or analyzing materials, finished product and work in progress are documented;
- Documented training records of staff conducting testing showing understanding of tests performed,

Guidance for Developing, Documenting, Implementing,  
Maintaining and Auditing an SQF Food Safety System  
SQF Code, Edition 8.1– Module 2: SQF System Elements for Manufacture of Food Packaging

as well as records to show proficiency;

- Documented methods are approved methods and meet regulatory and customer requirements;
- Inspections are conducted as documented, and at intervals sufficient to maintain control;
- Inspections confirm specifications, label requirements;
- Analyses are conducted by qualified individuals and to approved methods;
- Alternative methods used are validated as equivalent to the national approved standard methods;
- External laboratories are accredited to ISO 17025 or equivalent national standard;
- Records of all inspections and analyses are accurate and maintained.

### 2.5.5 Internal Audits and Inspections (Mandatory)

#### What the SQF Code says

2.5.5.1 The methods and responsibility for scheduling and conducting internal audits to verify the effectiveness of the SQF System shall be documented and implemented. Internal audits shall be conducted at least annually. The methods applied shall ensure:

- i. All applicable requirements of the SQF Food Safety Code for Manufacture of Food Packaging are assessed as per the SQF audit checklist or similar tool;
- ii. Correction and corrective action of deficiencies identified during the internal audits are undertaken;
- iii. Audit results are communicated to relevant management personnel and staff responsible for implementing and verifying corrective actions.

2.5.5.2 Staff conducting internal audits shall be trained and competent in internal audit procedures.

2.5.5.3 Regular inspections of the site and equipment shall be planned and carried out to verify Good Manufacturing Practices and building/equipment maintenance is compliant to the SQF Food Safety Code for Manufacture of Food Packaging. The site shall:

- i. Take corrections or corrective and preventative action; and
- ii. Maintain records of inspections and any corrective action taken.

2.5.5.4 Where practical staff conducting internal audits shall be independent of the function being audited.

2.5.5.5 Records of internal audits and inspections and any corrections and corrective action taken as a result of internal audits shall be maintained.

### 2.5.5 Implementation Guidance

#### What does it mean?

Internal audits are an in-house check to identify gaps or deficiencies in the SQF System and provide a sound basis for deciding on measures for improvement. Internal auditing is a verification method and when used properly, can reduce the uncertainty and risk of external audits.

This element requires the site to audit the activities in their System on a regular basis to ensure that everything is running smoothly. Internal audits help the site to identify areas of deficiency in their System so that it can be improved effectively.

#### What do I have to do?

This element is mandatory.

The site is required to prepare an internal audit procedure describing how internal audits of the entire SQF System are conducted and identify who is responsible for scheduling and conducting internal audits.

The internal audits must cover the entire SQF System, including the application of pre-requisite programs and the HACCP Food Safety Plan and critical food safety controls that have been implemented. The site must also confirm that legislative requirements are met, that inspections and tests are being conducted as required and that the premises, its surrounds and equipment are being maintained sanitarily and in good condition.

The audit program must include:

Guidance for Developing, Documenting, Implementing,  
Maintaining and Auditing an SQF Food Safety System  
SQF Code, Edition 8.1– Module 2: SQF System Elements for Manufacture of Food Packaging

- An audit schedule (i.e., when audits will be conducted);
- Audit criteria (i.e., the area and requirements assessed);
- Responsibility (i.e., who will conduct the audit);
- Corrections and corrective actions (i.e., the response to the audit);
- Also a review of the trace back system as outlined in 2.6.2.

There must be at least one complete SQF System internal audit per year. Preferably this is conducted throughout the year or the season, depending on the length of the season within the site. Major physical or program non-conformities shall require a more effective internal audit program.

For internal audits to be effective, staff conducting internal audits must be trained in internal auditing techniques, information gathering and objective observation. This training need not be “formal” training provided by an external source. Internal auditor training covers internal audit procedures, including the planning and scheduling of internal audits, preparing internal audit reports and initiating and following up on audit findings. Internal audits should combine several information gathering techniques, including interview of personnel, review of records and observation of current conditions.

To ensure the objectiveness of the internal audit the site is required where possible to use personnel who are separate from the area being audited to conduct internal audits. The inclusion of the words “where possible” illustrates that in the case of some very small sites this may not be possible. In such cases, the site is required to demonstrate that the alternative internal audit arrangement meets the objective of this requirement and is communicated to all affected parties.

Finally, the outcomes of all internal audits must be reviewed by management, corrective actions recorded, and resolution progress monitored. Any audit tool that is developed by the site can be utilized to perform the internal audits provided it covers the required areas and programs.

### 2.5.5 Auditing Guidance

The internal audit procedure and schedule shall be reviewed initially at the desk audit and compliance to this requirement through observation and interviews with staff conducting internal audits and review of records at each site audit. The SQF auditor will verify that the audit schedule is adequate based on the observations from the assessment of the site. Evidence may include:

- There is an internal audit procedure and schedule that adequately covers all SQF System elements;
- Sufficient resources are allocated to conduct internal audits as per schedule;
- Staff conducting internal audits are adequately trained on the audit criteria;
- Staff conducting internal audits are independent of the area being audited;
- Corrections and corrective actions of identified deficiencies are correctly allocated, followed up, and completed (refer to 2.5.3);
- Internal audit results are communicated to relevant management and staff;
- Internal audit reports and their follow-up are reviewed as part of the management review process (refer to 2.1.3);
- Records are kept of internal audits and the corresponding corrective actions.

## 2.6 Product Identification, Trace, Withdrawal and Recall

### 2.6.1 Product Identification (Mandatory)

#### What the SQF Code says

2.6.1.1 The methods and responsibility for identifying raw materials, ingredients, packaging materials, work-in progress, process inputs and finished products during all stages of production and storage shall be documented and implemented. The product identification system shall be implemented to ensure:

- i. Raw materials, ingredients, packaging materials, work-in progress, process inputs and finished products are clearly identified during all stages of receipt, production, storage and dispatch; and



Guidance for Developing, Documenting, Implementing,  
Maintaining and Auditing an SQF Food Safety System  
SQF Code, Edition 8.1– Module 2: SQF System Elements for Manufacture of Food Packaging

- ii. Finished product is labeled to the customer specification and/or regulatory requirements.
- 2.6.1.2 Product identification records shall be maintained.
- 2.6.1.3 Product start up and changeover procedures during packing shall be documented and implemented to ensure that the correct product is in the correct package and with the correct label, and that the changeover is inspected and approved by an authorized person.

### 2.6.1 Implementation Guidance

#### What does it mean?

To allow for effective trace back (refer to 2.6.2), recall (refer to 2.6.3) and stock control and rotation (refer to 13.6.1.2), materials and products at all stages of production must be labelled and identified. How the site goes about this is entirely their own choice, as long as product can be identified and tracked at every stage of production.

#### What do I have to do?

This element is mandatory.

The site must be able to clearly identify product upon receipt, throughout the process and when it is a finished product.

Product coding and labelling for in-process and finished products should ensure:

- i. Coding is accurate and legible and that, if required, is readable by a computer or scanner;
- ii. Coding is applied immediately at the production line; and
- iii. Label reprinting and pallet labelling is documented to eliminate mix ups.

Product that is in-process may be identified in a variety of ways. The site could use bin tags, pallet tags, colors, product tags, etc. The site must be able to demonstrate how the product identification system works for incoming materials, work-in-progress and for finished product.

The finished product label needs to contain information that accurately describes the product in accordance to customer specification and/or regulatory requirements in the country of origin and intended country of destination.

The site is required to prepare a procedure outlining who is responsible for maintaining the product identification system and include in the procedure the methods used to identify product.

When shipping finished product, the site must ensure the product is clearly identified and that all product identification details are accurately described on dispatch documents or otherwise included with a shipment once it leaves the business.

Product start up and changeover procedures must ensure that the correct product is with the correct label, and that the changeover is inspected and approved by an authorized person. The methods and procedures should ensure:

- i. Correct identification and use of materials;
- ii. Checks for correct printed materials if produced off-line;
- iii. Checks for the accuracy of printing carried out on-line including date coding, batch coding, quantity, bar coding and country of origin;
- iv. Correct set-up, calibration and accuracy of on-line visions systems (e.g. bar code scanners if used); and/or
- v. Validation of material removal and line clearance through inspection and sign-off.

### 2.6.1 Auditing Guidance

The product identification procedure shall be reviewed initially at the desk audit and compliance to this requirement by observation, and interviews with operational staff, and review of records at each site audit. The site should expect that the auditor will select product at various stages during the process and ask for the origin of product, material supplier, etc. to test the identification system. Evidence may include:

- There is a documented product identification system in place;
- The product identification system is effectively implemented;



Guidance for Developing, Documenting, Implementing,  
Maintaining and Auditing an SQF Food Safety System  
SQF Code, Edition 8.1– Module 2: SQF System Elements for Manufacture of Food Packaging

- Product is clearly identified during all stages of the process;
- Finished product is labeled to customer requirements;
- Finished product is labeled to regulatory requirements in the country of origin and country of destination;
- All operational staff understands and uses the product identification system.

### 2.6.2 Product Traceability (Mandatory)

#### What the SQF Code says

- 2.6.2.1 The responsibility and methods used to trace product shall be documented and implemented to ensure:
- i. Finished product is traceable to the customer (one up) and provides traceability through the process to the manufacturing supplier and date of receipt of raw materials, food contact packaging and materials and other inputs (one back);
  - ii. Traceability is maintained where product is reworked; and
  - iii. The effectiveness of the product trace system shall be reviewed at least annually as part of the product recall and withdrawal review (refer to 2.6.3.3)
- 2.6.2.2 Records of raw and packaging material receipt and use, and finished product dispatch and destination shall be maintained.

### 2.6.2 Implementation Guidance

#### What does it mean?

The ability to identify and trace product is an important aspect of any food supply chain. Food regulators, retailers, insurance companies and food manufacturers require that product be traceable. The site must document the method used to trace product, ensuring that it provides a link to all materials and inputs used. Materials and other inputs shall be traceable through the process to the finished product. Records of product dispatch and destination shall be maintained. The documentation must assign responsibility for product dispatch and include the product name, when it was dispatched (sold), who was the customer (not including direct sales to consumers), the quantity and the production batch dates and details.

#### What do I have to do?

This is a mandatory element.

The site must have a process in place that enables them to trace product to their customer (one up) and back to the material supplier (one back). A written procedure must be documented to show how this is accomplished. The product trace system must account for materials, input packaging materials, additives and processing aids used that may impact on food safety.

For the purpose of this section, the site's first customer is the first location where the product is delivered after it leaves direct control. This can be a distribution center, customer location, broker, etc. It is not the requirement of the site to be able to trace past the first customer. However, the site should also check with the requirements of their buyers.

For the purpose of the SQF Code, traceability is a "one up, one back" requirement. The site's procedure must include details of how all materials, input packaging materials, additive and processing aids are linked through to the finished product; and must outline how the site accounts for the reuse of reworked product. The product trace procedure must outline how the site traces product to a customer and who is responsible for implementing and maintaining the product trace system.

The site must test the effectiveness of the trace system at least annually. The auditor will request to see records of the trace test and any corrective actions taken as a result of this review.

The site is required to retain records of all product dispatched. Both the details of the product and where and to whom it was dispatched must be recorded.

Identifying (refer to 2.6.1) and tracing bulk materials, such as resins, can be problematic if there are insufficient bulk bins to store separate deliveries. Where bins/silos are continually refilled, delivery batches must still be recorded and the proportion of each delivery identified when materials are comingled. The processed material must, as far as possible, be linked with deliveries of materials. It is recommended that silos are periodically emptied so as to have a definitive end date to usage.

### 2.6.2 Auditing Guidance

The product trace procedure shall be reviewed initially at the desk audit and compliance to this requirement by observation, interviews with operational staff, and review of records at each site audit. The site audit shall include a review of trace back on rework (where applicable) and the auditor may need to verify traceability requirements. Evidence may include:

- There is a product trace procedure that documents all applicable materials, work-in-progress, and finished products;
- The product trace system is effectively implemented;
- The product trace system is one up, one back;
- Finished product can be traced back to material suppliers;
- Rework is traceable back to materials and work-in-progress;
- The product trace system has been tested annually , and the results reviewed by management with opportunities for improvement identified and addressed.

### 2.6.3 Product Withdrawal and Recall (Mandatory)

#### What the SQF Code says

2.6.3.1 The responsibility and methods used to withdraw or recall product shall be documented and implemented. The procedure shall:

- i. Identify those responsible for initiating, managing and investigating a product withdrawal or recall;
- ii. Describe the management procedures to be implemented including sources of legal, regulatory and expert advice and essential traceability information; and
- iii. Outline a communication plan to inform customers, consumers, authorities and other essential bodies in a timely manner appropriate to the nature of the incident;
- iv. SQFI, the certification body, and the appropriate regulatory authority shall be listed as an essential body and notified in instances of a food safety incident of a public nature, or product recall for any reason.

2.6.3.2 Investigation shall be undertaken to determine the root cause of a withdrawal, mock recall or recall and details of investigations and any action taken shall be documented.

2.6.3.3 The product withdrawal and recall system shall be reviewed, tested and verified as effective at least annually. Testing shall include incoming materials (one back) and finished product (one up).

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

2.6.3.5 Records of all product withdrawals, recalls and mock recalls shall be maintained.

### 2.6.3 Implementation Guidance

#### What does it mean?

A product recall applies when a product is found to be unsafe or otherwise in breach of regulatory requirements and is withdrawn from public sale and the consumer market is advised not to use or consume that product. Recalls may be mandatory (i.e., initiated by a regulator), retailer driven, or voluntary (i.e., initiated by the site or its suppliers).

A product withdrawal applies when a dispatched product is found not to meet safety requirements, is deemed not suitable for sale and is withdrawn from the distribution chain before it has reached the consumer.

A product recall and withdrawal procedure must be prepared, implemented and regularly reviewed to ensure everyone involved in the recall process understands their role and their responsibility in the event of a recall or withdrawal.

Guidance for Developing, Documenting, Implementing,  
Maintaining and Auditing an SQF Food Safety System  
SQF Code, Edition 8.1– Module 2: SQF System Elements for Manufacture of Food Packaging

**What do I have to do?**

This is a mandatory element.

The site must have a management committee in place to coordinate and manage recalls and must prepare a withdrawal and recall procedure describing the methods, responsibilities and procedures they implement in the event of a product withdrawal or recall. There must be senior management involvement in the recall committee, as well as departmental and other managers with the authority to make decisions.

The procedure may contain a description of incidents specific to the site's product that may trigger a withdrawal or recall and must include an up-to-date list of customers, regulators and other essential contacts that need to be notified in the event of a withdrawal or recall.

The SQFI and the site's certification body (CB) must be included on the communication list. The site is required to notify the CB and SQFI in writing within 24 hours of a food safety incident of a public nature (i.e., requiring public notification) or a product recall for any reason. The SQFI contact is [foodsafetycrisis@sqfi.com](mailto:foodsafetycrisis@sqfi.com).

It must also outline the methods the site will implement to investigate the cause of a withdrawal or recall. The site shall review and test their withdrawal and recall procedure at least annually and verify that the instructions continue to be relevant, that it is effective and efficient and that everyone understands their role.

Records of any/all recalls and withdrawals must be maintained, along with the results of testing of the withdrawal and recall procedure. Records for testing must include all supporting documentation used to identify product included within the recall/withdrawal. These records may include production records, materials receiving records, rework records, product holds, and product storage and distribution records. The site should test product that has already been released so that full distribution traceability can be verified.

Non-conformances identified during the exercise must be investigated by the site and required corrective action completed, with a follow up test completed to ensure that corrective actions are effective. A recall and withdrawal exercise should be able to demonstrate linkage of materials through the process to the facilities first customer. This review of the system is therefore, also a review of the trace back system as outlined in 2.6.2.

The site must also be aware of the recall targets set by retail customers. Some may require 100% identification and quarantine of affected product within hours or recall notification. Regulatory recall requirements must also be considered.

### 2.6.3 Auditing Guidance

The recall and withdrawal procedure shall be reviewed initially at the desk audit and compliance to this requirement by observation, interviews with recall committee, and review of actual/mock recall records at each site audit. The SQF auditor shall review the annual test of the recall and withdrawal system, and corrective actions taken as a result of the test.

Evidence may include:

- A recall committee is established and all members understand their roles and responsibility;
- The methods and responsibilities for notifying internal contacts, customers, SQFI, the certification body, regulators and other essential bodies are identified;
- The recall/withdrawal system has been tested annually;
- The recall/withdrawal system meets regulatory and customer requirements;
- Communication has been tested during an actual or test recall;
- Investigations into the cause of actual recalls/withdrawals have been conducted;
- Corrective actions have been taken on identified deficiencies in the recall/withdrawal (refer to 2.5.3).

## 2.7 Food Defense and Food Fraud

### 2.7.1 Food Defense Plan (Mandatory)

**What the SQF Code says**

Guidance for Developing, Documenting, Implementing,  
Maintaining and Auditing an SQF Food Safety System  
SQF Code, Edition 8.1– Module 2: SQF System Elements for Manufacture of Food Packaging

2.7.1.1 The methods, responsibility and criteria for preventing food adulteration caused by a deliberate act of sabotage or terrorist-like incident shall be documented, implemented and maintained.

2.7.1.2 A food defense plan shall include:

- i. The name of the senior site management person responsible for food defense;
- ii. The methods implemented to ensure only authorized personnel have access to production equipment and vehicles, manufacturing and storage areas through designated access points;
- iii. The methods implemented to protect sensitive processing points from intentional adulteration;
- iv. The measures taken to ensure the secure receipt and storage of raw materials, packaging, equipment and hazardous chemicals;
- v. The measures implemented to ensure raw materials, ingredients, packaging materials, work-in progress, process inputs and finished products are held under secure storage and transportation conditions; and
- vi. The methods implemented to record and control access to the premises by employees, contractors, and visitors.

2.7.1.3 The food defense plan shall be reviewed and challenged at least annually.

2.7.1.4 Records of reviews of the food defense plan shall be maintained.

### 2.7.1 Implementation Guidance

#### What does it mean?

Section 2.7 is about site security, including food defense. The site must document and implement a plan to assure the security of the site and the product from damage or adulteration from sabotage or terrorist-like incident.

#### What do I have to do?

This is a mandatory element.

The site must prepare, implement and maintain a food defense protocol that outlines the methods, responsibilities and criteria for preventing food adulteration caused by deliberate acts of sabotage. This plan must be reviewed, at minimum, on an annual basis. The site must designate a member of senior management who has responsibility for food defense. This responsible individual must assure that there are procedures in place for recording and controlling access to areas of the site by employees, contractors and visitors.

The protocol must identify how the site limits access to designated areas of the operation to only appropriately authorized employees. The site must implement steps to protect sensitive processing points from intentional contamination. The protocol should explain how the company ensures the secure storage and transportation of materials, packaging, equipment, hazardous chemicals and finished product.

Specific areas of the program that may be addressed include:

- Employee identification;
- Visitor, contractor, tour access;
- Physical security of the site (e.g., secured doors, windows, outside storage areas);
- Signage;
- Perimeter lighting;
- Secure chemical storage;
- Restricted access to sensitive areas of processing;
- Secure storage of ingredients, packaging and equipment not in use;
- Secure storage and transportation of finished product;
- Tamper proof or tamper evident packaging.

The protocol must define how these areas are to be addressed. The site is free to develop adequate measures to address specific areas to ensure control through a wide variety of solutions.

### 2.7.1 Auditing Guidance

The site must demonstrate to the SQF auditor how their specific controls address the intent of the SQF Code

Guidance for Developing, Documenting, Implementing,  
Maintaining and Auditing an SQF Food Safety System  
SQF Code, Edition 8.1– Module 2: SQF System Elements for Manufacture of Food Packaging

requirements and any identified risk. The food defense protocol shall be reviewed initially at the desk audit and compliance will be assessed by observation, interviews with senior management, and review of records at each site audit. Evidence may include:

- Responsibilities for food defense has been assigned to a senior management representative;
- A food defense plan is in place that identifies the actions required to prevent a serious incident;
- The food defense plan identifies methods to protect sensitive processing points;
- The food defense plan identifies methods to provide authorized access to products and facilities;
- The food defense plan identifies methods to secure storage of materials, packing materials, work-in-progress, finished product, and hazardous chemicals;
- The food defense plan identifies methods to record and control access to the premises by employees, contractors and visitors; and
- The food defense plan is challenged through different scenario's and result and corrective actions recorded

## 2.7.2 Food Fraud

### What the SQF Code says

2.7.2.1 The methods, responsibility and criteria for identifying the site's vulnerability to food fraud shall be documented, implemented and maintained. The food fraud vulnerability assessment shall include the site's susceptibility to product substitution, mislabeling, dilution, counterfeiting or stolen goods which may adversely impact food safety.

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

2.7.2.3 The food fraud vulnerability assessment and mitigation plan shall be reviewed and verified at least annually.

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

## 2.7.2 Implementation Guidance

### What does it mean?

In July 2014, GFSI published a discussion paper "GFSI position on Mitigating the public health risk of food fraud," in which it states "The GFSI Board recognizes that the driver of a food fraud incident might be economic gain, but if a public health threat arises from the effects of an adulterated product, this will lead to a food safety incident."

Food fraud is often described as EMA, economically motivated adulteration. However, it is more than that. As well as adulteration, food fraud includes substitution, dilution, addition, misrepresentation or tampering of food ingredients or food products. It is in fact illegal deception for economic gain.

The economic risks of food fraud to the industry are apparent. It is estimated that fraud costs the global food industry between \$US40bn - \$US50bn every year (Australian Food News, 11th July 2017). However, the public health impacts are less so. In many cases, the health impact of food fraud is not known until after the fact, when consumers become sick and the adulterant is detected.

GFSI now requires that a food fraud vulnerability assessment and mitigation plan to be incorporated into the food safety management systems in all GFSI benchmarked schemes. SQF in edition 8.1 now requires food fraud to be considered for the site (2.7.2), and for incoming materials and ingredients (2.4.4.5, 2.4.4.6).

### What do I have to do?

Although this element is not mandatory, it is a key GFSI requirement and can only be exempted on receipt by the Certification Body (CB) of a written request from the site justifying exemption. If the justification is accepted by the CB, the element can be exempted. If not, and the site has not completed a vulnerability assessment and mitigation plan, then the CB is required to raise a major non-conformance against 2.7.2.

Guidance for Developing, Documenting, Implementing,  
Maintaining and Auditing an SQF Food Safety System  
SQF Code, Edition 8.1– Module 2: SQF System Elements for Manufacture of Food Packaging

For many sites, food fraud is a new consideration and the hardest part is getting started. What is a vulnerability assessment? What is a mitigation strategy?

The food fraud strategy is similar to the HACCP methodology sites are familiar with. In general terms, it is:

1. Identify the risks (vulnerabilities)
2. Determine corrective and preventative actions (mitigation strategies)
3. Review and verify
4. Maintain records

The food fraud requirements talk about 'vulnerabilities' rather than 'risk'. A risk (ISO 31000 Risk Management) is something that has occurred frequently before, will occur again, and there is enough data to conduct a statistical assessment. Vulnerability is more a condition that could lead to an incident (Dr John Spink, MSU). GFSI considers an "incident" to be a "consumer health risk if not addressed."

'Vulnerabilities' need to be identified in incoming materials and ingredients, and within the site. Not all materials and ingredients are subject to risk, and the highest risks may be from minor or infrequent ingredients that originate from sensitive geopolitical areas, or suppliers with poor past histories. Ingredients can be prioritised based on perceived risk.

Within the site, vulnerabilities may include the potential for intentional or accidental substitution, dilution, or adulteration. The question that needs to be asked is "who benefits financially from internal food fraud?"

Mitigation strategies will be developed based on the identified vulnerabilities.

Although SQF requires that the food fraud vulnerability assessment and mitigation plan to be reviewed and verified at least annually, the site should be constantly aware of their supplier history and changes in the supply chain that could impact the vulnerabilities.

SQFI recommends that sites initiating their food fraud strategies seek assistance from one of the many resources that are available on-line. Although SQFI lists these resources, we take no responsibility for the information they provide or the outcomes of the assistance they offer.

SQFI partners with the Food Fraud Initiative at Michigan State University (MSU) <http://foodfraud.msu.edu>. This group offers free on-line training for sites and auditors on food fraud called Massive Open On-line Courses or MOOCs.

Other resources that could be considered include the PwC food fraud vulnerability assessment, and the USP Food Fraud Database.

### 2.7.2 Auditing Guidance

As with sites, food fraud is also relatively new to auditors, and SQFI recommends that all SQF auditors seek training in food fraud strategies through the resources outlined above, or through their internal CB training.

The auditor must avoid pre-determining site's food fraud vulnerabilities or making a quick decision on 2.7.2 Food Fraud. Food fraud is a new and inexact science, and there is no prescribed methodology for determining vulnerabilities or their mitigating actions. It is based on the information that the site has available at the time.

The auditor will seek evidence of compliance to this requirement by review of documents and records, and interview. Evidence may include:

- There is awareness within senior management of the need for a food fraud vulnerability assessment and mitigation strategies.
- There is a current, documented vulnerability assessment in place that identifies key ingredient vulnerabilities including justification for their inclusion. The methodology for selecting the key ingredient vulnerabilities shall be available.
- The vulnerability assessment shall include an evaluation of the site vulnerabilities including from staff, contractors, and other associates.
- There are documented mitigation (ie prevention) strategies in place for all identified vulnerabilities, which identify what is to be done and who is responsible.
- The mitigation strategies are active, and are being reviewed for effectiveness.

Guidance for Developing, Documenting, Implementing,  
Maintaining and Auditing an SQF Food Safety System  
SQF Code, Edition 8.1– Module 2: SQF System Elements for Manufacture of Food Packaging

- The vulnerabilities and mitigation strategies are reviewed at least annually.
- There are records available of review of the food fraud program.

## 2.8 Allergen Management

### 2.8.1 Allergen Management (Mandatory)

#### What the SQF Code says

2.8.1.1 The responsibility and methods used to control allergens and to prevent sources of allergens from contaminating packaging shall be documented and implemented. The allergen management program shall include:

- i. A risk analysis of those raw materials, printed packaging, or processing aids, including food grade lubricants, that may contain food allergens or food allergen statements;
- ii. An assessment of workplace-related food allergens from locker rooms, vending machines, lunch rooms, visitors;
- iii. A register of allergens which is applicable in the country of manufacture and the country(ies) of destination if known;
- iv. A list of allergens which is accessible by relevant staff;
- v. The hazards associated with allergens and their control incorporated into the food safety plan;
- vi. A management plan for control of identified allergens;
- vii. Cleaning and sanitation of product contact surfaces between line changeovers shall be effective, appropriate to the risk and legal requirements, and sufficient to remove all potential target allergens from product contact surfaces; and
- viii. Based on risk assessment, procedures for validation and verification of the effectiveness of the cleaning and sanitation of areas and equipment in which allergens are used shall be effectively implemented.

2.8.1.2 Instructions shall be provided to all relevant staff involved in the receipt or handling of raw materials, work-in progress, and rework or finished production how to identify, handle, store and segregate raw materials containing allergens.

2.8.1.3 Sites that do not handle allergenic materials shall document, implement and maintain an allergen management program addressing at a minimum the mitigation of introducing unintended allergens through supplier, contract manufacturer, employee, and visitor activities.

### 2.8.1 Implementation Guidance

#### What does it mean?

Food allergies affect a small but growing proportion of the population. They are most common in children, although some can be life-long, and can cause mild to severe, and sometimes life-threatening, reactions. Most food allergens are proteins and are not denatured in the food manufacturing process. Their recognition, management and communication to the consumer are therefore extremely important and often required by legislation.

Allergens management in food packaging manufacturers would relate to unintentional contamination from employees, additives or lubricants as well as control of allergen listing on printed products..

Sites must be familiar with the regulated allergens that apply in the country of manufacture and the country of destination if it's known and if they are providing printed ingredient listing on products sold to customers. Regulated allergens differ from country to country, and product labelled for sale in other countries must meet the allergen labelling regulations in that country.

Irrespective of its inclusion in regulations, gluten must be included in the site's allergen program

Sites must also be aware of the need to correctly label products containing allergens as per regulations. Incorrect labelling is one of the major causes of recall in many countries, and can be caused by poor product changeover procedures as well as incorrect label information.

#### What do I have to do?



Guidance for Developing, Documenting, Implementing,  
Maintaining and Auditing an SQF Food Safety System  
SQF Code, Edition 8.1– Module 2: SQF System Elements for Manufacture of Food Packaging

This element is mandatory for all food packaging manufacturing sites. Irrespective of the site's considered allergen exposure, a risk analysis is required of all inputs, materials, the workplace (canteens, locker rooms, vending machines) to determine the risk of cross-contact allergens so that action can be taken to minimise or eliminate the risk.

A management plan must be initiated for all identified allergen risks. Depending on the risk, this may include process cleaning and sanitation, validation of sanitation, ingredient and product segregation, re-work control, product scheduling.

Sites must establish the allergen status of incoming materials and ingredients and have procedures in place to isolate and control materials and products containing allergens

All employees must be made aware of the presence and risk of allergen contamination and receive instruction in their role in managing allergens, and in particular, cross-contact allergens.

The site must ensure that all finished product printing is accurate is true to label with regard to allergens and not mixed with other products that do not contain the same ingredient listings. This includes ensuring labels meet the allergen labelling regulations in the country of manufacture and the country of destination, and that product change-over procedures are controlled and supervised to ensure that the correct product is in the correct label.

### **2.8.1 Auditing Guidance**

The allergen management program shall be reviewed initially at the desk audit and compliance will be assessed by observation, interviews with senior management and operational staff, and review of storage and production records at each site audit.

Sites that are exposed to allergenic materials and do not have an adequate allergen management program in place may be subject to a critical non-conformity and a failure of their audit due to regulatory non-compliance and the public health risk.

Evidence may include:

- Regulated allergens in the country of origin and country of destination of packaging products are known;
- Allergens that could impact the site's materials, equipment, processes and products are known, including potential cross-contact allergens;
- An allergen risk assessment has been conducted on all materials, processing aids, additives and lubricants.
- An allergen risk assessment has been conducted on the workplace, including locker rooms, canteens, vending machines, etc.
- An allergen management plan is documented based on the identified risks.
- The allergen management plan is effectively implemented.
- Methods included in the allergen management plan are sufficient to prevent unintentional allergen contamination;
- Risk assessments for materials containing allergens have been conducted;
- A register of materials and ingredients containing allergens has been developed and is accurate;
- Allergen management is included in the food safety plan(s) (refer to 2.4.3);
- Staff involved in the receipt or handling of materials, work-in progress, rework or finished product have been instructed on how to identify, handle, store and segregate materials containing allergens.
- Specific procedures have been developed for the storage of allergen containing ingredients;
- Equipment segregation for allergen control is conducted and effectively manages the risk of cross-contact allergens;
- The product identification system addresses materials, ingredients, work-in-progress and products containing allergens (refer to 2.6.1);
- The product trace system addresses materials, ingredients, work-in-progress and products containing allergens (refer to 2.6.2);
- Products containing allergens are properly labeled to identify them as allergens, and meet regulatory requirements for allergen labeling;
- Product changeover procedures are in place and properly supervised.
- Employees are aware of the risk of allergens and the allergen management procedures.



## 2.9 Training

### 2.9.1 Training Requirements

#### What the SQF Code says

2.9.1.1 The responsibility for establishing and implementing the training needs of the site's personnel to ensure they have the required competencies to carry out functions affecting manufacture of food safe packaging, regulatory compliance, and food safety shall be defined and documented.

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

#### 2.9.1 Implementation Guidance

##### What does it mean?

What is considered appropriate training? All company employees that are responsible for conducting tasks related to the food safety plan, or other plan-associated roles must be trained in the procedures that relate directly to their specific responsibilities, as well as those policies that affect product safety. Training may be completed on the job by qualified technical staff or externally by recognized institutions.

##### What do I have to do?

A training needs analysis must be conducted to identify the skills required for each role in the SQF system. This will be based on the job descriptions (refer to 2.1.2.8), procedures and work instructions (refer to 2.1.3). It is important to ensure that all relevant positions are covered and that shift employees and relief employees are included to ensure that there are no gaps in the training requirements. Staff in supervisory, management or technical roles must also be included.

The training needs analysis will form the basis for the training program (refer to 2.9.2).

The effectiveness of trainers used for delivering employee training should be documented and implemented. Trainers should illustrate competency in conveying information to training program participants in a manner that improves skills and knowledge.

#### 2.9.1 Auditing Guidance

Training requirements will be assessed at each site audit by interview and examination of records. Evidence may include:

- Training needs analysis has been conducted;
- Training needs analysis is based on job descriptions required within the SQF System;
- Training needs analysis includes coverage for all shifts and relief.

### 2.9.2 Training Program (Mandatory)

#### What the SQF Code says

2.9.2.1 An employee training program shall be documented and implemented. It shall outline the necessary competencies for specific duties and the training methods to be applied for those staff carrying out tasks associated with:

- i. Developing and applying Good Manufacturing Practices;
- ii. Applying food regulatory requirements;
- iii. Steps identified by the hazard analysis and/or other instructions as critical to effective implementation of the food safety plan and the maintenance of food safety; and
- iv. Tasks identified as critical to meeting the effective implementation and maintenance of the SQF System.

### 2.9.2 Implementation Guidance

#### **What does it mean?**

Once the training requirements are identified (refer to 2.9.1), the site must ensure that staff is trained to competently carry out their duties and responsibilities. Employees can carry out these activities if they are given clear and concise instructions regarding how, when and where to carry out the tasks and to record the information.

#### **What do I have to do?**

This is a mandatory element.

The following programs are considered the minimum required elements for employee training. They can be offered as classroom training or on-the-job training by qualified personnel. Sometimes training can be offered through team meetings. Type and depth of training will depend upon the employee's work designation. Requirements may include:

- Job/task performance
- Company food safety policies and procedures
- Good Manufacturing Practices, including regulatory compliance
- Cleaning and sanitation procedures
- HACCP overview, and specific roles within the HACCP plan
- Bio security and food defense
- Chemical control
- Hazard communication
- Foodborne pathogens
- Allergen management
- Emergency preparedness

### 2.9.2 Auditing Guidance

The employee training program will be assessed at the initial desk audit and compliance at each site audit by interview, observation of tasks and examination of records. Evidence may include:

- The employee training program is based on a training needs analysis (refer to 2.9.1);
- The employee training program covers all job descriptions required within the SQF System (refer to 2.1.2.8);
- The employee training program includes good manufacturing/agricultural practices (as appropriate);
- The employee training program includes pre-requisite programs;
- The employee training program includes food regulatory requirements;
- The employee training program includes hazard analysis relevant to the employees role in the food safety plan;
- The employee training program includes maintenance of food safety plan relevant to the employees role in the food safety plan;
- The employee training program includes requirements to meet customer specifications;
- The employee training program has been effectively implemented and maintained.

### 2.9.3 Instructions

#### **What the SQF Code says**

Guidance for Developing, Documenting, Implementing,  
Maintaining and Auditing an SQF Food Safety System  
SQF Code, Edition 8.1– Module 2: SQF System Elements for Manufacture of Food Packaging

2.9.3.1 Instructions shall be available in the languages relevant to the staff, explaining how all tasks critical to meeting regulatory compliance, the maintenance of food safety and process efficiency are to be performed.

### 2.9.3 Implementation Guidance

**What does it mean?**

Work instructions shall be available for all employees who carry out tasks that are part of the SQF System, e.g., contribute to meeting regulatory compliance; the food safety and process efficiency controls identified in the SQF System and customer specifications. It shall be available in the language relevant to the staff (see also 2.9.5).

**What do I have to do?**

Instructions can be provided in a number of ways such as:

- Written work instructions may be useful when a particular task is complicated (i.e., requiring skilled operators) or repetitious (e.g., mundane work that generally results in a high turnover of staff and requires a constant training effort). These instructions can serve as a valuable training reference when staff needs to check the correct way of doing a task. Written instructions can be in the form of pre-requisite programs (refer to 2.3.1 i) and will be available (if practical) where the task is performed.
- Photos and diagrams can be particularly useful to overcome language barriers or when a task involves a number of different steps.

Instructions may be included in the food safety manual (2.1.3), and must be kept up to date as process or System requirements change.

### 2.9.3 Auditing Guidance

Work instructions will be assessed at the initial desk audit and compliance at each site audit by interview with key personnel, observation of tasks and examination of records. Evidence may include:

- There are specific work instructions for maintenance of food safety plan and associated tasks;
- There are specific work instructions for maintenance of pre-requisite programs and other tasks related to the SQF System;
- There are specific work instructions for adherence to customer specifications;
- Work instructions are known and applied by personnel conducting food safety tasks;
- Work instructions are updated as changes occur to the process or the SQF System; and
- Instructions are available in languages that are relevant to staff.

### 2.9.4 HACCP Training Requirement

**What the SQF Code says**

2.9.4.1 HACCP training shall be provided for staff involved in developing and maintaining food safety plans.

### 2.9.4 Implementation Guidance

**What does it mean?**

Two-day (or equivalent), examinable HACCP training is required for the SQF practitioner (refer to 2.1.2.5). However other employees involved in the development of food safety plans must also be trained in HACCP. Also, staff involved in maintenance of the food safety plans must have an understanding of HACCP principles and the HACCP process, and their role in the HACCP process

**What do I have to do?**

HACCP training for the SQF practitioner must be external training through a recognized training center. For other staff involved in the SQF System, training can be either/or:

Guidance for Developing, Documenting, Implementing,  
Maintaining and Auditing an SQF Food Safety System  
SQF Code, Edition 8.1– Module 2: SQF System Elements for Manufacture of Food Packaging

- Also through a recognized external training provider;
- On-line;
- Provided internally through a qualified HACCP trainer or SQF practitioner.

Whichever method is used, participants must have a good understanding of the HACCP method and its application within their site. A record of HACCP training must be retained.

#### **2.9.4 Auditing Guidance**

The credentials of the SQF practitioner will be confirmed at the initial desk audit. HACCP training for other staff members shall be confirmed by interview and review of records at each site audit. Evidence may include:

- HACCP training has been provided for all staff associated with the development and maintenance of food safety plans;
- All staff associated with the development and maintenance of food safety plans understand HACCP principles and the HACCP method;
- All staff associated with the development and maintenance of food safety plans are aware of their roles and responsibilities.

#### **2.9.5 Language**

##### **What the SQF Code says**

2.9.5.1 Training materials and the delivery of training shall be provided in language understood by staff.

#### **2.9.5 Implementation Guidance**

##### **What does it mean?**

Where employees do not have as their primary language, the language of the site's business, training materials and work instructions must be provided in a language or form that is understood by those employees. For example, sites in English-speaking countries that employ staff with English as a second language, and/or limited command of English, instruction and training must be available in a language or languages understood by all employees.

##### **What do I have to do?**

Sites must:

- Establish the common languages of employees working within the site;
- Consider the literacy level of all employees;
- Provide instructions (refer to 2.9.3) related to the process, food safety in the common languages of employees;
- Provide training (refer to 2.9.2) related to the SQF System in the common languages of employees;
- Ensure that the messages delivered through training and work instructions are understood by all employees;
- Ensure training materials and work instructions in other languages are updated as the primary materials are changed.

#### **2.9.5 Auditing Guidance**

Compliance to this requirement shall be confirmed by interview, observation and review of training materials

Guidance for Developing, Documenting, Implementing,  
Maintaining and Auditing an SQF Food Safety System  
SQF Code, Edition 8.1– Module 2: SQF System Elements for Manufacture of Food Packaging

and work instructions at each site audit. Evidence may include:

- A review of primary languages spoken within the site’s staff;
- Review of other language work instructions and training materials available;
- Understanding of foreign language employees of the System and tasks involved.

### 2.9.6 Refresher Training

#### What the SQF Code says

2.9.6.1 The training program shall include provision for identifying and implementing the refresher training needs of the organization.

#### 2.9.6 Implementation Guidance

##### What does it mean?

This element relates back to 2.9.2 – Training Program. The site must ensure that training is current and provide refresher training as appropriate. This may be on an annual basis, start of a new season, or as changes occur to the product, process or SQF System.

##### What do I have to do?

The site must identify what refresher training is required and when and how it is to be applied. Refresher training may include:

- Review of the SQF System at the start of a new season for seasonal employees;
- Training for employees involved in a change to the process, product or procedures within the SQF System;
- Regular update training for permanent personnel.

#### 2.9.6 Auditing Guidance

Compliance to this requirement shall be confirmed by interview, observation and review of the training program at each site audit. Evidence may include:

- The training program includes refresher training;
- The training program identifies means for achieving refresher training requirements;
- Refresher training is appropriate to the type of business and the SQF System;
- Refresher training is being applied as per training program.

### 2.9.7 Training Skills Register

#### What the SQF Code says

2.9.7.1 A training skills register describing who has been trained in relevant skills shall be maintained. The register shall indicate the:

- i. Participant name;
- ii. Skills description;
- iii. Description of the training provided;
- iv. Date training completed;
- v. Trainer or training provider; and
- vi. Supervisor’s verification that the training was completed and that the trainee is competent to complete the required tasks.

#### 2.9.7 Implementation Guidance

Guidance for Developing, Documenting, Implementing,  
Maintaining and Auditing an SQF Food Safety System  
SQF Code, Edition 8.1– Module 2: SQF System Elements for Manufacture of Food Packaging

**What does it mean?**

A training skills register is a file of training records. Training records must identify training applied, skills gained, and the assessment applied to ensure the competency was acquired. The training register must comply with the training program (2.9.2), which meets the requirements of the training needs analysis (2.9.1)

**What do I have to do?**

The site is required to prepare a staff training skills register and document who is trained and when they were trained to do a particular task. This may be in the form of a formal training file for permanent staff detailing training undertaken and signed and dated by the subject employee, or a training matrix may be used to keep track of large or rotational labor teams.

Whichever form is used, the training register must identify:

- The trainee participant;
- The skill or knowledge applied;
- The type of training provided;
- Date of training;
- Training provider (e.g., internal or external);
- Competency assessment (generally by the immediate supervisor).

It is also advisable to have an overall summary that links the training register back to the training needs analysis (refer to 2.9.1), so that gaps in the training program (2.9.2) can be identified and corrected.

**2.9.7 Auditing Guidance**

Compliance to this requirement shall be confirmed by interview and review of training records at each site audit. Evidence may include:

- The training skills register is available and up to date;
- The training skills register includes participant name, skills description, training provided, date of training, training provider, and verification of competencies;
- Individual training skills records are signed and dated by participants;
- Verification of skills are signed and dated by a supervisor or other competent person.

Guidance for Developing, Documenting, Implementing,  
Maintaining and Auditing an SQF Food Safety System  
SQF Code, Edition 8.1– Module 2: SQF System Elements for Manufacture of Food Packaging