



# General Guidance for Developing, Documenting, Implementing, Maintaining, and Auditing an SQF System

## Module 2: System Elements

SQF Code, Edition 8

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Guidance for Developing, Documenting, Implementing,  
Maintaining and Auditing an SQF Food Safety System  
SQF Code, Edition 8 Module 2: SQF System Elements for Storage and Distribution of Food  
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## Preface

This document provides general guidance for SQF sites, consultants and auditors when implementing and auditing module 2 of the SQF Code for Storage and Distribution, edition 8 (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 validation 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 products being stored and distributed. The results of effective SQF implementation are not only the protection of public health and company brands, but real improvement in margins by reduction of waste, recalls and withdrawals, and improved productivity through "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.

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## **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 Food Safety Code for Storage and Distribution, edition 8, and to assist SQF registered auditors in auditing the SQF Code, edition 8.

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

Guidance is intended to support the SQF Code, but does not replace it. It is not an auditable document, nor is it definitive and applicable in 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 to effectively 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. Within each module are 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 12 contains the Good Distribution Practices requirements applicable to a storage and distribution facility. Sites must meet the requirements of the both modules applicable to their facility.

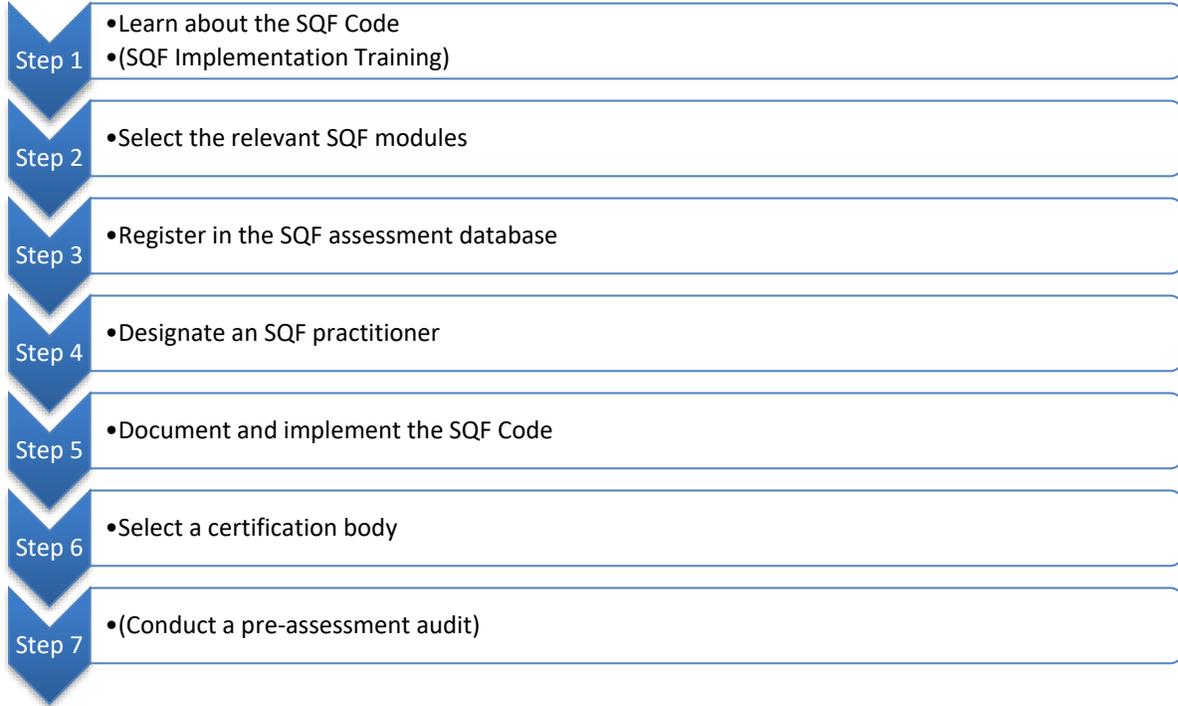
The four appendices in the SQF Code provide additional information needed to implement an SQF System:

- 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

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**Section 2. The SQF Certification Process**

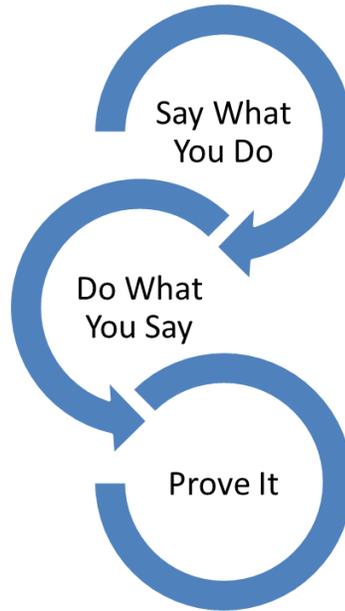
The steps for the process of preparing for SQF certification are shown below. Optional steps or other options are indicated in parenthesis. This process is outlined in section 1 of Part A of the SQF Code.



**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.

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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.”

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## 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 of the SQF Code.

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.

Guidance is intended to support the SQF Code, but does not replace it. It is not an auditable document, nor is it definitive and applicable in 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 to effectively control those risks.

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## **2. The Structure of the SQF Code, Edition 8**

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 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 an SQF System**

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

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

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/food safety plan(s) that identify and control hazards; 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 12 of the SQF Food Safety Code for Storage and Distribution. Module 2 must be paired with implementation of the module 12 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

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#### 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 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 as (Mandatory) in the heading of the clause. The mandatory elements are listed in Part A, 2.10 of the SQF Code 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 Storage and Distribution 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 Audit
- 2.6.1 Product Identification
- 2.6.2 Product Trace
- 2.6.3 Product Withdrawal and Recall
- 2.7.1 Food Defense Plan
- 2.8.1 Allergen Management
- 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.

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

The following section explains the elements and sub-elements of the SQF Code 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 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.

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<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>

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**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 the environment within the site that encourages a pro-active attitude amongst staff 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 regulatory and customer 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**

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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 regulatory and customer 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 regulatory and customer 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, including food safety objectives, is reviewed at least annually.

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:

- An 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;
- Site is for sale or a public announcement has been made that the site 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;

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- ii. Hold a position of responsibility in relation to the management of the site's SQF System;
- iii. Have completed a HACCP training course;
- iv. Be competent to implement and maintain HACCP based food safety plans; and
- v. Have an understanding of the SQF Food Safety Code 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 are often 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 tools 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.

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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.

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 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 2.1.2.9). 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 (2.1.4),
- audit results (2.5.5),
- corrective actions (2.5.3), 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.

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- 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 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.
- 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 Storage and Distribution 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 lines, materials, operations 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.

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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.

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 food 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, operations or products have been validated.
- Records of product and operational 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 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 operational control checks. The SQF Code 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.

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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.

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) 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.

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

**2.1.5 Implementation Guidance**

**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 are 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

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- 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;
- 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.

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The main criteria is 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 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/list of all documents must be maintained including when they were issued, updated and who has a copy of each document. Documents referred to include, for example, pre-requisite programs, food safety plans, SSOPs, SOPs, other work instructions, raw material and finished product specifications, etc.

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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;
- 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 processing 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.

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.

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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 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.

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).

### 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;
- 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 Contract Services

### 2.3.1 Product for Storage and Distribution

#### What the SQF Code says

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

### 2.3.1 Implementation Guidance

#### What does it mean?

Specifications for storage and distribution facilities would be centered on handling and storage criteria since the specifications for the manufacture of the product are the suppliers or customers responsibility.

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**What do I have to do?**

The storage and distribution facility will need to work with supplier's and customers to understand the various handling, storage and temperature requirements for the various products they handle. Similar products can be grouped together and have similar specifications applied to them or each can have its own. Regardless of how this is completed the specifications must be specific enough to ensure that the integrity and food safety aspects important to the product are maintained. Attention must be placed on any customer specific criteria as it may differ from others depending on brand protection or product types.

Specifications creation and control procedures shall ensure they are properly documented, controlled and available to staff for use and referenced during normal operational activities.

**2.3.1 Auditing Guidance**

The auditor will review the specification creation and control procedure, formatting and scope of the specifications during the initial desk audit to ensure all products being handled and distributed are included. Subsequent site audits will seek evidence of the existence and use of specifications through observation, interview and review of documents. Evidence may include:

- Review of the specification creation and control procedure;
- Review of listed specifications compared to products handled and distributed;
- Interviews with product receiving and handling employees;
- Verification of changes to specifications;
- Communication of changes to relevant staff and with customers.

**2.3.2 Incoming Supplies**

**What the SQF Code says**

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

2.3.2.2 All incoming materials and ingredients shall comply with the relevant legislation.

2.3.2.3 The methods and responsibility for developing and approving product descriptions shall be documented.

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

**2.3.2 Implementation Guidance**

**What does it mean?**

Items purchased to assist in maintaining or assisting in the storage and distribution of product are required to have descriptions and/or specifications developed or followed when purchasing in order to ensure they do not pose a risk to products and are appropriate for use.

**What do I have to do?**

Product descriptions and specifications must fully describe the materials being provided for operations use in a storage and distribution facility. A purchasing and approval process, fully documented, should align with those defined in 2.4.4 - Approved suppliers.

The safety-related information in the descriptions should state their approval for use in a food facility and where necessary (e.g. Ice) approval for use in or on products. The extent to which these factors need to be included in the description will depend on the use of the material and the food safety risk to the finished product. As always they must also meet any regulatory requirements where applicable.

Validation of the purchased inputs would include reviewing and approving any claims from suppliers as to their appropriate for use, any analytical claims and how they are being used in the facility.

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**2.3.2 Auditing Guidance**

The auditor will seek evidence of the existence and currency of product descriptions and a procedure for developing and approving them at the desk audit. During the first and subsequent site audits, the auditor will confirm compliance to this procedure and the process for checking compliance and validation. Evidence will be sought by interview, review of descriptions and record review, and may include:

- Review of the procedure for developing and approving product descriptions;
- Confirmation that the list of products used in the facility matches what is inventoried;
- Review of a selected sample of products to confirm agreement with relevant legislation;
- Availability of current copies of descriptions to relevant staff;
- Interview of staff using the products and those conducting validation activities;

**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 a storage and distribution facility may be conducted by individuals or organizations that are not employed by the business, but are contracted to provide specialist services. These may include companies involved in transport, construction, contract labor hire, engineering, pest control, sanitation, chemical management, trash collection, refrigerated storage or uniform cleaning.

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 operations, but their work and presence at the facility 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 products for sale or use, 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 products are 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 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).

**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:

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- 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 Third Party Storage or Distributor**

**What the SQF Code says**

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

2.3.4.2 The site shall:

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

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 Third Party Storage or Distributors are facilities that are contracted by the SQF certified site to store and/or distribute part of all of one or more products included in the site's product scope.

Any contract site used to store and/or distribute products or types of products included in the SQF certified site's scope 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 contact storage and distribution facility 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 some of their operational needs 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 DC 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.

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

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

**2.3.4 Auditing Guidance**

The auditor will seek evidence of the existence of a documented arrangement binding the contract DC 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 service;
- Records of certification and internal audits from contracted facilities.

**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.

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## 2.4 Food Safety System

### 2.4.1 Food Legislation (Mandatory)

#### What the SQF Code says

2.4.1.1 The site ensures that the food delivered to the customer is handled in a manner that complies with the relevant legislation in the country of its origin and destination.

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

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 handled (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 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 product handling (refer to 2.3.1) and descriptions (refer to 2.3.2).

Product descriptions 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 12, 12.1.1.2) 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:

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- Review of the procedure to maintain and update legislative requirements;
- Applicable legislative requirements have been incorporated into specifications (refer to 2.3.1, 2.3.2);
- 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 Storage and Distribution Practices (Mandatory)**

**What the SQF Code says**

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

2.4.2.2 Those Good Distribution 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 12). The site must implement module 2 AND the module 12. 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 storage and distribution businesses are the same, even though module 12 applies to all types of facilities and products being handled. 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 12. 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 conducting storage and distribution activities are included in module 12.

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 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 12, 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:

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- 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 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. Feed manufacturers may utilize a HACCP-based reference food safety plan developed by a responsible authority.

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 food safety of the products or product groups included in the scope of the SQF certification and their associated processes. More than one HACCP food safety plan may be required to cover all products 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 processes under consideration and all relevant inputs and outputs.

2.4.3.5 Product descriptions shall be developed and documented for all products 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 pH, water activity, and/or composition.

2.4.3.6 The intended use of each product shall be determined and documented by the food safety team. This shall include target consumer groups, the potential for consumption by vulnerable groups of the population, 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, packaging material, and service inputs (e.g., 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 food 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 process where control must be applied to eliminate a significant hazard or reduce it to an acceptable level (i.e., a critical control point, or 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

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of the identified food safety hazard (s); and that all critical limits and control measures individually or in combination effectively provide the level of control required (refer to 2.5.2.1).

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 product when monitoring indicates a loss of control at a CCP. The procedures shall also 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 changes affecting product safety occur.

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 food safety 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 food 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 operations and products handled are 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 operations 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 handling specifications & descriptions (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 further processed, or cooked by the consumer prior to consumption, or is it ready-to-eat. Is the product intended for consumption by a vulnerable group, or by the general population (remembering that general population includes vulnerable consumers).
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 such as Ice), 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:

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a) For each step of the process identified in step 5, the HACCP team must identify all 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 separate out 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.

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 receipt through to shipping. 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., seafood inspection, temperature etc. 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

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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;
- 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;
- 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 Suppliers (Mandatory)**

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

2.4.4.1 Incoming goods (identified in 2.3.1 and 2.3.2) that may have an impact on product safety shall be supplied by an approved supplier.

2.4.4.2 Incoming goods received from non-approved supplier shall be acceptable in an emergency situation provided they are inspected or analyzed before use

2.4.4.3 The responsibility 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 2.7.1.1) shall include measures to secure incoming materials and ingredients and protect them from deliberate act of sabotage or terrorist-like incidents.

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

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#### 2.4.4 Implementation Guidance

**What does it mean?**

The objective of this element is to ensure that all incoming products, materials and services meet approved description and/or specifications and are safe. This element links with 2.3.1 & 2.3.2, which defines products handling specifications and descriptions for incoming products for storage and distribution as well as products and materials used within the facility.

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 product 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 products have either been inspected 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 product 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 2.1.2.8.

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 or more frequently, based on supplier performance.

The receipt of products from non-approved suppliers is acceptable, but only in an emergency situation, and provided the products 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 products to prevent intentional adulteration and contamination.

#### 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 products 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;
- All products 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 and descriptions (refer to 2.3.1, 2.3.2);
- The program specifies actions to be taken when non-compliance is identified;
- Documented test/inspection methods and corrective actions have been followed;

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- Relevant staff are aware of their responsibilities and duties with regard to inspection and receiving of incoming products;
- 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.

#### 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 product, raw material, ingredient, work-in-progress, packaging or equipment detected during receipt, storage, processing, handling 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;
- 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 finished product; and
- iii. All relevant staff are aware of the organization's quarantine and release requirements applicable to equipment or product placed under quarantine status.

2.4.5.2 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 products, inputs, packaging materials or recoup. It can also apply to any other material used in the site that can impact product safety, e.g. cleaning chemicals, aids.

This element also includes how the site deals with non-conforming equipment.

##### 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, recalls, withdrawals or food safety incidents. The site must describe 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 operation 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.

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;

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- Records of product that has not met specification
- Records of product disposition;
- Records of repair of non-conforming equipment.

**2.4.6 Product Recoup**

**What the SQF Code says**

2.4.6.1 The responsibility and methods outlining how the product is recouped shall be documented and implemented. The methods applied shall ensure:

- i. Recouping operations are conducted by qualified personnel;
- ii. Recouped product is traceable.

**2.4.6 Implementation Guidance**

**What does it mean?**

The objective of this element is to ensure the products which are recouped are of the same standards as the product and product packaging they come from.

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 product (s) they were derived from.

**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.

An important element of the procedure is the criteria for determination when product is to be recouped, how much can be completed, under what conditions, and how is it to be identified and traced. Product, after being recouped, must be reviewed per company-designated food safety checks to ensure that it meets all applicable specifications.

Recouping of perishable product must take into consideration the shelf-life of the product being reworked (i.e., the oldest product).

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;
- Confirmation that the shelf-life of work in progress and finished product containing rework reflects the shelf-life of the included rework;
- Sampling and analysis of reworked product is conducted;

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- 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 products shall be documented and implemented. The methods applied shall ensure the product is released by authorized personnel.

2.4.7.2 Records of all product release 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 2.4.5).

**What do I have to do?**

This element is mandatory.

A site will need to define how product is entered into inventory and how its status of being available for distribution may be changed or adjusted. As such it must 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.

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**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 Distribution 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?**

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 keeping products safe.

Validation involves evaluation 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 products 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.
- 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:

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- 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 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 verification 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 Distribution 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 and the 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?**

This element requires that the site (i.e., the SQF practitioner) to identifies when verification activities will occur and who is responsible.

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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. At subsequent site audits compliance will be measured through observation, interview with the SQF practitioner, interviews with other relevant staff responsible for validation and verification activities and review of records.

00. 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;
- 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.

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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 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 plans (i.e., the FSP and FQP) and corrective action procedure shall be reviewed initially at the desk audit. At subsequent site audits compliance will be measured through observation, interview with the SQF practitioner, interviews with other relevant staff responsible for corrective actions activities and review of records. 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.

### 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 Storage and Distribution are audited 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 Distribution Practices and building/equipment maintenance is compliant to the SQF Food Safety Code for Storage and Distribution. The site shall:

- i. Take corrections or corrective and preventative action; and

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- 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.

<b>2.5.5 Implementation Guidance</b>
<p><b>What does it mean?</b></p> <p>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.</p> <p>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 faults in their System so that it can be improved.</p> <p><b>What do I have to do?</b></p> <p>This element is mandatory.</p> <p>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.</p> <p>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.</p> <p>The audit program must include:</p> <ul style="list-style-type: none"><li>• An audit schedule (i.e., when audits will be conducted);</li><li>• Audit criteria (i.e., the area and requirements assessed);</li><li>• Responsibility (i.e., who will conduct the audit);</li><li>• Corrections and corrective actions (i.e., the response to the audit);</li><li>• Also a review of the trace back system as outlined in 2.6.2.</li></ul> <p>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.</p> <p>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.</p> <p>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.</p> <p>Finally, the outcomes of all internal audits, including any corrective actions taken, must be recorded. 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.</p>
<b>2.5.5 Auditing Guidance</b>
<p>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</p>

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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;
- 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 2.5.5);
- 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 2.1.4.1);
- 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 products during all stages of storage shall be documented and implemented. The product identification system shall be implemented to ensure:

- i. proper stock rotation;
- ii. accurate location of product.

### 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 12.6.1), materials and products at all stages of the operation 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 storage period and when it is shipped and distributed.

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 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 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.

### 2.6.1 Auditing Guidance

The product identification procedure shall be reviewed initially at the desk audit and compliance to this

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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 operation and ask for the origin of product to test the identification system. Evidence may include:

- There is a documented product identification system in place;
- The product identification system is effectively implemented;
- 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 Trace (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 product receipt and use, and 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 products, 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 supplier (one back). A written procedure must be documented to show how this is accomplished. The product trace system must account for products, materials, packaging materials 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 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 customers.

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, packaging materials and processing aids are linked through to the products; and must outline how the site accounts for the reuse of reworked/recouped 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.

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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.

### 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/recoup (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 products;
- The product trace system is effectively implemented;
- The product trace system is one up, one back;
- Product can be traced back to suppliers/input customers;
- Rework is traceable back to materials and work-in-progress;
- The product trace system has been tested annually.

### 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 procedures to be implemented by site management, including sources of legal, regulatory and expert advice;
- 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/customer 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.

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**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 products 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. For the storage and distribution facility this notification would only be required if it is initiated by the site since recalls for products distributed on behalf of the manufacturers would be initiated by the manufacturer. 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 receiving records, rework/recoup 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 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

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**2.7.1 Food Defense Plan (Mandatory)**

**What the SQF Code says**

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 operational points from intentional contamination. The protocol should explain how the company ensures the secure storage and transportation of materials, packaging, equipment, hazardous chemicals and products.

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);
- Secure chemical storage;
- Restricted access to sensitive areas of the operation;
- Secure storage of inputs, packaging and equipment not in use;
- Secure storage and transportation of products;

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**

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The site must demonstrate to the SQF auditor how their specific controls address the intent of the SQF Code 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 actual/mock recall 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 operational 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, products, and hazardous chemicals;
- The food defense plan identifies methods to record and control access to the premises by employees, contractors and visitors;

### 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 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 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 requires food fraud to be considered for the site (2.7.2).

#### 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.

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:

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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 products, and within the site. Not all materials and products are subject to risk, and the highest risks may be from minor or infrequent products that originate from sensitive geopolitical areas, or suppliers with poor past histories. Products and materials 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 product and material vulnerabilities including justification for their inclusion. The methodology for selecting the key product and material 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.
- The vulnerabilities and mitigation strategies are reviewed at least annually.

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- There are records available of review of the food fraud program.

## 2.8 Identity Preserved Foods

### 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 product shall be documented and implemented. The allergen management controls shall include the identification and handling of compromised product to prevent inadvertent cross contact.

#### 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. Their recognition, management and communication to the consumer are extremely important and often required by legislation.

Allergens in food can be intentional (i.e., nuts in nut-based products, milk in milk-based products), or as a result of cross-contact, which is the term used when a residue or trace amount of an allergenic ingredient is unintentionally added to a food product. This can happen due to compromised products, inadvertent cross contamination and insufficient cleaning and sanitation procedures.

Some sites have high exposure to allergens that are an integral part of the product offering (e.g., peanuts in bulk bags), but other sites may have exposure to cross-contact, or unintentional allergens, i.e., allergens that are not part of the products. Other sites may have little or no allergen exposure, but must still conduct a risk assessment to ensure there is no unintentional allergen exposure.

Sites must be familiar with the regulated allergens that apply in the country of manufacture and the country of destination if it's known. 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 or maintain labelling as per regulations. Incorrect labelling is one of the major causes of recall in many countries, and can be caused by poor product handling procedures as well as incorrect label information.

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

This element is mandatory for all food handling sites. Irrespective of the site's considered allergen exposure, a risk analysis is required of all products and 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 cleaning and sanitation, product segregation, rework/recoup control, product scheduling.

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

The product trace system must include the conditions under which allergen containing foods are handled and ensure full trace-back of materials and aids.

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 is true to label with regard to allergens. This includes ensuring labels meet the allergen labelling regulations in the country of manufacture and the country of destination, and that product handling and recoup procedures are controlled and supervised to ensure that the correct product is in the correct label.

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### 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 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 products, materials, aids, 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 raw materials containing allergens have been conducted;
- A register of products and materials 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 products, materials have been instructed on how to identify, handle, store and segregate product and materials containing allergens.
- Cleaning, sanitation and inspection of equipment is completed after a product containing allergens is compromised.
- Specific procedures have been developed for the storage of allergen containing ingredients that are at high risk to cross contamination and/or likelihood of severe consumer reaction;
- The product identification system addresses products and materials containing allergens (refer to 2.6.1);
- The product trace system addresses products and materials 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;
- 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 organization's personnel to ensure they have the required competencies to carry out those functions affecting products, legality, and 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.

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**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).

**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**

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 Distribution Practices (GDP's);
- 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 Distribution Practices, including regulatory compliance
- Cleaning and sanitation procedures
- HACCP overview, and specific roles within the HACCP plan
- Bio security and food defense

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- Chemical control
- Hazard communication
- 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 Distribution 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

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 operational efficiency controls identified in the SQF System and customer specifications.

#### 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.

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**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.

**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:

- 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.

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**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 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;

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- 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

#### 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

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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.

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