

Audit Report

Global Standard Packaging Materials Issue 7: April 2025

1.Audit summary			
Company name	MAX GREEN PACK CO., LTD.	BRCGS site code	10016492
Site name	MAX GREEN PACK CO., LTD..		
Scope of audit	Cutting, forming, packing of PE/PLA coated paper container (lid, cup, bowl, box, bags and barrel etc.) used for food service.		
Scope exclusions	None		
Justification for exclusion	None		
Audit Start date	2025-07-17	Audit finish date	2025-07-18
Re-audit due date	2026-08-19	Appendix 3 applicable	N/A

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

Additional modules included			
Modules	Result	Scope	Exclusions from Scope
Choose an item	Choose an item		

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2. Audit results

Audit result	Certificated	Audit grade	A+	Audit Programme	Unannounced - Mandatory 1 in 3 years
Previous audit grade	B		Previous audit date	2024-08-20	
Certificate issue date	2025-08-14		Certificate expiry date	Select a date	
Number of non-conformities			Fundamental	0	
			Critical	0	
			Major	0	
			Minor	7	

3. Company details

Certified Site Address	No. 88/15, Moo 8 Tha Kham Sub-District, Bang Pakong District, Chachoengsao Province 24130,		
Country	Thailand	Certified Site Telephone number	+86-13357107178
Commercial representative Name	Mr. Chen Shu	Email	chenshu@mgpak.com
Technical representative Name	Mr. Chen Shu	Email	chenshu@mgpak.com

4. Company profile

Plant size (square metres)	<10K sq.m	No. of employees	1-50	No. HARA Plans	1-3
Shift Pattern	2 shifts				
Outsourced processes	No				
Outsourced processes description	N/A				
Other certificates held	None				

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4. Company profile

Regions exported to	North America Europe Choose a region Choose a region Choose a region Choose a region
Major changes since last BRCGS Packaging Materials audit	N/A

Company description

Dedicated to produce high quality paper container (cup, box, barrel, lid, bowl etc.) for food service, the company was established in 2024, covering area is about 9000m2, 1 HARA, key process including cutting, forming and packaging etc. head counter is about 20, 2 shift of 8hrs. BL: 0245567001094 issued on March 4, 2024. 2024 sales volume: 3 million USD.

Consultant details

Consultant	Consultant not used
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Consultant Name	Consultant Organization	Services Provided

5. Product and process characteristics

Manufacturing Categories	02 - Papermaking Category Category Category Category Category Category Category
Product Claims Made (e.g., FSC, recyclable etc.)	None
Product incidents in the last 12months	No

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5. Product and process characteristics

Products in production at the time of the audit	#paper food container (1800ml,198X140X64) Cup 8oz and 120z, Bowl 50oz and 43oz.
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6. Audit duration details

Total audit duration	12 hours	Duration of production facility inspection	6 hours
Reasons for deviation from typical or expected duration	No		
Combined audits	No		
Next audit type selected	Announced		

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

Name	Job Title	Opening Meeting	Site Inspection	Procedure Review	Closing Meeting
Chen Shu	The GM and Quality Manager	x	x	x	x
Yasimin Wongsawang	QA	x	x	x	x
Chen Yangkai	Production manager	x	x	x	x
Su Zhe	Production/Admin	x		x	x
Pakkanut	Warehouse	x	x	x	x

GFSI Benchmarked audit history

Date	Scheme/Standard	Announced/Unannounced	Pass/Fail
2024-08-19~08-20	BRCGS Issue 6	Announced	Pass

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Document control			
CB Report number	BJG00002605/ 7462500		
Template Name	P703 Packaging Materials Audit Report Template v1.1		
Standard Issue	7	Template issue date	2025-04-28
Directory allocation	PackMat	Version	1.1

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Non-Conformity Summary Sheet

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

Critical				
No.	Clause	Detail		Re-audit date

Major							
No.	Clause	Detail	Correction	Proposed preventive action plan	Root cause analysis	Date reviewed	Reviewed by
						18 June 2025	Wenfeng Yin

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M6inor							
No.	Clause	Detail	Correction	Proposed preventive action plan	Root cause analysis	Date reviewed	Reviewed by
1	1.1.4	The evidence of monitoring quality & safety target of May and June 2025 was not available.	<p>Immediately compile statistics on the quality and safety targets for May and June.</p> <p>Evidence of target evaluation report seen and fully closed.</p>	<p>Employees will be trained on goal management, stipulating that the previous month's data must be submitted by the third working day of each month, with the general manager reviewing it monthly.</p> <p>Training record seen.</p>	The deadline for monthly statistics was not clearly defined, resulting in employees failing to complete the statistics on time due to holidays.	14 Aug 2025	Wenfeng Yin
2	1.2.4	There is no manager clearly designated to whom issues such as product safety need to be reported by the personals.	<p>Designate the quality manager as the reporting authority.</p> <p>Evidence of designation seen and fully closed.</p>	<p>Employees will be trained, add requirements for designated recipients in the confidentiality reporting system, and post the appointment letters and responsibilities of the designated responsible persons on the bulletin board.</p> <p>Training record seen.</p>	The newly added requirements in the BRCGS standards were not deeply understood, and their necessity was not recognized.	14 Aug 2025	Wenfeng Yin
3	4.7.3	On site audit found that two equipment parts were not cleared away after maintenance at the box forming machine#B-03.	<p>Cleaning parts on the equipment.</p> <p>Evidence of parts cleaned picture seen and closed.</p>	Maintenance personnel will be trained on maintenance tool management, with post-repair inspections performed by production supervisors and QA.	The relevant operators failed to fully recognize the potential risks posed by leaving equipment components in the work area, particularly the risk of	14 Aug 2025	Wenfeng Yin

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M6inor							
				Training record seen.	foreign object contamination of products, and habitually placed components temporarily near the equipment for convenience of use.		
4	4.9.2.1	On site audit found one snap-off knife in QC room which door opened to the workshop.	Replace the utility knife with non-breakable safety knife. The picture of safety knife seen and closed.	Workshop operators will be trained on sharp tool management; the workshop supervisor will check the tools used in the workshop daily. Training record seen.	The company did not provide non-breakable blades, so employees brought their own.	14 Aug 2025	Wenfeng Yin
5	4.9.3.1	On site audit found no labelling of containers of glues at forming machine#B-08.	Put labels on hot melts glues. Picture of 4.9.3.1 seen and closed.	Warehouse staff will be trained, use adhesive labels to reattach all tags, have the relevant person in charge conduct inspections. Training record seen.	Labels are not sticking properly and fall off, and employees do not reattach them in a timely manner.	14 Aug 2025	Wenfeng Yin
6	5.4.9	On site audit found that some previous box remains, not fully line changeover clearance.	Clean up the irrelevant materials immediately and fill in the clearance record. Evidence of clearance picture 5.4.9 and training record seen and closed.	Employees will be trained on clearance requirements, document each transition, and have workshop and quality supervisors inspect and verify during every production changeover.	The employee did not clean up after production changeover cleaning, and workshop and quality supervisors did not conduct timely inspections.	14 Aug 2025	Wenfeng Yin

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M6inor							
				Training record seen.			
7	6.3.7	On site audit found one bottle of beverage at the forklift in the warehouse.	Remove beverages from the warehouse. Picture with without any beverage seen and fully closed.	Warehouse staff will be trained on GMP requirements. The production supervisor will conduct daily inspections and addresses issues promptly. Training record seen.	New employees were unfamiliar with BRC requirements, and the warehouse supervisor lacked supervision and inspection.	14 Aug 2025	Wenfeng Yin

Comments on non-conformities
Click or tap here to enter text.

Additional Modules/Head Office Non-Conformity Summary Sheet

Critical			
No	Clause	Detail	Re-audit date

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

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

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Lead auditor		
Auditor number	First name	Second name
22068	Wenfeng	Yin

Audit team				Attendance (YYYY/MM/DD, 24hr: MM)			Presence	
First name	Second name	Auditor number	Role	Audit Date	Start time	End time	Physical or Remote	Professional recognition
Wenfeng	Yin	22068	Leader Auditor	2025-07-17	0900	1730	Physical	Yes
Wenfeng	Yin	22068	Leader Auditor	2025-07-18	0830	1230	Physical	Yes

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Detailed Section

1.	Senior management commitment
1.1	Senior management commitment and continual improvement
<p>Senior management clearly demonstrates leadership and commitment to the implementation of the BRCGS for Packaging Materials, the BRCGS manual and some procedures were issued against the issue 7 standard. This is evidenced by the supply of necessary resources and engagement with all aspects of the product safety and quality system.</p> <p>The site policy is documented covering relevant product safety and quality aspects and signed by Mr Chen Shu / Plant GM. A commitment to legal compliance and meeting customer needs is included. Policy is clearly communicated (i.e., displayed in key areas and part of induction program new employees), understood and applied at all levels within the organization.</p> <p>Clear product safety and quality objectives have been established in accordance with the site policy. Notable examples of 2025 include:</p> <ul style="list-style-type: none"> 0 Food safety incident; 90% Conformity rate in First-time inspection for finished products; Customer complaint is less than 2/month. <p>An effective objective monitoring and review process is in place. Results are reported to senior management monthly. The site is achieving established targets. Improvement is further measured through the site KPI systems. Notable examples include:</p> <ul style="list-style-type: none"> BRCG PM issue 7 training and 5S on the workshop. <p>One Minor NC was raised against 1.1.4.</p> <p>The culture improvement plan is documented, which includes a personnel survey, workshop, and year-end meetings with personnel. Culture aspects are clearly communicated through various channels (training, policy, induction program, annual newsletter). Production performance and product safety issues are shown through whiteboards and pre-start up meetings. Effectiveness is evaluated through the management review. The site is kept up to date with scientific and regulatory aspects through the external consultant. An electronic/hard copy version of the current Standard is available, and the site is aware of changes to the Standard or protocol published on the BRCGS website.</p> <p>The confidential reporting procedure (MG-QWI-XZ-10, dated on 05 Jan 2025) was established, and communicated to all personnel by training, morning meeting and other methods.</p> <p>All non-conformities on previous audit were closed by verifying on site audit.</p> <p>The following evidence was reviewed: BRC-PM Manual (MG-BRCGS-2025) updated on 05 Jan 2025 against BRCGS PM issue 7.0 MG-QP-35 food culture procedure, issued on 05 Jan 2025. Food quality and safety culture action program dated on 10 Jan 2025, it covers training, employee feedback. Food quality and safety culture performance evaluation will conduct in Dec 2025. Management review cover food quality and safety culture evaluation. Objectives verified during audit: 2024 and 2025 food quality and safety target program and evaluation records. Management review report dated on 08 July 2025; it covers evaluation report of food quality and safety culture.</p>	

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Confidential reporting procedure (MG-QWI-XZ-11) dated on 05 Jan 2025.

1.2 Management review

Management reviews are conducted annually. Last review was conducted on 08 July 2025. Minutes are available that address the requirements of 1.2.2 in the Standard. The review is combined with the HARA review. No significant issues were raised. The site concludes to have an effective BRCGS system in place. As an output of the review new objectives have been defined (see chapter 1.1) and no consultant has been hired to support the internal audit program in 2025. This management reviews cover BRCGS PM standard issue 7.0. About clause 1.2.4 requirements of issue 7, **one minor NC was raised against 1.2.4.**

The following evidence was reviewed:
 Management review plan dated on 08 July 2025.
 Management review report dated on 08 July 2025, outputs include 5S implement of tools, personal belongings inspection requirements and translated WI into Thai (local language) on the workshop.
 Management summary: production department including equipment maintenance, HACCP team, quality department, purchasing and sales department and BRCGS standard issue 7 requirements.

1.3 Organisational structure, responsibilities, and management authority

The site organizational chart is documented. Responsibilities and authorities for relevant roles have been established. The HARA team leader is Jian Zhou. Substitutes have been clearly appointed in case of absence of the responsible person. The production supervisor and quality manager have rich experience of plastic package. Personnel have been aware of the need to report any risks or any evidence of unsafe or out-of-specification product, equipment or raw materials, to the quality manager, Jian Zhou, the notice is in place

The following evidence was reviewed:
 Organization chart in the Manual, HACCP plan, JDs.
 Substitutes Plan version A is in place.
 Knowledge and competent evaluation report dated on 26 June 2025.

1. Details of non-applicable clauses with justification

Clause/Section Ref	Justification

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2. Hazard analysis and risk assessment

2.1 The hazard analysis and risk assessment team

The HARA team is multi-disciplinary and has the right expertise. The team leader is trained on 21 Nov. 2024 and found to be competent. Other team members include production supervisor, quality manager, purchase, HR and technician.

Team meetings (HARA) are held monthly. Meeting minutes have been reviewed. The team is adequately kept up to date of relevant changes. Outcomes regarding effectiveness and suitability of the BRCGS system are effectively reported to senior management.

The following evidence was reviewed:
 HACCP plan, MG-HACCP-01 dated on 05-Jan-2025
 Weekly and monthly meeting.

2.2 Prerequisite programmes

The HARA team established and maintained prerequisite programmes (PRP procedure MG-QP-17) based environmental and operational programmes necessary to create an environment suitable to produce safe and legal products.

The control measures and monitoring procedures for the prerequisite programmes are clearly documented and included within the development and reviews of the HARA.

The following control procedure were established:
 PRP MG-QP-17 dated on 05 Jan 2025
 Purchase control procedure MG-QP-08
 Cleaning Procedure MG-QP-18
 Infrastructure control procedure MG-QP-25
 Chemicals control procedure MG-QP-26
 Foreign bodies control procedure MG-QP-27

2.3 Describe the product

Product and processes descriptions have been documented; the scope of the HARA have been clearly defined and include all products and manufacturing operations within the intended scope of certification. All relevant information on product safety and integrity is collected, maintained, and updated effectively including intended use and vulnerable groups.

The properties of films and pouches are described, including safety items, such as heavy metals, total migration, decolorization test, acetaldehyde content, microorganisms (salmonella and E. coli), etc. The shelf life is defined one year.

The following evidence was reviewed:
 HACCP plan, MG-HACCP-01 updated on 05-01-2025.
 MG/QWI-QA-01 dated on 1 Nov 2024, product code: 5008PEKRAFT (water-proof 280g),
 Specification of the final product including BOM.
 US FDA 21 CFR 176.170.

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2.4 Construct and verify process flow diagram

Flow charts are included and last updated on 05 June 2025. They are revised accordingly following changes to processes. Verification by the HARA team is done at minimum annually. Key steps preform injection moulding, blowing, screen printing and packing process were clearly indicated and covered in the flow chart.

The following evidence was reviewed:
Flow diagram for plastic container verification report dated on 05 June 2025.

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

A product and process hazard analysis has been conducted. All potential product safety hazards have been identified and recorded. Notable hazards include heavy metal, microbiological risks (Salm, E. coli), foreign objects and chemical contamination. Hazard assessment is based on probability (category 0-4) and severity (category 0-4). Risks identified as more than 16 are considered the significant hazard. The HARA team consider the control measures necessary to prevent or eliminate each product safety hazard or reduce it to an acceptable level.

The following evidence was reviewed:
HACCP plan, MG-HACCP-01 updated on 05-01-2025.

2.6 Determine the critical control measures

Control measures have been defined as following and are facilitated to prevent or eliminate a product safety hazard or reduce it to an acceptable level as following:

- CCP/CCM: raw material coated paper reception inspection for every batch, CL defined as negative, correction-reject if positive in terms of fluorescence test result

Evaluation logical approach of critical control measure was documented in the control procedure MG-QP-04.

The following evidence was reviewed:
HACCP plan, MG-HACCP-01.

2.7 Establish validated critical limits for each critical control measure

The critical limits have been established after validated by the HARA team as following:

- CCP/CCM: raw material coated paper reception inspection for every batch, CL defined as negative, correction-reject if positive in terms of fluorescence test result.

The forming equipment temperature settings are critical to the quality of the product, the trained and authorised personnel conducted, and password protected, it was verified by auditor duration audit.

The following evidence was reviewed:
HACCP validation report dated on 04 June 2025 and testing report is in place.

2.8 Establish a monitoring system for each critical control measure

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A monitoring procedure have been established for each critical control measure to ensure compliance with critical limits. The monitoring system can detect loss of control of the measures.
 QC and operator monitor each batch's temperature. When visiting the workshop, monitoring records checked, CCM is in control conform the work instructions which were in place.

The following evidence was reviewed:
 HACCP validation report dated on 04 June 2025.
 CCP monitoring records from traceability exercise: 16 Ferb 2025, PE coated paper, PLA coated paper.

2.9 Establish a corrective action plan

Corrective actions have been established, documented, and are well understood by relevant employees. Quarantining procedures have been considered.

The following evidence was reviewed:
 HACCP plan, dated on 05-01-2025.

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

Verification and validation procedures (MG-QP-04) have been established to confirm that the HACCP plan, including controls managed by prerequisite programmes, continues to be effective. The procedure covers validation prior to any changes which may affect product safety. The HARA team annually review the HACCP plan, prerequisites, flow diagrams and complaints or feedback to verify effective HACCP plan.

The following evidence was reviewed:
 HACCP validation report dated on 04 June 2025.
 HACCP annual review report was conducted on 05 June 2025.
 PRP verification report dated on 29 May 2025.
 BRCGS PM issue 7.0 internal audit report dated on 26~27 May 2025.

2.11 Hazard analysis and risk assessment documentation and record keeping

Documentation and record-keeping are sufficient to verify that the effectiveness of HARA and product safety controls, including controls managed by prerequisite programmes. HACCP control procedure, HACCP plan and control records are in place and maintained.

The following evidence was reviewed:
 Food package safety control procedure MG-QP-04
 HACCP plan, MG-HACCP-01 updated on 05-01-2025.

2. Details of non-applicable clauses with justification

Clause/Section Ref	Justification
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No	
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3. Product safety and quality management

3.1 Product safety and quality management system

The company has established a manual and control procedures, which addresses the entire product safety and quality management system, including a hazard and risk management manual, quality manual, operating procedures, and instructions. The manual is available to staff in digital format in a protected folder on a shared disk. Records such as work instructions and monitoring records are available hard copy at the working stations.

3.2 Document control

Requirements regarding control of documented information are defined in a procedure. It meets the expectations of this standard. No issues observed during the audit regarding uncontrolled documents. A list (index) of controlled documents is available indicating the latest version number. A change log is maintained detailing the reason for change or amendments. An effective system in place.

Electronic documents and records are stored securely (password-protected). Each employee has its own login credentials to the system. A select group of people (QA) have edit rights to make changes to documents. A back-up system is in place both on and off site.

The following evidence was reviewed:
 Procedure MG-QP-05 for management documents
 List of documents showed there are 38 procedures.

3.3 Record-keeping

Effective record keeping system in place. Alterations to records must be authorized, justified, and recorded. Retention period for records has been documented. For quality and product safety records the retention period is 5 years, which is well sufficient to cover the life span of the products.

The following evidence was reviewed:
 Procedure MG-QP-06 is in place

3.4 Specifications

During the audit several specifications have been reviewed and found to be suitably detailed and accurate. They are compliant with relevant product safety and legislative requirements. Specifications are reviewed when requested by the customer or every 3 years if not.

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Statement of compliance (declaration of compliance) is maintained for food packaging. DOCs are compiled and authorized by Jing Biao / quality and technology manager and reviewed annually. No issues observed. Process is controlled in an effective manner.

The company's trademarks and logos on packaging materials are formally agreed between the relevant parties.

The following evidence was reviewed:
 MG/QWI-QA-01 dated on 1 Nov 2024, product code: 5008PEKRAFT (water-proof 280g),
 DOC dated on 06 Jan. 2025 about paper food container/box/cup/bowl are available.

3.5 Internal audits

Internal audits are carried out once every year conform a risk-based audit programme. All processes are audited at least annually. The scope of the internal audit programme includes the required elements of the Standard. Internal auditors were found to be competent and impartial.

Several reports were reviewed during the audit. Reports include both positive statements as well as non-conformity. Detailed reports in place.

Non-conformities are logged onto the site CAPA system. Root cause analysis is carried out for each non-conformity. Corrective actions resulting from internal audits are dealt with effectively. The person responsible for the implementation of corrective actions is quality manager.

As this site manufactures materials intended to be in contact with food or other hygiene sensitive products, additional hygiene inspections are conducted once monthly. These inspections include assessments of cleaning, housekeeping performance, and risks to the product from the building or equipment. Follow-up actions are demonstrable in case of deviations.

The following evidence was reviewed:
 Internal audit plan (2025-05-26~27), opening and closing meeting signing sheet, BRCGS PM issue 7 checklist which cover every function, internal audit report and 2 NC reports closed.
 Internal audit checklist covered HRHA internal audit, management, production site on 2025-05-26 and covered purchase department, quality, sale and HR& Admi on 2025-05-27, audit report dated on 2025-05-27
 Internal auditors: Chen Shu and Chen Yangkai, BRCGS issue 7 IA training on 17 Mar 2025.
 Week GMP healthy & hygiene checklist: 2025-05-23,06-10.

3.6 Supplier approval and performance monitoring

The site supplier approval process is documented. The approval procedure is risk-based and applies to both materials and outsourced production.

Suppliers may be approved based on GFSI certification, supplier audits or a satisfactorily supplier questionnaire. Justifications are risk-based. Samples have been taken of Printing inks: Ningbo Zhenlong(fan shaped coated paper, PE bag supplier named as Taizhou Yibo etc.. Which covered HARM/Traceability/GMP etc, Suppliers are approved in an effective manner.

Supplier performance evaluation is reviewed annually. Suppliers are rated on quality, service, delivery, and communication. All suppliers graded satisfactory in the past year. An up-to-date list of approved suppliers is maintained.

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For suppliers that have been approved based on a questionnaire: verification of the traceability system is carried out on first approval and then at least every year. The approval procedure further defines how exceptions are handled (e.g., emergency deliveries and no audit or monitoring has been undertaken). In those cases, assessment (on a batch or delivery basis) may take the form of a certificate of analysis and/or statement of compliance.

The following evidence was reviewed:

List of qualified suppliers dated on 2025-01-06.

- MG-QP-08 Purchasing control procedure updated 05-01-2025
- Ningbo Zhenlong supplier performance evaluation report dated on 04 Jan 2025.
- COA of PE/PLA coated paper, glue and carton were available.

At moment, no agent or broker was involved on materials purchasing for this site.

3.7 Product vulnerability, claims and chain of custody

A risk-based vulnerability assessment has been conducted and documented. Potential vulnerabilities have been identified regarding all raw materials, taking into consideration economic vulnerability, historical data, supplier relationship, etc. This is done in sufficient detail. No significant vulnerabilities have been determined. Appropriate mitigation measures are developed and implemented, which include: only receive raw material from approved supplier etc. The plan is reviewed annually. The food fraud plan is effectively implemented.

The following evidence was reviewed:

Product fraud control procedure QWI-GD02-04.

Food vulnerability assessment records dated on 2025-05-09.

Details samples taken PE coated paper.

3.8 Management of outsourced processes

No parts of the production are outsourced nor undertaken off-site.

3.9 Management of suppliers of services

The following services are performed by external providers:

- transport and dispatch:
- laboratory services: SGS
- calibration services: local company.
- waste management.

The selection for service providers follows a documented risk-based approval procedure.

Management of external providers, including criteria, is described in various documents (e.g., contracts, SLAs). Samples have been taken of pest service and logistic service. Performance evaluation is done annually. Results are provided as input for management reviews. An effective system is in place.

The following evidence was reviewed:

MG-QP-09 outsourced service control procedure, consultant agreement with FAST valid until 30-12-2025.

3.10 Traceability

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The site traceability procedure is documented. The procedure and system are tested once yearly and maintain traceability throughout the site's operations. Last test was conducted on 09 June 2025 for 50 oz coated paper bowl (lot No.20250519). As part of the vertical audit, a traceability exercise was successfully conducted during this audit for product 12 Oz coated paper cup produced on March 03,2025. Reviewed mass balance and relevant documents. All information could be retrieved in a timely fashion. Traceability regarding rework is effectively maintained.

The following evidence was reviewed:
The procedure MG-QP-13 is in place.

Traceability exercise report dated for product:

- Sales order: #279854, traceability rate: 100%, duration: 14:00-14:50,client: ACR.
- Changeover checklist was available on 03 March.2025.
- Purchase order and receiving report were available, coated paper received on 10 Feb 2025.
- Cup forming operation monitoring record dated during March 03-06,2024
- Daily inspection report dated on 2025-03-06.
- Delivered on 2025-03-08,hygiene checklist were available. Container loading record covwes
Container number: SFGU6537341, Car registration: 63-2918, seal number: OOLKLE0887.

3.11 Control of non-conforming materials

There is a detailed procedure for non-conformance control preventing held product being shipped. Most held product is for gel problems during extrusion. Records are maintained of non-conformance and action is taken. There is a clear quarantine area in the storage area.

If possible, non-conforming product/material is reworked with a separate order number. If not possible, product is either destroyed or returned to supplier as per decision by management. Records are maintained.

The following evidence was reviewed:
Non-conformity control procedure MG-QP-12 version A/0.
Non-conformity labelling and area observed duration audit on the site.
Quantities of non-conformity were recorded on the daily process report.

3.12 Complaint-handling

The site has a policy in place for handling customer complaints. Complaints are reviewed by the Complaint Resolution Team and categorized as administrative, shipping, product safety, quality, or supply complaints. Several samples reviewed during the audit. Root cause analyses of the complaints are addressed in the corrective actions.

Since the last audit 1 external product quality complaints (broken cartons) and zero safety complaint have been reported. Trends in customer complaint data are investigated, analysed, and documented. Upon review of records, there was evidence that all complaints have been resolved and closed out.

The following evidence was reviewed:
There are only 1 customer complaints in 2024: broken cartons and CAPA is in place.

3.13 Corrective and preventive action

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The site effectively evaluates the need for action to eliminate the cause(s) of nonconformity. A central log (excel) is used for recording nonconformities and management of corrective actions detailing timelines and action owners. Root causes analyses are carried out in sufficient depth. The site effectively uses information from failures in its systems to prevent recurrence of non-conformities.

The following evidence was reviewed:
2 NC reports from the internal audit and 1 customer complaint's CAPA are in place.

3.14 | Management of incidents

The site product recall/withdrawal procedure is documented. No recalls/withdrawals related to product safety have occurred. A list of key contacts is maintained and up to date. Last emergency drilling of fire test by the site was conducted on 10 March 2025. No improvements have been required as result of the outcome. The site is aware of LRQA's product recall/withdrawal/incident notification system.

The following evidence was reviewed:
Fire drills report dated on 2025-03-10.
Mocking recall exercise report dated on 2025-03-17.

3. Details of non-applicable clauses with justification	
Clause/Section Ref	Justification
3.8 3.10.5	Because no subcontracted or outsourced processes of production so far. No rework or reworking operation is involved at moment.

4. | Site Standards

4.1 | External standards

Plant located in an industrial area in a rural environment. Site boundaries are clearly identified. Premises is fenced off with gate access to the facility. Types of buildings include production facility, storage building, offices, laboratory, and maintenance workshop. Good condition of constructions noted. As result of the site HARA, no risks have been identified related to the external environment. Site area is properly maintained. External drainage systems are adequate.

The following evidence was reviewed:
Observed on the site tour

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

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Internal design is found to be adequate. Floors (concrete) and walls (brick work) are appropriate for the type of production and are in good condition. Internal drainage systems are adequate. No issues noted regarding openings for material transfer in and out of site. Windows, where applicable, are insect screened. Adequate lighting is provided to facilitate hygienic operations. Light fixtures are suitably protected (shatter proof tubes and non-brittle LED).

The following evidence was reviewed:
Layout of production area.

4.3 Utilities

Municipal/City water is supplied and used only for cleaning purposes. No water is used in the processing of the products. Records of analysis have been reviewed. Specifications for water have been defined, and requirements are met. Boiler chemicals are not used.
Air is not in direct product contact. Compressed air is used for the purpose of cleaning, filtered and oil free. Air systems are maintained and managed effectively (including filter replacement). No other gasses are used.

The following evidence was reviewed:
Local city water testing report #TRCS68/16291 dated on 2025-04-11.
The compressor daily maintenance records dated on 2025-05, cleaning and change lubricant.

4.4 Site security and product defence

A risk-based threat assessment has been conducted and documented. Both internal and external potential threats are addressed, including site access, visitors, secure packaging e-key of door, shipping, etc. Significant threats have been determined. Examples include sabotage in chemicals storage for example adhesive, printing inks. Appropriate mitigation measures are developed and implemented, which include CCTV, e-key, time duration control, visitor register. The plan is kept up to date and reviewed at least annually. The food defence plan is effectively implemented.
Adequate measures taken to prevent unauthorised access to production and storage: site premises are fenced off. Various access controls are in place, i.e., locked doors, electronic card key access, CCTVs. No breaches have been reported or observed during the audit. Site is well secured.

There is no use of external storage tanks, silos, or intake pipes with external openings.

The following evidence was reviewed:
Food defence measures sheet: 2025-06-03.
Food defence drilling record: 2025-06-10.
Food defence evaluation report dated on 2025-06-10.

4.5 Layout, product flow and segregation

Layout, traffic patterns, and segregation are found to be adequate. There is no presence of recycled material in processes. No risk of related contamination. A map is available and current. It defines the required elements of this Standard.

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The production process follows a logic flow. Activities such as removal of outer packaging is carried out in a segregated area to prevent contamination risk. All operations are carried out under safe and hygienic conditions.

Designated walkways are provided to ensure adequate segregation from materials.

The following evidence was reviewed:
Layout of production area.

4.6 | Equipment

Notable equipment used includes coated paper cup makers, paper box makers, paper bag makers, automatic visual inspection devices etc duration visiting. All equipment is constructed of suitable materials and is designed to allow for effective cleaning and maintenance. Relevant specifications are available and have been reviewed.

There is no use of wooden equipment in production, no new equipment since las audit, but the commissioning procedure is in place.

The following evidence was reviewed:
List of equipment -2025.
2025 annual maintenance plan, and frequency was defined as daily, monthly and yearly.

4.7 | Maintenance

The site maintenance program (preventive and corrective) are managed through Excel All devices used to monitor and/or control product safety are included, including coated paper cup makers, paper box makers, paper bag makers, automatic visual inspection devices etc . Samples of maintenance work have been reviewed. Corrective maintenance is carried out accordingly. Process of releasing maintained equipment back to production is well managed (there is a documented clearance procedure). Lubricants are suitable for its intended use. No excessive presence of temporary engineering/modifications observed. An effective maintenance program is in place.

One Minor NC was raised against 4.7.3.

The following evidence was reviewed:
List of equipment and annual maintenance plan - 2025.
Maintenance records:

- A-06 bowl making machine, B-03 box making machine,C-01 cup making machine on 24 June 2025.
- Daily checklist on July 2025.

4.8 | Housekeeping and cleaning

Cleaning and sanitizing programmes are established. The document(s), as reviewed, specify the elements as described in the Standard. Only manual cleaning is done, which includes cleaning of preforms injection and blowing machines, packing machine and maintenance tools. Coloured cleaning materials are in place per area based on hygiene risk level. Cleaning activities are carried out by operators and 1 assigned person who oversee cleaning workshop environmental. Cleaning agent specifications are in place. Cleaning agent specifications are in place. Food grade cleaning chemicals are used in accordance with the manufacturer's

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instructions and suitably labelled. Cleaning equipment and chemicals are stored away securely in designated locations. Verification of cleaning is done through visual inspections and pre-/post-operation inspections. Cleaning programs are managed in an effective manner. The site environmental monitoring program is specified in a documented procedure. The program is risk-based. The sampling program monitors for TPC and coliform. Swabs are performed on a defined frequency based on location. Results have been reviewed. No environmental positives were obtained since 2025-01-01. Due to nature of site materials and processes, environmental microbiological contamination is low risk.

The following evidence was reviewed:
 Environmental Monitoring Program was established basis of risk assessment.
 QWI-HR-09 Cleaning plan and working instruction,
 Cleaning record during May to July 2025. EMP 2025,
 EMP monitoring record dated on June 12,2025.
 Changeover cleaning records are in place.

4.9 | Product contamination control

4.9.1 | Glass and brittle materials control

A register is maintained that lists and controls all glass/brittle plastics on-site that pose a potential product contamination. Glass & brittle plastic control is implemented through PRP inspections and internal audits. Employees on the shopfloor could explain the site procedure in case of breakage well. Breakages are recorded accordingly in an incident report.

The following evidence was reviewed:
 QP-27-R02 Glass and brittle material register form updated on Jan 05,2025,
 Weekly inspection record dated on July 07,2025

4.9.2 | Sharps and metal control

The site sharp implements policy is documented. Sharps control consists of prohibition of snap-off blades in production. Cutting blades on equipment are inspected by production with each order start-up procedure. Staples in paperwork are prohibited in production areas. Only metal detectable writing pens are allowed.
One minor NC was raised against 4.9.2.1.

The following evidence was reviewed:
 QP-27-R02 Glass and brittle material register form updated on Jan 05,2025,
 Weekly inspection record dated on July 14,2025

4.9.3 | Chemical control

Potential microbial and chemical contamination risks have been identified through the site hazard and risk analysis. The HARA identified low risk for chemical, and the site operates the policy. Microbiological risk is considered low.

Processes to use, store and handle non-production chemicals are effectively managed. A list of approved chemicals on-site is maintained. Appropriate TDS and specifications are available. Chemicals are suitably

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labelled and identified. Access to chemicals is controlled by security badges to prevent unauthorized access.

One minor NC was raised against 4.9.3.1.

The following evidence was reviewed:
 Chemicals control procedure MG-QP-26 issued on Jan 05, 2025.
 MSDS – 75% alcohol, clean agent for cleaning the printing rollers.
 Adhesive and lubricants on the workshop, MSDS are in place.

4.9.4 Allergen management

Potential allergen risks have been identified through the site hazard and risk analysis. The HARA identified no risk for allergens, and the site operates a nut free policy.

The following evidence was reviewed:
 MG/QWI-GD-03 clearly defines allergen control requirements updated 2025-01-05.
 Allergen evaluation report dated 2025-01-15, no allergen risk.

4.9.5 Other physical contaminants

Notices on equipment are cleanable and secure and not pose a risk to product safety, legality and quality. No wooden machines, some desks, chairs, tables keep clean and in good condition and free from splinters or other sources of physical contamination. When visiting workshop, no staples, paper clips and drawing pins used in open product areas.

The following evidence was reviewed:
 PRP MG-QWI-QA-02 and MG-QP-27 define physical contaminants control specification.

4.10 Waste and waste disposal

Waste is categorized in normal and recycle 2 categories. Containers are clearly identified, lidded and foot operated. No issues observed regarding this clause. Waste is collected and discarded by a licensed waste collection company. Agreement has been reviewed for local industry waste handling centre. No accumulation of waste observed during the audit. Trademarked wasted materials are not present. Drains are suitable and appropriate for the size of the premises. Drain management is linked to cleaning and maintenance.

The following evidence was reviewed:
 Agreement for waste handling valid until May 30, 2026, and license was available.
 Performance evaluation form dated on 2025-06-18.

4.11 Pest management

Pest control service performed by the company. A contract is in place specifying the following target pests: rodents, flies, crawling insects, birds. A map of traps and detectors is available and accurate. Contractor visits site twice monthly. Inspection reports have been reviewed. PDCA principles are followed accordingly. A half year evaluation report shows very limited pest activity (no mice caught inside in 2025). Competency

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of persons involved in pest control program has been reviewed for Mr. Shu Zhe. An approved list of chemicals is available in the external provider online portal. No eradication measures have been taken since the last audit and no significant pest activity trends have been identified. Buildings are suitably proofed. No pest activity was observed during the visit.

The following evidence was reviewed:

Pest control program 2025 – IPM,

Pest control report dated on June 16,2025, bait map dated on March 12,2024,

Approved pesticide list updated on Feb 08, 2025.

Trend analysis report for 2024 and Q1 and Q2 2025.

4. Details of non-applicable clauses with justification	
Clause/Section Ref	Justification
4.4.3	No external tanks, silos or any intake pipe with external openings.

5. Product and process control	
5.1	Product development
<p>There is a documented procedure for product design and development which incorporates consideration of all required elements of this Standard. Chen Shu/ quality and technology manager is responsible for managing formulation or trials. Product development is driven by the customer, who may request the company to run trials with new materials. A trial production procedure is in place. Specifications are verified and a validation process is conducted. Samples are retained by QC from first production batches as requested by the customer.</p> <p>The following evidence was reviewed: NPD procedure MG-QP-23. New product TO-NT-8W (7-3/4X5-1/2X2-1/2) specification signed off by the client on 16 May 2025.</p>	
5.2	Graphic design and artwork control
N/A, No this process.	
5.3	Print control
N/A, No this process.	
5.4	Manufacturing process control

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Procedures required are in place and operational to ensure appropriate quality assurance throughout the process, complementing the HARA approach to identify potential product defects.

Product specifications managed through shared space in intranet are available for all products which include equipment settings and process limits. Procedure is in place for control of technical product drawings. Process control instructions are included in work instructions for production personnel and include: SOP 5008 PEKRAFT etc. Equipment is operated by trained and authorised staff.

Process control was verified for running production orders during this audit, and for the trace test sample order (see reference numbers below). Documented line clearance is in place. Procedure requires that the operator records the clearance of the production line/machine before the start of the production order by means of a dedicated stamp and autograph. In the event of changes, validation of settings takes place. Records were provided for clearance in case of product changeover on 2025-03-03. In the event of changes, validation of settings takes place.

In the event of equipment failure, or deviation of the manufacturing process from specification, the work instructions are in place. Quantity of length and weight is labelled on the package against the customer requirements and QC check it. No products are outside the scope of the certification.

one Minor NC was raised against 5.4.9.

The following evidence was reviewed:

When visiting the site, observing the following producing process and records:

- C-01# cup forming machine: #3 paper container.
- C-08# cup forming machine: 8 oz coffee cup.
- A-06# forming machine: 50 oz bowl
- A-04# forming machine:43 oz bowl.
- Start-up checklist and leakage testing were in place.

Specifications and process control procedure in place to ensure proper control of the processes and products.

Control parameters clearly documented in the process specifications as above.

Changeover clearance record dated on 03-03-2025 from traceability exercise.

5.5 Calibration and control of measuring and monitoring devices

A calibration procedure is in place. Equipment identified and subject to calibration is listed on a register. This includes ultraviolet analysis instrument, dirt count inspection instrument, pulling testing machine Calibration is outsourced to the supplier and carried out on a pre-determined frequency. Clear records of calibration were seen. The calibration status is indicated on the equipment by means of a date and label.

The following evidence was reviewed:

Calibration master list (total 8 device) - 2025 which clear define the accuracy against the products specification.

Sampling calibration certificate issued on 19,20 March 2025:

- # 25032539, electronic balance #WT-QA10, 0.01g.
 - # 25032534, digital micro-meter #MM-QA-01
 - # 25032535, digital high gauge #HG-QA-03
- By Calibration Laboratory Co.,Ltd accredited by CLC against ISO 17025.

5.6 Product inspection, testing and measuring

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All product inspection takes place on-site and follows QC procedures appropriate to product. This includes dimension, weight, appearance etc. Appearance and dimension inspection is in place every 2 hours. The test method is described in a procedure. Control results are recorded on process control sheets.

No printing process.

QC personnel are trained and qualified for conducting required tests. Quality checks are done by trained personnel.

The Operator and QC finished the first bag validation during start-up of production orders.

Migration tests are requested by customer. Samples are sent to an accredited lab for assessment.

The following evidence was reviewed:

- The final product testing report: 12 Oz coated paper cup produced on March 03,2025 from traceability exercise.
- Delivery Inspection report were in place.
- On site audit, the following product test report were available: #3 paper container (7-3/4X5-1/2X2-1/2), 8oz and 12oz cup, 50oz and 43oa bowl.

The external lab testing report:

- Paper cup # SHAAF24028221201 dated on Dec 13,2024 by SGS.
- Salad bowl # SHAAF24028221202 dated on Dec 13,2024 by SGS.

5.7 Incoming goods

Warehouse operators receive both materials for production as well as traded goods. All interviewed operators could well explain the relevant hygiene checks on deliveries as defined in the site receiving goods procedure, including inspections of pallets.

Resins mainly come on site in bags. The vehicle is inspected and there is a system for inspection of tanker cleaning certificates. The approval is based on 100% testing for MF (Melt Flow Index) and conformation of an acceptable certificate of analysis.

In case of any deviations the purchaser will be called in for review and further follow-up. Stock rotation based on first in first out procedure (pallets are numbered).

The following evidence was reviewed:

QWI-QA-002 Raw material coated paper reception inspection WI.

The following evidence come from traceability exercise:

raw material coated paper reception inspection record dated on 10 Feb 2025.

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

Storage practices well maintained. Dry, ambient stable conditions met. The majority of product is stored in warehouse. Products observed stored off the floor and protected from damage. All materials are properly identified by labels with unique codes. All recycled material is handled in a corner of production away from other operations and well managed. Hazardous chemicals are stored separately in a secured cupboard. No external storage is used so far.

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Outside storage of materials is not applicable. Pallets are used, with limited use of wooden pallets for the storage of bulk bags. Control measures are in place (cardboard layers). No further issues observed.

The following evidence was reviewed:
 QWI-CK-01 warehouse management SOP.
 Visiting the warehouse, and observing the FIFO records,

5.9 | Dispatch and transport

All transport is outsourced to various service providers. No own vehicles are used. Transport requirements are specified and agreed with the transport companies. Warehouse staff is aware of hygiene and safety risks as documented on the CMR (transport document), like cleanliness of transport vehicle, no off smells, no combination loading with chemicals, etc.

The following evidence was reviewed: from traceability exercise on site audit

12 Oz coated paper cup produced on March 03,2025 which delivered on 2025-03-08, hygiene checklist was available. Container loading record covered the container number: SFGU6537341, Car registration: 63-2918, seal number: OOLKLE0887.

5. Details of non-applicable clauses with justification

Clause/Section Ref	Justification
5.2	Due to no graphic design and artwork control
5.3	Due to no printing is involved so far
5.9.4	Due to no company-owned vehicles used for product dispatch and transport

6. Personnel

6.1 | Training and competence: raw materials handling, preparation, manufacturing, packing and storage areas

Induction training is required for all new employees and includes the company hygiene rules, site policy, general product safety and quality aspects, etc. There is a 2 yearly refresher training for inductions in place.

Training needs for personnel engaged in activities related to product safety, quality and legality are further defined in a competence matrix. Employee training is defined in a documented procedure. For operators there are records of sign off against key tasks. At this visit, 2 operators and 1 laboratory technician were sampled. Clear competency records and refresher training records were seen. End-of-year meetings are scheduled with employees.

The following evidence was reviewed:

- 2025 annual training plan
- 2024-11-21 BRCGS PM issue 7 training, 8hr.
- 2025-01-10 HACCP plan, OPRP and CCP, CCM, 1hr.

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- 2025-02-20 cleaning and hygiene, 1 hr.
- 2025-02-27 induction training for new employees, 2hrs.
- 2025-03-17 traceability procedure, 1.5hr.
- 2025-03-27 allergen training, 1hr.
- 2025-03-17 BRCGS IA training, 8 hr.

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

Hygiene policy is communicated as part of induction programme and displayed on the wall in key areas. All requirements of the Standard are addressed. No deviations from the policy were observed during the audit. Blue, metal detectable plasters are provided in the first aid box. Visitors are required to complete a questionnaire prior to entrance.

The following evidence was reviewed:
 Week healthy & hygiene checklist: 2025-04,05,06.

6.3 | Personnel facilities

Adequate facilities in place. Handwashing takes place at entry of the production area and warehouse area. No issues observed regarding handwashing stations. Staff canteens and consumption areas are segregated from production areas. Hygienic conditions are maintained. No issues observed during the audit.

Changing rooms are located close to production facilities and found to be clean and tidy. Personal items stored in lockers. Double sided lockers for personal and company issued clothing. Staff changes into workwear on site. Toilets are accessible from the locker rooms, segregated from production. Designated smoking area available outside of the main buildings.

One Minor NC was raised against 6.3.7.

The following evidence was reviewed:
 Week healthy & hygiene checklist: 2025-05~06.
 Staff facilities observed by the auditor duration auditing.

6.4 | Medical screening

Staff medical screening is limited under national privacy law. Reporting of illness and injuries which might cause a risk to product safety must be reported according to the company hygiene rules.

Visitors need to sign the visitor’s log and therewith declare adherence to the company rules.

The following evidence was reviewed:
 Health questionnaire template available and used by each visitor e.g. to the auditor prior to entering the production area.

6.5 | Protective clothing

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Work wear of personnel includes suitable, protective clothing (including hair/beard nets) that provides adequate coverage. Clothing has no external pockets above waste or sewn-on buttons. No gloves used in production processes. Disposable white hair/beard nets available for visitors.

Laundering of clothing is done by the factory. Limited in-house washing of clothing is done conform a documented work-instruction.

Self-washing is also allowed based on the Instructions. During the site tour, observed that clean and dirty clothing are segregated and controlled to prevent cross-contamination.

The following evidence was reviewed:
Protective clothing observed by the auditor duration auditing.

6. Details of non-applicable clauses with justification	
Clause/Section Ref	Justification
6.5.3	No disposable protective clothing is used.
6.5.4	No gloves were used.

Requirements for traded products	
7.1	Hazard analysis and risk assessment of traded products
Not applicable	
7.2	Approval and performance monitoring of manufacturers/packers of traded products
Not applicable	
7.3	Specifications
Not applicable	
7.4	Product inspection and testing
Not applicable	
7.5	Product legality
Not applicable	
7.6	Traceability
Not applicable	

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Additional Module 10: Plastic Pellet Loss Prevention

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

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10.12	Training and competence: raw materials handling, preparation, manufacturing, packing and storage areas
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Click or tap here to enter text.

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