QCS GLOBALG.A.P. Scheme Quality Manual (v.5.1)

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TERMINOLOGY

Accreditation: Third party attestation related to a conformity assessment body conveying formal demonstration of its competence to carry out specific conformity assessment tasks.

Appeal: Request by operator for reconsideration of a decision made relating to certification.

Application: access to a certification and assessment services offered by QCS.

Audit: A mass balance or a trace-back activity performed by the inspector of an operator.

Certification Decision: An attestation of a statement based on a decision following review that fulfillment of specified requirements has been demonstrated. Review and Certification Decisions may be performed concurrently.

Complaint: expression of dissatisfaction other than appeal by any person or organization to QCS relating to the activities of QCS; whereas a response is expected.

Concurrently: existing, happening, or done at the same time; review and certification decisions.

Conflict (direct, indirect): an issue declared by a person involved in the certification services that if not handled to safeguard the impartiality of the process must then be eliminated accordingly.

Conformity Assessment: is a series of three functions that satisfy a need or demand for demonstration that specified requirements are fulfilled: selection, determination and review and attestation. Such demonstration can add substance or credibility to claims that specified requirements are fulfilled, giving users greater confidence in such claims. Standards are often used as the specified requirements since they represent a broad consensus of what is wanted in a given situation. As a result, conformity assessment is often viewed as a standards related activity.

Declaration: first party attestation.

Evaluation: includes 1) selection, 2) pre-review of application determination, 3) inspection and 4) review of inspection.

Impartiality Mechanism: QCS Stakeholder Committee

Inspection: examination of the operator's conformance to standards.

Inspection determination: information on fulfillment of specified requirements (i.e. Exit Interview)

Openness: to make policy(s) for certification available to the public; transparency.

Operator: a participant in the application and certification services.

Outsourced Service: Subcontractor that provides services for any certification processes; including: granting, maintaining, extending and reducing the scope of certification; including inspection, sampling and laboratory(s).

Peer Assessment: Stakeholders demonstration that specified requirements of QCS for safeguarding impartiality.

Pre-review of application determination: information on fulfillment of specified requirements (i.e. Letters request for more information).

Product: an operator's end-product that is identified in the scope of certification.

Review: verification of the suitability, adequacy and effectiveness of selection and determination activities and the results of these activities with regard to fulfillment with specified regulations. Review and Certification Decisions may be performed concurrently.

Safeguarding Impartiality: The Stakeholder's responsibility providing input and insuring polices and principles of impartiality are maintained throughout the certification process, ensure that prevention of commercial or other considerations do not affect impartiality of decision. Additional input on matters affecting impartiality and confidence in certification, including openness.

Selection: Information on selected items. Involves planning and preparation activities in order to collect or produce all the information and input needed for the subsequent determination function. Selection activities vary widely in number and complexity. In some instances, very little selection activity may be needed. (i.e. Plans are published in Certification Program Manual and operator is provided an Application Packet that includes all required documents to complete (i.e. Organic System Plan).

Surrender: An operators request to discontinue or not renew certification with QCS.

Withdrawal: An operators request to withdrawal from the application for certification.

1. Introduction

Florida Certified Organic Growers and Consumers, Inc. (FOG) is a corporation in the State of Florida that is recognized with a tax status as a not-for-profit grassroots membership organization. FOG is committed to safe and environmentally sound production and processing of food and fiber. FOG encourages the preservation of natural resources, the improvement of soil quality and health through organic and sustainable farming practices. FOG operates independent third party certification body under the fictitiously registered name Quality Certification Services, (QCS). QCS performs certification to verify organic production, handling and processing methods as well as several food safety and ethical schemes.

This manual is designed to comply with the general requirements of International Standards Organization (ISO) ISO/IEC 17065:2012, and the requirements of the GLOBALG.A.P. System for private bodies operating product certification programs. This manual describes how the QCS program ensures and maintains a quality certification program. This manual describes the methods used by QCS to demonstrate its how its' top-management is committed to complying and carrying out the standards of ISO/IEC 17065 and the regulations and standards necessary to operate certification services.

2. Mission Statement

The mission of Florida Certified Organic Growers and Consumers, Inc. (FOG), is to support and promote organic and safe and sustainable agriculture, and to create a more just food system. This mission is carried out through 1) educational programs to increase awareness of and demand for certified organic products and enhance public support of the industry; 2) organic and food safety certification body for growers, processors, handlers and retailers; 3) promotion and support of policies that protect and encourage organic and safe and sustainable agriculture; and 4) complimentary programs that address viable local agriculture, food safety and security, farm land preservation, environmentally responsible farm management, workers and animal welfare, and organic production research.

3. Quality Statement

QCS is committed to providing a top quality certification body and consumer service, which enables buyers to purchase GLOBALG.A.P. certified products with the assurance that they are certified according to GLOBALG.A.P. General Regulations.

QCS's purpose is to manage and promote a quality certification body for on-farm and processed grown products. This is achieved via the following:
a) strict performance and compliance to GLOBALG.A.P.certification standards,
b) competent, trained inspectors/auditors,

c) a certification process that ensures objective and thorough review and effective decision making, and
d) a staff of qualified of competent individuals.

QCS refrains from making false or misleading claims about its accreditation status, the ANSI accreditation program for certifying agents, or the nature or qualities of products identified as GLOBALG.A.P. certified.

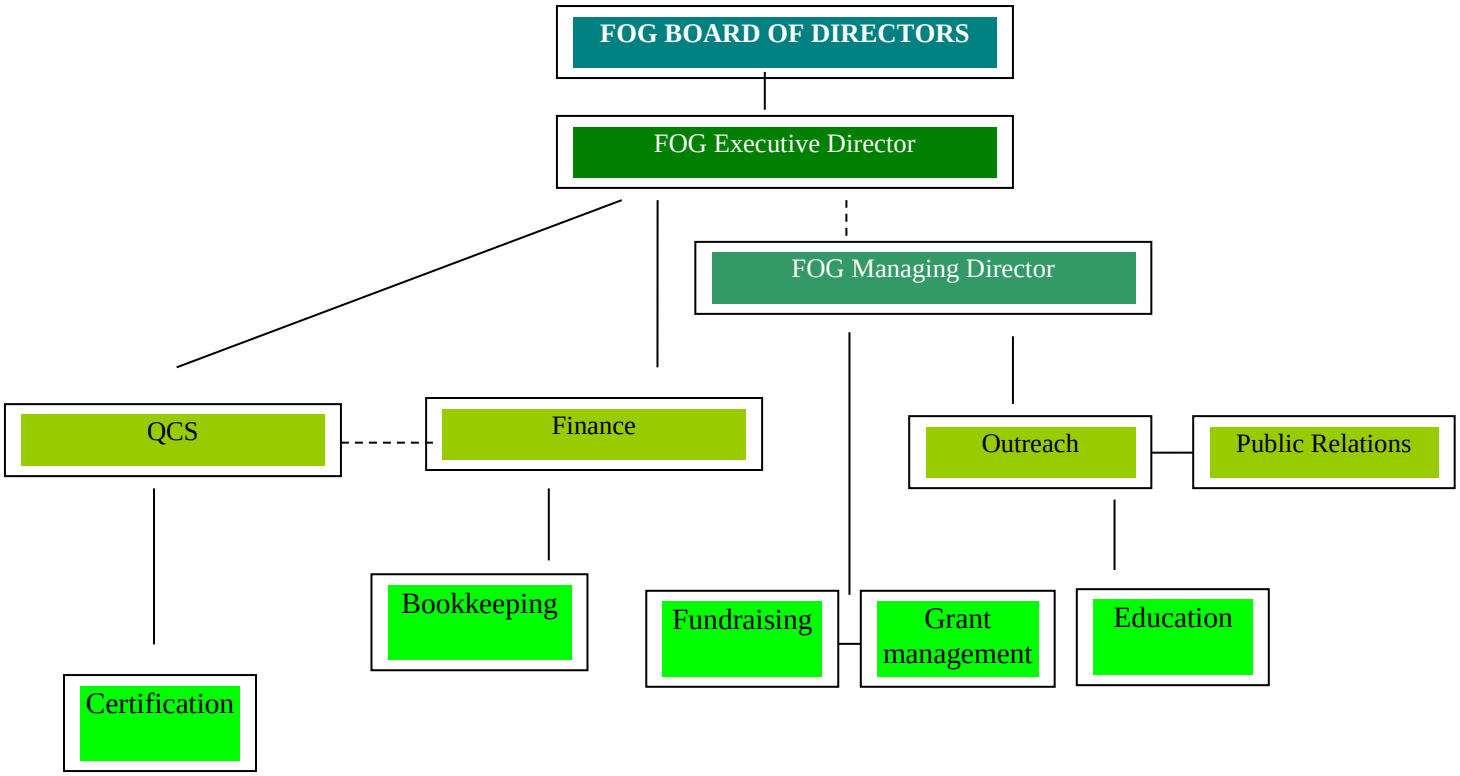
QCS does not exclude from participation in or deny the benefits of the GLOBALG.A.P. Certification Body to any person due to discrimination because of race, color, national origin, gender, religion, age, disability, political beliefs, sexual orientation, or marital or family status. Access to certification is not conditional upon the size of the supplier or membership of any association or group, nor is certification conditional upon the number of certificates already issued by QCS.

QCS management ensures that this policy is understood, implemented and maintained at all levels of the organization.

4. QCS Organizational Structure

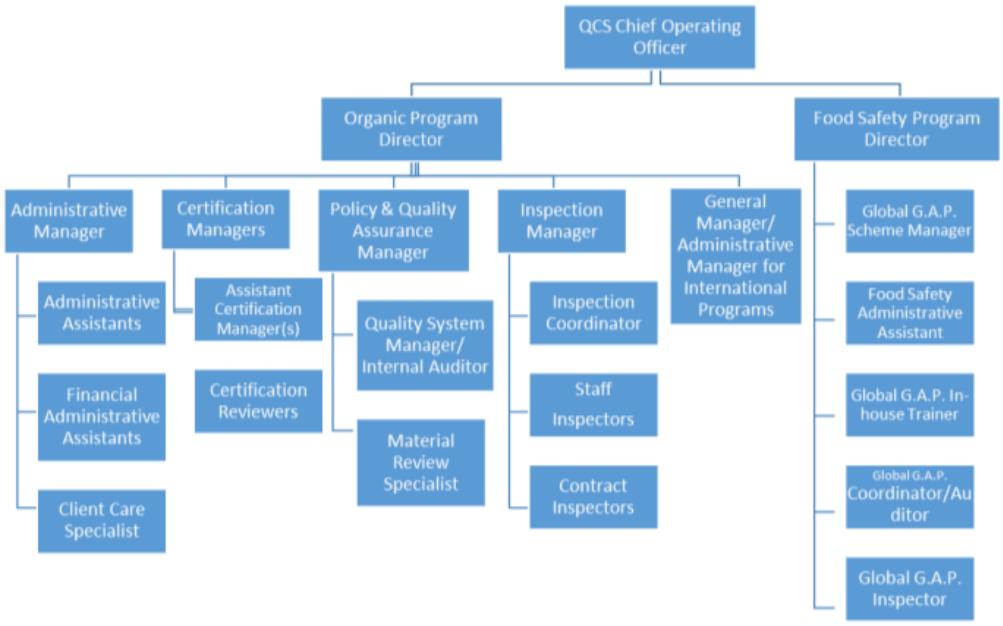
4.1 FOG Organizational Structure

The FOG Board of Directors delegates authority as a certification body to the QCS staff to implement the certification programs on its behalf.



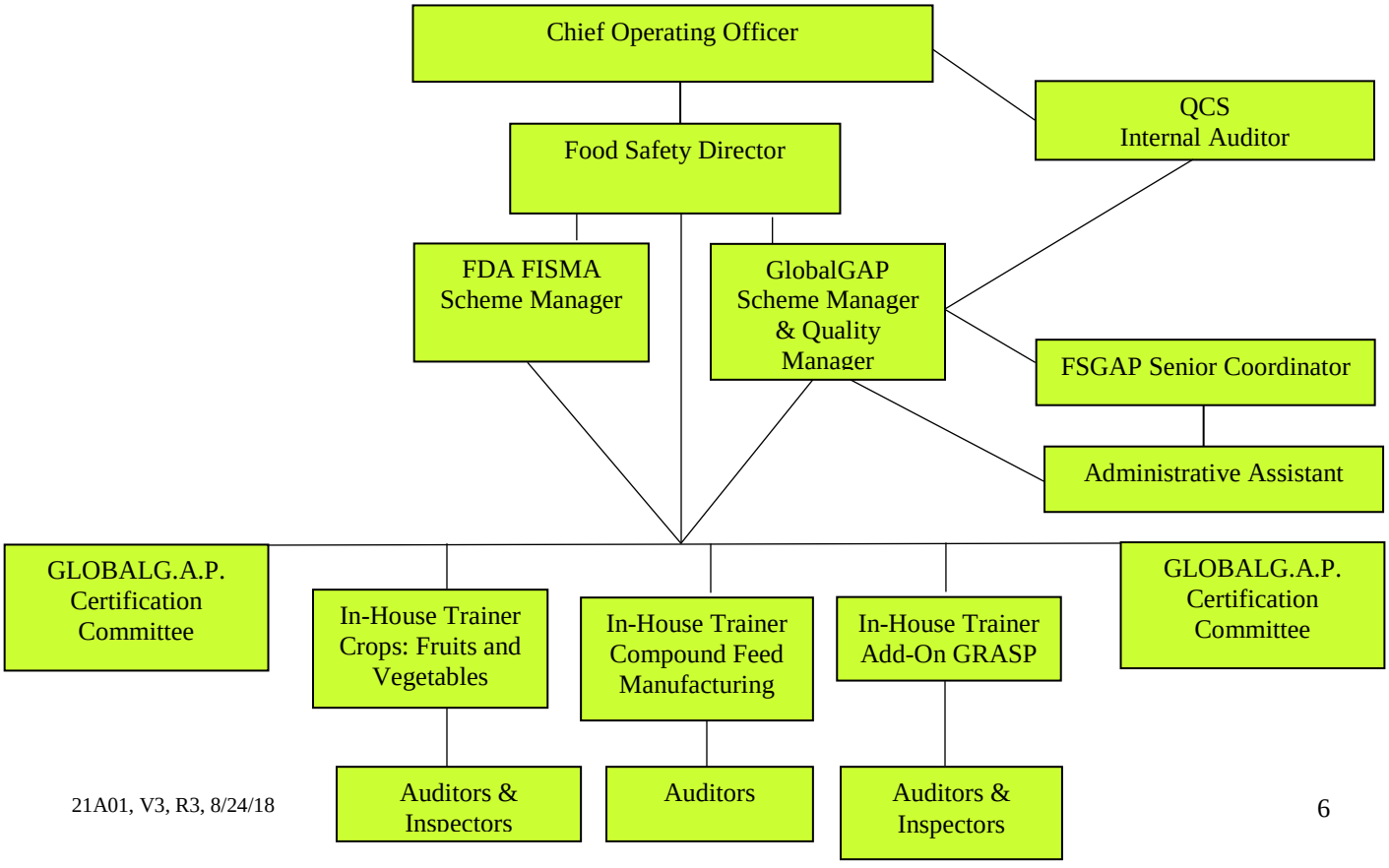
4.2 QCS Organizational Structure

QCS is the certification body operating certification services to organic, food safety and other specialty programs.



4.3 QCS GLOBALG.A.P. Organizational Structure

QCS GLOBALG.A.P. is part of the QCS certification body that operates certification in accordance to the GLOBALG.A.P. Scheme.



5. Job Descriptions

5.1 FOG Board of Directors[1]

The FOG Board of Directors is subject to the FOG Bylaws and the provisions of Florida Nonprofit Corporation Law. The terms of reference, which includes but not limited to: the provisions for elections, terms, roles and responsibilities of the Board of Directors. The FOG Board of Directors is comprised of key stakeholders with backgrounds in organic or sustainable agriculture, environmental stewardship, consumer advocates and/or research. In addition to the requirements of the Bylaws, the Board is selected by the Chief Operating Officer based on 1) that they are not certified operators of QCS and 2) consist of a balanced representation; such that no single interest predominates a single interest by vote; including but not limited to: internal and external persons, programs offered by QCS and scopes of operations certified by QCS. The representations are typically chosen from the following: a) organic operation, b) operation with a GFSI food safety program, grower, handler/processor, livestock operation, consumer and/or advocate for sustainable agriculture systems, staff of FOG, staff of QCS and farmer with practical food safety background and a consumer and/or advocate of sustainable food businesses, etc.

For a current list of FOG Board of Director members, go to www.foginfo.org. The FOG Board of Directors are subject to the same Impartiality policies as the QCS staff, see Impartiality Policy, QCS GLOBALG.A.P. Scheme Certification Manual. Each year, QCS requires members of the FOG Board of Directors to sign QCS documents; including the QCS Conflict of Interest and Confidentiality Statement Commitment Agreement.

5.2 Safeguarding Impartiality Committee

Due to the nature of the balanced representation of stakeholders on the FOG Board of Directors, QCS authorizes the FOG Board of Directors as the mechanism for safeguarding impartiality for QCS, the Safeguarding Impartiality Committee.

As the Safeguarding Impartiality Committee, the FOG Board of Directors is delegated to oversee the policies and procedures implemented by QCS for preventing and handling conflicts are per the impartiality requirements of the QCS GLOBALG.A.P. Scheme Certification Manual.

QCS provides resources to the Safeguarding Impartiality Committee once per year via the Management Review report per Section 11, Management Review report. The Management Review report includes an overview on the inputs analyzed by management; including a review of the Risk to Impartiality Analysis report, statistical data on how many issues relating to conflicts of interest that QCS handled over the course of the report, any changes to policies and procedures pertaining to safeguarding impartiality in the Quality Manual, Certification Manual and supporting documents and

[1] ISO/IEC 17065 5.2

the management's recommendation of output to improve, sustain or make changes to the structure for safeguarding impartiality.

The Safeguarding Impartiality Committee is responsible for providing feedback via the FOG Board of Director's minutes to the Chief Operating Officer regarding any issues with QCS's system for offering objective certification services. If the Chief Operator Officer does not follow the input related to impartiality, the Safeguarding Impartiality Committee has the right to take independent action (e.g. informing authorities, accreditation bodies, stakeholders); only after appropriate action is taken to first try and resolve by both parties; which includes, respecting confidentiality; feedback that is in conflict with the operating procedures of the certification body or other mandatory requirements should not be followed until determined otherwise and Management should document the reasoning behind the decision to not follow the input to the Board. If this is unsatisfactory, the Board may take independent action.

5.3 Chief Operating Officer

The Chief Operating Officer is authorized by the Board of Directors to operate the QCS certification services; including responsibilities for:

- Ensuring adequate resources are available to operations (i.e. human resources, quality management)
- Delegation of responsibilities to competent committee members, personnel, contractors and subcontractors;
- Supervise the competency and monitoring of human resources;
- Supervise the QCS finances for the certification body(s);
- Supervise the management system; including the development and implementation of policies and procedures used to operate reputable certification body(s) (i.e. Scheme of GLOBALG.A.P.);
- Supervise and/or designate the supervision of activities and requirements for certification, evaluation, review, decisions on certification and related appeals;
- Supervise and/or designate the supervision of all complaints received by QCS related to the operations of QCS and/or FOG.
- Delegate the supervision of all final decisions on all contractor and subcontractor agreements;
- Delegate the signatory of the Certificates issued by QCS.
- Ensuring that processes and procedures needed for the management system are established, implemented and maintained;
- Reporting on the performance of the management system and any need for improvement and/or resources, see Management Review.

For more information on other roles and responsibilities of the Chief Operating Officer, refer to the Job Descriptions in the Human Resource folder in the Quality System.

5.4 Food Safety Director

For information on the roles and responsibilities of the Scheme Manager, refer to the Job Description found in the Quality System.

5.5 GLOBALG.A.P. Scheme Manager

For information on the roles and responsibilities of the GLOBALG.A.P. Scheme Manager, refer to the Job Description found in the Quality System.

5.6 GLOBALG.A.P. Inspector/Auditor

GLOBALG.A.P. Inspector/Auditor positions are described below as well established thru the extensive GLOBALG.A.P. trainings and per the GLOBALG.A.P. General Regulations: **Inspector/Auditor.**

1. The relationship between QCS and inspectors/auditors, as well as the inspector/auditor requirements are described in Section 5.3 of the QCS Certification Manual for GLOBALG.A.P. v.5.1.

2. QCS's approved inspectors/auditors perform inspections as independent on site inspectors. Because these inspections constitute an important source of information used in the development of a certification profile, only those individuals with extensive experience and requisite background are entrusted to perform these functions. QCS only contracts with inspectors/auditors that meet GLOBALG.A.P. General Regulations criteria for CB inspectors/auditors. Inspectors/auditors are required to provide information to the inspected operation as stipulated in Section 5.3 of the QCS Certification Manual for GLOBALG.A.P. v.5.1. Inspectors/auditors are expected to have full knowledge of QCS's certification body and requirements.

3. Inspectors/Auditors are assigned by the Administrative Assistant or Scheme Manager or delegate usually based on scope of the audit, qualification of the inspector/auditor, proximity to operation and/or availability, cost and assessing any potential COI. Inspection arrangements between operation and inspector/auditor are outlined in Section 5.3 of the QCS Certification Manual for GLOBALG.A.P. v.5.1.

4. Inspectors/Auditors inspect according to QCS Certification Manual for GLOBALG.A.P. v.5.1 Section 5.3 STEP THREE Inspection. Inspectors/Auditors must abide by the Impartiality

provisions described in the QCS Certification Manual for GLOBALG.A.P. v.5.1 Section 1.2 Safeguarding Impartiality.

5. The inspector/auditor must complete the inspection/audit in a professional manner.

6. Inspectors/Auditors must complete audit reports and checklists as soon as possible after performing the inspection/audit and send to QCS Food Safety/GAPs Program (FSGAP) personnel within 9 calendar days. If non-compliances are raised during the inspection/audit the final report and evidence of corrective action(s) are sent to QCS FSGAP personnel within 9 calendar days after the last raised non-compliance is closed by the producer or at the time the deadline to close raised non-compliances is reached, whichever comes first. Inspectors/auditors are required to provide information to the inspected operation as stipulated in Section 5.3 of the QCS Certification Manual for GLOBALG.A.P. v.5.1.

5.7 Certification Committee

The Certification Committee remains responsible for certification decisions as specified in Section 5.4 STEP FOUR Certification Decision of the QCS Certification Manual for GLOBALG.A.P. v.5.1. The Executive Director is responsible for overseeing the Certification Committee.

QCS GLOBALG.A.P. Certification committee members are selected and authorized by the Chief Operating Officer and/or designate to have the overall responsibility for the decisions on certification and have the technical basis for granting certification. Each decision on certification must be made by a qualified auditor who is qualified for the scope of the operation.

6. Human Resources

The Chief Operating Officer is authorized to oversee all responsibilities connected to operating the daily functions of the certification body.

The QCS Human Resources Tracking Form provides a current list of QCS personnel, contractors, subcontractors and committee members as maintained by the QCS Administrative Manager. The GLOBALG.A.P. Qualifications Log is a current list of QCS GG personnel, contractors and committee members that is maintained by the QCS GG Scheme Manager.

The Personnel Manual includes the procedure for the recruitment, selection, training, and monitoring of personnel. Minimum competencies for all GLOBALG.A.P staff and inspectors/auditors are outlined in the QCS Job Descriptions and/or in this manual. The qualifications and experience of each employee can be found in the individual's personnel file.

All QCS staff must sign an acknowledgment that they have read and understand the Personnel Manual and the Quality Manual.

QCS employs a sufficient number of qualified staff to perform certification functions as determined by the Executive Director in consultation with the Chief Operating Officer.

6.1 Conflict of Interest

All persons responsibly connected to FOG & QCS certification services including the Board of Directors, personnel, committee members, contractors, subcontractors must agree to the Certification Manual, Section Impartiality.

6.2 Confidentiality

All persons responsibly connected to FOG & QCS certification services including the Board of Directors, personnel, committee members, contractors, subcontractors must agree to the Certification Manual, Section Confidentiality.

6.3 Performance Monitoring

The Executive Director is evaluated annually by the Board of Directors.

The Chief Operating Officer receives an annual performance review from the Executive Director. The review includes accuracy in file maintenance, and interaction with staff, growers, inspectors/auditors and the general public.

The Chief Operating Officer or designate provide performance evaluations each year to GLOBALG.A.P. staff, contractorsand any subcontractors used to operate GLOBALG.A.P. The performance evaluation includes full knowledge of the QCS GLOBALG.A.P. Certification Manual, GLOBALG.A.P. Regulations and their knowledge and performance of their roles and responsibilities, accuracy in file maintenance, interaction with staff and certification applicants, as appropriate.

GLOBALG.A.P. Scheme Manager review inspectors/auditors each year on the basis of their timeliness of submitting their Audit Reports and Checklists and the clarity and completeness of these documents. Inspector/auditor evaluation forms are also sent to clients and are filled out on a voluntary basis. These reviews are kept in the inspector/auditor's file and used during the annual review of the inspectors/auditors.

These performance reviews, along with internal audits, are to ensure that the certification process is carried out efficiently and in compliance with GLOBALG.A.P. General Regulations requirements, ISO/IEC 17065 guidelines and QCS standards.

All staff is informed of the outcome of their evaluation. Any corrective action is expected immediately. All performance evaluations are filed in the individual's file.

6.4 QCS Policy on Staff Members Working as Independent Contractor Inspectors/Auditors

Members of QCS staff who otherwise meet the QCS inspector/auditor qualifications to be an independent inspector/auditor may be engaged as an independent contractor to conduct inspections for QCS or any other accredited certifier who chooses to contract with staff member, but such staff members engaged as independent contractors are governed by the following policies:

1. The privilege of allowing a staff member to conduct inspections for QCS as an independent contractor outside of the staff member's regular work hours is granted or suspended solely at the discretion of the Chief Operating Officer.

2. The staff member operating as an independent contractor only performs contracted inspections outside of their regular work hours.

3. Inspections conducted as an independent contractor does not interfere with the staff members regular duties or result in the staff member being absent during their regularly scheduled hours at QCS.

If a QCS staff member conducts an inspection of an operation for GLOBALG.A.P. certification as an independent contractor, that staff member cannot participate in the review and/or any certification decisions of the inspected operation. The staff member may clarify what was written in their inspection report or clarify what they observed during the inspection. This prohibition is in effect for 12 months following the inspection.

The Chief Operating Officer and/or designate approves all inspection assignments to QCS staff members acting as independent contractors outside of their regular work hours.

No QCS staff member acting as an independent contractor providing inspection services is assigned a particular inspection if assigning the QCS staff member would result in the inspected party's inspection costs being higher than if the inspector located closest to the inspected party conducted the inspection.

6.5 Disciplinary Action

The Certification Chief Operating Officer has the right to remove inspectors from the approved list if they fail to perform their duties in a satisfactory way.

1. The Chief Operating Officer/GLOBALG.A.P. Scheme Manager and/or designate reviews any complaints received concerning individual inspectors/auditors. Such complaints must be submitted in writing to QCS.

2. The Food Safety/GAPs Senior Coordinator and/or designate notifies the inspector/auditor of the complaint(s) and a discussion of the issues may be conducted in writing, in person or by telephone.

3. If the Chief Operating Officer and/or designate feels there are sufficient problems to warrant an official warning, the Food Safety/GAPs Senior Coordinator submits a memo to the inspector/auditor's file with a copy sent to the inspector/auditor. The inspector/auditor has the opportunity to respond.

4. The Chief Operating Officer and GLOBALG.A.P. Scheme Manager and/or designate have the authority to remove an inspector/auditor from the approved list if deemed appropriate.

5. Chief Operating Officer and/or designate may release Inspectors/auditors from their contracts at will. Grounds for immediate removal of an inspector/auditor may include the following: theft, dishonesty, falsification of an inspection report or other QCS documents, solicitation of growers, acceptance of a gratuity that may influence the judgment of the inspector/auditor or a breach of confidentiality and other offences that violate QCS policy or procedure.

6.6 Sub-contractors

QCS subcontracts all testing services with competent third party laboratories. All laboratory(s) used in food safety programs must be accredited to ISO/IEC 17025.

The hiring of subcontractors does not absolve QCS from its responsibilities for the services of granting, denying, maintaining, extending, suspending or canceling certification, and as such QCS takes full responsibility for work done by subcontractors. When QCS subcontracts work related to certification to an external body, or person, an agreement covering conflict of interest and confidentiality is signed .

7. Certification Procedures

7.1 Certification Flow Chart

See Section 5.5 of the QCS Certification Manual for GLOBALG.A.P. v.5.1 for the Certification Process flow chart.

7.2 Application

See Section 5.1 of the QCS Certification Manual for GLOBALG.A.P. v.5.1 for Administrative Procedures for applying for GLOBALG.A.P. certification.

7.3 Inspection

See Section 5.3 Inspections of the QCS Certification Manual for GLOBALG.A.P v.5.1 for inspection procedures.

7.4 Certification Review

See Section 5.2 Application Check and 5.4 Certification Decision of the QCS Certification Manual for GLOBALG.A.P. v.5.1 for the certification review process.

7.5 Non-compliances, Suspension and Cancellation

It is the responsibility of the client to understand and comply with all GLOBALG.A.P. General Regulations and standards of certification. See Section 5.4 Certification Decision and Section 7.1 Investigation of the QCS Certification Manual for GLOBALG.A.P. v.5.1 for procedures regarding non-compliance's, suspension and cancellation.

7.6 Appeals

The procedural steps in the appeals processes are addressed in Section 6 Appeals of the QCS Certification Manual for GLOBALG.A.P. v.5.1.

8. Internal Audits

Internal Audits

Performing internal audits is a preventive measure taken by QCS to ensure that the certification body is operating efficiently and in compliance with appropriate criteria and standards and results of previous internal and external audits. the Lead Auditor performs various internal audit activities during the course of each year. QCS's internal audits are normally performed at least once every year, or completed within a 12- month time frame for any additional or segmented internal audits. Internal Activities may include performing document reviews, completing checklists for accreditation reviews, reviewing certification and personnel files, interviewing management, etc. QCS may perform internal audits to demonstrate preparedness for accreditation visits, compliance to standards updates and effectiveness for operating certification in compliance with requirements and standards.

Internal Audit activities are carried out in accordance to ISO/IEC 19011. At the beginning of each activity, the Lead Auditor issues an Internal Audit Plan to the Scheme Manager. The Internal Audit Plan is presented to the Scheme Manager at an Opening Meeting. If approved, the management signs and dates the report. The Internal Audit Plan identifies the primary scope(s) to be verified for

compliance during the course of activities. The Internal Audit plan also identifies references that may be used, as well as an overview of any conflict of interest issues (i.e. backups for auditing areas for which the auditor cannot audit their own work). The plan also provides a tentative schedule for the timeframe for which activities are to be conducted. This timeline is flexible and is reissued at the closing meeting, as well as reset at the next Opening Meeting. The intent of the schedule is to ensure over the course of 12 months that all necessary activities are performed to conclude that all areas of compliance have been verified by the Lead Auditor. The Internal Audit Plan also identifies the type(s) of activities that may be used by the Lead Auditor to perform verifications (i.e. document reviews, interviews, etc.).

For performing the internal audit, the Lead Auditor sets up an internal audit folder in the Quality System that is active; meaning it's not a controlled folder but one that transparently demonstrates the various activities, records and verifications that the Lead Auditor is working on during the course of an internal audit. The Lead Auditor uses an Excel Checklist that is loaded with various compliance criteria and activity notes. The Lead Auditor is only responsible for marking which areas have been performed; notes are only required when a noncompliance is identified. The Lead Auditor may opt to provide as many notes as necessary to record activity(s).

Once the Lead Auditor comes to a reasonable stopping point, an Internal Audit Report is issued to the management at an Exit Meeting. The report contains a brief overview of activities and the number of noncompliance(s) found during the activity(s). It also includes a schedule, which identifies areas that may need to be transferred to the next internal audit activity(s) and lists all the noncompliance(s) identified by the Lead Auditor. During the Exit Meeting, management review these findings, and may dispute or challenge any of the findings with the Lead Auditor. If the Lead Auditor finds the dispute(s) justifiable, the findings may be dropped and the reasons for that are recorded in the Internal Audit report in the notes section. After the meeting, the updated Internal Audit report is then sent to top management for their signatures of approval.

After each Closing Meeting, the Internal Audit Report is sent to the Lead Auditor who then creates a Corrective Actions report and loads it with the criteria and noncompliance(s) from the Internal Audit Report. The report is then provided to the Scheme Manager who is responsible for carrying out the Corrective Actions Process.

To conduct internal audits, QCS uses persons knowledgeable in certification, auditing and the requirements of ISO/IEC 17065 and have experience performing internal audits. Additionally,

1. Auditors do not audit their own work;
2. Auditors work is independent of the evaluation, review and certification decision making process.
3. Personnel responsible for the area audited are informed of the outcome of the audit;

4. Any actions resulting from internal audits are taken in a timely and appropriate manner; and
5. Any opportunities for improvement are identified.

CIPRO – Certification Integrity Program

QCS may periodically receive CIPRO Reports from GLOBALG.A.P. QCS addresses the issues as outlined within the stated deadlines. Additionally, QCS incorporates these findings into their Internal Audit process to improve the overall program.

9. Corrective Actions Process

QCS identifies and manages nonconformities in its operations received from internal and/or external audits. QCS then takes action(s) to eliminate the causes of nonconformities in order to prevent recurrence. QCS implements corrective actions, appropriate to the impact of the problems encountered.

QCS's Corrective action process:

1. identifies nonconformities (e.g. from complaints and internal audits);
2. determines the causes of nonconformity;
3. corrects the nonconformities;
4. evaluates the need for actions to ensure that nonconformities do not recur;
5. determines and implements the actions needed in a timely manner; and
6. records the results of actions taken;

The appropriate Supervisor is responsible for ensuring that Corrective Actions are carried out in a timely manner. The Supervisor; along with Scheme Manager and any other necessary personnel key to the success of the corrective actions may meet to perform any of the above processes. The Supervisor may set up monthly meetings; sometimes more frequently based on the number of issue(s) to continuously monitor progress. Each year the Lead Auditor performs verifications to ensure effective implementation of each corrective action and communicates any issues as part of the internal audit happening during that timeframe.

10. Preventive Actions Process

QCS takes preventive actions to eliminate the causes of potential nonconformities. The preventive actions are appropriate to the probable impact of the potential problems. The preventive actions process include the following:

1. Identification of potential nonconformities and their causes;
2. Evaluation of the need for action to prevent the occurrence of nonconformities;
3. Determination and implementation of the action needed;

4. Recording the results of actions taken; and
5. A review of the effectiveness of the preventive actions.

Examples of Preventive Actions QCS uses includes the following:

- Implementation of the Quality Manual;
- Publication of a Certification Manual to its Operators;
- Annual Performance of Internal Audits and Corrective Action Process(s);
- Annual Management Review(s),
- Transition plans for new standards and/or regulations and
- Ongoing Document and Record Control(s).

The QCS Quality Assurance Manager and/or designate is responsible for ensuring that Preventive Actions are established and continuously functioning. The QCS Quality Assurance Manager and any other necessary personnel key to the success of the corrective actions may meet to perform any of the above processes. The QCS Quality Assurance Manager and/or designate may set up monthly meetings; sometimes more frequently based on the number of issue(s) to continuously monitor progress. Each year the Lead Auditor performs verifications to ensure effective implementation of each preventive action and communicates any issues as part of the internal audit happening during that timeframe.

11. Management Review Report

The Chief Operating Officer and/or designated top management of QCS reviews its quality management system each year in order to ensure its continuing suitability, adequacy and effectiveness, including the stated policies and objectives related to the fulfillment of ISO/IEC 17065. The management review, decisions and directives are recorded in the official meeting minutes.

Management Reviews consist of defined review inputs and outputs. The QCS top management; review the system and report on the following inputs:

1. Results of internal and external audits;
2. Feedback from clients and interested parties (including scheme owners) related to the fulfillment of ISO/IEC 17065;
3. Feedback from the mechanism for safeguarding impartiality;
4. The status of preventive and corrective actions;
5. Follow-up actions from previous management reviews;
6. The fulfillment of objectives;
7. Changes that could affect the management system; and
8. Appeals and complaints.

After taking the inputs into consideration, the QCS top management provides the decisions and actions QCS provides outputs as follows:

1. improvement of the effectiveness of the management system and its processes

2. improvement of the certification body related to the fulfillment of ISO 17065:
3. resource needs

As part of providing QCS Stakeholder Committee adequate access to safeguard impartiality, QCS at least once per each year or more often as applicable; provides the Management Review report to the Stakeholder Committee to review for additional feedback

12. Records

The client's certificate, the application, the audit report, checklist and supplemental information are filed at the QCS office and contain up to date, relevant information, including history, and product specifications. The records demonstrate the way in which each certification procedure was applied, maintained transparently, and enabling easy retrieval of information. For QCS clients, separate records are kept for major violations and resulting sanctions, appeals, and complaints, in a way that enables easy retrieval of such data.

Authorized personnel sign audit reports, certification decisions, certificates and other relevant records. The QCS office prints all certificates with the original sealed certificate sent to the applicant and copies placed in the client's files.

QCS and GLOBALG.A.P. Database are maintained with up-to-date information according to GLOBALG.A.P. General Regulations. These databases are updated annually at the time of renewal or as needed.

13. Release of Records

Everyone involved in the certification process including inspectors, staff, Executive Director, COO, Managers, Inspectors/Auditors, and the Board of Directors are required to treat all information and records as confidential except for information routinely available to the public. Any information relevant to an operation's certification status supplied to QCS by the operator, the public or collected in the course of a QCS inspection becomes the property of QCS.

Audit reports and checklists or other confidential client documents are not normally made available to the public per Section 1.4 of the QCS Certification Manual for GLOBALG.A.P. Generally, information released to the public must be follow these guidelines:

1. The applicant may request in writing the release to a third party his/her audit report and/or checklist.
2. QCS releases any and all documents to law enforcement authorities, GLOBALG.A.P. & accreditation bodies as requested.

Personnel files are maintained to include the name and address; employer and position held, educational qualification and professional status, experience and training, the assessment of competence, performance monitoring, authorizations held and date of most recent updating of each record.

QCS maintains records to be identifiable, managed and disposed of in such a way as to ensure the integrity of the process and the confidentiality of the information. QCS must maintain records according to the following schedule:

a)	Not less than 5 years beyond their receipt	Records obtained from clients for certification and certified operations
b)	Not less than 10 years	Records created by QCS regarding clients for certification and certified operations
c)	Excluding any records covered by b), must be maintained for not less than 5 years beyond their creation or receipt	Records created or received by QCS pursuant to the accreditation requirements of ANSI.

Records in the above schedule must be maintained beyond the allotted time before disposal. Proper disposal may include shredding.

14. Document Control

QCS encourages all persons significantly affected by the policies, principles and functioning of the certification system, to participate in their development and improvements of the Quality System.

The documents used in QCS's Food Safety/GAPs Program are located in a Microsoft Sharepoint (MO 365), also referred as the QCS Quality System. . All QCS staff are granted has access to the Quality System at all times. Only those with permissible editing capabilities are allowed to make changes to the system.

For the GLOBALG.A.P. program, the scheme requires the use of their documents found at www.globalgap.org. The GLOBALG.A.P. Scheme Manager is responsible for identifying on a QCS GLOBALG.A.P. Master list those documents at www.globalgap.org that are applicable to the scope and range of documents used by QCS for providing GLOBALG.A.P. certification services. The Scheme Manager is required to register those documents in the QCS Quality System. The Scheme Manager is also required to immediately register any updates to those documents and/or add documents as made notified by GLOBALG.A.P. to those documents in the Quality System.

Document changes can be requested at any time. Staff members are encouraged to communicate with the Chief Operating Officer, the Administrative Manager and/or the GLOBALG.A.P. Scheme Manager (in the case of GLOBALG.A.P. documents) to request a change to a document. If management deems the change necessary and approves the changes, the changes are made to the documents by the requester.. Once the document has been developed or modified, the document is approved by the Scheme Manager and then sent for document control. The process of controlling the document is described in the Quality Management Procedures and recorded on the Quality Systems Master List. The Quality Manager notifies management when the document is controlled. Management is responsible for ensuring that the document is fully implemented by QCS. Every 15 days, the Quality Manager issues a notice to management of all documents controlled in the past 15 days.

Staff members are informed of document revisions during weekly staff meetings, as applicable. Staff must always source their documents directly from the Quality System. All persons operating in accordance to the Quality System; at minimum including adherence to the quality manual and the use of documents located in the quality system must use the most current versions located in the Quality System and may not use any uncontrolled documents. Any use of uncontrolled documents jeopardize QCS's accreditation and compliance to accreditation criteria and scheme standards.

Documents are effective the day they are added to the Quality System. This date is located in the footer of each document, or in the master list of documents in the case of GLOBALG.A.P developed documents. It is the responsibility of the document user to verify that the document being used is the latest version, particularly before a mass release or usage of such document. The document user may refer to the most recent registered Master List of Documents/Records to verify which version of the document should be used. Users of controlled documents are not allowed to remove the document control numbers from the documents retrieved from the quality system.

15. Quality Policy Acknowledgement & Commitment

My signature here acknowledges that I have read, understand and committed to the Quality Certification Services GLOBALG.A.P. Scheme Quality Manual v.5.1.

Signature Date

(Please print name)