REC128C: FSSC22000 and/or ISO22000 Non-Conformance Report

Facility Name:	**M&M Industries, Inc.**	**FSSC Facility Number:**	**FSSC-PK-026**
Facility Address:	**4739 W. Jefferson St 85043 Phoenix United States**		
Facility FS Team Leader Acceptance of NC Report:	**TERRY IKER**	**Signature:**	Terry Iker
Lead Auditor Name:	**FAUSTO URENA MONTOYA**	**Signature:**	
Audit Date(s):	**May 26-27, 2022**		
No. Critical NCs:	**NA**	**Critical NC Due Date:**	**NA**
No. Major NCs:	**NA**	**Major NC Due Date:**	**NA**
No. Minor NCs:	**1**	**Minor NC Due Date:**	**June 17, 2022**
No. Areas of Concern (Stage1 audits):	**NA**		

By signing the report above, verifies communication of the identified Non Conformities and acceptance of the findings.

The identification of Critical, Major and Minor on this form are the auditors' recommendation only. The decision for certification, as well as the rating for any potential nonconformance, is part of the Technical Review and Decision Making process.

Next Audit Provisionally Agreed Dates		
Next Audit	**Provisional date for next audit for announced audits**	**Propose auditor**
Surveillance 2 unannounced	**13/07/2023**	**Name of Auditor: Fausto Urena Monotya** **New Auditor to be assigned No**

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Guidelines for Submitting Corrective Actions

Non-Conformities in Head Office- These are assumed to have impact on the equivalent procedures applicable to all sites. Corrective actions shall therefore address issues of communication across the certified sites and appropriate actions for impacted sites. Such nonconformities and corrective actions shall be clearly identified in the relevant section of the site audit report and shall be cleared in accordance with the CB procedures before issuing the site certificate.

Critical Non- Conformities – A critical nonconformity is issued when a direct food safety impact without appropriate action by the organization is observed during the audit or when legality and/or certification integrity are at stake:

1) when a critical nonconformity is issued at a certified site the certificate shall be immediately suspended for a maximum period of six (6) months;

2) when a critical nonconformity is issued during an audit, the organization shall provide the CB with objective evidence of an investigation into causative factors, exposed risks and the proposed CAP. This shall be provided to the CB within 14 days after the audit;

3) a separate audit shall be conducted by the CB between six (6) weeks to six (6) month after the regular audit to verify the effective implementation of the corrective actions. This audit shall be a full on-site audit (with a minimum on-site duration of one day). After a successful follow-up audit, the certificate and the current audit cycle will be restored, and the next audit shall take place as originally planned (the follow-up audit is additional and does not replace an annual audit). This audit shall be documented, and the report uploaded;

4) the certificate shall be withdrawn when the critical nonconformity is not effectively resolved within the six (6) month timeframe;

5) in case of a certification audit (initial), the full certification audit shall be repeated.

Major Non- Conformities - A major nonconformity shall be issued when the finding affects the capability of the management system to achieve the intended results:

1) the organization shall provide the CB with objective evidence of an investigation into causative factors, exposed risks and evidence of effective implementation;

2) the CB shall review the corrective action plan and conduct an on-site follow-up audit to verify the implementation of the CA to close the major nonconformity. In cases where documentary evidence is sufficient to close out the major nonconformity, the CB may decide to perform a desk review. This follow-up shall be done within 28 days from the last day of the audit;

3) the major nonconformity shall be closed by the CB within 28 calendar days from the last day of the audit. When the major cannot be closed in this timeframe, the certificate shall be suspended;

4) where completion of corrective actions might take more time, the CAP shall include any temporary measures or controls necessary to mitigate the risk until the permanent corrective action is implemented.

Minor Non- Conformities - A minor nonconformity shall be issued when the finding does not affect the capability of the management system to achieve the intended results:
1) the organization shall provide the CB with objective evidence of the correction, evidence of an investigation into causative factors, exposed risks and the proposed corrective action plan (CAP);
2) the CB shall review the corrective action plan and the evidence of correction and approve it when acceptable. The CB approval shall be completed within 28 days after the last day of the audit. Exceeding this timeframe shall result in a suspension of the certificate;
3) corrective action(s) (CA) shall be implemented by the organization within the timeframe agreed with the CB;
4) effectiveness of implementation of the corrective action plan shall be reviewed, at the latest, at the next scheduled on-site audit.

Areas of Concern – Identified only at Stage1 audits and no further action required to be submitted to AIB International.

Repeated NC's - Repeat NCs are NCs against the same clause in two subsequent audits. Repeat minor NCs do not automatically have to be raised to a major. The NC shall be graded as per the definition. However, an additional NC (major or minor – depending on the impact) should be raised on an ISO 22000 clause that is linked to not solving the NC (e.g. leadership and commitment (5.1), communication (7.4)).
In a similar manner, repeat major NCs do not automatically lead to a critical NC.

All Critical and Major Non-conformances must be fully addressed (completed Corrections and Corrective Actions) to grant or maintain certification.

If the time lines specified above are not respected, there is a risk of not receiving certification or maintaining certification.

Copies of all corrective actions should be sent by e-mail to your **Lead Auditor (email)** and to **FSSCReports@aibinternational.com**

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Critical Non conformities

Critical Nonconformities						
#	**Requirement Reference** (std., clause)	**Delivery**	**Finding details** (statement of NC and objective evidence)	**Correction** (to address immediate issue)	**Root Cause Analysis** (determine why it arose)	**Corrective Action Plan** (action to prevent repeat; person responsible, due date for completion)
1	Choose an item. Nr. Clause	Choose an item.	Standard Requirements: Non Conformity: Objective Evidence:			
Submitted by:					Submission date:	Click or tap to enter a date.
Accepted by:					Acceptance date:	Click or tap to enter a date.
Evidence of correction/corrective action reviewed:						
Date of suspension:					Click or tap to enter a date.	
Date of new audit planned:					Click or tap to enter a date.	
Verification of Effectiveness of Implemented Corrective Actions (next audit):					**Verified by:**	**Date:** Click or tap to enter a date.

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Major Non conformities

Major Nonconformities						
#	**Requirement Reference** (std., clause)	**Delivery**	**Finding details** (statement of NC and objective evidence)	**Correction** (to address immediate issue)	**Root Cause Analysis** (determine why it arose)	**Corrective Action Plan** (action to prevent repeat; person responsible, due date for completion)
1	Choose an item. Nr. Clause	Choose an item.	Standard Requirements: Non Conformity: Objective Evidence:			
Submitted by:					Submission date:	Click or tap to enter a date.
Accepted by:					Acceptance date:	Click or tap to enter a date.
Evidence of correction/corrective action reviewed:						
Type of follow-up audit: Choose an item.					Outcome of follow-up audit: Choose an item.	
Date of follow-up audit: Click or tap to enter a date.						
Verification of Effectiveness of Implemented Corrective Actions (next audit):					**Verified by:**	**Date:** Click or tap to enter a date.

Minor Non conformities

Minor Nonconformities						
#	**Requirement Reference** (std., clause)	**Delivery**	**Finding details** (statement of NC and objective evidence)	**Correction** (to address immediate issue)	**Root Cause Analysis** (determine why it arose)	**Corrective Action Plan** (action to prevent repeat; person responsible, due date for completion)
1	ISO/TS 22002-4:2013 4.2.6	On Site	Standard Requirements: 4.2.6 Storage Non Conformity: Based on the requirement 4.2.6 Storage of ISO / TS 22002-4 which establishes that "All raw materials, intermediate products, chemicals and food packaging shall be stored in a manner to minimize the potential for contamination and with sufficient distance from the walls to allow inspection", a PP 25 Melt raw material was found open at the top (exposed to the environment). Objective Evidence: During the tour it was found that raw material for processing was open and without identification of its status.	Immediately covered the open gaylord with the appropriate corrugated top tray. A check of our inventory system showed he gaylord to be accepted product.	Established GMP protocol was lacking. When gaylord was received initially there was a top tray affixed to the gaylord protecting it from potential contamination. The gaylord of resin had been moved from its normal location during new racking installation. During this movement top tray slipped off and warehouse personal failed to secure/replace the top tray leaving the gaylord exposed to the elements.	1. Proper GMP protocol for protecting gaylords is included in our annual food product safety training. 2. Affected personnel have been retrained to the GMP protocol 6/10/2022 training completed 3. Weekly food safety walks encompass verification of proper storage of raw materials. 4. When pumping resin into a gaylord from a rail car the inner bag will be scrunched and top tray will be taped to the gaylord

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Submitted by: Lourdes Ortega	Submission date:	15/06/2022
Accepted by: Fausto Urena Montoya 	Acceptance date:	21/06/2022
Evidence of correction/corrective action reviewed: The AIB nonconformity format was received in which the correction was defined (Immediately covered the open gaylord with the appropriate corrugated top tray). The root cause investigation was carried out (During this movement top tray slipped off and warehouse personal failed to secure/replace the top tray leaving the gaylord exposed to the elements), and an action plan of 4 activities was proposed. With the information sent, a partial closure can be carried out, subject to review in the following on-site audit.		
Verification of Effectiveness of Implemented Corrective Actions (next audit): Choose an item.	**Verified by:**	**Date:** Click or tap to enter a date.

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Areas of concern (*only Stage 1 audits*)

Areas of concern			
#	**Requirement Reference** (std., clause)	**Delivery**	**Finding details** (statement of NC and objective evidence)
1	Choose an item. Nr. Clause	Choose an item.	Standard Requirements: Non Conformity: Objective Evidence: