



NQA MANAGEMENT SYSTEMS

SURVEILLANCE (REMOTE) PROCESS

AUDIT REPORT

NATIONAL FLEXIBLE LTD

VISIT NUMBER:

596015

DATE OF OPENING
MEETING:

31/08/2022

THIS REPORT HAS
BEEN PREPARED BY:

REGIONAL ASSESSOR:

John Early

CONTACT NUMBER:

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EMAIL:

john.early@nqa.com

APPLICABLE STANDARD(S):

ISO 9001:2015





AUDIT REPORT PART A - EXECUTIVE SUMMARY

Client Information

Primary Contact:	Caroline Clay		
Address:	National Flexible Ltd 2 Battlefield View Birkenshaw Bradford West Yorkshire BD11 2PT		
Contact Tel:	01274 685 566		
Contact Email:	caroline@nationalflexible.net		
Billing Contact:	As above		
Billing Tel:	As above		
Billing Email:	As above		
Audit Conducted at:	Head Office (multi-site certification) <input type="checkbox"/>	Participating / Temporary Site (multi-site certification) <input type="checkbox"/>	Single Site Certification <input checked="" type="checkbox"/>
Audit Conducted as:	Fully On-Site <input type="checkbox"/>	Split On-Site / Remote <input type="checkbox"/>	Fully Remote <input checked="" type="checkbox"/>
System integration (integrated audits only):	N/A		
Additional information on integration (if required):			
Certificate expiry date(s):	13 October 2023		
Required changes to EAC or NQA Codes applied:	No changes required		
	At this location	Across all locations (Multisite)	
Total employees	49		
Repetitive or parallel workers	~50%		
Energy engaged employees	N/a	N/a	
Energy consumption	N/a	N/a	
Energy uses	N/a	N/a	
Energy sources	N/a	N/a	

Energy data only applicable for ISO 50001 audits. Further guidance available in ASR 47:2.1

The date of the next audit is:

See Executive Summary – Date of Next Visit



AUDIT REPORT PART A - EXECUTIVE SUMMARY

Audit Information

Audit duration (in days): 2

Scope of certification:

Conversion of laminated, polypropylene, polyethylene, amorphous polyethylene terephthalate, polyamide, (polyester) Surlyn, metallised; APET, OPA, EVOH, OPP, LLDPE, PVdC with barrier coating and anti-fog properties, slit, rewind and hot needle perforation into reels of film for the food, beverage and associated industries.

The scope is no longer appropriate – See page 3

Confirmation that audit objectives have been fulfilled: No, details below

If no, which objectives have not been met:

Site tour and direct employee interface.

Note that customers with installation/service activities within their scope must receive a minimum of one on-site visit once per cycle. Failure to achieve this may result in this activity being removed from the client's scope of certification.

NQA Audit Team		Client	Position	Attendance
Lead Assessor	John Early	Caroline Clay	Quality Assurance Manager	Remote
Member 1		Toni Leach	Quality Assurance Administrator	Remote
Member 2				
Details of Changes				
Type of action or change required		Action Required	Notes	
Client Name Change:		<input type="checkbox"/>		
Change of Address:		<input type="checkbox"/>		
Scope Change:		<input checked="" type="checkbox"/>	Scope amendment requested - See page 3	
Contact Change:		<input type="checkbox"/>		
Number of Employees Change:		<input type="checkbox"/>		
Major NCs Raised:		<input type="checkbox"/>		
Special Visit Recommended:		<input type="checkbox"/>		
Other:		<input type="checkbox"/>		

Executive Summary

This audit was undertaken fully remotely

ISO 9001:2015 current scope of registration

Conversion of laminated, polypropylene, polyethylene, amorphous polyethylene terephthalate, polyamide, (polyester) Surlyn, metallised; APET, OPA, EVOH, OPP, LLDPE, PVdC with barrier coating and anti-fog properties, slit, rewind and hot needle perforation into reels of film for the food, beverage and associated industries.

As certificate 9255.

ISO 9001:2015 proposed scope of registration

National Flexible Ltd. is registered with BRC.

Messrs BRC has now amended its scope of registration for National Flexible Ltd. to:

The on-site slitting, rewinding, hot needle, perforation and outsourced processes of centre folding, gravure, digital and flexographic printing, lamination and die-cutting of PP, PE, PET (metallised and non-metallised), paper, aluminium, APET, OPA, EVOH, PVdC, polyamide ionomer resin (Surlyn) films to produced reeled films, pouches and lids for food, pharmaceutical, consumer products (contact and non-contact).

National Flexible Ltd. requested, during this audit, that its ISO 9001 (and ISO 14001) scopes of registration be amended to match the BRC scope of registration.

The 'new' scope specifies additional processes, materials, and end-use application.

The assessor does not have authority to agree to such during the course of the audit.

The additional details ([see red text above](#)) will need to be reviewed by NQA as possible / probable additions to scope.

NQA will contact Caroline Clay to discuss.

Description of the organisation, its context, leadership and commitment

The company is a specialist supplier and converter of food grade packaging.

It defines its: Business environment: UK.

Markets: Food manufacturers and contract packagers.

Suppliers: Specialist polymer film manufacturers and printers.

Competitors: Board review (commercially confidential).

Leadership and commitment are demonstrated through the provision of resources for the NQA audit.

Positive observations and details of improvements noted

Very focused application of the quality management system to ISO 9001:2015.

The personal involvement of Caroline Clay and Toni Leach in this remote audit was commendable.

Excellent customer focus evident.

Customer commendations, repeat orders and referrals are the norm.

Minimal customer complaints (pro-rata) evident in last 12-months. These have been managed effectively.

Brief details of any nonconformities, particularly any trends detected

No findings have been raised at this visit.

No trends are apparent.

Continued overleaf

Executive summary (*continued*)

Controls in respect of the processes sampled

Operational process controls provide for the integrity and accuracy of product (service) to customer requirements.

Conclusion as to the extent of conformity with the audit standard

As observed, the quality management system can be considered to be compliant with ISO 9001:2015.

Overall effectiveness of the management system

The quality management system is effective and supports the business activity of the organization.

Capability of the management system to meet applicable requirements and expected outcomes

The organization's quality management system is configured to offer continual operational control in achieving the business objectives.

Statutory and legal requirements are considered met.

Customer requirements are considered met.

Internal audit

The quality internal audit system is aligned to the requirements of ISO 9001:2015 and the company and is effective.

Management review

The quality management review system is aligned to the requirements of ISO 9001:2015 and the organization. It is addressed by senior management.

Conclusion

Satisfactory ISO 9001:2015 remote surveillance audit. No concerns.

No additional reassessment audit is required. Continued registration to ISO 9001:2015 is recommended.

The date of the next audit

Has been agreed for:

Wednesday, 30 August 2023.

Thursday, 31 August 2023.

The visit will be a recertification to ISO 9001:2015.

Duration: Two-days.

Major NCs	0	Minor NCs	0	OFIs	1	AoCs	0
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Is there any conflict of interest which exists between the Auditor(s) and the client, and are there any situations known to them that present themselves, or NQA, with a potential conflict of interest in respect to the audit undertaken.	No
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Audit Conclusion

This remote surveillance audit was satisfactory, continued registration to ISO 9001:2015 is recommended.

A Minor Non-Conformance and an Opportunity for Improvement have been identified

Follow up actions are required.

Audit Follow-up Actions

The following post-audit action(s) shall be taken by the client: CAP to be completed and sent by the client to caps@nqa.com within 3 months.

Please note that certification will not be granted, reissued or revised until all outstanding Non-Conformance responses have been submitted, and in the case of Major Non-Conformances, the evidence of corrective action has been provided to, and accepted by, NQA.

For further information, useful guidance and further support for responding to audit findings, please visit <https://www.nqa.com/en-gb/clients/non-conformities>

Management system performance, such as trends in audit findings that require further investigation at the next recertification audit.

Mandatory completion at the Head Office Audit of Surveillance Year 2

Detail that the previous Recertification (or Stage 2), Surveillance 1 and Surveillance 2 results have been reviewed and whether there are any trends in non-conformities or other issues which require further investigation at the next Recertification audit.

Audit Findings

Ref No.	Clause No.	Details of any finding(s) raised.	Type (Major NC, Minor NC, OFI or AoC)
Finding 1 (OFI 1)		<p>The internal audit 2020 was finalized on 18 December 2020. Output re internal audit was made to the management review which occurred on 22 September 2021, nine months later. The internal audit 2021 was finalized on 17 December 2021. Output re internal audit will be made to the management review which is programmed to occur in September 2022, again nine-months later.</p> <p>The period between internal audit finalization and management review of its findings is lengthy and provides ample time for things to go very wrong.</p> <p>The company is urged to consider reducing this period of vulnerability.</p>	OFI
		End of Findings	
Note: Responses to findings must be sent using the Corrective Action Plan form, as applicable, to caps@nqa.com within the timeframes stated on Page 5.			



AUDIT REPORT PART B – AUDIT REPORT

Closure of Findings from Previous Audit:

Report No. 589610, Dated 29 September 2021

[illegible]



AUDIT REPORT PART B – AUDIT REPORT

Opening and Closing Meetings

Opening and closing meetings were performed in accordance with Form 335. The objective of the audit was to confirm that the management system had been established and implemented in accordance with the requirements of the audit standard.

Process/audit area:	Organisational Context (External / Internal issues /interested parties / boundaries and scope / process identification)
Auditees:	Caroline Clay – Toni Leach
Auditor (if applicable):	John Early
Evidence to support audit conclusion:	
<p><u>Understanding the organization and its context:</u></p> <p>The organizational framework has been established to serve the business activity, see: Executive Summary - Description of the organisation, its context, leadership and commitment, On page 4 of this report.</p> <p><u>Understanding the needs and expectations of interested parties:</u></p> <p>Interested parties have been determined as: Shareholders. Board. Employees. Customers. Suppliers. Insurers. Financial Institutions. Business Neighbours. Local Authority (Bradford Metropolitan District Council). Heritage England. Yorkshire Water.</p> <p>Their requirements have been subject to consideration by management and are recorded in the QMS.</p> <p>Customer requirements have been determined as: Source of safe, legal food contact packaging to BRC standard. This concurs with the scope of registration.</p> <p><u>Determining the scope of the quality management system:</u></p> <p>Conversion of laminated, polypropylene, polyethylene, amorphous polyethylene terephthalate, polyamide, (polyester) Surlyn, metallised; APET, OPA, EVOH, OPP, LLDPE, PVdC with barrier coating and anti-fog properties, slit, rewind and hot needle perforation into reels of film for the food, beverage and associated industries.</p> <p>As certificate 9255.</p> <p>This does not concur with the scope stated in the QMS section 4.3.</p> <p>Finding 1 (NC 1 minor) raised</p> <p><u>Quality management system and its processes:</u></p> <p>Quality management system: Issue: February 2022.</p> <p>The QMS is in hard copy format with electronic support and includes documented information re:</p> <ul style="list-style-type: none"> Quality policy Quality objectives Quality manual Quality procedures. Process maps (flowchart format – maintained in procedures)- For example: SOP 11 – Material Sampling. Interested Parties register. Risk analysis. Technical support documentation, including supplier's internet based technical data. Other documented information, including records. 	
Conclusion of the overall effectiveness of the process: Process / Audit Area is satisfactory	

Process/audit area:	Leadership (Process based approach, risk based thinking, policy, identification of roles and responsibilities)
Auditees:	Caroline Clay – Toni Leach
Auditor (if applicable):	John Early
Evidence to support audit conclusion:	
<p><u>Leadership and commitment:</u></p> <p>Leadership and commitment by top management demonstrated by:</p> <ul style="list-style-type: none"> Authorization of the quality management system by: <ul style="list-style-type: none"> George Slack, Managing Director. Provision of resource for the QMS as detailed herein. Remote provision of data for this audit. Involvement in management review by: <ul style="list-style-type: none"> George Slack, Managing Director. Promotion of the process approach and risk-based thinking as detailed herein. <ul style="list-style-type: none"> See risk analyses in Planning and Support later in this report. Effective internal communication of the importance of effective quality management. Provision for continual improvement of the QMS, as detailed herein. <p><u>Customer focus:</u></p> <p>Customer focus is a primary quality management principle and is achieved via:</p> <ul style="list-style-type: none"> Ensuring applicable statutory and regulatory requirements are accomplished. Risks and opportunities are realized. Enhancing customer satisfaction is maintained. As determined herein. <p><u>Quality policy:</u></p> <p>Maintained in documented format.</p> <p>Quality policy:</p> <ul style="list-style-type: none"> Issue: 13. Date: 28 February 2022. Authorised by: George Slack, Managing Director. Provision for re-affirmation at management review. <p>Structure and content confirmed re:</p> <ul style="list-style-type: none"> Suitability to the purpose, context and strategic direction of the organization. Provision of framework for setting quality objectives (Para 4). Commits to: <ul style="list-style-type: none"> Satisfying applicable requirements (Para 7); Continual improvement of the QMS (Para 4). Communicated internally: <ul style="list-style-type: none"> Dissemination of quality policy confirmed via: <ul style="list-style-type: none"> Displayed on notice boards. Included in induction programme for new starters. Communicated externally: Available to interested parties on request. 	
<i>(continued overleaf):</i>	

Process / Audit area: Leadership ⁵ (continued)

Organizational roles, responsibilities and authorities:

Organization structure as depicted by the organization chart.

Doc ref: SOP 16.1.

Issue: 21.

Date: 7 June 2021.

Provision for re-affirmation at management review.

Responsibility & authority defined by reference to job description & contract of employment, as maintained by the HR function.

Dissemination of same is by management with provision for induction for new starters.

Quality management system facilitators:

Principal: Caroline Clay, Quality Assurance Manager.

Supported by: Toni Leach, Quality Assurance Administrator.

Conclusion of the overall effectiveness of the process: Process / Audit Area is satisfactory

Process/audit area:	Performance Evaluation and Improvement Processes
Auditees:	Caroline Clay – Toni Leach
Auditor (if applicable):	John Early
Evidence to support audit conclusion:	
<u>Performance evaluation - Monitoring, measurement, analysis and evaluation:</u>	
Customer satisfaction:	
National Flexible Customer Survey 2021.	
Analysis and customer response: 98.7% achieved.	
(95.7% in 2020; 96.2% in 2019; 96% in 2018; 98% in 2017; 97% in 2016.)	
2022 survey under preparation.	
Due to be issued end of November 2022.	
Analysis and evaluation:	
MMAE data demonstrating conformity of product (service) to requirements.	
Example: Generation of MMAE data derived from sales.	
KPIs are established.	
<u>Performance evaluation - Internal audit:</u>	
Review of quality internal audit process:	
Internal audit programme 2021 completed.	
To requirement of ISO 9001:2015.	
Full system audit finalised: 17 December 2021.	
Audit objectivity confirmed.	
Findings raised: Major NC(s): 0.	
Minor NC(s): 4.	
OFI(s) / OBS(s): 6.	
Corrective actions: Completed and closed.	
Auditor independence confirmed.	
Internal: 3.	
External: No external resource utilised.	
Provision for output to management review 2022.	
Internal audit programme 2022 issued.	
Internal audit programme 2022 to date.	
To requirement of ISO 9001:2015.	
Audit completion due: Programmed for end of December 2022.	
Audit objectivity confirmed.	
Findings raised: Major NC(s): 0.	
Minor NC(s): 3 to date.	
OFI(s) / OBS(s): 6 to date.	
Corrective actions: Completed to date as per programme.	
Auditor independence confirmed.	
Internal: 3.	
External: No external resource utilised.	
Provision for output to management review 2023.	
Internal audit programme 2023 issue pending.	
<i>(continued overleaf):</i>	

Process / Audit area: Performance Evaluation and Improvement Processes (continued)

Performance evaluation - Management review:

Minutes of annual quality management review to specified agenda:

Finalized and signed off: 22 September 2021.

Finding 2 (OFI 1) raised

Carried out against ISO 9001:2015 (agenda items identified), with input from internal quality audit.

Confirmed that all mandatory input and output requirements have been achieved.

Status of actions from previous MR	1	Monitoring and measurement results	9
Changes in external & internal issues	2	Audit results	10
Customer satisfaction and feedback	3	Performance of external providers	11
Quality objectives achievement	4	Adequacy of resources	12
Process performance and product conformity	7	Actions re risks and opportunities	13
NCs and corrective actions	8	Opportunities for improvement	14

Facilitated by George Slack, Managing Director and attended by senior functionaries.

Next management review due September 2022. Date to be confirmed.

Improvement - Nonconformity and corrective action:

Identified by internal audit. See internal audit on previous page.

Corrective actions: See internal audit on previous page.

Product (service) related. No internally generated product related NCs detected in last twelve-months.

Corrective actions: Not applicable.

Customer complaints. Minimal complaints, pro rata, evident in the last twelve-months. 203 complaints evident (62 are valid – 141 are invalid). Cost-of-Quality determined.

Note that the quality objective is to achieve < 1%.

Corrective action: All resolved and closed.

Quality objective achieved.

Customer return & rejections: Minimal returns / rejections in last twelve-months, pro rata. 28 returns evident, with 0 taking longer than 7 days to close. 0% exceed time limit.

Corrective actions: Maintenance of the position of Customer Champion.

Provision for review of nonconformities and corrective actions: At management review.

Appraisal of corrective actions: As identified.

Improvement – Continual improvement:

Risk / opportunity update:

Continues to be monitored, subject to annual review.

Note: Quality risk examination as part of the risk analysis strategy.

QMS modification / improvement.

Continues to be monitored, subject to annual review.

Conclusion of the overall effectiveness of the process: Process / Audit Area is satisfactory

Process/audit area:	Planning and Support Processes		
Auditees:	Caroline Clay – Toni Leach		
Auditor (if applicable):	John Early		
Evidence to support audit conclusion:			
<u>Planning - Risks and Opportunities:</u>			
SWOT analysis.	Last:	29 April 2022.	
	Next due:	October 2022 (Weekend meeting).	
Strengths:	Examples:	Detailed food hygiene technical knowledge. Provision of small-scale training for customers.	
Weaknesses:	Example:	Computer system conflicts (Two systems in use). UK printer utilization.	
Opportunities:	Example:	Appointment of key customer champions. Stocking and production efficiency improvements.	
Threats:	Example:	Loss of experienced technical staff. Plastic packaging tax (effective as of April 2022). COVID-19 pandemic – on-going.	
Action plan to address risk (weaknesses & threats), following SWOT analysis (confidential), detailing risk and mitigation. For example:			
Previously there were two incompatible, non-communicating systems in use at the same time. These have now been replaced by the new EFI system which went live in January 2021. However, the previous systems need to be maintained for historic operational data.			
<u>Planning – Quality objectives and planning to achieve them:</u>			
Consideration of the six quality objectives for 2021/2022:			
Customer complaints. Target < 1.0 % of sales orders			
Status: Achieved and to be maintained.			
Regain and maintain ‘AA’ grade BRC certification – BRCGS issue 6.			
Status: Achieved and to be maintained.			
Internal audits, on time to schedule			
Status: Achieved and to be maintained.			
Customer returns to be closed out within 7 days			
Status: Achieved and to be maintained.			
Workforce to be trained to level 2 food safety and HACCP fundamentals			
Status: Achieved and to be maintained.			
Zero product recalls			
Status: Achieved and to be maintained.			
Setting of six quality objectives for 2022/23 re:			
Customer complaints <1.0% sales orders raised.			
Maintain AA Grade BRCGS issue 6.			
internal audits – on time to schedule			
Customer returns/rejections product returned to site to be dealt with within 7-days.			
Training: Operatives training to be maintained for Food Safety & HACCP.			
Product withdrawals/recalls: None except for tests.			
Provision for the appraisal of quality objectives, at subsequent management review.			

(continued overleaf):

Process / Audit area: Planning and Support Processes (*continued*)

Support – Resources:

People:

Staffing level determination:

Core workforce based on anticipated and actual production requirement.

Short term fluctuation managed via overtime and flexible shift system.

Infrastructure:

Infrastructure needs are identified, provided and maintained on a cost-effective basis.

Infrastructure base:

These include buildings, workspace, associated utilities, process equipment, warehouse space, hardware, software, and support services.

Close access to the motorway network.

Infrastructure improvements in last twelve-months:

New office extension completed December 2021.

Solar panels installation completed March 2022.

Planning for new on-site road access.

Planning for new warehouse storage extension.

Environment for the operation of processes:

The work environment is determined and managed in order to ensure product (service) meets process, customer, industry sector and legal requirements.

Work environment as per BRC requirements.

Ambient conditions apply.

(continued overleaf):

Process / Audit area: Planning and Support Processes (*continued*)

Support – Resources (*continued*):

Monitoring and measuring resources:

Commercial activity m&m resources are defined and monitored by management.

Production (service) provision m&m occurs re:

Goods Inward Inspection (GII).

Verification of purchased product (service) is via type, quantity and integrity check, plus reconciliation of proof of delivery with purchase order.

Work In Progress Inspection (WIP).

Final Inspection (FI) and Pre-Delivery Inspection (PDI).

The calibration system supports the monitoring and measuring resources activity.

Example records for inspection and test equipment:

Instrument number: n/a.

Equipment: Auto-count 4D Advanced S10-DUS-S37.

Model ref: EFI.

Serial number: 06181446.

Certificate ref: 162151.

Date: 6 April 2022.

Validity: 6-months.

Vud: 6 October 2022.

Calibrator: D Brash & Son Ltd.

Authority: Historic calibrator of this instrument.

Instrument number: n/a.

Equipment: System Electronic Scale (production scale).

Model ref: TCS.

Serial number: NF1.

Certificate ref: 162154.

Date: 6 April 2022.

Validity: 6-months.

Vud: 6 October 2022.

Calibrator: D Brash & Son Ltd.

Authority: Historic calibrator of this instrument.

Organizational knowledge:

Maintenance of the BRC packaging knowledge management base supported by specialist skills sets.

Specialist skills:

Employee competency in HACCP food safety and BRC requirements.

(*continued overleaf*):

Process / Audit area: Planning and Support Processes (*continued*)

Support – Competence:

Training records for employees determining skills and competencies for:

Barry Twigg: CEO.

George Slack: Managing Director.

Carol B: Commercial Director.

Caroline Clay: Quality Assurance Manager.

Toni Leach: Quality Assurance Administrator.

Ryan S: Graphic Designer.

Tony B: Production Operator.

Charles A: Production Operator.

Mohammed Z: Production Operator.

Other employees including: Commercial Staff. Conversion Staff. Warehouse Staff.

Showing competence, education, training, skills and experience.

Support – Awareness:

Provision of competent functionaries with quality awareness appreciation:

See 'Leadership' earlier in this report.

Quality policy dissemination to workforce.

See 'Leadership' earlier in this report.

Support – Communication:

Internal communication re quality matters:

Internal communications pathways established via the organisation chart.

NB: SME with working executive & line-managed, self-regulating employees.

Internal communications achieved via:

Daily employee interface.

External communication from interested parties re quality matters:

Establishment, authorisation and application of an external communications system.

Controlled by: George Slack, Managing Director, with delegation as appropriate.

No relevant external communications in last 12-months other than standard trading and BRC interface.

(continued overleaf):

Process / Audit area: Planning and Support Processes (*continued*)

Support – Documented information (including control of same):

The content and structure of the quality management system has been defined.

See 'Organizational Context' earlier in this report.

It comprises documented information sufficient to meet the requirement of IS 9001:2015.

Documented information creation and update is controlled by:

George Slack, Managing Director.

Internal documented information comprises:

Computer based information systems, with minimal hard copy docs.

External documented information comprises:

Customers. Suppliers. Standards. Legislation. Examples:

Customers: Customer specifications:
Commercially confidential.

Suppliers: Worldwide supplier base.
For example:

A Hatzopoulos SA (Greece) for printed laminate film.

UAB Lietpak SA (Lithuania) for printed laminate film.

Standards: ISO 9001:2015 Quality management systems.

BRC Global Standard for Packaging & Packaging Materials (Issue 6).

Legislation: Materials and Articles in Contact with Food (England) Regs 2012.

Food Safety Act 1990, SI 16.

The Food Safety and Hygiene (England) Regulations 2013.

Plus amendments.

Planning of changes:

Changes to the QMS will be carried out in an appropriate and controlled manner.

Current issue of QMS is considered adequate.

Any future changes will be planned during management review.

Data back-up and recovery processes are established with daily actions.

Conclusion of the overall effectiveness of the process: Process / Audit Area is satisfactory

Process/audit area:	Site Tour and Process Audits: Operational Controls, Resources.
Auditees:	Caroline Clay – Toni Leach
Auditor (if applicable):	John Early
Evidence to support audit conclusion:	
<p>A physical site tour and direct employee interface did not occur during this <u>remote</u> audit. However, a virtual site tour was carried out utilising ICT.</p> <p>Note that the Assessor has a long-standing audit relationship with the organization and is fully conversant with the processes and industry sector.</p> <p>ICT utilised: Telephone, internet, websites, emails, electronic files such as scans, jpegs, Word documents, Excel spread-sheets et cetera.</p>	
Conclusion of the overall effectiveness of the process: Process / Audit Area satisfactory.	

Process/audit area:	Operation																				
Auditees:	Caroline Clay – Toni Leach																				
Auditor (if applicable):	John Early																				
Evidence to support audit conclusion:																					
<p><u>Operational planning and control:</u></p> <p>Review of operations / activities / areas re:</p> <p>Commercial Office. Graphic Design Studio Film Conversion</p> <p>Detailed in various process procedures, for example:</p> <p>SOP 02: Print Order New (Graphic) Design. SOP 05: Order Processing and Contract Review. SOP 06: Purchasing. SOP 10: Production Control. SOP 13: Customer Complaints and Control of Non-conformance. Plus others.</p> <p>Which in turn are supported by production specific job work instruction.</p> <p><u>Requirements for products and services:</u></p> <p>Customer communication:</p> <p>Sales process:</p> <p>Enquiry / quote / order system reviewed.</p> <p>Discrete orders from established customers:</p> <table> <tr> <td>Customer:</td><td>Greggs Plc. Newcastle-upon-Tyne. NE12 8BU.</td></tr> <tr> <td>Customer's order:</td><td>4800128348.</td></tr> <tr> <td>Job no:</td><td>206919 (EFI computer system reference).</td></tr> <tr> <td>Product:</td><td>LAM-C00162-006.</td></tr> <tr> <td>Quantity:</td><td>2,147 kg.</td></tr> <tr> <td>Customer:</td><td>Premier Foods Ltd. Corby. NN17 5ZZ.</td></tr> <tr> <td>Customer's order:</td><td>4500653543.</td></tr> <tr> <td>Job no:</td><td>207234 (EFI computer system reference).</td></tr> <tr> <td>Product:</td><td>LTPP-020-025-C00299.</td></tr> <tr> <td>Quantity:</td><td>1,115.66 kg.</td></tr> </table> <p>Note that the above utilises the new EFI computer system references. The previous term 'pick number, is now referred to as 'job number'. New 'product references' have been established.</p> <p>There are no contractual post deliver activities. Product is sold under the current conditions of sale, including warranty. Customer property: Limited to customer specification, drawings and bench-mark items for matching.</p>		Customer:	Greggs Plc. Newcastle-upon-Tyne. NE12 8BU.	Customer's order:	4800128348.	Job no:	206919 (EFI computer system reference).	Product:	LAM-C00162-006.	Quantity:	2,147 kg.	Customer:	Premier Foods Ltd. Corby. NN17 5ZZ.	Customer's order:	4500653543.	Job no:	207234 (EFI computer system reference).	Product:	LTPP-020-025-C00299.	Quantity:	1,115.66 kg.
Customer:	Greggs Plc. Newcastle-upon-Tyne. NE12 8BU.																				
Customer's order:	4800128348.																				
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Product:	LTPP-020-025-C00299.																				
Quantity:	1,115.66 kg.																				
<i>(continued overleaf):</i>																					

Process / Audit area: Operation (continued)

Determining the requirements for products and services:

Statutory / regulatory requirement to be fit for purpose and safe.

Determination of applicable customer, industry and legislative requirements.

Review of the requirements for products and services:

Changes to the requirements for products (services). Subject to:

Specific review of customer provided information.

On-going review of external provider specifications.

Changes to the requirements for products and services:

Changes to the requirements for products, subject to review of customer provided information, industry standards and legislation.

Design and development of products and services:

Layout generation is by skilled graphic designers. Note that the term 'Design' activity relates to Mac based graphic design. Such is not formal design / development. It is an industry term for the realisation and imposition of customer supplied artwork, concept or copy.

Graphic design activity:

Job ref: Gusto Stock Chicken 100 New AW.

Artwork ref: Version1.

Customer: SCA Investments Ltd. London. W14 0BE.

Product: Chicken Stock Provider.

Concept supply: Customer.

Concept interpretation: National Flexible Graphic Designer.

Equipment used: Mac computers.

Functionary: Ryan S, Graphic Designer.

Control of externally provided processes, products and services:

Supplier evaluation, selection and re-evaluation is by senior management and is on the basis of technical ability to supply.

Outsourcing is now currently applicable to the business operation, ref BRC scope.

External provider evaluation, selection and re-evaluation is by senior management.

Computer maintained approved supplier database with on-going maintenance.

Supplier performance is subject to consideration at management review.

No supplier issues recorded at last management review.

Information for external providers:

Purchasing information:

Purchase order: 402436.

Supplier: UAB Lietpak SA. Vilius. LT-14207. Lithuania.

Item: Printed laminate film.

Corresponding PoD: 402436 (Suppliers print check sheet reflecting Nat Flex order no).

GRN 402436 (GRN = PO No).

Purchase order: 402424.

Supplier: Reflex Flexible Packaging Ltd. Mansfield. NG18 5BU.

Item: Printed single-ply film.

Corresponding PoD: 402424 (Supplier's packing list reflecting Nat Flex order no).

GRN: 402424 (GRN = PO No).

Verification of purchased product:

GII consists of inspection for type, quantity and integrity, together with office reconciliation of PoD with PO and issue of GRN (Goods Received Note).

(continued overleaf):

Process / Audit area: Operation (*continued*)

Production and service provision:

Control of production and service provision:

Core process: **Film Conversion:**

Review of current activity:

Job number:	207186.
Customer:	Melton Foods Ltd. Melton Mowbray. LE13 1GA.
Product:	BOPP-020-0275-C00246.
Batch No:	N20001061765.
Quantity:	298.978 kg (by weight).
To:	Benchmark sample.
Functionary:	Tony B - Production Operator.
Job number:	207177.
Customer:	Herbert Walkers Ltd. Shipley. BD17 7AR.
Product ref:	NSPP-030-0320-C00173.
Batch No:	N20001060402.
Quantity:	20,704.16 linear meters.
To:	Benchmark sample.
Functionary:	Mohammed Zarif - Production Operator.

Identification and traceability:

By means of job number, customer and product descriptor.

Preservation:

Industry and customer standards and specifications apply.

Post-delivery activities:

There are no contractual post deliver activities.

Product is sold under the current conditions of sale, including warranty provision.

Control of changes:

By job specification issue, version, revision number as applicable.

Release of products and services:

By final inspection by Production Management.

Control of nonconforming outputs:

Identification of NC.

C / A / Disposition:

System is:	Immediate correction.
	Staff retraining if necessary.
	Re-grade for another customer, if possible.

Conclusion of the overall effectiveness of the process: Process / Audit Area is satisfactory



AUDIT REPORT PART B – AUDIT REPORT

Process/audit area:	Recertification to ISO 9001
Auditees:	
Auditor (if applicable):	
Evidence to support audit conclusion:	
Not applicable at this surveillance audit.	
Conclusion of the overall effectiveness of the process: Process / Audit Area is satisfactory	
Not applicable at this surveillance audit	

Use of Registration Marks and Logos





Use of Registration Mark (if used) is in accordance with the Rules of Registration

Yes

Company website reviewed.

NQA ISO 9001 / UKAS device employed - current version.

Examples of the current NQA logos:

ISO 9001	ISO 9001 (UKAS Accredited) with 'UKAS Tick and Crown'
	
ISO 14001	ISO 14001 (UKAS Accredited) with 'UKAS Tick and Crown'
	

More information can be found at: <https://www.nqa.com/en-gb/clients/logo-library>

If there are inaccuracies, errors or queries regarding this report or audit findings, please contact NQA Head Office on 0800 052 2424 within five working days of the closing meeting.

End of Audit

Audit Plan

This plan relates to the next **Recertification visit**.

Relevant Standard/Supporting Documentation: **ISO 9001:2015**.

Member/ Role	John Early – To be confirmed Lead Assessor	Member/ Role	John Early – To be confirmed Lead Assessor
Date	See Executive Summary Page 4	Date	See Executive Summary Page 4
Time	Location/Department/Function	Time	Location/Department/Function
.	Day 1 of 2	.	Day 2 of 2
9.00	Opening meeting.	9.00	Second day review.
.	Executive interface.	.	.
.	Review of NQA reports.	.	.
.	Report initiation & Admin.	.	.
.	.	.	.
10.00	Context of the organization.	10.00	Operation re ops areas inc:
.	All parts 4.1 to 4.4.	.	Office / Graphic Design / Works.
11.00	Leadership.	.	All parts 8.1 to 8.7.
.	All parts 5.1 to 5.3.	.	.
Noon	Planning.	2.00	Improvement.
.	All parts 6.1 to 6.2.	.	All parts 10.1 to 10.3.
2.00	Support	.	.
.	All parts 7.1 to 7.5.	3.00	Report completion
3.00	Performance evaluation.	.	Generation of next audit plan.
.	All parts 9.1 to 9.3.	.	.
.	.	4.00	Closing meeting.
.	On-going report compilation.	.	End of visit.
.	.		
4.00	First day summary.		
.	End of first day.2		
Completed by		Timings and content may be subject to change	

* Mandatory interviews at OHSAS18001 / ISO45001 Audits. If these mandatory interviews are not undertaken, record and justify reasons in the Executive Summary & state that not all objectives have been met.

** Mandatory for OHSAS18001 / ISO45001 Audits

The objectives of the audit will be:

- To confirm that the management system had been established implemented and maintained in accordance with the requirements of the audit standard.
- To evaluate the ability of the management system to ensure the client organisation meets applicable statutory, regulatory and contractual requirements. Note: A management system certification audit is not a legal compliance audit.
- To evaluate the effectiveness of the management system to ensure it is continually meeting its specified objectives
- To identify as applicable, areas of the management system for potential improvement.

The audit scope describes the extent and boundaries of the audit, such as physical locations, organisational units, activities and processes to be audited.

Where the initial or re-certification process consists of more than one audit (e.g. covering different locations), the scope of an individual audit may not cover the full certification scope, but the totality of audits shall be consistent with the scope in the certification document.



AUDIT REPORT PART D – AUDIT MATRIX

Relevant Standard/Supporting Documentation:	ISO 9001:2015
<ul style="list-style-type: none"> This audit programme is to be prepared by the Lead Auditor at the completion of the Stage 2 audit or the Recertification audit. It should be replicated in all subsequent surveillance visit reports. Where an element(s) of the programme cannot be completed at a given visit the programme shall be amended and up-issued accordingly to ensure coverage at the following visit. Site visits are to be included in the programme with a clear indication as to the processes intended to be sampled. 	

Next visit is indicated in RED

Type of visit	Stage 1	Stage 2	Surveillance 1	Surveillance 2	Recertification
Visit Due Date (MM/YY)			9/2021	8/2022	8/2023
Mandatory Elements / Selected Processes	Processes to be audited during visits are to be indicated with a cross (X). All processes are to be audited during a three-year certification cycle excluding the re-certification visit.				
Context of the organization			X	X	X
Leadership			X	X	X
Planning			X	X	X
Support			X	X	X
Performance evaluation			X	X	X
Improvement			X	X	X
Use of marks and references to certification / Client website			X	X	X
Site Tour			X	X	X
Operations Processes (specify from scope)					
• Commercial Office			X	X	X
• Graphic Design Studio			X	X	X
• Film Conversion Activity			X	X	X
•					
•					
•					
•					
Off Site Processes for review at Site Visits (Specify)					
•					
Non-Core Shifts to be Audited (non-core shifts to be audited minimum of 1 per cycle)					
•					
Client Locations to be visited (Specify)					
• Company premises			Bradford	Ditto	Ditto
•					
Audit trails will be developed based upon identified risk throughout the audit and as such timings and content may be subject to change. Where the client operates shifts, the activities that take place during shift working shall be considered when developing the audit programme					

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Registration to a monthly e-zine from NQA. Translating the language of standards, management systems and certification through articles covering best practices, tools and techniques and alerts on latest environmental and health & safety legislation.



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Our Associate Partner Programme is designed to put you in touch with third party independent consultants and software providers that can support you through every step of your certification journey.



NQA certified clients are authorized and encouraged to use NQA logos to promote their certification achievements.

Access all NQA logos here:

<https://www.nqa.com/en-gb/clients/logo-library>



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