



Guidance on MSC Group Certification Requirements

**MSC Chain of Custody Certification Methodology Appendix C: Requirements
for groups wishing to become certified to MSC's Chain of Custody Standard**

Version 1.0

Disclaimer:

This guidance has been written with the objective of providing support to groups of businesses wishing to be certified against the MSC Chain of Custody Standard. Every effort has been made to ensure that the guidance is consistent with the methodology, however in the event of a discrepancy, the methodology is the leading document. The guidance is not designed to replace the actual Chain of Custody Standard and/or Chain of Custody Certification Methodology that will be used by certifiers to assess the group's conformity.



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Introduction

Along with the release of version 6.1 of the *CoC Certification Methodology*, which includes requirements for group certification, the MSC has developed this to assist users in preparing for certification. It has been designed for two main audiences:

- Quality Managers seeking additional advice on understanding and implementing the requirements
- Anyone intending to be involved in the group certification with no particular Quality Management background.

The document gives general advice on Quality Management and technical requirements which should be implemented within the group to ensure it complies with the *CoC Standard*.

How to use the document

Layout

This document should be read in conjunction with v6.1 of the *MSC Chain of Custody Certification Methodology Appendices B and C* as both documents complement each other. The MSC has separated the requirements for auditors and for group entities into two Appendices.

Appendix B: Requirements for Certification Bodies providing certification of group scheme (this document will be used by your certifier when he/she will audit your group)

Appendix C: Requirements for groups wishing to become certified to MSC's Chain of Custody Standard (the document that this guidance explains)

This document describes each section of Appendix C of the *CoC Certification Methodology v6.1*. It is set out in a series of tables like this:

Requirement	
This section repeats the title of each section of Appendix C	
Explanation	What the auditor will look for
This section explains what the requirement means, and / or why it has been included.	This section sets out what the auditor will check during the external audit, such as documents, systems, and the level of staff knowledge. Use this section to check whether your group complies with the requirements of the Methodology
What you need to do	
This section provides advice on how groups can comply with requirements	



Step by step

If you are not already familiar with Quality Management, we recommend reading the whole document, focusing on the explanation sections. Once this is done, you might want to use the “What you need to do” sections to create your work plan and implement the requirements throughout your group. Once you feel confident with your work, you can cross check the “What the auditor will look for” section with your actual system.

If you are familiar with Quality Management, you can pick any of the sections that you are interested in from the Table of Contents and read the advice given to seek further guidance and clarification.

If you manage a group that has already been audited against version 6 of the CoC *Certification Methodology*, this document will guide you on how to implement the new/clarified requirements. You will be able to cross-check your current system with the new/clarified requirements and assess whether it needs amending by using the comparison table in Appendix 1. We also suggest that you contact your certifier for further guidance on this specific matter.

Irrespective of your background, this Guidance is intended to offer a clear reference for entities and it is intended to offer assistance in preparing for your audits, even as a refresher for your surveillance audits.

Any questions?

If you are already working with a certifier, they are your best point of contact for questions on the requirements of group certification.

A list of MSC-accredited Chain of Custody certifiers can be found on the MSC website: <http://www.msc.org/get-certified/find-a-certifier/chain-of-custody-assessments>.

If you have general questions about the MSC or certification or would like to offer feedback on this guidance, please contact us at info@msc.org or visit our website www.msc.org.



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<p>1 SCOPE</p>	
<p>Explanation</p> <p>This chapter describes to whom Appendix C applies. A group can be an industrial group, a group of fishmongers, or a group of independent restaurants.</p> <p>The MSC defines a group as “a group entity and its associated individual sites which collectively apply for certification to the <i>MSC Chain of Custody Standard</i>”.</p> <p>As the group is required to enter into some contracts which are legally binding (e.g. with the certifier) it must be a legal entity. A legal entity can be a company, an incorporated society, an association with defined rules, or an individual. If an individual, MSC recommends that legal advice is taken about the responsibilities and liabilities that the individual will be assuming.</p> <p>A group entity might be the Head Office of a company with several sites, a trade association, an individual contracted by a group of individual restaurants or shops that wish to go through group certification.</p> <p>In the requirements, MSC always talks about the legal entity being responsible for carrying out actions – it is over to each group to decide who will actually carry out the activities. The group entity and sites must clearly state which activities are under their responsibility. In some cases, the group entity may undertake an entire activity on behalf of all sites (for example purchasing) and in other cases, each site may undertake the activity, e.g. processing.</p> <p>The group entity will appoint an individual described here as MSC Representative (see 4.2) who will be responsible for the MSC certification process.</p> <div data-bbox="409 1047 1333 1250" data-label="Diagram"> <pre> graph TD GE([Group Entity]) --- MR((MSC rep.)) GE --- S1[Site 1] GE --- S2[Site 2] GE --- S3[Site 3] </pre> </div> <p>Sites should be undertaking the same kind of activities. The MSC’s Chain of Custody scope statement describes these activities into which Chain of Custody operators are categorised – a summary is provided below.</p>	<p>What the auditor will look for</p> <p>The auditor is required to check that the</p> <ol style="list-style-type: none"> proposed group entity is a legal entity with whom a contract can be made; sites all undertake substantially similar activities as defined by MSC Chain of Custody activities; or if they do not, that the group can be satisfactorily stratified for sampling entire group operation is within one geographic region; or if they are not, that the group can be satisfactorily stratified for sampling same written language is used at all sites and can be read by all site managers or, if translations are provided, how document control procedures address the method of ensuring that versions are kept synchronized and consistently implemented; proposed internal auditors and decision makers are capable of meeting the test for impartiality in audit and decision making; and,



Activity	Description
1 to 5	Trading fish (buying/selling), Transportation, Storage, Distribution and Wholesale
6	Harvest
7	Packing or repacking
8	Processing
9	Contract processing
10 and 11	Retail to consumer and Restaurant / take away to consumer
12	Other

If more than one activity is covered by the group, the group shall be stratified (split into several parts) by the certifier. Each part will be sampled (audited) separately, i.e. a sample from each part will be audited.

A geographic region is generally one country, unless there is a history of cooperation across national boundaries, e.g. Benelux countries. The restriction on geographic coverage is mainly related to language, but different cultural approaches must also be considered. The important thing is for the group to be able to function in the same way while using the same set of instructions and practices. If this is managed with operations with different languages, the group entity must be able to show how.

What you need to do

The group entity should check that they are covered under this scope (legal status, activities, possible stratification)

- f. proposed group entity can demonstrate through their application an understanding of group scheme requirements such that it is likely that they will be able to qualify for certification.



<h2>2 REFERENCES</h2>	
<p>Explanation</p> <p>This chapter describes the different documents that the MSC has used to build the requirements of this Appendix. Reading them might help you to understand the background for some of the requirements.</p> <p>Group entities should be able to present a copy of the last version of the MSC <i>Chain of Custody Standard</i> as it states the requirements for compliance and hence certification.</p> <p>The MSC <i>Chain of Custody Certification Methodology</i> V6.1 sets out the rules that certification bodies need to follow to issue chain of custody certificates.</p> <p>ISO 19011: 2002 “Guidelines for quality and/or environmental management systems auditing” describes best practices for carrying out audits, and would be useful reading for all internal auditors (see section 6). It can be purchased from each national standards organisation or from ISO at www.iso.org .</p> <p>There are other documents that group entities may find useful in order to increase their knowledge of Quality Management.</p> <ol style="list-style-type: none"> 1. ISO 9000, a summary of quality management principles and a vocabulary 2. ISO 9001, a description of what elements a quality management system will contain; 3. ISO 9004, guidance to the content of an ISO 9001 quality management system. 	<p>What the auditor will look for</p> <p>Not audited, as it is not a requirement that copies of the references are kept – but it is highly recommended.</p>
<p>What you need to do</p> <p>The group entity should ensure they have a copy of the MSC <i>Chain of Custody Standard</i>, and it is recommended that copies of the other documents referenced in this section are also obtained.</p>	



<p>3 DEFINITIONS</p>	
<p>Explanation</p> <p>This section provides definitions for the most important words used in the document.</p> <p>As with all activities, there are other words that need defining. There are a number of other documents that provide definitions for quality management systems and audits: - the largest set of definitions is found in ISO 9000.</p> <p>The following people/organisations are key to the group certification process. The group entity will have to appoint them:</p> <p>Group Entity: the central function that manages the group that is applying for and/or that has obtained certification to the <i>MSC Chain of Custody Standard</i> and ensures its compliance with the MSC requirements. It may be any form as defined in 'legal entity'¹ and may employ or contract individuals to carry out the required activities.</p> <p>MSC Representative: the one person who, irrespective of other duties, has the responsibility to ensure the group's conformity with all MSC requirements. Appointed by the group entity. (see section 4.2)</p> <p>Internal Auditor: qualified individual who carries out the internal audit of sites.</p> <p>Decision Maker: individual or group of individuals responsible for making decision on group and site conformity by reviewing the internal auditor report. It should be impartial (see section 6.7 Decision on site Conformity),</p>	<p>What the auditor will look for</p> <p>Clear defined roles within the group.</p>
<p>What you need to do</p> <p>Group entities should consider whether providing each site a set of definitions related to their program would be of value.</p>	

¹ See section 1 for further guidance



<h2>4 MANAGEMENT RESPONSIBILITY</h2>	
<p>Explanation</p> <p>This section details what documents the group entity will need, and what positions will have to be created within the group to efficiently manage the quality system and the group certification. It details each one's responsibility.</p> <ul style="list-style-type: none"> ▪ Establish means designing all the required processes, forms and procedures ▪ Implement means getting everyone within the group entity and at each site to follow the procedures and use the forms, and ▪ Maintain means to keep the documents and activities up to date after changes to requirements, or to allow for continual improvement of processes. <p>Continuous improvement is a major concept in Quality Management. It means that quality managers have to keep in mind that the system they designed is not set forever, but that they should regularly review it (they should wonder whether the current documents and procedure remain relevant). The system will then be adapted to the changing environment (new customer, new products, and new facilities).</p> <p>Group entity should define the policies and objectives of the management system it designs. Creating a Management System is not just about documenting what you do. Objectives for group entities could include</p> <ul style="list-style-type: none"> ▪ Maintain compliance with all MSC requirements ▪ Sites all pass annual internal audits with no major or critical non conformities ▪ All annual internal audits completed by due dates ▪ MSC logo license returns all prepared on time <p>These objectives should be summarised in a document included in the Policy Manual (see section 4.1). Effective internal controls are based on the analysis of data and information. An internal control is effective when the information provided is accurate and enables the user to take the right decision on the monitored process.</p>	<p>What the auditor will look for</p> <p>The auditor will want to see that</p> <ol style="list-style-type: none"> 1. The group entity is familiar with MSC requirements 2. A management system, as required by this document, has been established and is implemented at all sites, and by the group entities themselves; 3. There is a process to review and improve the management system.
<p>What you need to do</p> <p>The group entity should start by thinking about what policies and objectives are needed. This could be done in a workshop setting, and it is recommended that site representatives are included in this process.</p> <p>Following that, the group entity should produce a plan setting out the procedures and forms the system will need to achieve those objectives (with timeline and responsibilities: who does what and for when). Documents should not be started until the group entity has finalised that plan. This will save a lot of work and potential duplication of activity.</p>	



4.1 Policy Manual	
<p>Explanation</p> <p>Some things are best written down, and this is a list of what must be documented. As with all documents, the policy manual does not have to be created just for the MSC programme. Existing documents may be used to demonstrate compliance. If you hold a certification to ISO9001 or a HACCP based standard you are likely to find you have very little work to perform (other than to do with MSC Trade Mark licensing) to comply with these procedures.</p> <p>Many operations will already have these responsibilities and procedures documented elsewhere, and it is acceptable (and preferable) to refer to other documents (after they have been amended if needed) rather than creating new ones. The requirements fall into broad areas</p> <ol style="list-style-type: none"> 1 Commitment – a clear signal from the group entity to all involved that it is prepared to fully implement this programme. 2 Responsibilities – who does what to ensure the group’s conformity with MSC requirements 3 Training – how will everyone understand what the MSC requirements are? <p>The words “personnel” or “staff” refer to full time, part time, volunteer or contracted individuals.</p>	<p>What the auditor will look for</p> <p>The auditor will want to see that there are documents which cover each point listed in 4.1, and will</p> <ol style="list-style-type: none"> 1. Link the actions they see to the statement of commitment – for example if the organisation is committed, but doesn’t provide resources needed to perform internal audits, how strong is that commitment? 2. Check that the organisational chart is correct; 3. Be able to understand who is responsible for doing what in the system – both between sites and the group entity, and between the staff in the group entity; 4. Look for job descriptions or similar documents; 5. Understand how staff is trained in their responsibilities.
<p>What you need to do</p> <p>If you already have a Policy Manual (or Quality Manual, as required by ISO 9001), you might just add a chapter on MSC requirements.</p> <p>If you do not have a Policy Manual, one must be created.</p> <p>Senior management within the group entity (for example the Chief Executive, or Chairman of the association) should sign a statement of commitment to comply with MSC requirements and to provide resources.</p>	



The division of responsibilities should be outlined. A useful way of doing this could be to use a table to summarise these:

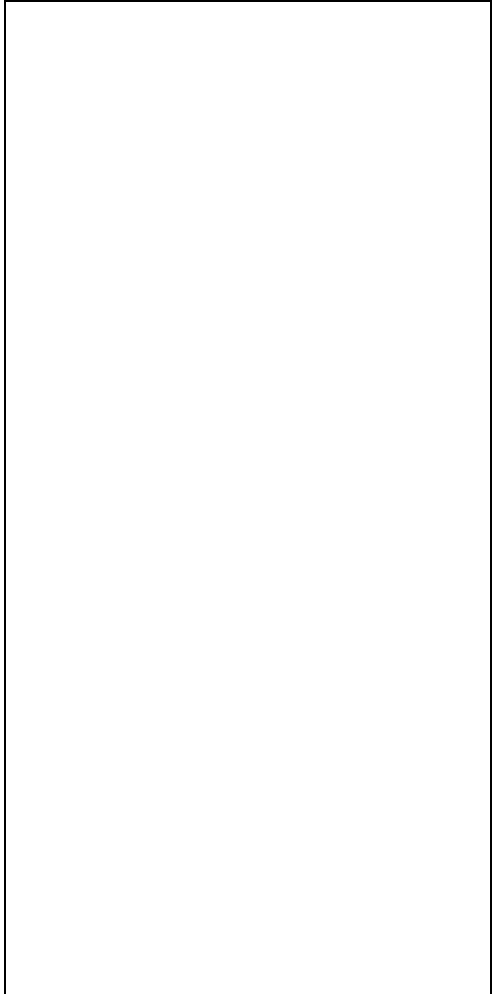
Activity	Group Entity Responsibility	Individual Site Responsibility
Activities (examples only given)		
Set policy	Signing off	Contributes via workshop
Purchasing	Approves suppliers as appropriate to be used	Purchases fish products from approved suppliers as required.

The organisational chart may only refer to one person – that is quite acceptable. In this case, a simple statement that “Name of person” is the only employee and undertakes all activities is all that is needed.

It is important to document people’s authorities, especially for the staff within the group entity, as they will be involved in making important decisions – including suspending sites from the group, and withdrawing the right of group membership. A table of authorities may be useful for this – for example:

Staff member	Raise conformities during internal audits	non Decision making	Suspension
Tom	yes	No	no
Mary	yes	Yes	yes – with one other
Sally	yes	No	yes – with one other

A description of how group entity staff are trained about the MSC requirements is needed – this could be “self trained” or “attended course run by “Name””.





<h2>4.2. MSC Representative</h2>	
<p>Explanation</p> <p>There needs to be one person with overall responsibility for compliance responsibility with MSC requirements. The MSC representative is the one person who has ultimate responsibility to ensure that the group complies with MSC requirements. In the case of doubt, they are the person that the certifier will question about compliance. The MSC representative coordinates the application of the MSC requirements within the group.</p> <p>The MSC Representative must have a broad knowledge of the activities of the group. He might be asked to perform internal audit and/or take decision on the conformity of a site following an audit. When appointing the MSC representative, the group entity should bear in mind that the MSC representative shall prove its impartiality when making decisions.</p> <p>The MSC Representative might be employed by the group entity, might be a detached employee of one of the sites (in which case, impartiality will have to be proved), a consultant hired with this purpose, an employee of a trade association.</p> <p>This person is the one who should be reading this document and will likely to be the contact point for certifiers.</p>	<p>What the auditor will look for</p> <p>The auditor will want to see that there is one person appointed, and that they understand their responsibilities and are familiar with all MSC requirements</p>
<p>What you need to do</p> <p>Appoint one person as the MSC representative, and ensure that they have the required training and resources to carry out their role.</p>	



<h3>4.3. Agreement between group entity and each site</h3>	
<p>Explanation</p> <p>This agreement sets out what is expected of the site manager in terms of compliance with MSC and group requirements.</p> <p>Clause 4.3.2 can be based on the table dividing responsibilities used in clause 4.1.3.</p> <p>Clause 4.3.3 covers a series of contractual issues that are required to allow the certifier to enter into a contract for group certification. Point c) allows a lot of different organisations access to sites to perform audits, in most cases only the group entity and the certifier will be involved. The MSC's accreditation body sometimes has to check on the performance of the certifier by visiting a site that the certifier has audited, or by witnessing the certifier's auditor in action. The MSC may require access to verify that sales returns upon which royalties are based have been correctly reported, or to observe the audits against its requirements in practice.</p> <p>The word "sanction" is used to describe a series of consequences that occur if the site is not complying with all requirements (non conformities). Later clauses set out what sanctions are; in summary there are three levels - warning, suspension and lastly expulsion from the group. There are also three levels of non-conformity:</p> <ul style="list-style-type: none"> ▪ Critical leads to immediate suspension, ▪ Major has to be fixed within the short timeframe, and ▪ Minor has to be fixed by the time of the next audit. <p>It is recommended that the group entity obtain legal advice regarding the responsibilities and liabilities it is incurring on behalf of all sites.</p>	<p>What the auditor will look for</p> <p>The auditor will want to see that</p> <ol style="list-style-type: none"> a. There is an agreement in place for every site; b. That it is legally binding where sites have different owners; c. That it contains the required information; d. That agreements are signed by the site and the group entity
<p>What you need to do</p> <p>The agreement needs to be drafted, covering all points as set out. Even if the group entity and the site are part of the same organisation, it is recommended that both a representative of the group entity and the site manager should sign the agreement in acknowledgement of the terms. Where they are part of different legal entities, both must sign it.</p>	



4.4. Register of Sites

Explanation

The Register of Sites is a **list of all sites** with the required information. A simple example is:

Name	Address	Phone	Fax	Email	Contact	Activity	Date joined	Status / date left	Reason for leaving

*You might wish to add another identifier such as VAT. Using of VAT or similar numbers issues by tax authorities is a way of making it clear which legal entities are involved with the group. They are not required – using them is optional – but it may be a good idea to have them – for example when invoicing costs, or collecting royalty payments.

The register must be no more than 10 days out of date. Dates are important, particularly if things go wrong, and all information needs to be current.

What you need to do

Decide on the format of the Register, build the required format, and get the information required from sites. One way is to have an “application form” filled in by each site. This can then be the agreement mentioned in 4.3.

Using a spreadsheet makes it easy to sort the information, for example to identify current members. A spreadsheet version of the register of Sites can also be used for audit scheduling (see 6.2).

What the auditor will look for

The auditor will want to see a document / file that contains all the information in 4.4.1 to 4.4.7.

They will be particularly interested in looking at the status within the group, and will probably cross check some of these records with results of internal audits to ensure that the register reflects what happened in the internal audit.

The auditor will also check that the site names on the register are the same as the names on the certifier’s certificate, or certificate schedule, that the group entity has made all required notifications.

The auditor may check the way that the group entity updates the register.

The auditor will use this register to select the sites he/she will visit and the information must be correct.



5. INTERNAL CONTROL SYSTEM REQUIREMENTS

5.1 Internal control system	
<p>Explanation</p> <p>The group needs to design several procedures and documents that prove the group correctly manages MSC-certified products.</p> <p>The internal control system can also be called a quality management system. Clause 1.1 of the MSC <i>Chain of Custody Standard</i> requires an organisation to "have a management system which addresses all of the sections below. It is required so that the group entity and all sites have a documented set of procedures that are followed to ensure they comply with the MSC's <i>Chain of Custody standard</i> and the requirements for group operations as set out in Appendix C of the <i>Chain of Custody Certification Methodology</i>.</p> <p>More of the management system must be documented than for a stand-alone chain of custody certification; this is because there are additional sites involved, and to remove any potential for confusion about what should happen. (The requirement for document control is specified for the same reason.)</p> <p>It is recommended that some time and thought be put into the decision as to who does what within the group and within the sites before procedure writing commences.</p> <p>When drafting a procedure remember to cover:</p> <ol style="list-style-type: none"> what has to happen and how it will happen; who is responsible to make it happen; when it should happen; where it should happen. <p>Explaining why an activity has to be undertaken is sometimes useful to allow readers to understand the background to a procedure.</p>	<p>What the auditor will look for</p> <p>The auditor will check that all of the clauses in section 5 have been developed and have been documented and implemented by the group entity, and where required by all sites.</p> <p>They will ask to see the documents (usually prior to the audit), and will compare them with the requirements of Appendix B (methodology for group certification).</p> <p>During site visits the auditor will interview personnel to ensure that they are aware of the responsibilities as set out in the documents, and that they are following them.</p>
<p>What you need to do</p> <p>For each of points 5.2 to 5.10, document the procedures setting out what you need to do, where, when and by whom.</p>	



<p>5.2 Purchasing, receiving and storage</p>	
<p>Explanation</p> <p>When purchasing input materials it is important to specify that they must be MSC certified products. This procedure should describe who makes the purchasing decisions, how the requirements for MSC certified product are communicated to the supplier, and how product will be checked on reception to ensure that it is MSC certified.</p> <p>If product is delivered and the MSC certification status is unclear, it should be set aside or otherwise identified so it cannot be accidentally used prior to its certified status being checked. (This process is known as “quarantining”.)</p> <p>The process for checking inwards goods and quarantining goods could be the same even if groups are not part of the same organisation. For example, quarantined product could all be identified with an orange sticker saying, “Do not use for MSC labelled product”, a procedure that is not site dependent.</p> <p>An example of defining responsibility between group entity and site could be if product is delivered to a central warehouse and then distributed under the supervision of the group entity, providing it is clearly identified, no further checking should be necessary at site level.</p>	<p>What the auditor will look for</p> <p>The certification auditor will check that the procedure is clear, and is followed.</p> <p>They are likely to place an emphasis on understanding how responsibility for purchase is divided between the group entity and the sites. For example if the group entity has purchasing responsibility, they are likely to check, at site audits, whether sites also purchase materials.</p> <p>They will ask sites about their receiving checks, and about how MSC status is determined. Questions will also be asked about how product is quarantined if its status is unclear.</p>
<p>What you need to do</p> <p>The process for purchasing should be decided and agreed between sites and the group entity, then documented.</p> <p>Processes for reception inspection and quarantining need to be developed and implemented.</p>	



<h3>5.3 Traceability</h3>	
<p>Explanation</p> <p>Traceability is one of the most important elements of the MSC chain of custody program. Holders of chain of custody certification must be able to trace and track product "One up, one down" in the supply chain.</p> <p>MSC does not specify any particular method of traceability, only that traceability exists.</p> <p>Traceability records should be easily available, as there may be some urgency involved in tracing and tracking—especially for food safety reasons. It is reasonable to expect that records should be able to be produced in less than four hours.</p> <p>In process traceability, batches in should be able to be linked to batches out. A record of waste material should be kept to allow input / output reconciliation to occur.</p> <p>For example, in a factory setting where MSC certified material is present on the factory floor at the same time as non-MSC certified materials there must be clear instructions on how material is kept segregated. The simplest way of doing this is to keep materials separate in time – starting to process MSC batches as the first production run of the day before moving to non-MSC materials is a common strategy.</p>	<p>What the auditor will look for</p> <p>The auditor is likely to review the entire traceability program, and then select one or more batches and ask for traceability be demonstrated back to a supplier and forwarded to a customer by provision of records. The auditor may raise a nonconformity if records are not available within the time of the audit.</p> <p>The auditor will check how MSC product on the production line can be identified as MSC certified, and that the identification methods used conforms to the procedure.</p>
<p>What you need to do</p> <p>The responsibilities of each site and the group entity to maintain traceability shall be documented, and processes put in place to ensure that traceability is maintained.</p> <p>The group entity should perform a traceability exercise to test the robustness of the system at least once a year with each site. The test should be performed in both directions (from supplier to customer and vice versa).</p>	



<h2>5.4 Personnel Management</h2>	
<p>Explanation</p> <p>Staff must understand what the MSC program is, what their duties are in respect to MSC product, so they can follow procedures. This will be no different to a requirement that they understand other procedures such as those for food safety.</p> <p>Staff involved in applying the MSC logo to products (for example packing a product into a pack showing the MSC-logo) should be aware of the consequences of packing non-MSC fish with the MSC logo and should be trained on the correct use of the logo. The relevant staff should be trained on the actions to take when a misuse is identified. This also applies to staff applying the MSC logo to promotional materials. The group entity will ensure that each site has a copy of the relevant rules for the use of the MSC logo.</p>	<p>What the auditor will look for</p> <p>Auditors will look for records that staff have been trained on the relevant procedures required in Appendix B, and will interview some staff to test their knowledge of procedures and to verify that they are following them.</p> <p>The auditor will check that the MSC trademark is being used appropriately, and that all those who are applying it (either to products or to promotional materials) are doing so in accordance with the rules of its use.</p>
<p>What you need to do</p> <p>Ensure that staff are trained on MSC procedures, and that those staff involved in making decisions about use of the MSC Trademark and understand their obligations.</p>	



5.5 Document Control

Explanation

Having the right version of the document **available** where it is needed is essential to ensure compliance. Prior to being issued, documents need to be **approved** by a nominated individual, and it is recommended that some form of table or schedule showing who has the authority to approve which documents be developed.

Document	Approval Authority	Review date	Current version	Issue to
Purchasing	MSC representative	November 2010	2.0	All sites

Documents are "controlled" when there is a process to ensure that if the document is changed a person holding a copy of that document receives an updated copy.

There is usually a register of people who hold a controlled copy - this register could be the same as the register of sites. The simplest method of controlling documents is to have them available for use on a file server or on a website (an intranet is good for this). If this is done, have a statement in the document's footer stating that hard copies will not be updated.

Obsolete documents can either be reclaimed and destroyed, or marked with words such as "obsolete" or similar. At least one copy of obsolete documents should be retained for archive record purposes.

Changes to documents can be identified using "track changes" or similar methods.

In cases where more than one language is used in a group, documents must be available in **all languages**. This provides additional challenges, as all language versions must be kept up-to-date. In these cases the certifier's audit will consider processes for ensuring language versions are kept "**synchronised**".

Further guidance on document control can be found on the Internet. And it is likely that an organisation that is certified to ISO9001 will comply with the requirements of this section.

What you need to do

A document control procedure must be drafted and followed.

What the auditor will look for

The auditor will check that all requirements have been followed.

Auditors are likely to check that sites have access to documents covering the processes that they undertake, and that these documents are the same version as the one provided to them by the group entity.

They will check that updated copies have been approved by the correct individuals within the group.

Auditors are likely to check that changes to MSC requirements have been incorporated in documents (the auditors will come to the audit with an understanding of what should have been updated and will check that this has been done).



5.6 Control of non conforming product

Explanation

Nonconforming product is defined as " Fish or fish products that are claimed to be MSC certified (including being labelled with the MSC logo) but a certified organisation is unable to positively prove that the product is from a MSC certified source". The use of the term "positively prove" is important – it is not enough to "think" the material is MSC certified; you must prove it is. If records proving the MSC provenance are not available, it should not be used as MSC certified. Hopefully groups will not have nonconforming product, but they must be prepared to deal with it.

In a group certification situation, nonconforming product may be **identified** either by the group entity or by a site. If identified by one site there is a **risk** that other sites may also have nonconforming product (particularly where there is centralised purchasing); it is important that this becomes a focus for an urgent investigation and for a communication across the group.

If nonconforming product has been identified, the first and most important thing is to stop shipping the product to prevent more getting into the supply chain and to inform the **MSC representative**. The second thing is to understand how much nonconforming product may already have been shipped, and to correct any misleading impressions that may have been given by incorrect labelling. The third activity is to analyse why the problem occurred, and to fix the problem's cause (corrective and preventive action, see below).

If there is product in the supply chain that is incorrectly labelled with the MSC trademark, MSC requires **trade recall** (communication is done to the consumer) or **withdrawal** (communication is done to the businesses) or for **rework** to be undergone.

As most sites are handling fish/fish products for human consumption it is highly probable that each site will already have a recall procedure following industry food safety best practice, and the procedure will be **tested** from time to time. In that case, there is no need to develop further procedures or documentation.

Testing may include the experience of an actual recall, recognising that recall procedures usually include a review of performance to identify areas for future improvement.

What you need to do

Group entity should develop procedures, and most importantly inform site managers of their responsibility to notify the MSC Representative if nonconforming product is found. An annual test should be scheduled, undertaken and necessary changes made to procedures.

What the auditor will look for

The certification auditor will look for evidence that:

- a. each site understands its responsibilities if nonconforming product is identified;
- b. there are processes to inform the MSC Representative or their delegates of problems within the required timeframe, even if the MSC Representative is on holiday or is unavailable for other reasons;
- c. the group entity has processes to investigate the cause of the nonconforming product being present, with emphasis on finding out if other sites may also have nonconforming products;
- d. the group and/or each site has appropriate product recall procedures;
- e. records of actual product recall or tests are kept.



5.7 Corrective and Preventive action

Explanation

Corrective and Preventive action are the mechanisms used to solve problems and ensure that an organisation's performance continually improves.

- **Corrective action** is about solving actual problems that have occurred;
- **Preventive action** is about taking action to prevent problems from occurring.

When looking at problems, you often identify a symptom of the problem, rather than the cause of the problem. For example, if a form has not been correctly completed by a staff member, that may be the symptom of a problem such as the staff member not understanding that they were required to complete the form, there being no time on the production line to complete the form, the staff member not having a pen, the staff member being instructed not to complete the form by his supervisor or something else.

To effectively address the problem it is important to identify the **root cause** of the problem (there are a number of tools used in quality management to perform the root cause analysis, such as Ishikawa or fishbone analysis).

Once the root cause has been identified the problem can be corrected by implementing an appropriate solution designed to prevent the problem happening again. There is likely to be a number of other symptoms or problems created by the root problem that also needs to be corrected. In a group situation, it is essential to check to see whether a problem found at one site is also present at other sites.

Once the solution to the problem has been implemented, and all symptoms "treated", the **verification** of whether the fixes have been effective should occur. Verification involves an audit of the area in which the problem occurred, that checks that

- the solution has been implemented; and
- all the symptoms have been treated; and
- there have been no further symptoms created by the problem since the solution was implemented.

Records must be kept of all stages involved in corrective and preventive action.

In some cultures, admitting that a problem exists is difficult, and group entities should be aware of this potential problem, and consider culturally appropriate ways to encourage reporting. Use of terms such as "non conformity report" or "corrective action request" may be seen as negative, and positive terms (e.g. "improvement

What the auditor will look for

The auditor will look for evidence that for every potential or actual non conformity:

- a. the group entity has been made aware of the problem or potential problem;
- b. there has been an analysis of the root cause;
- c. solutions have been identified and put in place;
- d. the symptoms of the problem have been treated, including any symptoms not initially identified;
- e. there has been verification that the corrective or preventive action has been effective;
- f. there are adequate records showing the steps required have been completed.



opportunity") may be better employed.

What you need to do

The process and responsibilities for preventive and corrective actions must be identified and documented.

Each site manager will need a clear understanding of their role in the process, and that it is important that they notify the group entity of all problems they identify. Getting all site managers in the habit of reporting problems will need some encouragement – sanctions are the punishments. Group entities should consider use of appropriate “incentives”.



5.8 Records

Explanation

Rather than MSC specifying all the records that will be required, who should create them, it has left this for the group entity to decide. The minimum time for keeping them is three years but the group entity should decide whether longer is necessary.

Generally, for every required action in this document and the *Chain of Custody Standard* there should be a record which **demonstrates** that the action has been undertaken in the way that it has been specified in the procedures.

Records do not have to be forms specially created for the MSC program; existing forms can be used and/or adapted. There should be some form of indexing. In the case of electronic records, there should be backup procedures and data protection systems in place to prevent loss.

A simple table suggesting one way to define records, with examples, may be useful:

Record	Who creates	Who stores and where?	For how long?
Purchasing records	Group Entity	Purchasing Manager, records contained with in IT system	6 years
Register of site	Group Entity	MSC representative, QM system	3 years

Where the management system is new, for example in the first year of certification, records may not show a long history of activity. This is acceptable, but the auditor will need to be confident that recording processes will capture required data, and will be followed. This normally means that there should be three months of records on hand at the time of the certification audit. This is not a requirement, but it is recommended to ensure at least the certifier has evidence to consider.

What you need to do

For each procedure, define where there is an activity that will need to have records kept, and define in what form the records should be. Create appropriate data capture formats and forms if signatures or initials are required.

Ensure that staff is aware of the need to record their activities and know how to record them.

Check during internal audits that all recording activities are being undertaken as intended.

What the auditor will look for

Rather than looking at records in isolation, the auditor is more likely to look at an activity, and ask for all related records.

The auditor will verify that records are being kept in appropriate conditions to ensure that they are accessible and legible for the period of time specified for retention. He may ask about backups for electronic records.

The auditor may ask to be shown records from an earlier period to verify that they are available.



<h2>5.9 Management review</h2>	
<p>Explanation</p> <p>Management review requires staff in an organisation to step back at least once a year, and take a big picture view of what it is doing with relation to the MSC chain of custody program.</p> <p>For example, if the same nonconformity is identified in a large number of sites, this is probably an indication not of site activity, but of a problem with the procedure, or the forms or of staff training. Unless non conformities are analysed in total, it is hard to identify issues such as this. (Remember that Pareto's law says that 80% of the problems will be caused by 20% of the activities or sites – and this is usually true.)</p> <p>While the management review may be undertaken by one person, it is good practice to have a small group (at least the MSC representative and a number of site managers) involved to get a range of perspectives.</p> <p>The review team should consider as many relevant inputs as they can; a focus on nonconformity reports and complaints will be quite adequate during the first years of operation (ISO9001 contains more detail requirements covering management review for those that wish to investigate further).</p> <p>There must have been at least one management review meeting prior to certification taking place. This will normally occur immediately after the first round of internal audits. It is an essential tool to identify problems with the management system and address them before the certifier audit. This can reduce the probability of non conformities being raised slowing the certification process.</p>	<p>What the auditor will look for</p> <p>The auditor will look to see that there has been a management review meeting within the last 12 months, and that there is some form of action points or minutes arising from the meeting.</p> <p>The auditor will look at what the input to the review was, as this will provide them with valuable information about potential problem areas, or areas where problems have been solved, and allow them to focus the audit attention in these areas so they can verify the effectiveness of corrective and preventive action processes.</p>
<p>What you need to do</p> <p>Identify potential management review team members, develop a short agenda for the meeting, collate required input data, and hold the meeting.</p> <p>Ensure a record is kept of the meeting and any necessary changes carried out.</p>	



6. VERIFICATION OF SITE AND INTERNAL CONTROL SYSTEM COMPLIANCE

6.1 Verification system	
<p>Explanation</p> <p>It is important that managers know how efficiently their quality system performs. This is called verifying a system. One of the main tools to perform this is internal auditing.</p> <p>Each year the group entity is expected to perform at least one internal audit of every site within the group. The identified internal auditors (see 6.4 for more info) undertake them. They can combine them with other audits for matters such as food safety or quality to save time and resources. This audit shall check that each site complies with the MSC's requirements, and any group requirements (for example the specific responsibilities mentioned in the agreement (4.3)).</p> <p>Sections 6.3.1 – 6.3.4 provide more detail on what is required if the audits before initial certification were not undertaken specifically for the MSC.</p> <p>It is recommended that a series of checklists be developed for use in internal audits, the checklist being based upon the group's procedures set out in section 5 of this document. Use of checklists in audits provides a useful structure to the audit, and once completed can become the audit report.</p> <p>Each year the group entity is also expected to audit their own performance, making sure that it is performing the required audits and following up on all findings.</p>	<p>What the auditor will look for</p> <p>The auditor will want to check that every site has had an audit in the last 12 months. They will want to see evidence that the audit complies with all of the clauses of section 6.</p>
<p>What you need to do</p> <p>The group entity needs to design and implement a system that complies with the requirements of clauses 6.2 to 6.7. More details are provided in the clauses below.</p>	



6.2 Internal audit planning and scheduling

Explanation

The group entity needs to prepare an **annual plan** showing when each site will be audited and by whom. The words "*more often as required by the status and the nature of the activity performed on each site*" mean that it may be important to audit some sites more frequently. For example, if one site has a long history of having difficulty complying with requirements, more frequent audits should be performed.

The **schedule** could be made part of the register of sites (4.4) – which is simple if a spreadsheet or database is used for this (see below):

Audit Schedule updated 20 October 2008

Site	Last audit	Auditor	Non conformities?	Corrective action close date?	Corrective action verified?	Next audit date, auditor & type	Status
A	3-08-08 Annual, announced	Richard B	NC1 – Major NC2 – Minor NC2 - Minor	3-09-08 3-11-08 3-11-08	6-09-08 - -	4-11-08 Richard B, Verification	Full
B	5-09-08 Unannounced	Amy J	NC1 – Critical	5-10-08	-	31-10-08 Amy J Verification	Suspend
C	20-12-07	Amy J	None	-	-	20-12-08 Amy J Annual	Full

Schedule prepared by Richard

Organisations may already be performing internal audits and use of existing programs is acceptable providing that MSC requirements are added to audit checklists and to audit schedules.

What you need to do

The format and the audit schedule need to be agreed. For large groups, the duration of each internal audit and the time required to travel between sites should be considered when establishing schedules.

The schedule must be implemented, and kept up to date.

What the auditor will look for

The certification auditor will ask to see the audit schedule, and will compare some of the records within the schedule with the dates shown on audit reports, and the status of non conformities shown on audit reports.

The certification auditor will check that staff who have, and are scheduled to perform audits meet the internal auditor qualification criteria.

They will check that the status of each site has been correctly identified in the register of sites, and that any suspended sites, or sites which have withdrawn from the group have been notified to the certifier.



6.3 Internal audits in advance of initial certifier audit

Explanation

Ideally, prior to the certifier's audit **all sites** should have had an internal audit against MSC requirements.

This may not be possible, so as long as there have been internal audits for **other reasons** to establish that each site has a track record of compliance with procedures (whatever the procedures are, e.g. for food safety), then this is acceptable. This means that if the sites are part of a larger organisation it is likely that the required internal audit records will exist, and certification can take place once procedures have been circulated.

There must have been an internal audit of the group entity's systems, including all processes related to auditing. Critical or major nonconformities identified at all internal audits must have been addressed – minor nonconformities can still be outstanding – but there should be a clear plan to address these.

There is a risk in not undertaking an internal audit against MSC requirements – if the certifier finds that the number of nonconforming sites are above a certain proportion (the "**reject number**"), they must not certify the group until corrective action has taken place and a further audit performed. The reject number is related to the number of sites sampled by the certifier, and is set out below:

	Number of sites sampled by the certifier	Reject number – one or more Site Major non conformities are found at this or a greater number of sites
If the reject number is met or exceeded, the certifier must repeat all site audits – checking corrective action as well as sampling a new batch of sites	1 - 5	2
	6-10	3
	11-15	4
	16-20	5
	21-25	6
	26-30	7
	31-40	8
	41-50	10
	51-60	12
	61-70	14
	71-80	16
80+	19	

What you need to do

Check to see if there are internal audits performed for other reasons that may be used to avoid the need for an audit specifically against MSC requirements. If so, ensure that records exist to demonstrate this, and that all other requirements are met. If not, perform an internal audit.

What the auditor will look for

The auditor will check that either

- a) all sites have been audited against MSC requirements, and that any corrective actions arising from the audits have been addressed; or
- b) all sites have a demonstrated record of conformity with procedures as evidenced by internal audits against other non-MSC requirements.

In the case of b), the auditor will spend time checking that the corrective actions processes used by the group are effective.



6.4 Internal auditor qualification criteria

Explanation

While internal auditing may appear straightforward (a check to see that people are doing what they should be doing), like all things, there are effective and efficient ways of carrying out an audit.

MSC recommends that internal auditors undertake a course on internal auditing, based on the ISO standard 19011, "Guidance to auditing of quality management and environmental management systems". There are a large number of courses that are available throughout the world on internal auditing, and most of these will be of two-day duration. Your certifier should be able to direct you to a suitable training provider. ISO 19011 can be purchased from your local standards body or from www.iso.org. Certificates from training should be kept as a record of compliance.

Do not underestimate the need for training. It is essential to make sure the process of internal auditing follows the requirements, identifies, and grades all non-conformities.

Internal auditors should understand the requirements of the MSC chain of custody program, and the requirements of the group's procedures. No formal training is required for this; but they should be able to demonstrate knowledge and understanding of requirements. This document has been designed to help with this.

Internal auditors shall have **experience** (minimum two years) in the activity audited. This ensures that they are familiar with the vocabulary and technologies used, and more importantly will know about areas where problems may occur. For example, a group of sites undertaking processing should have an internal auditor with fish processing experience.

Group entities may also ask their certifier to approve other experiences (for example working for the meat industry or in non-fish supply chains). The decision is left to the certifier to make, and he will use the question "will the internal auditor know enough to recognise a problem?" as his guidance on this point.

Those auditing the group entity should have two years experience in quality management systems, preferably those based on accepted management system standards such as ISO9001, HACCP, BRC, IFS, SQF, ISO 22000 or ISO14001.

The accepted method of **shadow auditing** is for one auditor to witness the other while they are undertaking an audit. This allows discussion between the auditors about what evidence they are looking for, about the audit process, and whether they would both have reached the same conclusions and/or raised the same nonconformities. Records should be kept of this shadow audit, and it is recommended that a formal checklist be developed to cover the activity.

What the auditor will look for

The auditor will check that all internal auditors meet the internal qualification criteria, and that where shadow audits are required (when there are more than one auditor used) these have been performed each year.

Checking internal audit reports will provide an indication of competency of the internal auditor.

The auditor may also witness one or more internal auditor performing an audit – a process known as "witnessing".



It is acceptable to use site managers as internal auditors, as long as they are fully qualified and do not audit their own site. It is also acceptable for the MSC representative to be an internal auditor or to use external contractors, provided they do not have a conflict of interest. Qualified independent auditors can also be found by contacting representative associations for the quality management profession.

It is recommended that each group has at least two internal auditors – this provides cover in case one is unavailable, and also provides a “sounding board” in cases of difficult decisions. If two auditors are used, one can act as a decision maker for the other’s audits (see below).

What you need to do

It is recommended that the first step is to calculate the length of time it will take to perform the required internal audits – best done in the audit schedule. From this, the number of auditors required can be calculated. At that point auditors can be identified, and trained (if required).



<p>6.5 Internal audit process</p>	
<p>Explanation</p> <p>This document is not a guide to internal auditing, and if readers are not familiar with the processes involved, MSC strongly recommends that at least one internal auditor attends suitable training.</p> <p>All internal audits should follow the processes set out in ISO 19011, and earlier advice for group entities to obtain a copy of this document is repeated.</p>	<p>What the auditor will look for</p> <p>The certification auditor will ask to see a selection of audit reports and nonconformities, and will review these to ensure that they are well constructed, and provide a reasonable summary of the audit findings.</p>
<p>What you need to do</p> <p>Develop checklists and procedures setting out how to carry out an internal audit.</p>	<p>The certification auditor may “witness” one or more of the internal auditors’ audits to check whether they understand the requirements they are auditing, and to verify that they follow the group entity’s audit procedures. Usually in this situation the certification auditor will provide the internal auditor with feedback on their performance at the end of the witnessed audit.</p> <p>The certification auditor will also undertake a number of site audits (normally without a group entity representative), and will compare their findings with those of the internal auditor’s. The findings should be similar; if not this may still be acceptable provided the certification auditor is confident that problems have arisen since the date of the internal audit.</p>



6.6 Input and output reconciliation

Explanation

This requirement provides a high level of assurance that there has been no accidental introduction of non certified fish into the supply chain. Elements of this reconciliation are also required in the MSC I semester sales return as required by the license agreement. The group entity is required to collate such returns prior to providing them to MSC I as required in clause 9.4.

It is recommended that the group entity uses a spreadsheet, and that all sites are required to submit their reconciliation on the same date.

Period	From:		To:			
Units 000KG	Opening stocks of MSC certified fish	Plus purchases of MSC certified fish	Less sales of MSC certified fish sold as MSC certified fish	Less sales of MSC certified fish not sold as MSC certified fish	Less waste and other losses	Equals closing stocks of MSC certified fish.
	(a)	(b)	(c)	(d)	(e)	(a) + (b) - (c) - (d) - (e)
Site 1						
Site 2						

For groups of sites who are already operating internal reporting systems that capture this data, use of these systems is quite acceptable.

It is a good idea for the group entity to verify at least 10% of the sites' opening and closing stocks. It provides a check on the accuracy of the data provided by each site. It is important to remember that in many cases the opening and/or closing stocks of MSC certified product may be zero.

What you need to do

The system for obtaining data from each site needs to be established and implemented. A simple reconciliation spreadsheet should be established to track each site's return.

A system for deciding on the random sample of opening / closing stocks needs to be developed and implemented.

What the auditor will look for

The certification auditor will verify that the group entity has done a reconciliation for all sites. He may select one or more sites and check that the figures given in the reconciliation match records held at the site.



<p>6.7 Decision on site conformity</p>	
<p>Explanation</p> <p>The internal auditor should not determine site conformity on his/her own. So the decision must be made by an appropriate decision maker. There are a number of reasons for this which include:</p> <ul style="list-style-type: none"> ▪ avoidance of possible conflict of interest; ▪ a check to ensure that the internal auditor has performed the audit in a satisfactory manner; ▪ a check to verify that the internal auditor's recommendation is an appropriate one. <p>The decision maker may be an individual, for example a site manager or the MSC representative, or may be a committee, for example one comprised of a number of site managers. In any case, the decision maker must comply with requirement 6.8 (Impartiality).</p> <p>The decision maker will normally receive</p> <ul style="list-style-type: none"> - the internal audit report and - a copy of any nonconformities, - evidence that they have been satisfactorily addressed and have been closed out - the internal auditor's recommendation on whether a site is in conformity with requirements or not. <p>The decision maker's decision shall be recorded in a section of the audit report.</p> <p>There is a benefit to have more than one decision maker, allowing for a situation where the first individual may not be able to carry out the duties because of absence or if considered disqualified to judge.</p> <p>In order to ensure consistency it is a good practice to develop and document a procedure for decision making.</p>	<p>What the auditor will look for</p> <p>The auditor will look for evidence that the auditor's findings have been reviewed, and an independent decision on conformity has been made. He will ask to see where the decision maker's decision has been recorded.</p>
<p>What you need to do</p> <p>The process for making decisions needs to be agreed, decision makers appointed, and the process implemented.</p>	



<p>6.8 Impartiality</p>	
<p>Explanation Recuse means to refuse to act as a judge, to declare oneself disqualified to act</p> <p>In most groups, the potential for conflict of interest with regard to decision-making is high. For example, in the case of an industry association, an internal auditor may be required to perform an internal audit on the chairperson of the association, and raise findings of non-conformity which may lead to suspension of the group's certificate. This places the internal auditor under some pressure due to considerations of seniority and possible personal repercussions for the auditor. This situation should be avoided.</p> <p>A conflict of interest occurs when a person has a private or personal interest sufficient to appear to influence the objective exercise of his or her duties.</p> <p>A conflict of interest check should be performed before an activity is undertaken. A simple way of achieving this is to have a question in the audit checklists and decision form that states "I declare I have no conflict of interest in this matter", and requires a tick or initialling by the individual to indicate compliance. Having more than 1 auditor or decision maker is then useful.</p> <p>If there are conflicts of interest which cannot be avoided, declaring them and identifying ways of managing them is necessary. In these cases the certifier will examine the degree of conflict and make a decision on acceptability.</p>	<p>What the auditor will look for</p> <p>The certification auditor will ask to have processes to avoid conflict of interest explained to them, and will verify that those requirements have been followed in all cases. If the certification auditor finds examples of conflict during their examination of internal audit reports, they will investigate the matter further and may raise a non conformity.</p>
<p>What you need to do</p> <p>The process to declare conflict of interest needs to be documented and implemented.</p>	



7. SANCTIONS

7.1 Grading of nonconformities

Explanation

The word “sanction” is used to describe a series of consequences that occur if the site is not complying with all requirements (non conformities).

Accurate grading of nonconformities comes with training and practice; the important thing is that grading is performed consistently across all sites. Asking internal auditors to review non conformities raised and agree on their grading as a group is an appropriate way of managing consistency

“**Breakdown**” means that a required activity is not being correctly undertaken.

Internal auditors will need to make decisions as to whether the breakdown is likely to result in non-MSA certified product being sold as MSC certified or not. As guidance,

1. Shortfalls in administrative processes or record-keeping are more likely to be Minor than Major.
2. Shortfalls in traceability or in purchasing are more likely to be Major than Minor.
3. Any instance where non-certified product is labelled as MSC certified is a Critical.

Group entities may wish to further define the differences between the three grades of nonconformity and provide examples as guidance to internal auditors.

What you need to do

Internal auditors need to be trained on the grading process, and if felt necessary, further guidance should be provided.

What the auditor will look for

The auditor will review the internal auditor’s grading, and will check to see that the internal audit grading is similar to one he would give the nonconformity if he had been doing the same internal audit looking at the same objective evidence.



<p>7.2 Timing and corrective actions for site nonconformities</p>	
<p>Explanation</p> <p>These are the timeframes to close out the nonconformities found at each site.</p> <p>Remember that "days" have been defined as working days, so that 20 days is about one month.</p> <p>Clause 7.2.4 allows a longer period to be given if the site is not handling MSC certified product during a period of the extension – for example during a break from a seasonal activity. The group entity has the responsibility to decide on a timeframe extension, record shall be kept, along with the reasons that the extension was granted.</p> <p>It is useful to include timing for addressing nonconformities within internal audit report, or on nonconformity reporting forms (if used).</p> <p>Having raised a nonconformity, there must be a system to follow up to ensure that the appropriate corrective action has been completed within an agreed timeframe and the cause of the original problem addressed.</p>	<p>What the auditor will look for</p> <p>The auditor will check that timing has been appropriately set and communicated to the site at which nonconformities have been raised, and that follow-up action has occurred within the timeframes allowed.</p> <p>In the case of critical nonconformities being raised, the certification auditor will verify that the site has been suspended, and that the internal audit schedule and a register of sites have been updated, and the certifier notified.</p>
<p>What you need to do</p> <p>Internal auditors must be made aware of the timeframes for action, and bring an established system to ensure that due dates for action are not missed, and most importantly, required actions are performed on those due dates.</p>	
<p>7.3 Timing and corrective actions for group entity nonconformities</p>	
<p>Explanation</p> <p>These are the timeframes to close out the nonconformities found in the group entity's operation.</p> <p>If a critical nonconformity is found (for example if the group entity has purchasing responsibility and later finds that a shipment is not certified) the most important thing is that there is an immediate stop to processing or sale of nonconforming product at all sites.</p> <p>Other comments provided in clause 7.2 also apply.</p>	<p>What the auditor will look for</p> <p>Same as for clause 7.2.</p>
<p>What you need to do</p> <p>See "what you need to do" in 7.2 above.</p>	



<h2>7.4 Suspension of individual sites</h2>	
<p>Explanation</p> <p>Suspension of sites is a serious sanction, and the group entity should develop written procedures for handling suspension. It is best to do this well in advance of a suspension being necessary. The procedure should ensure that there are steps in place to allow the site to challenge the suspension if they think that it is unjustified. The procedure shall describe how suspension is validated, communicated, respected by the site and eventually lifted by the decision maker.</p> <p>Group suspension procedures could be modelled on procedures used by certifiers. It may be worth requesting a copy of your certifier's suspension procedure to get some guidance on processes.</p> <p>The period of six months mentioned in 7.4.1 provides the element of penalty for situations where the breach is deliberate or systematic. This penalty is the same as a requirement placed on certifiers by the MSC (through TAB Directive 016) for suspending individual companies.</p> <p>It is recommended that prior to suspension being lifted there is a full internal audit of the site to verify that the reasons for suspension are no longer present.</p>	<p>What the auditor will look for</p> <p>The certification auditor will normally verify that if there is a suspension of a site, the terms of the suspension have been clearly communicated to the site, and that prior to the suspension being lifted, the reason that suspension was imposed has been satisfactorily addressed by the site and corrective actions taken have been verified by the group entity. They may ask how the group entity would handle the need for suspension.</p>
<p>What you need to do</p> <p>The process for suspension should be considered and documented prior to it being needed. It is important to be clear regarding the authorities and decision makers in a suspension situation.</p>	
<h2>7.5 Withdrawal</h2>	
<p>Explanation</p> <p>This occurs if a site is unable to prove it has addressed the reasons for suspension. The period of 24 months before the site can be reinstated mirrors an MSC requirement for individual sites.</p> <p>See clause 8.4 for the actions required in case of site withdrawal.</p>	<p>What the auditor will look for</p> <p>Evidence that all suspended sites have either been reinstated or have been withdrawn from the group will be examined by the certification auditor.</p>
<p>What you need to do</p> <p>In the unlikely event that the grounds for suspension are not met within timeframes allowed, the site must be removed from the group.</p>	



8 SITES JOINING AND LEAVING THE GROUP AFTER INITIAL CERTIFICATION

8.1 Internal audit required prior to entry of new sites after certification	
<p>Explanation</p> <p>The allowance in clause 6.3 for internal audits for other standards to be used to demonstrate compliance does not apply once the group is certified. However, this does not mean that the audit has to be specifically for MSC. MSC requirements may be included as part of another audit. But once the group is certified new sites must be internally audited before they are allowed to join the group.</p>	<p>What the auditor will look for</p> <p>The auditor will verify that sites which join the group after certification have had an internal audit, and that any major or critical nonconformities have been addressed prior to the site joining the group.</p>
<p>What you need to do</p> <p>All new sites shall have an internal audit.</p>	
8.2 Approval of the Certification Body	
<p>Explanation</p> <p>The “10% rule” has been introduced so that the certifier can check that required audits and decisions have been performed by the group entity prior to large numbers of new sites being added to the group. The certifier also has to check that the increase in numbers does not create a resource problem for the group entity.</p> <p>For example, a group of 30 sites can add three new sites within one year on its own without certifier approval; the fourth and subsequent sites will need certifier approval.</p> <p>The simplest way of keeping track of this will be through the Register of Sites.</p>	<p>What the auditor will look for</p> <p>The auditor will check the number of new sites since the last audit, and will ensure that where the 10% increase has been exceeded, notice of this fact has been provided to the certifier.</p>
<p>What you need to do</p> <p>Ensure that as the group grows in size the certifier is kept informed</p>	



8.3 New sites added to Register	
<p>Explanation No guidance provided</p>	<p>What the auditor will look for The auditor will verify that new sites have been added to the Register in a timely fashion.</p>
<p>What you need to do Ensure that there is a reference in the appropriate procedure that records the requirement. Record each new site in the site register.</p>	

8.4 Sites withdrawing for any reason	
<p>Explanation Withdrawal from the group may be voluntary, or as a result of sanctions. There is no difference in process between the two. There should be a procedure in place to handle sites withdrawal (mirror of the procedure used for suspending sites). The most important part of this clause is a requirement for a written and signed acknowledgement that sites who withdraw from the group can no longer use the MSC trademarks. This can be accomplished through a simple exchange of e-mails, or a more formal exchange of letters if felt necessary.</p>	<p>What the auditor will look for The auditor will check that sites that withdraw have been appropriately managed as set out in the clause. The greatest problem the auditor will have is identifying which sites have voluntarily withdrawn if records have not been updated. The random sample of sites should identify whether this is a significant problem will not if the auditor picks one of them.</p>
<p>What you need to do A short procedure covering actions to be taken in the case of site withdrawal may be an appropriate way of dealing with this. Note that site withdrawal is unlikely to happen with great frequency.</p>	



9 LOGO LICENCING REQUIREMENTS

<p>9.1 Responsibility</p>	
<p>Explanation</p> <p>If you use the MSC logo and / or externally refer to the MSC, you need to comply with the following requirements.</p> <p>All those who use the MSC's name and logo (the MSC trademarks) on and off products are required to have a licence with Marine Stewardship Council International Ltd (MSCI) and a formal approval of the material design.</p> <p>If the entire group is part of the same legal entity, the group entity shall be fully responsible for all activities undertaken. If the sites are different legal entities, each site may sign their own agreement but the group entity has responsibility for coordination of the information and actions required of the sites (see 9.2). The group entity should be aware that this is a legal agreement and signing it commits to the obligations within it.</p> <p>The rules for the use of the MSC trademarks can be found at http://www.msc.org/get-certified/use-the-msc-label.</p>	<p>What the auditor will look for</p> <p>If MSC trademarks are being used, the auditor will check to see that there is a license agreement signed with MSCI, and that all products which use the MSC trademarks have received product approval.</p> <p>A sample of product packaging will be reviewed to see that the MSC trademarks are used in compliance with the rules for their use.</p> <p>Note that MSCI has the rights under the license agreement to perform an audit related to financial returns at any time.</p>
<p>What you need to do</p> <p>Approach MSCI (www.msc.org) and request a logo licensing agreement. MSCI will provide further instructions regarding the signing of the license agreement.</p>	



<h2>9.2 Logo use Procedure</h2>	
<p>Explanation</p> <p>All sites must understand the responsibility associated with the use of the MSC trademarks. The group entity should prepare a set of instructions, appropriate to the relationship between itself and the sites clearly specifying each site's duties and responsibilities if the MSC trademarks are used.</p> <p>It is acceptable to send copies of the MSC's latest version of the rules for the use of its trademarks to each site to comply with 9.2.a). If this is done, there should be a process to forward new copies with a short explanation of changes required. (To those who have signed a license agreement they will be informed when new copies are issued).</p> <p>Every time the MSC trademarks are to be used, an application for product approval must be completed and sent to MSC, using a "Product Approval Form" provided by MSC. (See next section.).</p> <p>Every three or six months, depending on the annual sales value, a return of sales value and volume, sorted by product, must be sent to MSC. The group entity is required to obtain the information, to collate it and to provide it to MSC by the due date.</p>	<p>What the auditor will look for</p> <p>The auditor will verify that there is a documented procedure covering the requirements set out in the clause in place and available at all sites.</p> <p>The auditor will not become involved in the audit of financial returns or some other matters.</p>
<p>What you need to do</p> <p>A procedure needs to be prepared and implemented covering the use of the MSC trademarks.</p>	



<p>9.3 Application for approval to use the logo on products</p>	
<p>Explanation</p> <p>As mentioned above, requests for MSC's approval for the use of the logo must be channelled through the group entity. The application usually requires that packaging/or promotion artwork is provided to MSC, and asks for confirmation that the MSC trademarks have been used correctly. The group entity is required to act as a coordinator for these requests. One of the ways that the group entity can add significant value to site operations is to provide an initial screening of all applications for approval, advising sites of potential nonconformities prior to their submission to MSC. This will save time and energy. The group entity will then forward the requests to MSC. MSC will give its approval, or will make comments on what needs to be amended back to the group entity.</p> <p>It is recommended that one individual within the group entity becomes responsible for undertaking these duties, and spends the time required to fully understand the requirements for use of the MSC trademarks.</p>	<p>What the auditor will look for</p> <p>This activity will not be audited by the certification auditor but a sample of product packaging will be reviewed to check whether the MSC trademarks are used in compliance with the rules for their use</p>
<p>What you need to do</p> <p>Action as above. Ensure that the sites are aware of their responsibilities.</p>	



<p>9.4 Logo license fees</p>	
<p>Explanation</p> <p>MSCI charges an annual fee for use of the trademarks on all packaging, such as labels on wholesale products or food service menus. The annual fee is charged at the beginning of each financial year (1st April of each year), and it is the group entity's responsibility to ensure that it is paid.</p> <p>The MSC also charges a royalty fee for the use of its trademarks on products that are intended for sale to the final customer. The rate at time of publication of this guidance document was 0.5% of sales value.</p> <p>Each "semester" licensees are required to provide a return of sales (by value and by weight) for each product. A "semester" is defined as three months for those organisations with sales of MSC labelled products of greater than US \$10 million per year, and every six months for those with sales of less than this amount. MSCI will then issue invoices to the liable entity (the group if the entire group is the same legal entity, each site that wishes to use the logo if it is not). Payment of invoices is due within 30 days. It is the group entity's responsibility to ensure it is paid.</p>	<p>What the auditor will look for</p> <p>This will not be audited by the auditor. MSCI will ensure that group and/or sites comply with requirements.</p> <p>The requirements for payment are part of the legal agreement. Non-payment may lead to the suspension or termination of the Logo Licensing Agreement.</p>
<p>What you need to do</p> <p>A process to obtain sales return information is required, and collect monies owing from each site for remittance to MSCI must be developed.</p>	



9.5 Certificate number	
<p>Explanation</p> <p>If all sites are part of the same legal entity as the group entity, there will be one certificate and one licensing agreement, and a certificate number shall be used in conjunction with all MSC trademarks. The MSC standard requires that product must be able to be traced back to the site that produced it. As the certificate number might be common to several sites, it would be useful to identify other means to achieve this requirement (using EU identifiers, names and addresses, or sub codes).</p> <p>In the case of individually owned sites, each site will be allocated a unique number (based on the group entity's certificate number) in their licence agreement. The unique number will generally be the same certificate number with a unique suffix.</p>	<p>What the auditor will look for</p> <p>The auditor will verify that the correct certificate number is being used, and that product is traceable to a site within a group.</p>
<p>What you need to do</p> <p>Each site should be told what certificate number should be used in conjunction with the MSC trademarks, and in the case of wholly-owned sites, packaging should clearly identify the site in which activities took place.</p>	



10 RESPONSIBILITY TO THE CERTIFICATION BODY

10.1 Relationship with the certifier	
<p>Explanation</p> <p>One of the reasons that group certification is attractive is to reduce certification costs – to do this the group must provide some administrative services on behalf of the certifier – including paying the bills in a timely manner so that the certifier does not have to deal with a large number of sites each owing a potentially low amount.</p> <p>If conditions for certification are raised, including non conformities, it is the group entity's responsibility to address them</p>	<p>What the auditor will look for</p> <p>Not audited as part of on-site audit but non-payment may impact certification.</p>
<p>What you need to do</p> <p>A mechanism to collect funds from sites (if not part of the same entity) is required.</p>	
10.2 Communication	
<p>Explanation</p> <p>As in the clause above, the certifier needs to have one point of contact for communication with all sites. It might be the MSC representative. Communications required may relate to arrangements for site audits or information about changes to requirements.</p>	<p>What the auditor will look for</p> <p>Not audited.</p>
<p>What you need to do</p> <p>Systems to pass communications from the certifier onto sites are needed.</p>	

Appendix 1: V6 – V6.1 Appendix C Comparison table

This table has been prepared to highlight the differences in requirements for clients and provides a comparison of the requirements in Appendices B&C in v6 of the COCCM against the requirements in **Appendix C only** in v6.1.

Chapter	Title	V6	v6.1
4.1	Policy Manual	Existing requirement	Detail of content defined
4.2	MSC representative		New requirement
4.3	Agreement between group entity and each site	Existing	
4.4	Register of sites	Existing requirement	Slight clarification regarding compulsory fields
5.1	Internal control system	Existing requirement	Detail and documentation requirements specified
5.2	Purchasing, receiving and storage		Separation of responsibilities between Group and site to be specified
5.3	Traceability	Existing	Specifics defined
5.4	Personnel Management		Training and involvement of staff clarified
5.5	Document control	Existing requirement	Specifics defined
5.6	Control of nonconforming product		Significant clarification of requirements
5.7	Corrective and Preventive action		Timeline and requirements clarified
5.8	Records	Existing requirement	Requirements summarised
5.9	Management review		Requirements added
6.1	Verification system	Existing	
6.2	Internal audit planning and scheduling	Existing requirements	Specific components identified
6.3	Internal audits in advance of initial CB audit		Clarification of the conditions
6.4	Internal auditor qualification criteria		Qualification specified
6.5	Internal audit process		Steps specified
6.6	Input and output reconciliation	Existing	
6.7	Decision on site conformity		New requirement to identify 'decision maker'
6.8	Impartiality		Requirements and definitions clarified
7.1	Grading of nonconformities		Addition of clear definitions for use by group entity

Chapter	Title	V6	v6.1
7.2	Timing of corrective actions for site nonconformities		Timing specified
7.3	Actions required to address group entity nonconformities		Timing specified
7.4	Suspension of individual sites		Sanctions defined
7.5	Withdrawal		New condition on re-entering
8.1	Internal audit required prior to entry of new sites after certification	Existing	
8.2	Approval of the Certification Body		Clarification to determine need for CB audit
8.3	New sites added to Register	Existing	
8.4	Sites withdrawing for any reason		Clarification of actions required
9.1	Responsibility		Clarification of logo licensing responsibilities
9.2	Logo use Procedure	Existing requirement	Clarification on the procedures which must be documented
9.3	Application for approval to use the logo on products		Clarification of the role of the group entity
9.4	Logo license fees	Existing	Clarification of the role within the group entity
9.5	Certificate Number		New requirement for use of certificate number
10.1	Relationship with the certifier	Existing	
10.2	Communication	Existing	

ENDS