Audit Report Global Standard Food Safety Issue 9

1. Audit Summary			
Company name	Upper Iowa Beef, LLC	Site code	5198744
Site name	Upper Iowa Beef, LLC		
Scope of audit	Slaughter and fabrication of beef carcasses including: boxed beef cuts, beef trim, beef variety meats; packaged in lined cardboard boxes and totes and vacuum sealed bags. Offsite dry storage warehouse.		
Exclusions from scope	None		
Justification for exclusion	N/A		
Audit start date	2025-06-24	Audit finish date	2025-06-25
Re-audit due date	2026-10-21	Head office	No

Additional modules included			
Modules	Result	Scope	Exclusions from Scope
Choose a module	Choose an item	N/A	N/A
Choose a module	Choose an item	N/A	N/A

2. Audit Results					
Audit result	Certificated	Audit grade	A+	Audit programme	Unannounced - Voluntary
Previous audit grade	A+		Previous audit date	2024-07-09	
Certificate issue date	2025-07-30		Certificate expiry date	2026-12-02	
Number of non-conformities			Fundamental	0	
			Critical	0	
			Major	0	
			Minor	7	

3. Company Details			
Site address	4614 Highway 63 Lime Springs, Iowa 52155		
Country	United States	Site telephone number	563-566-2202
Commercial representative name	Ed Greiman - General Manager	Email	egreiman@upperiowabeef.com
Technical representative name	Annette Kime - FSQA Manager	Email	akime@upperiowabeef.com

4. Company Profile					
Plant size (metres square)	<10K sq.m	No. of employees	51-500	No. of HACCP plans	1-3
Shift pattern	Single shift 0700-1700 Slaughter; 0700-1530 Fabrication. Sanitation following production.				
Seasonal site	No				
Seasonal opening times (Start/end date)	N/A	N/A			
Other certificates held	None				
Outsourced processes	Yes				
Outsourced process description	Cold Storage was used for product storage and could return to the facility for order completion.				
Regions exported to	Asia				

4. Company Profile	
Company registration number	USDA FSIS M45321
Major changes since last BRCGS audit	None

Company Description

Upper Iowa Beef, located in Lime Springs, IA, was established in 2015 and opened under the current ownership in 2017 as a beef slaughter and processing facility. The plant covered 79,681 square feet, including storage for boxes, shipping, and the materials accumulation. At the time of the audit, 304 employees were engaged in the slaughter and fabrication of approximately 2,300 to 2,500 head of fed cattle weekly on a single shift, five days a week. The production included beef offal products, boxed beef, and beef trimmings, which were primarily manufactured for retail, food service, or further processing.

5. Product Characteristics					
Product categories	01 - Raw red meat				
Finished product safety rationale	Low Risk - Raw products were refrigerated to maintain a maximum temperature of 44.6°F during handling, storage, and shipping. Safe handling instructions require finished products to be heated to an external temperature of 160°F for intact products and an internal temperature of 160°F for non-intact products prior to consumption.				
High care	No	High risk	No	Ambient high care	No
Justification for area	Low Risk - Products were packaged raw, were stored and shipped refrigerated at less than 44.6º F, or were frozen, and required cooking prior to consumption. Harvest and fabrication areas were physically segregated, with dedicated employees assigned to work in each area.				

5. Product Characteristics	
Allergens handled on site	None
Product claims made e.g. IP, organic	Certified Angus Beef, USDA Grade claims, All Natural, Born and Raised in the USA, and plant-specific Angus programs.
Product recalls in last 12 months	No
Products in production at the time of the audit	Beef carcasses, beef subprimals, beef offals, and beef trimmings.

6. Audit Duration Details			
Total audit duration	20 man hours	Duration of production facility inspection	10 man hours
Reasons for deviation from typical or expected audit duration	Duration deviation did not occur.		
Combined audits	None		
Next audit type selected	Unannounced - Voluntary		

Present at audit

Note: the most senior operations manager on site should be listed first and be present at both opening & closing meetings (ref: clause 1.1.11)

Name	Job title	Opening meeting	Site inspection	Procedure review	Closing meeting
Dan Reynolds	Plant Manager	X			X
Annete Kime	Food Safety Manager	X	X	X	X
Reilly Berns	Quality Assurance Manager	X	X	X	X
Bergin DeBruin	FSQA Superintendent	X	X	X	X

Itzel Coello	FSQA Coordinator	X		X	X
Jacob Ludeking	Customer Services / Sales Representative	X		X	X
Ed Greiman	General Manager			X	X
Donelle Barthelme	Customer Service/Office Manager			X	
Oscar Perez	Maintenance Supervisor			X	X
Daniel Salas	Maintenance Technician			X	
Alma Anda	Sanitation Superintendent		X	X	
Dana Krambeer	FSQA Supervisor		X	X	
Miguel Steidel	FSQA Supervisor		X	X	
Marcos Arenales	FSQA Supervisor		X	X	

GFSI Post Farm Gate Audit History			
Date	Scheme/Standard	Announced/Unannounced	Pass/Fail
2024-07-09	BRC, Food Safety Standard	Unannounced	N/A
2023-08-01	BRC, Food Safety Standard	Unannounced	N/A

Document control			
CB Report number	AO-011421		
Template name	F908 Food Safety Audit Report Template		
Standard issue	9	*Template issue date*	2022-12-16

Non-Conformity Summary Sheet

Critical or Major Non-Conformities Against Fundamental Requirements			
Clause	Detail	Critical or Major	Re-audit date

Critical		
Clause	Detail	Re-audit date

Major						
Clause	Detail	Correction	Proposed preventive action plan	Root cause analysis	Date reviewed	Reviewed by

Minor						
Clause	Detail	Correction	Proposed preventive action plan	Root cause analysis	Date reviewed	Reviewed by
1.1.2	A documented action plan for the customer complaint goal not met during FY24 (goal of less than 60/6FM, actual 83/2FM) was not available for review. The facility was currently not meeting the same goal for FY25 (83/8FM), and an action plan was developed for foreign material complaints.	CA# 063025amk-1 Food Safety continuous improvement performance measures for customer complaints were reviewed to assess the relevance and attainability based on 2024 total lbs. of customer complaints claimed compared to total lbs. produced. The review showed .06% in 2024.	SS management set the findings of .06% as an acceptable limit for customer complaints. A goal of ≤ 1 standard deviation of the 2024 total was set for 2025 to allow for growth in production. A review of Food safety performance measure will be done in the 1 quarter each year to assess yearly results and set action plans.	Due to oversite by senior management the 2024 Objective for customer complaint had an incorrect metric chosen. Management did not choose a system that allowed for plant production growth	2025-07-28	Danielle Massukado
3.8.1	Product disposition from multiple dates was not recorded on the QA Hold Tag Log; the resolution of the product/area had a description of 'released' on multiple occasions. The facility's Control of Non-Conforming Product Hold required that records of disposition decisions	CA# 063025amk-2 BRC finding information was corrected on the Hold Tag log and training was completed with QA employees on how to properly fill out log	PA: The QA Hold Tag Log form was rewritten with directions on how to complete and a reference to SOP 9 Hold & Release was added to the top of the form for instructions on where to look for further directions on how to properly complete the Log.	The root cause was the QA Hold Tag log (FM 53) did not have clear directions for properly filling out information due to omission by management to include details for clear understanding.	2025-07-14	Danielle Massukado

Minor						
	regarding non-conformities and the disposal of products for food safety reasons be maintained.					
4.6.2	(A) Peeling stickers above the chuck line and the round tables in fabrication, and multiple curly q's on cutting boards and rollers of conveyor belt were observed during the facility's walkthrough and pre-operational inspection. (B) A cotton glove was place on the handrail up the mezzanine right above an open combo of round bottom flats. Those findings were a potential foreign material concern to product.	CA# 063025amk-3 stickers were removed and /or peeling area smoothed Belt rollers and boards were smoothed out by maintenance, glove was immediately removed from railing and employee coached to refrain from using railings as a storage area.	(A) A check was added to the monthly GMPs plant Food Safety Walk (FM 27) to address stickers that may be peeling due to ware and training done with employees. A check was added to the new Maintenance Care Program to check Belt rollers, belts, and cutting boards for curly Qs and general wear or damage. (B) A small storage area for equipment was added to the mezzanine and training done with employees.	(A) The peeling stickers on equipment were due to long term ware, this issue of equipment stickers was not addressed in GMPs or Food Safety walks due to management omission. Preventative maintenance was not performed on belt rollers and cutting boards due to no direction given in new PM program for the review of these parts. This was an oversight as transferring to new maintenance program, (B) Cotton glove on rail was due no available place for employees to properly store equipment on mezzanine.	2025-07-25	Danielle Massukado
4.9.1.1	An unlabeled tan barrel with beads inside, located near the case	CA# 063025amk-4 A hole was added to the barrel and a label was then applied to	PA: SOP 51 Purchasing Process has updated information for purchasing	The root cause was the poor equipment design of the barrel did not allow for	2025-07-15	Danielle Massukado

Minor						
	sealer, was observed during this assessment. The barrel had a red scoop inside with a label.	the glue barrel to properly label the container. The scoop was left with a label on it also.	team to look for Items that are purchased for secondary containers to have the ability to be properly labeled when possible. For example, item has a handle or area to apply a secondary label. Reviewed new information in SOP 51 with purchasing team members	a place to attach a label. Purchasing was not aware of flaw in equipment design		
4.10.3.2	During the facility walkthrough, the metal detector and X-ray equipment were tested. The retraction belt from both the metal detector and the X-ray did not reject the testing wand.	CA# 063025amk-5 all effected combos back to last acceptable check were put on hold and ran through working FM detection equipment at the end of the shift. No findings were reported.	The frequency range on the metal detector was adjusted 20 degrees to address the environmental variability and to tighten up the reading range. Metal detector checks continue to be acceptable. added a verification check for FSQA in Safety Chain to ensure properly hanging curtains on the Xray-	The metal detector frequency range was at the upper end of 7 mm detection setting. Wand was not correctly read, ran wand 5 times to try to repeat failure, with no success. Per conversation with metal detector technician expert Jeanne Anderson, current working condition variation such as temperature and humidity were the likely cause.	2025-07-28	Danielle Massukado

Minor						
			SOP 13 Foreign Material updated 18.3 The metal curtains on the Xray must be properly hanging. A verification check is to be completed to ensure metal curtains on the Xray apparatus are positioned properly and freely moving prior to running the wand. X-Ray checks show timing is acceptable	Curtains at x-ray box exit were not correctly assemble after pre-op. curtains were not hanging straight down and caused meat to stop creating a blockage of meat to delay the wand with the timing of the reject belt		
6.1.1	The rim over employee was observed not sanitizing the air knife between the carcasses. The facility's Sanitary Dressing Procedure required that knives be rotated in the sterilizer between each carcass.	CA# 063025amk-6 Employees that were in this position using air knives were trained on the expectation of dipping air knives between carcasses right away.	The SOP 18 was updated to include expectation of sanitizing air knives between carcasses and QA team members were trained on this updated SOP. (section 7.3.4 Air knives and other equipment are dipped in sterilizers between carcasses, and any time contamination is encountered) contamination is encountered	Improper training information. Review of New Hire and Annual Training video and SOP 18 Sanitary Dressing Procedure showed no details included for properly dipping of air knives.	2025-07-14	Danielle Massukado

Minor						
			The Annual and New Hire training program was updated to include the reference to dipping air knives between carcasses			
7.4.3	Quarterly laundry swabs for the Q1 FY25 was not available for review. The facility's Good Manufacturing Practices (GMPs) and Person Hygiene SOP required quarterly laundry swabs.	CA# 063025AMK-7 Added section in SOP 12 to address laundry swab requirements, and training review done with FSQA Coordinator on new swab assignment (addition highlighted in SOP)	Added swab to DOC 16 FSQA Annual Audit, Training & Testing Schedule 2025 as a reminder of the quarterly swab requirement, Trained FSQA Coordinator and management on new information added to training schedule (Doc 16)	Management oversight of complete process. Swabbing plan was not set up in SOP 12 Environmental Monitoring, Compressed Air & Potable Water Program, so FSQA Coordinator who assigns swab tests was not fully aware of the requirements for testing laundry service clothing	2025-07-14	Danielle Massukado

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

Additional Modules / Head Office Non-Conformity Summary Sheet

Critical		
Clause	Detail	Re-audit date

Major						
Clause	Detail	Correction	Proposed preventive action plan	Root cause analysis	Date reviewed	Reviewed by

Minor						
Clause	Detail	Correction	Proposed preventive action plan	Root cause analysis	Date reviewed	Reviewed by

Lead auditor		
Auditor number	**First name**	**Second name**
36441	Danielle	Massukado

Audit team				Attendance (YYYY/MM/DD, 24hr: MM)			Presence	
First name	Second name	Auditor number	Role	Audit Date	Start time	End time	Remote or physical	Professional recognition number
Danielle	Massukado	36441	Lead auditor	2025-06-24	08:00	16:00	Physical	N/A
Danielle	Massukado	36441	Lead auditor	2025-06-25	08:00	16:00	Physical	N/A
Danielle	Massukado	36441	Lead auditor	2025-06-26	06:00	10:00	Physical	N/A

1. Senior management commitment

The Upper Iowa Beef Mission Statement and Food Safety Policy was signed on 02/07/25 by the facility's General Manager. The policy outlined the company's commitment to high-value beef, its relationships with cattle producers, the humane handling of animals, authenticity, food safety, quality, environmental sustainability, and the safety of team members. Food Safety Culture was included in the Mission Statement and Food Safety Policy. These were posted in the welfare areas of the facility.

The Food Safety Culture (FSC) Survey was utilized to gather input from employees. The purpose of the survey was to plan, develop, and continually improve the food safety and quality culture at Upper Iowa Beef, to achieve a positive cultural change. An annual company-wide survey was one of the tools used to gauge the Food Safety Culture. A summary of the survey over the last 3 years was reviewed during this assessment. The survey was completed by 289 employees, representing 84% of the employees who took the quiz, which is slightly lower compared to previous years due to high turnover in February. The Food Safety Culture remained consistent with all categories (less than 5% change from year to year). An improvement in the reconditioning of carcasses and pieces was observed. The facility added four additional questions for a small subgroup of employees, intending to modify the way questions were asked to ensure the company had a good representation of the Food Safety Culture. The following year, the additional questions will be added to the FSC survey for all employees.

Objectives (KPIs) for food safety and quality were communicated to all employees through the company website, during monthly FSQA meetings with all staff, through social media, and posted in common areas (breakrooms). Records from the previous assessment were available for review. Objectives included: (1) the number of trim samples positives of < 1.5%, (2) USDA NRs of 48 or less annually, (3) CCP Failures less than 52 annually, (4) customer complaints less than 60 annually and less than 6 for foreign material findings, and (5) PHR score less than 1% growth. The site was on track to meet the set objectives at the time of this assessment. Objectives were reviewed during monthly, quarterly, and annual management meetings.

For FY24, the facility did not meet the (2) 109 NRs, (3) 53 CCP failures (ZTs – carcasses), and (4) customer complaints 83/2FM. Quarterly Senior Site Meeting on 01/17/25 was held to discuss results, with follow-up meetings on 03/28/25 and 06/06/25. Action plan included: (2) the facility identified four areas of concern regarding NRs to be focused on: pre-op SSOP failure fabrication, pre-op SSOP failure kill, SSOP plant/fab, and SSOP plant/kill; changes included in-house sanitation since 01/01/25, and NR goals were reviewed on 06/09/25 to be adjusted to less than 7 per month to reflect the changes in the sanitation crew; (3) CCP failures were addressed by occurrence and included daily meetings with floor supervisors and all department heads, with transparency of FSQA findings; (4) customer complaints included food safety (reported to FSIS) and quality (reported directly to the facility) - see finding 1.1.2.

The facility was currently meeting all goals for FY25 [(1) 0%, (2) 26, (3) 10, and (5) 2.01% (reduction of 1.8% from previous quarter), except (4) customer complaints 83/8FM [83 customer complaints YTD25, with five FM (3 BBs)]. The facility addressed the BBs' finding by sending a letter to the producer of the affected production date. An example of this letter, reviewed on 05/21/25, included a description of the issue (buckshot) and the location of the finding. Additional foreign material awareness training was included in the FY25 action plan to reduce the foreign material complaints.

Senior management meetings occurred quarterly, in addition to the monthly Food Safety and Quality Assurance meetings, which were conducted to discuss trends and performance. Meeting minutes included: previous management review action plans and timeframes, results of internal, customer, and third-party audits, unmet/met objectives including root cause, complaints, and customer feedback, recalls,

withdrawals, corrective actions, failure to meet specifications, HACCP and Food Safety Plan, food defense plan, food fraud prevention, authenticity, and resource requirements.

Quarterly Senior Site Management Meetings for 06/06/25, 03/28/25, and 01/17/25 were reviewed and demonstrated compliance. Weekly sanitation meeting notes were reviewed for the last 4 months and addressed cleaning needs, issues from the sanitation company, and other required communication. FSQA and supervisors met with management to cover needs and issues at the facility. In addition to the aforementioned management review meetings, the senior management met at least monthly to review food safety, legality, authenticity, and quality issues. Meeting minutes from the previous twelve months demonstrated compliance. The company utilized USDA/FDA notifications, trade organizations, trade magazines, and internet sites to keep current on regulatory, product, and authenticity developments for the products produced.

The company also implemented a confidential reporting system, a hotline. HR was responsible for reviewing confidential reports. The site had not received any confidential reports related to food safety and quality management system in the past twelve months. Employees were trained at hire and again annually on the confidential reporting system.

Human and financial resources were allocated to produce safe food and maintain the BRCGS Standard, including the replacement of the metal detector at the end of the trim line; development classes for management (salaried) positions, such as supervisor, young leader, and managers; in-house sanitation since 01/01/25; and implementation of a new electronic maintenance managment system in May 2025.

The site had a current electronic version of the BRCGS standard. The site audit was within the timeframe. The managers and supervisors were present during the opening meeting, facility walkthrough, and closing meetings to discuss food safety and quality culture. The site did not utilize the BRCGS logo. The site was registered with the proper regulatory enforcement agency as USDA FSIS Est. M45321.

The following nonconformance was identified: (1.1.2) A documented action plan for the customer complaint goal not met during FY24 (goal of less than 60/6FM, actual 83/2FM) was not available for review. The facility was currently not meeting the same goal for FY25 (83/8FM), and an action plan was developed for foreign material complaints.

1.2 - An organizational chart was developed and outlined the reporting structure of the company, and was last updated on 06/05/25. Deputies in the event of absence were identified in job descriptions and were generally the next position above or below the position on the organizational chart and were also included in the Upper Iowa Beef Senior Management Responsibilities policy. The FS Manager was responsible for food safety, and the QA Manager was responsible for the quality management system and was backed up by the FSQA Superintendent and vice versa. The FS Manager and the QA Manager reported to the General Manager. The Plant Manager backed up the General Manager. The General Manager reported to the CEO. Job descriptions were developed for each position of the company which included position summary, job description with responsibilities including required knowledge and experience, work environments or physical requirements, and additional notes. Job descriptions for the salaried FS/QA Manager, an hourly Beef Kill Second Trimmer, and the hourly Fabrication Saw Operator were reviewed. Employees were made aware of the responsibilities when entering into each position and through new hire orientation training, job descriptions review and one on one trainings with supervisors. Employees could access policies, procedures, and work directions through the management team either electronically or through hard-copy binders located in the FSQA office. Employees were directed during new hire orientation, annual refreshers, and during line meetings to report any food safety or quality issues to management.

Details of non-applicable clauses with justification

Clause/Section Ref	Justification
1.1.10	This was a voluntary, unannounced audit.
1.1.13	BRC Logo or references to certification status were not used.
1.2.4	Contractors or consultants were not used.

2. The Food Safety Plan – HACCP

The site operated under two HACCP plans based on Codex Alimentarius principles: Beef Slaughter and Beef Fabrication (Raw Not Ground), and were last reassessed on 03/21/25 and 03/24/25, respectively.

The HACCP Team consisted of members from multiple departments and included the following positions: General Manager, Plant Manager, Operations Superintendent, FS/QA Managers, Maintenance Supervisor, and FSQA Superintendent. The Food Safety Team met monthly at a minimum. The QA Manager led the HACCP team, qualified through formal HACCP training from a third-party on 09/16/21, and with six years of industry experience. Additional HACCP team members also had HACCP training available for review. The scope of the HACCP Plans covered all the products and processes that were manufactured at the site.

Prerequisite programs included pest control, sanitation SSOPs, maintenance programs, training, GMPs, vendor approval, transportation, allergen control, and foreign material control. Pre-requisite programs were reviewed and reassessed annually or when changes to the process required a revision. Pre-requisite validations and verification were completed annually during reassessment.

Product descriptions included the source material, product common name, intended use, packaging, shelf life at what temperature, where it was sold, labeling, and distribution. Intended use for products was general public and included safe handling instructions regarding cooking prior to consumption.

Flow charts detailed process flow including receiving of live animals, receiving and storage of packaging and processing aids, knocking, sticking, hide removal, splitting, gutting, final trim, and final wash. Carcasses then entered hot boxes for cooling. Carcasses were graded in the cooler, entered fabrication, were weighted, broken into primals, subprimals, and commons, and trimmed. The finished product was boxed or placed in a combo, stored under refrigeration or frozen, and then distributed. Flowcharts were verified at a minimum of once a year during the annual reassessment. Hazards identified in the process included biological: Salmonella, E. coli O157:H7, SRMs, and STECs; chemical or radiological: organic acid and antibiotic residue; physical: buckshot and needles. Hazards were either controlled with a CCP or by pre-requisite programs. CCPs were described as follows:

The Beef Slaughter HACCP Plan identified two CCPs:

CCP 1B – Zero-tolerance inspection of carcasses and market heads. Critical limits of no visible fecal material, milk, or ingesta. Monitoring was performed on a minimum of eight carcasses and heads, head products, or Pieces of Head/Cheek meat randomly selected throughout the day by a trained designee. Verification was performed through direct observation one time per day, record review daily, direct observation, and record review of corrective actions.

CCP 2B – Option 1: Organic Acid Spray Chemical Concentration and temperature of Hypobromous Acid (HA) – for control of pathogens E. coli O157:H7, STEC, and Salmonella. Titration of HA between 175-900

ppm, and temperature between 35F – 130F. Option 2 (currently in use): Organic Acid (s) Lactic titration for control of pathogens E. coli O157:H7, STEC, and Salmonella. Titration of Lactic Acid between 2-5%. Monitoring was performed a minimum of two times per shift by a trained designee.

The Beef Fabrication (Raw Not Ground) HACCP Plan identified one CCP:

CCP 3B – Carcass Surface Temperature of 45F or less for control of pathogen growth E. coli O157:H7, STEC, and Salmonella. Monitoring was performed on three carcasses a minimum of two times per day by a trained designee utilizing a calibrated thermometer.

Verification activities included daily thermometer calibration, direct observation, record review, and preshipment review. Records associated with the vertical audit demonstrated compliance. Validation documentation included Dr. Bruce Tompkins Time/Temperature study, Comparison of Methods for Decontamination from Beef Carcass Surfaces, December 16, 1994, Journal of Food Protection, and Slaughter HACCP Validation Addendum (05/08/20).

Corrective actions were identified to bring the CCP deviation back under control, as per 9 CFR 417.3, and documented through the deviation report. Corrective actions were reviewed from 03/20/25 for a zero tolerance finding on the rump and shank of the second half of carcass 140. Records reviewed demonstrated compliance with the facility's procedures. HACCP reassessment was conducted annually, or when changes occurred to the product or process, or in the event of recalls of similar products. Pre-requisite program and HACCP monitoring records reviewed from the week of the vertical traceability exercise were consistent with plan requirements.

Details of non-applicable clauses with justification	
Clause/Section Ref	Justification

3. Food safety and quality management system

3.1 Food safety and quality manual, 3.2 Document control, 3.3 Record completion and maintenance

The food safety and quality manuals were developed and included prerequisite programs, policies, procedures, and work instructions for producing safe quality products. The manuals were maintained in hard copy binders located in the FSQA office. Employees could access such through the management team. Information was available in English, which was appropriate for the current workforce demographic. Translators were available for other languages if needed. Procedures and work instructions contained diagrams as needed.

3.2 - The Document Control SOP outlined expectations for controlled documents, authorization, changes or amendments, and replacing obsolete documents. Some forms were printed from an electronic location, and others were on the digital tablets. Documents were backed-up electronically daily. A Master Document List was presented that included the specified document name, created on date, revision date, and revision number. Forms were managed through database with limited access. Previous versions of controlled documents were destroyed when a new version was issued and QA monitored for compliance.

Two random forms were verified as the current form described in the master document list in use during facility walkthroughs.

3.3 - The Record Keeping and Pre-shipment Review SOP specified that documents were physically or electronically secured with password protection. Electronic records were protected from unauthorized use through passwords and levels of electronic access. Hard copy records were completed in pen (blue or black), and errors were corrected with a single, initialed line through the incorrect information. The use of correction fluid was prohibited, as well as ditto marks. Records reviewed during this assessment were legible and free of errors. The longest shelf life for the site was one year. Records were required to be retained for two years, which met requirements.

3.4 Internal audits

The Internal Audit Schedule encompassed requirements of version 9 of the BRCGS standard and was completed on at least four different dates throughout the year (section 1 on 02/11/25, section 2 on 03/25/25, section 3 on 05/02/25, section 4 in 04/25, section 5 in 06/25, section 6 in 06/25, section 7 in 02/25) by plant auditors who received formal internal auditor training. The lead auditor received formal internal auditing training on 06/21/21.

Training for internal auditors was available for review and demonstrated compliance. Auditors did not have direct responsibility of the areas audited. Reports identified conformity and non-conformity. Records reviewed demonstrated compliance with the facility's procedure. Auditing Schedule listed facility audits and frequencies conducted, including annual Food Defense Self-Assessment Checklist for Slaughter and Processing Plants Outside Security (12/17/24); monthly facility food safety/quality audits: Glass and Brittle Plastic (Facility Food Safety Quality Audit Form); weekly: pest control service review; and daily pre-operational monitoring and SSOP monitoring. Daily operations audit included each area of the facility, sanitation, and hygiene compliance. Audit reports since the previous assessment for annual, weekly, and monthly frequencies were reviewed. Daily audit reports associated with the vertical audit were reviewed. Reports reviewed demonstrated compliance. Corrective actions for non-conformities were documented and included root cause with verification of preventative measures as outlined in section 3.7. The audit summaries were reviewed in the management review meetings (see clause 1.1.4). Meeting notes from YTD25 were reviewed and demonstrated compliance.

3.5 Supplier and raw material approval and performance monitoring

3.5.1 Management of suppliers of raw material and packaging

Biological, chemical (including radiological), and physical hazards of concern associated with raw materials were discussed in section 2 of this assessment. The risk assessment was updated annually or when changes were made, and documented on the Supplier Materials Risk Assessment, most recently on 01/29/25. The Supplier Approval and Monitoring Program outlined the requirements for initial supplier approval and ongoing monitoring. Suppliers were approved through Office Management and the FS/QA Manager. A list of approved suppliers was maintained within the electronic database for sourcing. Animal suppliers were required to provide a feed affidavit that verified the animals had not been fed animal protein, and they were listed on an approved supplier matrix. Requirements included a supplier questionnaire, LOG, third-party site audits, ingredient supplier documents, risk and vulnerability assessments, reviews of approved suppliers, and customer reviews of raw material suppliers. Additional requirements could include a certificate of analysis (COA), HACCP, or a formal food safety program verification statement based on material risk. Materials from non-approved suppliers were allowed into the facility in the event of an emergency, at the direction of the site General Manager, under the oversight of the site FS/QA Manager. These materials were required to undergo a risk assessment before approval. Suppliers were monitored through annual documentation reviews, at a minimum, to assess material performance and conduct material inspections at receipt. Raw materials, packaging, and ingredients were not sourced from brokers. A current list of approved suppliers was maintained and evidenced compliance.

Suppliers were monitored through the overall performance of sourced materials. Supplier traceability was assessed through the GFSI or third-party audit process. Items could not be received if they were not present on the approved list, unless allowed by the General Manager and FS/QA Management. Supplier approval documentation for chemical and packaging suppliers associated with the vertical traceability exercise was provided and evidenced in compliance with the facility's programs and procedures.

3.5.2 Raw material and packaging acceptance, monitoring and management procedures

Documented trailer and product inspections were completed when raw materials, chemicals, or packaging materials were received. Trailer and product condition of materials or packaging were documented through an inspection included on receiving documentation (Material Receiving and Lot Number Tracking Form). Seal integrity and numbers were verified against the BOL for trailers containing incoming materials. Certificates of analysis (COAs) were provided for incoming ingredients where required. Live animals were presented with a producer affidavit that certified compliance with feed bans and verification of program eligibility, if applicable. Receiving documentation associated with raw materials, chemicals, and packaging materials associated with the vertical traceability exercise, and from the facility walkthrough, evidenced in compliance with the facility's programs and procedures. Changes to incoming goods were updated in the electronic approved supplier list spreadsheet.

3.5.3 Management of suppliers of services

The following service providers were utilized by the site: sanitation, pest control, laundry, vending, waste removal, distribution, and laboratory services. Defined service agreements for the following service providers evidenced compliance: vending and waste removal. Service provider performance was monitored through internal audits, direct supervisor, and/or review of work before payment. The Service Provider Risk Assessment, last revised on 01/22/25, explained that service suppliers were low risk and did not pose a food safety risk.

3.5.4 Management of Outsourced processing

The facility utilized cold storage space at a third-party warehouse. The warehouse was audited a minimum of annually, with the most recent certificated date of 06/06/26 by a third-party auditing certification body. The supplier audit standard included HACCP, traceability, distribution, and cold storage standards similar to requirements in GFSI standards. Storage step at the third party cold storage was not included as part of the site's HACCP plan as related to the potential risks to the product safety, authenticity, and legality (see finding in clause 2.1.2). The contract agreement for the cold storage requirements was available for review. Customers were made aware that the product could be stored at a third-party cold storage, through the Food Safety HACCP letter, sent to customers on 01/02/25.

Products returned from the cold storage facility were inspected and documented on the Receiving Product Form (Transfers), and included date received, received from, order number, product code/description, production dates, total boxes/combos, production dates, shipping paperwork attached, trailer identity, trailer temperature settings and actual temperature, seal intact and number, overall box condition and product storage (warehouse/freezer). An example of transfer from 03/05/25 was reviewed and evidenced in compliance with the facility's programs and procedures.

3.6 Specifications

Raw material and packaging specifications were maintained in the electronic system. Finished product specification was provided for Beef Round, Bottom Gooseneck Round and included the product name, label claims, raw materials and WIP, formulation requirements, processing instructions, packaging materials and labeling, defect criteria, weights, storage requirements, and code date formatting. The Specification Master Change Log was maintained for each specification and listed amendments to product specifications along with the effective date. Specifications were reviewed daily by the QA team and at least every three years by the management team, most recently on 02 20/25. Shipped and accepted

orders demonstrated specification acceptance. Customer-branded items had formal agreements available for review.

3.7 Corrective and preventive actions

The Corrective Action, Root Cause Analysis, Continuous Improvement Procedure outlined the requirements for implementation of corrective actions when a deviation from normal processes occurred. SSOP deviation corrective actions were documented on monitoring forms and met the requirements of 9 CFR 416.15. HACCP deviations were documented on the HACCP Master Sheet and met the requirements of 9 CFR 417.3(a). The Five Whys method was implemented, and detailed requirements for conducting root cause analysis for issues, including but not limited to HACCP deviations, SSOP deviations, microbiological failures, audit findings, and customer complaints. Trending deficiencies were documented on the Corrective Action Tracking Log (CA log, NR log, and UIB CA Trending) and reviewed for YTD25. If negative trends were found, corrective actions and investigations were required to be documented. Negative trends were not identified. Corrective actions from CCP failures from 03/20/25 were reviewed and completed as described in the procedure. Additional corrective actions reviewed during this assessment also evidenced compliance.

3.8 Control of non-conforming product

The Control of Non-Conforming Product Hold Procedure outlined the expectations for retaining finished goods, raw materials, packaging, non-conforming products including returned product, or equipment. Hold tags were paper and were applied to identify and segregate the item. The hold tag included tag number, date, reason for hold, and team member placing the product on hold. A hold log was maintained in a hard-copy binder for tracking retained product, which included product name, production date, hold reason, expiration date, amount on hold, disposition, released by, and released date. The hold log spreadsheet was maintained by the QA Management team. The QA Hold Tag Log from YTD25 was reviewed. QA personnel were authorized to release holds. Holds were managed through the inventory management system. When items were placed on electronic hold, they were not eligible for shipment. The Returned Product SOP was established to manage any product that was returned to the site.

The following nonconformance was identified: (3.8.1) Product disposition from multiple dates was not recorded on the QA Hold Tag Log; the resolution of the product/area had a description of 'released' on multiple occasions. The facility's Control of Non-Conforming Product Hold required that records of disposition decisions regarding non-conformities and the disposal of products for food safety reasons be maintained.

3.9 Traceability

The Traceability & Mock Recall Procedure outlined how traceability was maintained and the requirements and responsibilities of traceability and mock recall situations. Traceability was established for raw materials, packaging materials, and finished products. Traceability was managed through an electronic inventory management system and the following manual records: material usage reports, rework trace reports (by production date), and tracking forms. Incoming carcasses from the harvest floor/coolers to the fabrication floor were identified with a hot carcass tag, which was traceable to the live animal supplier.

Finished products were labeled with an LPN (license plate number), which was traceable to the first level of distribution and back to the materials used to produce the product. The finished product was identified with serial ID number. The finished product serial ID number was used to track finished product to purchase order (PO) numbers and to the customer through the inventory system. Supplier traceability systems were confirmed during annual third-party GFSI or direct audits. Trace exercises were conducted a minimum of three times annually and were completed implicating the finished product back to raw meat suppliers and primary packaging material receiving.

The facility-initiated vertical traceability exercises and mock recalls were completed on 03/13/25 for 3 cases (129.43 lbs.) of 3016714 Beef Round, Knuckle Peeled produced on 02/24/25; on 10/16/24 for 68 cases (4306.72 lbs.) of 6012513 Beef Rib Upper Plate produced on 09/13/24, and on 06/06/24 for 50 cases (3367 lbs.) of Inside Skirts (all grades) produced on 05/10/24, in one hour seven minutes, one hour and 42 minutes, and one hour 50 minutes, respectively, with 100% recovery, All vertical traceability exercises included raw material, interventions, and primary packaging with mass balances. During the exercise completed on 06/06/24, it was found that the lot numbers for tracking lactic acid were not being correctly documented. Corrective actions were available for review.

An auditor-initiated traceability exercise was conducted for 183 cases (10789.10 lbs.) of item 4017003 Beef Bottom Gooseneck Round USDA Choice or Higher produced on 03/05/25. The traceability exercise was completed in two hours with 100% recovery and included raw materials, processing aids, and interventions, primary packaging through to the customer. The facility utilized the electronic inventory management system and production paperwork to demonstrate recall capabilities. During the facility walkthrough, products were identifiable.

3.10 Complaint-handling

The Complaint Management SOP outlined expectations for managing complaints. Complaints were received via email and monitored by the Office Management team at the plant. Complaints were communicated to FSQA and the Management team as they were received. FSQA and Operations were responsible for investigations of complaints. Complaint investigations were documented and included root cause and corrective actions, when required. Complaints were trended for the total number of complaints, including consumer foreign material and quality. Trends were reviewed in monthly, weekly, and quarterly meetings as well as an annual review. Negative trends were not identified by the facility. The facility documented the investigation, which included corrective actions and root cause analysis. Customer complaints from YTD25 to present were reviewed. The most common complaints were 23 (27.7%) mislabeling (wrong product in box), 22 (26.5%) bloodshot, 11 (13.3%) fat, 8 (9.6%) FM, and the other 19 (22.9%) under leakers, pricing error, other quality defects, shorted product/miss order, and wrong weight.

An example of an investigation for an intact glove found by a customer on Beef 50 Trim produced on 03/07/25 and a green plastic ribbon in Beef 50 Trim combo received by the customer on 02/06/25 were reviewed and included a lack of reporting missing PPE, and a lack of housekeeping in the packaging area to remove properly the rollers of green plastic ribbon, were reviewed and evidenced in complianace with the facility's programs and procedures.

This site has not received complaints about alleged illness or injury in the past twelve months.

3.11 Management of incidents, product withdrawal and product recall

The Upper Iowa Beef Emergency Action / Crisis Management Plan explained requirements for handling of crisis at the facility including in category I (state of critical functions - power outages, refrigeration/ammonia issues, building integrity, water issues, plumbing, waste water, fires, floods, natural disasters, product contamination, malicious contamination), category II (essential functions - computer network, staffing, cattle supply, packaging supply), and category III (necessary functions – transportation, and communication). The procedure was based on a risk assessment listing possible hazards, possible impact/result, risk reduction/justification, and planned backup.In the event of a crisis, potentially affected products were placed on hold by the FSQA Management to verify product safety. A contact list was provided for plant personnel, which detailed responsibilities in the event of an emergency. The Traceability & Mock Recall Procedure explained requirements for initiation of a product recall, including steps for recall initiation based on a decision-making Recall Flow Chart, requirements for contacting customers, regulatory authorities, and the certification body. Additional information was required to be given to the

certification body within 21 days to determine the validity of the current certificate. Additional information could include corrective actions, preventive measures, and root cause. In the event of a recall, an investigation into the incident was conducted to determine the root cause, corrective actions, and preventive measures. Recall effectiveness was verified through recall effectiveness checks per the Recall Program. Mock recall exercises were completed three times per year at a minimum, as discussed in section 3.9 of this assessment. The facility experienced a real scenario on 02/03/25, resulting in a loss of the employee base and disruption of production flow. As a result, the facility implemented its business continuity plan, canceled cattle deliveries, and made additional personnel movements within the facility to cover key positions. The investigation included timings of key activities and results of the incident, which demonstrated compliance. No product was affected by this incident. The facility experienced two incidents of stolen product: one on 02/26/25, involving 432 boxes (26228.92 lbs.) of beef product stolen and shipped to an illegitimate company, and another incident on 04/09/25, where 26 boxes (1891.24 lbs.) of product were taken from a drop trailer in a customer parking lot. Corrective actions included notification of appropriate authorities and the USDA FSIS district office. Records of the incidents were reviewed during this assessment.

Details of non-applicable clauses with justification	
Clause/Section Ref	Justification

4. Site standards

4.1 External standards

The facility was located in a rural area near the town of Lime Springs, IA, surrounded by paved roads, agricultural land, and one small business. Surrounding grounds did not contribute to the potential for contamination of finished products. External grounds were primarily paved, featured a gravel surface, or consisted of grass that was mowed and kept neat. The building fabric was maintained to restrict pest entry, and bird roosting sites were not identified. Pipes protruding through walls were sealed. The GMP Policy outlined the procedures for visitors and contractors. These individuals were required to sign in on a visitor log after acknowledging their understanding of plant security policies and were escorted by plant personnel while in the facility. Contractors were assigned a contact person who was responsible for overseeing their activities while on location.

Team members were trained to report suspicious activity to site management during annual Food Defense training.

4.2 Site security and food defence

The Site Security, Food Defense and Food Fraud Procedure was reviewed annually or as needed when a new threat emerged, most recently on 01/22/25. The plan was implemented by the QA Manager, who had Food Defense training through the company and had knowledge of the facility and products based on six years of site experience and job position. The facility also performed an annual Food Defense self-assessment that was completed by QA Management. A record from the assessment completed on

12/17/24 was presented for review. The assessment reviewed did not require any corrective actions. Team members entered the facility through a main entrance and scanned an employee key card to gain access. Plant entrances were locked and required a key or electronic key card access to enter. Cameras were utilized to monitor the exterior facility security in sensitive areas. External doors were locked. Incoming and outgoing trailers were locked or sealed. Computer and electronic monitoring systems were password protected. Chemicals were stored in locked areas. Team members were trained to report suspicious activity to site management during the annual Food Defense training through the training system. External tanks were not present.

4.3 Layout, product flow and segregation

Site maps were developed and indicated the location of offices, employee welfare, storage, dock, and production areas, including risk zones, using definitions in Appendix 2. Maps indicated the employee flow at the entrance and in process, raw material flow, to finish product flow, product rework flow, trash, floor drains, and water plan. Access points for personnel, raw materials, and packaging materials were identified on the map. Contractors and visitors were made aware of the facility layout upon arrival and escorted at all times. Sufficient space was provided for safe storage and production of products. Harvest and Fabrication areas were physically segregated, with dedicated employees assigned to work in each area. Temporary structures were not observed during the audit.

4.4 Building fabric, raw material handling, preparation, processing, packing and storage areas

Walls and ceilings were insulated panels and sealed concrete. Floors were concrete with areas covered with epoxy material. Floors were sloped to drains to prevent pooling. Drains were stainless steel. Platforms, stairs, and overhead platforms were equipped with kick plates. External personnel doors were self-closing and sealed. Ventilation fans were screened. Bumpers were present on dock doors to seal during loading. Brushes were present on dock levelers to prevent pest ingress. Lights were shielded or shatterproof and sufficient for cleaning and inspection. Suitable lighting was observed in processing and inspection areas. Windows were not located in a way that could contaminate the product. Suspended ceilings were not observed at the facility in the product areas. Condensation was not observed during the facility walkthrough. Plastic strip curtains were utilized for temperature and airflow control in doorways between multiple areas of the facility, which were observed in good condition, clean, fitted correctly, and did not pose a food safety risk.

4.5 Utilities – water, ice, air and other gases

Water was received from the City of Lime Springs, IA, a municipal water source. A map was developed indicating water distribution through the facility. Potability was demonstrated through quarterly testing by the facility. The annual city water potability report was reviewed for testing results on 02/18/25, for total coliform and generic E. coli, within acceptable limits. The facility's quarterly water test included E. coli, coliforms, and APC, most recently on 05/28/25, and 01/30/25, with results within acceptable limits. The facility did not utilize steam for product contact. Recycled water was not utilized. Dry ice was supplied by an approved supplier who supplied a LOG and COA for each load received. Air was injected into carcasses on the slaughter floor to aid in tissue separation. Air injection needles used to inflate carcass parts were filtered for the removal of dust particles down to 0.1 microns and coalescing of water and oil for a maximum remaining aerosol content of 0.3 microns. Filters were maintained on a PM schedule for a weekly change. Quarterly air sampling results were reviewed for FY25, and results were compliant with established parameters for APC. Backflow prevention devices were tested annually, most recently on 07/22/24. Other gases were not utilized by the facility.

4.6 Equipment

The Design & Development, Specifications & Label Approval Process SOP and Form 88 outlined purchase specifications for new equipment detailing: relevant legislation, intended use, and team review. Such information was documented on Form 88 checklist, with the most recent example from a cryovac packaging installation was available for review. The checklist was completed by a multidisciplinary team that included QA, Sanitation, Operations, and Maintenance. New equipment was subject to the Environmental Monitoring procedure for New Equipment Installation, which included clearance prior to use. Equipment was constructed based on sanitary design principles and maintained following AMI/9 CFR 416. Product contact surfaces were stainless steel, UHMW (ultra-high molecular weight) plastic or materials suitable for product contact.

The facility installed new metal detector equipment, and the Form 88 was completed, and documentation from 08/22/24 was reviewed and evidenced in compliance with the facility's programs and procedures.

The design and placement of equipment did not create a risk to product safety. Unused equipment was cleaned daily with the rest of the equipment in the area. Records reviewed demonstrated compliance. The movement of static equipment was managed through the Design and Development SOP and Form 88 processes Mobile equipment such as forklift trucks, pallet jacks, scissor lifts, and ladders were observed clean and in good working order. Such equipment was cleaned and monitored daily on the preoperational checks. The items did not present a risk to product. The battery charging area was in a segregated area of the site away from processing, ingredient and product storage.

The following nonconformance was identified: (4.6.2) (A) Peeling stickers above the chuck line and the round tables in fabrication, and multiple curly Q's on cutting boards and rollers of belts were observed during the facility's walkthrough and pre-operational inspection. (B) A cotton glove was place on the handrail up the mezzanine right above an open combo of round bottom flats. Those findings were a potential foreign material concern to product.

4.7 Maintenance

Preventive maintenance (PM) was established for each piece of equipment or area of the facility and included routine maintenance of the equipment, which included inspection for damage. Maintenance activities were managed and documented through an electronic maintenance management system, implemented in May 2025. Tasks were communicated in the form of a Work Order (WO). PMs were created (daily, weekly, bi-weekly, monthly, quarterly, bi-annually, and annually). Tool and part accountability were documented on the electronic Maintenance Work Tracking Log. The PM tasks were completed in operational (visual only, no tear down) and non-operational hours. Examples of PMs from May and June 2025 were reviewed and found to be completed per program. Temporary or emergency repairs were documented on the electronic food safety system form Maintenance Work Tracking Log. Documentation of cleaning and sanitizing the area after repair was present on the form. Equipment identified for cleaning and inspection was put on QA hold by attaching a hold tag. The maintenance department met monthly with Operations and senior management and discussed downtime for equipment repairs that occurred in the previous month. Monthly and weekly discussions were made with consideration of adjustments to PMs if necessary. Quarterly maintenance meetings were used to documented those reviews. An example of a quarterly meeting from 02/14/25 was reviewed.

The approval process for new equipment was documented and based on USDA FSIS regulatory requirements and company policy which was discussed in section 4.6.1. The chemical approval process included allergen assessment for food-grade lubricants used in product contact zones. The facility maintenance shop was maintained in a clean and tidy manner. Floor mats were placed at the exit of the maintenance shop area.

4.8 Staff facilities

Employee welfare areas included the break rooms, locker rooms, and toilet areas. The areas were observed to be clean, well-lit, well-ventilated, and properly maintained. Break rooms contained refrigerated and ambient storage for employee lunches. Lockers were provided for storing personal effects. Storage of food and drinks was not permitted in lockers. Restrooms were easily accessible to team members and did not open directly to processing areas. Handwash stations in locker rooms and processing areas met the requirements of 4.8.4 and 4.8.5. The introduction of allergens and allergen-containing products was part of the annual risk assessment outlined in 5.3. Vending machines were provided and included allergen warnings. Mitigation included the requirement to wash and sanitize hands before entering production areas. Smoking and tobacco use were permitted in outside break areas that were equipped with disposal devices for smokers' waste.

4.9 Chemical and physical product contamination control: raw material handling, preparation, processing, packing and storage areas

4.9.1 Chemical control

The Receiving & Traceability of Packaging, Processing Aids & Chemicals SOP outlined the management of purchase, safe and legal disposal, or return of obsolete/out-of-date chemicals and empty chemical containers. The procedure required SDS on file, suitability for food processing, prohibited the use of strong chemicals during production, and storage. The Upper Iowa Beef Emergency Action / Crisis Management Plan outlined the chemical spills in the facility. The Maintenance Program SOP outlined the type and use of lubricants by maintenance. Food grade grease storage in Maintenance was reviewed during the facility walkthrough and found acceptable. Sanitation and processing chemicals were in segregated locations and containers were labeled with restricted access to employees with chemical training. An approved chemical list, maintained electronically on the shared drive, was reviewed and contained chemicals for sanitation, maintenance, production, and office housekeeping. Three random chemicals observed in the facility during the walkthrough were present on the sites approved list. Strongly scented chemicals could not be used during operations.

The following nonconformance was identified: (4.9.1.1) An unlabeled tan barrel with beads inside, located near the case sealer, was observed during this assessment.

4.9.2 Metal control

The Foreign Material SOP with Risk Assessment outlined the knives and sharp metals utilized in the facility. It included the production of floor knives, air needles, and sharp metal. Knives were numbered and correlated with the employee or position. Monitoring was performed pre-shift and post-shift to verify that knives were in a sanitary condition and in good repair, utilizing an electronic foreign material control system. Saws were cleaned at the end of each day and checked for damage. Reviewed documentation from the week associated with the vertical traceability exercise, evidenced in compliance with the facility's programs and procedures. Knives were randomly inspected by QA during production for condition, with results documented daily in the electronic food safety system. Investigations were conducted when knives were reported as missing or damaged. Damage or missing sharps had not occurred in the past 12 months.

4.9.3 Glass, brittle plastic, ceramics and similar materials

The Glass & Brittle Plastic Policy & Procedure outlined expectations on prohibiting glass from the production areas, instructions for glass breakage and brittle plastic clean-up. Clean-up was monitored by QA employees and required containment of area and product, changing of outerwear including inspection

of footwear, and disposal. Breakages were recorded on the Operational SSOP form. Glass or brittle plastic breakage had not occurred since the previous assessment. Lights bulbs were covered and monitored daily during pre-op. The training was provided to staff on GBPCP initially and annually. The monthly facility food safety/quality audits, Daily Pre-Op Sheet, and Daily Operational SSOP form were utilized for process reviews. An annual audit was performed that went through all locations in the facility on 12/05/24, with a map updated on 01/21/25.

4.9.4 Products packed into glass or other brittle containers

Products were not packed in such containers.

4.9.5 Wood

The Foreign Material SOP with Risk Assessment addressed wood pallet use in the facility. Wood was not allowed in production areas, with the exception of pallets. Pallets were inspected for condition at receiving and documented in the shipping forms at receiving and on the floor under the foreign material form. Wood-handled equipment was not allowed in open product areas. Records associated with the week of the vertical traceability exercise were reviewed and evidenced in compliance with the facility's programs and procedures.

4.9.6 Other physical contaminants

The Foreign Material SOP with Risk Assessment explained that metal-detectable pens and markers were permitted for use in processing areas. Work instructions included documented procedures for opening ingredient bags in a manner to prevent contamination of ingredients with packaging materials. Phones were not permitted in open product areas. Tablets were monitored daily. Foreign Object Risk Assessment was reviewed and

discussed in section two of this assessment.

4.10 Foreign-body detection and removal equipment

4.10.1 Selection and operation of foreign-body detection and removal equipment

Risk assessment for foreign materials was discussed in section 2 of this assessment. Metal detectors and X-rays were installed on process lines. Metal detection was monitored with ferrous, non-ferrous, and stainless steel standards, based on product and equipment capabilities. Monitoring was at the start, every period, a minimum, and at the end of the shift. The metal detection and X-ray rejection system was a retractable belt. Test wands were passed through the center of the belt. If foreign material was detected or removed by the equipment, the source was investigated. Information on rejected materials was identified, trended, and preventive actions were implemented to reduce the occurrence of contamination by foreign material. Such had not occurred since the previous assessment. Corrective actions were required in the event of a failed standard detection.

The metal detector and X-ray in use were challenged during the facility walkthrough. See finding 4.10.3.2. Records associated with the week of the vertical traceability exercise were reviewed and evidenced in compliance with the facility's programs and procedures.

4.10.2 Filters and sieves

Filters or sieves were not used.

4.10.3 Metal detectors and X-ray equipment

Risk assessment for foreign materials was discussed in section 2 of this assessment. Metal detectors and X-rays were installed on process lines. Metal detection was monitored with ferrous, non-ferrous, and

stainless steel standards, based on product and equipment capabilities. Monitoring was at the start, every period, a minimum, and at the end of the shift. The metal detection and X-ray rejection system was a retractable belt. Test wands were passed through the center of the belt. If foreign material was detected or removed by the equipment, the source was investigated. Information on rejected materials was identified, trended, and preventive actions were implemented to reduce the occurrence of contamination by foreign material. Such had not occurred since the previous assessment. Corrective actions were required in the event of a failed standard detection.

The metal detector and X-ray in use were challenged during the facility walkthrough. Records associated with the week of the vertical traceability exercise were reviewed and evidenced in compliance with the facility's programs and procedures.

The following nonconformance was identified: (4.10.3.2) During the facility walkthrough, the metal detector and X-ray equipment were tested. The retraction belt from both the metal detector and the X-ray did not reject the testing wand.

4.10.4 Magnets

Magnets were not used.

4.10.5 Optical sorting equipment

Optical sorting equipment was not present.

4.10.6 Container cleanliness – glass jars, cans and other rigid containers

Glass jars, cans, and other rigid containers were not used.

4.10.7 Other foreign-body detection and removal equipment

Such foreign-body detection and removal equipment was not present.

4.11 Housekeeping and hygiene

Sanitation was conducted by in-house personnel since 01/01/25. Cleaning procedures were developed and included step-by-step cleaning procedures for cleaning each piece of equipment or area of the facility. The procedures included chemicals used and sanitation steps(first rinse, detergent application, scrubbing, final rinse, and sanitation self-inspection), condensation wiping, and final sanitizer application. Cleaning procedures were reviewed and included the sanitation steps. A Master Sanitation Cleaning Schedule (MSS) was maintained, outlining less than daily cleaning, responsibility, and was current. MSS was reviewed from YTD25 Labels, and SDS were maintained and reviewed for two random chemicals. A Continuing Letter of Guarantee was kept on file for all cleaning chemicals. Chemical concentrations were monitored daily by the contract sanitation service with titration of each chemical used in the facility. Final sanitizers were titrated daily prior to the release of the floor. Records associated with the week of the vertical traceability exercise were reviewed and evidenced in compliance with the facility's programs and procedures. Chemicals were dispensed manually with recipes for each chemical use. Chemicals could only be transported, mixed, or applied by trained personnel. Sanitation effectiveness was verified through visual inspections of the area/equipment and microbiological swabbing. Sanitation meetings were held weekly. Meeting notes were available and demonstrated compliance with the facility's procedure. Visual inspections were performed on a daily basis following the end of the third shift and documented on the Pre-Operational Verification Log. The release of the line was conducted after obtaining visually acceptable results. Pre-Operational Inspection forms were verified for the week of the vertical traceability exercise were reviewed and evidenced in compliance with the facility's programs and procedures. Cleaning equipment was suitable for its intended use and in good repair. Training was conducted at new hire and annually throughout the year on a schedule on the following topics: General Employee Safety Orientation,

General Cleaning Procedures, LOTO, Safety and Education, General Food Safety Training, GMPs, Steps of Sanitation, Pre-op Training Video, Foreign Material, Color Coding, Hazard Communication and Chemical Handling, Foamer Training and Fall Arrest training. Training records observed were current for FY25. The employee performing titrations during the facility walkthrough had current training available on Titrations and Chemical Handling. Trending data reviewed for pre-op failures and ATP/APC micro data did not indicate any negative trends. Preop swab data was discussed in section 4.11.8.

4.11.7 Cleaning in place (CIP)

CIP was not utilized by the site.

4.11.8 Environmental monitoring

The facility was a USDA Raw Beef facility which provided a risk assessment for not testing environmental pathogens. The risk assessment stated that the facility had not identified environmental pathogens of concern and that the products are intended to be fully cooked by another entity. ATP and APC swabs were taken from 2 different zones: Zone 1 was defined as direct product contact, and Zone 2 was defined as incidental product contact. ATP Meter samples were taken 30 times per month(20 for Zone 1 and 10 for Zone 2). The program of the ATP meter is designed to give readings of Pass, and Fail readings. APC and ATP swab areas were defined as 10x10cm (4”x4”). APC swabs were required to be taken 20 times per month (16 for Zone 1, and 4 for Zone 2). APC reading target APC< 100 cfu/g for Zone 1 and < 500 cfu/g for Zone 2. APC action range for Zone 1 between 100 and 500 cfu/g, and Zone 2 between 500 and 1000 cfu/g. APC action required for Zone 1 >500 cfu/g, Zone 2 >1000 cfu/g. APC corrective action included of results exceeding this level required corrective action from the contract cleaner and initiated resampling of the area. ATP and APC results from YTD25 were reviewed and evidenced in compliance with the facility’s programs and procedures.

4.12 Waste and waste disposal

Waste was collected in designated containers for disposal. Designated employees, floor personnel, were trained to remove waste from open product areas to ensure product safety. Processing waste was removed to the waste removal area where the waste was removed by licensed contractors. Cardboard and general waste were removed by licensed contractors. Inedible materials were segregated into labeled bins and on conveyors for transport to the landfill. Hazardous or unsafe products were disposed of through a third party, and a destruction letter was required, including the date, product, and amount, indicating destruction was completed. Records of hazardous material disposal from 04/25/25 were reviewed. The facility produced customer-branded products. Receiving & Traceability of Packaging, Processing Aids & Chemicals SOP outlined the disposition of obsolete packaging material. The facility has not disposed of trademarked packaging or labels since the previous assessment. Exterior waste bins were observed to be properly maintained.

4.13 Management of surplus food and products for animal feed

Surplus products were diverted to subsequent orders and were not disposed of. Surplus customer-branded products intended for sale to employees or donation to charity were required to obtain the prior consent of the brand owner or were removed and placed in plain packaging, in accordance with the facility’s policy. Products destined for animal feed were held separate from waste materials in dedicated, identified combos, were chilled, and were shipped the same day they were produced. Employee sales

requirements were defined in the Employee Meat Sales policy. Only full boxes were sold, and they were standard products produced by the facility. Products that did not meet food safety requirements were not sold for human consumption.

4.14 Pest management

Integrated Pest Management was contracted to a third party. License, insurance, and certifications were current. Weekly services included interior traps, ILTs, and pheromone traps. Monthly service was provided for exterior bait stations. A current site map dated 06/21/25 detailed 23 bait stations, 81 interior traps, and 24 ILTs. The pest sighting log was maintained, including pest, location, additional comments, and action taken. An approved pesticide log and pesticide SDS were available. Pesticides were not stored on site. Monthly pest trending was conducted for pest activity by station. An annual program survey (assessment) of the pest control system was conducted by the supervisor at the pest control company. Reports was reviewed from the month associated with the vertical traceability exercise. Service reports included service comments, material summary, open condition, condition resolved this visit, pest summary, device summary, area inspections, device inspection details, and material application details.

Pest control devices included a barcode for scanning during service.

Inspections for bird entry points and nesting areas were monitored during weekly inspections. Interior traps were appropriately located and maintained to prevent contamination. Exterior bait stations were secured, and tamper resistant with bait anchored inside. ILTs and pheromone traps were appropriately located to prevent contamination of product. In the event of infestation, or evidence of pest activity action was taken to identify potentially affected product and to minimize the risk of product contamination. Any potentially affected products followed the Control of Non-Conforming Product Hold program. Employees received pest awareness training during annual GMP training. Pest sightings were not observed during the assessment. Stations checked during the assessment were in working condition.

4.15 Storage facilities

Storage areas were established for the storage of raw materials, packaging materials, and finished products. Chemicals and packaging materials were stored separately from raw materials. An off-site warehouse was used for storing ambient materials, including packaging and chemicals. The observed warehouse

was properly maintained. Materials were covered while in storage. Materials were stored on pallets or in racks. Coolers were equipped with alarms that sent an email notification to the refrigeration team in the event of a refrigeration failure. Temperatures were recorded by the system and documentation was

available for review. Cooler temperatures were monitored at least twice per shift. Ambient air temperatures were set for different areas: Carcasses (hotbox) < 37°F, Sales coolers < 45°F, Fabrication rooms < 50°F, Cold-processed product (box warehouse) < 45°F, Frozen room < 20°F (target < 0°F).

Temperatures were visually monitored. An Inventory Rotation SOP was written to define the procedures used to manage the first-in, first-out stock rotation. The premise of this program was that inbound materials had a received date that was tracked in conjunction with the item PO number and was used to ensure proper stock rotation. Trimmings or other work-in-progress materials were tracked through physical means to allow for proper use prior to expiration. Stock rotation was managed electronically was based on FIFO (first in first out) through the inventory management system for all other items. When materials were scanned into production out of FIFO order, an alarm was generated within the inventory system to alert the user that older materials were available for use. The product was not stored in outside storage. Controlled atmosphere storage was not utilized. Records reviewed from the vertical audit exercise

evidenced program compliance.

4.16 Dispatch and transport

The Product Storage, Shipping, and Receiving of Returned Product SOP outlined the requirements of trailer cleanliness and refrigeration capability before shipment. The Product Storage, Shipping, and Receiving of Returned Product SOP and the Returned Product form were established to manage any product that was returned to the site.

Trailers were inspected for damage, odors, and cleanliness; trailers were checked for refrigeration capability prior to shipment. Frozen loads were set to -10°F, and fresh loads were set to less than 25°F. Inspections were documented on the shipping forms. Records reviewed in association with the vertical audit exercise demonstrated compliance with the facility's procedures. Data recorders were utilized to monitor trailer temperature where required by customers. Carriers were a mixture of buyers and brokers. The carriers were subject to the Supplier of Services Risk Assessment covered in section 3.5.3. Carrier agreements were maintained that defined mixed load restrictions, trailer maintenance requirements, load security requirements, and protocols for reporting of accidents and breakdowns. Loading equipment was in good condition, and was inspected prior to use.

Details of non-applicable clauses with justification	
Clause/Section Ref	Justification
4.2.3	Products and materials were low-risk.
4.3.6	Temporary structures were not present.
4.4.5	Suspended ceilings or roof voids were not present.
4.9.4.1	Products were not packed in such containers.
4.9.4.2	Products were not packed in such containers.
4.9.4.3	Products were not packed in such containers.
4.10.2.1	Filters or sieves were not used.
4.10.2.2	Filters or sieves were not used.
4.10.4.1	Magnets were not used.
4.10.5.1	Optical sorting equipment was not present.

4.10.6.1	Glass jars, cans, and other rigid containers were not used.
4.10.6.2	Glass jars, cans, and other rigid containers were not used.
4.10.7.1	Such foreign-body detection and removal equipment was not present.
4.11.7.1	CIP was not utilized by the site.
4.11.7.2	CIP was not utilized by the site.
4.11.7.3	CIP was not utilized by the site.
4.11.7.4	CIP was not utilized by the site.
4.14.3	Pest control services were contracted.
4.15.4	Controlled atmosphere storage was not present.
4.15.5	Outside storage was not necessary.

5. Product control

5.1 Product design/development

The Product requests were initiated through the Design and Development SOP and Form 88, stating that changes would be addressed during the HACCP reassessment. A new product addition was reviewed for 40, 52, and 60 codes of Beef Round, Top Round, Denuded, Cap-Off on 05/20/25. The routing system associated with these requests required the plant FSQA Manager to assess new products for hazards that could be associated with product specifications, formulations, or packaging and to grant approval prior to production. New products significantly different from existing products required production trials before full implementation and shelf-life testing to measure compliance with existing use by warranties. A recent product initiation that necessitated shelf-life studies had not been issued but was available under the Shelf-Life Procedure (organoleptic and microbiological criteria).

5.2 Product labelling

The Design and Development SOP and Form 88 defined requirements for label development and verification. Labels were developed by senior management during the product development process and were reviewed when changes were made to products, packaging, or processes. FSIS label approval documentation was maintained through the electronic Label Repository; approval for the product implicated in the vertical audit exercise discussed in section 3.9 evidenced program compliance. Third-

party printed labels and packaging materials were verified against the most current specification upon receipt. Label policy explained at the start and end of production, at changeovers, and each period, label verifications were documented on the Daily Label Inspection Checklist and included a check against the current product specification and the finished product label, product code, date, plant location, safe handling instructions, best if used by date, origin date, net weight, and establishment number. Records from the week associated with the vertical traceability exercise were reviewed and evidenced in compliance with he facility's programs and procedures. Cooking instructions were not included.

5.3 Management of allergens

Allergens were not used in products at the facility. The Allergen Control Program and Risk Assessment listed known allergens in the US and Canada. The program also addressed allergens in break rooms and office areas, the slaughter production floor, the fabrication production floor, locker rooms, the lunchroom/break room area, the supply receiving area, the boxed warehouse, the maintenance shops, and other relevant areas. The training was completed with new hires and annually with employees for allergen awareness. A risk assessment for allergens was done on 12/14/23 and was required to be completed every three years or when changes occurred. Supplier and raw material allergen risk assessment done on 01/29/25.

5.4 Product authenticity, claims and chain of custody

The Site Security, Food Defense and Food Fraud Procedure, last revised by qualified site management on 01/22/25, addressed economic, substitution, and dilution of ingredients. The assessment outlined a low, medium, or high level of risk for each ingredient, including raw materials and packaging. The facility only had materials that were identified as low risk. The facility received FSIS updates and FDA notifications annually or as needed, and reviewed the program. The individual who developed the vulnerability assessment was trained by the company in completing vulnerability assessments. The ingredients, raw materials, and packaging traced in 3.9 were listed in the risk assessment. Scheduling was the primary method to avoid changeovers needing line clearances. The plan was reviewed and/or updated if there was a change in supplier, a new food safety emergency, or a significant food safety incident occurred. Such had not occurred in the most recent 12 months. Live animals procured through identity programs were delivered with supporting documentation.

Food Legislation, Authenticity, and Customer Requirements policy included processes and procedures that ensured supplier approval for live cattle requirements, minimizing the risk of food fraud.

Identity procedures were developed under the Carcass Segregation, Labeling, and Product Auditing SOP, with carcass grade change procedures verified by operations at each change. During this assessment, grade change procedures were observed, and product identity was maintained in compliance with the plant program. Mass balance exercises were conducted daily on products manufactured under product identity programs. The records reviewed demonstrated compliance. Beef claims, including CAB, USDA Choice, and USDA Prime, "Born, Raised, and Harvested in the USA", and All Natural, were used on products produced. The processed product was reconciled to verify claims made by the USDA. Labels for claims are verified at grade changes. Line and packaging clearance would be documented on the electronic food safety system. Records reviewed associated with the vertical traceability exercise evidenced in compliance with the facility’s programs and procedures.

5.5 Product packaging

LOGs (Letters of Guarantee) were on file for packaging materials to demonstrate that materials were produced following regulatory requirements. Specifications were provided by suppliers to ensure specific characteristic requirements were met. The Control of Non-Conforming Product Hold SOP was developed

for managing obsolete labels and packaging. Senior management was responsible for the destruction of labels, and corrugated was sent to a third party, and certification of destruction was received. The packaging materials were distinctly colored and tear-resistant. Packaging materials were stored off the ground in racks or on pallets and were covered to minimize contamination or deterioration of the materials. Packaging materials observed during the assessment were appropriate for use.

5.6 Product inspection, on-site product testing and laboratory analysis

Product evaluations were conducted during the process and on finished products daily which were documented on the quality forms. The audits conducted daily visually reviewed the product for such items as: quality characteristics, bone fragments, bone slivers, fat or lean color, trim dimensions, weight, and temperatures. These audits were documented on processing forms. Pathogen and other microbial testing was completed at an off-site laboratory accredited to ISO 17025. A certificate was available for review valid through 04/30/26. Product sampling included the following: Trim destined for grind use was sampled daily for ECH7 by combo. Variety meats destined for grind use was sampled daily for ECH7 by pallet lot (when produced). Harvest monitoring was performed monthly at the hide-on, hide-off, final trim, and post interventions with testing for generic E. coli and Salmonella. N-60 Trim verification was conducted quarterly for the 1st and 4th quarters, monthly for the 2nd and 3rd quarters, and tested for ECH7 and STECs. Shelf life was verified annually by sending samples to the third-party laboratory. Results were documented on the Shelf Life Evaluation Form, including weight, color, aroma, texture, and sight. Products were reviewed throughout the shelf life of the product. Records from 01/03/24 were reviewed during the assessment with acceptable results on two different beef items, Eye of Round and Beef Short Rib Plate. Product testing results were trended and reviewed during management meetings as discussed in section 1 of this assessment. Documents from the week associated the vertical traceability exercise were reviewed. The facility tested water and air as outlined in 4.5. The Sampling and Testing Procedure of Raw Beef for Pathogens SOP outlined the obtaining, storage, and delivery of product samples to the external laboratory. Testing limits were subject to customer requirements.

5.7 Product release

Reviews were conducted on each production lot to assure food safety and quality requirements were achieved. Pre-shipment review followed 9 CFR 417.5(c) and included pre-requisite programs, HACCP and SSOP. Shipping or transfer were coordinated following pre-shipment. Positive release was utilized. Product tested for E. coli O157:H7 and or STECs were shipped pending reporting of microbiological test results based on customer agreement to refuse delivery until the COA was received. Product remained within plant control until results were verified.

5.8 Pet food and animal feed

Manufacturing of animal feed or pet food was not performed at the site.

5.9 Animal primary conversion

Risk assessments for incoming goods were incorporated in the HACCP plan hazard analysis and raw material risk assessments. FSIS Redbook 2019 validated the nominal risk of prohibited substances, and the facility participated in the National Residue Program. The risk assessment included the BQA program, producer affidavit, AMS phenotype identification for Angus Beef, and Dentition for 30+ MOA identification. Requirements for accepting raw products and supplier approval included GFSI-certified and FSIS inspected facilities. FSIS inspectors were present and conducted inspections at the lairage and

postmortem. Traceability was maintained for all edible products, raw materials, processing aids, and packaging, as was discussed in section 3.9. Potential hazards were controlled through monitoring of prerequisite programs and CCPs. Pre-requisite programs included but were not limited to housekeeping and hygiene, pest control, preventive maintenance, GMPs, staff training, purchasing, transportation arrangements, and processes to prevent cross-contamination. Critical limits were defined and monitored in section 2 of this assessment. Facility employees and FSIS inspectors observed processing requirements. Inspections were compliant with FSIS regulatory guidelines and directives.

Details of non-applicable clauses with justification	
Clause/Section Ref	Justification
5.2.4	Cooking instructions were not required.
5.3.2	Allergen containing products were not produced at the site.
5.3.3	Allergen containing products were not produced at the site.
5.3.4	Allergen containing products were not produced at the site.
5.3.5	Allergen containing products were not produced at the site.
5.3.6	Allergen containing products were not produced at the site.
5.3.7	Such claims were not made.
5.3.8	Allergen containing products were not produced at the site.
5.4.6	Such claims were not made.
5.6.5	Lab was offsite.
5.8	Manufacturing of animal feed or pet food was not performed at the site.
5.8.1	Manufacturing of animal feed or pet food was not performed at the site.
5.8.2	Manufacturing of animal feed or pet food was not performed at the site.
5.8.3	Manufacturing of animal feed or pet food was not performed at the site.
5.8.4	Manufacturing of animal feed or pet food was not performed at the site.

6. Process control

6.1 Control of operations

Specifications outlined component assembly, code date, and packaging requirements. Specifications were utilized to communicate processing activities to employees on each line. Product quality audits were completed on each product category. CCPs, SPS, SSOPs, and HACCP plans were used to monitor processes and demonstrate control of operations. Equipment adjustments were made by authorized individuals. Critical areas were either locked by a key or code access, such as metal detectors, equipment adjustments, mechanical areas, and process computers. Incoming materials were inspected for product integrity. Product changeovers were monitored and recorded on the processing paperwork. Label and code date verification was completed once a period or at each product changeover and recorded on the audit form, which included a control label. Treatment of carcasses and heads with chemical interventions as a CCP was monitored to allow for the stoppage of operations if the operating parameters were out of an acceptable range. Metal detection and scale calibration verification were recorded on operational forms. In the event of a deviation, products were retained and assessed for quality and safety prior to release. Corrective and preventive actions were recorded on the Corrective Action Form.

The following nonconformance was identified: (6.1.1) The rim over employee was observed not sanitizing the air knife between the carcasses. The facility's Sanitary Dressing Procedure required that knives be rotated in the sterilizer between each carcass.

6.2 Labelling and pack control

The Carcass Segregation, Labeling and Product Auditing SOP outlined the procedures for label verification. Case and label verification was conducted during processing inspections, which were documented at shift start, per period, and during changeovers. Labels were developed by the facility and approved through the USDA label approval process. Generic label approval was used for similar labels. Packaging materials were issued daily based on the production schedule. Manifest labels were not pre-printed and generated through a protected electronic system. A documented label verification at the time of print was available for review with the processing and QA label checks. QA had 100% verification of labels prior to shipping out the product in pallets. Labels were reviewed for code dating, batch number, bar code, country of origin, and weight. Product changeover for a grade change did occur during the facility walk and was completed as described in the facility's program. Verification included correct bags, correct inserts, pre-printed labels, and lines adequately cleared. Label reconciliation was verified by QA and documented on the label verification form. Records associated with the week of the vertical traceability exercise were reviewed and evidenced in compliance with the facility's programs and procedures. Changeover from CAB Choice to Choice was observed during the assessment. Customers did not provide labels for the facility. A start-up was observed as part of this assessment. Observations were compliant with the facility's procedure.

6.3 Quantity, weight, volume and number control

The Control of Net Weight Procedure contained net weight monitoring procedures that were established and compliant with NIST Handbook 133. Monitoring was conducted daily, and the tare and finished product weights were documented. The frequency varied due to the product and the customer. Tares on bagged and boxed items were verified at the beginning of production and at changeovers. Products were required to meet the stated package weight, and labels were printed at the time of the manifest. A third-

party check was completed annually, as outlined in 6.4. Net Weight Audits forms for Offal, and Boxed product records associated with the week of the vertical traceability exercise were reviewed and evidenced in compliance with the facility's programs and procedures. The facility shipped combos of finished products. Online check weighers were not utilized.

6.4 Calibration and control of measuring and monitoring devices

Calibration procedures were established for scales, thermometers, X-ray, and metal detection. A list of equipment with locations was maintained. Adjustments were restricted to authorized personnel. Investigations were conducted into potentially affected products when the equipment was found out of calibration. Scales, X-ray, and metal detector equipment were calibrated annually by a contracted third-party technician. The X-ray was calibrated on 03/03/25. Metal detectors were calibrated on 04/04/25. Scales were calibrated on 03/07/25. Scale verifications were conducted daily with calibrated weights and were documented. Metal detector calibration was verified as referenced in section 4.10.1. Failure of a monitoring or calibration check would result in product retention back to the last acceptable check and disposition after investigating the cause. Measuring devices were removed nightly from production areas, covered, or otherwise guarded to protect against damage. These devices were either password protected or physically locked to prevent adjustment by unauthorized individuals. Thermometers were calibrated against a reference thermometer daily. The reference thermometer was valid through 07/25/25, with the backup thermometer calibration valid through 02/27/26. Calibration records associated with the week of the vertical traceability exercise were reviewed and evidenced in compliance with the facility's programs and procedures.

Details of non-applicable clauses with justification	
Clause/Section Ref	Justification
6.2.4	Online verification equipment was not present.
6.3.3	Online checkweighers were not present.

7. Personnel

7.1 Training: raw material handling, preparation, processing, packing and storage areas

Employee training included Mission Statement, hazcom/safety, product adulteration, illness/wellness, BRC, bloodborne pathogen, chemical handling, food safety, sanitation, GMP (handwashing, gloves, smocks, personal hygiene, hold tags, government tags, food safety, HACCP, SSOP, security, allergen, personal medications, tampering, and reporting issues, product handling, jewelry, hair nets, footwear, gum, tobacco, spitting, toothpicks, match sticks, lotions, candy, eating, lozenges), food security and quality. Additional training on food safety, HACCP, GMP, foreign material prevention, and adulterated products was provided to FSQA team members. Job-specific training was provided for employees when entering positions. The training was provided for new hire employees. Refresher training was conducted throughout the year based on a schedule of topics. The training was provided in English and relevant languages as needed. Training was documented with the electronic training management system and

presentations, and tracked through an electronic training system. Quizzes were built into the system to assess the effectiveness of the training. Visual verification of job knowledge was documented on the internal audit training forms. Contractors and visitors were provided with GMP, Allergen awareness, and safety training upon arrival at the facility. CCP and control measure training was provided when employees entered the position and annually. Personnel responsible for label verification and the packing process received training when entering into the position. Team members observed performing CCP, control measures, and labeling tasks during the facility walkthrough, and had current training available for review. Training records included the name of the trainer, date of training, name of trainee, the topic covered, and duration of the training.

7.2 Personal hygiene: raw material handling, preparation, processing, packing and storage areas

The GMP and Person Hygiene program described the hygiene requirements of the facility, and outlined in the GMPs were disease control, smocks, cross-contamination, footwear, hand wash, hand sanitizer, jewelry, hair nets, beard nets, PPE, allergens, fingernails and false nails, strong perfumes and colognes, hand lotion, first aid items, food and drink in locker rooms, tobacco, gum, beverages, jewelry, and personal items. Medical alert bracelets were permitted with authorization; other types of jewelry were not permitted. Fingernails were kept clean and short. False fingernails or fingernail polish was not allowed. Excessive perfume and aftershave were not allowed. Compliance was monitored each shift which was documented on the operational forms. Blue x-ray detectable bandages were provided for covering minor cuts, which were tested each lot through metal detection. Records of the checks were on file and available for review. Hand washing was required after using the toilet, after breaks, when entering the processing areas, and when hands became soiled. Personal medicines were stored in employee lockers and not permitted on the production floor.

7.3 Medical screening

Persons with infectious or contagious diseases were required to report their condition to management and were not permitted in production areas. Contractors and visitors were made aware of the requirements upon arrival at the facility and were required to report their condition to management and were not permitted in production areas.

7.4 Protective clothing: employees or visitors to production areas

Smocks were provided for employees that had a snap closure external below the waist pockets. Smocks were not permitted inside welfare areas. Hairnets and beard nets were required in exposed product areas. Mustaches were covered. Disposable gloves were provided for employees handling exposed products. The gloves were nitrile powder-free and tear-resistant. Disposable gloves are to be put on and then washed or sanitized. A cotton glove is to be used over the disposable glove in open product areas on the factory floor. Disposable protective equipment was changed when it became torn or soiled. Employee PPE was cleaned and sanitized daily. Mesh equipment, plastic gloves, and aprons were cleaned as often as necessary to prevent contamination, but at least daily. Garments, including frocks, gloves, and sleeves, were randomly sampled quarterly to monitor the effectiveness of sanitation, as per the APC. The laundry provider supplied facility uniforms for harvest personnel and maintenance, as well as frocks for the entire facility.

The following nonconformance was identified: (7.4.3) Quarterly laundry swabs for the Q1 FY25 was not available for review. The facility's Good Manufacturing Practices (GMPs) and Person Hygiene SOP required quarterly laundry swabs.

Details of non-applicable clauses with justification	
Clause/Section Ref	Justification

8. Production risk zones – high risk, high care and ambient high care production risk zones
8.1 Layout product flow and segregation in high-risk, high-care and ambient high-care zones
High risk, high care, or ambient high care areas were not present.
8.2 Building fabric in high-risk and high-care zones
High risk or high care areas were not present.
8.3 Equipment and maintenance in high-risk and high-care zones
High-risk or high-care areas were not present.
8.4 Staff facilities for high-risk and high-care zones
High risk or high care areas were not present.
8.5 Housekeeping and hygiene in the high-risk high-care zones
High risk or high care areas were not present.
8.6 Waste/Waste disposal in high risk, high care zones
High-risk or high-care areas were not present.
8.7 Protective clothing in the high-risk high-care zones
High risk or high care areas were not present.

Details of non-applicable clauses with justification	
Clause/Section Ref	Justification

8.1	High risk, high care, or ambient high care areas were not present.
8.1.1	High risk, high care, or ambient high care areas were not present.
8.1.2	High risk areas were not present.
8.1.3	High care areas were not present.
8.1.4	Ambient high care areas were not present.
8.2.1	High risk or high care areas were not present.
8.2.2	High risk areas were not present.
8.2.3	High risk or high care areas were not present.
8.3.1	High risk or high care areas were not present.
8.3.2	High risk or high care areas were not present.
8.3.3	High risk or high care areas were not present.
8.4.1	High risk or high care areas were not present.
8.5.1	High risk or high care areas were not present.
8.5.2	High risk or high care areas were not present.
8.5.3	High risk or high care areas were not present.
8.5.4	High risk or high care areas were not present.
8.6.1	High risk or high care areas were not present.
8.7.1	High risk or high care areas were not present.
8.7.2	High risk or high care areas were not present.
8.7.3	High risk or high care areas were not present.

9. Requirements for traded products
9.1 The food safety plan - HACCP
Not applicable
9.2 Approval and performance monitoring of manufacturers/packers of traded food products
Not applicable
9.3 Specifications
Not applicable
9.4 Product inspection and laboratory testing
Not applicable
9.5 Product legality
Not applicable
9.6 Traceability
Not applicable

Module 11: Meat Supply Chain Assurance	
Scope	Not applicable
11.1 Traceability	
Not applicable	
11.2 Approval of meat supply chain	
Not applicable	
11.3 Raw material receipt and inspection	
Not applicable	

11.4 Management of cross-contamination between species
Not applicable
11.5 Product testing
Not applicable
11.6 Training
Not applicable

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Preventive Controls for Human Food: 21 CFR Part 117 (Clauses 13.1.1 – 13.1.33)
Not applicable
Preventive Controls for Animal Food: 21 CFR Part 507 (Clause 13.2.1)
Not applicable
Food Defence: 21 Part 121 (Clauses 13.3.1 – 13.3.11)
Not applicable
Sanitary Transportation: 21 CFR Part 1 Subpart 0 (Clauses 13.4.1 – 13.4.9)
Not applicable
Produce Safety: 21 Part 112 (Clauses 13.5.1 – 13.5.18)
Not applicable

14.1 Additional Specifier Requirements

14.1 Traceability
Not applicable
14.2 Environmental Monitoring
Not applicable
14.3 Product inspection and laboratory testing
Not applicable
14.4 Protective clothing: Employees or visitors to production areas
Not applicable