June 22, 2021

**DA ADMINISTRATIVE ORDER** No. \_\_\_\_\_\_\_\_\_\_\_\_\_

Series of 2021

**SUBJECT:** **RULES AND REGULATION ON THE ACCREDITATION OF FOOD SAFETY**

**CERTIFICATION BODIES AS THIRD PARTY SERVICE PROVIDER**

Section 7.7 of Republic Act (RA) No. 10536 (2013) which amended Republic Act (RA) 9296 (2004), otherwise known as the Meat Inspection Code of the Philippines provides that the Accreditation and Registration Division (ARD) shall be responsible for the accreditation of meat establishments, rendering facilities, meat transport vehicles, meat establishment contractors, fabricators, and suppliers and third party service providers and registration and certification;

**SECTION I** OBJECTIVES

1. To provide check and balance to the current food safety certification system enforced to the concerned stakeholders' compliance based on sound science and internationally-recognized voluntary food safety standards such as those developed by Codex Alimentarius;
2. To comply with the above-requirement, to accredit food safety certification bodies as 3rd party service provider to conduct food safety audit in lieu of NMIS and issue certification as a pre-requisite for the issuance of License to Operate (LTO).
3. To assess conformity of meat establishments to ensure that they meet or exceeds minimum standards and to identify steps to continually improve food safety.

**SECTION II** SCOPE

This Circular shall apply to NMIS recognized food safety certification 3rd party service provider to conduct Good Manufacturing Practices (GMP), Good Operating Practices (GOP) and Hazard Analysis & Critical Control Points (HACCP) Certification of meat establishment and meat and meat-by products complying with all applicable requirements set forth by the National Meat Inspection Service.

**SECTION III** DEFINITIONS

For the purposes the following definitions shall apply:

*Accredit* – the power of NMIS to give authority to (d) any person, firm, corporation as provider of government services such as independent or third party service providers, or independent inspection or audit agencies.

*Accreditation Evaluation Panel – reviews the assessment report of the Technical Assessment Team (TAT) and recommends the results to the NMIS Executive Director. The Accreditation Evaluation Panel (AEP) shall be composed of one (1) Chairman (from the Office of Deputy Executive Director) and two (2) Division Heads.*

*Accredited third-party auditor/certification body* - a third-party auditor/certification body recognized by DTI-Philippine Accreditation Bureau. Authorized by NMIS to conduct food safety audits and to issue product or facility certifications.

*Audit* - a systematic and functionally independent examination to determine whether activities and related results comply with planned objectives.

*Audit agent* - an individual who is an employee or other agent of an accredited third-party auditor/certification body who, although not individually accredited, is qualified to conduct food safety audits on behalf of an accredited auditor/certification body. An independent individual contracted by the 3rd party food safety certification bodies to conduct certification process on its behalf and whose findings and actions binds the 3rd party CFSCB.

*Certification* - a process by which accredited certification bodies, based on an audit, provide written assurance that food safety requirements and management systems and their implementation conformed to requirements.

*Controlling authority* means the NMIS1.

*Eligible entity* - NMIS licensed meat establishments that passed the certification conducted by an accredited third-party auditor/certification body.

*Meat Establishment* - premises such as slaughterhouse, poultry dressing plant, meat cold storage warehouse, meat cutting plant, meat depot/distribution center that are approved and licensed by NMIS in which food animals or meat products are slaughtered, prepared, handled, packed or stored.

*Technical Assessment Team* – properly trained and shall be responsible for the conduct of assessment for the third party food safety certification bodies which is composed of one (1) Team Leader and two (2) members who are designated by the Office of the Executive Director.

*Third Party Food Safety Certification Body – eligible food safety certification bodies to conduct food safety audits and to certify that NMIS licensed meat establishments meet the applicable requirements provided by this guidelines. A third party certification body may be a single proprietorship, corporation, non-government or government organization, cooperatives.*

**SECTION IV** AUTHORITY AND RESPONSIBILITIES OF FOOD SAFETY CERTIFICATION BODIES 3rd PARTY SERVICE PROVIDER

1. Shall perform certification and renewal audit on GOP/GMP/HACCP to meat establishments prior to its expiration of LTO, such as assessment of facilities, their processes and meat produce to determine compliance with controlling authority and international standards pursuant to Rule 7.6.2 of DA Department Circular No. 01 series of 2014. Records other information relevant to an audit could include SOPs, raw material controls, analytical results, maintenance records, consumer complaint files, corrective actions plans, self-assessments, supply chain records, and, as applicable, master production records and batch production records;
2. Shall have the authority to access and review relevant record of the meat establishments, conduct on site audits, suspend or withdraw certification;
3. Shall notify NMIS immediately upon discovery of a condition that could cause or contribute to a serious risk to the public health;
4. Shall submit to NMIS reports of meat establishment GMP/GOP/HACCP audit;
5. Shall have the following responsibilities
	1. An accredited certification bodies must inform NMIS on the result, not later than 15 days after completing a GMP/GOP/HACCP audit, and submit electronically to NMIS thru ARD, a report that includes the following information:
6. The name and address of the audited MEs with valid NMIS License to Operate (LTO)
7. The name and address of the eligible entity
8. The dates and scope of the Audit;
9. The process/es of operation observed during audit;
10. The identity of the person/s responsible for the facility's compliance with the applicable requirements of this guidelines;
11. Any deficiencies observed during the audit that present a reasonable probability that the use of or exposure to an adulterated product:
	1. Will cause serious adverse health consequences or death; or
	2. May cause temporary or medically reversible adverse health consequences or where the probability of serious adverse health consequences is remote;
12. The corrective action plan for addressing each deficiency identified, as discussed above, unless corrective action was implemented immediately and verified onsite by the accredited certification bodies (or its audit agent);
13. Whether there is any sampling and laboratory analysis (e.g., under a microbiological sampling plan) is used in the facility;
14. Whether the entity has issued a food safety-related recall of an article of food from the facility during the last 2 years preceding the audit and, if so, the identity of any such article/s of food recalled and the reason/sf or the recall/s;
15. Whether the entity has made significant changes to the facility, its process/es, or products during the last 2 years preceding the audit.

5.2 Ensure their audit agents/auditors are competent and objective

5.3 Verify the effectiveness of corrective actions to address identified deficiencies in audited facilities

5.4 Assess and correct any problems in their own performance

5.5 Maintain and provide NMIS access to records required to be kept under the program

5.6 And such other responsibilities similar or relative to the conduct of certification and in consonance with authority herein above granted by virtue of this accreditation

**PROCEDURE: Application for Accreditation**

 **Application for Accreditation**

1. Upon request, Third Party Food Safety Certification Bodies interested to get accredited by NMIS can obtain an application package which set out the terms and conditions of accreditation to allow the third party food safety certification bodies to decide whether it would like to proceed with its application for accreditation or not. The application package includes the following:
2. a. Application Form
3. b. Schedule of fees
4. c. Procedures for assessment and accreditation, Complaints and Appeals, and others
5. d. Accreditation Terms and Conditions and information kit

e. Checklist (Certification Scheme Specific i.e. GMP SSOP and/or HACCP). Any additional explanation needed by the applicant is provided by the Division Head/Program Manager including necessary explanations on the specific schemes and scopes of accreditation that are covered under the certification system.

2) Application form of Accreditation can be obtained in the NMIS website. The accomplished form shall be submitted at NMIS office.

3) Together with the accomplished application form, the following documents need to be submitted (in hardcopies or electronic form):

1. a. Accomplished Checklist of the Accreditation Criteria
2. b. Copy of SEC Registration with the Articles of Incorporation or DTI Registration or if in case of a foreign CB, duly notarized registration documents and authenticated by Philippine Consulate, as proof of being a legal entity as the case may be.
3. c. A copy of Third Party Food Safety Certification Bodies Quality Manual and relevant associated documents and records.
4. d. Documented rules and procedures for certification activities.
5. e. Copy of previously issued certificate of accreditation for renewal;
6. f. Overview of the financial structure of the applicant body;
7. g. Information on fees charged to its applicants and certified suppliers, and the means by which it obtains financial support;
8. h. Clear definition of the scopes for which accreditation is being applied for.
9. Published certification rules that its applicants must comply with.
10. The applicant body shall provide a clear declaration that it agrees to comply with all the accreditation criteria, assessment procedures including the terms and conditions of the certificate of accreditation. This shall be manifested by an authorized signature on the application form.
11. Application Fee is non-refundable. Application will be processed only upon payment of fees.
12. Payment of fees even without successful decision for accreditation. NMIS reserves the right to take legal actions.
13. The Accreditation & Registration Division (ARD) reviews and evaluates if the accomplished form and required documents are complete. If there are deficiencies on the documents submitted, the ARD informs the applicant in writing and requires them to submit these additional documents.

For approved application, it shall be endorsed by the ARD to the Technical Assessment Team (TAT) for the conduct of assessment/evaluation.

1. The assigned TAT shall assess using the NMIS 3rd Party Food Safety Certification Bodies Checklist to determine if the applicant has the capability to perform the accreditation service with respect to the scope of accreditation applied for.
2. The assigned TAT may arrange an on-site or virtual meeting with the applicant if there are some matters which need to be clarified which may include deficiencies observed in its quality manual and associated documents.
3. If the application is accepted for further processing, a formal quotation is sent for carrying out the assessment of the applicant body based on the fee schedule. Statement of Account (SOA) shall be prepared.
4. Payment of the fees shall be made prior to the issuance of the accreditation certificate.
5. Application which is not active for three (3) months is valid for six (6) months from the date of the acceptance of application. Otherwise a new application shall be filed after six (6) months that the application had lapsed.

**Pre-assessment visit**

1) Pre-assessment on-site visit is conducted by the Technical Assessment Team (TAT). The management system, quality documentation and its implementation are discussed during the pre-assessment visit. The assessment team shall exercise due care to avoid consultancy during such activity.

2) The Technical Assessment Team (TAT) informs the applicant of its findings that may require corrective actions before the initial assessment can proceed. Results of the pre-assessment shall not be used by the applicant to claim that it has been assessed already.

**Appointment of the assessment team**

1) The ARD assigns the Technical Assessment Team (TAT) the scopes applied by the third party food safety certification bodies, approved by the Executive Director.

2) The applicant is notified thru an official letter for the conduct of the actual assessment two (2) weeks prior to the actual assessment.

3) Each member of the assessment team accepts the assignment and commit to impartiality and confidentiality agreement by signing the Assessment Confirmation Slip.

**Documentation review**

1) Document Review is carried out for assessments of initial or re-accreditation. However, document review may be also conducted in surveillance when accredited bodies have made any significant changes of quality system.

2) The designated Technical Assessment Team (TAT) undertakes the review of the documents submitted by the applicant using the checklist. The TL may delegate the documentation review to a team member.

3) Results of the review are communicated to the applicant. If results show that some requirements of the standards are not being addressed in the quality manual or in other associated documents, the applicant shall be required to take corrective actions.

4) Only when all the issues raised as a result of the documentation review have been addressed and upon the applicant’s compliance with accreditation requirements shall the assessment proceed.

5) In the event that the applicant has not acted satisfactorily within six months from the date of the communication of the deficiencies noted during the document review, the processing of the application shall be terminated. However, the applicant may still reapply.

**Conduct of initial assessment**

**Office Assessment (Stage 1)**

1) The assessment includes office-based (stage 1) and witness audits (stage 2). The witness audit shall cover initial certification or recertification and surveillance by the Third Party Food Safety Certification Bodies (TPFSCB) for its applicant.

2) The stage 1 assessment is done against the requirements of the relevant standard and mandatory documents.

3) An initial assessment is scheduled by the TAT when the non-conformances raised during the documentation review and pre-assessment visit have been corrected.

4) The initial assessment includes all other premises of the Third Party Food Safety Certification Bodies (TPFSCB) from which one or more key activities are performed and which are covered by the scope (GMP and/or HACCP) of accreditation. The key activities include policy formulation, process and/or procedure development, contract review, planning of conformity assessments, review, approval and decisions on the results of conformity assessments.

5) The date of assessment is communicated to the TPFSCB at least two (2) weeks prior to the on-site.

6 The assessment team is provided with an assessment kit containing the following but not limited to:

**Preparation for assessment**

 Actual assessment and shall be agreed by NMIS and the applicant. The assessment plan is sent to the TPFSCB at least two (2) weeks before the date of assessment.

 a. Accreditation Mandatory documents;

1. b. Copy of applicant’s quality manual and associated documents;
2. c. Standard forms e.g. non-conformity report form, assessor’s notes;
3. d. Copy of relevant procedures;

e. Assessment plan

1) The assessment starts with an opening meeting presided by the Team Leader, to be participated by the TPFSCB’s senior management.

2) During the assessment, the team reviews the policies and procedures of the TPFSCB as documented in its quality manual and associated documents. It assesses the implementation of these policies and procedures and the ability of the TPFSCB to certify organizations that comply with appropriate management system standards. Where the assessment team cannot reach a conclusion about a finding, the team should refer back to NMIS for clarification. Following completion of stage 1, the TL holds a closing meeting.

**Witness audit (Stage 2)**

1) The witnessing of CB audits on its clients is valuable for:

1. a. Verifying, on site, the effectiveness of a TPFSCB’s programmes and procedures and especially with regard to its assignment of a competent audit teams.
	* b. Observing the TPFSCB’s auditors, as they perform a certification, a re-certification, or a surveillance audit, to evaluate if they: • comply with the CB’s procedures, • comply with ISO 19011,
	* • have the required expertise of the sector in which the audit is being undertaken,

• undertake the audit effectively

2) The witnessing enables TAT to determine whether the TPFSCB is effective in controlling its decision making and certification processes, and thus to assess the TPFSCB’s capability to perform accredited certification.

3) Sampling for witness audit is based on the accreditation scheme:

3.1 Product/Process Certification i.e. HACCP

3.2 Persons Certification i.e. Person certification scheme

4) In case witnessing is not applicable, the Programme Manager, makes a justification and maintain a record.

5) Prior to witnessing, the TPFSCB shall provide NMIS of the following documents for review and evaluation purposes:

 a. agreement between the TPFSCB and its client allowing NMIS to join the audit. The agreement should ensure that the NMIS has the right to witness TPFSCB audits.

1. b. copy of the TPFSCB audit plan;
2. c. background information on the TPFSCB’s audit team;
3. d. copy of the quality manual and key procedures of its client to be audited;
4. e. if the audit being witnessed is an initial certification/reassessment, a copy of the document review report and/or stage 1 audit report;

f. audit report required actions and responses from the previous audit activity.

6) Organization scheduled for initial or recertification by the accredited TPFSCB is considered to be the first priority for witness audit. However, if this policy will cause unnecessary delays to the accreditation process, two surveillance audits.

7) Whenever possible, during the whole accreditation cycle, no TPFSCB auditor and scope shall be witnessed twice.

8) Accredited TPFSCBs and their clients should be aware that failure to conduct the agreed witness audits shall be a ground for raising a non-conformity.

9) The witness audit proceeds immediately after the office-based assessment. Whenever possible, both stage 1 and stage 2 audits shall be witnessed for initial certification. The assigned TAT prepares a witness audit plan based on the itinerary of the TPFSCB’s audit team and provide a copy to the team. The services of a technical expert may be engaged, where necessary.

10The conduct of opening meeting by the TPFCB’s TL, actual audit, audit report preparation, and closing meeting between the TPFCB’s team and the organization are assessed against the TPFSCB’s procedures.

 **Result of assessment**

1 The following definitions shall be taken into consideration when making recommendations:

1. a. **Major nonconformity** means a significant failure to comply with the accreditation criteria such as lack of documented quality management system, absence of a documented procedure for a fundamental element of the management system and failure to adequately control external personnel.
2. b. **Minor nonconformity** means those non-conformances which are usually random and unsystematic human errors. This can take place in situation such as when there is a single failure to comply with accreditation criteria or with the TPFSCB’s documented management system. If a series of minor but related discrepancies are observed which together are judged to be an overall system failure in the area concerned, this shall be considered altogether as a major non-conformity.
3. c. **Observation** means findings not classified as nonconformity but could be areas for improvement on the operations of the TPFSCB. Such observations or areas for improvement should not be interpreted as a form of advice that may lead to consultancy. Corrective actions on observations are not required but will be verified during the next assessment activities. Recurrence of such will be elevated to a nonconformity.

2 If there are no major nonconformity reports raised, the applicant TPFSCB is recommended for accreditation subject to the closed-out of all the minor nonconformity reports raised.

 3 When there is one or more major nonconformity reports raised, the applicant TPFSCB may be subjected to a follow-up visit or reassessment.

4 Recommendation for accreditation denial can be made if the following cases are encountered:

 a. Where competence is not established,

1. b. A major nonconformity was not addressed by the TPFSCB,
2. c. Presence of a significant number of minor nonconformities that will prove that the management system of TPFSCB is still inadequate.

5) Responses to all nonconformities shall be submitted to NMIS within sixty (60) days for initial assessment. Nonconformities raised resulting from witness audit shall be responded within one month from the date of the witness audit. All nonconformities shall be cleared within four (4) months from date of on-site assessment. The TPFSCB shall ensure that responses and corrective actions take place with sufficient time to provide further responses as required.

 6) If there is a need to conduct a follow-up visit, the TL or any member of the assessment team conducts the follow-up visit to verify the effectiveness of the corrective actions.

 7) An extension of one month from the timelines may be extended upon request by the TPFSCB. Upon review of the request, NMIS may accept or reject such request as appropriate.

 8) The whole accreditation process is expected to be completed within three (3) months from the date of application. The application may be invalidated if the TPFSCB fails to submit within agreed timeframes all corrective actions and other required accreditation related documents. In such case, the CB will have to re-apply and pay application fee.

  **Assessment report**

1 The TL together with the members prepares a report on the results of the assessment separately for office and witness audit. NMISsends the final assessment report to the applicant for its comments on the contents and to acknowledge the report. The NMIS shall remain responsible for the contents of the assessment report, including confidentiality of information/data. If the report on the outcome of the assessment differs from the report of the findings of the assessment team, NMIS shall provide an explanation to the assessed TPFSCB.

 2 The final report contains the following as a minimum:

 a. name and address of the TPFSCB,

1. b. scope/s of the accreditation sought or maintained,
2. c. names of the members of the assessment team,
3. d. a description of the accreditation process and criteria including the assessment plan, dates and places of the assessment (stage 1 and stage 2)
4. e. names of persons and their assigned functions meet in the course of assessment,
5. f. Statement on the adequacy of the TPFCB’s systems and procedures to provide confidence in its competence,
6. g. a statement on the compliance of the applicant and/or accredited TPFSCB with accreditation criteria and on the actions taken to correct any reported nonconformity/ies,
7. h. summary of the most important observations, positive as well as negative ones regarding the implementation and effectiveness of the applicant’s systems and procedures,
8. i. a recommendation by the assessment team as to granting, reducing, or extending accreditation for the proposed scope,
9. j. any further information that may assist in determining fulfilment of requirements and the competence of the TPFSCB.

3) The ARD reviews all the assessment documents and the accreditation file of the TPFSCB to check if the accreditation processes have been completed including that the corrective actions on the nonconformities appear to be sufficient and effective.

**Accreditation decision**

1 An Accreditation Evaluation Panel (AEP) composed of three members is convened to evaluate independently the assessment documents. whether:

* • the accreditation processes are complete,
* • the assessment is carried out according to established procedures,
* • all nonconformities raised are cleared and corrective actions are effective,
* • the recommendation of the assessment team is appropriate against the findings.

 The evaluation maybe conducted face to face or via electronic means. In this case, NMIS shall ensure

 the confidentiality of the evaluation process.

 2) The members of the AEP shall commit their availability to the evaluation and that they adhere strict observance of confidentiality protection on the information and data provided in the report.

 3) If the AEP finds that items are observed and complete, it confirms the recommendation of the assessment team and endorse the accreditation of the CB to the NMIS Executive Director. However, if the AEP observes system incidents by the NMIS in processing the accreditation, the Chairman of the AEP informs the Program Manager/TL through the Incident Report Form. All incident reports shall have been cleared before the recommendation of the assessment team can be confirmed by the AEP.

 4) If the AEP has some concern over the assessment findings, any of the following conditions can be taken into account, whichever is applicable:

 • Extension of the assessment or a special visit to the TPFSCB can be requested to clarify and validate some concerns prior to recommendation,

* • Increase in the frequency of surveillance visits after accreditation can be made until the performance of the TPFSCB is satisfactory and totally acceptable to the AEP.

5) The AEP prepares a brief summary of the results of the accreditation procedures and submits the summary to the NMIS Executive Director for information and reference in the approval or denial of the certificate of accreditation.

**Documents from other Accreditation Body**

 Where NMIS uses the results of an assessment already performed by another accreditation body as a result of the implementation of cross frontier accreditation, same procedure as above follows. Documents from other Accreditation Body (AB) e.g. document review results, assessment report, non-conformity reports are included in the documents to be submitted to the AEP. NMIS considers the reports from the other AB as equivalent and comply with the requirements.

**Issuance of the certificate of accreditation**

1) The effective date of the Certificate of Accreditation is based on the date of approval of the NMIS Executive Director. The Certificate is valid for one (1) year from date of issue for the initial and three (3) years for the renewal.

2) The details of the scope of accreditation granted are indicated in an associated document issued together with the terms and conditions of accreditation.

**Scope extension/reduction**

1) When an accredited TPFSCB decides to apply for scope extension within or during its accreditation cycle, an application for extension is filed using an application form. Upon filing, there is a corresponding application fee which can be included in the billing when the assessment activities are completed.

2) The accredited TPFSCB shall submit procedures related to the scopes and qualifications of its certification personnel.

3) Assessment is carried out as part of the surveillance visit or re-accreditation assessment. The expiry date of the additional accredited scope/s shall be identical to the expiry date of the original certificate of accreditation. The associated document to the Certificate of Accreditation is revised to include the extended scope/s. The original certificate of accreditation issued to the TPFSCB remains the same.

4) NMIS may decide to reduce the scope of accreditation to exclude those parts where the TPFSCB has persistently failed to meet the requirements for accreditation including competence.

5) If for some reasons the accredited TPFSCB decides to reduce the scopes of its accreditation, it shall write the NMIS Executive Director of its decision. The TPFSCB shall discontinue the use of all advertising materials that refer to the original approved scopes.

6) Final review of the recommendation for extension or reduction of scopes shall be done by the AEP if the assessment is carried out as part of the reassessment or by a NMIS Accreditation Staff if the assessment is carried out as part of surveillance assessment.

**Accreditation Cycle (Surveillance)**

1) After each initial assessment, the TL prepares an assessment program for each accredited body. The program ensures, as a minimum that all elements of the accreditation criteria, approved scopes and where practicable, all branch offices that are covered by scope of accreditation are assessed in a full reassessment cycle.

2) 1st Surveillance visits after initial is carried out no longer than 12 months after the granting of initial/reassessment accreditation decision. Succeeding surveillance visit is carried out no longer than 24 months from the previous surveillance. The reassessment is conducted six (6) months before the expiry of the TPFSCBs accreditation validity.

3) Where TPFSCB works in different offices, the NMIS assesses representative samples of the premises with one or more key activities. NMIS ensures that all premises are assessed within the effectivity of its accreditation.

4) For each surveillance, as a minimum NMIS will look into the following:

1. a. Effectiveness of the accredited CB’s operation with regards to achieving the objectives of Code of Food Hygiene ……
	1. b. Verification of submitted data/information;

5) Any member of the team who conducted the initial assessment may be among those who shall conduct the first surveillance. The processes for surveillance assessment follow those of the initial assessment including planning and selection of assessment team.

6) Surveillance assessment shall cover both the office-based and witness audits of the selected accredited scope. The time frame to correct all nonconformities raised during surveillance assessment depends upon the nature of the non-conformance.

7) When a nonconformity has been classified as minor, the TPFSCB has 30 days to submit corrective action. On the basis of the evidences of the implementation of the corrective action, the minor nonconformity may be closed-out or followed up during next visit, i.e. closure will be done on the next visit if the evidences of the implementation of the corrective action are not sufficient. The assessment team may recommend the continued accreditation upon submission of the corrective actions.

8) In case however, a major nonconformity has been raised and the necessary corrective action to be implemented requires significant changes, the accredited TPFSCB shall have seven (7) working days to respond to the nonconformity citing the proposed corrective actions. The nonconformity may be closed-out by on-site verification or an off-site review of documentary evidences of corrective actions. The evaluation of the evidences of corrective actions shall take place within three (3) months from the date of surveillance assessment.

9) In case the TPFSCB fails to clear all the nonconformities within the prescribed time frame, the TL is obliged to make recommendation for suspension to the AEP pending implementation by the TPFSCB of appropriate corrective action. Moreover, failure by the TPFSCB to implement corrective action within six (6) months shall result in the TL being obliged to recommend withdrawal of the Certificate of Accreditation.

10) Where an assessment finding has been detected as repetitive in nature and such finding has not been adequately addressed, the assessment team may elevate such finding to either minor or major nonconformity, whichever is applicable.

11) Special surveillance assessment shall be conducted should the AEP or the NMIS Executive Director deems it necessary. The following are examples where the surveillance program may be modified to include more frequent visits if:

 a. There are reasons to suspect that performance of the accredited TPFSCB may have deteriorated; or

1. b. The accredited TPFSCB undergoes a significant re-organization e.g. change in legal, commercial, ownership, top management and key personnel; or
2. c. Changes in main policies, scope of accreditation; or
3. d. Adequate review of a particular area during the previous visit has not been possible; or
4. e. The accredited TPFSCB engages a significant number of new auditors since the last assessment; or
	1. f. Based on complaints against the accredited TPFSCB.

12) The special surveillance activity may either be increased or relaxed as a result of the level of confidence.

The NMIS shall inform the TPFSCB of the possibility of the special surveillance assessment.

 Note: Witness audits maybe done before the office-based scheduled assessment.

 **Accreditation Cycle (Reassessment)**

1) NMIS shall start the reassessment process of accredited TPFSCB six (6) months prior to the expiration of the validity of the certificate. This is to ensure that the TPFSCB remains accredited while the reassessment process is in progress.

2) If the accredited TPFSCB applies for re-accreditation, it will be subjected to a reassessment equivalent to an initial assessment. In case the accredited TPFSCB does not re-apply, the procedure for suspension, cancellation and withdrawal may be followed until re-assessment is finally completed.

3) On-site assessment includes all other premises of the TPFSCB from which one or more key activities are performed and which are covered by the scope of accreditation.

4) Records generated during the five-year (5) operation as accredited TPFSCB shall be assessed also.

5) The re-accreditation of the TPFSCB may be granted even when the witness audits have not been completed on expiry date of the certificate on condition that there is no major nonconformity in the office-based assessment and in the witness audits already conducted.

**SECTION VIII GROUNDS FOR WITHDRAWAL OF ACCREDITATION**

The controlling authority may withdraw the certificate of accreditation a third-party food safety certifying bodies on the following grounds:

**Suspension and withdrawal of accreditation**

1) NMIS shall suspend the certificate of accreditation granted to a Third Party Food Safety Certification Bodies (TPFSCB) in cases of the following:

1. a. unjustified refusal of the accredited TPFSCB to allow NMIS assessors access to its premises, facilities, records, and personnel, as may be necessary, for the conduct of surveillance visits during working hours;
2. b. use of the Certificate of Accreditation beyond its scope;
3. c. violation of the non-transferability condition of the Certificate of accreditation;
4. d. failure of the accredited TPFSCB to observe NMIS rules on the use of the accreditation mark;
5. e. failure of the accredited TPFSCB to address within the agreed time frame any nonconformities found;
6. f. the accredited TPFSCB has made changes in its management system that is not acceptable to PAB;
7. g. failure of the accredited TPFSCB to pay the required fees;
	1. h. failure of the accredited TPFSCB to observe any of the terms and conditions of the certificate of accreditation.

2) The period of suspension shall be up to six (6) months depending on the gravity of offense. However, failure of the accredited TPFSCB to undertake appropriate corrective actions within the suspension period shall result in the withdrawal of the Certificate of Accreditation.

3) NMIS shall withdraw the Certificate of Accreditation in cases of the following:

1. a. willful misrepresentation/s by the accredited TPFSCB of a material fact in obtaining the Certificate of Accreditation;
2. b. failure of the accredited TPFSCB to continuously conform to the accreditation criteria;
3. c. if the accreditation criteria are changed and the accredited TPFSCB fails to ensure conformity despite stern warning, with the new requirements;
4. d. when the TPFSCB request its withdrawal;

e. when the ceases to operate its accreditation scheme.

4) The AEP shall review and evaluate the recommendation of the NMIS to suspend or withdraw the accreditation of a TPFSCB. The Director finally decides on the recommendation of the AEP.

5) NMIS publish the suspension or withdrawal of a certificate of accreditation.

6) NMIS may lift suspension of the suspended TPFSCB on the following conditions:

1. TPFSCB has acted promptly i.e. within 6 months suspension, and conducted appropriate actions based on the reason or grounds of suspension (e.g. payment of fees)
2. Satisfactory evaluation of the corrective actions made by the TPFSCB, which results to NMIS’s recommendation to AEP to lift the suspension.

7) The AEP shall review and evaluate the recommendation of NMIS to lift the suspension.

8) NMIS amends publication made at its website based on the decision made, i.e.

 The NMIS Director finally decides on the recommendation of the AEP suspension was lifted.

**SECTION VIII** REINSTATEMENT OF WITHDRAWN ACCREDITATION CERTIFICATE OF 3RD

PARTY FOOD SAFETY CERTIFICATION BODIES

The controlling authority may reinstate the certificate of accreditation a third-party food safety certifying bodies for which accreditation has been revoke/cancelled by accreditation body

1. If the controlling authority determines, based on evidence presented, that the third-party certifying bodies satisfies the requirements of this guidelines and adequate grounds for revocation no longer exist; and
2. If the third-party service provider certifying bodies is again recognized not later than 1 year after revocation of accreditation and submission of certificate of good standing from the accreditation body .

**SECTION IX** MONITORING

To ensure compliance with the requirements of this guideline, the NMIS shall;

1. periodically, or at least once within the validity period of accreditation, re-inspect the 3rd Party service provider certifying bodies either during the conduct of audit of meat establishment
2. periodically, or at least once every year, evaluate the performance of each accredited third-party auditor, through the review of regulatory audit reports by such auditors, the compliance history as available of eligible entities certified by such auditors, and any other measures deemed necessary by the NMIS;
3. at any time, conduct an on-site audit of any eligible entity certified by an accredited third-party auditor, with or without the auditor present; and
4. take any other measures deemed necessary by the controlling authority.

**SECTION XI** PUBLICLY AVAILABLE REGISTRY

NMIS shall establish publicly available registry of recognized third-party service provider certifying bodies, including the name of contact person, address and other information deemed necessary through its official website.

**SECTION XII** ACCREDITATION FEES AND CHARGES

 The following fees and charges shall be collected

 Processing Fee

 Mailing Fee

 Request for Original Copy of issued certificate in case of lost

 Certificate of Recognition to Third Party Service Provider /Certifying Body

**SECTION VIII** GROUNDS FOR WITHDRAWAL OF ACCREDITATION

1. If the meat establishment and meat certified by third-party service provider certifying bodies is link to an occurrence of foodborne illness that has a reasonable probability of causing serious adverse health consequences or death in humans or animals;
2. Following an evaluation and findings by the controlling authority that the third-party service provider certifying body no longer meet the requirements of recognition;
3. Revocation/cancellation of accreditation issued by PAB-DTI

Note : Include DTI-PAB MSA Quality Procedure – THE ACCREDITATION PROCESS

“SUSPENSION AND WITHDRAWAL OF ACCREDITATION”

**SECTION XIII** REPEALING CLAUSE

All provisions of existing Memorandum Orders, Circulars, Implementing Rules and Regulations and other issuances that are inconsistent with this Circular are hereby modified, revoked or repealed accordingly.

**SECTION XIV** EFFECTIVITY

This Order shall take effect fifteen (15) days after its publication in two newspaper of general circulation and submission of copy to the National Administrative Register (NAR), UP, Diliman, Quezon City.

RECOMMENDING APPROVAL

**JOCELYN A SALVADOR, DVM, MPA**

OIC, Executive Director

National Meat Inspection Service

APPROVED BY

**DR. WILLIAM D. DAR**

Secretary

Department of Agriculture

Date of Approval \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Annex A**

 **Accreditation Process Flow Chart**

 Application Receipt and Processing Formal Application, together with its quality documentation, is received from an applicant CB.

The CB submits its quality documentation for a systems review against relevant standards Documentation Review / Systems Assessment Initial Assessment Stages 1 & 2 An applicant can request for a pre-assessment to be conducted.

NMIS ARD carries out assessment in two stages to determine compliance with the accreditation criteria Stage 1 – Office based assessment Stage 2 – Witness of the CB’s audit, where applicable

The assessment report is endorsed to an impartial and independent Accreditation Evaluation Panel for review who will then make a recommendation.

NMIS Director makes final decision on accreditation upon recommendation of the AEP. When granted, Certificate is valid for 1 year during the initial and 3 years for the renewal.

Accredited CB will be subjected to surveillance assessments to ensure the accredited CB’s continued compliance with the terms and conditions of the Certificate of Accreditation. Approval of accreditation Surveillance Assessment \*witness audit requirements to be satisfied annually Re-assessment A full reassessment of the accredited CB’s management system is done every three (3) years. Office-Based Assessment to be conducted at least six (6) months prior to expiry. Pre-assessment (optional) Review of Assessment Report

**Annex B**

 **Standard Number of Accreditation Assessment Man-Days**

1. Calculation of man-days during office-based assessment shall be based on the following:

1. a. types of assessment e.g. initial, surveillance, or reassessment;
2. b. number of scopes being applied;
3. c. number of certification program
4. d. number of certificates issued;
5. e. number of critical locations;
6. f. prior knowledge of CB’s management system;
7. g. client’s preparedness for accreditation;
8. h. maturity of management system;
9. i. number of nonconformities and corrective actions to be followed-up;

 2. The standard man-days are as follows:

|  |  |  |  |
| --- | --- | --- | --- |
| Certification Programs  | Initial  | Surveillance  | Reassessment  |
| One  | 4  | 2  | 3  |
| Two  | 5  | 3  | 4  |
| Three  | 6  | 4  | 5  |
| Four  | 7  | 5  | 6  |

3. Depending on the applicable factors above, the number of man-days maybe increased or decreased.

4. The standard man-days for document review for one management system is two (2). An additional of one man-day is estimated for one more management system.

5. The number of man-days for post assessment activities e.g. report writing and review of corrective actions is estimated as two (2) man-days.

 6. Whenever possible, the number of man-days for witness audit shall follow the audit man-days of the certification body.