Procedure	Content	Date
GEN-1	Organization and governance structure	10-11-2026
GEN-2	Data Management	13-11-2025
GEN-3	Program development and maintenance	13-11-2025
GEN-4	Document control	10-11-2026
GEN-5	Integrity Monitoring Program	13-11-2025
GEN-6	CB office audits	10-11-2026
GEN-7	Management review and internal audit	10-11-2026
GEN-8	Certification Audit Report Handling	10-11-2026
GEN-9	Audit time	12-01-2026
GEN-10	Complaint handling	17-11-2025
GEN-11	Auditor examination	10-11-2026
GEN-12	Management of extraordinary circumstances	17-11-2025
GEN-13	Provisional certificate – relocation of certified site	17-11-2025
GEN-14	Risk Assessment – Extension of certification	17-11-2025
GEN-15	Qualification of auditors	17-11-2025
GEN-16	Remote GRMS audit	17-11-2025
GEN-17	Qualification of technical reviewer	17-11-2025

1. Certification programme owner

The Danish Agriculture & Food Council (Landbrug & Fødevarer F.m.b.A) is the owner of the Global Red Meat Standard. Companies or Certification Bodies wishing to use this Standard may contact the Danish Agriculture & Food Council (DAFC) via the Global Red Meat Standard website www.grms.org

DAFC is legally and financially independent from organisations that has influence regarding accreditation or certification decisions, and DAFC is not involved in auditing and certification of the scheme or any other scheme, except in relation to the integrity programme of GRMS.

DAFC has an insurance to cover any liabilities, which may arise from activities related to GRMS.
Copyrights related to GRMS and especially the uses of the GRMS-logo are monitored.

Products produced under GRMS certification shall not be labelled, marked or described in a manner, which implies that they meet specific food safety criteria. GRMS-logo shall not be used on products and packaging materials.

2. Governance structure

The structure, governance and operations of GRMS is open and transparent and all relevant information regarding ownership, governance structure, key persons and members of Governance Board and Technical Working Group is publicly available at GRMS website www.grms.org.
The Global Red Meat Standard is managed by the DAFC and is governed through three main groups that provide the future objectives of the standard and the knowledge of implementation.

- GRMS Governance Board
- GRMS Secretariat
- GRMS Technical Working Group
- GRMS Stakeholder Group

2.1 GRMS Governance Board

The Governance Board provides the strategic direction and oversees the management of the Global Red Meat Standard.
The Governance Board consists of representatives from DAFCH and the Danish Meat Research Institute. The Governance Board selects the chairman. Members of the Governance Board shall be approved by the board of directors in DAFC, following a formal review of proposed board members prior to their appointment to ensure professional integrity, competence and impartiality.

The Governance Board has the following authority and responsibilities:

- Strategic management of GRMS
- Setting objectives for GRMS and making the objectives openly available
- Approval of members of the Secretariat and Technical Working Group
- Formal review of personnel to ensure professional integrity, competence and impartiality
- Approval of GRMS and amendments to GRMS
- Management review and conformity assessments against GFSI requirements
- Approval of annual review report and corrective actions taken
- Integrity assessment programme
- Internal audit
- Securing funding and appropriate number of staff

2.2 GRMS Secretariat

The operation of the Global Red Meat Standard is managed by the GRMS Secretariat with input from the Technical Working Group and the Stakeholder Group.

The secretariat is managed by the GRMS General Manager appointed and approved by the Governance Board. It is important to ensure the impartiality of members of the Secretariat.

The Secretariat has the following authority and responsibilities:

- Management of GRMS
- Management of the Technical Working Group and the Stakeholder Group
- Contractual and formal arrangements with GFSI
- Participating in GFSI activities (working groups, board meetings, conferences etc.)
- Securing benchmarking against GFSI requirements
- Ensuring stakeholder consultation
- Contracts and communication with Certification Bodies and Accreditation Bodies.
- Monitoring of activities of Certification Bodies
- Auditor training and auditor competencies
- Preparing the annual review report

2.3 GRMS Technical Working Group

GRMS is maintained and developed in close corporation with industry representatives and The Technical Working Group is maintained to ensure input from meat industry experts, food safety experts, meat manufacturers and industry association professionals.

The group works closely together with the Secretariat throughout the year and provides technical expertise and advice for the Secretariat and Governance Board. The main task of the Technical Working Group is to supply input to the development and maintenance of GRMS and discuss technical, operational and interpretational issues related to the Standard.

The Technical Working Group has the following responsibilities:

- determination of the content, structure and ranking system
- determination of changes and additions
- determination of the requirements for the Certification Bodies and auditors
- ensure that regulatory requirements are included in the standard
- ensure that best practice is included (technological and scientific developments) in the standard
- annual review of the standard and the audit protocol to ensure that they are still in compliance
- evaluation of GRMS in practice
- input to the annual review report

2.4 GRMS Stakeholder Group

The Stakeholder Group is not a formalised group.

The GRMS Secretariat is in close dialogue with Certification Bodies and auditors participating in the Certification Programme, discussing issues of interpretation, implementation and suggested improvements. In addition, exchange of information and regular feedback from authorities, retailers and other users of GRMS are taken into consideration when reviewing and updating the Standard.

It is the responsibility of the GRMS Secretariat to ensure stakeholder consultation to the

extent necessary to secure the development of GRMS in accordance with the requirements from relevant stakeholders.

Stakeholders and other interested parties can make direct contact to the General Manager and the GRMS secretariat to clarify any interpretation of the Standard.

2.5 Members

GRMS Governance board:

Jens Munk Ebbesen, Director DAFC, Chairman
Mette Gammicchia, Head of Department DAFC
Lene Meinert, General Manager, DMRI

GRMS Secretariat:

Asger Kjær Nielsen, Manager GRMS, DAFC
Carina Hagmann, Coordinator GRMS, DAFC
Linda Jensen, Manager, DAFC

GRMS Technical Working Group

Gitte Petersen, Tican Fresh Food
Lone Christiansen, Danish Crown
Mette Agertoft Larsen, Danish Crown
Frank Christiansen, DanePork
Niels Henrik Kaspersen, DAT-Schaub
Carina Hagmann, DAFC
Asger Kjær Nielsen, DAFC
Linda Jensen, DAFC

Stakeholder group

Asger Kjær Nielsen is responsible for contact ABs.
DANAK is home accreditation body.
The GRMS Secretariat is responsible for contact with stakeholders in general.

Main stakeholders are:

Vincotte, Belgium
DNV, Denmark
DANAK, Denmark
BELAC, Belgium
GFSI, France
DMRI, Denmark
Companies holding a GRMS-certificate

Data management

For the effective management and operation and development of the certification programme following data are kept in separate files. Data are kept for at least 6 years.

Type of data	Published at www.grms.org
Versions of the standard	Valid version
Versions of guideline	Valid version
Versions of checklist	Valid version
Audit certificates	Valid version
Approved sites	Approved sites
Approved CBs	Approved CBs
Technical working group	Members
Governance Board	Members

Type of data	**Internal database**
Audit reports	Date files, Integrity Monitoring
Audit certificates	Data, files, Integrity Monitoring
Approved sites	Data, files, Integrity Monitoring
Contracts with CBs	Data files
Auditors and auditor training	Data files, Integrity Monitoring
Evaluation of key performance indicators (CB)	Data files, Integrity Monitoring
Office visit CB	Data files
Communication process with Abs, including information related to accreditation of CBs	Data files
GFSI contracts	Data files
QS (www.q-s.de) agreements	Data files
Internal audit reports	Data files
Annual review report	Data files
Technical Working Group meetings	Data files
Governance Board meetings	Data files

All e-mail communication will be kept in mailbox grms@lf.dk.

Personal data

Personal data is any kind of information that is related to an individual person.

Personal data shall only be kept for legitimate purpose and only if necessary, to document the performance of GRMS – related to requirements of stakeholders.

Personal data may be used as part of the integrity monitoring of GRMS. Personal data may be shown on request from relevant stakeholders. Personal data shall not be delivered to anybody, unless it is guaranteed and ensured that the data will be deleted immediately after use. Full confidentiality of the personal data shall be maintained.

In GRMS the personal data is related to auditor and auditor qualification.
All auditor data shall be kept for minimum 6 years (and maximum 10 years) to ensure the possibility of verifying auditor qualifications.

Once a year the auditor files shall be updated and data shall be deleted, as necessary.

Program development and maintenance

Continual development of GRMS includes stakeholder consultations.

Amendments and adjustments of the standard in accordance with new requirements or recommendations may be implemented involving consultation with the Technical Working Group only.

DANAK (homeAB) is consulted before publishing technical updates, amendments etc.

The standard is issued using a formalised and documented approval process.

The standard is after approval published at www.grms.org. The normative document (the standard) exists in English language only and the only valid versions are published on www.grms.org.

Stakeholders and other interested parties are invited to contact the GRMS Secretariat directly to clarify any interpretation of the normative document.

The standard shall be re-issued at least every six years in accordance with changes to contractual requirements and other requirements.

Before issuing a new version of GRMS (with a new version number) it shall be published on the web site. Stakeholders, including Certification Bodies and existing users of GRMS shall be invited to comment on the proposed changes within a 30-day time limit.

Comments and proposals from stakeholders shall be evaluated by the Technical Working Group and the new version may be adjusted accordingly before presented to the Governance Board for final approval.

Amendments and adjustments of the Standard in accordance with new requirements or recommendations may be implemented involving consultation with the Technical Working Group only.

Timeline and coordination with main stakeholders, especially DANAK

1. Draft version approved by technical working group to be submitted to DANAK
2. DANAK reviewing the draft version regarding accreditation to ISO 17065
3. Draft version adjusted according to DANAK review
4. Stakeholders are invited to comment on the draft version
5. Technical working group is making amendments according to feedback from stakeholders
6. Final review and evaluation of the draft version by DANAK
7. Technical working group is adjusting the draft version according to DANAK review
8. The new version of the standard is approved by the Governance Board
9. DANAK is submitting the new version to EA hearing procedure – alternatively only to relevant AB, if only minor changes are made
10. Final approval for accreditation by DANAK
11. Final approval by the Governance Board

Total estimated time for making amendments and hearing procedures after approval of a draft version by the technical working group is 20 weeks.

General

The Standard, guidelines and checklists are issued using a formalised and documented approval process, including recommendations from the Technical Working Group and a final approval by the Governance Board.

Relevant documents (the Standard, guideline, technical updates, manuals and procedures) are after approval published at www.grms.org. The normative document (the Standard) exists in English language only and the only valid documents are the versions published on www.grms.org.

Documents are identified by a version number and/or a date.
Valid documents are kept in a separate file (see data management).
Documents are kept for at least 5 years.

Approval and issuing of document

1. Documents are produced by the GRMS Secretariat
2. Recommendations from the Technical Working Group may be included in the preparation of the documents
3. Approval by the Chairman of the Governance Board
4. After approval, the documents are issued by the GRMS Secretariat
5. All valid documents are published on www.grms.org

The integrity monitoring programme focuses on building strong relationships with the Certification bodies. It contains ongoing dialogue, annual reviews and risk-based office visits.

As part of the integrity monitoring programme, the DAFC provides annual feedback to each Certification Body among others through announced Key Performance Indicators.

The aim of the performance monitoring is to ensure continuous improvement and the DAFC will require an action plan to be submitted and demonstrated by the Certification Body in case of unsatisfactory performance.

As part of the integrity monitoring of Certification Body performance, DAFC will make announced, but unscheduled office visits of Certification Bodies and may accompany auditors on audits at sites to observe the performance of auditors.

The DAFC may also undertake risk-based scheduled or unscheduled audits of certified sites to ensure standards of food safety, quality and animal welfare are being maintained in line with their certification status and ensure that audit and reporting process is to the expected standard.

The result of the integrity monitoring is part of the annual evaluation of the program by the Governance Board.

The GRMS integrity monitoring programme includes monitoring of critical implementation requirements:

- certificate quality (date(s), scope, announced/unannounced, animal type, accreditation, receival date one week before expiry date)
- report quality (scope, auditor, accuracy of dates, level, closing NC within 28 days),
- audit duration and frequency (including announced/unannounced)
- initial auditor approval (procedure 15)
- number of GRMS/GFSI auditor audits, including witness audit
- auditor rotation
- complaints
- results of CB office visits/desktop assessments
- results of GFSI desktop assessment and office visits

The key performance indicators (KPI) are:

- certificate and report quality
- audit duration and frequency (including announced/unannounced)
- time frame for certificate and report submission
- number of audits per auditor
- complaints

Where there is any possible conflict or problem such as media exposure related to significant public food safety incidents, fraud or miscredit, which could result in bringing the GRMS or GFSI into disrepute, DAFC and the Certification Body shall agree on appropriate action and DAFC shall notify GFSI.

General

As part of the integrity monitoring of Certification Body performance, DAFC will make announced, but unscheduled office audits of Certification Bodies and may accompany auditors on audits at sites to observe the performance of auditors. The office audit may be performed as remote audit, if it is not possible to perform an office visit.

The aim of the office audit is to ensure that the requirements of GRMS are implemented by the Certification Body.

The office audit program is risk-based taking the number of certificates, number of auditors and results of the integrity monitoring into account.

It is decided to implement one office audit each calendar year at each CB office since there is no significant difference between the approved Certification Bodies related to above mentioned risk factors.

Audit

Audits are implemented by the GRMS-secretariat and reported as part of the annual evaluation by the governance board.

Audits are reported using a checklist. Key performance indicators are part of the checklist and in this way the result is communicated to the Certification Body.

For any non-conformity identified during the audit an action plan with deadlines shall be agreed with the Certification Body.

Checklist

“Office assessment and checklist guideline” shall be used during the office audit.

The issues included in the office audit are:

- Contract
- Accreditation status (including current version number of GRMS)
- GRMS scope
- Use of GRMS logo and information to users
- Implementation of the new version of GRMS
- Information on changes to GRMS
- Use of checklist and guideline
- Integrity programme and feedback on KPI
- Remote audit procedures
- Remote audit normative documentation (IAF MD4)
- Audit planning
- Audit duration
- Audit reporting and quality of audit reports
- Audit report confidentiality, language and translation (availability to DAFC/GFSI)
- Auditor register
- Auditor Qualification records
- Auditor scopes related to GRMS/GFSI
- Auditor impartiality and rotation
- Information requirements of personnel (ISO 17065 and IAF MD4)
- Auditor assessment process
- Witness audit
- Management of certification process
- Technical review procedure

- Issue of Certificates
- Notification of incidents/suspension/withdrawals
- Information on problems and issues which could create conflicts
- Appeals procedure
- Continual improvement and culture development

General

Internal audits are made to verify compliance with the management system and benchmarking criteria of GFSI. The result of internal audit including other verification activities shall be presented at the yearly meeting at the Governance Board (management review). Other verification activities are e.g. related to GFSI benchmarking activities, office visits at CBs etc.

Internal audit

The GRMS secretariat annually initiates an internal audit using a guideline with updated procedures.

Audit is conducted by a competent and independent auditor approved by the Governance Board.

For any non-conformity identified during audit an action plan shall be decided, including deadline for implementation of corrective action.

Implementation of corrective action shall be documented in the internal audit report.

The final audit report is presented to the Governance Board for final review.

Decisions are made to adjust and further develop the standard and guideline.

Management review

In December a yearly review is held with the Governance Board.

The GRMS Secretariat is preparing an evaluation report based on GRMS secretariat activities. The report includes relevant input from stakeholders.

The report is presented to the Governance Board for review.

The result of the management review meeting is documented in the minutes from the yearly meeting. Any corrective actions shall be decided.

CB-contact persons:

CB	Name	E-mail	Phone
Vincotte	Bregt De Ridder	bderidder@vincotte.be	+32 476 37 08 58
DNV	Rikke Ege Lærkenæs	Rikke.Ege.Laerkenaes@dnv.com	+4530510342

Audit report reception
Audit reports and certificates are transferred by e-mail to GRMS@LF.dk

Verification of certificate and report
The GRMS secretariat is checking certificate and report for compliance with the audit protocol. Especially dates, scope (report and certificate same information), summary per section, closing of NC within 28 days, announced/unannounced, audit frequency, auditor, audit duration, Non-compliances are reported to the CB for further action, certificate and report shall be sent at least one week prior to expiry date.

Approval
After verification and approval of the certificate, the certificate file is renamed.
After verification and approval of the report, the report file is renamed.
Renaming of the certificate and report files include initials of the approver.

Publication of certificate
After renaming the certificate file the GRMS secretariat publishes the certificate on the GRMS website.

Filing of certificate and report
After renaming the certificate and report files, they are stored in the data management system.

Suspension or withdrawal of certificate
In case a CB suspends a certificate, the GRMS secretariat shall ensure information from the CB on the consequences. During the suspension period GRMS secretariat shall ensure information from the CB about the process. In case of withdrawal, the GRMS secretariat must be informed in due time and GRMS webpage shall be updated accordingly.

QS-database
If the GRMS certification at the production site is approved by QS (Danish Crown, Tican, DanePork in DK), the certification data shall be uploaded to the QS-database (www.q-s.de).

Integrity monitoring
Excel sheet is filled out for each report as part of the report evaluation. Certificate issue date is marked and used for counting number of certificates, which is reported quarterly to GFSI.

Audit time

The scheduling window for the next audit shall be decided when issuing the certificate.

The scheduling window for unannounced audits has a minimum length of 8 weeks and starting 16 weeks prior to expiry date of the certificate or prior to another fixed date agreed upon by the Certification Body and the auditee. The fixed date could be any day prior to the expiry date of the certificate.

The final decision on a fixed date other than the expiration date lies with the Certification Body.

A scheduling window with a length of more than 8 weeks can be agreed upon for example facilitating combined audits with other Certification Programmes.

The audit duration is normally minimum 2 days for a production site including central office and reporting time (preparing the audit report for the closing meeting).

The audit report shall specify beginning and end of all on-site audit activities.
Time spent on remote audit activities shall be included in calculation of the audit duration.

Headquarter audit time is expected to be 0.5 day.

The Certification Body shall estimate the time needed for the audit based on previous experience from similar audits.

If there is no experience from previous audits or if the Certification Body is asking DAFC to approve the audit time needed – below guideline should be consulted.

Type of production	Processes	Minimum on site audit time
Slaughterhouse	Slaughter, cutting, deboning, packing, casing	1,5 day
	Slaughter, cutting, deboning, processing and packing	2 days
Processing	Deboning, processing, packing	1 day
Casing production	Processing, packing	0.5 day

Any complaints or referrals against Certification Bodies will follow the Certification Bodies own complaints and appeals procedure, which each Certification Body must have and communicate to its clients.

Certification Bodies shall report every complaint received regarding the Global Red Meat Standard to DAFC.

In case the Certification Body does not respond adequately, the complaint can be addressed by contacting DAFC via the Global Red Meat Standard website (www.grms.org).

In the event of complaints related to failure to apply the principles and criteria of the Global Red Meat Standard at certificated sites, the DAFC will request a documented report of the reasons for the complaint and require the implicated Certification Body to make a full investigation of the issues raised.

The investigation report must be submitted to the DAFC within 28 calendar days or less in urgent cases.

Complaint handling

The GRMS-secretariat will handle complaints raised by users of the standard.

After holding a meeting, discussing the details of the complaint including data such as audit reports and e-mail correspondence, the GRMS-secretariat will within 28 calendar days from the reception of the complaint submit an answer to the concerned parties.

Training and examination are organized and implemented by the GRMS-secretariat under supervision by the Governance Board.

DAFC shall act impartially in relation to applicants, candidates and auditors participating in training and examination related to GRMS.

The GRMS secretariat shall ensure that examiners:

- understand GRMS;
- can apply the examination procedures and documents;
- have competence in the field to be examined;
- can conduct the examination in Danish or English;
- have identified any known conflicts of interest to ensure impartial judgements are made.

A personal examination will be conducted by DAFC, including assessment of product category knowledge and understanding of HACCP, food safety and animal welfare issues related to the meat industry.

The GRMS examination is based on case examples and a discussion with the auditor on how to handle the situation related to the presented case examples.

A certificate will be issued that the candidate has successfully completed the training and examination, including:

- Reference to GRMS and DAFC
- The name of the candidate
- The result of the examination (pass / fail)
- The date of training and examination
- Issue date of the certificate
- Contact details of the examination provider

GRMS secretariat will maintain records for each examination and candidate for a minimum period of 5 years or as long as the records relate to the latest examination.

This will include:

- Copy of above-mentioned certificate

Extraordinary circumstances

Extraordinary events or circumstance beyond the control of the certified company or the Certification Body may happen. In such circumstance the CB shall have a process for the proper maintenance of certification.

It is important that the CB can demonstrate reasonable due diligence and to establish an appropriate course of action in response to the situation.

Extraordinary circumstances are normally referred to as Force Majeure, including strikes, political instability, flooding, earthquake, computer hacking, epidemic etc.

Deciding course of action

An extraordinary circumstance may temporarily prevent the CB from carrying out on-site audits.

In such case the CB shall:

- Evaluate the current situation
- Evaluate the future situation of the certified company
- Gather necessary information from the certified company before deciding a course of action
- Ensure that it is temporarily not possible to perform on-site audit

The justification for the decided course of action shall be informed to DAFC for approval, based on a risk assessment (General procedure 14).

Extension of certification

DAFC shall ensure that evidence has been gathered by the CB demonstrating that it is temporarily not possible to perform on-site audit at the certified site due to extraordinary circumstances.

It is possible to extend the certification for a period not exceeding 6 months. Audit shall be performed as soon as possible. If further extension is necessary another risk assessment is required, including special attention to Management Review and claim records. This risk assessment shall be performed before expiry date of the extended certificate.

The DAFC approval of extension shall be confirmed by the secretariat.

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	Provisional certificate – relocation of certified site	Date: 17-11-2025	

Provisional certificate

GRMS is a site-specific standard – the certificate is valid for the audited production site.

However, if a certified company moves to another location, it is possible to issue a provisional certificate with the expiry date of the original certificate, on the following conditions:

- Management of the company is unchanged
- Management system and food safety system is maintained to GRMS standard
- Product categories are unchanged
- Past performance of the company as related to GRMS is evaluated
- The audit of the new production site shall be performed as soon as possible and within 6 months after relocation
- The audit shall be performed as "first audit" at a production site
- Expiry date of the new certificate shall be calculated based on the expiry date of the original certificate
- GRMS shall be informed on the plan and timing of audit and any change in plans

The acceptability of the provisional certificate is at the discretion of individual users.

GRMS – Risk Assessment – Justification of extension of certification

Company Name	
Original certificate number	
Production site	
Address	
GRMS version	
Accreditation	
Certification Body	
Date of last audit	
Expiry date	
Next audit due date (s)	
Announced/unannounced	
Reason for extension	Restricted access: yes/no Travel restrictions: yes/no Other:
Expiry date of extended certificate	
Re-Audit due date(s)	
Next audit scheduled to be announced or unannounced	
Certificate number	

The following risk-assessment is based on IAF ID 3:2011 (IAF informative document regarding management of extraordinary events or circumstances affecting CB and certified organizations).

Extraordinary events beyond the control of the production site and the company happen. In such a situation the CB shall have a process for the maintenance of certification in accordance with the guidelines in IAF ID 3:2011.

It is important for a CB to be able to demonstrate due diligence, mutual understanding and trust, and to establish an appropriate course of actions in response to extraordinary events.

Has the certified site conducted an impact assessment in relation to the extraordinary event?	Impact on food safety: yes/no Any other impact:
Is the production site able to function normally?	
If the site currently has restrictions when will it be able to ship products or perform the service defined within the current scope of certification again?	
Does the site subcontract any part of the production process for products currently covered by certification and how is this being managed?	
Does the site plan to outsource production to another site within group or another company due to any current restrictions? If yes, how will this be controlled?	
Do existing finished products on site still meet customer specifications or will products need to be put on hold for further analysis pending dispatch to customer or destroyed?	
Please confirm if the site has enacted an emergency response plan. If so, please specify any emergency action.	
Has there been a requirement to recall any products? If yes, please confirm products and supply evidence of recall including root cause analysis and corrective action	
Confirm issue date of first GRMS certificate for the site and grading level from the last 3 certificates.	
Has there been any major changes to the production site, equipment, HACCP-system or food safety system	Please specify major changes and supply documentation if changes may influence food safety
Has there been any major changes to food safety management team?	Please specify major changes and supply documentation if changes may influence food safety
Please specify if site has any other third-party food safety or management system audits, FSIS government approval (audits of specific HACCP requirements and food safety system) or similar.	

Filling in the above risk assessment

Name of company representative	
Position	
Date	

Conclusion of risk level by CB

The company has justified through this risk assessment that the food safety risk is unchanged or low.
Based on past performance and this risk assessment, the CB can recommend ongoing certification by certificate extension.

Name of CB representative	
Position	
Signature date	

Approval of extension of certification (To be filled in by GRMS secretariat)

Based recommendation from CB, this risk assessment and past performance in relation to GRMS, an ongoing certification by certificate extension can be approved for 6 months.
The expiry date of the new certificate shall be decided by the GRMS secretariat.

Audit shall be performed as soon as possible.

The CB and the company shall plan the audit accordingly and inform GRMS if audit cannot be implemented according to the extended certification.

Name of GRMS representative	
Position	
Signature date	

Auditor qualification

The Certification Body shall have a documented program for initial auditor qualification. This shall include assessment of auditor performance during minimum 3 food safety audits against GRMS and at least one witness audit (of the 3 food safety audits). The Certification Body shall develop and communicate an assessment plan to GRMS.

The Certification Body assessment must include the following elements:

- Auditor behaviour
- Specific GRMS food safety requirements
- Quality of reports

The assessment method is decided by the Certification Body and the result of the assessment is communicated to DAFC. GRMS will verify that the plan is followed, and that new auditors are signed off by the Certification Body.

The Certification Body shall have a structure in place to ensure auditors shall keep up to date with practice in the meat industry, food safety, technological developments, standards and relevant regulations. The Certification Body shall maintain records of all training undertaken.

The Certification Body shall have a documented programme to maintain auditor qualifications, which shall include at least 5 on site audits annually at different sites against GRMS.

Each year in December the number of audits performed by each auditor shall be collected from the CB. Information on number of audits against GRMS and other GFSI approved certification programmes are collected.

In specific situations where auditors may perform less than 5 GRMS audits yearly justification is needed from the Certification Body. Specific situations may be e.g. limited number of certificates, high auditor/site rate, auditor rotation. In such cases the Certification Body must ensure that GRMS auditor experience are kept up to date (e.g. GRMS audit history, assessment, technical review activity, training) and that the auditor carry out at least one annual onsite GRMS audit out of at least five onsite audits against GFSI-approved Certification Programme(s).

Date of the latest witness audit against GRMS and GFSI approved certification programme(s) shall be collected.

Re-qualification of auditors

In situations where the above-mentioned requirement cannot be met, DAFC will arrange a mandatory training to re-qualify the auditor. The re-qualification of the auditor shall normally include one witness audit against GRMS.

If extraordinary circumstances apply, the auditor may be re-qualified without extra training or a witness audit. Extraordinary circumstances could be but are not limited to leave of absence, long term illness, parental leave.

In such case the extraordinary circumstances shall be evaluated and a risk-assessment for each auditor shall be made based on following information:

- Total number of audits during the last 3 years
- Total number of audits against GFSI benchmarked programmes during the last 3 years
- Total number of GRMS audits during the last 3 years
- Date of first approval as GRMS auditor
- Date(s) of GRMS training
- Date of latest GFSI-related witness audit
- Auditor performance (complaints etc.)

Decision and conditions

Based on the risk assessment the secretariat shall decide the conditions for re-qualification of the auditor. Model for risk assessment found in procedure 15a.

GRMS – Extraordinary circumstances - Risk Assessment – Re-qualification of auditors

Auditor name	
Reason (cause and period)	
Total number of audits during the last 3 years	
Total number of audits against GFSI benchmarked programmes during the last 3 years	
Total number of GRMS audits during the last 3 years	
Date of first approval as GRMS auditor	
Date(s) of GRMS training	
Date(s) of latest GRMS-related witness audit	
Auditor performance (complaints etc.)	

Documentation to be enclosed.

Past performance assessment (To be filled in by CB)

Based on past performance, it is confirmed that this auditor is a qualified GRMS auditor with up to date knowledge, experience and skills.	
Name of CB representative	
Position	
Signature date	

Conclusion (To be filled in by GRMS secretariat)

Based on risk assessment and past performance assessment it can be justified that this auditor is a qualified GRMS auditor with up to date knowledge, experience and skills. This auditor is considered re-qualified without extra training or a witness audit.	
Name of GRMS representative	
Position	
Signature date	

General requirement

GRMS audits are on-site audits, but it may be possible to include remote auditing activities as regards to auditing the management system, records and documentation.

Remote auditing can only be used for auditing the records and documentation of the management system and only if remote audit can be implemented without compromising the effectiveness of the audit.

There must be a mutual agreement between the Certification Body and the company.

Remote audit activities shall be implemented in accordance with IAF MD4 (current version).

Timing and duration of audit

Remote audit activities shall be implemented within the audit scheduling window as indicated on the certificate.

The maximum time between the beginning of the remote audit activity and the end of all on site audit activities shall not exceed 30 days to ensure effectiveness and integrity of the audit.

Remote audit activities shall be included in calculation of the duration of audit.

If it is not possible to meet the 30-day audit requirement the Certification Body shall make a documented risk assessment for extending the timing. The maximum time from beginning of remote audit and ending of all audit activities shall not be extended beyond 90 days.

If this is not possible a risk assessment for extension of certification shall be considered.

Technical reviewer qualification

The Certification Body shall have a documented programme to maintain technical reviewer qualifications.

The reviewers of the Certification Body must have:

- GRMS knowledge;
- successfully completed a recognised lead assessor course;
- successfully completed a training course in HACCP principles; and
- a minimum of 5 years experience within the Food Industry at the level of Manager Operations or Quality Assurance.

Dispensation

In situations where the above-mentioned requirements cannot be met, a dispensation may be granted based on a risk assessment of the following information:

- Total number of technical reviews during the last 3 years
- Total number of technical reviews covering GFSI benchmarked programmes during the last 3 years
- Total number of GRMS technical reviews during the last 3 years
- Date of first approval as technical reviewer
- Date(s) of training
- Date(s) of GRMS training
- Technical review performance (complaints etc.)
- Food Industry experience
- Education, including date of last HACCP training course (CV)

Decision and conditions

Based on the risk assessment the secretariat shall decide a dispensation. Model for risk assessment found in procedure 17a.

GRMS –Risk Assessment – Qualification of technical reviewers

Auditor name	
Reason (cause and period)	
Total number of technical reviews during the last 3 years	
Total number of technical reviews covering GFSI benchmarked programmes during the last 3 years	
Total number of GRMS technical reviews during the last 3 years	
Date of approval as technical reviewer	
Date(s) of training	
Date(s) of GRMS training	
Technical review performance (complaints etc.)	
Food Industry experience	
Education, including date of last HACCP training course (CV)	
Other relevant information	

Documentation to be enclosed.

Past performance assessment (To be filled in by CB)

Based on past performance, it is confirmed that this technical reviewer is a qualified GRMS technical reviewer with up to date knowledge, experience and skills.	
Name of CB representative	
Position	
Signature date	

Conclusion (To be filled in by GRMS secretariat)

Based on risk assessment and past performance assessment it can be justified that this technical reviewer is a qualified GRMS technical reviewer with up to date knowledge, experience and skills. Therefore a dispensation can be granted.	
Name of GRMS representative	
Position	
Signature date	