

Global Seafood Alliance - Certification Body Requirements

Best Aquaculture Practices

Best Seafood Practices

Issue 1.0

16-September-2025

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GSA Amendment Log

Amending: Certification Body Requirements Issue 1.0

The following amendments are to be considered part of the most current version of the document referenced above.

Amendment #1	Published: 12-June-2026 Effective: 12-June-2026
<p><u>Section 1.5 – Certification and Scope</u></p> <p>Adding the following text:</p> <p>The certification and audit scope of the SPS is based on:</p> <ul style="list-style-type: none"> • Animal Conversion which is per GFSI C0 • Processing of Perishable Animal Products which is per GFSI CI • Processing of Perishable Animal and Plant Products (Mixed products) which is per GFSI CIII • Processing of Ambient Stable Animal and Plant Products (Mixed products) which is per GFSI CIV • Production of (Bio) Chemicals and Bio-Cultures Used as Food Ingredients or Processing Aids in Food Production which is per GFSI K <p><u>Section 3.8.1 – Initial Auditor Experience – Shadow and Witness Audit Requirements</u></p> <p>Adding the following text:</p> <p>GSA will accept up to two GFSI “C0, C1, C3, C4, K,” benchmarked scheme shadow/witness audits as equivalent to GSA shadow witness audits. Shadow audits conducted to the standards of other GFSI recognized schemes for categories C0, C1, C3, C4, K and conducted at a processing plant for animal perishable products can also count toward the shadow audit requirements but not the final “sign off” (witness audit).</p>	

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1.0 Standards Background and Program Overview

1.1 The Global Seafood Alliance (GSA) Standards Owners

The Global Seafood Alliance (GSA) is an international, non-profit trade association. The corporation is registered in Delaware, USA with principal offices based in Portsmouth, New Hampshire. It is dedicated to advancing environmentally and socially responsible seafood.

Through the development of the Best Aquaculture Practices (BAP) and the Best Seafood Practices (BSP) programs, GSA has become the leading standards setting organization for farmed and wild seafood.

1.2 Objective of the GSA Standards

The objectives of the GSA standards are to stipulate food safety, legal, environmental and social responsibility, verification testing, and traceability criteria required for facilities seeking to certify to various standards under GSA umbrella.

GSA Standards are designed to allow an assessment of a company's premises, operational systems, and procedures by a competent third-party Certification Body accredited to ISO/IEC 17065.

To ensure the integrity of the GSA Standards and the associated certification GSA has established structures with defined responsibilities, procedures, and terms of reference.

As changes are made to this document, the Certification Bodies shall be given a minimum of 30 days to make the necessary changes and adaptations. The time allocated to CBs in developing countries shall be at a minimum of 60 days and with due consideration to capacity building by the GSA Management.

1.3 Standards Development and Ownership

The GSA Standards have been developed by the GSA Standards Technical Committees. Since January 2008, the GSA Standards Oversight Committee has overseen the standards development process and committee selection process. The Standards Oversight Committee membership is drawn from representatives of industry, non-governmental organizations (NGO's), and academia. The GSA Technical Committees manage the continued technical issues in relation to Standards. Each committee has their own Terms of Reference under which they conduct business.

The Standards remain the property of the Global Seafood Alliance.

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1.4 Program Management

GSA approves and contracts Certification Bodies (CBs) to carry out certification of the Applicants to the Program Standards. CBs are categorized as either Restricted Approved or Fully Approved (See 3.3).

GSA is responsible for the official training of auditors and maintains a list of approved auditors, and their approved categories, from all CBs for the GSA Standards.

GSA conducts regular reviews of the operation of the scheme to protect program integrity and ensure compliance with the requirements of global standards including, as applicable, ISO/IEC 17065, ISO 17011, benchmarks, etc. These reviews are conducted in multiple ways including internal audits, CB and auditor performance monitoring, and consulting with Standards Oversight Committee (SOC) in Standards review and revision, etc.

1.5 Certification and Audit Scope

Certification of applicants wishing to be assessed against the GSA Standards is carried out by approved CBs. CBs assess the Applicant's facility/vessel and determine if the said facility/vessel meets all the requirements of the applicable Certification Standard.

The certification and audit scope of the SPS is based on:

- Animal Conversion which is per GFSI C0
- Processing of Perishable Animal Products which is per GFSI CI
- Processing of Perishable Animal and Plant Products (mixed products) which is per GFSI CIII
- Processing of Ambient Stable Animal and Plant Products (mixed products) which is per GFSI CIV

Within the certification scope, the GSA Standards do not allow for exclusions in conducting audits of any facilities or vessels against any of the standards. All facilities/vessels seeking certification against any of the GSA Standards, and CBs performing assessments, must conduct a full audit against all parts of the facility/vessel and eligible species and product forms that the facility produces. All applicable requirements of the standards must be audited.

The CBs who wish to gain approval to audit against the GSA Standards must fully understand their responsibility and role to provide assurances that required Standards are monitored and maintained.

These Terms of Reference will include CB performance review and, where necessary, GSA will draw to the attention of the CB and their Accreditation Body any matters requiring investigation or action.

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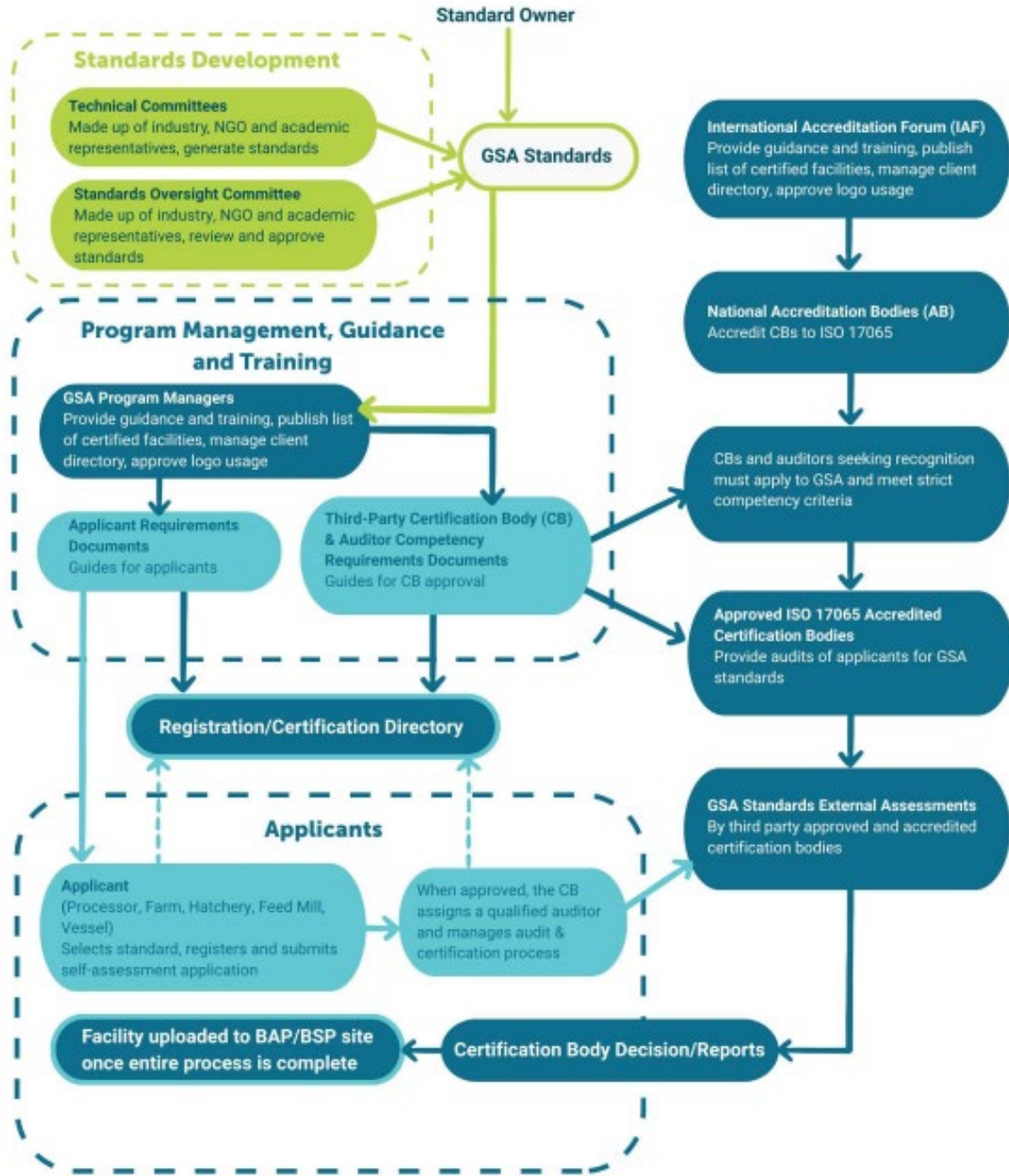


Diagram 1 – Summary of the Structures Associated with the Certification Program

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The Best Aquaculture Practices (BAP) and Best Seafood Practices (BSP) are unique yet interconnected third-party certification programs developed by the Global Seafood Alliance (GSA) to provide assurances across the seafood supply chain. While GSA’s Seafood Processing Standard (SPS) is an essential element of both programs, BAP standards also cover issues specific to aquaculture while BSP covers components of wild capture. GSA standards are based on considerations of the four pillars of responsibility – environmental responsibility, social accountability, food safety and animal welfare.

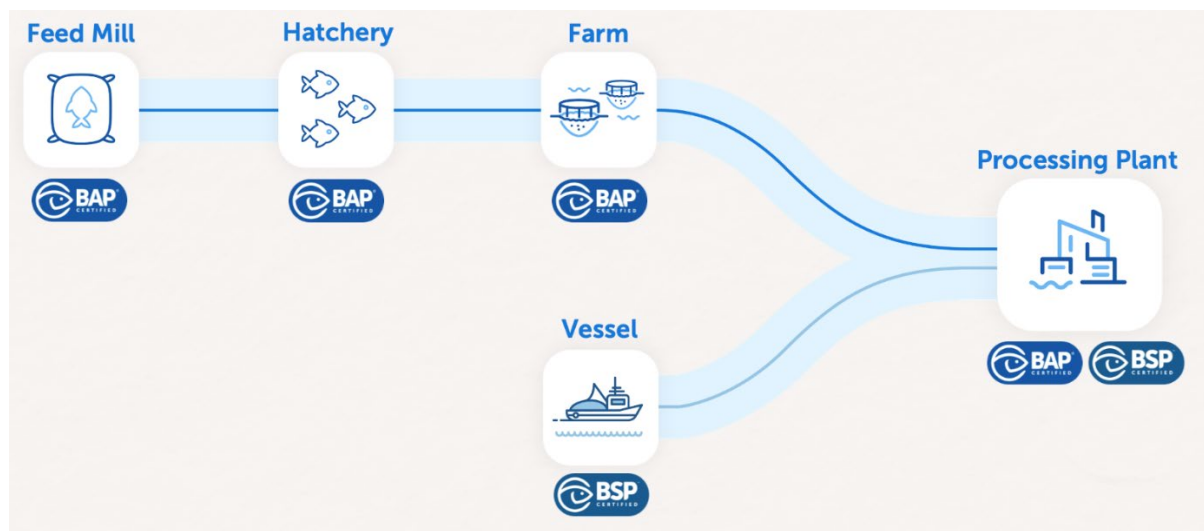


Diagram 2 – Summary of the BAP and BSP Program Structures Associated with the Standards

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2.0 Standards Background and Program Overview

2.1 Purpose

The purpose of this document is to ensure that CBs and Accreditation Bodies are fully aware of:

- The role of the GSA
- The importance of GSA Standards
- CB responsibility with respect to legal liability
- The procedures supporting the GSA Standards and the obligation to comply with all requirements toward protection of the integrity of the scheme

Significant efforts have been made to promote openness and transparency in the development and implementation process and to work closely with all stakeholders to ensure the integrity and robustness of the program.

It is of the utmost importance that those involved with certification and accreditation are included in the continued development and implementation of the GSA Standards. This document will assist with the understanding of the aims of the GSA Standards and their significance.

2.2 Update to Standards, Protocols and Procedures

GSA will periodically issue new or revised requirements to this document, the GSA Standards, and/or the various other documents supporting the Standards. GSA shall make the CBs aware of these changes and the CBs shall ensure that any changes communicated by GSA are further distributed to their certified facilities, appropriate staff, their auditors including subcontracted auditors within their organization within 30 calendar days. The latest Issue of each Standard will be on the BAP/BSP websites as applicable.

Standards will be identified by an Issue Number. When minor changes (housekeeping) are made to a Standard this may result in a subsequent Revision Number e.g., Issue 1 Rev. 1. CBs are expected to be accredited to the most recent Issue Number of a Standard and this Certification Body Requirements Document

When a significant change is made to a Standard the Issue Number will change. Applicants and CBs will be given adequate time to make necessary changes and adaptations.

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2.3 Communications

With Certification Bodies: See 3.4.2.

With Applicants and Certified Sites: GSA may contact applicants or certified sites/vessels to request feedback regarding the Standards and/or the audit and certification process as part of the CB performance monitoring.

With Accreditation Bodies: GSA will expect to have open channels of communication with Accreditation Bodies and may share some data with Accreditation Bodies responsible for the accreditation of GSA approved CBs. CBs will be expected to facilitate open communication channels with Accreditation Bodies. This may include such items as complaints submitted to GSA that are justified, or information resulting in suspension or withdrawal of CB approval. Accreditation Bodies are also required to share information with GSA related to CB compliance and/or notifications of suspension or withdrawal of a CB's accreditation.

3.0 CB Accreditation and Management Procedures

3.1 CB Recognition by GSA

Certification Bodies wishing to apply for approval and recognition to audit against one or more of the GSA standards must first, as a pre-requisite, be accredited to the current version of the ISO/IEC 17065 standard with an Accreditation Body per 3.3.1 before applying to GSA. CBs must also be a recognized Member Firm with the Association of Professional Social Compliance Auditors (APSCA). Only independent third-party Certification Bodies not associated with government regulatory bodies will be accepted as CBs to audit conformity of facilities/vessels against the GSA standards. CBs wishing to seek recognition must formally request GSA confirming their intention and submit all required forms found inside of the CB Application Package on the Program Integrity Webpage. The CBs shall state which of the Standards they are requesting approval for. If the registration meets the GSA Requirements, the CB will be sent additional materials to initiate the application process.

Certification Bodies will be on a "Restricted Approval" status for each Standard version they have applied for until they achieve full accreditation status. During this time the CB will be given a restricted number of audits to allow them to gain accreditation.

Once a CB has been approved by GSA, that CB must also seek an extension to scope of their ISO/IEC 17065 accreditation to include all relevant GSA Standard(s). The CB will remain on a Restricted CB Approval List for each Standard until the CB has become accredited for that Standard scope. Once accreditation has been achieved the CB will move to a "Fully Approved" listing. See 3.3 and 3.4 for more details.

CB Applicants must meet all requirements stated in this document and other relevant GSA documents, including but not limited to the competency and training requirements of Certification Body personnel and individual Auditors related to the specific Standard related categories covered under GSA.

Only Certification Bodies that are registered and formally recognized by GSA are authorized to conduct audits against any of the GSA Standards. All offices that offer and make certification decisions, and/or issue certification to GSA Standards shall be duly registered with GSA. Approval of a Certification Body will only take place if their Accreditation Body is recognized by GSA . See 3.3.1.

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The CB shall have a named representative responsible for dealing with all aspects of GSA Standards, Certification, and Accreditation and these persons shall be named on the CB Registration Form. If a named representative leaves the employment of the CB GSA shall be informed and provided with the name and details of the replacement. The CB shall also have a back up to the named representative in the event of the absence of such personnel.

3.1.1 GSA Office Audits

During the initial application process, all CBs are subject to and required to participate in a GSA office audit of the CBs critical office(s) from where the CB will manage the BAP/BSP Program(s). GSA will conduct an office audit on the CB, at a minimum, once every 3 years, thereafter. The CBs are subject to more frequent office audits by GSA as determined by risk assessment. The CB is subject to the following KPI's:

Task	KPI
GSA will send the CB the Office Audit NC Summary Report	No more than 10 calendar days from the date of the audit completion
GSA is to receive all Corrective Actions from the CB	No more than 35 calendar days from the date of receipt of NC Summary Report from GSA
GSA is to close out the NCs	No more than 7 calendar days from the date the Corrective Action was submitted
GSA is to send the final Office Audit Report to the CB	No more than 60 calendar days from the date of the audit completion

3.1.2 CB Quality Management System

CBs shall have a documented and implemented Quality Management System overseen by a designated individual within a defined CB management structure. The Quality Management System shall be reviewed regularly per CB's discretion to ensure the continual improvement in the quality of certification services provided by the CB against GSA Standards. The CB Quality Management System shall be documented in a quality manual and associated quality procedures, made available to all relevant staff, implemented, maintained, and continually improved.

- The CB must have an appropriate Quality Manual that must include a Quality Policy Statement outlining management commitment to quality objectives.
- As part of the Quality Manual, the CB shall document a clear organizational structure, which unambiguously defines ownership and documents job functions, responsibilities and reporting relationships of all staff engaged in delivering certification services.
- The CB shall clearly identify the staff member(s) accountable for the development and maintenance of the Quality Management System.

- The CB shall have a list of staff employed relevant to the GSA Standards and maintain personnel records for those staff and auditors covering their qualifications, training, experience, affiliations, professional status, details of performance appraisals, and any relevant consultancy to identify possible conflict of interest or risk to impartiality.
- The CB's senior management must demonstrate its commitment to the implementation of the Quality Management System and to review its continuing suitability, adequacy and effectiveness.
- The CB shall have a description of the management of the certification process including the CB criteria, terms of reference and procedures.
- The CB shall maintain and provide an updated list of all individuals responsible for the technical review of BAP/BSP audit reports that include qualifications and practical experience.
- The CB shall have details of management review policy and procedures, including frequency and documented results of such reviews. Reviews shall be conducted, at a minimum, annually.
- The CB shall have Document control procedures.
- The CB shall have recruitment procedures, i.e., selection, initial training, ongoing training, and performance assessment for all relevant Certification Body personnel.
- The CB shall have a list of all sub-contracted auditors and a detailed procedure for their appointment, assessments, and their ongoing management.
- The CB shall have corrective and preventive action procedures in response to non-conformities identified. They shall also address effective root cause and present objective evidence for all corrective and preventive actions taken. They shall also have Procedures in relation to the use of the certificate, rules for granting, suspending or withdrawing a certificate, and the actions taken by the Certification Body should a suspension or withdrawal take place.
- The CB shall have policies and procedures relating to appeals, complaints, and disputes.
- The CB shall have procedures for conducting and documenting internal audits and for corrective actions arising from internal audits.
- The CB shall maintain and provide upon request a comprehensive list of all certified facilities against the scopes of the certification program.

CBs shall be subject to performance review(s) according to the GSA review procedures. CBs failing to meet the requirements of GSA Programs will be suspended from the program.

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3.2 Contractual Agreements

With GSA: The CB shall enter into a contractual agreement with GSA. This agreement will provide the basis on which the CB can provide certification services against the GSA Standards for which it is approved.

With Applicant: The CB shall enter into a contractual agreement with facility/vessel that have applied for certification services. This agreement shall include a requirement for the provision of all facility/vessel certification documentation by the CB to GSA.

The CB agreement with the facilities shall include a provision to ensure that the CB is informed of any food safety prosecution, significant regulatory/food safety detentions or any product recall relating to food safety. CBs shall have procedures in place to ensure the integrity of certification after notification. The CB shall inform GSA of any such notices. The CBs shall make these agreements and all other documents available to GSA upon request.

With CB Personnel and Auditors: The Certification Body shall have contractual agreements with all staff involved in the certification process that obligate them, at a minimum, to the requirements listed under 3.8.5 and 3.8.6. The CB shall further have contractual agreements in place with all auditors, including subcontract auditors, that include the items listed under 3.8.5 and 3.8.6. The CB shall make these records available to GSA upon request, including but not limited to contracts and other agreements in full.

3.3 CB Accreditation Body Requirements, and Accreditation Scope Extension to GSA

There are two levels of CB approval for each Standard:

- 1) Restricted CB Approval Listing - for CBs seeking accreditation extensions of scope for specific Standards. This “Restricted” level allows the CB enough assessments to gain accreditation.
- 2) Full Approval Listing – for CBs which have gained accreditations for the specific Standards.

GSA will maintain an up-to-date list of CB approval listings for each category.

3.3.1 CB’s Accreditation Body

The CBs Accreditation Body shall be a member of the International Accreditation Forum (IAF) and a signatory to the IAF Multilateral Recognition Arrangement (MLA). CBs registering/applying for GSA recognition shall disclose at that time whether they are aware of any circumstances that would reasonably or may reasonably lead to the withdrawal or suspension of their Accreditation. GSA shall have an open communication channel with the Accreditation Body as part of the arrangement with the CB.

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3.3.2 Accreditation Extension to Scope against the GSA-BAP/BSP Standard(s)

As stated under 3.1, accreditation by a recognized AB to ISO/IEC 17065 is a pre-requisite for any CB to apply for recognition by GSA. Once a CB has been approved for listing by GSA, that CB must also seek an extension to scope of their ISO/IEC 17065 accreditation to include relevant GSA Standard(s). The CB will be put on a “Restricted CB Approval List” until each specific extension of accreditation scope has been achieved.

GSA recognizes that to achieve an extension to their scope of accreditation, CBs must be able to carry out evaluations against the Standard(s) they are seeking approval for. Therefore, a CB shall be allowed to carry out audits, on a restricted number basis, prior to achieving accreditation extension, where they can demonstrate the following:

- An active application for an extension to scope against ISO/IEC 17065 accreditation to include the GSA Standard(s).
- Accreditation scope extension must be expected within a target of 12 months of the date of application to the Accreditation Body. An Accreditation plan shall be submitted to the GSA.
- Compliance with scheme and competency requirements.

Should accreditation to the scope of the GSA Standards not be granted within the time frame specified above, the CB’s approval shall be reviewed based on a formal risk assessment, and the CB shall resubmit a plan to the GSA for approval to achieve accreditation. GSA will decide on one of the following after consultation with the relevant Accreditation Body:

- Allowance of a further set amount of time to gain accreditation.
- Termination of contract.

A CB which has an accreditation extension for a given Standard will remain in Full Approval for 12 months after the publication of a new issue of the standard. After that period the approval rating of the CB will move from Full to Restricted and the CB’s contract will be reviewed.

3.4 Accreditation and Membership Status

CBs seeking Full Approval Listing to assess against any GSA Standard must supply a copy of their ISO/IEC 17065 accreditation certificate to GSA. The CB shall only be placed on the Restricted CB List when it has applied for a new scope extension to a specific Standard(s).

A CB shall only be placed on the Full Approval List for a new Standard when it has gained, accreditation for that specific standard. A copy of the accreditation certificate shall be provided to GSA, with reference to the version number or date of the Standard(s) made.

The CB shall make GSA immediately aware of any change of accreditation status or changes to ownership, management structure, of staff involved in the BAP/BSP certification process.

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CBs shall maintain membership for itself and any of its auditors performing services hereunder with the Association of Professional Social Compliance Auditors (APSCA), and any other organization as reasonably required by GSA at GSA’s discretion.

The Certification Body shall have all accreditations of relevant GSA Standards publicly listed on their website identifying exact Issues of each Standard to which the Accreditation applies.

3.4.1 Scope of Expertise

CBs only work within the specific fields of expertise relating to the BAP/BSP categories for which they are approved. CBs must demonstrate that their staff has the knowledge and expertise to work within these fields. CBs must also demonstrate appropriate training for auditors that has been undertaken before requesting an extension to the scope of an auditor’s approval categories.

Note: Categories/fields of expertise under the BAP/BSP pertain to the scope of the Standards, i.e., seafood experience in categories: farms, hatcheries, feed mills, vessels, and seafood processing plants. Refer to the “GSA Auditor Competency and Course Approval Requirements,” document where the specific BAP/BSP competency categories are defined.

The importance of fields of evaluation and auditor competence cannot be over emphasized and for GSA, their members, and other users; these are critical criteria, which are essential to support a legal due diligence defense.

3.4.2 Communication with GSA

GSA welcomes CB communications and information exchange. GSA will, from time to time, seek CB input into the GSA Standards, related documents, and audit process.

The CB must warrant and communicate to GSA that:

- All offices that offer and make certification decisions, and/or issue certification to GSA shall be duly registered with GSA.
- Each auditor is qualified to perform the audit services he/she performs on behalf of the CB in accordance with the criteria set out herein and other related GSA documents and has complied with all training and competency requirements.
- It maintains an accurate record of the qualifications of each auditor and the training undertaken by such auditors.
- All information supplied to GSA and/or the Accreditation Body was given, true, accurate, and not misleading when given.
- The CB has the power and all necessary consents, licenses, and registrations to conduct their business and to enter into and perform the contract.
- The CB has read, understood, and shall comply with their obligations and requirements as laid out in this document and other GSA documents.

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The Certification Body (CB) must demonstrate that it will carry out audits:

- With all due diligence, skill, and care.
- In accordance with the relevant Standard(s).
- In accordance with any conditions attached to their Accreditation and only in respect of the BAP/BSP Categories for which they are approved.
- Using only auditors who are trained and registered with GSA and meet the competencies of each of the relevant Standard(s) for undertaking such audits.

3.5 Extensions to Scope of Recognition of Certification Bodies

Where a GSA approved Certification Body wishes to extend their scope to include a new GSA Standard, the request for an extension to the scope or recognition shall be submitted to GSA. GSA will acknowledge and hold written notification from the CB of such circumstance. The process for extending the scope of CB assessment is the same as for initial registration.

3.6 Management of Certification

3.6.1 Transfer of Certifications when facilities switch between GFSI-recognized Certification Programs.

Facilities certified to other GFSI benchmarked programs may request to switch their certification to the GSA-Program. Since other GFSI benchmarked programs do not address the full scope of the Seafood Processing Standard, a scope evaluation is required and a supplemental audit addressing gaps may need to be conducted. Criteria within this section describes how this may be achieved.

Any such transfer requests shall be communicated and agreed upon by the facility, the CB, and GSA.

Certification Bodies shall conduct an evaluation before accepting the facilities into the GSA Program. The evaluation must include, but is not limited to the following:

- The facility's audit history.
- Validity and terms of the certification being transferred.
- Details of previous announced and unannounced audits of the certification being transferred.
- Ensuring the CB is accredited to the facility's scope of certification and product category.
- Ensuring CB auditors are approved to the scope of the GSA Standard for which the certification is being transferred.
- Complaints and/or grievances made against the facility during the current certification cycle.
- Whether the facility has had food safety recalls, withdrawals, or regulatory detention issues in its current certification cycle such as failed product testing or listing on international Import Alerts/ Refusals (e.g. US FDA Import Refusal).
- Whether product sampling and testing under the current certificate meets GSA-testing requirements.

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- Ensuring that, either through certification transfer or follow up audit, that the facility is in full compliance to the entire scope of the GSA standard for which it is being transferred to, and how and when this can be verified.

The CB shall obtain and review, under consent by the facility, the following documents:

- Full audit report of the current certification.
- Non-conformities and the associated corrective action documentation.
- Current GFSI benchmarked program certificate.
- Product and effluent test reports, if applicable

Upon completion of the evaluation, the CB shall determine whether the request for certificate transfer is to be accepted, denied, or whether a supplemental audit is necessary for further assessment. This shall be communicated to GSA.

If a supplemental audit is required, the audit process, including disposition of NCs if applicable, shall be conducted per the GSA Supplementary Audit Policy.

Once the certificate transfer has been accepted by the CB, the current certificate issued by the existing CB will be valid until the expiration stated on the certificate.

3.6.2 Transfer of GSA-BAP/BSP Certifications Between CBs

There may be circumstances where a certificate needs to be transferred from one GSA-approved CB to another CB prior to start of a certification cycle, or a facility/vessel may make a request to the CB and GSA for such transfer.

Under this scenario:

- All non-conformities from a previous audit and/or investigations under the current certificate must be closed.
- The certification must be in good standing without any current or pending suspensions/withdrawals.
- Any ongoing Program Integrity investigation initiated by GSA must be completed before any such transfer can be made.

The CB to which the certificate transfer will be allocated shall conduct an evaluation before accepting a facility's/vessel's certificate. Evaluations and the certification process in such a case shall follow the requirements stated per 3.6.1 above as applicable.

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3.7 CB Auditor Competence

Each auditor undertaking certification evaluations must have the appropriate competency including qualification, training, experience and skills to perform an evaluation against the relevant GSA Standard(s).

The CB shall ensure that all auditors undertake such training as may be required in accordance with their accreditation and the GSA Standard(s). The CB shall ensure that any of its auditors performing services here under maintain competency/membership/certification with the Association of Professional Social Compliance Auditors, the Global Food Safety Initiative, and any other organization as required by GSA at GSA's discretion.

The qualifications, training and experience will differ in relation to the product and technology covered by the individual GSA Standard; however, the auditing skills will not differ and shall be monitored to maintain a high standard.

Certification Bodies and their auditors are required to read, understand, and comply with the detailed requirements regarding competency described in the "GSA Auditor Competency and Course Approval Requirements."

3.7.1 Auditor Registration and Training

Once an auditor* completes the GSA training, GSA will send their certificates to the CB that assigned them to the training course. GSA requires that the CB maintains a list of all auditors within the GSA Program and shall provide details of categories and GSA Standards in which they are qualified to evaluate. The initial registration and updating of information are the responsibility of the CB.

The CB shall hold a detailed and complete skills matrix and records for all auditors undertaking evaluations against GSA Standards based on their approved categories. The Certification Body shall maintain records of auditor competency including education, qualifications, training and experience required by GSA. These records shall be updated as necessary or at least when there is any change or revision to the competence of an auditor including subcontracted auditors. These records shall be provided to GSA upon initial auditor approval and thereafter upon request.

CBs shall promptly notify GSA when a CB auditor is no longer being used or has had their approval to conduct GSA audits suspended or revoked by the CB for any reason.

*including subcontractor auditors

3.7.2 Auditor Competency – Education, Qualifications, Training, Experience

The Certification Body must have systems and procedures in place to ensure that auditors conducting assessments meet the requirements, at a minimum, described below and elsewhere in this document. Additionally, the CB must ensure compliance regarding auditor qualifications as detailed in the "GSA Auditor Competency and Course Requirements" document or where a Certification Body, through documented procedures, can demonstrate through practical experience and supervised audits that the auditor has competence for the assigned audits.

GSA reserves the right to make the final decision regarding the admission of candidates to the GSA Auditor Training course.

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3.7.3 Language/Education

Language Skills: Auditors shall demonstrate good written and verbal English capabilities

Education: A degree in a relevant scientific field and/or other relevant education (as described below under “other education”). The degree must be appropriate for the auditor’s sector.

- Some examples of relevant degrees may include: Food Science, Microbiology, Veterinary Medicine, Aquaculture, Biology, or Chemistry.

Other Education: Other education combined with experience can be substituted in place of a degree requirement if education is deemed sufficient and can be verified through certificates. The other education must be directly applicable.

- Examples of other education include training or courses in: HACCP, GMP’s, Sanitation, Hygiene, Quality Assurance, Microbiology and additional audit courses beyond that already required under item 3.7.5.

3.7.4 Minimum Auditor Work Experience

Refer to “Auditor Competency and Course Approval Requirements,” document for additional details.

3.7.5 Formal Auditor Training

Refer to the “Auditor Competency and Course Approval Requirements,” document for additional details.

HACCP training: Seafood Processing Plant auditor candidates must have successfully completed a training course in seafood-specific HACCP requirements based on the International Seafood HACCP Alliance curriculum. Feed mill auditor candidates must have successfully completed a HACCP training course.

Worker interview training: By February 1, 2026, candidates and existing BAP/BSP auditors shall have successfully completed a training course that equips them with the skills and knowledge to effectively plan and conduct worker interviews. Examples of recognized courses include the worker interview training courses included in the Association of Professional Social Compliance Auditors [recognized training course list](#). Contact, programintegrity@globalseafood.org to discuss other approved courses.

GSA auditor training course: Candidates shall have successfully completed the GSA auditor training course in the relevant GSA Standard(s) in their approved categories by passing the end of course examination which includes as a minimum:

- General knowledge of the GSA Programs.
- Knowledge and understanding of specific category as applicable for the auditor’s established area of competence.
- Understanding quality management, pre-requisite programs such as hygiene and sanitation requirements, and food safety including (for processing plants) seafood HACCP.

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3.7.6 Initial Training

A Certification Body training program for each auditor shall incorporate, at a minimum:

- An assessment of education, qualifications and skills for the category they have been selected for as per GSA Standards.
- An assessment of knowledge of food safety, seafood HACCP, Pre-Requisite Programs, and traceability assessments, relevant laws and seafood regulations. In the case of farms, hatcheries and feed mills, similar relevant knowledge shall also include sector-specific knowledge such as aquaculture production systems, disease management, animal welfare, medicated feeds, and feed ingredient controls and environmental management, etc.
- A period of supervised training to cover the assessment of quality management systems and seafood HACCP, audit techniques and specific category knowledge.
- A documented sign off, of the satisfactory completion of the training program by the appointed supervisor. The sign off shall include a review of the auditor attributes as described in section 3.8.5.

Refer to the “GSA Auditor Competency and Course Requirements” document for more details.

3.7.7 Auditor Extension of Category Competency

Auditors already approved to one or more categories auditing GSA Standards wishing to extend their competency to other categories and audit those respective Standards shall meet all the requirements described above and those stated in the “GSA Auditor Competency and Course Requirements” document. The CB must first verify that the competency requirements of such auditors have been met for the new category. This includes:

- Education, experience and training requirements.
- Attending, and passing a GSA Auditor Training Course.
- Undergoing the required training/shadow and witness audits described in 3.8.1.

3.8 CB Auditor Experience

3.8.1 Initial Audit Experience – Shadow and Witness Audit Requirements

Note: See 3.12.2 for the competency requirements of the assessor conducting the shadow and witness audits.

Once an auditor has met the competency requirements and passed the GSA auditor course, they are not fully approved to audit on their own until they have successfully completed a series of supervised shadow and a final sign off (witness) audits against the relevant GSA Standard/competency category to the CB’s satisfaction. The number of shadow and witness audits per BAP/BSP category is as noted below.

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CBs shall conduct more than the minimum number where the auditor performance during shadow and/or witness assessment indicates the auditor is not ready for approval and needs additional training and supervision. This is particularly relevant for auditor candidates that qualified almost entirely in industry/practical experience with no auditing experience.

“Shadow” audits are audits where training, discussion and direction can be provided to the auditor in training. In these audits the auditor-in-training passively observes (without interference to the audit process and/or the outcome of the audit) the already approved GSA auditor (Lead Auditor) conducting the audit. Based on the auditing experience of the auditor-in-training, the GSA approved auditor may assign some auditing tasks to the auditor-in-training (these are sometimes called observation audits by the CBs – this varies from CB to CB). However, the responsibility of the audit entirely rests with the Lead Auditor, including audit reporting, verification of CA evidence and closure of NCs.

“Witness” audits are audits where the final sign-off of the auditor-in-training occurs so he/she can audit independently. Therefore, the auditor-in-training must conduct the entire audit by himself/herself with no direction or commentary from the witness assessor. The witness assessor only observes and documents the witness audit outcome. Based on the report with all the information and the witness assessor’s recommendation, the CB makes the decision whether the auditor is to be signed off and given final approval to audit on his/her own as Lead Auditor (independently) or undergo more shadow audits and another sign off (witness audit).

For Seafood Processing Plants: After passing the GSA course, newly approved auditors must successfully complete a series of supervised training (shadow audits) and a final “sign off” (witness audit) conducted on site at several different plants against the GSA Seafood Processing Standard. The total number and duration of these audits shall be a minimum of 10 audit days and 5 audits. Every shadow/witness audit shall be conducted by an assessor that meets the competencies defined in 3.12.2. GSA will accept up to two GFSI “C0, C1, C3, C4” benchmarked scheme shadow/witness audits as equivalent to GSA shadow witness audits. *Shadow audits conducted to the standards of other GFSI recognized schemes for categories C0, C1, C3, C4 and conducted at a processing plant for animal perishable products can also count toward the shadow audit requirements but not the final “sign off” (witness audit). If GSA accepts the two GFSI audits, the auditor will be required to complete two GSA shadow audits and one GSA final sign off witness audit.*

For Auditors Meeting the Combined Competency Requirements for Farms and Hatcheries:

As described above, for a total of 2 (1 shadow, 1 witness), conducted on site at several different facilities (e.g. 2 farms, or 2 hatcheries, or 1 farm and 1 hatchery) against a relevant GSA farm or hatchery standard. (The similarity in farm and related hatchery competencies is recognized and therefore allowed to overlap / replace one another for the purposes of Shadow/Witness). The relevant GSA standard shall comply with the auditor competency categories as described in GSA Auditor Competency and Course Approval Requirements” document. The auditor shall then be signed off, where competency has been demonstrated. Every shadow / witness audit shall be conducted by an assessor that meets the competencies defined in 3.12.2.

For Auditors Meeting the competency requirements for the Responsible Fishing Vessel Standard:

A minimum of 2 audits (1 shadow, 1 witness) must be conducted on vessels against the RFVS for final approval of an RFVS auditor by a CB witness auditor. The witness auditor must also meet RFVS auditor competency requirements.

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3.8.2 Submittal to GSA of Documented Proof of Final Auditor Sign off by the CB

The CB shall document the dates, duration, and location of the supervised shadow and witness audits described above along with their outcome. The CB shall submit to GSA this document or spreadsheet showing the status and progress of shadow and witness audit activities at GSA request.

In any case, the CB shall submit to GSA, in writing, the notice of final approval of the auditor and the complete shadow and witness history upon final CB approval. This is required with or without GSA request. This information is necessary for GSA to maintain verification records of the auditor competency and to update the GSA auditor status records from “pending shadow and witness” to “approved.” The shadow and witness assessments must include specific comments by the witness auditor assessing the trainees’ attributes and competencies as described in Section 3.8.5 of this document regarding their professional conduct during the audit. Refer to section 3.8.5 for specific examples of expected auditor attributes.

CBs are required to use the “GSA – Shadow and Witness Audit Sign-Off,” form for the Shadow/Witness Process.

Note: Auditors Transferring Between GSA-Approved Certification Bodies

Auditors that are currently approved and active GSA auditors wishing to transfer between GSA-approved Certification Bodies must complete one (1) additional witness assessment with the CB to which they are transferring so that the CB may verify that the auditor meets the attributes and competencies referenced below, as well as any additional internal requirements the CB may have for auditor performance. This Witness assessment shall be sent to GSA without request.

CBs are required to use the “GSA – Shadow and Witness Audit Sign-Off,” form for the Shadow/Witness Process.

3.8.3 Maintaining Audit Experience

The CB shall have in place an annual program to maintain experience in the relevant GSA standard(s).

Seafood Processing Plants: To include at least 5 on-site audits annually at several different organizations, against the GSA Seafood Processing Standard. In specific situations where this requirement cannot be met, the CB shall ensure that auditors complete at least 5 on site audits against a GFSI approved standard, and at least one on site audit against the GSA Seafood Processing Standard annually.

Farm/Hatcheries: At least 2 farm audits annually for each of the GSA farm/hatchery competency categories the auditor is approved for. As described in the “GSA Auditor Competency and Course Requirements” document.

Feed Mills: At least 1 per year to the GSA Feed Mill Standard and/or any credible International Feed Standard/Scheme.

Vessels: At least 1 on-vessel audit annually against the RFVS. In specific situations where this requirement cannot be met, the CB shall ensure that auditors complete at least 1 audit against an SSCI recognized standard annually.

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3.8.4 Continuing Training, Refresher Training, and Competency Monitoring

GSA approved auditors shall attend a GSA auditor course for refresher training in the categories they are approved for at a minimum, every 3 years. The auditor will need to attend the refresher training course by either June 30th or December 31st of the respective 3rd year.

If an auditor attends initial GSA auditor training course from January-June in year one, they must attend the 3-year refresher training course by June 30th of year three. If they do not attend the refresher training course, they will become inactive and suspended effective July 1st.

If an auditor attends the initial GSA auditor training course from July-December in year one, they must attend the 3-year refresher training course by December 31st of year three. If they do not attend the refresher training course, they will become inactive and suspended effective January 1st.

If an auditor does not attend the refresher training course by the respective deadline, they will become inactive and suspended immediately according to the dates mentioned above and will remain inactive and suspended until attending and passing the next training course. If an auditor’s credentials do lapse, they will have to register for the next training course as a ‘new’ auditor and be subject to the new auditor pricing. They will not need to complete the respective shadow/witness training though.

Auditors shall attend refresher training more often where the CB determines, during performance monitoring and calibration, that the auditor needs refresher training sooner. CBs shall promptly notify GSA where an auditor is unable to attend the required refresher training by the 3-year date. In such cases the auditor may be suspended until such time as the refresher training is successfully completed, depending on circumstances.

The auditor must be kept up to date with category best practice, and have access to and be able to, apply relevant laws and regulations. Auditors must be “witnessed,” at least once every three years.

CBs are required to use the “GSA – Shadow and Witness Audit Sign-Off,” form for the Shadow/Witness Process.

Auditors shall undergo additional training by the CB whenever a new version of the GSA Standard(s), checklist, policies, guidance documents, etc. are issued. The CB shall maintain written records of all relevant training undertaken. It is the responsibility of the CB to ensure any auditor they are using undergoes proper and effective training in between attending full BAP auditor refresher courses.

RFVS Specific Requirement: The CB shall demonstrate on a recurring basis that the assessment of its lead auditors includes:

- An assessment of knowledge of local and national labor and human rights issues and legislation
- An assessment of skills in interviewing workers on human and labor rights issues
- An assessment of knowledge of the relevant sector
- An assessment of personal attributes of the auditor, to ensure they conduct themselves in a professional manner

Training and monitoring shall also include calibration across auditors and to the Standard(s), report reviews and comparisons, and so on.

Auditors shall be subjected to periodic testing by GSA against the relevant GSA Standard in addition to course attendance, at GSA discretion. Methods may include online examination, observational on-site audits etc.

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3.8.5 Attributes and Competencies

The Certification Body must have a recurring system, of at least once every three years, in place to ensure auditors conduct themselves in a professional manner. The following provides examples of required behavior:

- Ethical, i.e. fair, truthful, sincere, honest, and discreet
- Open minded, i.e. willing to consider alternative ideas or points of view
- Diplomatic, i.e. tactful in dealing with people
- Observant, i.e. actually aware of physical surroundings and activities
- Perceptive i.e. instinctive, aware of and able to understand situations
- Versatile, i.e. adjust readily to different situations
- Tenacious, i.e. persistent, focused on achieving objectives
- Decisive, i.e. timely conclusions based on logical reasoning
- Self-Reliant, i.e. acts independently whilst interacting effectively with others
- Integrity, i.e. aware of the need for confidentiality and observing professional code of conduct

CBs are required to use the “GSA – Shadow and Witness Audit Sign-Off,” form for the review of these personal attributes and behaviors.

3.8.6 Conflict of Interest, Confidentiality, and Code of Conduct

The Certification Body and the Auditors they employ must avoid any conflict of interest, or breach of confidentiality or ethics. CBs are bound by a contractual agreement with GSA to abide by these requirements. Certification Bodies shall also have signed agreements in place with all auditors approved to audit against the GSA Standard(s). This agreement shall include, at a minimum, the following types of topics:

- Prohibitions against conflict of interest.
- The requirement to divulge to the CB any potential conflict of interest (such as prior consulting, prior employment, and the like) before undertaking an audit, or that may arise during an audit.
- A policy for the CB to investigate notifications of, or incidences or potential, conflict of interest and to exclude the auditor for a specific period (at least 2 years) where appropriate.
- Prohibitions against consulting for, and/or soliciting consultancy or other types of work with a GSA applicant prior to or during an audit, and during the certification process.
- Prohibitions against conduct or remarks that may, in the view of GSA Management, disparage the scheme, scheme management or owner and related staff, certified facilities, or associated organizations such as the Certification Bodies, Accreditation Bodies, benchmarks, SOC, or similar.

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- Prohibitions against using or sharing confidential information of facilities, BAP/BSP, the GSA, or other associated organizations.

The Certification Body shall include in the auditor agreement at a minimum the above points, including specific codes of ethics / conduct obligations as outlined herein and under point 3.8.5. Copies of these agreements in full shall be provided to GSA upon request.

Any potential breaches of these requirements that come to the attention of the GSA or the Certification Body or its auditors will be brought to the attention of the CB. Conversely, the CB is required to also notify GSA of such matters that may come to their attention. At the discretion of GSA, such instances may result in sanctions, suspension, or withdrawal of approval of the CB, auditor, or both.

3.9 Subcontracted Auditors

Where GSA and CB approved auditors are independent subcontractors to the CB, all the requirements detailed throughout this document relating to auditors, and CB responsibilities concerning oversight, training, and competency of auditors, etc., shall apply.

The CB shall not, at any time, use any subcontract auditor that has not been approved by GSA.

3.10 Certification Body Personnel and Competency

This section discusses CB administrative/management personnel involved in GSA program management, the assignment of auditors, technical reviews, etc.

Certification Body personnel involved in any aspect of the GSA certification process shall be impartial and competent for the functions they perform, including making required technical judgments, framing policies and implementing them. Clearly documented instructions shall be available to the personnel describing their duties and responsibilities. These instructions shall be maintained and kept up to date.

To ensure the evaluation and certification process are carried out effectively and uniformly, the minimum relevant criteria for the competence of personnel in relation to GSA certification shall be defined by the Certification Body and combined should be equal to that of the auditor.

CB's must ensure that a sufficient level of understanding of the GSA Standard(s) always exists within their organization. All staff with a key role in the GSA certification process, regardless of their specific function or name of the group (technical committee, review committee, certification committee, etc.) shall have demonstrated experience and knowledge regarding seafood audit processes, corrective action evidence review, documented evidence of training and understanding of ISO17065 and the applicable GSA Standard(s). This includes, for example, functions such as the review of audit reports, nonconformities and corrective action evidence and making decisions regarding certification and other related activities.

At least 1 member of the Certification Body involved in the BAP/BSP program management or administration shall attend a GSA auditor training course.

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Information on the relevant qualifications, training, and experience of each member of the personnel involved in the BAP/BSP certification process shall be maintained by the CB. Records of training and experience shall be kept up to date. These records shall include at a minimum:

- Name and address
- Organization affiliation and position held
- Educational qualifications
- Experience and training related to seafood, audit processes, assessment of audit reports and corrective action evidence, and the relevant GSA Standard(s)
- Records including dates, related to training and education

Personnel utilized by the CB to conduct auditor training, calibration and competency reviews shall also demonstrate experience, training and competencies as described above.

Records of CB personnel training, experience and competence shall be provided to GSA upon request.

CBs shall provide GSA an organizational chart that defines the personnel involved in the BAP/BSP scheme and their functions. This chart shall be kept up-to-date, and GSA shall be notified promptly, in writing, of any changes to such personnel.

3.11 Limitations in Use of an Auditor at the Same Facility/Vessel

- The same auditor shall not be used to audit the same facility/vessel more than 3 times in a row and less if the CB policy is more restrictive and/or if the CB or GSA have any concerns about the accuracy or bias of any auditor.
- After the limit is reached the CB is to rotate the auditor for at least 1 audit or longer if CB policy is stricter.
- GSA endeavors to inform CBs if an auditor has been used three times in a row in cases where they performed the audits with another CB. CBs are also required to track this themselves.

Note: It is STRONGLY advised that CBs use a non-local (out of country) auditor every third time, or whenever auditor performance may be questionable, to prevent potential local bias from affecting the integrity of the audit outcome. (Combining audits to save cost when flying someone in should be done where possible).

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3.12 Competency Requirements for Assessors Used by CBs to Conduct BAP/BSP Training/Shadow and Witness Audits

For shadow and witness audits, the CB must ensure that the Lead Auditor (already approved and experienced auditors) used for shadow and witness audits are competent and interpret the GSA Standards thoroughly as required by GSA. The Lead Auditors must conduct shadow audits to high standards and robustness, where the auditor-in-training understands and maintains the CB’s processes and auditing principles once he/she is approved to audit independently. This would also help the auditor-in-training to conduct a thorough audit during his/her witness audit."

3.12.1 Training/Shadow and Witness Assessor Training and Reporting

Shadow Audits: The CB shall ensure the Lead Auditors conducting shadow audits are trained and experienced wherein the auditor-in-training is observing such audits.

CBs must use the "GSA – Shadow Witness Audit Sign-Off," form when Shadow Audits are conducted.

Witness Audits: The CB shall ensure the Lead Auditors conducting witness audits of auditor-in-training are trained and experienced in conducting such witness audits. The CB shall use the "GSA – Shadow and Witness Audit Sign-Off," form for documenting the assessment outcomes of the witness audits. The report shall include, but is not limited to:

- The facility/vessel where the assessment is taking place and the type of facility/vessel (farm, plant, etc.)
- The name of the witness auditor, and of the auditor under witness being signed off (auditor-in-training conducting the audit).
- Anyone else that is part of the audit team (technical expert, CB management observer etc.)
- Any areas of improvement needed
- Audit preparation aspects of the auditor-in-training
- Opening meeting and Closing meeting conductance aspects
- Accuracy of interpretation of the GSA Standard clause requirements and intent
- Accuracy and clarity of statements of conformity and non-conformity
- Whether or not proper objective evidence was obtained and cited for both conformity and non-conformity
- Proper assignment of non-conformance levels/rating
- Proper control over the audit process and time management (spent too long on some sections and too short on others, excessive delays created by auditor disorganization, failure to review pending items, allowed the facility to lead the auditor rather than the auditor leading the audit, etc.)
- Time allocation: proper amount of time spent on site versus document review
- Audit duration: proper amount of time spent conducting a complete audit (not too long, not too short)

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- Professionalism
- Appropriate questioning techniques (open-ended, not leading, not threatening, unambiguous)
- Provision of a non-conformance summary report to the facility before leaving and getting to agree upon the findings and obtaining signatures from authorized facility representatives
- Clarity of the overall report writing
- Whether the auditor is recommended for full approval, or needs more supervised audits first
- Other items as deemed appropriate by the CB

3.12.2 Training/Shadow and Witness Assessor Experience Requirements

The qualifications for the person conducting the GSA training/shadow and witness audit/assessments are one of the following options:

1) A Senior BAP/BSP auditor: This is a currently approved BAP/BSP auditor for the category being assessed. (At the time of this writing there are 9 separate competencies. See “GSA Auditor and Competency and Course Approval Requirements” document for details). May be either an employee of the CB or an independent subcontractor **Has properly conducted in their own**, a minimum number of BAP/BSP audits in the relevant category, as follows (NOTE shadow and witness audits DO NOT COUNT toward the below):

- Seafood Processing Plants = 20 Audits
- Farm/Hatchery = Combined Qualification = 15 audits where the auditor is approved for farm/hatcheries, a combination of farms/hatcheries in related categories that add up to 15 (i.e. some salmon farms and some salmon hatcheries = 15 total).
- Vessel = Must be an APSCA Certified Social Compliance Auditor (CSCA level)

2) A Senior Auditor in a Different but Relevant Scheme:

Is not an approved GSA auditor but has significant, senior auditing experience of at least 3 years in another scheme and has conducted at least the number of audits relevant to BAP/BSP as described below. Has studied, in advance of approval to do BAP/BSP assessments, the relevant BAP/BSP standard in depth to ensure understanding of the differences in the BAP/BSP standard versus the standard(s) the auditor is experienced in. This length of study shall be a minimum of at least 24 hours. The CB shall document the hours of BAP/BSP related study and submit the records of the said study to GSA.

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Relevant “Other Scheme” Experience:

- Seafood Processing Plants = 25 seafood plant audits to another processing plant standard currently recognized by GFSI (the auditor shall have been approved to audit to the other standards for seafood categories. Non-seafood category audits shall not count. For example, BRC or SQF audits conducted in poultry plants are not accepted. Similarly, auditors approved to or audits conducted against GFSI recognized Global Red Meat Standard shall not count).
- Farms/Hatcheries = 20 audits conducted against the ASC or Global GAP Aquaculture farm/hatchery standards for the relevant BAP category. Or a combination of ASC and Global GAP audits to the proper BAP category (see “BAP Auditor Competency and Course Approval Requirements”)
- Vessel = Must be an APSCA Certified Social Compliance Auditor (CSCA level)

3) Senior Auditor with Combined BAP/BSP and Other Relevant Scheme Experience:

Has a combination of BAP/BSP and other relevant scheme experience in the proper BAP category being assessed

Combination experience requirements:

- Seafood Processing Plants = 20 seafood plant audits to both the GSA seafood processing standard and one or more GFSI recognized processing plants schemes where that auditor is approved under that scheme for seafood processing plant categories. Only seafood processing plant audits will count (See “B 3 i above). Of these 20 audits, a minimum of 10 shall have been properly conducted against the GSA Seafood Processing Standard.
- Farms and hatcheries = 15 audits. A combination of BAP, ASC, and/or Global GAP in the relevant BAP category as described above. Of these 15 audits, at least 8 shall have been properly conducted against the relevant BAP farm and/or hatchery standard.
- Vessel = Must be an APSCA Certified Social Compliance Auditor (CSCA level)

3.12.3 Audit Team Leader Competence and Experience Requirements

An audit team leader must have acquired additional audit experience to develop the competence described below. This additional experience must have been gained by working under the direction and guidance of a different audit team leader either as part of GFSI, SSCI or GSSI benchmarked programs. If there is no option of gaining such experience, the CB must conduct training of the audit team leader in the below aspects.

To facilitate the efficient and effective conduct of the audit team the leader must have the competence to:

- a) plan and assign audit tasks according to the specific competence of individual audit team members.
- b) manage the audit process, including:
 - making effective use of resources during the audit.

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- managing the uncertainty of achieving audit objectives.
 - protecting the health and safety of the audit team members during the audit, including ensuring compliance of the auditors with the relevant health and safety, and security arrangements.
 - directing the audit team members.
 - providing direction and guidance to auditors-in-training.
 - preventing and resolving conflicts and problems that can occur during the audit, including those within the audit team, as necessary.
- c) represent the audit team in communications (including the opening and closing meeting) with the facility, the CB, and GSA.
- d) lead the audit team to reach audit conclusions.
- e) prepare and complete the audit report.

The above competence must be ascertained by the CB and the CB shall keep documentation as to how the audit team leader gained this experience. The CB must provide this documentation to GSA upon request.

3.13 Use of the BAP/BSP Certification Mark

The BAP/BSP logos are the property of GSA and their authorization and rules for use are controlled via an agreement between GSA and approved CBs as well as between GSA and certified facilities/vessels.

3.14 Bribery and Fraud

These requirements have been developed to establish controls defining ethical and acceptable auditor behavior before, during and after the auditing process of a facility. The ethics of GSA auditors and approved Certification Bodies are at the heart of program integrity.

These requirements apply to all GSA approved auditors and Certification Bodies that conduct third party audits for the Global Seafood Alliance BAP/BSP Certification Programs.

All GSA approved auditors and Certification Bodies are expected to conduct themselves with the utmost ethical behavior. Auditors shall immediately report to their CB any attempts by a facility to offer gifts, money, or personal favors to garner favorable results in the certification process. Certification Bodies are to immediately inform the GSA Program Integrity Department of any reported fraudulent or unethical behavior reported by their auditor.

Auditors shall not accept offers including, but are not limited to:

- Money
- Personal favors
- Tickets or access to events
- Items of material value

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- Off-site meals: It is reasonable for a facility to provide an auditor lunch on site during the audit, but it is inappropriate for an auditor to go out with representatives from the facility/vessel being audited off premises

Any claims by a facility regarding misconduct by an auditor, such as demanding a bribe for a favorable audit, shall be investigated by the Certification Body in conjunction with the GSA Program Integrity Department.

It shall be the responsibility of the Certification Body to investigate and ultimately decide on disciplinary actions for their employees, or sub-contracted auditors who are accused and determined to be guilty of fraud, bribery, or unethical behavior. The results of the Certification Bodies investigation shall be reported to the GSA VP of Program Integrity or their designee.

Facilities who are accused of bribery or providing false documentation to an auditor shall be investigated by the GSA Program Integrity Department with the full cooperation of the Certification Body. Ultimately, it shall be the responsibility of the GSA VP of Program Integrity, or their designee, to determine actions against facilities accused of and/or determined to be guilty of unethical behavior, up to and including termination from the BAP/BSP Certification Programs.

Investigational results shall not be disclosed or discussed with anyone other than those with a legitimate need to know. This is to protect the reputation of those who may be accused but ultimately found innocent of wrongdoing.

4.0 Certification Body (CB) Performance Monitoring

4.1 CB Internal Monitoring

Certification Bodies shall have an internal audit program which includes internal audits of its Quality Management System (see 3.1.2) as well other systems, records, processes, staff and auditor competency programs, and all other aspects of the certification system to ensure compliance and consistency in the application of the GSA Standard(s). This internal monitoring program shall also include on site shadow and/or witness and assessments of auditors in accordance with the scope of every type or category of audit for which the CB is approved/accredited under the GSA Program).

The internal audit frequency of the CB's systems shall be defined and shall occur, at minimum, annually. The CB shall also conduct internal monitoring of the effectiveness of auditor training and competency requirements and assessments as described under "auditor competency" and other parts of this document. Auditor assessments shall be conducted on an ongoing basis to include monitoring of the type and number of nonconformities, competence in evaluating objective evidence, the audit process, the proper application of the GSA Standard(s), auditor calibration, training, and knowledge, and so on. These reviews shall include reviews of documents, interviews, meetings, etc.

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4.2 GSA Performance Monitoring

The credibility of the GSA Program is directly related to the competence, integrity and performance of the approved Certification Bodies and their auditors.

GSA will monitor the performance of Certification Bodies (as per the CB Review Procedure) and their auditors to ensure that the Standards are being applied consistently, auditors and CB personnel competence are properly ensured, and that reports, and certification decisions are completed accurately and timely.

Performance monitoring shall include such key performance indicators for CB and auditor competency assessments and related steps as follows:

- Review of audit reports, test results and certificates for quality and consistency
- Review, upon request, of corrective action evidence accepted by the auditor and CB to close non-conformities
- Review of auditor competency records, training and onsite shadow and witness audit records
- Review of CB personnel competencies and qualifications
- Review of CB certification procedures and policies
- Accreditation Body findings
- Reports of suspensions of CBs under other accredited schemes
- Appearance of any certified facilities on a government detention list
- Observance of the number or nature of non-conformities issued
- Audit of the CB office and witness auditing of their auditors
- Other auditor competency assessments beyond document reviews and witness auditing described above, such as requirements for additional examinations (tests).
- Monitoring compliance with audit duration requirements
- Unannounced or short notice audits of facilities by Best Aquaculture Practices or their designees
- Traceability tests of BAP/BSP certified products in the marketplace
- Complaint investigation
- Supplier feedback

The amount or frequency of the above actions, including CB office audits, auditor witness assessments, other listed CB and auditor competency assessments, and facility audits are applied by the BAP/BSP scheme based upon risk assessments. Risk assessments shall include criteria such as:

- The number of Certifications a CB issues
- The number of audits an auditor is conducting as well as the size and complexity of the assessments

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- The results of findings from monitoring activities and complaints
- Unusual patterns in the number or nature of non-conformities issued
- Changes in personnel, Management or Ownership
- Changes in GSA Standards, Regulatory or global standard requirements

Where, at the discretion of GSA, a Certification Body or their auditor performance does not comply with GSA program requirements, the Certification Body or its auditor(s) may be sanctioned, suspended, or removed from the scheme.

SPS and BAP CERTIFICATION BODY KPIS

Certification Body KPIS – New Facilities	
TASK	KPI (Calendar Days)
Decline facility audit assignment.	No more than 7 days from receipt of application from GSA.
Contact the facility to schedule the audit.	No more than 14 days from acceptance of assignment from GSA.
On the ground audit completed.	Within 90 days (3 months) from acceptance of assignment from GSA
Date Metric Ton and NC Summary submitted to GSA via PORTal/PRISM.	No more than 10 days from the day following the end of the audit.
Date all CARs are received from the facility.	No more than 35 days from the day following the end of the audit.
Date all NCs were closed out by auditor and CB.	No more than 7 days from date the facility submitted CARs.
Date of Technical Review complete, final audit report submitted via PORTal/PRISM, corrective action evidence and test results submitted.	No more than 60 days from the day following the end of the audit. If due to extenuating circumstances this may not be achieved (e.g. testing results have not been received) this may be extended upon GSA approval.
Date Certificate Issued by CB.	No more than 4 days following the day the certification decision was made

Note: All KPI data fields must be updated in PORTal/PRISM prior to sending final audit report and certificate to GSA.

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Certification Body KPIs – Recert Facilities	
TASK	KPI (Calendar Days)
Decline facility audit assignment.	No more than 7 days from receipt of initial allocation from GSA
On the ground audit date scheduled with facility and date submitted to GSA via PORTal or Excel weekly report.*	No less than 90 days (3 months) from facility expiration date.
On the ground audit completed.	No less than 60 days from facility expiration date.
Date Metric Ton and NC Summary submitted to GSA via PORTal/PRISM.	No more than 10 days from the day following the end of the audit.
Date all CARs are received from the facility.	No more than 35 days from the day following the end of the audit.
Date all NCs were closed out by auditor and CB.	No more than 7 days from date facility submitted CARs.
Date of Technical Review complete, final audit report submitted via PORTal/PRISM, corrective action evidence and test results submitted	No more than 60 days from the day following the end of the audit. If due to extenuating circumstances this may not be achieved (e.g. testing results have not been received) this may be extended upon GSA approval.
Date Certificate Issued by CB	No more than 4 days following the day the certification decision was made.

*In the event the CB has not confirmed the audit date with the facility upon receiving the application from GSA, the CB will have 14 days to schedule and confirm the on the ground audit with the facility from the date of receiving the application from GSA

Note: All KPI data fields must be updated in PORTal /PRISM prior to sending final audit report and certificate to GSA.

4.2.1 Complaints Investigation

If GSA is made aware of any failure or potential failure by the CB to apply the principles and criteria of any of the GSA Standards during the conduct of an audit or otherwise, GSA will request a documented report of the reasons for the complaint. This report will be referred to the CB conducting the Certification.

GSA will require a full investigation of the report by the CB and, where applicable, the certified site and a response shall be submitted to GSA for consideration within 28 days. If the issues raised in the complaints are not addressed to the satisfaction of GSA, the CB will be sanctioned.

GSA may, at their discretion, suspend or revoke CB approval if in GSA's opinion, the CB fails to properly address matters raised or if the CB's actions may bring the Certification Scheme into disrepute.

For the avoidance of doubt the CB may not undertake any audits while the contract is suspended or following any termination.

Where a complaint is considered, at the discretion of GSA, to have been justified, the information relating to the complaint may be made available to the Certification Bodies Accreditation Body.

GSA will notify the person referring the issue of the outcome of the investigation.

4.2.2 Review of Audit Reports

Audit report formats are determined by GSA and only authorized versions are to be used. A sampling of reports will be monitored by GSA for completeness and quality as part of GSA's performance monitoring procedures. GSA takes no responsibility for the accuracy of the content and information, or omissions contained in each audit report, which are the responsibility of the Certification Body.

Where audit reports do not conform to the agreed standard, this will be discussed with the Certification Body responsible. Where GSA requests further information related to the content of a report, such as notes, records or evidence observed, this information shall be provided within 5 working days. If extra time is needed the CB is to notify GSA immediately as to the reason and time frame for completion. Approval of delay is at GSA discretion.

The CB shall at a minimum provide the below to GSA Office after Certification Decision as part of the audit pack as applicable to facility types

- NC Summary Report
- Final Audit Report
- Product Test Reports
- Effluent Test Reports
- Corrective Action Evidence and NC Closure Reports
- Certificate

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4.2.3 Sanctioning, Suspension, and Withdrawal of CBs

Certification Body performance monitoring by GSA is intended to help Certification Bodies ensure compliance with the requirements of the Standard(s) to protect the integrity of the scheme.

Wherever a Certification Body's performance at the discretion of GSA falls short of a requirement, this will be brought to the attention of the CB and may lead to suspension. Monitoring of CBs for compliance may result in shortfalls in, areas such as adherence to time frames, auditor competency, confidentiality, code of ethics breaches, CB personnel competency, improperly closed nonconformities, improperly trained auditors, and so forth.

The Certification Body shall submit a response to the deficiencies along with a corrective action plan to GSA describing steps taken or to be taken, and the time frames. The response and plan shall be provided within 15 working days of receipt of notification of GSA of the deficiency. Objective evidence of proper correction may be requested by GSA and must be provided promptly.

Repeated failures, a failure to co-operate in the investigation of an issue, failure to address an issue satisfactorily, potential breaches of ethics, confidentiality, or the terms of agreement between GSA and the CB, or the occurrence of a significant failure which could bring the scheme into disrepute or other serious incidences as determined by GSA will result in the sanction, suspension, or withdrawal of a Certification Body.

For the avoidance of doubt the CB may not undertake any audits while the contract is suspended. The Certification Body's Accreditation Body will be notified of the suspension or withdrawal and the reasons.

5.0 Information Management and Security

5.1 Information Management

The CB must undertake to immediately notify GSA in writing:

- Of any breach of the contract by the company; or
- Of any claim or threatened claim against the CB by any Facility/Vessel to which the CB has provided or while providing audit services;
- To maintain true and accurate records of each audit completed during the term of the contract for a period of not less than 5 years from the end date of the audit

To immediately supply GSA with a copy of:

- Their Accreditation certificate or written evidence of their Accreditation;
- Any report, audit records, technical reviews reports, or contracts between CB and the facility/vessel or between the CB and its employees or contractors for GSA benchmarking purposes. These must be provided in their entirety.
- The records of all relevant training completed by the Auditors or CB personnel and their respective qualifications to undertake Audits or act as technical reviewers, certificate decision makers, etc.
- The insurance policy taken and maintained in accordance with Clause 6.2 below;

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The CB must agree to immediately notify GSA and, where applicable, to supply a copy of the relevant report when:

- A certificate of a facility/vessel is revoked
- A certificate of a facility/vessel is suspended
- A facility/vessel who has previously gained Certification to a Standard, fails to regain certified status after an audit and certification review
- There are any changes that could affect the safety of products
- There are significant changes in the management or ownership of the certified facility
- There is a change in the management or ownership of the CB

5.2 Confidentiality of Information

During the period of CB approval and for a period of 3 years after termination of approval for any reason, each party shall:

- Keep all confidential information confidential
- Not disclose the confidential information to any other person without the prior written consent of the other; and
- Not use the confidential information for any purpose except the performance of their obligations under the contract

6.0 Legal and Liability Management

6.1 Legal Challenge

If the applicant becomes aware of the notification of an impending prosecution with respect to product safety or legality, they shall immediately make the CB aware of the situation.

The CB in turn shall take steps to assess the implications of the situation and take appropriate actions. If there is likelihood that the legal proceedings will lead to adverse publicity or government intervention, the CB will immediately inform GSA of the incident.

6.2 Liability Insurance

The CB shall ensure that appropriate liability insurance is in place. This insurance shall incorporate employer’s liability, public and product liability and professional indemnity, errors and omissions. A copy of the relevant insurance certification must be submitted to GSA upon request.

It is the responsibility of the approved CB to ensure that the referenced insurance covers all activities, regardless of where performed, or whether carried out directly or subcontracted. Where CB’s require subcontract auditors to carry their own insurance, it is the responsibility of the CB to inform them.

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The CB must agree to indemnify and keep indemnified the GSA and Best Aquaculture Practices from and against any costs, claims, demands, liabilities, expenses, damages, or losses (including without limitation consequential losses and loss of profit, and all interest, penalties and reasonable legal and other professional costs and expenses) arising out of or in connection with BAP/BSP certification activities, including CB and/or auditor negligence, default or breach of the contract.

7.0 BAP and SPS Program Audit Process

The audit process requirements for all BAP and BSP standards (except the Responsible Fishing Vessel Standard/RFVS) can be found here in Section 7. The audit process for the RFVS can be found in Section 8.

7.1 Information to Facilities

The CB shall ensure the Facility has or is provided with all relevant and up-to-date information related to the GSA standard(s) including the standard(s) themselves, any interpretation guidelines, and relevant audit policies.

The Certification Body shall also require that each facility:

- Always complies with the relevant provisions of the certification program
- Make all necessary arrangements for the conduct of the evaluation, including examination of documents, access to areas, records, personnel, etc.
- Makes claims regarding certification only in respect of the scope for which certification has been granted (see 1.5 “Certification and Assessment Scope”).
- Does not use its certification in such a manner as to bring the CB, GSA or any other associated organizations into disrepute and does not make any statements regarding its certification that the CB may consider to be misleading or unauthorized
- Upon suspension or withdrawal of certification, discontinues use of all advertising material that contains any reference thereto and returns any certification documents as required by the CB and GSA

7.2 Audit Frequency

It is the responsibility of the Applicant facility to maintain valid certification. Generally, the audit frequency for audits against SPS and BAP Program Standards is once every 12 consecutive calendar months from the date of the initial audit and not the date of the issue of certificate by the CB or date of the validation letter. (Also refer 7.13 – Certificate Validity for further explanation on audit frequency and certification cycle).

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Recertification audits must occur per KPIs stated under 4.2. This provides for sufficient time for the submission of corrective actions and closure of nonconformities, if any, and does not affect continued certification. Audits must not occur beyond the above-mentioned window as this would affect the certification cycle as well as other program related aspects.

“Under extreme circumstances of “Force Majeure” like weather events, public safety situations, natural calamities, events that does not allow auditors to travel due to country cross-border close downs, etc., the CBs and/or facilities must formally request the GSA for a written approval to issue a temporary extension to the recertification audit timeframe stated above and the certificate expiration date.

While rare, some situations may arise that require a permanent change to the recertification audit time frame. In such a case CBs and/or facilities shall formally request a written approval from GSA including a change in the recertification time frame and any extension request that may be needed. If approved, the new recertification date will be the new initial certification audit date going forward, and the timeframe of the temporary extension shall be agreed upon by the CB and GSA Management.

The only exception to the 12-month recertification audit rule is for GSA Salmon Farms Standard under the Group Program where audits occur on a biennial frequency starting from the initial audit date. In this case a surveillance audit is required at the end of 12 consecutive calendar months from the initial audit date.

In circumstances where the CB technical review committee or CB Certification Committee finds an additional nonconformity upon review of the audit documentation, and/or if the results of effluent and/or product test reports lead to the issue of an additional nonconformity, the CB must issue a temporary extension to the recertification audit timeframe (stated above) and the certificate expiration date. The timeframe of the temporary extension is to be agreed upon by the CB and GSA. An exception to this would be if the additional nonconformity is Critical in severity level whereas section 7.7 applies”.

7.2.1 Audit Frequency for Seasonal Facilities

There are situations of seasonality where the certification cycle might be affected. Seasonal processing/production activities are those major production activities that facilities conduct during a short period of not more than 6 consecutive calendar months in a 12-month period.

Initial certification and subsequent recertification audits for facilities that are involved in seasonal processing/production activities shall be completed within the operational window of the seasonal production. For example, a seafood processing plant processing product only during winter would need to have its audit completed in the winter while processing under normal operations. CBs and facilities must carefully schedule audits so that certifications do not lapse.

In situations where there is a significant temporary change in seasonal facility processing/production operations that would affect the recertification audit timeframe, the Certification Body and the Seasonal Facility must formally request from GSA a written approval to issue a temporary extension to the recertification audit timeframe. The timeframe of the temporary extension is to be agreed upon by the CB and GSA. In situations that require a permanent change to the recertification audit timeframe, the Certification Body and the seasonal facility must formally request a prior written approval from GSA. In such a case the new recertification date will be the new initial certification audit date going forward. Non-conformities issued at the seasonal facilities must be closed out per policies stated in 7.7.

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7.3 Unannounced Audits (under GFSI benchmark – SPS)

Per GFSI benchmark requirements, facilities certifying under the GSA Seafood Processing Standard (SPS) must undergo one unannounced audit every three years. These unannounced audits shall be planned and conducted by the CB. The criteria detailed below applies for all unannounced audits.

7.3.1 Timing of Unannounced Audits

Initial audits of new facilities shall not be unannounced. Initial unannounced audit years shall be confirmed during the recertification application process and requirements shall be agreed upon as stated herein. Once an initial unannounced year is determined, subsequent unannounced audits must be conducted at least once every three-year period. Dates of unannounced audits during corresponding audit cycles shall be determined by the assigned CB. During the unannounced audit cycle the CB shall give notice to the facility that an unannounced audit is pending. Said notification shall:

- be made by the CB more than ninety calendar days prior to the certificate expiration date.
- initiate finalization of any agreements and communications required between the CB and the facility to conduct the audit.
- specify a 60-day window in which the unannounced audit shall take place.
- communicate to the facility that adequate personnel must be available, during normal business operating hours, within the 60-day window stipulated for the audit.

Once communication as cited above is made by the CB to the facility, the facility may elect to request a black-out period of two weeks (14 calendar days) within the 60-day window to accommodate shut-down periods, non-production days, or annual maintenance that the facility might have to undertake. Such a request by the facility should be made within 10 calendar days of the notice by the CB described above. A blackout period must be agreed upon by the CB and the facility.

All pre-audit communications shall cease within 80 calendar days prior to the certificate expiration date. If unforeseen circumstances require additional communication within this time frame, the ability to conduct the recertification audit before the certificate expiration date may be impacted, and all such communication shall be cc'd to GSA Program Integrity.

Unannounced audits must not take place on weekends (or holy/religious days) or official holidays in the region where the facility is located. For seasonal facilities, the 60-day window may be reduced at the discretion of the CB and GSA to accommodate seasonal variations.

7.3.2 Unannounced Audit Operational Criteria

All unannounced audits shall be conducted onsite. Unannounced audits shall be conducted to the standard version to which the facility applied to.

If the facility denies the CB Auditor access to the site, the facility's certificate may be suspended/withdrawn at the discretion of the CB. The CB must immediately inform GSA. If, due to justifiable reasons (valid reasons beyond the control of the facility), the facility cannot accept the unannounced audit when the auditor arrives at the facility, the auditor shall notify the CB for a determination as to whether the audit may continue or be rescheduled. Rescheduling the audit makes the unannounced audit invalid. The CB shall inform GSA of any such outcome.

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Auditors shall be trained by CBs in unannounced audit protocols. All KPIs and timelines for report submission, NC closures, technical reviews and certification decisions are like that of announced audits. “Certification” and “No-certification” decision by the CB also shall be determined in a similar manner as those of announced audits.

7.3.3 Unannounced Audit Process

Duration and process of unannounced audits shall be like that of announced audits as specified in this CB Requirements document. Unannounced audits shall follow the process as outlined in the “Unannounced Audit Policy for SPS Audits” document.

7.3.4 Audit Reports and Certification

Audit reports and certificates issued by the CB following a successful unannounced audit must clearly identify that the audit was “Unannounced” in addition to specifications in the relevant sections of this document. Limited scope, supplemental, or re-audits necessitated based on results of unannounced audits shall be announced unless otherwise specified by GSA.

7.4 Audit Duration

Refer to the GSA Audit Duration Guidelines/Calculator.

7.5 Audit Format

The CB shall be mindful that the audit format consists of systems review, documentation and records review, and physical inspection of the site and production processes. Time allocation during the audit shall be so as to provide sufficient and proportionate time for each activity to be carried out with complete due diligence. Where appropriate, additional time may be granted for investigations. Formal requests to extend allocated audit durations must be made by the CB to GSA in writing.

A. CB responsibilities prior to audit.

- Review of the facility application to ensure the scope, products, and processes are properly defined and to include resolution of any questions, unclear or missing information prior to the audit
- Audit duration is accurate per the scope the facility applied for.
- Audit preparation, planning and scheduling, including assignment of a qualified category auditor that is available within a reasonable time frame.
- Where possible, preliminary document review in advance.
- When necessary, arrange for interpreter/translator to attend audit (Note: CB is responsible for selecting interpreters/translators, NOT the facility)

B. Required auditing elements.

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- Opening meeting
- Site assessment
- Collection of necessary Samples for Testing
- Review of Management systems, policies, records, documents, and procedures
- Employee/worker interviews as applicable per GSA Standard audited
- Traceability and mass balance exercises as applicable per GSA Standard audited
- Review of non-conformities identified and prepare NC report
- Closing meeting
- Provision of a non-conformance summary to the facility and CB
- The auditor will complete a formal audit report

All sections of the standard shall be covered by reviewing the Applicant facility’s documents, records, and related procedures, together with an inspection of production facilities.

The processing plant must be in production during the audit and the auditor must witness, if available, production processes for RTE products and high-risk processes per the scope of certification elected by the facility. If the facility has such below stated RTE production processes within the scope of certification but does not have production during the initial audit, the auditor shall note this in the audit report and the CB shall inform the facility that a supplemental audit is necessary to review the production of such products and their HACCP/food safety and other related documentation before it can be included in the scope of current certification.

Examples of RTE products and high-risk processes (not an exhaustive list):

- Processes involving Scombrotoxin formation.
- Processes involving Clostridium botulinum toxin formation.
- Specific allergens with processes like breading, battering, marinating with spices – to verify both the allergen cross contamination and change over processes as well as Staphylococcus aureus toxin formation.
- Processes involving Staphylococcus aureus (S. aureus), Listeria monocytogenes (L. mono) and Clostridium botulinum (C. botulinum) pathogenic growth – e.g. drying, smoking, LACFs, Acidified Foods.
- Processes involving Natural Toxins – Molluscan Shellfish, Finfish (primarily reef fish), Dungeness crab or other finfish.
- Processes involving raw ready to eat products – e.g. Sushi.

Documents, records, and procedures for all species within the scope of certification and the associated processes and product forms that the facility produces are subject to evaluation as part of the traceability and mass balance exercises, whether or not they were produced at the time of the audit.

The CB shall conduct an audit to cover all parts of the facility and product forms that the facility produces.

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facilities cannot prohibit the CB auditor from entering particular rooms, process lines, cooked versus raw product forms and/or species during the audit.

C. Farms, Hatcheries and Feed Mills

Applicants **must** be in operation at the time of the audit. Farms and hatcheries **must** be stocked and in production. Feed Mills must be producing aquaculture feed (in case they also produce feed for terrestrial animals and/or pet food) per the scope of the certification.

7.6 Audit Teams

Audit Team Definition – More than one auditor conducting an audit. One auditor of the audit team is appointed as the audit team leader. NOTE: This section does not apply to Enhanced Social audits.

7.6.1 Audit Team Structure

The CB, where there is a necessity for an audit team, must select auditors and allocate them as an audit team including the appointment of an audit team leader per competence and experience stated under clause 3.12.3 above. The CB must consider the following when assigning an audit to an audit team.

- Audit duration.
- The overall competence of the audit team, considering audit scope and criteria.
- Type and complexity of the processes to be audited.
- The ability of the audit team members to work and interact effectively between themselves and with the audit team leader and with the representatives of the facility and other relevant interested parties.
- The relevant external/internal issues, such as the language of the audit, and the facility’s social and cultural characteristics. These issues may be addressed either by the auditor’s own skills or through the need for interpreters.
- Size and composition of the audit team.

Changes to the composition of the audit team may be necessary during the audit, e.g., if a conflict of interest or competence issue arises. If such a situation arises, the conditions for changes to the audit team must be resolved with the appropriate parties (e.g., audit team leader, the CB, facility, GSA) before any changes are made.

Shadow and witness audits could be part of the audits involving audit teams per criteria stated in section 3.8.1.

The Audit Team Leader and audit team members must be competent in the scope of the audit and must be approved by GSA for the said category. The assignments of the various audit tasks and/or portions of the standards to be audited is the responsibility of the audit team leader and the audit team members must abide by his/her decision.

Where matters of conflict or other ineffective interaction/communication arise within the audit team

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during the audit, the audit team leader must resolve them to not affect the audit process. The audit team leader's decision must be respected by the audit team and his/her decision would be final. In case these cannot be resolved the audit team leader must inform the CB who will inform GSA for further resolution of the issues of disagreement.

The audit team leader is the primary contact for the audit and must arrange for the audit to take place in an effective manner to achieve the objectives of the audit including but not limited to the below.

- Confirm communication channels with the facility
- Confirm the authority to conduct the audit
- Provide relevant information on the audit objectives, scope, criteria, and methods
- Request access to relevant information for planning purposes including information on the risks and opportunities the organization has identified and how they are addressed
- Determine applicable statutory and regulatory requirements and other requirements relevant to the activities, processes, products and services of the facility
- Confirm the agreement with the facility regarding the extent of the disclosure and the treatment of confidential information
- Arrange for the audit including the schedule/plan
- Determine any location-specific arrangements for access, health and safety, security, confidentiality or other
- Agree on the attendance of observers and the need for interpreters for the audit team
- Determine any areas of interest, concern or risks to the facility in relation to the specific audit
- Resolve issues regarding composition of the audit team with the facility or audit client

7.6.2 Audit Planning

Audit planning must consider the risks of the audit activities on the facility's processes and provide the basis for the agreement among the CB, audit team and the facility regarding the conduct of the audit. Planning shall facilitate the efficient scheduling and coordination of the audit activities to achieve the objectives effectively.

The amount of detail provided in the audit plan must reflect the scope and complexity of the audit. In planning the audit, the audit team leader shall consider the following:

- The composition of the audit team and its overall competence.
- The appropriate audit sampling techniques.
- Opportunities to improve the effectiveness and efficiency of the audit activities.
- The risks of not achieving the audit objectives due to ineffective audit planning.
- The risks to the facility due to the audit team approach (e.g., the presence of the audit team members adversely influencing the facility's arrangements for health and safety, environment and quality, and its products, services, personnel or infrastructure).

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Audit planning and preparation must address the need for the audit team to familiarize themselves with facility's infrastructure and processes. Audit plans must be presented to the facility ideally prior to the audit.

The audit team leader, in consultation with the audit team, shall assign to each team member the responsibility for auditing specific processes, activities, functions or locations and, as appropriate, authority for decision-making. Such assignments must consider the impartiality and objectivity and competence of auditors and the effective use of resources.

7.6.3 Audit Process

During the opening meeting, which must be chaired by the audit team leader is where he/she must introduce the audit team and their roles. The audit team leader must also confirm the audit plan and other relevant arrangements as below with the facility.

- The date and time for the closing meeting.
- Interim meetings between the audit team and the facility's management.
- Any changes needed to the audit plan.
- Keeping the facility informed of audit progress during the audit.
- Availability of resources needed by the audit team.
- Confidentiality and information security.
- Access to all areas of the facility.
- Health and safety, security, emergency, and other arrangements for the audit team.

Audit team meetings must be held, as appropriate, by the audit team leader to allocate work assignments and decide possible changes. Changes to the work assignments can be made as the audit progresses to ensure the achievement of the audit objectives. The audit team members must collect and review the information relevant to their audit assignments and prepare documented information for the audit, using any appropriate media. The documented information for the audit can include but is not limited to:

- Physical or digital checklists.
- Audit sampling details.
- Audio visual information.

During the audit, it may be necessary to make formal arrangements for communication within the audit team, as well as with the facility. The audit team must confer periodically to exchange information, assess audit progress, and reassign work between the audit team members, as needed. The audit team leader must periodically communicate the progress, any significant findings and any concerns to the facility, as appropriate.

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All audit team members must submit their portion of the audit evidence to the audit team leader for him/her to collate compliance as well as non-compliance issues and prepare the final audit report per clause 7.8. The audit team leader must check with the audit team members from time to time as to the progress of the audit. The closing meeting is always chaired by the audit team leader.

The audit team leader may seek the assistance of the audit team members for the review of objective evidence obtained to close non-conformities identified, if any, and it is obligatory for the audit team members to assist the audit team leader until the certification decision is made by the CB.

The CB must have a process in place to evaluate the outcome of the audits conducted by audit teams. The results of such evaluations must be documented and shared with GSA as and when requested. Also, the results must be used to effect improvements in the audit process.

7.7 Non-Conformance Categories, Reporting, and Closure Time Frames

Any Non-Conformances identified during the audit must be recorded by the CB auditor as either:

NC Rating	Definition	Required Action
Critical	Where there is a serious failure to comply with a food safety, social compliance and/or legal issue and/or a risk to the integrity of the scheme.	The auditor will immediately inform the Certification Body, who will inform the GSA office. Immediate temporary suspension may ensue pending clarifications for certified facilities and a re-audit may result for facilities.
Major	Where there is a substantial failure to meet the requirements and/or intent of any clause in the Standard but there is no food safety risk, social compliance, legal issue or immediate risk to the integrity of the scheme. (Generally, policy)	Objective evidence verifying the proper implementation of corrective action and closing of non-conformities shall be submitted to the Certification Body in accordance with GSA Requirements.
Minor	Where absolute compliance with requirements and/or the intent of any clause in the Standard has not been demonstrated. The matter does not rise to the level of Major or Critical and tends to be lower risk issues or isolated instances rather than patterns. Not indicative of an overall breakdown in compliance and systems.	Objective evidence verifying the proper implementation of corrective actions and closure of non-conformities shall be submitted to the Certification Body in accordance with GSA Requirements.

The CB auditor must record any non-conformances identified in the audit report and communicate the details to the CB. Objective evidence which properly verifies corrective action implemented, including addressing of root cause, shall be submitted to the CB by the facility (all facilities – processing plants, farms-standalone, groups, clusters, hatcheries, feed mills) within 35 calendar days from the day following the end of the audit.

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At the closing meeting, the auditor shall present his/her findings and discuss all nonconformities that have been identified during the audit but shall not make comments on the likely outcome of the certification status. A written summary of the nonconformities discussed at the closing meeting shall be left with the facility upon completion of the audit and a copy with signatures of authorized representatives shall be obtained by the auditor.

A written non-conformance summary shall be provided to the CB by the auditor within 48 hours of the audit completion. This time frame may be extended by 1 or 2 days under extenuating circumstances.

The CB technical person or committee shall review the non-conformance summary promptly within the allocated timeframes stated under clause 4.2.

This review shall ensure the non-conformance statements are clear, the severity/rating of nonconformity assigned is appropriate to the non-conformance statement and intent of the clause, and the auditor has not cited multiple non-conformities for the same deviation at multiple clauses.

Once the non-conformance summary has been approved by the CB technical committee, it shall be immediately forwarded to GSA along with page 1 of the audit report. GSA shall receive this information no more than 10 calendar days from the date the audit was completed.

All nonconformities issued during the audits must be closed prior to granting the certification for all facility types. In circumstances where the corrective action involves structural changes, engineering modifications, and for seasonal facilities when nonconformities cannot be corrected within a 35-calendar day timeframe due to lead times for structural improvements and equipment installation, any extraordinary circumstances and/or due to seasonal production shutdown prior to the deadline for submitting corrective action evidence, the nonconformities shall be conditionally closed out pursuant to the below conditions:

- CB must notify the GSA.
- The nonconformity must be of a **Minor** rating.
- The nonconformity must not be for a deviation related to food safety and/or legal issues.
- Temporary action is taken by the facility to correct the deviation and a detailed plan with a definitive timeframe for closure must be obtained by the CB from the facility.
- CB must approve the temporary corrections, the corrective action plan and timeframe.
- CB must periodically verify the actions taken by the facility per the submitted CA plan.
- CB auditor and/or technical committee shall document all details of justification of the conditional closure, how the risk is being controlled, and the agreed completion date.
- Such nonconformities along with their corrective actions shall be verified during the subsequent recertification audit and for facilities under group scheme these shall be verified during the surveillance audits.
- Any nonconformities that are not closed out during the subsequent recertification audit shall be escalated to the next higher NC rating (e.g. a minor NC will be escalated to a Major NC).

Major NCs must be closed out within the timeframe of 42-calendar days and/or prior to the end of the season for seasonal facilities. These cannot be left open to achieve certification.

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Repeat nonconformities from the previous audit are to be cited as repeats in the nonconformity summary report and audit report of the next audit. Repeat nonconformities where CA is not implemented adequately during the subsequent recertification audit shall be escalated to the next higher NC rating (e.g., a minor NC will be escalated to a Major NC). CBs and their auditors must exercise caution when assessing repeat nonconformities as they must be the exact same clause requirement to be assigned as repeat NCs. For example, a hose on the floor at room A during the previous audit was issued a minor NC and the auditor again found a hose on the floor during the current audit and was in room B. This cannot be considered as a repeat as the NC is not exactly the same. If many such similar deviations are noted, then the auditor may assess a nonconformity against the management commitment requirement of the standard. The nonconformity rating must be decided by the auditor and CB depending on the risk of such deviations to the products and the BAP scheme.

7.8 Audit Reporting

The auditor shall provide a full report of the audit. The auditor shall submit the report to the Technical Manager or committee of the CB.

The report **shall follow the format specified by GSA** and shall provide full details of the audit. The report shall be issued whether certification is granted or not, and in accordance with GSA guidelines. The applicant who commissioned the audit owns the Audit Report, however, an agreement shall be in place between the applicant and the CB for the authorization of the provision of a report to GSA.

The details/comments section of the Audit Report shall be in open text format and in English. Reports shall also include comments both where criteria have been met and not been met. Objective evidence to support both conformance and any non-conformances that have been identified shall be referenced within the report. Within the Audit Report there shall be a record of the duration of the audit and any reason for the lengthening or shortening of the duration from that of typical or expected audit duration.

Audit reports must clearly identify whether certification audits are unannounced.

The Audit Report must accurately reflect the findings of the auditor during the audit.

7.9 Corrective Action of Non-Conformities

All non-conformities for all facilities, standards and audit formats shall have facility corrective action responses and objective evidence submitted of effective correction and implementation. Such evidence is essential for the auditor and Certification Body to verify that the facility has properly closed out the non-conformance and that the facility meets the requirements of the GSA Standard.

Verification may take the form of further on-site audits or of objective evidence such as submitted paperwork including updated policies, procedures, records, and photographs etc. The evidence must be reviewed and certified for effectiveness by a technically competent member or group within the Certification Body.

NOTE: Statements of intent alone by the facility to correct a non-conformance do not qualify as objective evidence. For evidence to be acceptable, it must address the root cause of the non-conformity.

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All evidence of corrective action must be returned, completed, and verified by the Certification Body within a timescale defined by GSA before certification can be awarded. Appropriate documentary evidence must be submitted.

7.10 Technical Review of the Audit Results, and the Certification Decision Making Entity

The audit report, test results and corrective action evidence must be reviewed by a Certification Manager or Committee of the CB. Audit results must undergo a technical review prior to granting, suspending, withdrawing or renewing certification.

Certification decisions shall be made by a person, persons or committee that were not involved in the facility audit. The Certification Body and the decision-making process shall be impartial and free from any conflict of interest to include any commercial or financial pressures or gains.

The certification review/decision making group/team/committee shall be adequately staffed to ensure timely reviews and decision making. The committee make up shall be:

- Minimum 2 persons
- At least 1 always having experience and competence in the GSA scheme

The review shall ensure:

- That reviewers are impartial and technically competent to understand the content of reports, corrective action evidence and test result. And that these data are accurately assessed to demonstrate satisfactory evidence of compliance with the GSA scheme
- That all requirements of the respective standard have been fully covered, using any supporting notes made during the audit by a suitably qualified auditor
- That the scope of the report covers the scope applied for by the facility and that the report provides satisfactory evidence that all areas of the scope have been fully investigated
- That all areas of non-conformity have been identified, and effective corrective action has been submitted and taken to resolve these non-conformities including the addressing of root cause(s)

The result of the certification decision will be either:

- Facility meets the Standards
- Facility fails to meet the Standards

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7.11 Complaints, Appeals and Disputes

Complaints, appeals, and disputes brought before the Certification Body by facilities, GSA or other parties shall be addressed in accordance with the Certification Body procedure and in compliance with this section. The Certification Body shall ensure the details of complaints, appeals, and disputes procedures are always made available to the GSA.

The facility has the right to appeal the certification decision of the Certification Body. The Certification Body shall have a documented appeals process in place that is publicly available, and ensure the facility has a copy of that policy upon request and/or in the event of a complaint. Appeals shall be made in writing within the time frame set by the CB. Actions taken and their effectiveness must be documented.

A full investigation shall be conducted, and a written response provided by Certification Body personnel and that are independent of the auditor and Certification decision maker(s). Appeals and complaints must be resolved within the time frame set by the CB. Actions taken and their effectiveness must be documented and provided to GSA upon request.

7.12 Certificate Content

The CB will issue certificates that shall conform to the following content requirements:

- Name and address of the facility
- Standard and version number to which the certificate applies
- Scope of certification, species and category (e.g., farm raised, wild caught or both for SPS)
- Audit dates
- Issuance date
- Certificate validity date
- Certificate expiration date
- Name of the Certification Body
- CB Certificate/certification number
- CB Logo
- Signatures of the authorized signatory
- GSA Program logos as applicable
- Facility Identification Number
- If the audit was “Announced” or “Unannounced” (as applicable)
- Enhanced Social Accountability audit (where applicable)
- Auditor APSCA number and the APSCA Firm number (as applicable)
- AB Logo and number (where applicable)
- Transfer of certification (where applicable)
- Any other information specified by GSA.

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The Certificate is the property of the CB and the control and management of the status of a certificate shall be in place. Copies of certificates shall be provided to GSA for verification and consistency of content.

Certification shall not be awarded where any non-conformances requiring corrective action, remain outstanding.

Ongoing certification is maintained where there is substantive and demonstrable evidence that the Applicant remains in compliance with the criteria of the Standard in question.

When timescales, verification and/or corrective actions are not completed as required, suspension and/or withdrawal of facility certification may be implemented.

7.13 Certification Validity

For new facilities the certificate validity or expiration date shall be 12 consecutive calendar months from the date of the issue of certificate. The validity of a recertification certificate shall be no sooner than the day certification was granted, for 12 consecutive calendar months from the previous certificate expiration date. The recertification certificate validity or expiration date shall be 12 consecutive calendar months from the previous certificate validity or expiration date. The CB acknowledges that the certification of a facility continues after a certificate is issued and during the period for which such certificate is in effect. Therefore, the CB is responsible for, including responding to, acting on or rectifying, any instances of non-conformity or non-compliance that may arise during such period.

7.14 Document Control and Document Registry

All records and documentation related to GSA Standard's audits shall be retained by the CB for a minimum of **five** years. Internal documentation will also be included such as personnel and training records.

CBs shall ensure that their agreements with Applicants dictate that all documents in relation to the audit shall be made available to GSA upon request. The Certification Body shall have in place a document control procedure that ensure all documents and records related to the CBs BAP certification process and to the GSA Standards and procedures are up to date and that only current versions are in use and/or distributed to facilities, personnel, auditors, and GSA.

The CB shall maintain a document control registry that lists version numbers and/or issue dates. Making it clear which is the current, implemented version of all BAP scheme documents.

7.15 Changes in Certification Requirements

The CB shall give due notice of any changes it intends to make in its requirements for certification and that any time frames, where applicable, for adjustments to such changes are defined and reasonable.

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8.0 Responsible Fishing Vessel Standard Audit Process

8.1 The Evaluation Process

CB shall ensure the Applicant has or is provided with all relevant and up-to-date information related to the GSA RFVS including the Standard itself, any interpretation guidelines, and relevant audit policies. The CB shall also require that each applicant:

- Always complies with the relevant provisions of the certification program.
- Make all necessary arrangements for the conduct of the evaluation, including examination of documents, access to areas, records, personnel, etc.
- Make claims regarding certification only in respect of the scope for which certification has been granted.
- Does not use its certification in such a manner as to bring the CB, GSA or any other associated organizations into disrepute and does not make any statements regarding its certification that the CB may consider to be misleading or unauthorized
- Upon suspension or withdrawal of certification, discontinues use of all advertising material that contains any reference thereto and returns any certification documents as required by the CB and GSA.

8.1.1 Applicant/Member Eligibility

If a vessel, or group of vessels, does not meet any of the Eligibility Criteria as stated within Section B of the current active issue of the RFVS, they shall not be considered suitable to apply or retain their certification for the RFVS. If, once certified, an RFVS member is found guilty by their regulatory authority to be in violation of any, or all of these eligibility criteria, their certification shall be immediately suspended, and the Certification Body shall initiate the process to withdraw their RFVS certificate. In the event of a proven guilty verdict, the applicant will not be allowed to reapply to the RFVS for a minimum period of 12 months from the date of conviction.

8.1.2 RFVS Application Requirements

The potential applicant for either a single or group of vessels shall need to review the RFVS Eligibility Criteria and complete the relevant self-declaration form and RFVS application form.

GSA has a non-discriminatory policy in place which assures that all applicants to the RFVS will be treated equally, and no application will be prevented, unless there is clear evidence that these Eligibility Criteria are not met or have been breached in the preceding 6 (six) months. It should also be noted that if an applicant has been found to be in breach of one of these Eligibility Criteria by either GSA or their assigned CB during their RFVS assessment process this will nullify the applicant's self-declaration. The CB can, following discussion with GSA, stop an applicant's application to the RFVS. An applicant has the right to appeal this decision, and this process will be held in accordance with the GSA's program appeals process.

If no appeal is forthcoming by the applicant following a CB refusal their application shall be suspended, and the applicant shall not be allowed to reapply for the RFVS for a period of 12 months from the date of their prosecution.

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If any new applicant has on their self-declaration declared that they have had a successful prosecution or are in the process of being prosecuted for any breach against any of these Eligibility Criteria, they shall have their application suspended and cannot apply for certification to the RFVS for at least 6 months from the date of their prosecution or if they have pending proceedings taking place.

A Group applicant must ensure that any vessels within the group which have been previously prosecuted must be 6 months from their prosecution date or are no longer pending further investigations. This requirement remains the same if they are to be included within either the initial application group or if they are added to the group after the initial certification.

All applicant cases will be treated on an individual basis and the time frames stated are for guidance and can be increased or reduced depending on the severity of the breach to one or more of these Eligibility Criteria. GSA must be consulted on all occasions before one of these sanctions can be applied to an existing or pending application.

8.2 Evaluation Frequency

It is the responsibility of the Applicant to maintain valid certification. The certification audit frequency for audits against the RFVS is once every 3 calendar years with annual surveillance audits occurring as close to the annual date of initial certification as practicable (conducted within 60 days) for the CB and vessel(s).

An RFVS certificate lasts for 3 years for both Single Vessels and Group Entities, and after that period the certificate holder shall need to reapply for certification to maintain their membership in the RFVS Program. Re-certification audits shall be arranged at least three months before the certificate expiry date and shall be carried out to allow the new certification to be completed before the current certificate date expires. Where practical, audits of an RFVS vessel or group shall be carried out by the same auditor, but only up to a maximum of three consecutive audits (this includes initial and annual surveillance assessments).

Under extreme circumstances such as major weather events, public safety situations, natural calamities, events that do not allow auditors to travel, etc., the CBs and/or vessels must formally request the GSA for a written approval to issue a temporary extension to the recertification audit timeframe stated above and the certificate expiration date. In situations that require a permanent change to the recertification audit date, a prior written approval by the GSA Management to the CB and the Applicant is required and the Applicant's new recertification date may be changed. In such a case the new recertification date will be the new initial certification audit date going forward. The timeframe of the temporary extension is to be agreed upon by the CB and GSA Management.

8.3 Duration of Evaluation

RFVS audits shall be defined as either full- or half-day based on the time required to complete all required components of the audit. Certification Bodies shall calculate their expected audit costs in increments of no smaller than a half day. The total time of an audit day shall be defined as:

- Full Audit Day – Eight hours onsite (+/- 2 hours)
- Half Audit Day – Four hours onsite (+/- 2 hours)

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GSA shall insist upon the accurate assessment and duration of evaluations by CB's. Although audit duration shall vary according to audit type and the accompanying risk assessment, audit duration shall be at a minimum, as follows:

- For a crewed vessel, the audit shall have a duration of up to 6-10 hours, but this shall be dependent on how well organized an applicant is with their evidence and the availability of crew members to be interviewed on the day of the audit.
- For a single-handed operated vessel, the audit duration shall be up to 2-6 hours.
- For the Central Management System (CMS) audit of a Group Entity, the audit shall have a duration of up to 4-10 hours but is dependent on group size and risk complexity.

For annual surveillance audits of certified vessels, audit duration will vary greatly based on vessel and crew size, risk rating, and the number of non-conformances assessed during the initial vessel audit. With that, surveillance audit duration shall be a minimum of 2 hours but can last up to 10 hours if necessary.

The Auditor shall, in advance of the on-vessel audit, plan to receive documentation for review. This practice should be encouraged as the time of the vessel at port is restricted and is best spent reviewing the condition of the vessel and equipment and conducting verification interviews with the vessel captain and crew members the auditor has selected.

8.4 Evaluation Format

The CB shall be mindful that the audit format consists of systems review, documentary and records review, physical inspection of the vessel, and interviews with crew and management. Time allocation during the audit shall be such as to provide sufficient and proportionate time for each activity to be carried out in full. Where appropriate, additional time may be granted for investigations. Formal requests to extend allocated audit durations must be made by the CB to BSP in writing. Such requests shall not exceed 25% of the time initially allocated for the audit in question.

CB Responsibilities Prior to the Audit:

- Review of the application to ensure completeness and to include resolution of any questions, unclear or missing information prior to assessment.
- Audit preparation, planning and scheduling, including assignment of a qualified auditor that is available within a reasonable timeframe.
- Where possible, preliminary document assessment in advance.
- Preaudit research to determine if the vessel has been the subject of media or NGO reports, or is on an import ban lift or subject to sanctions such as the Uyghur Forced Labor Prevention Act Entity List, Withhold Release Order, Findings List, or Magnitsky Sanctions.

Required Auditing Elements:

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- Opening meeting.
- Vessel assessment.
- Review of management systems, records, documents, and procedures.
- Crew interviews.
- Management interview.
- Review of non-conformities identified and prepare NC report.
- Closing meeting.
- Provision of a non-conformance summary to the applicant and CB.
- The auditor will complete a formal evaluation report.

All sections of the Standard shall be covered by reviewing the applicant’s records and related procedures, together with an inspection of the vessel.

8.4.1 Crew Interview/Focus Group Guidelines

The crew members shall be selected by the CB auditor for interview. All crew members shall be made available for interviews, and interviews shall be conducted as follows:

- Crew members shall be interviewed either individually or in a focus group setting.
- Crew members shall be interviewed in a confidential setting without any supervision or management from the vessel owner or the person ordinarily in charge of the vessel.
- Crew members shall be given assurance that the information they provide will be kept anonymous and in confidence by the auditor.
- Where possible, crew members shall be interviewed in their own language or through an interpreter employed by the CB. In no circumstances shall the owner or an employed representative act as an interpreter for the auditor.
- The CB auditor when selecting crew members, shall consider that they are representative of the crew, by characteristics such as nationality, gender, age, and length of service.

8.4.2 Crew Selection Requirements

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All crew members selected for interview shall be chosen solely by the auditor and not the applicant. The number of crew to be interviewed as part of this assessment will be determined using ASPCA requirements detailed below and will also be risk based dependent on several factors.

The total number of crew to select on a vessel shall be the square root of the total number of crew members, rounded up to the nearest whole number, minus the value determined from the risk assessment (Table 2). However, if the auditor wishes to interview more crew members for any reason, this will be allowed at their discretion. If an auditor elects to interview additional crew beyond the required number, the auditor must be able to explain their reasoning for this decision to the applicant.

The minimum number of crew an auditor must interview is 2, regardless of total crew size.

Table 2: Risk assessment calculation to determine how many crew can be removed from total interview

Risk Factor	Total Number of Crew to Subtract from the Square Root Calculation
Vessel is operating on trips lasting less than 30 consecutive days at sea	1
Vessel is operating on trips lasting less than 3 consecutive days at sea.	2
All crew hold the same nationality as the flag state of the vessel.	2

8.4.3 Group Entity Vessel Sample Selection Requirements

For guidance on vessel sub-sample selection for Group Entity certification, please refer to section 2.2 of the most current version of the BSP Vessel Group Program Policy and Control Document.

8.5 Non-Conformance Categories, Reporting, and Closure Time Frames

Any non-conformances identified during the evaluation must be recorded by the CB auditor as:

Critical: A critical failure to comply with a clause that relates to crew safety, vessel safety or legality, or where circumstances observed represent a risk to the integrity of the RFVS. The auditor shall immediately inform the CB who in turn shall inform the standard owner. Immediate temporary suspension of already certified vessels or groups may follow pending investigation clarification.

Major: A substantial failure to meet the requirements of a statement of intent of any essential clause within the Standard but there is no imminent crew or vessel safety risk or immediate risk to the integrity of the RFVS. The auditor shall record this in the Report Form and communicate the details to the CB. Objective evidence verifying what correction action has been taken, including addressing of root cause, shall be submitted to the CB by the applicant within 35 calendar days of the audit taking place.

Minor: Absolute compliance with an essential clause and the statement of intent has not been demonstrated. The auditor shall record this in the Report Form and communicate the details to the CB.

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Objective evidence verifying what correction action has been taken, including addressing root cause, shall be submitted to the CB by the applicant within calendar 35 days of the audit taking place.

The CB auditor must record this in the audit report and communicate the details to the CB. Objective evidence which properly verifies corrective action implemented, including addressing root cause, shall be submitted to the CB by the applicant within 35 calendar days of the last audit date of the assessment.

At the closing meeting, the auditor shall present his/her findings and discuss all nonconformities that have been identified during the audit but shall not make comment on the likely outcome of the certification status. A written summary of the nonconformities discussed at the closing meeting shall be left with the applicant upon completion of the audit.

A written non-conformance summary shall be provided to the CB by the auditor within 48 hours of the audit completion. This time frame may be extended by 1 or 2 days under extenuating circumstances.

The CB technical person or committee shall review the non-conformance summary promptly within the allocated timeframes. This review shall ensure the non-conformance statements are clear, the severity/rating of non-conformity assigned is appropriate to the non-conformance statement and intent of the clause, and the auditor has not cited multiple non-conformities for the same deviation at multiple clauses.

Once the non-conformance summary has been approved by the CB technical committee, it shall be immediately forwarded to GSA along with page 1 of the audit report. GSA shall receive this information no more than 10 calendar days from the date the audit was completed.

All ESSENTIAL clauses with nonconformities issued during the audits shall be closed prior to granting the certification. In circumstances where the corrective action involves SUPPLEMENTAL clauses, the nonconformities shall be closed by the timeframe stated in the clause information panel (See RFVS Criteria Document for details).

8.6 Audit Reporting

The auditor shall provide a full report of the audit. The auditor shall submit the report to the Technical Manager or committee of the CB.

The report shall follow the format specified by GSA and shall provide full details of the audit. The report shall be issued whether certification is granted or not, and in accordance with GSA guidelines. The applicant who commissioned the audit owns the Audit Report; however, an agreement shall be in place between the applicant and the CB for the authorization of the provision of a report to GSA. The details/comments section of the Audit Report shall be in open text format and in English. Reports shall also include comments on both where criteria have been met and not met. Objective evidence to support both conformance and any nonconformances that have been identified shall be referenced within the report. Within the Audit Report there shall be a record of the duration of the audit and any reason for the lengthening or shortening of the duration from that of typical or expected audit duration. The Audit Report must accurately reflect the findings of the auditor during the audit.

8.7 Corrective Action of Non-Conformities

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All non-conformities shall have corrective action responses and objective evidence submitted of effective correction and implementation. Such evidence is essential for the audit and CB verify that the applicant has properly closed out the non-conformance and that the Applicant meets the requirements of the Standard.

Verification may take the form of further on-vessel assessment or of objective evidence such as submitted paperwork including updated procedures, records, and photographs etc. The evidence must be assessed by a technically competent member or group within the CB. Statements of intent alone by the applicant to correct a non-conformance do not qualify as objective evidence. For evidence to be acceptable, it must address the root cause of the non-conformity.

All evidence of corrective action must be returned, completed, and verified by the CB within a timescale defined by GSA before certification can be awarded.

8.8 Technical Review of Audit Results, and the Certification Decision Making Entity

The audit report, test result and corrective action evidence must be considered by a Certification Manager or Committee of the CB. Audit results shall undergo a technical review prior to granting, suspending, withdrawing, or renewing certification. Certification decisions shall be made by a person, persons or committee that were not involved in the vessel audit. The CB and the decision-making process shall be impartial and free from any conflict of interest to include any commercial or financial pressures or gains.

The Certification review/decision making group/team shall be adequately staffed to ensure timely reviews and decision making. The committee make up shall be:

- Minimum 2 persons.
- At least 1 always having experience and competence in the GSA RFVS scheme.

The review shall ensure:

- That the reviewers are impartial and technically competent to understand the content of the reports and corrective action evidence and that these data are accurately assessed to demonstrate satisfactory evidence of compliance with the scheme.
- That all requirements of the Standard have been fully covered, using any supporting notes made during the assessment by a suitably qualified auditor.
- That the scope of the report covers the scope applied for by the applicant and that the report provides satisfactory evidence that all areas of the scope have been fully investigated.
- That all areas of non-conformity have been identified, and effective corrective action has been taken to resolve these non-conformities including the addressing of the root cause.

The result of the certification decision shall be:

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- Applicant meets the standard
- Applicant fails to meet the standard

The CB shall at a minimum provide the following below to GSA after the Certification Decision as part of the audit pack as applicable to vessel types:

- NC Summary Report
- Final Audit Report
- Corrective Action Evidence and NC Closure Reports
- Certificate

8.9 Complaints, Appeals and Disputes

Complaints, appeals, and disputes brought before the CB by applicants, GSA or other parties shall be addressed in accordance with the CB procedure and in compliance with this section. The applicant has the right to appeal the certification decision of the CB. The CB shall have a documented appeals process in place that is publicly available, and ensure the applicant has a copy of that policy upon request and/or in the event of a complaint. Appeals shall be made in writing within the time frame set by the CB. Actions taken and their effectiveness must be documented.

A full investigation shall be conducted, and a written response will be provided by Certification Body personnel that are independent of the auditor and Certification decision maker(s). Appeals and complaints must be resolved within the time frame set by the CB. Actions taken and their effectiveness must be documented.

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8.10 Certificate Content

The issuance of an RFVS certificate shall be subject to the approval of the Certification Decision Committee and shall be sent to GSA to issue it to the applicant. The certificate shall be in the BSP RFVS Standard's agreed format and shall detail:

SINGLE APPLICANT:

The CB shall issue certificates that shall conform to the following content requirements:

- Name and home port address of the vessel
- Name and address of Global Seafood Alliance
- Vessel classification (by trip length)
- Standard and version number to which the certificate applies
- Scope of certification, vessel name
- Audit dates
- Certificate expiration date
- Name and address of the Certification Body
- CB Certificate/certification number
- CB Logo
- Signatures of the authorized signatory
- Vessel Identification Number
- Auditor APSCA number and the APSCA Firm number (as applicable)
- Effective date of issue of the certificate

GSA shall record all certified vessels and groups on the BSP website. If a vessel or group is not listed, then the RFVS certificate will be null and void.

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GROUP APPLICANT:

Additional information for the group shall be the inclusion of the Group Application name and a list of vessels within this certificate which should be listed on an Annex or Page 2 of the Certificate.

The Certificate shall remain the property of the CB and shall be issued subject to the applicant complying with the GSA and CB certification protocols (Client Agreement). A copy of these protocols shall be provided to the applicant at the beginning of the RFVS assessment process by their CB after their completed application form and self-declaration form has been submitted to a CB.

In the event there are substantial changes to the vessel operations or the owner status, these shall be notified in writing to GSA as this may affect the certification status for the applicant.

8.11 Annual Surveillance Audit Procedures

In addition to the requirements related to applications and initial audits, certified single vessels and group entities will also be subject to surveillance audits annually to maintain certification. Annual surveillance audits are intended to measure compliance with requirements that may not be attainable at the time of certification (the supplementary clauses), RFVS criteria deemed critical to crew safety and welfare, and any non-conformances assessed at the time of the initial audit. For Group applicants, surveillance audits shall assess the current version of the Vessel Group Program Policy and Control Document and all relevant RFVS criteria against a subsample of vessels as defined in Table 8 of this document.

Surveillance audits are conducted annually and shall be scheduled to align as closely as possible with the date of initial certification. All certified single vessels shall be subject to annual surveillance, while a subset of vessels within a Group Entity will undergo surveillance annually.

All certified vessels and vessel Groups shall have an annual surveillance audit date conducted within 60 days of their expiration date (Day & Month). If a vessel or Group fails to conduct an annual surveillance audit within 60 days of their expiration date, they shall be put on the “renewals in process” page of the BSP website. If a vessel fails to conduct a surveillance audit date 90 days from their expiration date (15 months after the certification issued date), the vessel or Group shall be suspended, and their certificate shall be removed from the BSP webpage.

Once a vessel has been allocated to a CB for surveillance audit, the assigned CB will have 14 days to plan and schedule a surveillance audit date. Once the surveillance audit has been conducted, the assigned CB will have 10 days from the final audit date to submit a 1st page audit report to GSA. The vessel or VGM will have no more than 35 days from the final audit date to submit all corrective actions related to the NCs to the assigned CB. Once all corrective actions have been submitted by the vessel or VGM, the assigned CB will have 7 days from the date the corrective actions are submitted, to close out the Non-Conformances. The assigned CB is to send the final audit report and notification of certificate maintenance to GSA no more than 60 days from the final audit date.

For all certified vessels, surveillance audits shall be scheduled as either onsite or remote based on a two part risk rating (Tables 2-5). This risk rating also determines the total number of vessels to select from a Group Entity for surveillance. The group surveillance audit sample size will not exceed the square root of the total Group size, rounded up, unless the assigned CB determines additional audits are necessary to ensure Group compliance. Risk ratings are based on the combination of country/region-level labor risk indicators of the certified vessel(s), as well as the number and type of non-conformances assessed during the initial audit. For Group Entities, the non-conformance value shall be determined by the average number of minor and major non-conformances across all vessels assessed during the certification audit. See Tables 5-8 below for the full surveillance risk assessment procedure.

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Table 5: Country/Region-Based Surveillance Risk Assessment for Single Vessels and Group Entities

Risk Criteria	Risk Score Calculation			
US State Department Trafficking in Persons (TIP) ¹	Tier 3 = +20 points	Tier 2 Watchlist = +15 points	Tier 2 = +10 points	Tier 1 = +0 points
Country is on Department of Labor List of goods made with significant incidences of known labor violations for the following categories (fish, tilapia, shellfish, shrimp and Nile Perch) ²	Yes = +20		No = +0	
Country is ranked on the Corruption Perception Index (CPI) below a score of 41 ³	Yes = +15		No = +0	
3 in 1000 or more of the country population (within which the vessel is registered to operate) are in modern slavery (Global Slavery Index) ⁴	Yes = +15		No = +0	
Overall Risk Category	Low: Sum ≤ 20	Medium: 20 < Sum < 45	High: Sum ≥ 45	

¹ <https://www.state.gov/trafficking-in-persons-report/>

² <https://www.dol.gov/agencies/ilab/reports/child-labor/list-of-goods>

³ <https://www.transparency.org/en/cpi>

⁴ <https://globalslaveryindex.org>

Table 6: Initial Audit-Based Surveillance Risk Assessment for Single Vessels and Group Entities

Risk Level	Number of Non-Conformances Assessed at Initial Audit		
High	3 or more majors	10 or more minors	2 majors and 7-9 minors
Medium	1-2 majors	5-9 minors	1 major and 7-9 minors
Low	0 majors	<5 minors	N/A

Table 7: Final Determination for Annual Surveillance Assessment Category for Single Vessels and Group Entities

Country/Region-Based Risk Rating	Initial Audit-Based Risk Rating	Final Surveillance Risk Rating
Low	Low	Low
Low	Medium	Low
Low	High	Medium
Medium	Low	Low
Medium	Medium	Medium
Medium	High	High
High	Low	Medium
High	Medium	High
High	High	High

Table 8: Group Surveillance Audit Action Plan Summary

Surveillance Risk Rating	Surveillance Sample Size for Group Entities	Remote Surveillance Audit Allowance for Single Vessels and Group Entities ¹
Low	60% of Square Root Calculation	Always
Medium	75% of Square Root Calculation	Every other year
High	100% of Square Root Calculation	Never

¹Member vessels or the Group VGM may request onsite surveillance audits in lieu of remote at any point if that is their preference. When onsite surveillance audits are required, there is no option to require remote auditing.

All members shall be required to complete a self-declaration form at the time of the annual surveillance to give assurance that they are still in compliance with the RFVS eligibility criteria. If a member fails to declare a successful prosecution and is in breach of these eligibility criteria they shall be removed from the program and shall have their RFVS certificate withdrawn.

Following the annual surveillance assessment, if the CB raises any non-conformances and the individual vessel fails to submit sufficient evidence or to submit all corrective actions within 35 days of the audit date, the vessel owner will be notified of their suspension and their certificate's removal from the RFVS Program. The decision to suspend the member from the Program is made by GSA and shall be communicated to the member within 7 working days of being confirmed.

For Group certificate holders undergoing surveillance assessment, if an individual member’s vessel fails to submit sufficient evidence or to submit all corrective actions within 35 of the audit date, the vessel operator and Group VGM will be notified of the vessel’s suspension and removal from the Group’s certificate. When a vessel suspension is issued to a Group, GSA shall initiate an investigation against the Group CMS to determine if a broader suspension is required. When more than one Group member vessel within the Group’s assessment sample meets the criteria for suspension in the same surveillance audit cycle, then the Group overall shall be suspended and have their certificate withdrawn from the RFVS Program. The initial decision to suspend a member vessel from the Program is made by the CB and shall be communicated to the member within 7 working days of being confirmed.

If a critical non-conformance is raised, or the Zero Tolerance Policy is breached during an annual surveillance audit, the affected vessel shall be immediately suspended, and an investigation shall be initiated by GSA which shall be conducted by the CB. Pending results of the investigation, the suspension shall either be lifted or affirmed. In the case where the critical non-conformance or Zero Tolerance Policy violation is updated, the certificate is removed from the certified vessel and the vessel shall be withdrawn from the RFVS Program. When critical non-conformances are raised on a member vessel of a Group certificate, the same process shall be followed with an augmented investigation by GSA to determine if the non-conformance is systemic across the Group entity. In the case that systemic nonconformance is identified by the certifying CB, the Group entity shall be suspended, and their group certificate removed from the RFVS Program.

An RFVS member or Group Entity that is removed from the RFVS program because of Critical nonconformance shall not be able to reapply for the RFVS certification for a period of 12 months. After this time they shall have to reapply and provide documented evidence that the root cause for this Critical non-conformance has now been effectively managed to ensure that this type of non-conformance cannot occur in the future. RFVS certificate holders can also be removed from the program for confirmed violations of the Zero Tolerance Policy. For details on these offenses and the expected actions by the assigned CB, please refer to the Zero Tolerance Policy on the BSP website.

8.12 Document Control and Document Registry

The appointed CB shall review an applicant’s file 30 days after the relevant certification meeting to ensure that all records, minutes, and certificate are in place. The following records relating to assessments and certification decisions shall be maintained, either as hard copy or on electronic file, for a period of two full certification cycles (6 years) for active RFVS members and for five years if the applicant decides to leave the RFVS certification program;

- Application form.
- Site visit confirmation letter/email and site visit schedule.
- Authorization to the assessor to conduct the audit, where applicable.
- Audit report form.
- Letter/document detailing non-conformance, where applicable.
- Response from applicant on corrective actions.
- Confirmation from auditor of close out of non-conformances.

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- Minutes of certification meetings / Technical reviewers' comments.
- Letter notifying applicant of certification decisions.
- Typed assessment report.
- Certificate and acknowledgement of certification email/letter.

The applicant's file shall be reviewed according to an internal review program scheduled and conducted by the CB's own Internal Assessor.

8.13 Changes in Certification Requirements

The CB shall give due notice of any changes it intends to make in its requirements for certification and that any time frames, where applicable, for adjustments to such changes are defined and reasonable.

8.14 Support/Tender Vessel Management

8.14.1 GSA Definition Support or Tender Vessel

A vessel that aids other fishing vessels, such as fuel supply, fish storage, refrigeration or processing, and/or periodic transportation of fishing vessel crew to and from shore or the periodic transportation of catches to shore. Some fleets use supply vessels to plant and check FADs and to maintain them. A supply vessel can work with one purse seiner or be shared by a group. Such activity allows a fishing vessel to access a larger number of FADs than it would otherwise be able to maintain.

8.14.2 Unit of Certification for Support/Supply/Tender Vessels

Support/Supply/Tender vessels on their own cannot apply for an individual certification like the other fishing vessel categories within the RFVS program. Support/Supply/Tender Vessels shall need to be assessed as a sub-contractor to an RFVS applicant or certificated member, if they have an active part within either a single or group applicant's certification to service the fishing vessels by the transportation of crew, goods or the transshipment of a vessel's catch.

Vessels in this category shall be highlighted within the applicant's application, or RFVS members annual surveillance/recertification schedule. The Certification body shall need to allocate audit resources to ensure that these vessels meet the requirements of the RFVS conformity clauses that have this scope of vessel aligned to them. If multiple Support/Supply/Tender vessels are used within an applicant's application to the RFVS the Certification Body shall be required to conduct a square root sample assessment of these vessels as per the requirements for the RFVS group certification model.

Support/Supply/Tender vessels shall be listed on the certificate of the intended certified fishing vessel or vessel Group from the initial RFVS application, but shall be assigned and listed with a unique Support Vessel identifier. BSP shall provide a validation letter outlining a Support Vessel's certification status; these vessels may also agree to be listed as an RFVS subcontractor for other vessels not listed on the initial application. All assessment and certification activities shall be confined to the timelines and requirements of the original certificate, barring written approval from GSA Program Integrity to amend a Support Vessel's certification cycle.

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