



Summary

AUDIT DECISION
CERTIFIED

CERTIFICATION NUMBER
7501 | 164911

AUDIT RATING



Excellent

DECISION DATE
01/20/2023

AUDIT TYPE
RECERTIFICATION

RECERTIFICATION DATE
01/29/2024

AUDIT DATES
01/04/2023 - 01/05/2023

EXPIRATION DATE
04/13/2024

ISSUE DATE
01/20/2023

Facility & Scope

Southeastern Seaproducts, Inc. (43877)

Southeastern Seaproducts, Inc.
1500 Maple Avenue
Melbourne, FL 32935
United States

Food Sector Categories:

9. Seafood Processing

Products:

09. Fresh Cooked Clams, Fresh/Frozen/Steamed Oysters

Scope of Certification:

Receiving, cleaning, cooking, cooling, freezing, packing, storage and dispatch. 29/11/16- Southern SeaProducts has been approved for the exclusion of fresh fish for their SQF Audit due to showing the fresh fish no posing a risk to the certified SQF products. Please be aware any storage or process area that is part of the SQF process for certified products must be part of the audit.

Certification Body & Audit Team

SGS



10/585 Blackburn Road
Notting Hill, Victoria, 3168
Australia

CB#: CB-1-SGS

Accreditation Body: JAS-ANZ

Accreditation Number: Z2630103AS

Lead Auditor: Guray, Frank (9341)

Technical Reviewer: Mato, Roy (200391)

Hours Spent on Site: 16

Hours of ICT Activities: 0

Hours Spent Writing Report: 6

Non-Conforming

2.1.2 Management Review (Mandatory)

2.1.2 Management updates are scheduled to be done at least 1 / month. Management reviews are scheduled to be done at least 1 / year. Elements to the management review include Food Safety Policy Manuals; Food Safety Performance Objectives; Internal Audit / SGS Audit 2023; Customer Complaints - No complaints in 2022; Review of HACCP System. Sr management representative evidence include: signoff by the President. Review and accepted of the following evidence: SQF Meeting Sign-In Sheet (includes COO, CEO)[02-Jan-2023], SQF Meeting Sign-In Sheet (includes COO, CEO)[30-Dec-2022, 28-Mar-2022, 29-Jul-2022]. MINOR: The following element is out of conformance: "The SQF System shall be reviewed ... and include: ii. Food safety culture performance;" While reviewing the management review, this element was not included within the management review.

2.1.2.1 The SQF System shall be reviewed by senior site management at least annually and include: i. Changes to food safety management system documentation (policies, procedures, specifications, food safety plan); ii. Food safety culture performance; iii. Food safety objectives and performance measures; iv. Corrective and preventative actions and trends in findings from internal and external audits, customer complaints, and verification and validation activities; v. Hazard and risk management system; and vi. Follow-up action items from previous management reviews. Records of all management reviews and updates shall be maintained.

RESPONSE: MINOR

EVIDENCE: MINOR: The following element is out of conformance: "The SQF System shall be reviewed ... and include: ii. Food safety culture performance;" While reviewing the management review, this element was not included within the management review.

ROOT CAUSE: The SQF Practitioner failed to communicate to the Senior Management Staff regarding Food Safety Culture Performance.

CORRECTIVE ACTION: Conduct a Management Review corresponding to the Senior Management Staff about Food Safety Culture Performance. Please refer to the supporting

VERIFICATION OF CLOSEOUT: Review of response, Sr Mgmt Review (NC responses and Food Safety Culture Performance) - 1/9/23, Signin Sheets.

COMPLETION DATE: 01/09/2023 **CLOSEOUT DATE:** 01/16/2023

2.5.3 Corrective and Preventative Action (Mandatory)

2.5.3 Regulatory actions have not been taken (i.e.. noncompliance, warning letters, Notices of Intended Enforcement, Suspensions, Withdrawals, requests to shutdown, notices involving seizure of product) since the last audit. No contradictory evidence observed. Corrective and Preventative action procedures are in place. Additional corrective action records can be found within the internal audit (if any nonconformities are found) or customer feedback (if any complaints are received and require root cause analysis). Review and accepted of the following evidence: NAAUTO - No Noncompliance's[00-Jan-1900], Corrective Action Report[24-Aug-2022, 20-Jun-2022, 24-Aug-2022, 26-Sep-2022]. MINOR (REPEAT): The corrective action process for responding to the nonconformity is observed to be ineffective. A repeat finding from last year was observed this year - Corrective actions for this element must address the corrective action process, not the specific finding that triggered the nonconformity. Responses not addressing improvement of the corrective action process specifically will be rejected. Last year's finding was as follows: MINOR - While conducting a walkthrough, the following was observed in the freezer. Ice and snow was found on the walls and ceiling. No product was observed to be contaminated or exposed near the occurrences of ice / snow. This year's nonconformity is: MINOR: While conducting a walkthrough, the following was observed: snow and ice was observed on the freezer ceiling. There was no exposed product observed in the vicinity of the snow / ice. In addition, observed a few beads of condensate on the insulation of a drain pipe in a cooler.

2.5.3.1 The responsibility and methods outlining how corrective and preventative actions are determined, implemented, and verified, including the identification of the root cause and resolution of non-compliance of critical food safety limits and deviations from food safety requirements, shall be documented and implemented. Deviations from food safety requirements may include customer complaints, nonconformances raised at internal or external audits and inspections, non-conforming product and equipment, withdrawals and recalls, as appropriate.

RESPONSE: MINOR

EVIDENCE: MINOR (REPEAT): The corrective action process for responding to the nonconformity is observed to be ineffective. A repeat finding from last year was observed this year - Corrective actions for this element must address the corrective action process, not the specific finding that triggered the nonconformity. Responses not addressing improvement of the corrective action process specifically will be rejected. Last year's finding was as follows: MINOR - While conducting a walkthrough, the following was observed in the freezer. Ice and snow was found on the walls and ceiling. No product was observed to be contaminated or exposed near the occurrences of ice / snow. This year's nonconformity is: MINOR: While conducting a walkthrough, the following was observed: snow and ice was observed on the freezer ceiling. There was no exposed product observed in the vicinity of the snow / ice. In addition, observed a few beads of condensate on the insulation of a drain pipe in a cooler.

ROOT CAUSE: The corrective action for this non conformance failed due to the Weekly Equipment Checklist wasn't completed for the week of 1/2/23. The Weekly Equipment Checklist wasn't completed due to the maintenance team of three employees being understaffed because one of the team members was out on medical leave and the remaining team members were needed to help fix equipment in the facility to keep production going.

CORRECTIVE ACTION: Original Corrective Action from SGS Audit 2022: Ice and Snow was removed from the ceiling and walls in the blast freezer. I also added to the Weekly Equipment Checklist that the blast freezer must be free from built up ice and snow on the ceiling, walls, and condensers. This corrective action failed due to the Weekly Equipment Checklist wasn't completed for the week of 1/2/23. Due to the negligence of the maintenance staff, a SQF Weekly Checklist was created to ensure the ice and snow build up will not become an issue again. The SQF Weekly Checklist will ensure there is control on the condition of the blast freezer, going forward.

VERIFICATION OF CLOSEOUT: Review of response, 2.5.3.1&9.6.5.1-SQF Weekly Inspection List (Supporting Document).

COMPLETION DATE: 01/10/2023 **CLOSEOUT DATE:** 01/20/2023

9.6.2 Receipt, Storage, and Handling of Goods

9.6.2 Production is Produced to Ship to a specific order. XYZ Stock rotation procedures are in place. Stock rotation system is Manual / Oldest first. No stock rotation issues (i.e. non-hold out of shelf life materials) observed. Use of containers for storage of packaging; secured with a lock Visual inspection of containers used for overflow storage, no food safety risks detected. Review and accepted of the following evidence: Storage Plan[14-Sep-2020]. MINOR: While conducting a walkthrough, the following was observed: snow and ice was observed on the freezer ceiling. There was no exposed product observed in the vicinity of the snow / ice. In addition, observed a few beads of condensate on the insulation of a drain pipe in a cooler.

9.6.2.1 The site shall document and implement an effective storage plan that allows for the safe, hygienic receipt and storage of raw materials (i.e., frozen, chilled, and ambient), ingredients, packaging, equipment, and chemicals.

RESPONSE: MINOR

EVIDENCE: MINOR: While conducting a walkthrough, the following was observed: snow and ice was observed on the freezer ceiling. There was no exposed product observed in the vicinity of the snow / ice. In addition, observed a few beads of condensate on the insulation of a drain pipe in a cooler.

ROOT CAUSE: There was a tiny tear in the foam pad which allowed the foam pad to drip condensation.

CORRECTIVE ACTION: The foam pad on the condenser in the clam cooler was repaired on the evaporator. There is no drip or leak now. Please refer to the supporting photo and document.

VERIFICATION OF CLOSEOUT: Review of response, Work Order 1/5/23, Photos.

COMPLETION DATE: 01/05/2023 **CLOSEOUT DATE:** 01/16/2023

9.6.5 Storage of Hazardous Chemicals and Toxic Substances

9.6.5 No utensils or packaging stored near chemicals. Visual inspection of chemical storage cabinets. No non-compliance issues observed. N/A. Daily supplies of chemicals used for continuous sanitizing of water or as a processing aid, or for emergency cleaning of food processing equipment or surfaces in food contact zones is not used at this site. MINOR - While conducting a walkthrough, observed a partially filled secondary container in a chemical cabinet that was not identified.

9.6.5.1 Hazardous chemicals and toxic substances with the potential for food contamination shall be: i. Clearly labeled, identifying and matching the contents of their containers; ii. Included in a current register of all hazardous chemicals and toxic substances that are approved for use and stored on-site; and iii. Supported by current Safety Data Sheets (SDS) made available to all staff.

RESPONSE: MINOR

EVIDENCE: MINOR - While conducting a walkthrough, observed a partially filled secondary container in a chemical cabinet that was not identified.

ROOT CAUSE: The chemical container that is used in the Vac Pack department broke and the supervisor got a new one, filled it with chemical, but failed to label the new container.

CORRECTIVE ACTION: The unlabeled chemical container was labeled. The contents of the chemical container was foamy and was labeled as such. Labeling Bottles and Containers Training was also conducted. Also, a SQF Weekly Inspection Checklist covering the labeling of chemical bottles and containers was created to keep this issue from arising again in the future. Please refer to the supporting photos and documents.

VERIFICATION OF CLOSEOUT: Review of response, SQF Weekly Inspection Checklist, photo.

COMPLETION DATE: 01/09/2023 **CLOSEOUT DATE:** 01/16/2023