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Canada

Canadian Grain Commission

Conducting an Audit of a Grain Sampling System

CGC GSS QSP 4.3.1

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Canadian Grain Commission
Process Verification and Accreditation
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April 1, 2014

Revision 2

Contents

Conducting an Audit of a Grain Sampling System

Review

This Canadian Grain Commission Quality System Procedure (QSP) is subject to annual review. Revisions will be issued to ensure the QSP continues to meet current needs.

Revision History

Revisions to this QSP will be given a consecutive number and will be dated.

Please ensure that all revised pages are inserted, obsolete pages removed, and the record below is completed.

Revision No.	Revision Content and Pages	Entered by	Date
1	Initial Release	E. Bernardin	August 1, 2012
2	Documentation Updates	E. Bernardin	April 1, 2014
3			
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Acronyms

CAR	Corrective Action Request
CCSP	Certified Container Sampling Program
CGC	Canadian Grain Commission
GSS	Grain Sampling System
PVA	Process Verification and Accreditation Office
QMS	Quality Management System
QSP	Quality System Procedure
SOP	Standard Operating Procedure

CONDUCTING AN AUDIT OF A GRAIN SAMPLING SYSTEM

1.0 INTRODUCTION

1.1 Scope

This document outlines the audit procedures and criteria used by third party auditors to assess grain companies' container sampling systems under the Certified Container Sampling Program (CCSP).

1.2 References

CGC GSS STAN 3.0 – CGC Grain Sampling System Standard

CGC PROC 3.0.1 – Sampling Methods and Procedures Guide

CGC QSP 3.1.0 – Certification and Registration of Grain Companies under the CCSP and ACSP

1.3 Definitions

Audit Report – a report prepared by an auditor detailing the findings of his or her audit of a grain company's container sampling program.

Certification Period – the three-year period for which a company's certification is valid, provided annual system audits indicate continue conformance with CGC GSS STAN 3.0.

Certified Sampler – An employee of a grain company, who has been trained, evaluated and deemed competent by CGC to oversee the company's CGC-certified container sampling program (CCSP). A Certified Sampler's responsibilities may include training and overseeing "Designated Samplers" (see below) to take samples according to the sampling procedures approved by the CGC as part of the company's CCSP.

Designated Sampler - An employee of a grain company who has been trained and deemed competent by the company's "Certified Sampler" to follow the company's sampling procedures within their CGC-certified container sampling program (CCSP). The Designated Sampler must also be evaluated by a CGC-accredited third party auditor during an on-site audit of the company's CCSP. During an on-site audit, the accredited auditor will verify that the designated sampler can correctly take samples, divide, and/or package samples (depending on the individual's assigned responsibilities) according to the company sampling procedures approved by the CGC as part of the company's CCSP.

Client – a company that has applied for certification under CCSP.

Combined Audit - an audit where the scope includes more than one program, e.g. CGC HACCP and CCSP.

Document Review – an assessment of a company's documentation to ascertain conformance with the CGC GSS STAN 3.0.

Site Schematic – a diagram or plan of a facility or plant which indicates how bulk or bagged product flows within the facility. The schematic also indicates where in the facility the grain is being sampled and may include floor plans of the facility and storage/bin locations. The schematic can be hand-drawn, computer or mechanically generated.

System Audit – a document review and complete on-site assessment conducted annually to ensure a company's sampling system continues to conform with CGC GSS STAN 3.0.

2.0 AUDITS

Audits of facilities are comprised of two components: a documentation review and an on-site assessment. The auditor will review the documentation that the facility maintains to ensure they are fulfilling the requirements of the CGC GSS STAN 3.0.

The objectives of the audit are to determine if:

- CGC-approved sites and equipment are being used;
- the facility's Grain Sampling System (GSS) and sampling documentation (Sampling Manual and relevant Standard Operating Procedures) are in compliance with the CGC GSS STAN 3.0;
- GSS documentation describes the procedures that are followed by the facility;
- personnel has received the appropriate training and conduct activities according to procedure;
- samples are taken, labelled and submitted according to program requirements; and
- traceability between samples, sub-samples and the lots that they represent can be demonstrated with appropriate records.

2.1 Audit Process

2.1.1 Prior to document review and the on-site assessment, the auditor shall contact the PVA to obtain the approved site schematic of the facility indicating where the sampling is to occur.

2.1.2 Document Review

The client's Sampling Manual and Standard Operating Procedures (SOPs) shall be reviewed by the auditor to confirm that they meet the requirements of the CGC GSS STAN 3.0 before conducting the on-site assessment audit. For example, the document review will confirm that:

- management has approved the GSS and accepted responsibility for the process;
- the GSS documentation is current;
- a Sampling System Manager has been identified;
- the company has a process to determine and review sampling requirements;
- the company has a system to analyse the cause of non-conformances and take corrective and preventive actions;
- the company has appropriately trained personnel conducting sampling activities; and
- the company has a letter of approval from the CGC regarding the company's automatic sampling system, if applicable.

As necessary, the auditor will issue a Corrective Action Request (CAR) if changes are needed to the manual (see Appendix I for an example).

2.1.3 On-site assessment

The on-site assessment will not commence until the document review has been completed and all issues have been resolved. The on-site assessment is a systematic examination of processes and records; the observation of sampling activities; and an assessment of the sampler(s). Together, these activities confirm the implementation of the documented GSS and compliance with the requirements of the CGC GSS STAN 3.0.

If the on-site assessment has identified non-conformances, CARs will be issued to the Sampling System Manager.

A recommendation for certification may be made by the auditor even if a minor CAR has been identified, as long as the corrective action plans have been received and accepted. Verification that corrective action has been implemented must be done during the next annual audit.

A recommendation for certification may not be made if a major CAR is identified by an auditor (see 5.3 Actions Required when a major non-conformance is found).

3.0 PREPARATION FOR AN ON-SITE ASSESSMENT

3.1 Audit Teams

The composition and size of the audit team may vary between one and several, depending on the size and complexity of the facility where the audit is conducted, and the scope of the audit. A lead auditor must be designated for each audit.

The lead auditor determines the appropriate size and composition of the audit team and appoints additional auditors and technical experts accordingly. The lead auditor shall verify that each individual of the audit team has the necessary qualifications to address the scope and requirements of the planned audit.

3.1.1 Impartiality and Objectivity

Confidence in the audit depends on the known and perceived independence of the auditor(s) from the facility. Auditors who have provided consulting services to a grain company within the past two (2) years cannot provide audit services to that same company.

3.1.2 Responsibilities

All auditors on the audit team are responsible for becoming familiar with:

- this audit procedure and all associated documentation; and
- the facility's organization, sampling system documentation, operating procedures, and health and safety requirements.

The lead auditor has the following additional responsibilities:

- acting as a liaison between the facility and other audit team members;

- ensuring that all operations described in the client's Sampling Manual are adequately covered in the audit;
- determining the date and duration of the audit, in conjunction with the facility; and
- planning, arranging, conducting and reporting on the audit and any follow-up actions.

3.2 Observers

When observers are part of the audit team, they must:

- have been previously approved by the facility;
- accompany the lead auditor during the entire audit;
- address comments only to the lead auditor; and
- remain with their assigned group.

3.3 Pre-Audit Team Meeting

On audits requiring an audit team, a pre-audit team meeting shall take place before the opening meeting with the facility. At the pre-audit team meeting, the lead auditor ensures that all information on the audit procedures and policies, timetables, etc., have been provided to the team members and understood by them.

The audit team members must be made fully aware of the areas of the audit they are to cover. If there are any observers participating in the audit, their responsibilities should be clearly defined and understood by the team members and the facility.

3.4 Checklists and Audit Notes

The audit checklist is an audit tool used to provide a reference to ensure that the appropriate elements of the CGC GSS STAN 3.0 are covered in an audit. They may also be used to record objective evidence of the auditor's findings and recommendations. Auditors are to retain checklists, if used, and their audit notes for a minimum of five (5) years from the date of the audit.

3.4.1 Sampling System Audit Checklist (optional)

An example checklist is provided in Appendix II that auditors may use to verify that the company's GSS conforms to the requirements of the CGC GSS STAN 3.0.

3.4.2 Sampler Assessment Checklist (mandatory)

A Sampler Assessment Checklist (Appendix III) must be used by auditors to record findings related to the evaluation of each company sampler assessed and be submitted with the audit report. If the audit occurs when no products is being sampled, the auditor shall interview company certified and designated samplers.

At a minimum, the certified sampler and at least one designated sampler (if applicable) shall be observed and/or interviewed at each audit.

4.0 ON-SITE AUDITS

During an audit, observing sampling activities and evaluating the sampler, conducting interviews, examining documents, and confirming the traceability and integrity of samples provide objective evidence that processes are being implemented as described in the facility's Sampling Manual and that the GSS is effective.

The lead auditor shall obtain and document evidence to demonstrate that:

- the facility's GSS documentation is accessible, of correct issue, and available to all staff;
- the procedures described in the facility's documentation are being adhered to;
- the sampling location and/or auto samplers as approved by CGC onsite evaluations are being used;
- the processes are being performed by competent personnel according to specifications stipulated in the relevant programs; and
- traceability and integrity of samples and sub-samples to the lot/consignment they represent is maintained.

The lead auditor will ensure that a sampler assessment checklist is completed for the certified sampler, if involved in sampling activities, and at least one designated sampler.

4.1 Opening Meeting

An opening meeting is held with the Sampling System Manager and the facility's senior management. A record of the attendees and employees interviewed must be completed (refer to Appendix IV – List of Audit Participants – for an example).

The objective of the opening meeting is to:

- introduce the members of the audit team;
- describe the purpose and scope of the audit;
- explain how records will be reviewed;
- define non-conformances and review the method for handling any non-conformances that may appear during the audit;
- arrange for escorts, when necessary, to accompany the auditors during the audit;
- arrange for suitable facilities for the audit team meeting;
- agree on a tentative time for the closing meeting and invite senior management to attend;
- confirm with the facility that the audit and any information gained during the audit will remain confidential; and
- arrange a familiarization tour, if necessary, of the facility prior to the on-site audit.

4.2 On-site Audit Methodology

Once the opening meeting is complete, the auditor(s) initiates the assessment of the client's GSS. The auditor(s) will conduct their assessment by interviewing key employees, observing sampling activities, reviewing records and confirming the traceability and integrity of samples.

Auditors are to keep notes regarding the audit, documenting information for corrective action requests, observations and positive comments. The Sampling System Audit Checklist (Appendix II) may be used to keep audit notes. The corrective actions that were implemented by the facility in response to the non-conformances identified during the document review must be verified at the following audit.

5.0 NON-CONFORMANCES

A non-conformance is found if the audit team members identify a gap that clearly does not meet the requirements of the CGC GSS STAN 3.0, or the facility's documented GSS. All non-conformances must be recorded, and a CAR form must be completed. However, prior to writing a CAR, and before the closing meeting, the facility should be informed of the gap and provided an opportunity to respond and if possible, immediately identify corrective and preventive actions.

5.1 Classification of Non-Conformances

Non-conformances must be classified using the following guidelines:

Category	Description	Examples
Conformance	The requirements have been fully met.	
Observation	A single occurrence, by itself not a risk to the integrity of the sampling system and the correct certification of the product.	A record has not been signed or initialed.
Minor Non-conformance	A requirement is only partially implemented, but there is minimal risk to the loss of sample integrity or traceability.	Incomplete records. Not retaining sample if indicated to do so in the Standard Operating Procedure or Sampling Manual
Major Non-conformance	Absence or system failure against a requirement of the standard that is likely to impact the sample integrity or traceability of the sample to the lot of grain from which it was taken.	Sampling processes are not documented. Sampling processes not occurring as documented: o wrong sampling tool o wrong sampling location o fraudulently completed records and forms o grabbed sample with hand instead of a measurable instrument o sampled vertically using a double-sleeve trier without using partitions (plugs) Not using a Boerner-type divider to divide the composite sample. No CGC approval of company's automatic sampling system (no letter of approval from CGC).

5.2 Actions Required when a Minor Non-Conformance is found

The facility is required to submit its corrective action plan with respect to minor non-conformances to the auditor within ten (10) working days of the audit, although some facilities may be in a position to provide their corrective action plan when they sign the CAR at the closing meeting. A recommendation for certification may be submitted by the auditor with open CARs, as long as the action plans have been received and accepted. Facilities are expected to take corrective action for minor non-conformances. These corrective actions must have been implemented and closed before the next system audit. They shall be verified at the next system audit.

5.3 Actions Required when a Major Non-Conformance is found

When a major non-conformance is identified during an audit, the facility must be notified and the necessary objective evidence must be provided (e.g. forms and/or documents that demonstrate the process breakdown). The company is required to submit its corrective action plan with respect to a major non-conformance to the auditor within five (5) working days of the audit. The company then has twenty (20) working days to correct the major non-conformance as outlined in the plan. The audit report will indicate that a major non-conformance was found and the corrective action plan that the auditor has approved has been implemented. The auditor is responsible for verifying that the correction action has taken place and conveying that information, along with the supporting objective evidence, to the PVA. If the company fails to take corrective action within twenty (20) working days, the company's certification will be deferred or withdrawn.

5.4 Client Appeals of Non-Conformances or Suspension

If a facility disagrees with the issuance of a CAR or recommendation for suspension, the facility can appeal to the PVA in writing. Within ten (10) days of receiving a written appeal, the PVA will initiate the appeal process as documented in the application procedure (CGC QSP 3.1.0). Auditor recommendations will be supported at all times, unless an investigation indicates otherwise.

6.0 POST-AUDIT ACTIVITIES

6.1 Audit Team Meeting

Upon completion of the implementation or recertification audit, the audit team gathers and reviews the completed checklists and/or the audit notes, including the noted non-conformances. The team decides which non-conformances merit a CAR, and completes the appropriate forms.

The lead auditor should consolidate any non-conformances which arise from different parts of the operation, but which all relate back to a common element of the CGC GSS STAN 3.0.

If the audit reveals areas of the system that could benefit from improvement, but were not out of compliance, these may be brought forward to the facility as observations.

The facility's Sampling System Manager should be fully informed of the audit findings prior to the closing meeting.

6.2 Closing Meeting

The closing meeting is chaired by the lead auditor, and should include all audit team members, the Sampling System Manager and the facility's senior management. During the meeting, the lead auditor should:

- present an objective overview of the audit, starting with the positive aspects and any general observations;
- discuss any adverse findings from the audit as detailed on the CARs;
- obtain signatures on any CARs raised as an acknowledgement that the findings are understood by the facility;
- inform the Sampling System Manager of the required date for the submission of corrective action plans and the intended issue date for the audit report;
- inform the facility that a recommendation will or will not be forthcoming, but final certification is the decision of the CGC; and
- leave copies of the CARs with the facility.

6.3 Audit Report

As soon as possible after the completion of the audit and once the corrective action plans have been received and accepted, the lead auditor prepares the audit report. The completed audit report, and required appendices, must be sent to the CGC within twenty (20) working days of the acceptance of the corrective action plans. The auditor keeps a copy of the entire report and provides a copy to the facility.

6.3.1 Recommendations for Certification

If, as the result of the audit, the lead auditor determines that the GSS has been effectively implemented and that sampling activities are conducted according to procedure, a recommendation for certification shall be made.

6.3.2 Audit Report Format

An Audit Report Lead Sheet (Appendix V) must be completed and be the first page for each audit report, followed by a brief narrative report under the following headings:

- Strengths or positive statements
- Observations
- Summary of Corrective Action Requests
- Statement that traceability and integrity of the appropriate number of samples and sub-samples to the lot has been confirmed
- Statement of conformity and recommendation for certification

If the audit report reflects the results of a combined audit, it should be clear which of the findings described refer to the CGC program.

Copies of CARs issued and the sampler assessment checklist must be submitted to the CGC with the audit report.

6.3.3 Objective evidence to be kept on file by auditors

It is the responsibility of the auditors to retain the checklists and/or auditor notes as objective evidence on file for a period of five (5) years after the date of the audit. Auditor files may be subject to review as part of a monitoring program.

7.0 CONTINUING RESPONSIBILITIES

7.1 Facilities

Facilities that have been successful in obtaining certification of their GSS shall:

- continue to adhere to their Sampling Manual and Standard Operating Procedures;
- maintain complete and accurate records as specified by their Sampling Manual; and
- participate in the ongoing audit program as described in Section 2.1 of this QSP.

7.2 Canadian Grain Commission

The CGC's Process Verification and Accreditation Office is responsible for:

- maintaining the CGC GSS STAN 3.0 and advising all facilities and auditors of changes to the standard;

- maintaining a database that includes information on audits and other information essential to the operation of the program; and
- advising companies when they are due for annual system audits.

7.3 Accredited Service Providers (ASP) and ASP Auditors

The ASPs and ASP auditors are responsible for:

- advising the CGC when audits are scheduled;
- ensuring that annual system audits are conducted as part of the ongoing audit program agreement with the client company; and
- maintaining records of objective evidence collected during audits as required under 6.3.3.

Appendix I – Corrective Action Request

PVA-CSP-04

Form is available in a fillable Word format as part of the toolkit at http://www.grainscanada.gc.ca/pva-vpa/container-contenant/atac-acct-eng.htm.

Requirement _____

_____

_____

_____

Non-conformity _____

_____

_____

_____

Corrective Action Plan _____

_____

_____

Date correction to be completed _____

Audit team leader Name _____ Signature _____

Client representative Name _____ Signature _____

Verification of corrective and preventive action taken - CAR closed

Signature _____ Date _____

Auditor

Signature _____ Date _____

Auditee

APPENDIX II – Sampling System Audit Checklist
PVA-CSP-05
Form is available in a fillable Word format as part of the toolkit at
http://www.grainscanada.gc.ca/pva-vpa/container-contenant/atac-acct-eng.htm.

Audit Information	
Audit date:	
Auditor(s):	
Audited company name:	
Location:	
No. of sites:	
Auditee representative/ Primary contact:	
Type of audit:	☐ Implementation audit ☐ 1st annual system audit ☐ 2nd annual system audit ☐ Recertification audit
Audit duration:	
Auditor signature:	

SAMPLING SYSTEM REQUIREMENTS	COMPLIES?			COMMENTS
	Y	N	N/A	
4.0 General Requirements The company shall establish, document, implement and maintain a Grain Sampling System (GSS).	☐	☐	☐	
5.0 Documentation Requirements 5.1 General Grain handling facilities have a documented GSS consisting of: ▪ A sampling manual, including a plant schematic identifying the flow of product and the area where sampling will take place ▪ SOPs for each type of sampling that occurs ▪ Other documents required for the planning, operation and control of sampling	☐ ☐ ☐	☐ ☐ ☐	☐ ☐ ☐	
5.2 Control of Documents The company has developed documented procedures for the following: • reviewing and updating documents • ensuring that changes and the current revision status of documents are identified • a documentation distribution list is available • ensuring that documents are legible and readily identifiable • identifying external documents • preventing of the use of obsolete documents • ensuring that the appropriate, up-to-date references cited in the Sampling Manual are available to staff	☐ ☐ ☐ ☐ ☐ ☐ ☐	☐ ☐ ☐ ☐ ☐ ☐ ☐	☐ ☐ ☐ ☐ ☐ ☐ ☐	

SAMPLING SYSTEM REQUIREMENTS	COMPLIES?			COMMENTS
	Y	N	N/A	
5.3.1 Sampling System Records Records are available for: • sampling personnel training • sampling equipment maintenance and calibration (as appropriate) • sampling activities • documentation maintenance • corrective and preventive actions	☐ ☐ ☐ ☐ ☐	☐ ☐ ☐ ☐ ☐	☐ ☐ ☐ ☐ ☐	
5.3.2 Sampling Process Control Records Records required to control the sampling process are available and complete	☐	☐	☐	
5.3.3 Storing Records Records are stored in a manner that provides for their retrievability, safekeeping and physical protection. Records are kept for at least two years. Only authorized persons are to dispose of records.	☐ ☐ ☐	☐ ☐ ☐	☐ ☐ ☐	
6.0 MANAGEMENT RESPONSIBILITY 6.1 Management Commitment The company management has appointed a member of staff to manage the sampling system Management communicates the importance of meeting customer, regulatory and statutory requirements to staff Management ensures the availability of resources to maintain the sampling system	☐ ☐ ☐	☐ ☐ ☐	☐ ☐ ☐	
6.2 Sampling System Manager Responsibility and Authority The Sampling System Manager has responsibility and authority to ensure the ongoing maintenance and integrity of the GSS	☐	☐	☐	

SAMPLING SYSTEM REQUIREMENTS	COMPLIES?			COMMENTS
	Y	N	N/A	
The Sampling System Manager ensures that records are implemented and retained, and including internal and external audit reports and follow-up activities.	☐	☐	☐	
The Sampling System Manager reviews sampling procedures and activities at defined intervals to ensure their continuing suitability, adequacy and effectiveness	☐	☐	☐	
7.0 RESOURCE MANAGEMENT 7.1 Provision of Resources Adequate resources are provided to implement and maintain the GSS.	☐	☐	☐	
7.2 Human Resources 7.2.1 Employee Training Staff with sampling system responsibilities are trained on all components of the GSS for which they have responsibilities.	☐	☐	☐	
At least one member of staff is a CGC-certified sampler	☐	☐	☐	
Any designated samplers have been trained by the CGC-certified sampler	☐	☐	☐	
Training is provided on an ongoing basis and records of training are retained.	☐	☐	☐	
Training provides a redundancy of skills to ensure continuity of service during absences.	☐	☐	☐	
7.2.2 Training Records Records of education, training, skills and experience are retained.	☐	☐	☐	
7.2.3 Employee Evaluations Evaluation of employee work related to the sampling system is included as part of the company's employee performance evaluation process.	☐	☐	☐	

SAMPLING SYSTEM REQUIREMENTS	COMPLIES?			COMMENTS
	Y	N	N/A	
7.3 Infrastructure and Work Environment Buildings, workspaces and sampling equipment are suited to the sampling activity taking place	☐	☐	☐	
Access to product within the company's process ensures that a representative sample can be taken.	☐	☐	☐	
8.0 SAMPLING PROCESSES 8. 1 Review of Requirements Related to the Sampling Activities Sampling requirements are reviewed to ensure the appropriate sampling methodologies are used for the type of certification required	☐	☐	☐	
8.2 Customer Communication The company has the means for determining any special customer requirements, including any sampling required for special testing requirements.	☐	☐	☐	
8.3 Sampling Equipment and Methodology Sampling processes, methods, and equipment are documented and approved by the CGC prior to certification.	☐	☐	☐	
8.4 Identification and Traceability of Samples Each lot is identified with a unique lot number.	☐	☐	☐	
Each sample is identified in a manner that permits traceability to the lot that it represents.	☐	☐	☐	
8.5 Sample Retention Sample retention periods are defined.	☐	☐	☐	
Samples taken for the Flax Container Protocol Certified Sampler Program are retained for a minimum of 6 months.	☐	☐	☐	
8.6 Approval and Monitoring of Automatic Samplers Automatic sampling equipment meets CGC requirements as per the CGC sampling Systems Handbook and Approval Guide	☐	☐	☐	
Conditionally approved automatic samplers have been inspected by the CGC and a record of CGC approval is available	☐	☐	☐	

SAMPLING SYSTEM REQUIREMENTS	COMPLIES?			COMMENTS
	Y	N	N/A	
8.7 Maintaining the Integrity of the Sampled Lot				
The integrity of the sampled lot is maintained by sealing or fastening the bags, totes, bins or containers prior to or immediately after sampling.	☐	☐	☐	
Grain handling systems are cleaned/flushed between crop types to prevent cross contamination.	☐	☐	☐	
8.8 Control of Non-conforming Product				
Documented procedures are in place to prevent the unintended use or delivery of non-conforming product	☐	☐	☐	
Non-conforming product is isolated from conforming product.	☐	☐	☐	
Records are kept of disposition of the non-conforming product.	☐	☐	☐	
9.0 INTERNAL AND EXTERNAL AUDITS				
9. 1. Internal Audit				
Internal audits are conducted on the grain sampling system on an annual basis	☐	☐	☐	
Corrective actions are implemented when non-conformances are identified during internal audits.	☐	☐	☐	
9.3 Corrective and Preventative Action				
Corrective actions are written and implemented as a result of non-conformances or other problems encountered.	☐	☐	☐	
The efficacy of corrective actions is assessed to prevent the reoccurrence of non-conformances.	☐	☐	☐	
All sampling system documents are amended to reflect the procedures that have been changed as a result of corrective and preventive actions.	☐	☐	☐	

APPENDIX III – Sampler Assessment Checklist
PVA-CSP-06
Form is available in a fillable Word format as part of the toolkit at
http://www.grainscanada.gc.ca/pva-vpa/container-contenant/atac-acct-eng.htm.

Audited Company Name_____ Date _____

Certified Sampler No. _____

Sampler Name _____ Certified Sampler☐ Designated Sampler☐

Auditor Name_____

Observation	Compliance			Comments
	Yes	No	n/a	
1. Sampling SOPs and Sampler Training:				Ref. STAN 3.0 – Sec. 7.2 and 8.3
• Can the sampler identify what SOP and/or WI is to be followed for each type of sampling?	☐	☐	☐	
• Does the sampler know who to talk to if unsure about which SOP and/or WI to follow or has questions about how to sample a particular lot?	☐	☐	☐	
• Was the Certified Sampler trained and certified by the CGC? Were the designated samplers trained by the Certified Sampler?	☐	☐	☐	
2. What is the scope of the sampler's sampling responsibilities?				Ref. STAN 3.0 – Sec. 8.3
• Taking primary/composite samples	☐	☐	☐	
• Dividing samples	☐	☐	☐	
• Packaging samples for submission	☐	☐	☐	
• Stream sampling using a hand scoop	☐	☐	☐	
• Overseeing an automatic sampler	☐	☐	☐	
• Static sampling from top of bags before stitching	☐	☐	☐	
• Probing bags or totes with a bag trier	☐	☐	☐	
Note: observe or question samplers only about the scope(s) for which they are responsible.				

Observation	Compliance			Comments
	Yes	No	n/a	
Section I. Taking Samples				
3. Can the sampler identify the lot identification for (as applicable): • Bags • Totes • Containers	☐ ☐ ☐	☐ ☐ ☐	☐ ☐ ☐	Ref. STAN 3.0 – Sec. 8.4
4. Does the sampler select (or know) the appropriate equipment for the sampling method to be used as specified in the SOP and/or WI?	☐	☐	☐	Ref. STAN 3.0 – Sec. 8.3
5. What equipment does the sampler use, and was it used as specified in the SOP and/or WI, or can the sampler describe the correct use? • Nobbe Trier • Double Sleeve Trier • Automatic Sampler • Hand scoop	☐ ☐ ☐ ☐	☐ ☐ ☐ ☐	☐ ☐ ☐ ☐	Ref. STAN 3.0 – Sec. 8.3
6. If samples are taken manually, does the sampler know to: • Review of each primary sample taken? • Combine primary samples into a composite sample in a separate container?	☐ ☐	☐ ☐	☐ ☐	Ref. STAN 3.0 – Sec. 8.3
7. Does the sampler use (or know) the correct sampling intensity and frequency as defined in the SOP for the sampling method used?	☐	☐	☐	Ref. STAN 3.0 – Sec. 8.3

Observation	Compliance			Comments
	Yes	No	n/a	
8. If an automatic sampler is used: • Can the sampler identify the SOP or WI for operating the automatic sampler? • Can the sampler explain how to operate the automatic sampler? • Can the sampler or other staff produce the CGC letter approving the automatic sampler and its installation?	☐ ☐ ☐	☐ ☐ ☐	☐ ☐ ☐	Ref. STAN 3.0 – Sec. 8.3 and 8.6
9. Can the sampler explain the procedure for: • Non uniform product observed during sampling? • Any unexpected foreign material present in sample?	☐ ☐	☐ ☐	☐ ☐	Ref. STAN 3.0 – Sec. 8.8
Section II. Handling the Sample				
10. Does the sampler maintain the integrity of the sample throughout the sampling process or can the sampler explain how this is done?	☐	☐	☐	Ref. STAN 3.0 – Sec. 8.7
11. Does the sampler use approved reducing equipment and procedures or know how to use the reducing equipment?	☐	☐	☐	Ref. STAN 3.0 – Sec. 8.3
12. Does the sampler witness and record, or know how to record: • Seal numbers from each container as loaded? • Seal numbers from bins (if applicable)?	☐ ☐	☐ ☐	☐ ☐	Ref. STAN 3.0 – Sec. 8.4 & 8.7
13. Does the sampler seal the sample and enclose the appropriate sample request form and/or identification, or know how to do this?	☐	☐	☐	Ref. STAN 3.0 – Sec. 8.4

APPENDIX IV – List of audit participants
PVA-CSP-07
Form is available in a fillable Word format as part of the toolkit at
http://www.grainscanada.gc.ca/pva-vpa/container-contenant/atac-acct-eng.htm.

List of audit participants

Client name: _____

Audit date: _____

			Opening meeting	Closing meeting	Interview
1	Name Title Department				
2	Name Title Department				
3	Name Title Department				
4	Name Title Department				
5	Name Title Department				
6	Name Title Department				
7	Name Title Department				

APPENDIX V – Audit report lead sheet

PVA-CSP-08

Form is available in a fillable Word format as part of the toolkit at http://www.grainscanada.gc.ca/pva-vpa/container-contenant/atac-acct-eng.htm.

Audit report lead sheet

Date of document review _____

Date of audit _____ Previous audit date

Type of audit _____ Audit criteria: _____ (Rev. #)

Company assessed _____

Address _____ Email address _____

Telephone number _____ Fax number

Audit team

Lead auditor	Team members	Observers
_____	_____	_____
	_____	_____
	_____	_____

Sampling program recommended for certification, continued certification or re-certification

☐ Yes ☐ No

Number of Corrective Action Requests issued

Major [#]_____ Minor [#]_____

Outstanding Corrective Action Requests from previous audit closed ☐ Yes ☐ No

By signing this document, I hereby certify that all of the information on this lead sheet is correct.

Signature _____ Signature _____

Lead auditor *Client representative*