

Audit Report Global Standard Food Safety Issue 9

1. Audit Summary			
Company name	Romsdal Processing AS	Site code	7771207
Site name	Romsdal Processing AS		
Scope of audit	Frozen and chilled salmon and trout (fillets, portions, cuts) and degutted whole fish packed in plastic boxes or bags or vacuum packaged in plastic film.		
Exclusions from scope	None		
Justification for exclusion	N/A		
Audit start date	2026-04-08	Audit finish date	2026-04-09
Re-audit due date	2027-04-08	Head office	No

Additional modules included			
Modules	Result	Scope	Exclusions from Scope
Choose a module	Choose an item		
Choose a module	Choose an item		

2. Audit Results						
Audit result	Certificated		Audit grade	A	Audit programme	Announced
Previous audit grade		AA+		Previous audit date		2025-05-06
Certificate issue date		2026-05-08		Certificate expiry date		2027-05-20
Number of non-conformities				Fundamental	0	
				Critical	0	
				Major	0	
				Minor	6	

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3. Company Details

Site address	Utsidevegen 21 NO-6475 MIDSUND		
Country	Norway	Site telephone number	+47 71279400
Commercial representative name	Hugo-Vegar Heggdal	Email	hugo@romsdal-processing.no
Technical representative name	Trude Astrid Johnsen	Email	kvalitet@romsdal-processing.no

4. Company Profile

Plant size (metres square)	<10K sq.m	No. of employees	1-50	No. of HACCP plans	1-3
Shift pattern	2 shifts 08:00-16:00, 16:00-21:00				
Seasonal site	No				
Seasonal opening times (Start/end date)					
Other certificates held	Organic, Kosher, ASC				
Outsourced processes	No				
Outsourced process description	N/A				
Regions exported to	Asia North America Europe				

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4. Company Profile	
	Africa Choose a region Choose a region
Company registration number	EFTA M-190
Major changes since last BRCGS audit	None
Company Description	
Romsdal Processing AS (M-190) activities involve production processing by contract of whole farmed fish and fillets of salmon and trout. The plant was originally built for receipt of fresh herring, mackerel or salmon and slaughter and freezing in 1980's. Since 1994 it was reconstructed for fish processing and covers 4 500 square meters and is in the harbour of Midsund on an island (Oströya) in the Western archipelago of Norway. The plant has 98 staff members working in 2 shift. The company essentially offers a contracted service of processing and packing fish for one client that also own 89% of the company (11% are owned by Molde municipality (earlier Midsund community)). There are no purchases of fish and no sales to customers, rather the client delivers raw material as degutted fish which is then cut in portions. Both end products and about half the amount of residual product (head, spine, incision) are sent back to the customer and half to Vital Seafood, which extracts nutrients for animals. Romsdal processes approximately 6 500 tonnes per year. Turnover 121 million NOK, raw fish in 9100 ton. A reconstruction of the factory is planned and will take place spring 2026.	

5. Product Characteristics					
Product categories		04 - Raw fish products & preparations Category Category Category Category Category Category Category			
Finished product safety rationale		Freezing (<-18°C), refrigeration (ice covering, max 4°C), vacuum packing.			
High care	No	High risk	No	Ambient high care	No
Justification for area		No ready-to-eat products. All products are intended to be cooked/heated before eating. Products are distributed frozen (<-18°C) or chilled with ice covering (max 4°C). Low risk area according to Appendix 2 of this standard.			

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5. Product Characteristics

Allergens handled on site	Fish Choose an allergen Choose an allergen Choose an allergen Choose an allergen Choose an allergen Choose an allergen Choose an allergen Choose an allergen Choose an allergen Choose an allergen Choose an allergen Choose an allergen Choose an allergen Choose an allergen Choose an allergen Choose an allergen Choose an allergen
Product claims made e.g. IP, organic	Organic, ASC, Kosher and Key hole
Product recalls in last 12 months	No
Products in production at the time of the audit	Djupfryst Laxfilé 500g (4x125g) Omega SE LOT 500531/32526; salmon frozen fillet PBO skin on, raw fillet B-trim 1,0-1,4 bf 07.04.2028; Laxportioner 125gx2, 125gx4

6. Audit Duration Details

Total audit duration	18 man hours	Duration of production facility inspection	9 man hours
Reasons for deviation from typical or expected audit duration	none		

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6. Audit Duration Details	
Combined audits	None
Next audit type selected	Announced

Present at audit					
Note: the most senior operations manager on site should be listed first and be present at both opening & closing meetings (ref: clause 1.1.11)					
Name	Job title	Opening meeting	Site inspection	Procedure review	Closing meeting
Hugo-Vegar Heggdal	Site Manager/CEO	Physical	Physical	Physical	Physical
Trude Astrid Johnsen	Quality Manager	Physical		Physical	Physical
Daniel Lindström	Maintenance Manager		Physical	Physical	
Ove Blø Einang	Production Coordinator			Physical	
Kestutis Volodka	Production Leader		Physical		
Thomas Sletten	Production technician			Physical	
Tomas Vidunas	Line Leader Packing		Physical		
Marcus Heggdal	Line Leader			Physical	

GFSI Post Farm Gate Audit History			
Date	Scheme/Standard	Announced/ Unannounced	Pass/Fail
2025-05-06	BRCGS Food Ver 9	Unannounced	Pass
2024-06-13	BRCGS Food Ver 9	Announced	Pass
2023-11-09	BRCGS Food Ver 9	Announced	Pass
2022-10-26	BRCGS Food Ver 8	Unannounced	Pass

Document control			
CB Report number	277047		
Template name	F908 Food Safety Audit Report Template Kiwa Agri Food ref version 3		
Standard issue	9	Template issue date	2022-12-16

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Directory allocation	Food	Version	1.1
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Non-Conformity Summary Sheet

Critical or Major Non-Conformities Against Fundamental Requirements			
Clause	Detail	Critical or Major	Re-audit date

Critical		
Clause	Detail	Re-audit date

Major						
Clause	Detail	Correction	Proposed preventive action plan	Root cause analysis	Date reviewed	Reviewed by

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Minor						
Clause	Detail	Correction	Proposed preventive action plan	Root cause analysis	Date reviewed	Reviewed by
2.7.1	During the HACCP review of potential hazards, radiological contamination was not taken into consideration.	Radiological contamination review of potential hazards is taken into consideration in the HACCP plan.	To ensure that we follow all requirements in the current BRC standard, there will be more focus on this in the HACCP team.	The HACCP team has not been aware of the requirement for a risk assessment of radioactive contamination.	2026-04-20	Caroline Heathcote
4.4.11	Plastic strip curtains are present in storage areas but were not maintained in good condition at the entrance to the cold storage.	New strip curtain have been replaced at the entrance to the cold storage.	Several key personnel have received training in carrying out control of equipment and buildings. These personnel will now also be able to carry out this control.	Strip curtains should be checked when control of building and equipment are carried out. The CEO has carried out this checklist. If more people do the check, there is a greater chance of seeing deviations and deficiencies. We will allow other personnel to carry out the control.	2026-04-20	Caroline Heathcote
4.7.4	Maintenance work shall be followed by a documented hygiene clearance procedure, this was not conducted	Hygiene clearance is now conducted after maintenance work on machines before taking back to operation.	Line managers will receive training in hygiene clearance of equipment before it is returned to production. Procedure for	Technical personnel have routines and carry out hygiene clearance of equipment before it is taken back to production.	2026-04-20	Caroline Heathcote

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Minor						
	for maintenance on the new skinnemaskin that was accepted back to operation during the audit.		cleaning and order will be updated with clear description.	In this case, it was a line manager who had installed the skinning machine. The line manager has received inadequate training in these routines. Routine descriptions for hygiene during repairs are described in the procedure for cleaning and tidiness, but these are a bit unclear and could be better specified.		
4.9.1.1	Non-food chemicals were stored without access being restricted to authorized personnel.	Non-food chemicals are now stored with access restricted to authorized personnel.	New chemical storage will be established in July 2026 (when opened after closing May 1st 2026). Key personnel will be aware that chemical storage has limited access for authorized personnel.	Non-food chemicals are stored in a separate enclosure that is not connected to the production area. We have misinterpreted that this was sufficiently limited access for authorized personnel. A new annex has recently been built, where new chemical storage will be established. In the new chemical storage, there	2026-04-20	Caroline Heathcote

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Minor						
				will be a gate and door, with limited access for authorized personnel. Due to reconstruction, the facility will be closed from May 1 to July 31, 2026. The new chemical storage will be put into use when the facility opens in July 2026.		
4.15.2	Partly used packaging material were not appropriately protected during storage.	Partly used packaging material is now appropriately protected during storage.	Line managers who are responsible for returning used packaging to packaging storage will receive training in covering packaging appropriately.	Routines for covering packaging materials in packaging storage are described in routines. Personnel who receive new packaging have received training in, among other things, checking that the packaging is covered. Line managers who return used packaging to the packaging storage have received inadequate training in covering packaging	2026-04-20	Caroline Heathcote

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Minor						
6.1.3	Process monitoring checks are implemented, controlled and recorded but during the site tour, metal detection control was not carried out according to procedure as staff used a metal detector card (2.8mm) instead of a rod (1.8mm) due to 2 sets of test pieces with different sizes in the cabinet.	Metal detector control is now carried out with a 1.8 mm (FE) metal detector rod.	To ensure that the correct metal detector test rods is used, all test sticks not in use, will be removed and only the relevant rods will be retained where the metal detector check is being carried out	Personnel have been trained in which metal detector test rods to use, but the wrong stick was still used. The metal detector sticks, which are not to be used, have been stored in the same place as the test sticks which are to be used.	2026-04-20	Caroline Heathcote

Comments on non-conformities

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Additional Modules / Head Office Non-Conformity Summary Sheet

Critical		
Clause	Detail	Re-audit date

Major						
Clause	Detail	Correction	Proposed preventive action plan	Root cause analysis	Date reviewed	Reviewed by

Minor						
Clause	Detail	Correction	Proposed preventive action plan	Root cause analysis	Date reviewed	Reviewed by

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Audit team

Lead auditor		
Auditor number	First name	Second name
46991	Caroline	Heathcote

Audit team				Attendance (YYYY/MM/DD, 24hr: MM)			Presence	
First name	Second name	Auditor number	Role	Audit Date	Start time	End time	Remote or physical	Professional recognition number
Caroline	Heathcote	46991	Lead Auditor	2026-04-08	08:00	18:30	Physical	
Caroline	Heathcote	46991	Lead Auditor	2026-08-09	08:00	16:30	Physical	

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Detailed Audit Report

1. Senior management commitment

There is a documented food safety, legality, quality and authenticity policy signed by HVH (CEO/Site manager) and dated 2023-08-17. dok ID 1.3, which is displayed in the canteen. It is also included in the induction information given to all new employees. The policy includes commitment to continuously improve the site's food safety and quality culture.

The areas covered by this section were discussed with the CEO and QM during the audit.

A plan for the development and continuing improvement of a food safety and quality culture is in place, "Mattrygghetskultur tiltaksplan" 2025-2026, which includes measures needed to achieve a positive culture change. The plan is reviewed annually and the last review was on 2025-12-10.

The following activities are included in this plan: An annual anonymous Food Safety Culture Survey is conducted and evaluated, latest survey conducted november/december 2025, evaluated december 2025 with an average of 8.57/10 points (Points 2024 - 8.42/10, 2023 - 8.5) which is an increase compared to earlier years. Based on the results with lowest scoring, activities are defined. Lowest scoring: question nr 8 - Do you feel that your work is appreciated. Improvement for 2026, celebrate with cake after BRC audit.

The effectiveness of these activities is reviewed annually, with the last review december 2025. Action plan defined at latest review included e.g.: christmas gifts and easter sweets in 2026, Mailbox for improvements continues in 2026 (same as whistle blowing mailbox), courses through out the year regarding quality and food safety. Seen refresher course done 2025-08-06 regarding hygiene, food safety and environment. All of which demonstrated improvements in food safety and quality culture.

Clear objectives/targets are established by the company which are specific, measurable and achievable and these are:

- Produktfel 0/år grunnet mattrygghet. Achieved 2025
- Noll Återkallelser. Achieved 2025
- Noll matsikkerhetsavvik forbundet med terror. Achieved 2025
- <1 timmes produksjonsstopp/måned p.g.a. mangelfullt vedlikehold. Achieved 2025
- Ingen utslipp av ubehandlet prosessvann og kjemikalier. Achieved 2025

These are monitored and reported monthly to all staff and reviewed at management meetings monthly as well as Management Review meetings held annually and attended by the CEO and QM.

Management Review meeting agendas include all elements of clause 1.1.4 of this Standard. Minutes were reviewed for the meeting held on 2025-12-10. The output of the meeting included e.g.: Quality objectives, Internal and external audits, production effectiveness and compliance, NC management, Preventive and Corrective actions, HACCP, VACCP/TACCP, Changes that may affect quality assurance, pest control, Improvements, Resources, incidents, recalls/withdrawals and Food Safety Culture goals and actions. In addition, management meetings are held monthly according to a set agenda, in order to bring food safety, legality, authenticity and quality issues to the attention of senior management. These meetings are attended by: MD, QM, Logistics & Production Coordinator, Maintenance Manager and Production Manager. Seen minutes dated 2026-03-04. The agenda includes e.g. resources, production, performance, projects quality, environment.

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Other meetings held include monthly production meetings. The agenda includes e.g. new products, production costs, customers, packaging material and contracts.
There is a confidential reporting system in place which enables staff to report concerns relating to product safety, authenticity, quality and legality. This according to procedure "Kjaere arbeider". There is a locked mailbox before entering the production and is emptied monthly by Senior Management.
The method of reporting concerns is communicated to staff annually during training. Senior management assess any concerns raised during the monthly management meetings. No actions reported 2025.

The company demonstrated its commitment to the Standard based on the level of on-site managerial resource, staff training and financial investment sufficient to produce safe, legal, authentic and quality food.

The site is kept informed of the points listed in clause 1.1.8 of this Standard by Mattilsynet that inform about all new laws and regulations, Laks och intrafish and Nyhetsfiskeri which inform about fraudulent activity but also Industry updates. These are reviewed by the CEO and QM during monthly management meetings and as new requirements are published.

The one non-conformity raised at last year's audit has been resolved and there was evidence that root cause has been identified and actions instigated to prevent recurrence.

The site does not use the BRCGS logo or make references to its BRCGS certification status.

An electronic version of BRC Food Issue 9 was available on-site.

There is a legal requirement for the site to be registered with the food authority, Mattilsynet. The site's hygiene approval number is M190. Inspections are conducted, latest inspection 2023-05-10 including e.g. labelling and site inspection. 3 NCs - labelling and condensation in production, all are closed.

There is an established and experienced team of managers based on site, which includes: CEO, QM, Logistics & Production Coordinator, Maintenance Manager, Production technician, Production Manager, Cleaning Manager and 2 Line leaders. An organogram is in place dated 2025-12-02 dok ID 3.1. Deputies for key staff are defined in job descriptions.

Job descriptions and work instructions are documented for all personnel and processes to communicate duties and responsibilities.

The following work instructions were challenged during the audit and found to be operational and relevant: "Prosedyre for metaldeteksjon" dated 2022-11-15 och "registreringsskjema for mottakskontroll av pakket fisk" dok ID 6.3.1 dated 2024-04-18.

Job descriptions were challenged for the following roles: Logistics & Production Coordinator (deputy Daily Leader) and QM (deputy CEO) dated 2025-12-02 , Dok ID 3.2

Employees are aware that evidence of unsafe or out of specification raw materials or products must be reported to the nearest manager or directly to the CEO so that anything requiring immediate attention can be dealt with. This could be verified with staff during site tour.



The site uses external expertise - Quality Manager TAJ, with many years experience in quality, HACCP, internal audits within the fish industry; however, the day-to-day management of the food safety system is the responsibility of CEO.

Details of non-applicable clauses with justification

Clause/Section Ref	Justification
1.1.13	BRCGS logo not used/no reference made to BRCGS certification status.

2. The Food Safety Plan – HACCP

The company's food safety plan is based on Codex Alimentarius HACCP principles. There is one HACCP study, dok ID 2.4, v 21 and dated 2023-10-25. The HACCP study covers three types of products, all produced on the same processing line: whole fish (gutted and headless); fresh and frozen products in the form of portions and various fillet trims; as well as freezing of remaining raw materials (heads/backbones/skin/trimmings) from salmon and trout. It is systematic, comprehensive and fully implemented and maintained.

There is a multidisciplinary HACCP group led by QM who is competent in HACCP by being involved in developing HACCP courses for the fisheries sector and working with HACCP since 1994. Certified third-party auditor since 2018-04-16 under BRC. Has been working with fish since 1995, as a quality consultant within the industry.

HACCP team members include CEO, QM, Maintenance Manager, logistics & production coordinator and production manager. They have competence through HACCP courses via Unipro Vest AS dated 2009-06-09 and internally via QM dated 2017-10-24.

HACCP meetings are held according to a set agenda at least annually, latest 2025-12-10, includes e.g. traceability, production, RCA, NC handling, follow-up of earlier HACCP meetings, changes effecting food safety, validation of HACCP, internal audits, management review, quality policy, resources and supplier evaluation. In 2025 there were 2 extra HACCP meetings conducted: Dated 2025-09-02: new vacuum film - control of supplier (BRC certified), data sheets and DoC checked and supplier approved. Dated 2025-11-05: Purchase of a new skinning machine to replace the existing one, HACCP, purchase documents, evaluation was seen.

A comprehensive pre-requisite programme is in place covering: personal hygiene, transport, pest control, foreign body controls, site/waste management, supplier approval/monitoring, hygiene and housekeeping (ATP, environmental testing), Laboratory testing (water, ice, mikro, chem), Purchase, Cleaning, Training, Internal audits, Temperature control, calibration, weight control, premises, operations, maintenance, Labelling and Packing, traceability and receiving/dispatch.

Pre-requisites for specific areas of the site take into account the production risk zoning described in section 4.3.1 of this report. There are only low risk areas: (production), areas with packed product (storage, dispatch, goods receiving) and other areas (office, maintenance workshop, staff areas).

Product descriptions are defined as: Fresh or frozen raw fish products intended to be processed and/or heat-treated prior to consumption. No specific consumer instructions apply to these products, as they are intended for general consumption; however, they are not suitable for individuals with fish allergies, dated 2024-04-18.

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References to legislation have been made within the study including: Branschriktlinjer Norsk Sjømatdata, sjomatdat.hi.no does random sampling of marine and farmed fish subject to monitoring for nutrients and undesirable substances, accessible to all, and compliant with food legislation in Norway. Other relevant information includes a copy of any existing site HACCP plans, a map of the premises and equipment layout and a water distribution diagram for the site. A document describes the study's sources, dok id nr 3.3 "Standarder och offentliga krav" dated 2024-12-04. Intended use is documented through the customers two product descriptions. All packed and labelled products are to be heat treated before consumption. There are no expected alternative uses for products defined.

There is one flow process diagram, currently at version 16, dated 2023-10-15, dok ID 2.2 and last verified by the team on-site on 2025-12-02.

The process flow diagram covers the process steps, which are: Incoming goods, cold storage, intake of fillets, head cutting, filleting, trimming, deboning, sorting, skin removal, portioning, packing, labelling, weighing and metal detection. Semi processes as glazing and freezing are included.

Physical, chemical, microbiological, fraud, malicious contamination and allergen hazards have been considered within the study, but radiological contamination was not taken into account which led to a minor non-conformity to clause 2.7.1.

Hazards considered in the study for risk assessment include: Microbiological (Listeria, Coliforma, E coli, Staphylococcus aureus, Salmonella, enterokocker, TPC); Chemical (medicine residue, allergens and cleaning agents); Physical (Glas, metal, plastic, heavy metals). Allergen hazards considered include raw material and supply chain risks, risks from allergens handled on site and risks from visitors/workers.

Hazard analysis and significant hazard identification has been based on a likelihood x severity basis (3x3 matrix, grading 1-3) and the use of a decision tree.

The following CCPs have been identified and critical limits defined:

CCP1- Metal detection

Critical Limit: FE 1,8mm, SS 2,8mm, NFe 2,0mm

Monitored by: Production start, program shift, production end is conducted by the line leader in the packing area.

Recorded on: "registreringsskjema for daglig metalledetektor test" dok ID 5.12.4, dated 2022-11-15.

There are no pre-requisites or other control measures used to manage specific food safety hazards.

The following Quality control points have also been established: weight control, label control, receiving of raw material and packaging, temperature control, ATP control.

Validation of the critical limits has been based on industry standards. Testing of the metal detector has been carried out on the formats of finished goods produced. The detection limits used for the test pieces (Fe: 1.8, non-Fe: 2.0, SS: 2.8) are considered to be in line with established practice within the relevant food industry.

A corrective action procedure is in place. Responsibilities for monitoring the critical limits and for corrective action are defined. Monitoring of CCPs is carried out by trained operators, and verification of CCPs is performed by line leaders through countersigning control records. Evidence of both CCP monitoring and verification was reviewed during the site tour and traceability test. In case of non-conformance, the product



is blocked in accordance with "prosedyre for uhell og tilbakekalling av produkter" dok ID 3.7 dated 2025-12-02. Release of product can only be authorized by the Quality Manager or the CEO.

There have been no changes since the last audit that could have affected product safety. Verification is carried out during internal audits and the daily verification checks performed. Verification reviews are carried out annually and are based on a review of the system documentation, records, internal audits, deviations and corrective actions, complaints and incidents.

The HACCP or food safety plan and pre-requisite programmes are reviewed at least annually, last reviewed on 2025-12-10, when relevant changes occur, such as processing changes, emergence of new risk, or if a significant food safety incident eg recall occurs.

As a result of recent reviews, no changes were made to the company's product safety policy and food safety objectives.

Minor NC 1: 2.7.1 During the HACCP review of potential hazards, radiological contamination was not taken into consideration.

Details of non-applicable clauses with justification

Clause/Section Ref	Justification
2.12.1	There have been no changes that may affect product safety since the last audit.

3. Food safety and quality management system

3.1 Food safety and quality manual, 3.2 Document control, 3.3 Record completion and maintenance

The Quality Manual is a digital folder system and has been written to meet the requirements of the Standard and contains policies, procedures, work instructions and record forms. It is controlled electronically by the QM. The contents are communicated to key staff by HACCP, production, staff meetings annually.

Department specific work instructions are available at key locations and all documents are in English, Norwegian and some in Litauen. This was checked during the site tour.

Controlled documents are listed on "Innholdsfortegnelse" dok ID 1.2, dated 2026-02-04 and control is managed by QM. This is conducted according to "Prosedyre for dokumentstyrning" dok ID 3.13 dated 2026-12-15. Changes are recorded directly on the documents for clear overview stating reason for change, new version and date. Previous versions are retained in system.

QM is responsible for authorisation, changes/amendments and replacement of existing documents.

Electronic documents are stored securely, with access controlled by password protection and are backed up externally.

Records are completed manually and are stored in folders.

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Records reviewed during the audit e.g. "registreringsskjema for vektkontroll" dok ID 5.5.1 dated 2024-10-24 and "registreringsskjema for temperaturkontroll på kjølelager" dok ID 5.1.1 dated 2024-06-20, were seen to be legible and genuine and were easily retrieved.

Records are retained for 5 years (longest shelf life of product is 24 months)

3.4 Internal audits

Procedure for internal audits "prosedyre for internrevisjon" dok ID 3.11, dated 2024-04-18.

The internal audit schedule is documented and covers all the documentation and processing systems on site relevant to food safety, authenticity, legality and quality.

Internal audits are carried out throughout the year at 4 different dates spread across the year with the frequency determined by risk assessment and previous internal audit performance. Each area is audited at least annually.

QM is the only trained internal auditor on-site who is responsible for conducting 3 out of 4 internal audits during the year. An external consultant from Lerøy is used to conduct one of the internal audits - chapter 1,2 and 3. The auditors cross audit departments to ensure independence from direct responsibility. The external auditor TR has Internal auditor training dated 2019-10-24 by DNV. QM has training as a Third party auditor, dated 2018-04-16 by BRC. For more information se chapter 1 and 2.

Internal audit records reviewed included:

- Report dated 2026-03-04 conducted by QM internally. 3 NCs reported e.g. : 1. ID 4.2 ensilage is not produced anymore but was still in the procedure, 2. ID 4.2.1 and 3. ID 5.5.1 procedures that weren't updated.

- Chapters 4,5 and 6 were audited by the external auditor and reviewed for the period of 2025-09-16 till 2026-03-04.

All chapters are audited according to a checklist with relevant questions and all NCs had been closed.

Records were comprehensive recording both conformity and non-conformity and objective evidence for the findings.

Corrective actions and their timescales had been agreed and completion had been verified by QM and signed off by MD. A summary of the results is reviewed in the management review meetings.

In addition, monthly hygiene, fabrication and GMP inspections are carried out, based on risk assessment. Reports reviewed included GMP inspection dated 2026-03-25 dok ID 5.7, with 2 NC's that are open: one regarding ceiling and floors to be fixed when the plant closes for renovation in May. Results are reported to personnel responsible for the activity/area. Corrective actions from these inspections and timescales for completion are agreed and completion is verified by QM. A summary of the results is reviewed in the management review meetings.

3.5 Supplier and raw material approval and performance monitoring

3.5.1 Management of suppliers of raw material and packaging

A risk assessment of raw materials, including primary packaging, has been carried out through the HACCP hazard analysis, with products assessed for allergen, foreign body, chemical, microbiological, variety/species cross contamination and substitution/fraud risks, as well as risks associated with raw materials which are subject to legislative control or customer requirements.

Specific legislative requirements and official controls apply to salmon concerning sampling for veterinary medicinal products. These requirements are managed and verified by the customer, who also acts as the



raw material supplier. Each delivery is accompanied by the fish's production documentation, which records treatments administered during the farming phase.

The risk assessment is applied to grade suppliers as low, medium, or high risk. All product and service suppliers are subject to annual audits and categorized into three risk groups, with Group 1 being the most critical. Suppliers in this group are subject to enhanced incoming controls and are recorded on a list.

Class 1 suppliers (suppliers of direct food contact packaging) are required to hold a GFSI-recognised certification and are exempt from migration testing.

Class 2 suppliers are required to hold a GFSI-recognised certification, perform migration testing, and complete a Supplier Assessment Questionnaire (SAQ).

Class 3 suppliers include all suppliers outside Classes 1 and 2; these are evaluated through supplier assessment and consist of service providers.

All suppliers have been assessed as low risk. The facility does not hold ownership of the salmon or trout raw materials used, as these are owned by the customer. The facility carries out processing activities on behalf of the customer and does not purchase the fish; it is compensated solely for the processing service. The fish raw material is risk assessed by the supplier/customer.

There is a register of approved suppliers, "Underleverandöreliste " dok ID 5.11.1, v25, dated 2019-11-11, which includes the date when the next risk assessment is to be carried out. It is monitored by the CEO/QM and covers both raw material suppliers and packaging suppliers. Monitoring is carried out during the HACCP meeting and reviewed as part of the management review. Relevant information from the register is made available to personnel responsible for purchasing and goods receiving through monthly staff meetings. Last review 2025-12-10.

Checked for:

- Supplier "S" for packaging material top film and bottom film - BRC cert valid 2026-06-02.
- Blue insert bags in clean area - Supplier "A", BRCGS Packaging cert valid 2027-01-06.
- SAQ: Salmon boards från SB, reviewed by QM dated 2025-06-18.

Suppliers with whom the contract was terminated due to dissatisfaction: "M" was replaced by "B" AS for servicing the filleting machine. However, "M" will be tested again in 2026, as new technicians have joined the company.

Agents/traders/brokers/wholesalers are not GFSI-certified. The facility is aware of the identity of the most recent manufacturer, and the information required for approval is obtained from the producer via the agent. This was verified during the audit for several packaging suppliers that held a GFSI-recognized certification.

3.5.2 Raw material and packaging acceptance, monitoring and management procedures

Known and identified risks associated with raw material that is handled include *Listeria monocytogenes* in Salmon and Trout. However, the risk is considered low, as the product will undergo heat treatment prior to consumption. There are no raw material variety/species cross contamination risks.

The plant handles only whole salmon and trout, which can be easily identified through visual inspection by experienced personnel. Corrective measures are implemented to ensure segregation of ASC and organic salmon from conventional salmon by separation in time and space. ASC and organic products are processed in the morning, after which conventional products are produced.



Upon receipt, raw materials and primary packaging materials are checked to ensure they comply with the relevant purchase orders. Required and compliant certificates of analysis (CV – fish farming documentation) are verified for all incoming fish. Temperature checks and visual inspections, including assessment of ice, integrity of packaging, and odour, are carried out and recorded as part of the intake inspection.

Each box is clearly labelled and color-coded to ensure that the correct fish is received and used in production within the defined time limits (minimum 3–4 days and maximum 10 days post-slaughter). Each fish is handled manually at the start of production to ensure correct identification and handling. The procedure "prosedyre for mottakskontroll av pakket fisk" dok ID 6.3, dated 2024-04-18, and the procedure for "Förpackningsmaterial" dok ID 5.4, dated 2020-09-09, ensure that any changes related to raw materials and primary packaging are communicated to personnel responsible for goods receiving inspection. This communication is carried out through staff meetings and management meetings.

3.5.3 Management of suppliers of services

Service suppliers are approved and monitored by QM using "Prosedyre for underleveradörskontroll" dok id 5.11 dated 2019-04-09 and have appropriate contracts. These were reviewed for suppliers of:

- Mettler Toledo (metal detector verification), the contract has been reviewed and is signed, dated 2021-05-19.
- Nemko lab Norsk Akkreditering "test 032", valid 2027-07-01 (food analysis)

A documented, risk-based process is in place for the ongoing review of supplier performance. Supplier performance is evaluated at least annually during the HACCP meeting, most recently on 2025-12-10. The evaluation criteria are defined in procedure dok ID 5.11 and include the requirement that all service providers shall perform their services in accordance with contractual requirements and shall not compromise product safety during the execution of their activities. All service providers that may have an impact on product safety are covered by written contracts.

3.5.4 Management of Outsourced processing

N/A - There is no outsourced process.

3.6 Specifications

Documented specifications are in place for all raw materials, finished products, and packaging materials. Checked for specifications reviewed in connection with traceability test:

- Finished product "File Helsida Lax" dated 2026-01-16 specification från "L" includes e.g. product name, shelf life, packaging format, nutritional information, ingredient list, microbiological limits, trimming requirements, raw materials, process flow, allergen status, net weight, acceptable visual deviations, and labelling requirements.
- CV for raw material från "L" dated 2025-11-25 includes similar information as finished product.
- Primary packaging consists of vacuum film supplied by "S", DoC dated 2025-04-08, compliant with EC Regulation 1935/2004 and EC Regulation 10/2011.

Specifications for customer-owned branded products are agreed with the respective customer through documented email correspondence, where the customer provides a draft specification which is reviewed and verified by the site prior to approval.



Specifications are reviewed at least every three years or when changes occur. Reviews and updates are documented through version control, with revised version numbers applied accordingly.

3.7 Corrective and preventive actions

Corrective action procedure "Prosedyre for korrigerende tiltak/avvik" dok ID 3.12 dated 2023-10-25, which includes root cause analysis and preventive action, is in place to address failures identified in the food safety and quality management system.

Non-conformities that result in a risk to product safety, authenticity or legality, or where there is an adverse trend in quality, are investigated and recorded in line with the requirements of clause 3.7.2 of this Standard.

"Prosedyre for rotårsaksanalyse" dok ID 3.14, dated 2028-10-12. NCs are recorded on dok ID 3.14.1 using a fishbone diagram. Last RCA recorded 2024-05-29 regarding Listeria on internal boxes. 4 different actions were taken which led to boxes being cooked once every two weeks for best results.

Checked following NCs:

Three open NCs 2026 - roof in maintenance, floor needs repairing, process water results exceeded the specified limits. Re-sampling was conducted on the first day of the audit 2026-04-08 so no results could be seen. The other two were to be closed in May during the renovation of certain areas in the factory.

3.8 Control of non-conforming product

A procedure is in place "prosedyre for uhell og tilbakekalling av produkter" dok ID 3.7 dated 2025-12-02 for managing non-conforming products, which includes all the points referred to in clause 3.8.1 of this Standard.

Non-conforming products are identified by red stop labels so they do not get mixed up. The Technical department is informed and is responsible for the holding and release of products. All incidents of non-conforming product are recorded as deviations on paper. No Non-conforming products were seen during the audit.

Records are in place to demonstrate the investigation, analysis and cause of any non-conforming product. Defined responsibility and actions/timescales are documented.

3.9 Traceability

A documented traceability procedure is in place dok ID 3.9 dated 2019-04-10 which meets the legal requirements in the country of sale or intended use.

The traceability system is managed via Maritech Packing as well as records from each production run with notes of batches used and with a unique batch code assigned that can be linked to final packed product. All raw materials, in process materials, primary packaging and finished product are coded to allow for full traceability through the system.

The site carries out traceability tests at least annually both forward and backwards. Latest test was done 2025-11-08 on Omega Lax portioner 4x125g utan skinn. Order nr 30555, Batch 500479, produced 2025-03-26 with results within 4 hours.

Traceability backwards included raw material, packaging material, suppliers:

Raw material received from "P" 22910,91kg, Packaging material boxes, lid artnr 10000724 and box artnr 1000728, Vacuum tofilm artnr 1000733 and bottom film art nr 1000718

Forwards: Produced for "LS" 15151,83 kg Omega Lax portioner 4x125g utan skinn,

Heads/frames/trimmings/bones are packed in boxes artnr 1000725, artnr 1000721. Supplier batch nr can be linked via delivery notes for each raw material.

Mass balance calculation reviewed: Produced 15151,83, raw material used 22910,91kg, Yield 66%, diff 7759,08kg which is considered normal.



A successful traceability test and vertical audit were undertaken during the audit with results within 4 hours for the following product:

Salmon Fillet u/b ds trc svac 2-4 lbs Nafco produced for customer "LS", ordernummer 31835, batch 6485. Production day 2025-11-28.

Traceability backwards included raw material, packaging material, suppliers:

Raw material received from "P" NT-145 order nr 1951434, 1950122, 1951229. "P" T-126 order nr 1950115, 1950144. "P" H-72 order nr 1950129. Packaging material 15kg boxes, lid artnr 10000724 and box artnr 1000728, Vacuum tofilm artnr 1000733 and bottomfilm art nr 1000718.

Heads/frames/trimmings/bones are packed in boxes artnr 1000725, artnr 1000721. Supplier batch nr can be linked via delivery notes for each raw material.

Forwards: Produced for "LS" Salmon fillets Nafco 4915,59kg. The rest was used for other products (customers) sent to "LS" for distribution. All that was produced was sent in one container to "LS" ordernr 1938357, RP ordernr 31753 dated 2026-12-16.

Mass balance calculation reviewed: Produced 18598,29kg, raw material used 29134,42kg, diff 10536,13kg, heads/frames/trimmings/Skin/bones ca 10500kg, yield 64% which is considered normal.

Documents and records reviewed during the vertical audit included those pertaining to: Receiving control, dispatch, metal detection control, control of chemical and physical contamination, weight control, calibration, temperature control, product control - frozen and chilled, laboratory tests (for ice, water, raw material, environment) deviation reports, cleaning and visual control, labelling and packaging, control of knives and needle-nose pliers, specifications, maintenance. Details of these documents and records have been included in the relevant sections of this report.

Documents that were looked at during the traceability challenge were:

Registreringsskjema for: mottakskontroll av pakket fisk; kontroll av kniver og nappetang; kontroll av fysisk og kjemisk kontaminering; daglig metalledetektor test; vektkontroll; kalibreringskontroll; temperaturkontroll på kjølelager; kontroll av VAP; kontroll av frosset fisk; kontroll av filet; ATP renholdskontroll; visuell renholdskontroll; vedlikehold av maskiner og utstyr, ukentlig; temperature logs, analysis reports for micro, water, ice, shelf life tests and CoA for raw material, CV fish, specs, NC report

There is no rework at the facility.

3.10 Complaint-handling

A system of complaint handling is implemented via complaint procedure "kundreklamation" dok ID 3.8, dated 2007-09-21. All complaints are logged and investigated by the CEO/QM with full details kept of all actions taken. Complaints are sent from Lerøy as they are the ones to get the complaints from the customer.

Only one complaint was received this year dated 2026-02-10 regarding a metal piece together with a few black small plastic like pieces. However, the customer did not send in the findings for investigation and it was concluded that the findings according to the photos were not contaminants from the factory.

Complaint target regarding food safety is set at 0, with the current level at 0. Complaints are trended and reviewed by QM/CEO.

Analysis of complaints viewed for the past 12 months indicate that the level of complaints is according to target.

Serious complaints, or significant increases in complaints are investigated using root cause analysis. No such complaints since last audit.

3.11 Management of incidents, product withdrawal and product recall



The site has comprehensive procedures that manage incidents that can affect the food safety, authenticity, legality and quality and an out of hours contact list for all key members of staff, customers and organisations including the Certification Body, "Prosedyre for uhell of tilbakekalling av produkter" dok ID 3.7 dated 2025-12-05.

The requirement to notify the Certification Body within three days of a significant food safety, authenticity or legal incident, including a recall, food safety related withdrawal or regulatory non conformity, is included. The procedure also includes the requirement to provide corrective action, root cause analysis and preventive action to the Certification Body within 21 days, together with any other information it requests to assess the validity of the current certificate.

The crisis management team is the same as the HACCP team.

A test of the incident management procedures, including product withdrawal and recall, is undertaken by the company with the product traced to the customer and the latest one was a mock test dated 2025-11-18 initialized by Lerøy to be completed by the site. Lerøy sent an email to the CEO 2025-11-18 with "attention test" regarding a reported complaint on poor fish quality received by a customer.

The exercise covered Lot 9004335 and TG 2585745. The mock test was completed within 4 hours, including communication and verification with Lerøy. The outcome of the test was satisfactory and met the site's requirements.

There have been no significant food safety, authenticity or legality incidents, including recalls, regulatory non-conformities and food safety-related withdrawals since the last audit.

Details of non-applicable clauses with justification

Clause/Section Ref	Justification
3.5.4	No outsourced processing
3.9.4	There is no rework

4. Site standards

4.1 External standards and site security

The site occupies approximately 4500 m2 and production and storage buildings occupy 4500 m2. The site was constructed during the years: -79, -80, -88 och -94 (frozen storage).

The buildings are in good repair and well maintained. The external areas are suitably constructed for traffic routes and are maintained in a clean and tidy condition.

The facility is in the harbour of Midsund on an island Oströya. Surrounding areas are well maintained with one side fully bordered by quay structures, providing restricted access from that direction. Areas for containers and pallets awaiting collection or use were tidy and well organised, with no accumulation of waste or debris. No open pipe penetrations in walls were observed, and there was no accumulation of vegetation around the premises. No evidence of birds or other contamination risks was identified.

There are no potential risks associated with the location of the site that may affect product safety or integrity.

Part of the rear area, where silage for waste handling is located, is enclosed by a high fence and secured with a locked gate.

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Auditor: Caroline Heathcote



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Entry doors to production are fitted with personal access cards and locked doors.

There is reporting system for all visitors and contractors, including drivers.

Only authorised personnel have access to production and storage areas. Contractors working in product processing or storage areas are the responsibility of a nominated person.

Staff training is in place on site security procedures, seen for refresher training dated 2025-08-06.

4.2 Food defence

The TACCP team includes the same members as the HACCP team who are competent via training and long facility experience at this site.

A documented risk/threat assessment is in place "risikoverdering for sabotage, innbrudd etc" dok id 3.17 dated 2024-06-20, which considers both internal and external threats and risks from deliberate contamination or damage to raw materials and products while on the site.

Risk levels are defined on a scale from 1 to 4, where 4 represents the highest risk. The highest risk level identified at the site is level 3, relating to potential sabotage.

Control measures implemented include coded door locks, kept-closed gates, and a requirement that personnel are never working alone on site. All areas of the facility are included in the risk assessment, including IT systems.

IT systems are assessed as risk level 2. All data is stored on servers hosted by Tussa, with daily backups performed to ensure data security and integrity.

Site security is managed via: fence/locked gates surrounding parts of the site, door access control and quays. Reporting system for visitors. No sensitive areas identified.

The food defence plan meets the requirements in the country of sale or intended use.

No raw materials or products have been identified as being at particular risk while on the site.

No areas of the site are considered to be at significant risk.

Staff training is in place on food defence, seen for refresher training dated 2025-08-06.

4.3 Layout, product flow and segregation

Production risk zones have been assessed using the definitions in Appendix 2 of this Standard. Only low-risk areas at this facility. There are no high risk/high care/ambient high care areas on site.

There is a site map, dated 2020-09-08, which includes all the points referred to in clause 4.3.2 of this Standard.

Contractors and visitors, including drivers have signing in procedures which include references to relevant procedures and requirements for the areas visited and prevention of hazards and product contamination. The site is set out as follows (detail process flow / working space, include dirty/clean areas in abattoirs etc.).

The process flow and flow of people ensures products are not put at risk from the layout.

There were no temporary structures noted.



4.4 Building fabric, raw material handling, preparation, processing, packing and storage areas

Internal fabrication is well maintained with cast concrete floors coated with epoxy or acrylic. Walls and ceilings consist of a combination of hygienic plastic wall panels designed for the food industry (insulated chill panels), and, in certain areas handling packed products, painted concrete surfaces.

Floors are sealed concrete and drains are located throughout and screened against pest entry by grids. No water pooling was noted. The drains from the production have drainage that flow away from the department.

There are no suspended ceilings or roof voids.

There are no elevated walkways, access steps or mezzanine floors next to or over production lines which have open products.

There are no windows or roof glazing which are designed to be opened for ventilation within the production and storage areas.

There are extraction systems in place and no evidence of excessive dust or condensation was noted.

All doors were noted to be in good condition.

External doors are close fitting, adequately proofed where necessary and either key pad secured or alarmed (fire exits)

Plastic strip curtains were noted to be in poor condition especially at the entrance to the cold storage, where they were partially torn and worn out. This led to a minor non-conformity to clause 4.4.11.

Minor NC 2: clause 4.4.11 Plastic strip curtains are present in storage areas but were not maintained in good condition at the entrance to the cold storage.

4.5 Utilities – water, ice, air and other gases

Water used on site is potable and mains supplied from a municipal source.

There is a plan of the water distribution system "Översikt på tappställen" dated 2020-12-15. Sample points have been identified using risk assessment and cover incoming water, process water, and ice. A procedure for water and ice samples sent to the laboratory is in place "Prosedyre for vann/ospröve til laboratorium" dok ID 5.6 dated 2023-06-06.

A documented sampling programme is in place and scheduled to 2028, ensuring that all sample points are tested at regular intervals:

- Water samples are taken four times per year, distributed across different water outlets throughout the year, with the sampling points varying annually.
- Ice samples are taken twice per year.
- Process water samples are taken four times per year.

Samples are tested for: E. coli (limit: 0 cfu/ml), enterococci (limit: 0 cfu/ml), and totalantal (total plate count) with a limit of 100 cfu/ml, by Nemko Lab (Norsk Akkreditering test 032).

Corrective actions are implemented when limit values are exceeded. This includes cleaning the pipework using foam cleaning, followed by re-sampling to verify the effectiveness of the corrective action.

Seen a water sample taken in week 46, 2025 showing an elevated total plate count of 300 cfu/ml. The local municipality informed the site that they were experiencing issues with the municipal water supply at that time. Following water treatment carried out by the municipality, a repeat sample was taken from the same outlet, with a result of 41 cfu/ml, demonstrating compliance with the specified limit.

Checked test results during traceability test for:

- Ice dated 2025-11-15



- Water sample from week 46 dated 2025-11-15
- re - sampled water above - ok dated 2025-11-26

Compressed air is not used in direct contact with the product. Adequate ventilation is in place, with regular filter replacement. Ventilation filters (HFGS-F7-320, class F7) are changed twice per year. The most recent filter change was carried out 2026-01-22, seen service report by NordVest Teknikk.

4.6 Equipment

All equipment in contact with products is made of high-quality stainless steel and equipment are of a suitable type for the processes e.g. new fillet conveyor belt Scanbelt PE och POM (antislip), compliant with EC Regulation 1935/2004 and EC Regulation 10/2011, dated 2022-05-12.

Other food contact equipment and utensils include conveyor belts, stainless steel equipment e.g trimming tables, trolley carts, plastic crates and machines e.g. portioning, filleting, cutting, skinning, pinbone removing and thermoforming.

A purchase specification, meeting the requirements of clause 4.6.1, are requested from suppliers and compliance checked. Seen for new skinning machine, recorded on "Innköpsspesifikasjonsskjema" dok ID 6.4.1 dated 2024-03-05. Carried out on 2025-11-05 in conjunction with the HACCP meeting, with all relevant information. – OK

The design and placement of equipment is based on risk, to prevent product contamination and ensures that equipment can be effectively cleaned and maintained. Mainly smooth stainless steel and plastic materials are used.

A risk based commissioning procedure "Prosedyre for endring, produktutforming og utvikling" dok ID 6.4 dated 2024-04-09 is in place which meets the requirements of clause 4.6.3 of this Standard, and considers changes that could have bearing on product safety and quality aspects.

During the audit, new equipment was observed: the new filleting machine. Equipment that had been taken out of service and was not in use was also observed; this equipment was located in the storage area.

Equipment was seen not to be in current use. It was noted to be clean.

Mobile equipment e.g. pallet trucks are used in open product areas and were noted to be clean.

Battery charging equipment did not pose a risk to products and was seen to be stored outside open product areas.

4.7 Maintenance

The on-site engineering team are responsible for day to day servicing and maintenance of all plant, processing equipment and mobile equipment. Specialised equipment e.g. filleting machine, is subcontracted to external specialist servicing. The schedule for maintenance is based on risk, historical information and manufacturers' recommendations.

A basic, manually maintained maintenance plan (Excel) is in place "registreringsskjema for vedlikehold av maskiner og utstyr, ukentlig" dok ID 5.13.1, dated 2025-04-16. Preventive maintenance activities, including lubrication of grease points, are performed weekly by a technician, production manager and line leaders.

Check for Jan-April 2026 - OK

External service has been provided by Marel but had been changed to Beritech since Oct 2025. Seen service report for: Beritech dated 2025-10-14 - major service belly trim and check back trim.



There are individual maintenance logs for each piece of equipment which record all repairs and scheduled maintenance. There is a weekly hygiene/integrity check of all equipment.

No temporary repairs were noted. Temporary repairs are subject to recording on maintenance request logs.

The safety and legality of products is protected during maintenance by carrying out maintenance outside production hours or removing equipment from the production area. There is a documented hygiene clearance procedure "registreringsskjema renhold etter vedlikehold" dok ID 4.4.2 dated 2019-03-28 which takes place after maintenance. Equipment and machinery are inspected and signed off by maintenance e.g. cleaning control, cleaning OK, date and time, before being released back into production, with a sign off by the CEO. Seen for:

- gearbox on the filleting machine had been replaced dated 2026-01-06
- Replacement of the belt on the belly trimming machine 2730 dated 2026-01-09

The new skinning machine had been taken out of production for maintenance and put back in to use during the audit. However, no hygiene clearance had been documented for the machine prior to production. This led to a minor non-conformity to clause 4.7.4.

All chemicals/lubricants used are suitable for food contact where applicable and details of allergen status has been obtained: Wurth, universalfedt IV NSF H1, SDS dated 2023-05-11, allergen statement dated 2023-09-21.

The engineering workshop is located in a machine room behind the freezing room and situated in the corridor outside the filleting room. and potential contaminants from workshops are controlled through distance, physical separation of rooms, and the use of sticky mats.

Minor NC 3: 4.7.4 Maintenance work shall be followed by a documented hygiene clearance procedure, this was not conducted for maintenance on the new skinning machine that was accepted back to operation during the audit.

4.8 Staff facilities

Staff changing facilities are sufficient and maintained in good and clean condition. Outer wear/personal items and workwear are stored in personal lockers. Separate changing facilities for workwear and personal clothes.

The production area is accessed with hands free hand washing facilities and suitable toilet facilities are provided, meeting the requirements of clauses 4.8.4 and 4.8.5 of this Standard.

There is a canteen where staff are allowed to bring their own food on site and are provided with a microwave and refrigerators which are cleaned daily by the same staff that cleans office areas and changing facilities. No nuts are allowed.

An external smoking shelter is provided and staff must remove their protective clothing prior to using. Entrance back into production is via the changing and handwashing facilities.

4.9 Chemical and physical product contamination control: raw material handling, preparation, processing, packing and storage areas

4.9.1 Chemical control



Non-food chemicals are risk assessed and managed as per the requirements of clause 4.9.1.1 of this Standard.

Chemicals are stored in an area with unrestricted access where all staff have access to the chemicals. This resulted in a minor non-conformity against clause 4.9.1.1.

A list of approved chemicals is maintained in a web-based chemical management system (Avonova), including relevant safety data sheets (SDS). This was verified during inspection through review of Aqua Foam PH, dated 2025-09-08 and Aqua Biocip dated 2025-09-01.

The main chemicals used on site include both alkaline and acidic cleaning agents supplied by Aquatic, including disinfectants.

Strongly scented/taint-forming materials are not used.

Minor NC 4: 4.9.1.1 Non food chemicals were stored without access being restricted to authorized personnel.

4.9.2 Metal control

There is a documented metal control policy in place with a registration system for sharp utensils and equipment, "prosedyre for kontroll av fysisk og kjemisk kontaminering" dok ID 5.12.1 dated 2024-10-24. Daily start up checks are performed and recorded on "registreringsskjema for kontroll av kniver og nappetang" dok ID 5.12.2 dated 2012-03-12.

All knives are controlled/registered daily and secured on a metal hanging rack. Each morning the rack is unlocked for staff to take a knife and at the end of shift they are controlled and secured again overnight. Checked records 24-28/11 2025 from traceability test and during site tour 2026-04-08. No snap-off blades were observed during audit.

Staples, pins etc are not used in open product areas or packaging.

4.9.3 Glass, brittle plastic, ceramics and similar materials

An appropriate glass breakage procedure "prosedyre for kontroll av fysisk og kjemisk kontaminering" dok ID 5.12.1 dated 2024-10-24 is in place which includes, training of staff, isolation, cleaning, safe disposal of contaminated product and authorised clearance inspection procedures.

Daily glass and brittle plastic inspections are carried out by the production manager KV. Seen inspection for all of week 48 2025.

No breakage incidents have been recorded for the last 12 months.

There are no external windows in production and storage areas. Internal windows (two) are coted/protected and all lights are covered and protected.

4.9.4 Products packed into glass or other brittle containers

N/A - No glass or other brittle containers

4.9.5 Wood

Wood is restricted to finished product pallets

4.9.6 Other physical contaminants

Procedures are in place to prevent physical contamination of packaging materials intended for raw materials.

EPS boxes do not enter the production area; instead, the fish is emptied onto a grated conveyor belt and transferred into production through a designated hatch/opening.

Only blue, detectable pens and plasters are permitted for use in production areas. Mobile phones and other portable electronic devices are not allowed within production areas.



4.10 Foreign-body detection and removal equipment

4.10.1 Selection and operation of foreign-body detection and removal equipment

Following a documented food safety plan (section 2), the following type of foreign object detection is used: metal detection - two Metal detectors Safeline.
Metal detectors are tested according to "prosedyr for metaldeteksjon" dok ID 5.12 dated 2022-11-15 and tests are recorded on "regisrerings skjema for daglig metalledetektor test" dok ID 5.12.4 dated 2022-11-15. Corrective actions and reporting procedures are described and are available on site in the event of a failure of detection and/or foreign body removal equipment. The procedure describes how potentially contaminated products are to be handled, isolated, and either controlled or re-tested.

4.10.2 Filters and sieves

Filters/sieves are not used.

4.10.3 Metal detectors and X-ray equipment

Metal detection is considered a CCP for finished products.
Testing of the metal detector is performed using the format for the finished products being produced. The rejection mechanism for contaminated product involves the conveyor opening and the product being dropped into a locked container.
The line can only be restarted by designated and trained personnel e.g. the line leader, who also holds the key to the locked container.
If metal is detected, the rejected product is re-tested, if metal is still present or the detector does not function correctly, a RCA is initiated.
The metal detector is tested before and after each shift and at product changeovers using test pieces of Fe 1.8 mm, Non-Fe 2.0 mm, and SS 2.8 mm. Testing includes tests with product.
Seen records during traceability test: 24-28/11 2025 on both Lines with metal detectors.
A successful metal detector test was performed during the audit by operator KV. However, there were 2 sets of test pieces in the cabinet and KV used one wrong test piece during the metal detector test. See NC 2 clause 6.1.3.

4.10.4 Magnets

There are no magnets used

4.10.5 Optical sorting equipment

There is no optical sorting equipment installed.

4.10.6 Container cleanliness – glass jars, cans and other rigid containers

No glass jars, cans and other rigid containers

4.10.7 Other foreign-body detection and removal equipment

There are no other foreign-body detection and removal equipment.

4.11 Housekeeping and hygiene

The site and equipment were seen to be maintained in a clean and hygienic condition. Start-up hygiene checks are documented for all key processes and equipment.



Full and detailed cleaning procedures "Rutiner for vask og desinfektion" dok ID 4.2, dated 2026-02-04, are in place for all areas and equipment including e.g. area, pre-rinsing and rinsing, method, frequency for both cleaning and disinfection.

The cleaning plan is colour-coded. Areas marked in:

- orange (open product areas) are cleaned and disinfected/ (trays) boiled daily. Pre-rinsing is performed with water at 4–20 °C. Rinsing is carried out using a steam washer (high pressure, 75 °C), followed by a final rinse after disinfection using water at 4–20 °C.
- Packaging areas marked in blue, same cleaning methods/temperatures as orange. Cleaning is performed daily and weekly. Quarterly for the ice machine.
- Other areas e.g. storage in black, cleaned weekly to annually, depending on the storage area.

High-level cleaning annually and infrequent cleaning twice per year. Ceilings in the filleting area twice per year, in packaging areas annually.

Cleaning manager is responsible for outdoor cleaning which is carried out from a monthly to an annual frequency, depending on location (quay area, outdoor areas).

Seen records:

- cleaning control from traceability test 2025-11-28 "registreringsskjema for visuell renholdskontroll" dok ID 4.4.1 dated 2020-08-27 which was done by the cleaning team, a sign off was conducted and approved.
- High-level and infrequent cleaning was carried out 2026-02-26.

There is an in-house cleaning team (3 staff members and manager). The staff have received relevant training in food industry cleaning and HSE, including chemicals and concentrations, cleaning techniques, health and safety, and basic microbiology. Date of training 2023-05-24, conducted by Aquatic. Staff have received food hygiene training as part of the annual hygiene refresher training.

ATP swabbing and control are conducted in accordance with "prosedyre for ATP renholdskontroll" dok ID 4.5 dated 2018-11-29.

Limits of acceptable and unacceptable cleaning for food contact surfaces and equipment are defined by monthly (5 swabs) ATP testing:

For stainless steel: approved 0-250

for aluminium, plastic and teflon: approved 0-499

Workwear: approved 0-999

Seen records:

- 2025-11-19 "registreringsskjema for ATP renholdskontroll" on Multivac 225, Internkasser, transportband etter beinnapper, Kurvetransporter, transporter for hodekapp. Results between 21-58 RLU OK
- 2026-03-25 five samples with results within acceptable limits.

Non-approved results: cleaning and re-test.

Equipment and areas checked for cleanliness during this audit included e.g. machines, trays, equipment. There are colour coded and dedicated cleaning utensils to the production area. These are hygienically stored off the floor on the walls.

Validation based on many years of sampling with petrifilm with good results. Transition to ATP swabbing and limits set in accordance with this method.

4.11.7 Cleaning in place (CIP)

There is no CIP in the facility

4.11.8 Environmental monitoring

A documented environmental monitoring programme "prosedyre for miljøprover" dok id 4.6, dated 2028-10-12 is in place, based on a risk assessment covering relevant pathogens and spoilage organisms.



Weekly swab samples on 4 pieces of equipment are taken for Listeria mono and sent to an external laboratory Nemko Norlab AS ackr nr Test 032. Tests are taken on raw material and equipment according to a environmental monitoring matrix for Listeria dated 2026.
Seen for: raw material and equipment 2025-11-26 (traceability test) with no detection in samples.
Trend analysis for test results are approved on all environmental tests. No deviations were found in results for 2026. Results for raw material have identified Listeria once on equipment in 2025 and 6 times in finished product. RCA was carried out and corrective actions consisting of cleaning, disinfection, and boiling of crates were implemented with good effect. All NCs and corrective actions are recorded on NC sheets. Information and test results were reported to the supplier (LS) regarding the findings.
Listeria is present in raw material, has been detected in the raw material, within the production environment, and in the finished product. The product is intended to be cooked prior to consumption, and a reduction/elimination of the bacteria is therefore expected during heat treatment.

4.12 Waste and waste disposal

The company's waste management complies with current legislation.
Waste is collected from site by licensed contractors Opstad maskin As.
Waste is collected twice/month, depending on production volume. Sorting is performed at the recycling center by the waste contractor, who collects one container with all waste from RP. Waste fractions: recycled waste, cardboard, plastics and general waste.
Organic waste e.g. belly, back, heads, skin are managed by Vital Seafood AS, contract dated 2025-10-11. Category 3 by-products are collected in bins and transported to Vital, where the bins are emptied, washed, and returned to RP.
All waste is cleared regularly from the processing areas and stored in suitable and identified containers. External waste containers are covered.
All outdoor waste containers are covered and do not pose any risk of pest infestation.

4.13 Management of surplus food and products for animal feed

Surplus products bearing customer-owned brand labels are managed only following approval from the respective customer prior to destruction. Fish by-products "restråstoff" are sent to Vital Seafood AS for further processing into oil ingredients used in products such as dog and cat food. A contract is in place with Vital Seafood AS, signed on 2025-10-11.
This handling of by-products is approved by the Norwegian Food Safety Authority (Mattilsynet) under approval M190 for animal by-products.

4.14 Pest management

Pest control is managed by external contractor Pelias, contract dated 2023-10-31. It covers rodents and insects and consists of 6 routine visits and 1 in-depth inspection per year, based on risk assessment. Full records of pest control are maintained including site plan dated 2025-08-05, bait data sheets, operative training records, records of inspections and treatments. The last visit to site was carried out on 2026-02-17 with no issues identified. No issues have been identified in 2025.
Checked traps: EFK FT2, FT3, Nr 07 outdoor rodent trap - all according to site plan
The risk assessment is reviewed when include changes to buildings or processes which could impact the pest management programme and any significant pest issues.
Pest management expert has relevant training and approval in accordance with the Norwegian Institute of Public Health.
In-depth pest control assessments, which include an in-depth inspection and a review of the pest managements in place, are undertaken at least annually at a frequency based on risk. Latest one 2025-



08-05. Issues identified: trash between areas, small gap between shutter door and floor, an open shutter door (40 cm from floor) and vegetation outdoors. All issues addressed and closed.

Toxic baits are not used.

All recommendations are completed by the company in a timely manner.

No evidence of infestation was seen at the audit or has been identified during visits.

Inspection results are analysed for trends 6 times per year with trends showing flying insects ökar in the summer but not significantly.

No issues highlighted through trending reports.

EFKs are situated throughout the site and catch tray analysis is performed 6 times per year.

The site has identified that there is no risk from birds roosting or entering the building.

Employees have been trained to understand the signs of pest activity and to report any evidence of pest activity to nearest manager, seen training 2025-08-06.

4.15 Storage facilities

Temperature controlled storage areas are used for: raw materials and finished products

Control of temperatures in freezer and freeze tunnels nr 1-3, are recorded through digital temperature log every 4 hours. Seen temp logs during site tour - OK

Freeze tunnels are used to quickly freeze the chilled packed product which is then placed in the freezer.

Control of temperatures in finished and intermediate product cooling storage are checked and recorded manually on "registreringsskjema for temperaturkontroll på kjølelager" dok ID 5.1.1 dated 2024-06-20.

Thermometer installed in each to monitor temperature every 4 hours. Seen records for 1-30/11 2025 (both shifts).

During site tour, temperatures were 0°C in coolers, upper limit 2°C and -30°C in freezer/freeze tunnels.

In case of power outage, there are alarm systems linked to the CEO and Maintenance manager.

Products are short (chilled product) and long shelf life (frozen 18 months) and are stored on site or sent directly to customer.

FIFO systems are used throughout the site to ensure the products are used/despached in the correct order.

The following systems are in place to prevent cross-contamination during storage: Separate storage areas for frozen, chilled products, raw material and packaging.

There is no controlled atmosphere or outside storage.

Packaging is stored away from raw materials and finished goods. Part used packaging is inspected for suitability/cleanliness and covered or returned to store at the end of run. However, during the site tour 4-5 roles of packaging were not covered on pallets in storage which led to a minor non-conformity to 4.15.2.

Minor NC 5: 4.15.2 Partly used packaging material were not appropriately protected during storage.

4.16 Dispatch and transport

The company does not have there own vehicles.

Transport av organic waste is conducted by Vital Seafood AS own transport company.

Suppliers and customers are responsible for the remaining transport.

Procedure dok ID 5.9, dated 2018-10-09, has relevant hygiene and safety requirements for transport and storage.



Product checks, vehicle inspection, cleaning, and temperature control are documented on the "Fraktbrevet". This documentation was verified during the traceability test and during the site tour. Supplier follow-up is conducted annually with approved results.

Transports only carry the sites products, they are sealed with security seals and the seal numbers are checked against the "Fraktbrevet". The seal numbers are recorded.

Details of non-applicable clauses with justification

Clause/Section Ref	Justification
4.3.6	No temporary structures
4.4.6	There are no elevated walkways over or adjacent to production lines
4.5.1	Only potable water is handled at the site.
4.8.8	There are no catering facilities provided on site
4.9.1.2	There are no strongly scented or taint-forming materials in use
4.9.2.2	No use of packaging with staples or other foreign hazards
4.9.4	There are no products packed in glass or brittle containers
4.9.5.1	No items of wood used in open product areas
4.10.2	There are no filters or sieves in use
4.10.4	There are no magnets in use
4.10.5	There is no optical sorting equipment
4.10.6	There are no products packed in glass jars, cans or other rigid containers
4.10.7	There are no other foreign-body detection and removal equipment
4.11.7	There is no CIP in use
4.14.3	The site does not undertake its own pest control
4.15.4	There is no controlled atmosphere storage
4.15.5	There are no outside storage

5. Product control

5.1 Product design/development

New product variations include: ny storlek eller förpackning.

An NPD procedure is in place "Prosedyre for endring, produktutforming og utvikling" dok ID 6.4 dated 2024-04-09, with HACCP a key part of the development procedure. The procedure also covers changes to existing products, packaging and manufacturing processes.

All products are produced according to customer specifications. For all new products, a complete HACCP analysis is performed, and the specification is signed off by the HACCP team.

Checked for: new packaging material från "SBM", HACCP meeting minutes dated 2025-09-02. Supplier had valid BRCGS certificate, DoC, datasheets but was no longer used.



There is an annual shelf-life testing plan. Latest test december 2025 - Frosset laks stored for 21 months. Testing: 1 thawed sample, 3 parallels in sample, total plate count in samples, sensory tests smell, rancidity and appearance is checked. Limit values for analysis total plate count 1milj/g, sensory analysis according to matrix (scale 1-9). Seen shelf life test for: Frozen salmon fillet, date of sampling 2025-12-17. Results: total plate count 302200cfu/g, hydrogen sulphide producing bacteria (<10), sensory scoring 8-9 (Good)

5.2 Product labelling

Labelling reviewed during the audit: Omega djupfryst laxfile 500 g (4x125g) LOT 500331, bf 09-10-2027 was noted to meet legal requirements.

Labelling according to "Prosedyre for merking og emballasjekontroll" dok id 5.14 dated 2024-06-20 and is recorded on "registreringsskjema for merking og emballasjekontroll" dok ID 5.14.1 dated 2020-11-24.

Seen records for:

- Omega djupfryst laxfile 500 g (4x125g) LOT 500331, bf 09-10-2027 during audit
- Salmon fillets Nafco, ordernummer 31835, batch 6485. Production day 2025-11-28.

Artwork is approved by the customer but is verified by the site and of Lerøy before sign off and production.

Seen ongoing approval process for label: Salmon portions 125gx4 and 125gx2 to "P" ESP, mail correspondence between RP and customer, label awaits approval sent in during audit 2026-04-09.

Finished product labelling information is verified against legal requirements and the criteria listed in clause 5.2.2 of this Standard by QM and customer

For customer branded products, where the customer is responsible for label information, the information required is provided to the customer via customer specifications and any relevant changes are communicated to the customer by email.

5.3 Management of allergens

No allergens are handled on site besides the raw material which is fish and is present i all products.

The allergen policy is a part of the "referensdokument HACCP" dok id 2.5, dated 2025-05-14. No nuts are allowed on-site or in canteen.

Packaging materials and lubricants that are handled on-site have been verified with regard to allergen content in accordance with the suppliers' DoC and product specifications.

5.4 Product authenticity, claims and chain of custody

Personnel engaged in vulnerability assessments are competent via long experience in the food industry. VACCP leader is QM and has training in Food Defense dated 2023-09-08 by Aquatic.

The site obtains information on threats to the supply chain which could lead to adulteration/substitution of raw materials by through discussion with suppliers and customers.

A documented vulnerability assessment has been carried out "Risikovurdering for forfalskning og utskiftning av varer", dok ID 3.16 dated 2024-06-20, which meets the requirements of clause 5.4.3 of this Standard and includes:

Historical evidence of substitution/adulteration

Economic factors which may increase the likelihood of substitution/adulteration

Ease of access to raw materials through the supply chain

The nature of the raw material



The plan is kept under review to take into account changes in potential risks, following a significant product safety incident where product authenticity is implicated, and is formally reviewed annually, latest review 2025-12-10 and according to the requirements of clause 5.4.3.

An assessment of raw materials has been carried out regarding substitution and fraud for salmon and trout, last reviewed 2024-06-20. The following risks were identified:
substitution of organic or ASC with conventional raw material. No high risk for substitution/adulteration/fraud.

The company only carries out contract manufacturing. Lerøy owns the raw material and carries out the risk assessment for all raw material.

No specific risks of fraud or intentional adulteration of raw materials have been identified due to the use of a single supplier, who is also a customer.

Organic and ASC products are separated from other products according to certification requirements. No organic production has been carried out this year.

Certificates:

- ASC cert valid 2028-07-01 from Kiwa. Customer requirement.
- Organic (NO-ØKO-01) valid 2026-12-31 from Debio.
- Kosher approved to manufacture for Lerøy, valid cert 2027-01-20

The following nutritional claims are made on salmon products: Omega-3 (EPA 500 mg, DHA 690 mg) and D-vitamin (10 ug). Some products are labelled with Keyhole Labelling. This is the responsibility of the brand owner and is pre-printed on the customer's label. All labelling is approved by the customer before it may be used.

5.5 Product packaging

Products are packed into plastic film for vacuum packaging, skin pack and EPS boxes with blue insert bags.

Food contact information and suitability for the intended product has been provided by suppliers of all food contact packaging e.g.: Seen for plastic film for vacuum packaging and plastic insert bags: DoC compliant with EC Regulation 1935/2004 and EC Regulation 10/2011

A procedure is in place to manage obsolete packaging "prosedyre for uhell og tilbakekalling av produkter" dok ID 3.7 dated 2025-12-02.

5.6 Product inspection, on-site product testing and laboratory analysis

A procedure and plan "Prosedyre for mikrobiologiska analyse" dok ID 6.1 date 2021-11-14 of product testing is in place which meets the requirements of clause 5.6.1 of this Standard.

All laboratory tests are carried out by an external lab. The following tests are carried out:

- Finished product testing: Staph (<10), E.coli (<10), total plate count 30C (<50000, Listeria mono (quantitative <2), Coliforme bact (<10), thermophile coliforme bact (<10), Sulfphide reducing clostridia (<10), salmonella spp (none/25g). Finished product is tested weekly and sent to laboratory.
- Raw material is tested for Listeria weekly and sent to laboratory. 2 different batches/testing

Seen results from 2025-11-26:

- finished product Salmon fillet LOT nr 500511, pack date 26.11.2025 - OK
- raw material Salmon fillet LOT 6486- OK



Shelf life of product is validated and routinely verified. Checked for Frosset laks 2025-12-17, 21 months shelf life. Parameters microbiological, sensory, appearance and rancidness on a scale from 1-10, scoring 8-9.

Trend analysis and reviews of all test results are carried out by QM and any out of specification results are risk assessed and the customer consulted if appropriate. Activities associated with out of spec results include Listeria in finished product (quantitative and qualitative) that is stopped and released by customer approval.

Pathogen testing (including pathogens tested as part of the environmental monitoring programme) is subcontracted to Nemko Lab (Norsk Akkreditering test 032).

The following tests are critical to product safety, authenticity or legality: Listeria. These are carried out using accredited methods by Nemko Lab (Norsk Akkreditering test 032).

The reliability of results, other than those critical to safety and legality specified in clause 5.6.6 is ensured by the external laboratory.

5.7 Product release

Products are released by production technician (TS), Line leader (MH) or production coordinator (OBE), based on physical inspection, confirmation that all internal quality/safety checks have been completed, delivery note is signed upon dispatch. Manufacturing specifications are in place at key locations detailing product specifications.
Positive release is not conducted.

5.8 Pet food and animal feed

No animal feed is manufactured on site. Products are transferred for further processing and use as ingredients in pet food. This activity is approved by the Norwegian Food Safety Authority (Mattilsynet)

5.9 Animal primary conversion

No animal primary conversion

Details of non-applicable clauses with justification

Clause/Section Ref	Justification
5.3.7	No allergen status claim for the products
5.4.4	There are no labelled or claims made on finished packs which are dependent on a status of a raw material.
5.6.5	There is no laboratory on site.
5.7.1	There are no products requiring positive release procedures
5.8	No pet food or animal feed is manufactured
5.9	No animal primary conversion

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CB Report No. 277047

Auditor: Caroline Heathcote



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6. Process control

6.1 Control of operations

All production is managed by the Production Manager and is planned on a weekly basis as set by Lerøy. Daily adjustments can be made based on raw material status and delivery impact.

All work instructions are available on site and can be found in the canteen. Recipes are included in the quality management system.

Frozen storage and freezing tunnels are monitored via the Team Viewer to SD-anlaeg/CX-Supervisor, while chilled storage areas are checked daily by manual thermometer readings.

- Chilled storage temperature: 0–2°C

- Frozen storage temperature: –22 to –30°C.

Documented control procedures are in place for all critical production steps. Temperature compliance was verified during the audit, including traced products.

Metal detectors (CCP) are monitored by trained staff. Production manager trained by Mettler Toledo 2202-11-02 and can train other staff. Line Leader TV trained by Production manager KV 2025-10-10 including a review of metal detection procedures and practical on-site training.

During the site tour a metal detector test was carried out by staff. The test was carried out correctly but using a wrong test piece. This led to a minor non-conformity in clause 6.1.3.

Minor NC 6: 6.1.3 Process monitoring checks are implemented, controlled and recorded but during the site tour, metal detection control was not carried out according to procedure as staff used a metal detector card (2.8mm) instead of a rod (1.8mm) due to 2 sets of test pieces with different sizes in the cabinet.

6.2 Labelling and pack control

All vacuum-packed products use the same bottom and top film on the packing lines. Differences are limited to printed versus unprinted film and the plastic composition and size are identical for all products.

Label information, packaging film compliance, and traceability are verified and documented in "Registreringsskjema for merking og emballasjekontroll" dok ID 5.14.1, dated 2020-11-24, by checking a label copy against the product specification labelling requirements.

Verification of correct labelling is carried out at the start, several times during the day, and at the end of production. This was confirmed during the site tour and the traceability test.

Correct use of printed packaging materials is ensured by registering all film in the traceability system with a unique code per printed film type for each production, based on the expected planned consumption. Any overconsumption is immediately detected and managed through the site's NC system, with a RCA initiated when necessary.

Documented start up and changeover checks are undertaken to ensure that lines have been suitably cleared, with all products and printed packaging and labels from the previous production removed – seen for changeover from Omega djupfryst laxfile 500g (4x125g) LOT 500331 to Omega lax portioner 4x125g utan skin, LOT 500531.

Controlled during product change-over: control of LOT nr, BBD, date. Produkt weighed in boxes for verification of correct weight. Control of label on box and packaging, Control of label, sign off by CEO.

"Prosedyre for merking og emballasjekontroll" dok id 5.14 dated 2024-06-20 procedure is in place, covering clause requirements, to ensure that products are packed into the correct packaging and correctly labelled and coded.

Procedure is place in the event of verification equipment failure.



6.3 Quantity, weight, volume and number control

Products are sold by as variable weight and fixed weight products (primarily salmon portions).

The checkweighers are set to a few grams of positive tolerance (depending on product size). Underweight products are indicated on the display in red text and are therefore not accepted. An operator is stationed at the checkweigher to monitor the display and remove underweight products. This was observed during the site tour.

The system and records kept meet legislative requirements.

All products/packaging are weighed on calibrated scales, with calibration frequency determined through risk assessment by Justervesenet. Latest inspection by Justervesenet was performed 2025-11-06.

The facility also uses certified test weights ranging from 1 to 20 kg, which have been purchased from Justervesenet and are approved since August 2023 for the weekly verification of scales. Scales are checked daily using 2–5 kg test weights, with a total of more than 50 checks per week. Checks are recorded on "regisreringskjema for vektkontroll" dok ID 5.1.1 dated 2024-10-24. Seen for: week 46 (November) 2025.

One product is e-marked (Line 1). Approval for e-marking was granted 2022-09-12 and is followed up through annual unannounced inspections by Justervesenet to ensure ongoing compliance.

No bulk is produced on-site.

6.4 Calibration and control of measuring and monitoring devices

The following equipment is used to monitor CCPs and product safety, legality and quality: metal detectors, temperature sensors for chilled and frozen storage rooms, handheld thermometers, and scales.

Calibration of the reference thermometer with probe sensor, ID no. Testo B3C504, was carried out by the accredited Venotek AS on 2026-02-18 (thermometer and two sensors).

Verification against a reference thermometer is performed monthly for sensors in the frozen storage, chilled storage, and handheld thermometers. Recorded on "regisreringskjema for kalibreringskontroll" dok ID 5.2.1 dated 2021-11-15. Seen for:

- traceability test 2025-11-25
- 2026-02-26 reference thermometer and verifications.

Temperatures are also logged in the Testo logging system with readings every 4 hours. Data are automatically uploaded and stored in the data system, printed, and retained in a binder in the office. The receiving thermometer (Ebro TFX-410) is cross-checked against a calibrated thermometer in an ice-water bath once per month.

Scales are calibrated by Justervesenet ackr nr PROD 027, with calibration frequency determined through risk assessment. Latest inspection by Justervesenet was performed 2025-11-06 on all 7 scales.

The facility also uses certified test weights ranging from 1 to 20 kg, which have been purchased from Justervesenet and are approved since August 2023 for the weekly verification of scales.

The following equipment is used to monitor CCPs: 3 metal detectors (C227397019, C227397018, 113875) calibrated annually by MT, latest calibration 2026-01-08 of all three, with one currently not in use.

Approval for e-marking was granted 2022-09-12 and is followed up through annual unannounced inspections by Justervesenet to ensure ongoing compliance.

"Prosedyre for vektkontroll" dok id 5.5 daterad 2020-08-27 and "Prosedyre for kalibreringskontroll" dok ID 5.2 dated 2021-11-15 details the corrective action procedure, should measuring equipment be found to be inaccurate.



The uncertainty of calibration has been considered when setting the critical limits: thermometer - Measurements are accepted within an approved uncertainty of $\pm 0.2^{\circ}\text{C}$.

Details of non-applicable clauses with justification

Clause/Section Ref	Justification
6.2.4	There is no on line vision used to check labels
6.3.2	There is no product where quantity is not governed by legislation e.g. dispatched in bulk

7. Personnel

7.1 Training: raw material handling, preparation, processing, packing and storage areas

The company has a comprehensive training programme for all staff on induction and production roles. Induction training includes personal hygiene, PPE, hand washing, jewellery, smoking, eating and drinking, allergen awareness and handling procedures, CCPs, medicines, GMP, QMS and H & S.

Procedure for training: "Oplärning" dok ID 3.4 dated 2024-12-04.

New employees receive information and training in line with the "Oplärning" checklist including: hygiene requirements, environmental aspects, company information, and relevant processes. Checked for: EM, DR, EN 2026-03-02 with focus on hygiene, product safety and HMS.

A matrix "Oplärningsmatris" is maintained for all personnel, recording training dates and the relevant process areas covered, checked for interviewed staff during site tour:

- Production manager has training through MT dated 2022-11-02, and can train other staff in metal detection.
- Training in freezing process temperature control, Line leader GB in packing area dated 2024-10-16.
- Line leader TV approved for 5 different processes and cleaning. CCP training dated 2025-10-10.

"Hygien opfriskningskurs" is carried out at least annually, latest 2025-08-06 that covered: processes, company information, working environment, HSE, hygiene, HACCP/TACCP/VACCP, pest control, storage, no nuts permitted in the factory, and prevention of foreign bodies such as hair, metal, or plastic in the product.

In the case when agency staff (via Opus Team Midsund AS) are used they are engaged, trained, and evaluated in accordance with the contract between the facility and the staffing agency, dated 2025-12-16.

All temporary personnel receive the same training as permanent employees, in line with the company's procedures.

Detailed individual training records, which meet the requirements of clause 7.1.6 of this Standard, and a list of approved trainers are kept.

Staff interviewed during the audit were competent in their roles eg Line leader TV, Production manager KV, Line leader GB and production staff EM, DR, EN.

7.2 Personal hygiene: raw material handling, preparation, processing, packing and storage areas

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Auditor: Caroline Heathcote



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Personal hygiene standards, which meet the requirements of clause 7.2.1 of this Standard, are documented and covered during induction training and basic food hygiene training (carried out in house). Site hygiene policy "hygienregler" dok ID 1.3 dated 2023-08-17 documents the site rules and policies.

The correct method of hand washing is clearly displayed at all hand wash sinks and in toilet areas. ATP swabbing of hands on randomly picked staff is carried out according to "prosedyre for personlig hygien" dok ID 4.3 dated 2024-03-05. Seen results dated 2026-02-27, five samples - OK

Plasters are controlled through metal detector testing on every new batch. Seen latest batch 0000343580 controlled 2025-12-01.

The use and storage of personal medicines is controlled by hygiene rules. Visitors are contractors to the site are informed about the hygiene policy when signing in (at reception) according to "procedure for onsite visiting" dok ID 4.7 dated 2009-06-24. Sig in is recorded on "registreringsskjema for besökande" dok ID 4.7.1, dated 2016-12-15. There were no issues regarding compliance to the documented hygiene policies.

7.3 Medical screening

Employees are made aware of the symptoms of infections, diseases or conditions which would prevent them from working with open food via annual hygien training dated 2025-08-06.

Procedure "prosedyre for personlig hygien" dok ID 4.3 dated 2024-03-05 is in place to enable staff, including temporary staff, contractors and visitors to notify the site of any relevant symptoms, infection, disease or condition which they may have been in contact with or be suffering from.

The company is connected to an occupational health service (Medi3). Mandatory health surveillance, including noise exposure measurements and hearing tests, is carried out every three years for all employees. All temporary staff confirm in writing that they have been informed of and comply with the hygiene rules, including the obligation to report illness and refrain from work when sick.

Visitors and contractors read Hygiene rules and sign registreringsskjema for besökande".

Return to work interviews are carried out following absence/illness and this is detailed in the company handbook/rules issued to all staff members.

7.4 Protective clothing: staff or visitors to production areas

Company issued and internally laundered protective clothing is provided with documented procedures "prosedyre for egen vaskeri" dok ID 4.2.1, dated 2026-02-04 in place which covers the changing process and how the clothing should be worn.

Cleaning temperatures range from 60°C to 85°C. Cleanliness of work clothing after laundering is verified using ATP testing, performed four times per year. Latest test 2026-02-27. The acceptance limit is 999 RLU, highest recorded result was 538 RLU - OK

Protective clothing worn by permanent staff includes: Protective clothing includes blue food-grade nitrile gloves, hairnets, beard covers when beard growth exceeds 5 mm, boots, aprons, and sleeve protectors. Thermal suits and boots are available and are worn under the protective clothing, stainless steel protective gloves are worn by those who handle knives.

Visitors, contractors and temporary staff wear: visitor coat, blue shoe covers, hairnets, and beard covers where required.

Protective clothing is changed at a minimum daily, based on risk.



Blue disposable food-grade nitrile gloves are used, along with aprons and sleeve protectors, which are clearly identifiable and approved for food contact.

Details of non-applicable clauses with justification	
Clause/Section Ref	Justification
7.4.6	No items of personal protective clothing used unsuitable for laundering.

8. Production risk zones – high risk, high care and ambient high care production risk zones

8.1 Layout product flow and segregation in high-risk, high-care and ambient high-care zones

No high risk, high care or ambient high care production zones.

8.2 Building fabric in high-risk and high-care zones

N/A

8.3 Equipment and maintenance in high-risk and high-care zones

N/A

8.4 Staff facilities for high-risk and high-care zones

N/A

8.5 Housekeeping and hygiene in the high-risk high-care zones

N/A

8.6 Waste/Waste disposal in high risk, high care zones

N/A

8.7 Protective clothing in the high-risk high-care zones

N/A

Details of non-applicable clauses with justification	
Clause/Section Ref	Justification
8	No high risk/high care or ambient high care areas

9. Requirements for traded products

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9.1 The food safety plan - HACCP
N/A
9.2 Approval and performance monitoring of manufacturers/packers of traded food products
N/A
9.3 Specifications
N/A
9.4 Product inspection and laboratory testing
N/A
9.5 Product legality
N/A
9.6 Traceability
N/A



Module 11: Meat Supply Chain Assurance
Scope
11.1 Traceability

N/A

11.2 Approval of meat supply chain

N/A

11.3 Raw material receipt and inspection

N/A

11.4 Management of cross-contamination between species

N/A

11.5 Product testing

N/A

11.6 Training

N/A

Module 13: Meeting FSMA Requirements for Food – July 2022
Preventive Controls for Human Food: 21 CFR Part 117 (Clauses 13.1.1 – 13.1.33)
Preventive Controls for Animal Food: 21 CFR Part 507 (Clause 13.2.1)
Food Defence: 21 Part 121 (Clauses 13.3.1 – 13.3.11)
Sanitary Transportation: 21 CFR Part 1 Subpart O (Clauses 13.4.1 – 13.4.9)
Produce Safety: 21 Part 112 (Clauses 13.5.1 – 13.5.18)

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14.1 Additional Specifier Requirements
14.1 Traceability
14.2 Environmental Monitoring
14.3 Product inspection and laboratory testing
14.4 Protective clothing: Employees or visitors to production areas

