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| --- | --- |
| Audit Application Number: |  |
| Date of Audit: | DD Mmm YYYY to DD Mmm YYYY |
| Audit Report Number: |  |
| Revision Number: |  |
| Audit Report Date: | DD Mmm YYYY |

**RSPO BOOK AND CLAIM AUDIT REPORT**

(COMPANY NAME)

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OBSOLETE REFERENCE ONLY

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# Certification Body Background

## 1.1 Description of Certification Body

|  |  |
| --- | --- |
| **Certification Body Information**  OBSOLETE REFERENCE ONLY | |
| Name of Certification Body |  |
| Address of Certification Body (Accredited Office) |  |
| Background of the Certification Body | *e.g. History, Mission, Vision, geographical information, etc.* |
| Phone Number (Accredited Office) |  |
| Websites |  |
| Contact Person Name | *e.g. RSPO Program Manager* |
| Email |  |
| **Accreditation Information** | |
| ASI Code |  |
| Technical Scope |  |
| Geographical Scope |  |
| Accredited Since | *DD Mmm YYYY* |

# 

# Company Details

## 2.1 Company Overview

|  |  |
| --- | --- |
| **Company Information** | |
| Name of Company |  |
| Address of the Company | OBSOLETE REFERENCE ONLY |
| Country |  |
| Website |  |
| prisma Trading Account Name |  |
| prisma Trading Account ID |  |
| Description of the Company | *General description of the organization (e.g., operations, customers, products, organization structure, number of employees, business operation hours, product brand, management system certification such as Quality Management System (ISO9001), Food Safety Management System (ISO22000)*  *Purpose of purchasing and/or claiming RSPO Credits* |
| Management Representative Name |  |
| Management Representative Designation |  |
| Management Representative Email |  |

## 

## 2.2 RSPO Membership Information

|  |  |
| --- | --- |
| **RSPO Membership Information** | |
| RSPO Membership No. |  |
| Name of RSPO Member |  |
| Member Since | *DD Mmm YYYY* |

## 

# Book And Claim Audit Information

## 3.1 Book And Claim Audit Information

|  |  |
| --- | --- |
| **Book And Claim Audit Information** | |
| Year of Claim | OBSOLETE REFERENCE ONLY |
| Applicable Standards /  Normative Reference | * RSPO Supply Chain Certification Standard 2020 * RSPO Supply Chain Certification Systems 2020 |

## 

## 3.2 Total Volume Used

|  |  |
| --- | --- |
| **Type of Oil** | **Total Volume Used Per Annum (MT)** |
| Crude Palm Oil (CPO) and its derivatives |  |
| Crude Palm Kernel Oil (CPKO) and its derivatives |  |
| Crude Palm Kernel Expeller (CPKE) and its derivatives |  |

## *Note: If you are auditing a company that does not physically handle palm oil products but purchases or claims credits to support its sustainability commitment, this table should be used to indicate the amount of RSPO credits purchased.*

## 3.3 Total IP/SG/MB Palm Oil/Kernel Products Purchased

|  |  |
| --- | --- |
| **Type of Palm Oil/Kernel Products** | **Volume Purchased (MT)** |
| Certified Sustainable Palm Oil (CSPO) and its derivatives |  |
| Certified Sustainable Palm Kernel Oil (CSPKO) and its derivatives |  |
| Certified Sustainable Palm Kernel Expeller (CSPKE) and its derivatives |  |

## 3.3 Total RSPO Credits Purchased and Claimed

|  |  |  |
| --- | --- | --- |
| **Type of RSPO Credits** | **Total RSPO Credits Purchased** | **Total RSPO Credits Claimed** |
| Certified Sustainable Palm Oil (CSPO) |  |  |
| Certified Sustainable Palm Kernel Oil (CSPKO) |  |  |
| Certified Sustainable Palm Kernel Expeller (CSPKE) |  |  |
| Independent Smallholder - Certified Sustainable Palm Oil (IS-CSPO) |  |  |
| Independent Smallholder - Certified Sustainable Palm Kernel Oil (IS-CSPKO) |  |  |
| Independent Smallholder - Certified Sustainable Palm Kernel Expeller (IS-CSPKE) |  |  |

OBSOLETE REFERENCE ONLY

# Audit Programme

## 4.1 Audit Methodology

OBSOLETE REFERENCE ONLY

|  |
| --- |
| *CB to describe the audit methodology (ISO19011), location of the auditor (onsite/remote), audit activity, interview session, audit process, identified risk, etc. related to the audit conducted on the organisation.* |

## 4.2 Audit Team Member

|  |  |  |
| --- | --- | --- |
| **Name** | **Role** | **CAB Auditor Number** |
| *The row can be added as necessary* | *e.g. Lead Auditor, Trainee Lead Auditor, Technical Expert.* | *Can be referred from ASI Portal* |

## 4.3 Audit Plan

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Date** | **Time** | **CAB Auditor Number** | **Location** | **Activity to be audited** |
| *DD Mmm YYYY* | *8.30am* |  | *e.g. office* | *e.g. opening meeting* |
| *DD Mmm YYYY* | *9.00am* |  | *e.g. receiving area* | *e.g. goods in* |
| *DD Mmm YYYY* | *10.30am* |  | *e.g. outsourcing company name & address* | *e.g. repacking* |
| *DD Mmm YYYY* | *12..00pm* |  | *e.g. office* | *e.g. lunch* |
| *DD Mmm YYYY* | *5.00pm* |  | *e.g. office* | *e.g. closing meeting* |
| *DD Mmm YYYY* | *5.30pm* |  | *e.g. office* | *e.g. audit end* |
|  |  |  |  | *The row can be added as necessary* |

*Notes: Include the number of hours spend for each day of the audit, including the time for the opening and closing meeting*

OBSOLETE REFERENCE ONLY

## 4.3.1 Changes of the initial audit plan (if applicable)

|  |
| --- |
| *CB to describe if any changes on initial audit plan e.g. change of lead auditor, change location* |

## 4.4 Audit Findings & Results

|  |  |  |  |
| --- | --- | --- | --- |
| **Checklist** | | **Audit Findings** | **Result** |
| **2. General**  OBSOLETE REFERENCE ONLY | | | |
| 2.1 | Does the organization have a process for identifying the amount of palm content used in their products (this includes palm oil, palm kernel oil and all derivatives) |  | * Conform * Major Nonconformity * Not Applicable (Justification required) |
| 2.2 | Does the organization have a process for calculating the number of credits they have to purchase to cover the use of conventional oil palm content in their products? |  | * Conform * Major Nonconformity * Not Applicable (Justification required) |
| 2.3 | Does the organization maintain records of its purchase of RSPO Credits? |  | * Conform * Major Nonconformity * Not Applicable (Justification required) |
| **3. Claims** | | | |
| 3.1 | Does the organization have a process of identifying the amount of oil palm content in the product range for which claims are made? |  | * Conform * Major Nonconformity * Not Applicable (Justification required) |
| 3.2 | Does the organization claim the required amount of credits in the RSPO IT Platform (PalmTrace)? |  | * Conform * Major Nonconformity * Not Applicable (Justification required) |
| 3.3 | Does the organization keep records of the validity of RSPO Credits? |  |  |
| 3.4  OBSOLETE REFERENCE ONLY | Does the organization have records (if applicable) of the claims that are transferred to them? |  |  |
| 3.5 | What claims has the organization made in connection with the use of sustainable palm (kernel) oil or derivatives? |  |  |
| 3.6 | List the claims that have been made.  Note: Examples of market claims are as follows:  o In the Annual Communication of Progress (ACOP) report for RSPO  o Within a organization’s website  o Within published Corporate Responsibility documentation or Environmental Policy statements  o Within marketing information, On product, In about product  o information (specifications etc)  o In inter-organization correspondence  o Provision of services in relation or products containing quantities of palm oil or its derivatives |  |  |
| 3.7 | Are the claims made by the organization in accordance with the RSPO Rules on Market Communications and Claims? |  |  |
| 3.8 | Is the organization RSPO Supply Chain Certified? |  |  |
| 3.9 | Has the organization made claims against the Identity Preserved(IP), Segregated(SG) or Mass Balance(MB) model? |  |  |
| **4. Retailer Claims**  OBSOLETE REFERENCE ONLY | | | |
| 4.1 | List the products that the retailer member has made a claim against |  | * Conform * Major Nonconformity * Not Applicable (Justification required) |
| 4.2 | Does the organization have a process of verifying the transfer of claims from their suppliers? |  | * Conform * Major Nonconformity * Not Applicable (Justification required) |
| 4.3 | Has the organization received proof of the transfer of claims from their suppliers? |  | * Conform * Major Nonconformity * Not Applicable (Justification required) |
| **5. Use of the RSPO Trademark** | | | |
| 5.1 | Where does the organization use the RSPO Credit Trademark? |  | * Conform * Major Nonconformity * Not Applicable (Justification required) |
| 5.2 | Does the organization have a trademark license number for the use of RSPO trademark for credits |  | * Conform * Major Nonconformity * Not Applicable (Justification required) |
| 5.3 | For on product communications, has the organization covered 100% of the oil palm content with RSPO Credits? |  | * Conform * Major Nonconformity * Not Applicable (Justification required) |
| 5.4 | Is the usage of RSPO Credit Trademark according to the rules laid out in the RSPO rules on Market Communication and Claims? | OBSOLETE REFERENCE ONLY | * Conform * Major Nonconformity * Not Applicable (Justification required) |

# 

## 4.5 Summary of Audit Findings

|  |  |  |  |
| --- | --- | --- | --- |
| **Summary of nonconformity(ies) under the RSPO Book and Claim Audit Checklist** | | | |
| **Checklist** | | **Total no. of findings** | |
| 2. General | |  | |
| 3. Claims | |  | |
| 4. Retailer Claims | |  | |
| 5. Use of the RSPO Trademark | |  | |
| **TOTAL**  OBSOLETE REFERENCE ONLY | |  | |

## 4.6 Nonconformity(ies) Issue in this Audit

|  |  |
| --- | --- |
| **Checklist Number & Standard Reference** | *e.g. 5.2 of RSPO Book and Claim Audit Checklist* |
| **Nonconformity Number** |  |
| **Nonconformity Category** | Major |
| **Date of Nonconformity Issued** | *DD Mmm YYYY* |
| **Deadline** | * 1 month from date of closing meeting |
| **Mode of Nonconformity Closure** | * Onsite * Offsite |
| **Nonconformity Statement**: | |
| **Evidence:** | |
| **Root Cause** |  |
| **Corrective Action Implemented** *(including any evidence submitted)* |  |
| **Preventive Action Implemented** *(including any evidence submitted)* |  |
| **Date of Response** | *DD Mmm YYYY* |
| **Audit Team Conclusion** *(including any evidence reviewed)* |  |
| **Status of Nonconformity** | Closed |
| **Date of Closure**  OBSOLETE REFERENCE ONLY | *DD Mmm YYYY* |

# *This table can be added as necessary*

# Audit Conclusion & Recommendation

|  |  |
| --- | --- |
| **Audit findings** | |
|  | No nonconformity recorded. |
|  | Major nonconformity(ies) recorded. Evidence of implementation of the corrective actions have been accepted by the audit team. The nonconformity(ies) have been satisfactorily closed out. |
| **Recommendation** | |
|  | Issue verification statement of Book and Claim audit completion |
|  | Not issuing verification statement of Book and Claim audit completion. Please provide justification: |

# Acknowledgement of Internal Responsibility and Formal Sign-Off of Assessment Findings

|  |  |  |
| --- | --- | --- |
| **Signing by the Company** | | |
| I, the undersigned, being the management representative of the company, agree with the contents and audit findings as presented in this document.  Furthermore, I confirm the following:   * Acceptance of responsibility in execution of the instructions given. * That this company was made aware that the recommendation of the audit team is tentative, pending review and decision by the CB. * That during the closing meeting all agenda items were covered by the Audit Team Leader.   OBSOLETE REFERENCE ONLY | | |
| **Acknowledge by:** | | **Signature** |
| **Name** |  |
| **Position** |  |
| **Date** |  |

|  |  |  |
| --- | --- | --- |
| **Signing by the Audit Team Leader** | | |
| I, the undersigned, being the Audit Team Leader, confirm that this report accurately reflects the findings and proceedings of the closing meeting. Furthermore, I affirm that the summary of the findings presented in this report is a true and accurate representation of the actual findings of the audit team. | | |
| **Acknowledge by:** | | **Signature** |
| **Name** |  |
| **Position** | OBSOLETE REFERENCE ONLY |
| **Date** |  |

|  |  |  |
| --- | --- | --- |
| **Signing by the Certification Body** | | |
| I, the undersigned, representing the Certification Body, confirm that the information and conclusions contained in this report have been prepared in good faith and that the decision has been made based upon this information. | | |
| **Acknowledge by:** | | **Signature** |
| **Name** |  |
| **Position** |  |
| **Date** |  |

OBSOLETE REFERENCE ONLY