FSC-STD-40-005 V3-1 Corrective Action Request (CAR) Calibration sheet - PART 1 - Due Diligence System (DDS)

Implementation and maintenance of a due diligence system (DDS)				
Clause	**Requirement**	**Major CARs (e.g.)**	**Minor CARs (e.g.)**	**Observations (e.g.)**
1.1	The organization shall have, implement, and maintain a documented due diligence system (DDS) for material supplied without an FSC claim to be used as controlled material or to be sold with the FSC Controlled Wood claim.	1. Absence of effective DDS 2. Non- implementation of DDS 3. DDS is not documented 4. DDS is not maintained/updated 5. DDS does not cover all types of material sourced for use as controlled material	1 DDS was accessible to all personnel in charge of implementation, so there exists a possibility of discontinuity in the DDS between different departments. 2. DDS updated, but updates have not been documented and hence cannot be tracked.	1. Typos/ambiguity or misunderstanding occurs in the documented DDS. 2. DDS was documented in a language that is not used by/difficult to understand for those responsible for its implementation.
1.2	The organization shall include all suppliers and sub-suppliers of the material assessed according to this standard in its DDS	1. Suppliers are not listed, sub-suppliers are not included in consideration. 2. Supplier list in incomplete; information is missing	1. Suppliers are not aware that the sub-suppliers are also to be considered part of the DDS and they might need to keep track of sub-suppliers and where the material comes from.	1. Organization does not update a master list of suppliers and their sub-suppliers; the list is fluid, so there is a possibility that some suppliers may be left out due to oversight.
1.3	The organization shall ensure that the organization, the certification body, and Accreditation Services International are granted access to evidence of conformity with applicable requirements of this standard, including access to documents, sites, premises of suppliers and sub-suppliers, and supply units, where relevant.	1. CB/ASI is not able to visit/access documents/sites of suppliers 2. CB/ASI is not able to verify supply units on the field 3. Documents from suppliers/sub-suppliers related to DDS are not available before the closing of audit.	1. Access to evidence at sub-supplier is limited to interviews and site visits, and not documentary evidence or vice versa.	1. The organization is able to provide only visual access to documents of sub-supplier, and not provide copies.
1.4	The organization shall not apply its DDS to forest resources that it or any affiliated organization owns or manages, unless an FSC risk assessment for all five controlled wood categories has been scheduled for an area covering the supply units by 31 December 2017.	1. Organization has applied its own DDS to forest areas owned by it/by an affiliate even though no FSC risk assessment had been scheduled in that area/no risk assessment is available for the area.	NA	1. There is lack of clarity on extent of ownership by the organization of the forest resource - e.g., it is owned by a subsidiary in which the organization has a minority stake.
1.5	The organization shall only use material as controlled material or sell material with the FSC Controlled Wood claim if it is in conformity with the requirements of this standard, confirmed through the DDS.	1. Material used as controlled material or sold as FSC Controlled Wood before implementation and confirmation as eligible input through DDS. 2. Material has been used as controlled material, or sold as FSC Controlled Wood, even though the DDS is ineffective.		1. Organization has a continuous supply of raw material which it is using in production as controlled material. It is periodically verifying the status of the material through the DDS. However, the DDS verification, since it is done periodically, sometimes occurs only after the material has been consumed. There is a possibility that in some cases, material that may not be in conformity with the requirements, is already used and accounted for as controlled material.
1.6	The organization shall review and, if necessary, revise its DDS at least annually, and whenever changes occur that affect the relevance, effectiveness, or adequacy of the DDS	1. No review of DDS on an annual basis. 2. No revision of DDS in spite of change in scope of DDS (Newly approved CNRA, sourcing area). 3. No documented procedure defined review process of DDS.	1. No explanations on review of DDS; it is not clear why the revision was done, how it was done and how the new revision is justified. 2. Personnel are not aware of what changes in scope would need a review of the DDS. 3. Organization is not aware what are the changes that could affect the relevance, effectiveness and adequacy of the DDS thus necessitating a review.	1.DDS is not reviewed due to no changes happened in the last year, but no evidence demonstrated the decision was made accordingly at annual basis.
1.7	The organization shall implement internal audits of its DDS at least annually to ensure that it is being implemented correctly.	1. No internal audits done for the previous year. 2. Internal audits not done annually. 3. Internal audits do not address all aspects of the DDS, including obtaining info. on material, risk assessment and risk mitigation.	1. Internal audit are used to confirm compliance with elements of the DDS but there is no formal internal auditing of implementation of the DDS. 2. Internal audits done by staff in charge of DDS implementation. 3. Internal audits are split up and spread over a long time period, spilling over from one year to next.	1. Staff undertaking internal audits are not trained in audit requirements or fully aware of what is required in the DDS. There is a possibility that internal audits might be ineffective due to inadequacy of auditors.
1.8	The organization shall document the scope, dates, and staff involved in internal audits.	1. No documented details of scope, dates and staff involved in internal audits.	1. Scope of the internal audit is not defined properly according to the risk and scale of CW sourcing.	1. Staff involved in internal audits identified by only position, not personnel. 2. Staff involved in internal audits operationally report to senior personnel in charge of implementation of DDS, therefore, danger of underreporting/misreporting in case of irregularities/mistakes at the level of the senior staff.
1.9	The organization shall document all cases of the DDS being evaluated as ineffective during the internal audit, and shall ensure that all relevant issues are addressed and corrected within 12 months of their detection.	1. Organization does not document cases where DDS is ineffective. 2. Organization does not have a mechanism to check whether issues identified in the DDS have been addressed or not. 3. Failure of the organization to ensure corrective action(s) determined by internal audit to ensure the organization's conformity to the standard. 4. Internal audit reports not made available to CB/ASI.	1. Internal audit reported certain areas of the DDS being ineffective (e.g. Documenting origin) and the organization undertook corrective actions. However, the internal audit itself was weak in reviewing certain other aspects of the DDS (e.g. risk of mixing) and there is a danger that DDS might continue to remain ineffective for that section, and the underlying issues remain unaddressed. 2. The issues were not addressed to the root cause/reason of occurrence but just the direct correction of the issues.	1. All issues identified during the internal audit have been addressed and corrected by the next internal audit. However, the internal audits happen at an interval of more than 12 months, so the issues raised during internal audits are addressed over a period greater than 12 months.

1. 10	The organization shall not use material from supply chains where ineffectiveness of the DDS leads to, or might lead to, non-eligible inputs entering the production.	1. Material is used as controlled material before correction of the ineffectiveness of the DDS. 2. Material used as controlled material despite of DDS proven to be ineffective/risk of DDS being ineffective.	1. The ineffectiveness of DDS is identified as minor issue instead of major ineffectiveness, and the use of control material continued.	1. Organization is presently sourcing controlled material, as well as FSC 100%. However, the FSC 100% source might soon lose its certificate, and will be a 'broken chain'. The organization shall continue to procure from that region, however, its DDS does not have provisions to verify the material originating from that supply chain. This might lead to non-eligible inputs entering the supply chain from such 'broken chains'.

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Obtaining information on material				
Clause	**Requirement**	**Major CARs (e.g.)**	**Minor CARs (e.g.)**	**Observations (e.g.)**
2.1	The organization shall obtain, document and maintain the following up-to-date information on material: a) Names and addresses of suppliers; b) Description of the material; c) Quantity of the material purchased by volume or weight; d) The species (including scientific and common name), where the species information designates the product characteristics and/or where required by applicable timber legality legislation; e) Purchase documentation; f) Applicable risk assessment; g) The country of harvest, where required by applicable timber legality legislation; h) Evidence of origin, according to 2.2; and i) Information about supply chains, according to 2.3.	1. Organization does not have all information on a)-i) listed in Clause 2.1. 2. Organization does not have documentation which can trace the material to origin. 3. Documents or information from suppliers are falsified and not genuine.	1. The organization has access to the information on a)-i) of Clause 2.1, but does not update it regularly.	1. Information on elements of a)-i) of Clause 2.1 is not maintained together but is scattered across the organization, thereby making it difficult to trace the information.
2.2	The organization shall maintain evidence of the origin of material that allows it to: a) Identify the area with a homogeneous risk designation for each controlled wood category in the applicable risk assessment; or b) Confirm that material was harvested from FSC certified sources, or previously controlled sources (where material was previously sold with the FSC Controlled Wood claim), but supplied to the organization without an FSC claim.	1. Organization is not able to provide evidence to trace material back to an area of a homogenous risk designation. 2. Organization used material that was claimed to have been harvested from FSC certified sources or previously controlled sources without verifying that information.		
2.3	The organization shall have access to information on its supply chains (including sub-suppliers) to a level that allows it to confirm and document: a) The origin of the material; b) The risk related to the origin, and the risk related to mixing with non-eligible inputs in the supply chain (according to Section 3); and c) The mitigation of risk (according to Section 4).	1. The organization is not able to trace the origin of the material to origin. 2. There is substantial uncertainty of mixing material within the supply chain, but the risk is not documented. 2. Organization has not identified the origin to the sufficient geographic scale that allows adequate risk mitigation.		1. The organization has access to information on its supply chains. However, its supply chain contains outsourcing for certain activities, and it is not clear how the organization is able to implement the DDS when outsourcing is involved.
2.4	The organization shall enforce its suppliers to notify it of any changes that may affect a risk designation or the mitigation of risk, such as changes in species, origin, or supply chain.	1. In agreements or other documents laying obligations on suppliers, it is not established the necessity to inform on all changes which can affect determination or mitigation of risks, e.g. changing of wood species, places of material origin and supply chain. 2. Failure of suppliers to notify changes according to the agreed obligation, which affected the DDS.	1. Organization has enforced its suppliers to notify it of any changes that may affect the risk designation or the mitigation of risk, however, it did not specify what these changes were. During interviews, suppliers were not aware of what changes trigger a need to notify the organization.	1. The organization does not maintain records of instances when its suppliers have notified it of any changes, nor does have a plan to proactively verify the existence of any change.
2.5	For co-product inputs, the organization shall document the origin as per 2.2, or with a legally effective and enforceable agreement with the supplier of the coproducts that includes a statement on the origin.	1. The organization does not document the origin, nor does it have a legally effective and enforceable agreement with the supplier of the co-products that includes a statement of origin.		
2.5.1	A written supply agreement shall include: a) Information about the origin of the co-products that allows the area with a homogeneous risk designation in the applicable risk assessment to be identified for all five controlled wood categories (e.g. province and/or forest type/ownership); b) A commitment that, in cases where material originates from specified risk areas, the supplier will support the organization to collect the information needed to implement control measures.	1. Supplier agreements do not include information on source to enable identification of homogenous risk designation, or a commitment to support the organization to collect information required to implement control measures. Additionally, the organization has not formally verified the feasibility of suppliers obtaining resources from their sub-suppliers from within the supply area.		
2.5.2	In the case of a supply agreement, the organization shall verify the information provided to confirm that: a) The supplied species are commercially harvested in the declared supply area (and accompanied by a CITES certificate, if required); b) The type and quality of the supplied material are commercially available from the declared supply area; and c) The distance and means of transportation to the organization (or to the supplier's site when the supplier is purchasing co-product inputs) are consistent with the declared supply area, and are economically viable.	1. The organization has not verified the information provided by the supplier to verify a)-c). 2. The organization has verified that the supplied species are commercially available in the declared supply area, however, it has not been able to establish whether the volumes as concluded in the supply agreement are available/present in the declared supply area.	1. The organization verifies that species is commercially within the supply area and the type and quantity of supplied woodchip/co-product is commercially available within the supply area. However, the means of transport and travel the distance to bring inputs from the forest to the co-product suppliers' sites as defined in 2.5.2 (c) was not presented during the audit.	

2.5.3	The organization shall not use material as controlled material, nor sell it with the FSC Controlled Wood claim, if 2.5.2 a, b, or c are not confirmed	1. The organization has started using the material as controlled material, on receipt of the supply agreement, and prior to confirmation of the information provided in a)-c). 2. The organization solely confirmed 2.5.2 a)-c) and use co-products as controlled material without risk mitigation, but the risk of origin indicated specified risk.		
2.6	Products and material from species listed in Appendices 1, 2, or 3 of CITES that will be imported, exported, or re-exported, shall be accompanied by the applicable valid certificates.	1. Products/material from CITES listed species is not accompanied by the applicable valid CITES certificate.		

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Risk assessment				
Clause	**Requirement**	**Major CARs (e.g.)**	**Minor CARs (e.g.)**	**Observations (e.g.)**
3.1	The organization shall use the applicable FSC risk assessment to determine the risk related to the origin of the material for each controlled wood category.	1. Organization uses a company risk assessment, in spite of an approved FSC risk assessment being in place for over 6 months. 2. Organization uses a company risk assessment, when it should have used an extended company risk assessment. 3. Organization uses "Old NRA" after June 30 2019, even though there no approved NRA/CNRA for it to make the transition. 4. Organization uses an ECRA, even though an approved CNRA/NRA is published and available and 6 months for the transition are over.		
3.1.1	The organization may use an FSC risk assessment under development, including: a) Approved risk assessment for controlled wood categories of a centralized national risk assessment, and/or, b) Draft risk assessment for controlled wood categories developed under a national risk assessment process when agreed by national consensus (according to the information provided on the FSC website).			
3.1.2	For the organization that wants to demonstrate compliance with EUTR requirements through conformance with this standard, the assessment for category 1 in the 'old NRA' shall be replaced by a draft FSC risk assessment for category 1 developed according to FSC-PRO-60-002 V3-0.		1. As required by ADVICE-40-005-21, organization used "old NRA" in the DDS but did not replace controlled wood category 1 from the available FSC risk assessment drafts after Jan 2018.	
3.2	The organization shall adapt its DDS to use FSC risk assessments within six (6) months of the date of FSC risk assessment approval by FSC, unless an extension is justified and approved by the certification body.	1. The organization is continuing the use of CRA/ECRA in spite of an approved FSC risk assessment being available for 6 months. 2. At the time of the audit, the organization had adapted the approved FSC risk assessment in its DDS, however, this was not done within the time limit of 6 months post approval. 3. The organization has adapted its DDS to the approved NRA/CNRA, but has not yet implemented control measures to mitigate the identified risks. 4. The organization has used an extension of the 6 month transition period, without getting an approval from the certification body.		
3.3	Risk assessment of unassessed areas shall only be possible according to the following: a) The organization may conduct its own risk assessment according to the requirements in Annex A; and b) The organization shall obtain approval of its risk assessment, conducted for its supply area, and/or extended to new supply areas, from the certification body before using risk designations in its DDS.	1. Failure of the organization to demonstrate that its risk assessment has been conducted in accordance with the applicable requirements. 2. Evidence that the organization has manipulated information used in a risk assessment in order to support a low risk designation. 3. Use of material originating from unassessed areas without the certification body's approval of the organization's risk assessment	1. Many links provided in the risk assessments are no longer valid. As such, supporting evidence for low risk designations are no longer available or evidenced to be consistent with current information and conditions.	
3.4	The organization shall assess and document the risk of mixing material with non-eligible inputs in its supply chains during transport, processing, and storage.	1. The organization has not assessed the risk of mixing in its supply chains. 2. The organization has incorrectly assessed the risk of mixing in the supply chain. 3. The organization has not assessed the risk of mixing at all stages when the material moves from the forest to the organization mill gate.	1. The organization has assessed the risk of mixing, but has not documented it, nor provided adequate justification for arriving at at low risk justification. 2. The organization is not aware of the possible areas where mixing can occur in its supply chain.	1. The organization has a very dynamic supply chain with a constant churn of suppliers and supply units. As such, although at present there is no risk of mixing - there might be a risk in future.

3.5	The organization may use material as controlled material and/or sell it with the FSC Controlled Wood claim if it has been confirmed as low risk for all indicators in the applicable risk assessment, and there is no risk of mixing with non-eligible inputs in the supply chains.	1. Organization has used material as controlled material/sold it as FSC Controlled Wood prior to confirmation of low risk for all indicators in the applicable risk assessment, and for no risk of mixing (Please check the difference between 3.5 and 4.14, this is related with failure of risk assessment in particular).		
3.6	The organization may use material as controlled material and/or sell it with the FSC Controlled Wood claim if it previously carried the FSC 100% or FSC Controlled Wood claims (but was supplied without an FSC claim), and if there is evidence that no mixing with non-eligible inputs has taken place in the non FSC-certified supply chain.	1. The organization has not assessed the risk of mixing in its supply chains .		
3.7	Whenever specified or unspecified risk related to origin and/or risk related to mixing with non-eligible inputs in the supply chain is determined, the organization shall implement the requirements of Section 4 before material can be used as controlled material or sold with the FSC Controlled Wood claim.	When risk related to origin and/or risk related to mixing with non-eligible inputs in the supply chain is determined, the organization has not implemented the requirements of Section 4.		

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Risk Mitigation				
Clause	**Requirement**	**Major CARs (e.g.)**	**Minor CARs (e.g.)**	**Observations (e.g.)**
4.1	The organization shall have and implement adequate control measures to either avoid or to mitigate specified or unspecified risk related to origin and/or risk related to mixing with non-eligible inputs in the supply chain. When control measures are to mitigate risk, then the rest of Section 4 applies.	1. Organization has not established and implemented any control measures to mitigate identified risks.	1. The organization has developed control measures to mitigate the risks, but has partially implemented some of the control measures. 2. The control measures are not fully developed and partly supported by indirect evidence.	
4.2	The desired outcome of each control measure shall be clearly stated.	1. Control measures are vague and it is not clear how they shall mitigate the risks.	1. the outcomes of the control measures are stated in general terms, and they are not clearly stated for each control measure.	
4.3	Where legal requirements may be in conflict with adequate control measures, control measures shall be approved by the certification body before they are implemented.	1. Organization has implemented control measures without approval of the certification body, when it was aware that legal requirements are in conflict with adequate control measures. 2. Organization has implemented control measures which are in conflict with legal requirements.		1. Organization has not evaluated whether any of its control measures are in conflict with legal requirements.
4.4	Applicable approved controlled wood documents listed in FSC-PRO-60-002b List of FSC Approved Controlled Wood Documents (e.g. high conservation value assessment frameworks, national or regional guidance) shall be used when establishing control measures.	1. Organization did not used the approved controlled wood documents listed in FSC-PRO-60-002b List of FSC Approved Controlled Wood Documents for developing the control measures.	1. Organization has only selectively used the applicable approved controlled wood documents listed in FSC-PRO-60-002b to establish control measures.	
4.5	Indicators and verifiers in an approved Forest Stewardship National Standard, certification body standard, or International Generic Indicators may be used for control measures where relevant.			
4.6	Whenever stakeholder consultation is required as a control measure, it shall be conducted according to the requirements in Annex B.	1. Stakeholder consultation as a control measure has been undertaken, however, the requirements for consultation as provided in Annex B of the standard have not been followed.		1. The organization has undertaken a stakeholder consultation, but it received no responses. There is a possibility that the stakeholder consultation process was not efficient, and the organization did not put sufficient efforts to reach out to affected and interested stakeholders. This could have potentially affected the adequacy of stakeholder consultations as a control measure.
4.7	The organization may conduct stakeholder consultation according to the requirements in Annex B in order to verify the adequacy of its control measures.			
4.8	In the case that unspecified risk is designated for controlled wood categories 2 or 3, the organization shall conduct stakeholder consultation as one of the control measures.	1. Unspecified risk identified in Category 2/3 from "old NRA" or company risk assessment, however, stakeholder consultation as a mandatory control measure has not been implemented.	1. The organization has undertaken stakeholder consultations as a mandatory control measure. However, it has not used the results of the consultation to mitigate risks/modify actions to mitigate risks.	
4.9	For controlled wood categories 2 and 3, the organization shall use the opinion of at least one expert to justify the adequacy of control measures. Experts used shall meet the minimum requirements provided in Annex C.	1. The organization has not used the opinion of at least one expert to justify the adequacy of its control measures for category 2 and 3. 2. The expert used by the organization to justify its control measures does not meet the minimum requirements provided in Annex C.	1. The organization has used an expert to justify its control measures, but other organizations have publicly challenged the qualifications of the expert, and his/her statements are very controversial and contested within the scientific community. 2. The organization has only considered excerpts from the publication from a qualified expert, not the full published item, which gave a different view.	1. The organization has used publicly available reference material developed by the experts. However, the source of the reference material is suspect, as the the material is available not as a peer reviewed scientific literature, rather as a commentary in a news item. 2. The organization has used an expert to justify its control measures, but other organizations have publicly challenged the qualifications of the expert, and his/her statements are very controversial and contested within the scientific community.

4.10	For material originating from areas not covered by an NRA approved according to FSC-PRO-60-002 V3-0, and where there is specified or unspecified risk related to traditional and human rights: a) Material shall not originate from areas where there is substantial evidence of widespread violation of the rights of Indigenous Peoples or traditional peoples; b) Material shall not originate from areas where there is conflict of substantial magnitude pertaining to the rights of Indigenous Peoples and/or traditional peoples, unless steps that are recognized by the affected Indigenous Peoples and/or traditional peoples as fair and equitable are being taken by the conflicted parties to resolve the conflict, or free, prior, and informed consent (FPIC) is given by the affected Indigenous Peoples and/or traditional peoples for management activities related to the sourcing of material; and c) The organization shall obtain the opinion of at least one expert, and seek the opinion of the relevant FSC network partner(s) on requirements relating to FPIC when implementing 4.10 b). The experts shall meet the minimum requirements provided in Annex C.	For the area not covered by an NRA, 1. Organization has not identified the presence of Indigenous people or traditional peoples in its supply area and/or is not cognizant of the issues related with violation of their rights. 2. Organization sourced material with activities related to violation of the rights of indigenous peoples or traditional peoples.	1. The organization has obtained FPIC from the affected Indigenous people/traditional peoples for management activities related to the sourcing of the material; however, the FPIC obtained has not been documented, and it is not clear whether the FPIC is for a limited period or perpetual in nature.	1. FPIC has been obtained from the affected Indigenous people/traditional peoples for management activities related to the sourcing of the material; however, the FPIC has been obtained by another organization/entity, and it seems to be passed on to the organization/supplier. It is not clear whether the FPIC is still valid for the new management entity/owner who is managing the supply units and providing material to the organization.
4.11	For material originating from areas not covered by an NRA approved according to FSC-PRO-60-002 V3-0, and where there is specified or unspecified risk related to high conservation values (HCVs) 2-6: a) HCV 2 (Landscape-level ecosystems and mosaics): Material shall not originate from commercial logging in Intact Forest Landscapes (IFLs), and shall not originate from areas where management activities contribute to/increase the fragmentation of IFLs. b) HCV 3 (Ecosystems and habitats): Material shall not originate from areas where HCVs are present, unless specific measures that are designed to protect the HCV inherent in the ecosystem (e.g. logging in areas of rare, threatened, or endangered ecosystems is designed to protect the extent and values of these ecosystems) are in place. c) HCV 4 (Critical ecosystem services): Material shall not originate from identified or mapped watersheds that supply local communities with drinking water, unless best practices of forest management are applied, including water course buffers, equipment restrictions, road building, and protection against contamination. NOTE: The implementation of best practices may be assessed based on the enforcement of codes of best practices and other general regulations. d) HCV 5-6 (Community needs - Cultural values): Material shall not originate from areas where HCVs are present, unless there is evidence that confirms that local communities and Indigenous Peoples are engaged, and their requirements are met.	The organization has not fulfilled the requirements given in 4.11 a)- d)		
4.12	The organization shall implement control measures provided as mandatory in the applicable NRA, subject to 4.13.	1. Organization has not used mandatory control measures as provided in the NRA.		
4.13	The organization may replace mandatory control measures provided in the NRA with more effective control measures, under the following conditions: a) The organization demonstrates that control measures provided in the NRA are inadequate to mitigate risk found in the organization's specific operations; b) The organization demonstrates to the certification body that the alternative control measures are sufficient to mitigate the risk, and the certification body approves the alternative control measures; and c) The organization has, after approval by the certification body, forwarded a description of the alternative control measures, and justification for their use, to the body responsible for NRA maintenance (as defined in the NRA).	1. Organization has replaced mandatory control measures without meeting the requirements a)-c). *(non conformance of any of the requirements a)-c) would in itself trigger a major CAR).*		
4.14	The organization may use material as controlled material or sell it with the FSC Controlled Wood claim after adequate control measures have been implemented.	1. Organization used material as controlled material prior to implementation of adequate control measures to confirm the mitigation of risks . 2. 1. Organization has implemented control measures, but has sold the material as FSC Controlled Wood before verifying the effectiveness of the control measures to mitigate the risks.		

FSC-STD-40-005 V3-1 Corrective Action Request (CAR) Calibration sheet - PART 2 Quality Management System

Competence, documentation and records				
Clause	**Requirement**	**Major CARs (e.g.)**	**Minor CARs (e.g.)**	**Observations (e.g.)**
5.1	The organization shall appoint a management representative to be responsible for the organization's conformity with all applicable requirements of this standard.	1. No management representative appointed who is responsible for the organization's conformity with applicable requirements. 2. Management representative appointed, but he/she is only responsible for certain elements of the FSC-STD-40-005 V3-1 standard.	1. Organization has appointed a management representative, but he/she was not aware of the range of responsibilities associated with the conformance with applicable requirements.	1. Organization has multiple representatives - each responsible for a specific work function related to specific requirements of the standard. Possibility that there might be a lack of co-ordination between the representatives and lead to lapses in implementation.
5.2	All relevant staff shall demonstrate awareness of the organization's procedures, and competence in implementing the applicable requirements of this standard.	1. Relevant staff are not aware of the organization procedures with regard to the implementation of the standard/ demonstrated poor awareness of the organization's procedures. 2. The organization has designated relevant staff to implement organizational procedures. However, although the staff are aware of the procedural requirements, they are not aware of how they are relevant w.r.t. the requirements of the standard.	1. Only a few staff demonstrated awareness of the organization's procedures, however, the rest of the relevant staff were not aware of implementing the applicable requirements. 2. The organization did not have a means of verifying the competence of the relevant staff in implementing the applicable requirements.	1. Relevant staff were aware of the organization's procedures, and were competent in implementing them. However, they did not have the authority to make changes to the procedures, nor to amend the actions in case of problems in implementing the applicable requirements.
5.3	The organization shall implement documented procedures covering all applicable requirements of this standard.	1. The organization has not documented all relevant procedures covering the applicable requirements of the standard. Many of the procedures exist only as oral work instructions. 2. Although the organization has documented all relevant procedures, a number of them are not being implemented.	1. The organization has documented all procedures, however, they have not been updated since the last internal audit/CB audit.	1. Organization has documented all relevant procedures. However, they are not accessible to staff responsible for implementation. 2. Documented procedures are in a language that the implementing staff are not familiar with.
5.4	The organization shall maintain records and documentation demonstrating its conformity with this standard, and ensure that they are readily available to the certification body.	1. The organization does not maintain records and documentation demonstrating conformity with the requirements of the standard. 2. The organization's procedures state that they maintain all relevant records and documentation demonstrating conformance, but they were not able to provide the records for review to the auditors.	1. The organization has maintained records and documentation, however, some of the documents requested during the audit were not readily available at the time of the audit and were presented later. 2. The organization does not have guidelines or procedures on what records to maintain and what documentation is to be maintained.	1. The organization does not have a system for document storage or retrieval and/or guidelines on how long a document will be stored, where and how. There is a danger that due to carelessness, many relevant documents may be lost/damaged, which might lead to non-conformity at a later date.
5.5	The organization shall retain all relevant records for a minimum of five (5) years.	1. The organization does not retain relevant records for five (5) years.	1. The organization does not have a defined document retention policy. 2. The concerned personnel are not aware of the requirement to retain all relevant records for 5 years.	1. The organization does not know which records need to be stored for the 5 year period and which need not be. As a result there is a surfeit of documents and it is difficult to trace the relevant documents.

Publicly available information				
Clause	**Requirement**	**Major CARs (e.g.)**	**Minor CARs (e.g.)**	**Observations (e.g.)**
6.1	The organization shall provide a written summary of its DDS to the certification body. The written summary shall include the following information: a) A description of the supply area(s) and respective risk designation(s); b) Reference to the applicable FSC risk assessment; c) The organization's own risk assessment (excluding confidential information); d) The procedure for filing complaints; and e) Contact information of the person or position responsible for addressing complaints.	1. Failure to provide information required to be publicly available as provided in a)-e). (*non conformance of any of the requirements a)-e) would in itself trigger a major CAR*). 2. The publicly available information only lists the risk related to origin, but they do not provide information on the risk of mixing. 3. One of the missed item under 6.1 is completed missing.	The public Information is available with limited number of inaccu	1. Information required in the written summary is provided to the CB as links to external content. While this does not in itself cause a problem, in case the link does not work, it would trigger a non-conformity.
6.2	For material sourced from areas not designated as low risk for the origin of material, the written summary of the DDS shall also include: a) The control measures implemented by the organization for each indicator not designated as low risk in the applicable risk assessment; b) The organization's summary of the consultation process(es) performed according to Annex B, if applicable; c) Information on the engagement of one or more experts in the development of control measures, if applicable; NOTE: For individual experts this includes the names of the experts, their qualifications, their license/registration numbers (if applicable), and the scope of their services. For publicly available expertise, the specific sources of information shall be cited. d) A summary of the organization's findings from field verification undertaken as a control measure, if applicable, and steps taken by the organization to address identified non-conformities where they occurred, unless confidential. The organization shall provide a justification for the exclusion of confidential information.	1. Failure to provide information required to be publicly available as provided in a)-d). (*non conformance of any of the requirements a)-d) would in itself trigger a major CAR*). 2. The organization has not provided justification for the exclusion of confidential information.	1. Organization has not provided information on how it is verifying the adequacy and effectiveness of the control measures to mitigate risks. The public information is available but with limited number of inaccuracies.	

Stakeholder input and complaints				
Clause	**Requirement**	**Major CARs (e.g.)**	**Minor CARs (e.g.)**	**Observations (e.g.)**
7.1	The organization shall develop and implement a documented procedure to handle comments and complaints from stakeholders that are related to its DDS.	1. Absence of, or failure to implement, a complaint procedure to handle comments and complaints from stakeholders that are related to the DDS. 2. The organization has a complaints procedure, but it is not documented.	1. The organization has a generic complaints procedure, however it is not specific enough to the DDS.	1. Organizational personnel are not aware of the responsible person for addressing complaints. 2. The complaints procedure is not easily accessible.
7.2	The procedure shall include mechanisms (unless otherwise stated in the applicable NRA) for: a) Acknowledging receipt of complaints; b) Informing stakeholders of the complaint procedure, and providing an initial response to complainants within a time period of two (2) weeks; c) Forwarding complaints related to risk designations in the relevant FSC risk assessment to the responsible body d) Conducting a preliminary assessment to determine whether evidence provided in a complaint is or is not substantial, by assessing the evidence provided against the risk of using material from unacceptable sources; e) Dialogue with complainants that aims to solve complaints assessed as substantial before further actions are taken; f) Forwarding substantial complaints to the certification body and relevant FSC National Office for the supply area within two (2) weeks of receipt of the complaint. Information on the steps to be taken by the organization in order to resolve the complaint, as well as how a precautionary approach will be used, shall be included with the complaint; g) Employing a precautionary approach towards the continued sourcing of the relevant material while a complaint is pending; h) Implementing a process (e.g. field verification and/or desk verification) to verify a complaint assessed as substantial by the organization, within two (2) months of its receipt; i) Determining the corrective action to be taken by suppliers and the means to enforce its implementation by a supplier if a complaint has been assessed and verified as substantial. If a corrective action cannot be determined and/or enforced, the relevant material and/or suppliers shall be excluded by the organization; j) Verifying whether corrective action has been taken by suppliers and whether it is effective; k) Excluding the relevant material and suppliers from the organization's supply chain if no corrective action is taken; l) Informing the complainant, the certification body, and the relevant FSC National Office of the results of the complaint and any actions taken towards its resolution, and for maintaining copies of relevant correspondence; and m) Recording and filing all complaints received and actions taken.	1. The organization's complaint processing procedures do not address the elements a)- m) as required by the standard. (NOTE: *absence of a particular element among a)-f) might not in itself trigger a major CAR. Non conformance of a single requirement among a) -f) can be considered a minor CAR provided all the other requirements are in conformance.* *However, non-conformance to any of the requirements of g) - k) would trigger a major CAR*). 2. The organization has incorrectly identified a complaint as 'non-substantial'.	1. The organization has not established/determined the responsible person who will receive the complaint and act on it as per the procedures provided in 7.2 a)-m). 2. The outcome of the complaint has not been recorded/updated in the DDS.	1. The organization has not documented in its procedures how the successful resolution of a complaint and/or the results of the verification of a compliant would be considered in the annual review of the DDS.

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Competence, documentation and records				
Clause	**Requirement**	**Major CARs (e.g.)**	**Minor CARs (e.g.)**	**Observations (e.g.)**
ADVICE-40-005-22	1. An NRA approved according to FSC-PRO-60-002 V2-0 ('old NRA') remains valid until replaced by an FSC risk assessment approved according to FSC-PRO-60-002 V3-0, but no longer than until 30 June 2019. 2. If an 'old NRA' is not replaced by the FSC risk assessment approved according to FSC-PRO-60-002 V3-0 by 30 June 2019, the area covered in the 'old NRA' becomes unassessed area. Organizations sourcing material from this area will be required to develop extended company risk assessments (ECRA) instead. NOTE: As per Clause 3.2 of FSC-STD-40-005 V3-1, organizations shall have a 6-month transition period to adapt their DDS to the NRA approved according to FSC-PRO-60-002 V3-0 and replacing the 'old NRA', unless an extension of 2 months is justified and approved by the certification body.	1. The organization continued to use 'old NRA' after 30 June 2019, even though the NRA was not approved by that date. ***Currently this Advice Note is no longer valid since all countries where an NRA was scheduled have now approved NRAs.***		
ADVICE-40-005-23	1. For all countries and regions where an FSC risk assessment was scheduled by 30 December 2017, organizations sourcing material from these areas can continue to use company risk assessments in their DDS, but not beyond 30 June 2019 (unless as per Clause 3.2 of FSC-STD-40-005 V3-1). 2. If an FSC risk assessment according to FSC-PRO-60-002 V3-0 is not approved for these countries and regions by 30 June 2019, these areas shall subsequently become 'unassessed areas'. Organizations continuing sourcing material from these areas after this date are required to have extended company risk assessments (ECRA) in place for their DDS. NOTE: As per Clause 3.2 of FSC-STD-40-005 V3-1, the organization shall adapt its DDS to use FSC risk assessments within six (6) months of the date of FSC risk assessment approval by FSC, unless an extension is justified and approved by the certification body.	1. The organization continued to use company risk assessments after June 30 2019 instead of extended company risk assessments even though the FSC risk assessment was not approved by 30 June 2019. ***Currently this Advice Note is only applicable for e***		
ADVICE-40-005-24	1. Certification bodies shall verify the implementation of the mandatory control measures specified in the US NRA for controlled wood categories 3 (Wood from forests in which HCVs are threatened by management activities) and 4 (Wood from forests being converted to plantations or non-forest use). However, they are not required to verify the effectiveness of the actions identified as part of the mandatory control measures. NOTE: Certification bodies are required to fully conform to the Advice Note and will not receive any corrective action request (CAR) from Assurance Services International (ASI) for not verifying the effectiveness of the mitigation measures for Controlled Wood categories 3 and 4. However, if they do identify critical gaps in risk mitigation arising out of the landscape approach, they should report this to PSU and FSC-US.	1. The organization does not implement the mandatory control measures specified in the US NRA for controlled wood categories 3 and 4.		