



# Introduction

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## 1. Introduction

trustea, the India sustainable tea program is an initiative of the Indian tea industry to develop and implement a sustainability code for the Indian domestic market. This initiative to transform the Indian tea industry is based on industry realities and globally accepted core sustainability principles. This meaningful, cost-effective and practical code is rooted in realities of the Indian tea industry as well as its domestic market.

It is envisioned that compliance with trustea Code will not only improve competitiveness for tea farms, but also make it possible for them to comply with national regulations, international sustainability standards. Verification under the code provides consumers with the assurance of responsible production, and provides producers the opportunity to credibly demonstrate this to their customers.

The program is jointly funded by The Sustainable Trade Initiative (IDH), Hindustan Unilever Limited (HUL), Tata Global Beverages Limited (TGBL) and Gujarat Tea Processors & Packers Ltd. (GTPP). Solidaridad and Ethical Tea Partnership (ETP) are the implementing partners. Rainforest Alliance (RA) is the technical advisor. Tea Board of India supports the program and is of the view that effective implementation of the trustea program will significantly improve the social and economic conditions of the tea industry, besides protecting the environment. As a result, consumers will be assured of getting a safe and good quality cup of tea. Thus, securing long-term sustainability of the Indian tea industry will benefit all the stakeholders of the tea industry.

The India-specific trustea Code has been developed from the industry, by the industry and for the industry.

Effective code implementation will provide sustainable tea to a rapidly growing community of discernible Indian tea consumers.

IDH acts as the program coordinator. It aims to convene key stakeholders in the industry in close collaboration with the Tea Board of India to drive behavioral change in the Indian tea industry and institutionalization of sector-wide cooperation.

The lead implementer Solidaridad in conjunction with ETP is responsible for the co-ordination, facilitation and overall supervision of code development and program implementation. The activities comprise resource allocation, budget management, subcontracting, farmer support center management and verification processes.

## 2. The purpose of the document:

This audit protocol specifies requirements for certification bodies, auditors, internal auditors, internal documentation system (IDS), managers and other interested parties on procedures for trustea audit. Observance of these requirements is intended to ensure that certification bodies operate the management system of trustea verification in a competent, consistent and impartial manner, thereby facilitating the recognition of such bodies and the acceptance of their certificates.

The purposes of the trustea audit protocol are as follows:

- Explain the structure and process of verification according to the trustea Code
- Provide guidance to the producers and factories as well as tea packers on the procedures to be followed.
- Lay down the rules of achieving and maintaining verified status
- Elaborate on the audit process and different audit cycles pertaining to trustea
- Describe general rules of farm and group verification procedures
- Lay down the conditions which necessitate withdrawal of verified status
- Lay down procedures for segregating trustea-verified tea from the non-verified tea
- Describe procedures for approving certification bodies (CBs), the required qualifications of their lead auditors, auditors and the reporting obligations for CBs.
- Lay down the process by which a farm or a group could add or remove members within the verified facility

The trustea Secretariat and the trustea Programme Committee (TPC) have the overall authority for issuing and amendment of the content and requirements stated in this document.

## Abbreviations

Full Name	Abbreviation
Bought Leaf Factory	BLF
Certification Body	CB
Code Development Committee	CDC
Control Points	CP
Estate Factory	EF
External Verification Audit	EVA
Farm Support Centres	FSC
Internal Audit	IA
Internal Documentation System	IDS
Mandatory Control Points	MCP
Monthly operation Meeting	MoM
Minimum Wage	MW
Other Control Points	OCP
Pollution Control Board	PCB
Provident Fund	PF
System Assurance Audit	SAA
Self Help Groups	SHGs
Small Tea Growers	STGs
Trustea Advisory Committee	TAC
trustea Programme Committee	tPC
Verification Certificate	VC
Verified Organisation	VO
Zero tolerance Control Points	ZTCP





# Trustea Verification Scheme

Version: II  
January 2015  
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## PART I General Regulations - Certification Process





## Table of Contents

---

1	General .....	1
1.1	Purpose .....	1
1.2	Scope .....	1
2	Registration and Acceptance of Organisations .....	1
2.1	General .....	1
2.2	Registration with the trustea Scheme .....	1
3	Assessment Process.....	2
3.1	Types of Assessments and Assessment Cycle .....	2
3.2	Scope of Assessments and Verification Requirements .....	2
3.3	Internal Documentation System (IDS).....	5
3.4	Compliance with the trustea Code .....	5
3.5	External Verification Audit .....	7
3.6	Internal Audit .....	7
3.7	Control Audits .....	8
3.8	Audit Timing and Team Composition .....	8
3.9	Checking of Audit Results by the trustea Secretariat.....	9
4	Verification Process .....	9
4.1	General .....	9
4.2	Renewal of Verification .....	10
4.3	Verification status .....	11
4.4	Non-Conformance .....	11
4.4.1	Types of non-conformities .....	11
4.4.2	Improvement Plans.....	11
4.4.3	Corrective Action .....	12
4.5	Sanctions .....	12
4.5.1	Warning .....	12
4.5.2	Cancellation of verification .....	13
4.6	Appeals against Certification Body decisions.....	13
4.7	Extension of Scope under an Existing Verification Certificate .....	14
4.8	Change of Location, Ownership or Name .....	14
4.9	Verification Certificate.....	14
5	Use of the trustea word mark and logo .....	15
	Annexure I .....	16
	Annexure II .....	17



## **VERIFICATION SCHEME FOR TRUSTEA: GENERAL REGULATIONS, PART 1, VERIFICATION PROCESS**

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### **1 General**

#### **1.1 Purpose**

To ensure an objective assessment and verification of adherence to trustea requirements at the tea estates, Bought Leaf Factory (BLF) and small tea growers, and to promote uniformity in the operation of the verification scheme and the interaction between the certification bodies (CBs) and the clients (tea producers, tea factories and small tea growers) seeking verification.

#### **1.2 Scope**

1. Organisations opting for a trustea Verification Certificate can be single estates, multiple estates of a single owner, Bought Leaf Factories (BLFs) and their associated producer base, multi-site operators with multiple estates, a mix of estates and BLFs, tea processors and their associated producer base.
2. trustea verification covers all land managed or used by the Verified Organisation in conjunction with tea production, whether owned, rented or leased. This explicitly includes, but is not limited to:
  - a) Tea gardens
  - b) Fallow lands within property limits
  - c) Infrastructure within the property limits, including but not limited to housing, roads, offices, warehouses and store rooms
  - d) Owned or leased infrastructure outside the property but closely connected to the activities covered in the scope, e.g. collection centers.
  - e) Processing or packaging plants covered under trustea audits
  - f) All workers working on the farm, regardless of their category (permanent, temporary, as well as the bona fide dependents who live inside the farm.

### **2 Registration and Acceptance of Organisations**

#### **2.1 Verified organizations must meet the following criteria:**

- 1) They must be a legal entity
- 2) They must run a single internal documentation system (IDS) for all producers, estates, BLFs (including their associated producer base) that will be included in the scope of the trustea Verification Certificate.

#### **2.2 Registration with the trustea Scheme**

Organisations may apply to register with the trustea Secretariat through its website, by sending an email to [trustea.kolkata@gmail.com](mailto:trustea.kolkata@gmail.com) or through regular mail to trustea Secretariat, C/O, Solidaridad, 158/5, Prince Anwar Shah Road, Kolkata-700045, Telephone +91 033-40602209, Fax +91 033-4060 2206. The website will have all relevant material for registering with the trustea Secretariat. The applicants will also get a list of Certification Bodies (CBs) empaneled with trustea Secretariat. Applicants need to submit a complete registration form to the trustea Secretariat (via above address or e-mail address), containing all required information. The Registration form can be found online at [<http://www.trustea.org/joinUs.php>]

Once the trustea Secretariat has reviewed the application form for completeness, it will issue a unique client number, which will be used as an identifier for all verification activities.

Once registered with trustea Secretariat, the Organisation can download the trustea code book, implementation guide and other supporting documents. In case the Organisation needs support, it can contact Solidaridad-supported trustea Farm Support Centers (FSC) located in Assam (Tinsukia), West Bengal (Siliguri) or Tamil Nadu (Coonoor) for an orientation programme on the use of the Implementation Guides in the process of conducting an internal audit.





## VERIFICATION SCHEME FOR TRUSTEA: GENERAL REGULATIONS, PART 1, VERIFICATION PROCESS

Registered Organisations must inform the trustea Secretariat (and if they already hold a Verification Certificate also the CB) about any change in the registration information within six weeks of the change. Special rules apply for change of scope and change of name, location and ownership of the organisation (see section No. 4.7 & 4.8)

### 3. Assessment Process

#### 3.1 Types of Assessments and Assessment Cycle

1. Types of Assessment: There are three types of Assessments in the trustea scheme:

- a) External Verification Audits ("External Audits"): The assessments that check an Organisation's compliance with the trustea Code verification requirements in order to get a Verification Certificate, carried out by a Certification Body (CB) every other year (starting from year 1, then year 3 etc.)
- b) Internal Audits ("Internal Audits"): The verified organisation's annual formal self-assessment against the trustea Code Verification Requirements during the years not due for external verification audit.
- c) System assurance audit (SAA) : Assessments by trustea Secretariat by engaging external auditors who are not empaneled with Secretariat for carrying out regular verification audit.
  - i) evaluate continued adherence to the trustea code norms by the verified organisations,
  - ii) checking the quality of verification audit done by the concerned CB or
  - iii) checking a specific issue at a verified organisation outside the regular audit schedule, such as suspicion of non-compliances.

System assurance audit will be managed by the trustea secretariat, and a random sample of verified estates or BLFs and their associated supply base shall be selected for the audit.

2. Assessment Cycle: Under the trustea scheme, verified organisations are audited once a year. Audits alternate between external and internal audits: Years 1, 3, 5 etc. are audited externally, years 2, 4, 6 etc. internally. Before the first external verification audit, the organisation is required to conduct gap assessment with the help of FSC. The gap assessment is for diagnostic purposes and does not yet lead to verification.

#### 3.2 Scope of Assessments and Verification Requirements

##### 3.2.1. Extent:

All External and Internal Audits will cover the entire operation of the Verified Organisation that will be covered by the Verification Certificate, and are to conform compliance with the entire trustea Code (i.e. all applicable mandatory and other control points). Control audits may be full or partial(see 3.7.1)

##### 3.2.2. Assessments shall include visits to all key components of the operation, at a minimum

- a) Tea growing sites
- b) Tea storage areas
- c) Factories (if any)
- d) Worker housing, sanitation, medical facilities, creches and primary education for children, (if any)

##### 3.2.3. Content of the Assessment: All Assessments need to check:

- a) That the Verified Organisation's registration information, as held by the trustea Secretariat, is complete, current and accurate
- b) The Verified Organisation's internal documentation system (IDS)

## VERIFICATION SCHEME FOR TRUSTEA: GENERAL REGULATIONS, PART 1, VERIFICATION PROCESS

- c) That the Verified Organisation, and all its sub-entities in case of a group, conform to the trustea code itself and achieve the required level of compliance
- d) Review of the results of the previous assessment, especially any non-conformities
- e) Handling and disposal of non-conforming products, if any
- f) Redressal of complaints, if any.

### 3.2.4. Minimum length of audit period:

The period of audit (number of days to be devoted for verification audit) shall vary according the size of the organization (area under tea and the number of workers employed). However, the minimum number of days shall not be less than the one indicated in the table below:

#### 3.2.4.1

Sl. No.	No. of Workers (Temporary + Permanent)	Tea garden Area (in Ha)	Audit man days
1.	Upto 100	Upto 50	1
2.	101 to 500	51 to 250	2
3.	501 to 1000	251 to 500	3
4.	1001 to 2000	501 to 1000	4
5.	Above 2001	Above 1001	4

#### 3.2.4.2. No. of STGs to be verified and the minimum number of audit days in the case of BLFs or Estate factories sourcing green leaf from small tea growers.

Sl. No.	No. of STGs	Sq. root	Audit Man days		
			For Factory	For STGs	Total
1.	Upto 50	7	0.5	1	1.5
2.	51 to 200	14	0.5	2	2.5
3.	201 to 400	20	0.75	2.75	3.5
4.	401 to 1000	31	0.75	4.25	5.0
5.	Above 1001	31	0.75	4.25	5.0

#### 3.2.4.3. Group Verification : While random sampling by square root method for identification of the growers for verification audit the small growers owning less than 10.12 ha are to be separated from the large growers owning more than 10.12 ha as the latter to comply with PLA.

### 3.2.5. Interviews:

Assessments shall include interviews in order to identify potential issues to be followed up during the course of the audit and triangulate information gathered throughout the Assessment. Interviewees shall, at a minimum, comprise:

- a) Small holder farmers, if any
- b) Both permanent and temporary workers in field and factory, if any
- c) The Verified Organisation's trustea officer
- d) A representative of the senior management



## VERIFICATION SCHEME FOR TRUSTEA: GENERAL REGULATIONS, PART 1, VERIFICATION PROCESS

- e) Another two appointed Responsible Persons for two of the following key aspect of the operation: product quality and safety; worker health and safety and labour rights; pest management; environmental protection.
- f) A trade union representative, if any
- g) the welfare officer, if any
- h) a member of the medical staff, if any

50% of interviewees shall be women and women should be interviewed by female auditors.

Interviewees should be selected by the auditors only and non-management interviews should take place where the interviewee feels comfortable and not in the presence of management.

Interviewees for b should consist of a variety of roles, such as pluckers, drivers, security guards, sprayers, and maintenance workers from across different sections of the organization. The sample from these groups should also include workers from high risks categories such as younger, older, injured, and pregnant and nursing mothers.

### 3.2.6. No. of persons to be interviewed :

Depending on the number of workers engaged in the organisation, the minimum number of persons to be interviewed shall not be less than the ones indicated in the table below; Workers should be interviewed both individually and in groups

Audit man day	Number of workers (excl. management)	Individual interviews	Total employees Interviewed
1	1-100	6	10
2	101-500	6	26
3	501-1000	12	42
4	1001-2000	20	52
	Above 2000 workers is capped at 4 man days, but can be increased at the discretion of CB		

Interviews should at least last 5 minutes per interviewee. With the exception of senior management staff, it should be made clear to interviewees that their identity will be kept confidential and information they provide will not be attributable to them. The Auditor shall document, for their internal records only, all interview partners with name and position; time, date and duration of the interview; a few notes from the interview; and for c) to e) signature of the interviewee.

### 3.2.7. Opening and closing meeting:

External Audits shall start with an opening meeting with Senior Management of the VO. In the absence of the Senior Management, it could be with the designated trustea officer of the VO. On completion of the assessment a closing meeting shall be held with senior management and non-conformities identified during the assessment if any should be reviewed. In case of internal Audits it shall be with senior management.

Notes from the opening and closing meeting shall be included in the Assessment documentation and it shall be signed by a representative of the senior management or the trustea Officer as the case may be.



## VERIFICATION SCHEME FOR TRUSTEA: GENERAL REGULATIONS, PART 1, VERIFICATION PROCESS

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### 3.3 Internal Documentation System (IDS)

1. Verified Organisations must have an Internal Documentation System (IDS). An IDS is an information management and record keeping system by the verified organization which can demonstrate to auditors that its management controls cover all processes that are subject to trustea rules. If the Verified Organisation comprises a group of entities then it must run the IDS on behalf of all of those individual entities.
2. If the Verified Organisation is a group of entities or individual farmers, the IDS shall comprise as a minimum:
  - a) An organogram or explanation of how the group is organised, with roles and responsibilities of key staff and governance structures for the group
  - b) Approval of new members
  - c) Documenting at any point in time (a) which entities or farmers are included in the Verified Organisation and (b) what production areas and processing facilities are included;
  - d) Individual members' deliveries and sales of the Verified Organisation
  - e) Group member record keeping requirements
  - f) Records of Internal Audits; and
  - g) Internal mechanisms for dealing with non-conformities with the trustea Code, sanctions and appeals.
3. In the case of groups, farmers and estates of a considerably different production system (in size, nature or geography) can be covered under the same IDS but shall be audited in sub-samples with homogenous attributes.
4. During the Assessment the Auditor shall satisfy him or herself that the IDS:
  - a) Exists to the extent of the above minimum requirements
  - b) Is well-managed and up-to-date
  - c) Contains accurate, unequivocal information that is internally consistent and in line with the information that the Auditor observes in the Verified Organisation's operations throughout the audit.

### 3.4 Compliance with the trustea Code

#### 1. Checklist:

CBs and verified organisations shall use checklists, based on the full trustea Code, for all their trustea Assessments. The trustea Secretariat may from time to time issue its own checklist, plus rules for the use of such checklists (e.g. whether its use is mandatory or for guidance only).

#### 2. Types of Control Points:

The trustea Code has three types of Control Points (CPs) highlighted in different colours within the code as under:

1. Zero tolerance (ZTCP) - highlighted in red colour
2. Mandatory (MCP) - highlighted in amber colour
3. Other CPs (OCP) - highlighted in green colour

Compliance levels are based on progressive improvement over three years in each section as follows :

Year 1 : 100% ZTCP + MCP & 50% of OCP

Year 2 : 100% ZTCP + MCP & 65% of OCP

Year 1 : 100% ZTCP + MCP & 80% of OCP



## VERIFICATION SCHEME FOR TRUSTEA: GENERAL REGULATIONS, PART 1, VERIFICATION PROCESS

### 3. Sections:

For assessing compliance, the chapters of the trustea Code are grouped into four sections as follows:

Sections I: Chapters 1 and 2

Section II: Chapters 3 to 6

Section III: Chapters 7 to 9

Section IV: Chapters 10 and 11

The minimum compliance levels for the Other CPs of 50%, 65% and 80%, respectively, need to be met per section. An organisation that fails to meet the minimum compliance level in one section cannot be verified. The total compliance percentage points (Mandatory and Other Criteria) in year 1 must not be less than 82%, in year 2 : 88% and in year 3 : 93%. Further, there will be 0.5 marks for minor non compliances if the auditors can assure that the unit is progressing towards full compliance. An organisation that fails to comply with the ZTCP shall not be eligible for VC for one year from the date of verification audit scored.

### 4. The trustea Scoring Policy:

On the Checklist, (see sub section 1 of section 3.4) compliance with each CP is marked as follows

- Mandatory CPs are either 'pass', scored with 1; or 'fail', scored with 0. There is no partial fulfilment of mandatory CPs, i.e. 0.5 marks cannot be. Anything but full compliance is scored as 'failed' in case of a mandatory CP (see the table below for reference).
- Other CPs can be 'fully met', scored with 1; 'partially met' (in case of a minor non-conformity, see 4.4.1), pro rata as per the applicable sub-criteria points; or 'failed' (in case of a major non-conformity), scored with 0 (see table below for reference).
- Not Applicable: If a CP, mandatory or other, is not applicable for the Verified Organisation's operation, then this is indicated in the comments column (see the code booklet), along with the reasons or evidence for non-applicability. Non-applicable CPs are excluded from the calculation of compliance levels.

Audit finding	Score (Mandatory CPs)	Score (Other CPs)
Compliance	1	1
Minor non-conformity	0	0.2 or 0.25 or 0.33 for each of the applicable sub-criteria point
Major non-conformity	0	0
Not applicable	Taken out of overall numbers with explanation	Taken out of overall numbers with explanation

### 5. Total score:

Scores for all mandatory CPs and all other CPs will be added up separately. Dividing this sum between the numbers of applicable CPs of the trustea code will be used to arrive at percentage compliances for mandatory and other CPs. The auditors will check on the applicability of all control points.

- Evidence and comments shall be provided for each CP and must be suitable to enable the audit trail to be reviewed after the event, and will include details of references taken during the audit. During all assessments, auditors must make records of the evidence seen for all applicable CPs

## VERIFICATION SCHEME FOR TRUSTEA: GENERAL REGULATIONS, PART 1, VERIFICATION PROCESS

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### 3.5 External Verification Audit

1. The Organisation's chosen Certification Body (CB) will conduct the External Audit.

In case of group verification, the CB audits a sample of group members, as described in Clause 11.2 of Part 2 of the General Regulations.

The first External Verification Audit shall take place only after all necessary corrective actions from the Gap assessment have been closed out and the VO has been issued with gap closure certificate. The CB shall share with trustea secretariat the audit plan at least two weeks prior to the proposed date of audit and obtain confirmation that the entity is holding the gap closure certificate.

### 3.6 Internal Audit

1. General: An Internal Audit must be carried out at least four weeks before the expiry of twelve months from the date of issue of the verification certificate. It will be carried out as a self- assessment under the responsibility of the verified organisation.

The self-assessment shall be against the complete checklist

In case of group verification a minimum of one inspection must be carried out every year against the full checklist for each member of the group.

2. Informing the Certification Body and the trustea Secretariat:

The organisation shall notify the CB, copying the trustea secretariat, of the planned internal audit date and audit plan at least one week before the starting the audit. Once completed, the completed checklists must be submitted to the organisation's CB, copying the trustea secretariat, within two months.

- 2a. The concerned CB on receiving the internal audit report shall review the same and inform the organisation as to the acceptance or otherwise of the report and the Secretariat shall be kept informed to that effect. In the event of internal audit report was found to be not acceptable, (not reaching the minimum score required for the given year) the CB shall advise the organization to carry out the required corrective actions and submit the report within the specified time period.

- 2b. Failure to carry out internal audit within due time and forward the internal audit report to the CB within two months or if the internal audit is delayed more than three months from the due date, the verification certificate shall be withdrawn by the CB.

3. Internal Auditors:

Internal Audits must be carried out by qualified internal auditors or subcontracted to an external certification body, different from the certification body responsible for the external verification audits.

Internal auditors shall have at least the following qualifications:

- i. Five years of experience in the tea industry; plus
- ii. At least one of the following
  - a. Three years of experience in a quality control role in food or agriculture; or
  - b. Having attended trustea internal auditor trainings

4. First Internal Audit / GAP Audit:

The first Internal Audit / GAP Audit shall be conducted within one month after registration with trustea (i.e. one month after receiving the unique trustea number). No External Audit may be conducted before all corrective actions from the first Internal Audit are closed out.

## VERIFICATION SCHEME FOR TRUSTEA: GENERAL REGULATIONS, PART 1, VERIFICATION PROCESS

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### 3.7 System Assurance Audits (SAA)

1. The trustea Secretariat may at any time carry out System Assurance Audits, and on annual basis the trustea Secretariat will select a random sample of verified organisations in which to conduct System Assurance Audits. System Assurance Audits may also result from complaints to the trustea Secretariat or CB about the certificate holder by relevant stake holders.

System Assurance Audits can be:

- i. Full (against the entire trustea code and covering the entire verified organisation) or partial (against parts of the trustea code of limited to certain parts or aspects of the Verified organisation's operation); and
- ii. Announced or unannounced.

System Assurance Audits can take two forms:

- i. Non-Programmed Audits: independent re-audits carried out by the trustea Secretariat or its appointed auditors
  - ii. Shadow Audits: a regular external or internal audit that is accompanied by a trustea officer or appointed agent.
2. System Assurance Audits can also result from complaints about the certificate holder by other parties to the CB, e.g. the government or NGOs.
  3. The timing for System Assurance Audits must keep in view the Production season to coincide the visit with plucking time as far as possible.
  4. Any non-conformities will be treated like non-conformities found in regular audits and the same processes, time lines and consequences apply as for non-conformities found in regular audit.

### 3.8 Audit Timing and Team Composition

#### 1. Audit timing:

The timing for all Assessments (Internal, External and Control) should take place during active production and when both permanent and temporary staff are available for interviews

Timings and date of External Audits shall be fixed with the consent of the applicant organisation ensuring that normal operations will be open for witnessing during the planned Audits.

Alternative timing options may be followed where audit during production time is not possible, however this should be avoided and appropriate justification should be documented and maintained by the CB. Where audits take place outside of production, this should be noted in the audit report along with a summary of the impact on the audit. Practically, audit of records and visual evidence requires that the audit must take place as close to harvest as possible, for the evaluators to verify as many control points as possible. If an External Audit takes place outside of production time, the next External Audit must take place during production and assess any CPs that could not be evaluated in the previous External Audit.

#### 2. Audit team composition:

The Certification Body shall communicate the composition of the team of auditors and duration of Audit to the trustea Secretariat and the applicant at least three weeks before the planned audit date. Where the audit man days are two and more, the audit team shall consist not less than two auditors CBs shall endeavour to include female auditors so that woman workers are interviewed only by the female auditors.

#### 3. Appeals against audit timing and team composition

Until two weeks before the planned audit date, the applicant may raise any concerns about timing or the assigned auditors (e.g. suspected conflict of interest) in writing to both the trustea Secretariat and the CB explaining in detail the nature of their concern, along with any evidence. The normal appeals procedure

## VERIFICATION SCHEME FOR TRUSTEA: GENERAL REGULATIONS, PART 1, VERIFICATION PROCESS

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applies (see Section 4.6). An appeal does not change the set audit date or team composition until it is either revoked by the CB or the matter is escalated to the trustea Secretariat by either party. Organisation and CBs are encouraged to find solutions bilaterally.

### 3.9 Checking of Audit Results by the trustea Secretariat

#### 1. Random inspections:

Every year the trustea Secretariat will randomly inspect a number of internal and external Audits. The purpose is to ensure consistency in the quality of auditing across the trustea programme. In cases where the inspections uncover non-conformities, or insufficient implementation of previously closed out corrective actions, the trustea Secretariat may ask the CB to re-audit or put the verified organisation's status to 'verification pending'.

2. The trustea Secretariat will also use the random inspections to feed back to the CBs on the quality of the audit reporting, inform training needs and identify areas for improvement in the audit approach. In cases where audit reports are not of a sufficient standard, the trustea Secretariat will contact the CB.

The number of audits the Secretariat will check is determined by the trustea programme committee (tPC), or a committee entrusted with such reviews by the trustea programme committee (tPC).

## 4 Verification Process

### 4.1 General

#### 1. Contracting:

A written contract is established between the applicant organisation and the CB depicting the fees, timeframe, dates and the scope of the audits. The applicant Organisation as well as the CB inform the trustea Secretariat and shares a copy of the contract.

#### 2. Application for verification:

- a) Organizations shall apply to the CB in the application format prescribed by the CB, and provide, as a minimum, information on its name, unique reference number and contact details.
- d) The CB shall respond to all enquiries received from organisations regarding their application within seven days of receipt of the query.

#### 3. Granting of verification against the trustea code:

- a) The applications found to be complete and supported with all documents shall be accepted and registered in order of receipt with the CB's own unique identification number, acknowledged and records maintained.
- b) The CB shall grant verification certificate after ensuring complete compliance with the verification requirements and satisfactory close out of any corrective actions. There shall be no conditional grant of verification.
- c) Verification certificate is granted only against the latest versions of the trustea Code, verification requirements and scheme rules. The CB shall review all applications for the above to ensure that applicants are prepared for an audit against the latest requirements.
- d) The Verification Certificate shall be issued within 30 days of completion of the audit, unless corrective actions are noted, in which case the verification certificate shall be issued within 30 days of satisfactorily closing out the corrective Actions (see 4.4.3.1).

#### 4. Rejection of applications:

- a) CBs shall reject and close all applications for verification under the following conditions:
  1. Lack of competent personnel in the Organisation for handling trustea audit
  2. Organization shows no progress towards completion of corrective actions within three months of first audit





## VERIFICATION SCHEME FOR TRUSTEA: GENERAL REGULATIONS, PART 1, VERIFICATION PROCESS

3. Voluntary withdrawal of application.
  - b) Organizations that have earlier either violated the trustea Terms & Conditions or misused the Verification Mark or their affiliation with trustea, shall be banned from re-applying for one year from cancellation of the certificate by any CB.  

Applications from Organizations found to be misusing the Verification Mark or their affiliation with trustea while their application is being processed, shall not be processed any further, and rejected after a due notice of 15 days.
  - c) The trustea Secretariat reserves the right to reject or put on hold applications if it believes that the application may put the reputation of the trustea scheme at risk. The applicant can appeal against such a decision with the trustea Board.
  - d) Antecedents of applicant Organisations shall be checked. If punished under the law, or the earlier product verification had been cancelled, the application from the same Organization will not be entertained.
  - e) Applications from eligible Organisations whose previous applications have been withdrawn, stopped or rejected, shall be processed as fresh applications.
5. Notification to the Organization and issue of verification certificate: On granting verification the certification body shall inform the organization and issue a verification certificate, uniquely identified, indicating the names of the product verified, the verification requirements against which the verification has been awarded, effective date, expiry date, and the name and address of the organization as a minimum.
  6. Notification to the trustea Secretariat and records. The CB must fill in the audit report using the trustea software and upload it to the trustea portal within 15 days after the audit. The CB must give the results of the audit, and a summary report to the organization and trustea Secretariat within 30 working days after completing the audit. Based on audit outcome the CB will then issue a VC to the organisation in the format prescribed by trustea. The validity of the VC shall be two years from the date of issue of VC.  

The CB shall maintain records of all verification activities: application registration, documents provided by applicant, and on site audit reports for a period of five years after the audit.

### 4.2 Renewal of Verification

1. The CB shall send a renewal notice to the verified organisation at least four months prior to certificate expiration.
2. The Verified Organization should apply for renewal of verification at least three months before expiry of the verification.
3. The CB then carries out a full External Verification Audit, ideally at least four weeks before expiry of the old verification certificate.
4. When the performance of the verified organisation does not meet the verification requirements, the CB shall not issue a new verification certificate to the Organization.
5. The new verification certificate shall be effective from the date of the expiry of the old certificate provided the verification audit has taken place four weeks prior to expiry of the old VC.

In the event of audit takes place less than the prescribed period of 4 weeks prior to expiry of old VC, the intervening period gap between the expiry date of the old certificate and the start date of the new one, shall be treated as period of non-verification. During this period, the verified unit shall not claim verification or use the trustea logo, trademark, verification certificate, or any other type of document that has any relation to trustea verification or make any explicit or implicit reference that suggest it is trustea verified.



## VERIFICATION SCHEME FOR TRUSTEA: GENERAL REGULATIONS, PART 1, VERIFICATION PROCESS

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### 4.3 Verification status

Organisations will be classified as one of the following

1. Verified
2. Verification pending
3. Not verified.

Only verified organisations may use the trustea word mark and logo, in line with trustea rules. Organisations with a pending verification may not use the trustea word mark logo but may refer to their trustea status as “trustea verification pending” in written communication with their business partners.

### 4.4 Non-Conformance

#### 4.4.1 Types of non-conformities

1. Non-compliance with a requirement under the code will be termed as non-conformity.
2. Any non-conformity against a mandatory control point leads to a 'fail' of that CP and thereby failing to meet the verification requirements.
3. Non-conformities against other CPs are classified into major and minor non-conformities. An organisation conforms with other CPs if its requirements are (a) implemented to the full extent; and (b) across the entire organisation (in case of group verification across all members of the group).

In the case of other CPs, a non-conformity is

- 3.1. Minor, if the Code requirement is either not implemented to the full extent; or not implemented across the entire organisation (in case of group verification across all members of the group). In addition, there must not be any evidence that points towards failing management or control systems as the underlying root cause of the non-compliance.
- 3.2. Major, if the Code requirement is absent; or evidence points towards failing management or control systems as the underlying root cause of the non-compliance.

#### 4.4.2 Improvement Plans

1. In years 1 and 2 of the trustea verification the CB and organisation jointly draw up an improvement plan that details how the organisation will move from its current compliance level to the compliance level required for the following year (e.g. moving from 50% compliance with all other CPs in year 1 to 65% in year 2).

Verified organisations are to continue having an annual improvement plan beyond year 2, as part of good management practice and their ongoing efforts to improve sustainability.

2. The Improvement plan shall be specific, measurable, actionable and time-bound:

Specific: Listing specific actions to improve compliance with specific CPs in the trustea Code

Measurable: Leading to improvements that will increase the compliance level to the one required in the following year (or beyond)

Actionable: Concrete, as well as realistic in terms of time, competency and resources available to the verified organisation

Time-bound: Specific by when an improvement will be achieved, and where appropriate defining interim milestones

3. The CB checks that the organisation has achieved the improvements laid out in the improvement plan as part of the audit (in year 3) or when reviewing the internal audit report (in year 2)

## VERIFICATION SCHEME FOR TRUSTEA: GENERAL REGULATIONS, PART 1, VERIFICATION PROCESS

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### 4.4.3 Corrective Action

1. Instead of failing the audit, the CB can demand corrective action from the organisation before issuing the verification certificate in cases where minor non-conformities (see Section 4.4.1) prevent the organisation from meeting the required compliance level for a particular year. Corrective actions may also be mandated after the CB checks the results of the Internal Audit and after SAA and special investigations, whether initiated by the CB or the trustea Secretariat.
2. The CB registers the minor non-conformity and the required corrective action in the audit report.
3. If the same non-confirmity is found more than once in a three year period, a warning will be issued. (see 4.5.1). Corrective action can only be used once on the same Control Point in 3 consecutive years.
4. **Corrective Actions comprise the following steps :**
  - (i) investigation of cause (root cause analysis),
  - (ii) finding possible solutions,
  - (iii) monitoring of effectiveness.
5. **Corrective Actions can only be closed out as completed if:**
  - (a) the CB accepts the evidence presented by the organisation for following the three steps described in the previous paragraph; and
  - (b) the CB verifies implementation of the solution.

The Corrective actions shall be verified on site unless the CB can verify the same off-site
6. The CB sends a notice to the organisation and the trustea Secretariat whether it accepts the evidence or not within 7 days of receipt of the evidence.
7. The period for completing Corrective Actions is set by the CB and must not exceed three months or the expiry date of the current VC, whichever of the two is shorter.
8. In case the organisation does not complete satisfactorily all corrective actions within their allotted periods, the verification shall stand cancelled from the end of the first deadline for a corrective action.

### 4.5 Sanctions

#### 4.5.1 Warning

1. Both the CB and the trustea Secretariat can issue warnings. A warning is issued when a verified organisation
  - a) Does not conform with the same verification requirement on two consecutive external audits (External Verification Audits or Control Audits)
  - b) Is seen to misuse its affiliation with trustea, the trustea mark or logo, or behave in other ways that threaten the reputation of trustea or its other members.
2. A warning is delivered to the verified organization by the trustea Secretariat in writing detailing the reason for the warning. If the warning is initiated by the CB, the CB will notify the trustea Secretariat of their view that a warning should be issued and provide all necessary information related to the warning. If the warning is initiated by the trustea Secretariat, a copy shall be sent to the CB that issued the current verification certificate.
3. Once placed under warning, an organisation's verification certificate can be cancelled without prior notice (see Section 4.5.2). While under warning the organization is still considered verified.
4. Warnings will be formally lifted in writing by the trustea Secretariat or the CB.
5. Organisations can appeal against being placed under warning with the trustea Board within three months after the warning has been issued. The trustea Board will respond to appeals within two weeks.



## VERIFICATION SCHEME FOR TRUSTEA: GENERAL REGULATIONS, PART 1, VERIFICATION PROCESS

### 4.5.2 Suspension of VC

The VC of the verified organization is suspended when it fails Mandatory Critical Points (MCP) either at the time of 2nd External audit or during SAA.

The verified organization is given 90 days for closure of the MCP and produce evidence to CB for lifting the suspension. The VC shall be terminated if the VO fails to close the NC within the specified time. Such VOs shall apply for VC only after 12 months from the date of termination of the previous VC.

### 4.5.3 Cancellation of verification

1. The VC shall be cancelled if the verified organization fails the ZTCP. Such VOs shall apply for VC only after 12 months from the date of cancellation of the VC.
2. The Verification Certificate shall be cancelled when corrective actions are not closed out as completed after the allotted time (see Sections 4.4.3)
3. The Verification Certificate may be cancelled when
  - a) A non-conformity leads to serious doubt about the integrity of the product, particularly food safety
  - b) An organisation severely or purposefully violates the trustea terms and conditions or misuse its affiliation with trustea, the trustea mark or logo, or behave in other ways that threaten the reputation of trustea or its other members.
4. Certification Body shall also cancel the verification at the request of the verified organisation, if the operation(s) in the organisation's premises can no longer be carried out due to reasons of natural calamities such as flood, fire, earthquake etc., lock out declared by the management, or closure of business operations etc.
5. A formal notice of cancellation is delivered to the verified organisation by the CB that has issued the VC. The notice shall detail the reasons and the date from which the VC will be invalid.
6. VCs can only be cancelled by the CB that has issued them. The trustea Secretariat can however put an organisation's status on 'Not Verified' and instruct the concerned CB to cancel a VC if maintaining verification for an organisation poses a risk to the reputation of the trustea scheme or is deemed to pose a risk to the reputation of other verified organisations. The CB shall issue a notice period of at least two weeks to the verified organisation before cancelling the VC. However, if the verified organisation is under warning no notice period is required
7. An Organisation that has had a cancellation applied may not re-submit for verification until twelve months after the date of cancellation.
8. A cancellation of the verification certificate will result in the total prohibition of using the trustea logo, trademark, VC, or any other type of document that has any relation to trustea verification, or make any explicit or implicit reference that suggest it is trustea verified.
9. Organisations can appeal against a cancellation with the trustea Board within three months after it has been issued. The trustea Board will respond to appeals within two weeks.

### 4.6 Appeals against Certification Body decisions

1. An Organisation can appeal against decisions of a CB within 15 days of receipt of formal notice of the decision. The appeal shall state which decision is contested, detailed reasons why the organisation objects and what it thinks should be the correct decision.
2. The CB shall respond within 7 days of receipt of the appeal, replying in detail to the concerns of the organisation and either confirm or revoke the contested decision.
3. If the organisation is not satisfied it should engage in further rounds of trying to resolve the issue directly with the CB.



## VERIFICATION SCHEME FOR TRUSTEA: GENERAL REGULATIONS, PART 1, VERIFICATION PROCESS

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4. Any appeals will be logged with the trustea secretariat. Both the appealing organisation and the CB have a duty to inform the secretariat, which issues a case number and will log all related correspondence. All correspondence in the matter from both the appealing organisation and the CB shall be in writing (or confirmed in writing if verbal) and copied to the trustea Secretariat by post or e-mail to
5. If either party feels that the issue cannot be resolved bilaterally, or cannot be resolved within an acceptable time, the party may escalate the matter to the trustea Secretariat. The trustea Secretariat will review the case, hearing both sides, and make a final and binding decision within one month. The Secretariat reserves the right to pass on the cost of such a review by the trustea Secretariat (time, travel to the field and other expenses) to one or both of the parties, at a level and split at its discretion.
6. An appeals procedure is a mandatory component of the contract between organisations and CBs. The appeals procedure must be in line with the above generic framework.

### 4.7 Extension of Scope under an Existing Verification Certificate

1. A verified organization may increase its production area or number of member farms by up to 10%, without the need of conducting a new External Verification Audit before the regular time. However, the verified organisation must report any change in production area or number of members (increase and decrease) to the trustea Secretariat with all supporting documents for approval.
2. The trustea Secretariat may commission the CB to quality check the documentation wherever necessary, at the cost of the verified organisation. Further, new areas or new members of a group may only be included in the scope of the VC if the CB is provided with documentation demonstrating that those farms were subject to an Internal Audit and complied with all of the trustea Code requirements. The results of the internal audit must be submitted to the trustea Secretariat as part of the supporting documents.

### 4.8 Change of Location, Ownership or Name

1. Change of location: The verified organisation shall inform the CB and trustea Secretariat of any change in the location of its operations within four weeks.  
  
The verified Organisation shall conduct an Internal Pre-Assessment and be subject to an External Audit at the new site like an organisation that applies for the first time.  
  
If the External Audit is satisfactory, the CB shall transfer the Certificate to the new location and the verified organisation be permitted to operate verification from the new site.  
  
The CB shall endorse the change of premises on the Certificate.
2. Change of ownership: In the event of change of ownership, the new owner shall notify both the trustea Secretariat and the CB in writing within four weeks of change of ownership that they accept the transfer of the organisation's obligations and agreements with regards the trustea scheme. The CB shall ask the Organisation for proof of legal entity afresh.
3. Change of name: In case of change of name, the verified unit shall inform the CB and trustea Secretariat, supported with documentary evidence, and if satisfied the CB shall endorse the certificate in the new name.

### 4.9 Verification Certificate

1. The Certification Body shall provide a formal hard copy of the VC to the Verified organisation. The VC shall be in the standard template issued by the Secretariat, (see Annex 1)  
  
Name of marks shall be mentioned on the VC or any other document intimating grant of verification.
2. A copy of the VC shall be sent to the trustea Secretariat which may, within six weeks of issue, contest the verification in case of suspected errors or irregularities.  
  
The VC remains valid if contested by the trustea Secretariat, until a formal cancellation is issued.



## **VERIFICATION SCHEME FOR TRUSTEA: GENERAL REGULATIONS, PART 1, VERIFICATION PROCESS**

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3. The CB will maintain a copy of the VC as a record for five years.
4. The validity of the VC will be two years, subject to any suspensions, cancellation or extensions in accordance.
5. Once the verification certificate is issued the product produced up to 3 months prior to that day is to be considered as verified.
6. If the verified organisation provides copies of the verification certificate to others, the certificate shall be reproduced in its entirety.

### **5 Use of the trustea word mark and logo**

1. The policy for using the word mark and logo of trustea on-pack and off-pack is being developed and will be binding. For the present the following general rules apply:
  - a) The trustea logo and accreditation marks are the sole property of the trustea Secretariat. Any incorrect or inappropriate use of the same may lead to legal and punitive actions
  - b) The CB shall immediately notify the trustea Secretariat of any suspected or observed incorrect references to trustea verification status or misleading use of VC documents, marks or audit reports
  - c) Verified Organizations will only make reference to their verification status in communication media such as the internet, brochures or advertising, or other documents if they comply fully with the trustea requirements
  - d) Verified Organizations do not make, or permit others to make on their behalf, any misleading statements regarding their trustea verified status.
2. Any users of the trustea word mark and logo must ensure that they are not used in such a manner that would bring the CB or the trustea code to lose public trust and reputation.

## ANNEXURE I



Seal of the issuing body

trustea Accreditation No:

### VERIFICATION CERTIFICATE

trustea Code for Sustainable Tea in India

Verification Certificate no: **TS-VC / CB / certificate number / year**

This verification certificate is issued based on the audit conducted in accordance with the trustea Code Version 2.0

..... herewith certifies that the entity mentioned below is found in compliance with the trustea code which covers social, agronomic, food safety, occupational health & safety and environmental criteria.

Name of the VC holding entity :

Name of the site/ sites verified :

Address :

Total Own Grant Area (Ha) :



Production Area of estates :

Own Leaf Area :

Bought Leaf Area :

Total No. of verified STGs :

Source of Green Leaf	Name of Products	Mark	Estimated Production (Kg)
Own Leaf	CTC TEA		
	ORTHODOX		
	GREEN TEA		
Total			
Bought Leaf	CTC TEA		
	ORTHODOX		
	GREEN TEA		
Total			
Grand Total (Own Leaf + Bought Leaf)			

Date of Audit :

Date of Issue of VC :

VC valid up to :

Date of First issue of VC :

Date of Revision :

Place :

Seal and Signature

..... is accredited by trustea. This VC remains the property of ..... and can be withdrawn in case of terminations as mentioned in the contract or in case of changes or deviations of the above-mentioned data. The licensee is obliged to inform AB's Name immediately of any changes in the above-mentioned data. Only an original and signed certificate is valid.

Address :

**ANNEXURE II**



Verification Certificate no: **TS-VC / CB / certificate number / year**

Sl. No.	Code	Name	Production Area (Ha)	Estimated Production of Green Leaves (Kg)
<b>ESTIMATED PRODUCTION OF GREEN LEAVES</b>				
<b>ESTIMATED PRODUCTION OF MADE LEAVES</b>				

Seal of the issuing body





# Trustea Verification Scheme

Version: II  
January 2015



## PART II

General Regulations - Requirements for Certification Bodies





# Table of Contents

---

1	Introduction.....	1
2	General requirements for Certification Bodies.....	1
3	Approval procedure for the trustee Certification Body.....	1
3.1	Application.....	1
3.2	Memorandum of Understanding.....	1
3.3	CB Coordinator.....	2
3.4	Other obligations of the Certification Body approved under the Scheme.....	2
4	Verification agreement between CB and its clients.....	2
5	Responsibility for verification decisions.....	3
6	Impartiality and transparency.....	3
6.1	Management of impartiality.....	3
6.2	Publicly accessible information.....	5
7	Information exchange between an Certification Body and its clients.....	5
8	Confidentiality.....	6
9	Liability and financing.....	6
10	Resource requirements.....	7
10.1	Competence of management and personnel.....	7
10.2	Personnel involved in the verification activities.....	7
10.2.1	Lead Auditor (LA).....	8
10.2.2	Auditor.....	9
10.3	Selection of the Audit team.....	9
10.4	Conduct of auditors during audits.....	10
10.5	Use of individual external evaluators and external technical experts.....	10
10.6	Outsourcing.....	10
11	Audits.....	10
11.1	Audit process.....	10
11.2	Sample size.....	10
12	Transfer of Verification.....	11
13	Fees.....	11
14	Sanction against CBs.....	11
	Appendix 1 - Grievance Procedure.....	13
	Appendix 2 - Grievance and Dispute Resolution Form.....	14



## **VERIFICATION SCHEME FOR TRUSTEA: GENERAL REGULATIONS, PART 2, REQUIREMENTS FOR CERTIFICATION BODIES**

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### **1 Introduction**

1. The Certification Bodies (CBs) are expected to meet the following requirements for empaneling with trustea Secretariat for carrying out Verification process as per the trustea Code.
2. trustea Secretariat does not levy any fee for empaneling the Certification Bodies for the first time. However, they need to pay a fee to be prescribed by the trustea Secretariat for renewal of the empanelment every three year.

### **2 General requirements for certification bodies**

1. The certification body shall be registered as a legal entity in India, or shall be a defined part of a legal entity, such that it can be held legally responsible for all its verification activities. A governmental certification body is deemed to be a legal entity on the basis of its governmental status.
2. The certification body shall be accredited to ISO/IEC 17065. To operate under the trustea Scheme, the CBs will require an extension of scope within the accreditation for ISO/IEC 17065. The CB can also apply even if it does not have the accreditation; however, it has to clearly demonstrate that it is in the process of getting such accreditations and trustea verification audits cannot take place until after receipt of the accreditation.
3. The CB needs to provide adequate evidence of its involvement and competence in the agriculture sector along with the following documents:
  - a) Quality Manual for its Quality Management Systems
  - b) Organizational details including an organizational chart.
  - c) A list of key personnel indicating the qualification and experience; including that of the lead auditor and auditors.

### **3 Approval procedure for the trustea Certification Body**

The trustea Secretariat goes through a rigorous process of approving CBs, ensuring that an acceptable quality audit of the clients take place. Only approved CBs are allowed to conduct a trustea audit. This accreditation will be managed by trustea Secretariat. The approval process shall have an evaluation process consistent with that contained in this protocol.

#### **3.1 Application**

The CBs needs to write to the trustea Secretariat stating the wish to be empaneled to perform trustea audits. The secretariat will then forward the requisite form to be filled up by the CB and for submission along with supporting documents.

The application could be done online or by downloading the application form from

#### **3.2 Memorandum of Understanding**

1. On receipt of the required documents by the Secretariat, a review of the same is undertaken. If all requirements are met a MoU is sent to the CB. Once this MoU is signed and returned to the trustea Secretariat, an approval certificate is issued. The CB will then receive access to the trustea member portal. The CB's name will also appear on the list of the approved certification bodies for trustea audits.
2. The MoU establishes the rights and obligations of the trustea Secretariat as the trustea system coordinator and of the Certification Body (CB) as the neutral organization for verification inspection, and issuing Verification Certificate to the organisations complying with the the trustea Code requirements.

## **VERIFICATION SCHEME FOR TRUSTEA: GENERAL REGULATIONS, PART 2, REQUIREMENTS FOR CERTIFICATION BODIES**

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3. The MoU, including its updates, must be accepted and signed by the CB as part of the application procedure to become and to remain a trustea approved CB and to be listed as such on the trustea website.
4. The MoU and the General Regulations (Part 1 and Part 2) complement each other and trustea approved CBs must continuously comply with all.

### **3.3 CB Coordinator**

CB must appoint a representative for coordinating with the trustea Secretariat. The primary communication with the trustea Secretariat would be for the purpose of providing all trustea verification documents to the secretariat in accordance with the trustea audit protocol and to keep all trustea-related documentation up to date. This nominated representative shall be able to address all queries from the trustea Secretariat concerning issues relating to trustea verification audits.

### **3.4 Other obligations of the Certification Body approved under the Scheme**

1. It shall commit to fulfill continually the requirements for approval set by trustea, for the scopes where approval is sought or granted.
2. It shall claim approval only with respect to the scope for which it has been granted empanelment.
3. It shall not use and permit the use of the trustea Mark in such a manner as to bring trustea into disrepute.
4. It shall inform the trustea secretariat without delay, any significant changes relevant to its approval as a trustea Certification Body, in any aspect of its status or operation relating to
  - a) Its legal, commercial, ownership or organizational status
  - b) Significant changes in top management and key personnel dealing with trustea audits
  - c) Change of address or contact information
  - d) Any changes that may affect its ability to carry out its auditing obligations in a timely manner and to the quality standards specified in the trustea General Regulations, Parts 1 and 2.

## **4 Verification agreement between CB and its clients**

The Certification Body shall have a legally enforceable agreement for the provision of verification activities to its clients. Agreements for verification shall take into include, but not be limited to,

- a) The responsibilities of the parties.
- b) Description of services provided by the CB
- c) Confidentiality and protection of sensitive information
- d) Payments - The VO shall make payment of the contracted audit fees within 15 days from the date of verification audit. If the delay in settlement of audit fees exceed three months from the date of audit, the said verification audit shall become invalid and VC shall not be issued to VO.
- e) Contractual response times of both parties
- f) Termination
- g) Grievances and appeals



## **VERIFICATION SCHEME FOR TRUSTEA: GENERAL REGULATIONS, PART 2, REQUIREMENTS FOR CERTIFICATION BODIES**

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- 4.1. The CB shall in its contract with the client refer to the mutual rights and obligations under the trustea scheme as the basis of their agreement. The certification body shall ensure in their verification agreement that the client comply with the following:
- a) If the client provides copies of the verification certificate to others, the certificate shall be reproduced in its entirety
  - b) In making reference to its tea produce verification in communication media such as documents, brochures or advertising, complies with the requirements for the use of the trustea word mark and logo;
  - c) The client shall inform the certification body, without delay, of matters that may affect ability to conform to the verification requirements.
  - d) It contains an appeals procedure for the client against CB decisions that is compliant with section 5.5 of Part 1 of the General Regulations.
  - e) The VO shall carryout internal audit (1A) within specified due date. Failure to carry out 1A and if the delay exceeds three months from the due date the VC shall be cancelled.
  - f) SAA - The VC shall be subjected to SAA any time during its validity period. Refusal on the part of VO to allow the SAA team for verification shall lead to cancellation of the VC.

### **5. Responsibility for verification decisions**

1. The Certification Body shall be the only authority to make a verification decision apart from the trustea Scretariat
2. The Certification Body shall be responsible for and shall retain authority for its decisions relating to verification. This includes the granting, maintaining, re-verifying and extending of verification.

### **6. Impartiality and transparency**

#### **6.1 Management of impartiality by the certification body:**

1. It shall have top management commitment to impartiality.
2. It shall make a publicly available statement that it understands the importance of impartiality in carrying out its verification activities, manages conflict of interests and ensures the objectivity of its verification activities.
3. It shall identify risks to its impartiality on an ongoing basis. This shall include those risks that arise from its activities, or from its relationships, or from the relationships of its personnel. A relationship that threatens the impartiality of the certification body can be based on ownership, governance, management, personnel, shared resources, finances, contracts, marketing and payment of a sales commission or other inducement for the referral of new clients, etc. However, such relationships do not necessarily present a body with a risk to impartiality.
4. It shall be able to demonstrate how it eliminates or minimizes a risk to impartiality if identified.
5. When a relationship poses an unacceptable threat to impartiality (such as a wholly owned subsidiary of the certification body requesting verification from its parent or when the certification body belongs to a corporation or holding and other parts of it, that requests for verification to its related certification body), then verification shall not be provided.



## VERIFICATION SCHEME FOR TRUSTEA: GENERAL REGULATIONS, PART 2, REQUIREMENTS FOR CERTIFICATION BODIES

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6. It shall document how it manages its verification business and any other activities so as to eliminate actual conflict of interest and minimize any identified risk to impartiality. This information shall be made available to the mechanism specified in 2.7. The documentation shall cover all potential sources of conflict of interests that are identified, whether they arise from within the certification body or from the activities of other persons, bodies or organizations.
7. The certification body and any group within its control or personnel employed or contracted, in an organization within its control shall not offer or provide consultancy on the product that it verifies.
8. The certification body and any group within its control or personnel employed or contracted, in an organization within its control shall not offer or provide training on the aspects that it verifies.
9. The certification body is allowed to explain its findings and/or clarify the requirements of the normative documents but shall not give prescriptive advice or consultancy as part of an evaluation. This does not preclude normal exchange of information with the clients and other interested parties or the provision of different determination activities e.g. inspection, testing, audit required for specific product verification schemes which is considered acceptable.
10. The Certification Body (and any group within its control; or personnel, employed or contracted, in an organization within its control or organizational control) shall not offer or provide internal management system evaluations to the client or other legal entities involved in the verification process in those schemes that require the client or other legal entities involved in the verification process to perform internal management system evaluations. This also applies to that part of government identified as the certification body.
11. The certification body shall not verify organisations for which a client has received consultancy or internal evaluations, where the relationship between the consultancy organization and the certification body poses an unacceptable threat to the impartiality of the certification body.
12. The certification body's activities shall not be marketed or offered as linked with the activities of an organization that provides consultancy. The certification body shall take action to correct inappropriate claims by any consultancy organization stating or implying that verification would be simpler, easier, faster or less expensive if the certification body were used. A certification body shall not state or imply that verification would be simpler, easier, faster or less expensive if a specified consultancy organization were used.
13. To ensure that there is no conflict of interests, personnel who have provided consultancy for, or been employed by a client, including those acting in a managerial capacity, shall not be used by the certification body to make a verification decision nor resolution of a complaint or appeal for that client within two years following the end of the consultancy or employment.
14. The certification body shall take action to respond to any threats to its impartiality arising from the actions of other persons, bodies or organizations
15. All certification body personnel, either internal or external, or committees, who could influence the verification activities, shall act impartially and shall not allow commercial, financial or other pressures to compromise impartiality.
16. The certification body shall not provide any service to the clients other than third party verification.



## **VERIFICATION SCHEME FOR TRUSTEA: GENERAL REGULATIONS, PART 2, REQUIREMENTS FOR CERTIFICATION BODIES**

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17. The certification body shall safeguard the impartiality of its activities and shall provide for an impartiality committee mechanism hereafter referred to as 'the mechanism' through which significantly interested parties like producer, suppliers, users, consumers and conformity assessment experts, can provide input on:
  - a) The policies and principles relating to the impartiality of its verification activities,
  - b) Counteracting any tendency on the part of a certification body to allow commercial or other considerations to prevent the consistent impartial provision of verification activities,
  - c) Matters affecting impartiality and confidence in verification, including openness and public perception
18. The terms of reference, duties, authorities and responsibilities of the mechanism shall be formally documented to ensure:
  - a) Representation of a balance of interests such that no single interest predominates (internal or external personnel of the Certification Body are considered to be a single interest, and shall not predominate),
  - b) Access to all the information necessary to enable it to fulfill all its functions
19. If impartiality is not being achieved by the certification body, the mechanism will be authorized to take appropriate action e.g. informing authorities, accreditation bodies, and stakeholders. In taking appropriate action, the confidentiality requirements of 2.18 relating to the client and certification body shall be respected.
20. Although every interest cannot be represented in the mechanism, a certification body shall identify and invite key interests.

### **6.2 Publicly accessible information**

1. The certification body shall make publicly available accurate information describing its verification processes and the geographical areas in which it operates. The information shall include:
  - a) Reference to the latest Verification Criteria, as set by trustea,
  - b) Procedure for obtaining Verification,
  - c) An Application form,
  - d) List of documents required to be submitted along with the application,
  - e) Information on fees for application, initial verification and continuing verification,
  - f) Documents describing the rights and duties of verified clients, and
  - g) Information on procedures for handling complaints and appeals.
2. Information provided by the certification body to any client or to the market place, including advertising, shall be accurate and not misleading.
3. On request from any interested party, the certification body shall confirm the trustea verification status of any of its clients, including a copy of any current verification certificate. .

### **7 Information exchange between certification body and its clients**

1. The certification body shall provide timely information to its clients on the following:
  - a) Detailed description of verification activities, including next steps and outstanding actions by the client
  - b) The client's payment status
  - c) All necessary arrangements for the conduct of the on-site audits, including access to all processes and areas, records and personnel for the purposes of trustea verification



## **VERIFICATION SCHEME FOR TRUSTEA: GENERAL REGULATIONS, PART 2, REQUIREMENTS FOR CERTIFICATION BODIES**

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2. The client informs the certification body, without delay, of any changes that may affect its capability to fulfill the trustea requirements. These include, for example, changes relating to
  - a) The legal, commercial, organizational status or ownership,
  - b) Organization and management (e.g. key managerial, decision-making or technical staff),
  - c) Production sites,
  - d) Scope of operations under verification, and
  - e) Major changes to the production unit and processes.

### **8. Confidentiality**

1. The certification body shall, through legally enforceable agreements, have a policy and arrangements to safeguard the confidentiality of the information obtained or created during the performance of verification activities at all levels of its structure, including committees and external bodies or individuals acting on its behalf.
2. The certification body shall inform the client, in advance, of the information it intends to share with trustea secretariat especially the verification related data and also place in the public domain. All other information, except for information that is made publicly accessible by the client, shall be considered confidential.
3. In the event of a transfer of certificate, the accepting certification body shall seek and as deemed necessary verify information about the verified client and status of non-conformities, evaluation reports, complaints if any etc., and the previous certification body shall provide the same, under intimation to the verified client.
4. Except as required in this document, information about a particular client or individual shall not be disclosed to a third party without the written consent of the client or individual concerned. Where the certification body is required by law to release confidential information to a third party, the client or individual concerned shall, unless regulated by law, be notified in advance of the information provided.
5. Information about the client from sources other than the client (e.g. complainant, regulators) shall be treated as confidential, consistent with the certification body's policy.
6. Personnel, including any committee members, contractors, personnel of external bodies or individuals acting on the certification body's behalf, shall keep confidential all information obtained or created during the performance of the certification body's activities.
7. The Certification Body shall have available and use equipment and facilities that ensure the secure handling of confidential information (e.g. documents, records).
8. When confidential information is made available to other bodies (e.g. accreditation body, agreement group of a peer assessment scheme), the certification body shall inform its client of this action.

### **9. Liability and financing**

1. The certification body shall evaluate the risks arising from its verification activities and that it has adequate arrangements (e.g. insurance or reserves) to cover liabilities arising from its operations.
2. The certification body shall together with its senior executive and staff, be free from any commercial, financial and other pressures which might influence the results of the verification process
3. The certification body shall have the financial stability and resources required for the operation of the verification system.



## **VERIFICATION SCHEME FOR TRUSTEA: GENERAL REGULATIONS, PART 2, REQUIREMENTS FOR CERTIFICATION BODIES**

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### **10. Resource requirements**

#### **10.1 Competence of management and personnel**

1. The certification body shall have processes to ensure that personnel have appropriate knowledge of tea production, product verification, product standards, related normative references and relevant regulations for the produce for which verification is being offered.
2. It shall determine the competence required for each technical area and for each function in the verification activity.
3. It shall determine the means for the demonstration of competence prior to carrying out specific functions.
4. In determining the competence requirements for its personnel performing verification, the certification body shall address the functions undertaken by management and administrative personnel in addition to those directly performing evaluations, and verification activities.
5. The certification body shall have access to the necessary technical expertise for advice on matters directly relating to verification for technical areas in which the certification body operates. Such advice may be provided externally or by certification body personnel.

#### **10.2 Personnel involved in the verification activities**

1. The certification body shall have, as part of its own organization, personnel having sufficient competence for managing the agricultural/tea produce verification scheme.
2. The certification body shall employ, or have access to, a sufficient number of evaluator /inspectors and technical experts to cover all of its activities and to handle the volume of tea produce verification/evaluations performed.
3. The certification body shall make clear to each person concerned their duties, responsibilities and authorities.
4. The certification body shall have defined processes for selecting, training, formally authorizing evaluators and for selecting technical experts used in the verification activity. The initial competence evaluation of an evaluator shall include a demonstration of applicable personal attributes and the ability to apply required knowledge and skills during evaluations, as determined by a competent evaluator or observing the evaluator conducting an evaluation. (See 10.2.1 and 10.2.2 for competence requirements of auditors)
5. The certification body shall have a process to achieve and demonstrate effective evaluation.
6. The certification body shall ensure that evaluators (and, where needed, technical experts) are knowledgeable of its evaluation processes, verification requirements and other relevant requirements. The certification body shall give evaluators and technical experts access to an up-to-date set of documented procedures giving instructions and all relevant information on the verification activities.
7. The certification body shall identify training needs and shall offer or provide access to specific training to ensure its evaluator, technical experts and other personnel involved in verification activities are competent for the functions they perform.
8. The group or individual that takes the decision on granting verification shall understand the applicable standard and verification requirements, and shall have demonstrated competence to evaluate the processes and related recommendations of the evaluation team.



## VERIFICATION SCHEME FOR TRUSTEA: GENERAL REGULATIONS, PART 2, REQUIREMENTS FOR CERTIFICATION BODIES

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9. The certification body shall ensure the satisfactory performance of all personnel involved in the evaluation and verification activities. There shall be documented procedures and criteria for monitoring and measurement of the performance of all persons involved, based on the frequency of their usage and the level of risk linked to their activities. In particular, the certification body shall review the competence of its personnel in the light of their performance in order to identify training needs.
10. The documented monitoring procedures for evaluators shall include a combination of on-site observation, review of evaluation reports and feedback from clients or from the market and shall be defined in documented requirements drawn up in accordance with the relevant guidance provided in ISO 19011. This monitoring shall be designed in such a way as to minimize disturbance to the normal processes of verification, especially from the client's viewpoint.
11. The certification body shall periodically observe the performance of each evaluator on-site. The frequency of on-site observations shall be based on need determined from all monitoring information available.
12. The personnel performing the application review shall be qualified for their understanding of the verification criteria, regulatory requirements, evaluation methods and the verification scheme.
13. The personnel performing the verification decision shall be qualified for their understanding of the verification criteria, verification scheme and their ability to correctly grant or expand the scope of verification (if a scope of verification is used) on the basis that the evaluation activities, information and results are a demonstration of fulfillment of requirements of the verification criteria in accordance with the verification scheme.
14. Competence of auditors - Every person undertaking trustea verification audits must have the appropriate qualification, training, experience and skills to perform an audit against the relevant criteria for verification.
15. The certification bodies shall develop and share a plan to encourage and include lady auditors as part of the trustea audit team. This shall be done in a phased and gradual manner over the next three years.  
  
"trustea seeks mandatory involvement of a female (auditor / interviewer/ interpreter) during the trustea audits when a female respondent is to be interviewed /questioned. The criteria of a female auditor from the certifying/auditing body might be relaxed in case of exigencies that threatens the security of a female auditor. However, attempt shall always be made to involve female interpreter / interviewer from the surrounding localities whenever a female respondent is to participate in the audit."

### 10.2.1 Lead Auditor(LA)

1. Education and Work Experience : The CB shall ensure that Lead Auditor shall be graduates and should have at least five (5) years of full time post qualification experience in agriculture production sector including at least two years of work in agricultural process in production handling, inspection or auditing or the equivalent.
2. Auditor training-The certification body shall ensure that auditors have successfully completed training in audit techniques based on ISO 19011 such as a successful completion of a Lead Auditor's course in any one of the following- ISO 9001/ISO 14001/OHSAS 18001 /SA 8000 / ISO 22000. The LA should also have participated in training on the trustea Code and clearance of the trustea exam with at least 65% marks.

## VERIFICATION SCHEME FOR TRUSTEA: GENERAL REGULATIONS, PART 2, REQUIREMENTS FOR CERTIFICATION BODIES

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3. Auditor Experience – The certification body shall ensure that within the last three years the evaluator has performed at least 10 audits in at least 5 organizations for agricultural produce verification as an observer / trainee, under the leadership of a qualified evaluator, and this demonstration has met with acceptance of the qualified evaluator. The time spent by the observer/trainee shall not count towards time spent on auditing. The LA should have a good knowledge of the tea sector. The LA should also have participated in at least one trustea audit as a team member or have an equivalent audit experience auditing social or labour standards or being accredited as auditor to codes like the Ethical Tea Partnership, IFC performance standard, USAC audit, Rainforest Alliance, SA 8000, and Fair Trade.
4. The LA should be qualified for auditing social or labour standards with either relevant training courses completed on this from entities like ILO or being accredited as auditor to codes like the Ethical Tea Partnership, SA 8000, Fair Trade, and IFC sustainability training among others.
5. The LA shall have experience in auditing against environmental standards or criteria, including ecological and waste management
6. The LA shall have the ability to draft a good audit report in English.

### 10.2.2 Auditor

**Auditor Education :** The CB shall ensure that Auditors shall be graduates and should have at least three (3) years of full time post qualification experience in agriculture production sector including at least one year work in agricultural process in production handling, inspection or auditing or the equivalent.

**Audit experience of Auditor :** The auditor is expected to have an experience of participating in a minimum of 5 audits on three different trustea verified organisations under a qualified lead auditor.

### 10.3. Selection of the Audit team

1. The certification body shall ensure the competence of the evaluation team. The evaluation team shall have appropriate knowledge of the field, the applicable regulatory requirements, the process and the good agricultural practices adopted and practiced in cultivation and management of tea gardens. The evaluation team shall comprise of duly qualified evaluators supplemented by technical experts, if need be, meeting the competence requirements prescribed above. All such evaluators shall also be employed or contracted full time with the CB.
2. The certification body shall identify and provide the competence needed to perform the initial evaluation of the applicant on site considering the processes employed in trustea Code verification.

**Language skills:** Auditors shall have language competency appropriate to the assignment. In case local language skills are not available in the audit team, an interpreter shall accompany the team.

3. Each audit team shall consist of at least one lead auditor and at least one member in the audit team should have attended a 40 hours training on occupational health and safety and at least one member should have completed successfully a HACCP training or ISO 22000 course.
4. A technical expert may be a part of every audit team for ensuring the competence of the audit team to fulfill the above requirements. The technical experts may be external resource.

## **VERIFICATION SCHEME FOR TRUSTEA: GENERAL REGULATIONS, PART 2, REQUIREMENTS FOR CERTIFICATION BODIES**

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### **10.4 Conduct of auditors during audits**

The Certification Body shall ensure that auditors

1. Dress and act appropriately for the environment they operate in
2. Do not reveal possible non-conformances to anyone else than the appointed person in the client organization during the course of an audit
3. Do not engage in consultancy, workers' rights education or similar activities that go beyond auditing.

### **10.5 Use of individual external evaluators and external technical experts**

The certification body if it requires external technical experts, needs have a written agreement by which such experts commit themselves to comply with applicable policies and procedures as defined by the certification body. In exceptional cases, it may with justification use external evaluators. However, it may use external technical experts who shall have the same education and work experience as the evaluator but may not have audit/evaluation training or experience. The agreement shall address aspects relating to confidentiality and to independence from commercial and other interests, and shall require the external evaluators and external technical experts to notify the certification body of any existing or prior association with any organization they may be assigned to audit.

### **10.6 Outsourcing**

1. The CB shall not outsource any activity other than testing
2. When the certification body outsources testing, the body doing the outsourced work shall meet the applicable requirements of ISO/IEC 17025 and shall be NABL accredited.

## **11. Audits**

### **11.1 Audit process**

Audits shall be conducted in line with section 3 of Part 1 of the General Regulations.

### **11.2 Sample size**

1. In case of group verification the CB must conduct audits on a random sample of the group members. The minimum number of group members to be inspected is the square root of the number of members belonging to the group, but not be less than 5. All members in the sample will be inspected against all the applicable control points of the trustea Code.

The random sample must be drawn as a blind sample by the CB, based on an anonymous member list (e.g. member numbers) that is accurate, complete and current. A copy of the list and drawn sample shall be included in the audit report but must not be disclosed to the organisation before the audit.

If there are geographical, varietal or other significant differences within the total population, a stratified sample should be drawn, i.e. subdividing the total population into clusters with homogenous attributes; and the square root sample divided across these clusters proportionately (but at least one audit per cluster).

2. Farms are not allowed to refuse to be audited whether audits are announced or unannounced audits.
3. The selection of farms for auditing must never be based on
  - Proximity to processing facilities, roads or accommodation for auditors
  - Level of involvement in the trustea process
  - Membership of ownership or management in local or national government organizations or NGOs.



## **VERIFICATION SCHEME FOR TRUSTEA: GENERAL REGULATIONS, PART 2, REQUIREMENTS FOR CERTIFICATION BODIES**

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### **12. Transfer of Verification**

1. Certificates granted by an NABAB accredited CB are eligible for transfer to another NABAB accredited CB.
2. Transfer should normally only be of a current valid accredited certificate but, in the case of a certificate issued by a certification body that has ceased trading, or that has had its accreditation withdrawn, the accepting certification body may, at its discretion, consider such a certificate for transfer on the basis described in this guidance.
3. The accepting certification body shall ascertain the reasons for seeking a transfer, establish that the client's verified activities fall within the accredited scope of the accepting Certification Body.
4. The accepting certification body shall verify the validity of verification, status of outstanding nonconformities with the issuing certification body unless it has ceased trading. Outstanding nonconformities should be closed out, if practical, with the issuing verification/registration body, before transfer. Otherwise they should be closed out by the accepting verification/registration body.
5. Certificates which are known to have been cancelled or to be under threat of cancellation shall not be accepted for transfer.
6. The accepting Certification Body shall issue a certificate, dated from the date of completion of the review, following the normal decision making process.

### **13. Fees**

1. Fees charged by the CB for various activities of the scheme, shall be the same without any discrimination between units, geographical location, size of the unit.
2. The CBs fee structure shall be publicly accessible and also be provided on request.
3. The CB shall notify and obtain consent to its fee structure from the organizations prior to engaging in verification activities. As and when the fee undergoes a change, the same shall be communicated to all including applicants and the manufacturing units verified under this scheme of verification for their acceptance.

### **14. Sanction against CBs**

trustea approval of a certification body can be withdrawn under the following conditions:

- a) Annual reports from CB not reaching the trustea Secretariat within a window period of one month from completion of each year.
- b) Failure to declare major conflict of interest by the CB or fraudulent behavior reported against any member of the audit team.

In such cases the verification status of those verified organisations whose audits may have been affected by the conflict of interest or fraud is put on 'Verification pending' and the trustea Secretariat issues instruction to the organisation to get re-audited by another CB. The re-audit must take place within 6 weeks the notification of change in status. .

The original CB is liable to reimburse the organisation for the fees of the new CB charged for re-auditing.

- c) Violation of audit rules for trustea by CB
- d) Voluntary withdrawal by CB.

## APPENDIX 1 GRIEVANCE PROCEDURE

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The purpose of a grievance procedure is to ensure that all stakeholders of the trustea programme have a platform to resolve grievances as quickly and fairly as possible.

The stakeholders have right to appeal against a certification decisions made by the certification body or the decisions made by the trustea secretariat in relation to trustea Code and audit protocol within a controlled and fair framework by making use of the grievance procedure outlined in this document. The grievance procedure is specific to issues of certification, and not applicable for any general grievances to do with contract disputes between stakeholders or other unrelated disputes, or personal grievances .

Before a formal grievance procedure is filed, stakeholders must first attempt to settle disputes informally, preferably at the lowest level. Both parties should aim to resolve this dispute in an amicable and professional manner. If it is not possible to resolve grievances at an informal level, a formal grievance may be filed.

Formal disputes subject to *trustea's* grievance procedure shall be submitted in writing, and include: the complainant's name and contact details, the description/objective of the dispute, and details of evidence for the dispute. Details of the dispute shall be included as requested in the *trustea* grievance form available [online](#) or may be requested by emailing [[trustea.kolkata@gmail.com](mailto:trustea.kolkata@gmail.com)]. All requests for appeals and reviews must clearly state the reason(s) for disagreement with the decision of the certification body (CB) or the trustea secretariate and need to be supported by information and evidence.

The complainant has a maximum of 10 calendar days from notification of a decision to submit a grievance. If the grievance is not submitted within that time, the decision will be viewed as final.

*trustea* secretariat will conduct an initial internal review of the grievance, to determine the validity of the complaint. The complainant will be notified within 10 calendar days, in writing, if their submission contains an actionable grievance.

Reasons for an actionable grievance may include, but are not limited to:

- Decisions based on irrelevant information, or information for which there is no credible basis. In general, hearsay is treated as information for which there is no credible basis;
- Failure to present, relevant information for consideration in reaching a decision;
- Reasonable perception of bias against the appelland;
- Unreasonable delay in the decision making process;
- Prejudicial procedural irregularities in reaching the decision;
- Disputes about facts relevant to the decision;
- Disputes about interpretations relevant to the decision.

If the initial review determines that the grievance raised by the complainant requires further investigation, a further review of the evidence may be conducted by a party external to *trustea*. A final decision on the grievance will be determined within 90 calendar days of the initial grievance submission if further investigation is required.

## APPENDIX 1 GRIEVANCE PROCEDURE

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During grievance proceedings, only information which existed and was presented at the time the decision was made will be considered. Additional credible information presented and accepted during an appeal, which was not present at the time the original decision was taken, will not be used in the grievance process but passed on to the relevant staff to take this information into account in further *trustea* processes, following the appeal.

While the grievance procedure is ongoing, the original decision will remain effective. Any restrictions placed on the stakeholder as a result of an auditing decision, for example in the case of suspension, will remain in effect unless the appeal is successful and the original decision is overturned.

Throughout the grievance procedure, all parties involved will be treated with procedural fairness. This includes:

- a person or organization, which is the subject of a grievance, is given adequate notice about the proceedings;
- a person making a decision should declare any personal interest he or she may have in the proceedings, should be unbiased and acting in good faith;
- each party to a proceeding is entitled to ask questions and contradict the evidence of the other party; and
- a decision-maker takes into account relevant considerations and mitigating circumstances, and ignores irrelevant considerations.

*trustea* secretariat will keep record of the written communication and of the conversations, including date, time and a summary of issues discussed. Parties involved will be able to follow or track the grievances until the grievance is satisfactorily dealt with. Parties involved are requested to refrain from commenting publicly on the complaint until a decision is made and all parties have been informed accordingly.

By submitting a formal grievance, the complainant agrees to accept the final decision of the grievance proceedings.



## APPENDIX 2

### GRIEVANCE AND DISPUTE RESOLUTION FORM

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#### Introduction

This document is intended for formal, documented complaints and grievances, for which a formal evaluation and response is deemed necessary. The *trustea* grievance procedure states that informal attempts to resolve such grievances should precede the use of this formal process.

This form should be filled out in accordance with the *trustea* grievance procedure policy, available on the *trustea* website or by request at [trustea.kolkata@gmail.com]. This procedure also details the next steps in the process of submitting a grievance.

Confidentiality: Information identifying the complainant will only be available where necessary to address the complaint, and knowledge on the identity of the complainant will strictly be available to those for whom such information is necessary.

Please complete this form electronically, or print and complete, before emailing to [trustea.kolkata@gmail.com] or posting the document to [Trustea Secretariat, 158/5 Prince Anwarshah Road, Kolkata 700045].

If there are any questions regarding the submission of this form, please contact [\[the Director, Trustea Secretariat, 033 40602211\]](mailto:trustea.kolkata@gmail.com).

Please include any evidence relevant to your grievance within this form. Please feel free to retain any copies of this evidence for your own records, as well as a copy of this completed form. Copies of all documents used in the grievance procedure will be retained by *trustea*.

**APPENDIX 2**

**GRIEVANCE AND DISPUTE RESOLUTION FORM**

<b>1. Submission of Grievance (to be filled out by complainant)</b>	
<b>a. Details of Complainant</b>	
Name	
Organisation	
Date of Submission	
Do you wish all identifying details to remain confidential?	Yes / No
Position / title	
Email contact	
Phone contact	
Mailing Address	
<b>b. Details of grievance</b>	
Name of Organisation against which grievance is held	
Name of individual against which grievance is held (if relevant)	
<b>Please describe the details of your grievance below:</b>	

**APPENDIX 2**

**GRIEVANCE AND DISPUTE RESOLUTION FORM**

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What solution to this grievance would you recommend?
What documents or evidence have you attached in support of your grievance? Please list all documents below.
Which informal processes did you initially use in an attempt to solve your grievance?
What response did you receive from these processes?
Do you have any further comments on this grievance?

**APPENDIX 2**

**GRIEVANCE AND DISPUTE RESOLUTION FORM**

2. Grievance Procedure acceptance and further action (to be completed by Trustea)	
Date grievance received by <i>Trustea</i> :	
<i>Trustea</i> representative responsible for coordinating grievance proceedings	
Date acknowledgement of grievance sent to complainant	
Date response from initial review is required	
Course of action	
Other Parties to be notified of grievance	

## APPENDIX 2

### GRIEVANCE AND DISPUTE RESOLUTION FORM

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3. Grievance resolution action (to be completed by Trustea)
Description of methodology used to evaluate dispute:
Description of resolution:
Follow up actions:
List of Attached documents relevant to the grievance proceedings:
If dispute is grievance is considered invalid, provide reasoning:

**APPENDIX 2**

**GRIEVANCE AND DISPUTE RESOLUTION FORM**

4. Procedure Review	
Date of proceedings review by management	
Date dispute evaluation findings sent to complainant	
Date evaluation sent to other relevant parties	
Complainant response	
Comments	