**Freshcare Standards Review 2024**

Thank you for participating in Freshcare’s review of the Australian Wine Industry Standard of Sustainable Practice Winery Edition 1.

Please enter your feedback on the Standard compliance criteria or Rules in the comment’s column, save your changes and then return the document with the subject – Standard Review to info@freshcare.com.au,

|  |  |
| --- | --- |
| **Respondent details** |  |

|  |  |
| --- | --- |
| **Do you agree to Freshcare contacting you to clarify your responses and/or to follow up on comments submitted?** | YesNo |
| **Are you responding on behalf of an organisation?** | YesNo |
| **Name** |  |
| **Organisation Name** |  |
| **State[s]/Territories where your organisation operates** |  |
| **Email address** |  |
| **Affiliation**[Grower / Packer / Trainer / Auditor / Government / Retailer / Market Regulator / Certification Body / Non – Government Organisation / other (please specify)] |  |

|  |  |
| --- | --- |
| **General comments** |  |

|  |  |
| --- | --- |
| **Does the WIN1 Standard meet market requirements?** |  |
| **What additions to the standard could be considered to meet future market access and consumer expectations?** |  |
| **Please provide any other general feedback on the standard.**  |  |

| **Compliance Criteria** | **Comments for 2024 Review** |
| --- | --- |
| **M1 - Scope and Commitment** |  |
| **M1.1 Define the business scope and the scope of certification.** |
| 1. The scope of certification is defined by the owner and/or appropriate senior manager.
 |  |
| 1. All business enterprises and activities undertaken are recorded.
 |  |
| 1. Flowcharts are completed to document the activities for which certification is required.
 |  |
| **M1.2 Identify property areas, infrastructure and surrounds on a property map.** |
| 1. A property map is documented and maintained. A record is kept.
 |  |
| 1. The property map identifies property boundaries buildings and facilities including:
 |  |
| * location(s) of all business infrastructure and activities (buildings, tanks, cellar door, sheds, houses, worker accommodation and facilities)
 |  |
| * on-property roads and access points
 |  |
| * toilet facilities, septic tanks and seepage pads
 |  |
| * property boundaries, roads, and surrounds (school, sports fields, residential).
 |  |
| 1. The property map identifies production areas and infrastructure including:
 |  |
| * vineyard blocks and other production areas
 |  |
| * hazardous chemicals and dangerous goods storage areas, mixing areas, equipment clean-down areas
 |  |
| * bulk fuel storage, including underground tanks
 |  |
| * storage sites for waste, including controlled wastes awaiting collection or disposal
 |  |
| * water sources, extraction points and delivery infrastructure
 |  |
| * wastewater storage and treatment areas and areas irrigated with treated wastewater
 |  |
| * drainage system of winery site, showing drainage lines through the site, surface drain network, direction of flow and drain interceptors.
 |  |
| 1. The property map identifies environmentally sensitive areas including:
 |  |
| * sensitive areas adjacent to the property boundary such as National Parks, World Heritage-listed areas, Ramsar-listed wetland areas, wildlife sanctuaries/corridors or other specified conservation areas natural waterways, wetlands, riparian areas and lakes
 |  |
| * areas that are, or are at risk of being, highly degraded, eroded or contaminated
 |  |
| * significant stands of remnant native vegetation
 |  |
| * threatened species
 |  |
| * other sensitive areas with high conservation value.
 |  |
| **M1.3 Define the roles, responsibilities and reporting relationships of workers responsible for the management of the Standard.** |
| 1. The organisational structure of the business is documented and must include:
 |  |
| * workers responsible for the management of this Standard
 |  |
| * workers responsible for the management of the Sustainability Action Plan (M2)
 |  |
| * reporting relationships of all workers whose roles may affect compliance with the requirements of this Standard.
 |  |
| 1. The organisational structure, roles and responsibilities are reviewed at least annually, or when changes occur. A record is kept.
 |  |
| 1. The organisational structure, roles and responsibilities are communicated to all workers.
 |  |
| **M1.4 Document the business commitment to the Standard and sustainability objectives.** |
| 1. The owner and/or appropriate senior manager signs a commitment statement to support and comply with:
 |  |
| * Freshcare Australian Wine Industry Standard of Sustainable Practice
 |  |
| * Freshcare Rules (R)
 |  |
| * Sustainable Winegrowing Australia
 |  |
| * Sustainability Action Plan (M2), and
 |  |
| * Legislative requirements (including licensing and permits).
 |  |
| 1. The commitment statement is communicated to all workers.
 |  |
| 1. The commitment statement is reviewed annually in conjunction with the Sustainability Action Plan (M2).
 |  |
| **M2 Sustainability Action Planning** |  |
| **M2.1 Establish a Sustainability Action Plan (SAP) to identify planned future actions to manage and improve sustainability.** |
| 1. Conduct an assessment of the property and business operations to identify any business, community and environmental risks and assets.
 |  |
| 1. Establish a Sustainability Action Plan (SAP) that documents the action(s) planned to address sustainability issues and protect assets. The SAP must include:
 |  |
| * date of plan development
 |  |
| * sustainability issue/asset being addressed
 |  |
| * location on the property of the sustainability issue/asset
 |  |
| * actions planned to address the issue and/or improve the process or asset
 |  |
| * worker(s) responsible
 |  |
| * target date of completion for each action
 |  |
| * evaluation of action(s) undertaken
 |  |
| * date, name and signature of the person verifying action(s) are completed.
 |  |
| 1. Evidence of progress towards and/or changes to planned action(s) is kept.
 |  |
| 1. The Sustainability Action Plan (SAP) is reviewed and updated at least annually. The name of the person completing the review and the date of the review are documented.
 |  |
| **M3 – Documentation**  |  |
| **M3.1 Verify compliance with this Standard through relevant documents and records.** |
| 1. The current editions of the Standard and the Freshcare Rules are maintained.
 |  |
| 1. Use of the Sustainable Winegrowing Australia trust mark is managed in accordance with the guidelines and specifications for use *(See Appendix A- M3).*
 |  |
| 1. All records and documents required to verify compliance to this Standard are legible and must include:
 |  |
| * title
 |  |
| * date of issue or version number
 |  |
| * business name
 |  |
| * name of the person completing the record, and date of completion.
 |  |
| 1. As documents and records change, out-of-date versions are replaced.
 |  |
| 1. All records are kept for a minimum of five (5) years (or longer if required by legislation or customers).
 |  |
| **M3.2 Verify compliance with Sustainable Winegrowing Australia through reporting of business metrics and completion of the best practice workbook.** |
| 1. The defined Sustainable Winegrowing Australia business metrics and the best practice workbook are completed and reported annually. A record is kept.
 |  |
| **M4 - Training and development**  |  |
| **M4.1 Complete approved training as required by this Standard.** |
| 1. A management representative completes approved training. Evidence is kept.
 |  |
| **M4.2 Train all workers who complete tasks relevant to the Standard.** |
| 1. Training is provided for workers who complete tasks relevant to this Standard.
 |  |
| 1. Training is provided in the relevant language for workers and/or pictorially.
 |  |
| 1. A record of internal and external training is kept and must include:
 |  |
| * name and signature of trainee
 |  |
| * name of trainer or training provider
 |  |
| * title or topic of the training
 |  |
| * date of training and expiry date (when applicable).
 |  |
| 1. The owner or appropriate senior manager completes a review of training to:
 |  |
| * identify worker needs
 |  |
| * identify opportunities for professional development
 |  |
| * ensure appropriate qualifications and licenses are maintained.
 |  |
| 1. The review of training is conducted at least annually or when tasks and/or workers change. A record is kept.
 |  |
| **M4.3 Instructions and signage are used to support workers and visitors** |
| 1. Site instructions are provided to all workers and visitors, and must include information regarding:
 |  |
| * environmental priorities
 |  |
| * biosecurity and hygiene requirements
 |  |
| * site access and movement
 |  |
| * use of protective clothing and footwear (where required)
 |  |
| * emergency procedures
 |  |
| * general behaviour.
 |  |
| **M5 - Suppliers** |  |
| **M5.1 Approved suppliers are established for materials and services.** |
| 1. Suppliers of materials and services are reviewed and approved, to demonstrate they comply with the applicable requirements of this Standard. A record of is kept.
 |  |
| 1. Purchase records are kept for materials and services identified in M5.1.1 and must include:
 |  |
| * name of supplier
 |  |
| * date of purchase
 |  |
| * material or service supplied.
 |  |
| 1. A Competent laboratory is used when testing is undertaken to verify compliance with requirements of this Standard.
 |  |
| **M6 Customer and Regulatory Requirements** |  |
| **M6.1 Comply with specific customer, regulatory body or legislative requirements.** |
| 1. Where a customer, regulatory body or legislation requires compliance with specific environmental, sustainable agriculture or greenhouse gas emission practice(s), not covered in this Standard, a copy of these practices is kept.
 |  |
| 1. Practices and requirements outlined in M6.1.1 are complied with and included in M7 - Internal audits. A record is kept.
 |  |
| **M7 Incident Management, Internal audit, Corrective and Preventative action** |  |
| **M7.1 Prepare an incident management plan to support business continuity.** |
| 1. An incident management plan is established to support business continuity and identify ways to:
 |  |
| * reduce the likelihood of an incident occurring
 |  |
| * respond to, and recover from, an environmental incident.
 |  |
| 1. The incident management plan is documented and must include:
 |  |
| * potential environmental risks to business continuity
 |  |
| * strategies and practices to manage identified risks
 |  |
| * workers responsible for incident management
 |  |
| * contact details of internal and external stakeholders
 |  |
| * name of person documenting the plan
 |  |
| * date plan is developed.
 |  |
| 1. A test of the incident management plan is conducted annually. A record is kept.
 |  |
| 1. The incident management plan is reviewed at least annually, and after any event requiring the incident management plan to be actioned. A record is kept.
 |  |
| **M7.2 Conduct internal audits to verify ongoing compliance with this Standard.** |
| 1. An internal audit of all activities and records relevant to this Standard is conducted at least annually. A record is kept.
 |  |
| 1. Workers responsible for completing sections of the internal audit are identified and, where possible, are independent of the practices being assessed.
 |  |
| **M7.3 Complete corrective actions for any non-compliance.** |
| 1. A Corrective Action Record (CAR) must be completed when the requirements of the Standard, Freshcare Rules or legislation are not being met, as identified by:
 |  |
| * routine activities
 |  |
| * internal audits
 |  |
| * external audits
 |  |
| * complaints
 |  |
| * incidents and near misses.
 |  |
| 1. A Corrective Action Record must include:
 |  |
| * description of the problem
 |  |
| * cause of the problem
 |  |
| * whether or not the problem has occurred before
 |  |
| * short term fix (action taken to fix the problem)
 |  |
| * long term fix (action taken to prevent the problem recurring)
 |  |
| * date action completed and the name of the person responsible
 |  |
| * review and verify that short term and long-term actions are complete and effective
 |  |
| * name of the person completing the review and date of review.
 |  |
| 1. Reoccurrences of non-compliance are reviewed by the owner or appropriate senior manager. A record is kept.
 |  |
| 1. Corrective Action Records are retained for a minimum period of five (5) years (or longer if required by legislation or customers).
 |  |
| **M7.4 Conduct a management review of compliance and documentation.** |
| 1. The owner or appropriate senior manager conducts a management review of compliance at least annually. A record of the review is kept and must include:
 |  |
| * internal and external audits
 |  |
| * corrective and preventative actions
 |  |
| * complaints
 |  |
| * incidents and near misses
 |  |
| * training
 |  |
| * the Sustainability Action Plan (SAP).
 |  |
| **M8 Product Identification, Traceability, Withdrawal and Recall** |  |
| **M8.1 Manage certified wine grapes.** |
| 1. A record of all wine grapes received from external suppliers is kept, and must include:
 |  |
| * supplier business name
 |  |
| * crop/variety
 |  |
| * quantity/amount
 |  |
| * date received
 |  |
| * evidence of certification
 |  |
| 1. A winery presenting wine for sale under the Sustainable Winegrowing Australia trust mark and certification to this Standard, must demonstrate 85% of wine grapes have been sourced from businesses currently certified to the Freshcare Australian Wine Industry Standard of Sustainable Practice – Viticulture *.* A record is kept.
 |  |
| 1. For the sale of certified bulk wine under the Sustainable Winegrowing Australia trust mark and certification to this Standard, each batch transferred must have a declaration accompanying the load that demonstrates 85% of wine grapes have been sourced from businesses currently certified to the Freshcare Australian Wine Industry Standard of Sustainable Practice – Viticulture. A record is kept.
 |  |
| **M8.2 Maintain a product identification and traceability system, to enable wine to be traced from production to destination.** |
| 1. Traceability must be maintained for all wine products.
 |  |
| 1. All product dispatched to a customer is marked with:
 |  |
| * business name and physical address
 |  |
| * date of manufacture and/or batch identification code
 |  |
| * other trade descriptions required by legislation and/or customer.
 |  |
| 1. Dispatch records are kept and must include:
 |  |
| * customer
 |  |
| * dispatch date
 |  |
| * batch identification code
 |  |
| * quantity
 |  |
| * destination.
 |  |
| 1. The product traceability system is tested at least annually to verify full traceability of wine from production to its destination, or vice versa. A record is kept.
 |  |
| **M8.3 Maintain a system enabling the effective withdrawal or recall of product.** |
| 1. In the event of a potential issue regarding product safety, quality or regulatory compliance, the matter is investigated to determine the extent of the problem. Where required, further action is taken.
 |  |
| 1. Determine whether a withdrawal or trade or consumer level recall is required for the product supplied to customers.
 |  |
| 1. If a withdrawal or recall is required, the relevant withdrawal/recall is implemented. A record is kept.
 |  |
| 1. A mock recall is completed annually using the A&NZ Product Recall/Withdrawal form or equivalent system. A record is kept.
 |  |

| **Compliance Criteria** | **Comments for 2024 Review** |
| --- | --- |
| **E1 – Biosecurity**  |  |
| **E1.1 Manage biosecurity on the property.** |
| 1. A Biosecurity Management Program is documented and must include:
 |  |
| * date developed
 |  |
| * name of the person documenting the Program
 |  |
| * biosecurity threats
 |  |
| * strategies/practices to minimise risk (including quarantine regulations and requirements)
 |  |
| * worker(s) responsible.
 |  |
| 1. Biosecurity and hygiene requirements are reinforced with prominent signs and/or written or pictorial training guides.
 |  |
| 1. Access to the property and vineyard sites is restricted to authorised persons and vehicles including workers, visitors and contractors.
 |  |
| 1. Any unusual plant pest, disease or weed identified is reported to vineyard management for them to report to external agencies as required.
 |  |
| 1. The Biosecurity Management Program is reviewed and updated at least annually. The name of the person completing the review and the date of the review are documented.
 |  |
| **E1.2 Maintain compliance with the biosecurity requirements of the winery, vineyard and regulations.**  |
| 1. Worker and visitor behaviour is monitored for compliance with biosecurity and hygiene requirements of the property and vineyard sites.
 |  |
| 1. Applicable licences and permits for movement of grapes and must between regions and states are current and adhered to.
 |  |
| **E2 Chemicals**  |  |
| **E2.1 Select hazardous chemicals and dangerous goods that minimise risk to the environment.** |  |
| 1. Consideration is given to all available options before hazardous chemicals and dangerous goods are chosen for use.
 |  |
| 1. When necessary to use hazardous chemicals and dangerous goods, those that are less hazardous and dangerous and/or have a lower environmental impact are considered.
 |  |
| **E2.2 Obtain, check and record hazardous chemicals and dangerous goods.** |
| 1. Hazardous chemicals and dangerous goods are purchased from approved suppliers and managed in accordance with the supplier requirements specified in M5.1*.*
 |  |
| 1. Hazardous chemicals and dangerous goods containers are adequately labelled and in acceptable condition on receival.
 |  |
| 1. All hazardous chemicals and dangerous goods purchased are recorded in an inventory. A record is kept and must include:
 |  |
| * date purchased/received
 |  |
| * place of purchase
 |  |
| * name of hazardous substances dangerous good
 |  |
| * batch number (where available)
 |  |
| * expiry date or date of manufacture
 |  |
| * quantity.
 |  |
| **E2.3 Store, manage and dispose of hazardous chemicals and dangerous goods to minimise the risk of environmental harm.** |
| 1. Hazardous chemicals and dangerous goods storage and handling areas must be:
 |  |
| * located and constructed to minimise the risk of contaminating the site and surrounding environment
 |  |
| * structurally sound, adequately lit, well-ventilated and constructed to protect from direct sunlight and weather exposure
 |  |
| * equipped with a spill kit to contain and manage spills
 |  |
| * secure, with access restricted to authorised workers
 |  |
| * maintained in compliance with any additional legislative requirements.
 |  |
| 1. Hazardous chemicals and dangerous goods are stored in separate areas for each category/class when required, and for substances awaiting disposal.
 |  |
| 1. A current Safety Data Sheet (SDS) is kept for all hazardous chemicals and dangerous goods.
 |  |
| 1. Hazardous chemicals and dangerous goods are stored in original containers according to directions on the label or Safety Data Sheet (SDS) requirements. If it is necessary to transfer the substance to another container for storage purposes, the new container is a clean chemical container, and a copy of the label or Safety Data Sheet (SDS) requirements is transferred to the new container.
 |  |
| 1. Deteriorating labels are replaced immediately with a legible copy.
 |  |
| 1. Stored hazardous chemicals and dangerous goods are checked at least annually to identify and segregate for disposal substances that have:
 |  |
| * exceeded the label expiry date
 |  |
| * exceeded the permit expiry date (where applicable)
 |  |
| * had their registration withdrawn
 |  |
| * containers that are leaking or corroded or have illegible labels.
 |  |
| 1. A record of the check is kept and must include:
 |  |
| * date of the check
 |  |
| * name and quantity of chemicals awaiting disposal
 |  |
| * name of the authorised person conducting the check.
 |  |
| 1. Unusable hazardous chemicals and dangerous goods and empty containers are legally disposed of through registered collection agencies, or through approved waste management providers. A record of disposal is kept.
 |  |
| 1. Leftover hazardous chemicals and dangerous goods unable to be stored after use are disposed of according to label directions, Safety Data Sheet (SDS) requirements, or in a manner that minimises environmental harm.
 |  |
| **E2.4 Train and authorise workers who store, handle, apply and/or dispose of hazardous chemicals and dangerous goods** |
| 1. Workers involved in the supervision of storage, handling, use and disposal of hazardous chemicals and dangerous goods must:
 |  |
| * have completed hazardous chemicals and dangerous goods training; and
 |  |
| * remain competent in hazardous chemical and dangerous goods storage, handling, use and disposal as required by this Standard and any regulatory requirement.
 |  |
| 1. Workers authorised to store, handle, use and/or dispose of hazardous chemicals and dangerous goods are trained in practices that minimise the risk of environmental contamination from chemicals and in actions to be taken in the event of chemical spills, leakage or spray drift.
 |  |
| 1. Workers authorised to store, handle, use and/or dispose of hazardous chemicals and dangerous goods are provided appropriate protective equipment to be used in accordance with label and Safety Data Sheet (SDS) requirements.
 |  |
| 1. A register of workers authorised to store, handle, use and/or dispose of hazardous chemicals and dangerous goods is maintained and accessible.
 |  |
| **E2.5 Use hazardous chemicals and dangerous goods according to regulatory, label and customer requirements** |
| 1. Hazardous chemicals and dangerous goods are handled and used according to label directions, Safety Data Sheet (SDS) requirements, and site procedures.
 |  |
| 1. Hazardous chemicals and dangerous goods usage equipment is maintained and checked for effective operation before and during each use, and when required calibrated as per manufacturers guidelines.
 |  |
| 1. Records of hazardous chemicals and dangerous goods use are kept when required by site procedures, customers or legislation.
 |  |
| **E3 – Emergency Response** |  |
| **E3.1 Manage spills to minimise environmental harm.** |
| 1. The potential spill risks for wine, wastewater and hazardous chemicals and dangerous goods are assessed. (Refer also M7.1 Incident management).
 |  |
| 1. Spill control materials and equipment are adequate for containing spill risks and located in relevant areas.
 |  |
| 1. Internal and external emergency contacts required in the event of a spill are documented and displayed in relevant areas.
 |  |
| 1. Spill response procedures are documented and displayed in relevant areas.
 |  |
| 1. Workers are trained in spill response procedures.
 |  |
| 1. Spill response procedures are reviewed and verified/updated annually, or:
 |  |
| * when there is a change in relevant legislation
 |  |
| * when there are alterations to facilities affecting spill risk
 |  |
| * following a spill
 |  |
| 1. Spill response procedures are tested at least annually. A record is kept. (Refer also M7.1 Incident management).
 |  |
| **E4 – Water Management**  |  |
| **E4.1 Manage water use on the site.** |
| 1. Water Management Program is documented and must include:
 |  |
| * date developed
 |  |
| * name of the person documenting the Program
 |  |
| * method(s) and frequency of water consumption measurement
 |  |
| * strategies used for minimising water use
 |  |
| * method(s) and frequency of wastewater measurement
 |  |
| * method(s) of wastewater treatment
 |  |
| * wastewater reuse, recycling, treatment or disposal strategies
 |  |
| * worker(s) responsible
 |  |
| 1. The Water Management Program is reviewed in consideration of improvement strategies and updated at least annually. The name of the person completing the review and the date of the review are documented.
 |  |
| 1. Water use improvement strategies identified in E4.1.2 are documented in the Sustainability Action Plan (M2).
 |  |
| **E4.2 Maintain water sources and infrastructure.** |
| 1. All water sources used are identified. A record is kept.
 |  |
| 1. Water sources are monitored and managed to minimise potential contamination from:
 |  |
| * human activities
 |  |
| * livestock and domestic animals
 |  |
| * wildlife (where possible)
 |  |
| * adjacent activities.
 |  |
| 1. Water extraction points, water storage and delivery infrastructure and equipment is monitored and maintained.
 |  |
| 1. Applicable licences and permits for infrastructure and activities in water harvesting, extraction, storage, use and discharge are current and available.
 |  |
| 1. Water licences and permits are adhered to.
 |  |
| **E5 – Wastewater Management**  |  |
| **E5.1 Manage wastewater to minimise environmental harm.** |
| 1. Contaminated stormwater, winery wastewater, grape juice and wine from drains, pipes, sumps, tanks, retention basins or other facilities all drain into the wastewater capture and management system.
 |  |
| 1. Wastewater capture and storage systems are:
 |  |
| * separated from domestic septic systems
 |  |
| * sized to manage peak volumes
 |  |
| * monitored and maintained to minimise risk of leakage.
 |  |
| 1. Wastewater treatment systems are:
 |  |
| * designed to treat wastewater to the irrigation or discharge standard required
 |  |
| * verified as achieving the irrigation or discharge standard required
 |  |
| * maintained and checked for effective operation. Maintenance records are kept.
 |  |
| 1. Wastewater volume is measured and reviewed annually against the Water Management Program.
 |  |
| 1. Water efficiency is considered in the selection and design of new irrigation systems.
 |  |
| 1. Water run-off or discharge from the property is managed or treated to minimise environmental harm on and off-site.
 |  |
| 1. Strategies are implemented to prevent contamination and sedimentation of water sources.
 |  |
| **E5.2 Manage wastewater to minimise land and soil degradation, erosion and contamination.** |
| 1. Wastewater disposal practices on the winery site are chosen to minimise soil degradation, erosion and contamination.
 |  |
| 1. Wastewater disposed to land via irrigation is assessed for risk of causing an increase in soil salinity, soil acidity, soil alkalinity or soil sodicity.
 |  |
| 1. Wastewater used for irrigation that has the potential to increase soil salinity, soil acidity, soil alkalinity or soil sodicity is either treated before use or the land areas receiving the wastewater are monitored for changes.
 |  |
| 1. Land areas receiving irrigation from untreated wastewater are tested and monitored for changes to soil salinity, soil acidity, soil alkalinity or soil sodicity. Test results are kept including:
 |  |
| * date of testing
 |  |
| * area and parameter(s) tested
 |  |
| * testing result(s) and action recommended
 |  |
| * name and signature of the person who carried out the testing
 |  |
| 1. Irrigation records are kept for land areas irrigated with untreated wastewater, including:
 |  |
| * date of irrigation(s)
 |  |
| * areas irrigated
 |  |
| * volume of water used or duration of irrigation
 |  |
| * name of the person who managed the irrigation activity.
 |  |
| **E5.3 Manage areas with highly degraded, eroded or contaminated soil.** |
| 1. Land areas identified as being highly degraded, eroded or contaminated are:
 |  |
| * managed to minimise further degradation, erosion or contamination
 |  |
| * contained to minimise soil movement on and off-site.
 |  |
| 1. Remediation activities for areas identified in E5.3.1 are documented in the Sustainability Action Plan (SAP).
 |  |
| **E6 – Biodiversity**  |  |
| **E6.1 Manage biodiversity on the property.** |
| 1. A Biodiversity Management Program is established using strategies and practices to:
 |  |
| * protect areas of biodiversity identified on the property map
 |  |
| * reduce threatening processes
 |  |
| * manage feral animals, invasive species, pests, environmental weeds, and disease(s) on the property.
 |  |
| 1. The Biodiversity Management Program is documented and must include:
 |  |
| * date developed
 |  |
| * name of the person documenting the Program
 |  |
| * biodiversity issues or values
 |  |
| * strategies/practices
 |  |
| * worker(s) responsible.
 |  |
| 1. The Biodiversity Management Program is reviewed and updated annually. The name of the person completing the review and the date of the review are documented.
 |  |
| **E6.2 Develop strategies to protect and improve biodiversity.** |
| 1. Biodiversity protection and improvement strategies are developed with consideration of regional biodiversity priorities.
 |  |
| 1. Improvement strategies identified in E6.2.1 are documented in the Sustainability Action Plan (M2).
 |  |
| **E7 – Waste** |  |
| **E7.1 Manage waste on the property** |
| 1. A Waste Management Program is documented and must include:
 |  |
| * date developed
 |  |
| * name of the person documenting the Program
 |  |
| * all waste types
 |  |
| * waste storage locations
 |  |
| * management method(s)
 |  |
| * worker(s) responsible.
 |  |
| 1. Workers are provided appropriate protective equipment to be used in accordance with the Waste Management Program.
 |  |
| 1. Waste that cannot be avoided, reused, or recycled, is disposed of in approved off-site facilities.
 |  |
| 1. Records of waste transport and disposal of controlled wastes are kept, and suppliers of these services are managed in accordance with supplier requirements specified in M5.1.
 |  |
| 1. All stored waste is managed to minimise the risk of contaminating onsite and off-site areas and to minimise pest activity
 |  |
| 1. The Waste Management Program is reviewed in consideration of improvement strategies and updated at least annually. The name of the person completing the review and the date of the review are documented.
 |  |
| 1. Waste management improvement strategies identified in E7.1.6 are documented in the Sustainability Action Plan (M2).
 |  |
| **E7.2 Review input materials and suppliers to reduce waste.** |
| 1. Raw material inputs, size, quantity/weight, the potential for reuse or recycling, and the residual waste product must be considered in the selection of input materials.
 |  |
| 1. Packaging size, quantity and weight, and the potential to reuse or recycle input materials is considered in the selection.
 |  |
| 1. A review of input materials is undertaken at least annually, to prioritise the reduction of plastic waste.
 |  |
| 1. Suppliers of input materials are managed in accordance with supplier requirements specified in M5.1.
 |  |
| **E8 – Air Quality**  |  |
| **E8.1 Manage air quality.** |
| 1. An Air Quality Management Program is documented and must include:
 |  |
| * date developed
 |  |
| * name of the person documenting the Program
 |  |
| * issue(s) to be addressed
 |  |
| * area/location
 |  |
| * management methods
 |  |
| * worker(s) responsible.
 |  |
| 1. Workers are provided appropriate protective equipment to be used in accordance with the Air Quality Management Program.
 |  |
| 1. The Air Quality Management Program is reviewed in consideration of improvement strategies and updated at least annually. The name of the person completing the review and the date of the review are documented.
 |  |
| 1. Air quality improvement strategies identified in E8.1.3 are documented in the Sustainability Action Plan (M2).
 |  |
| **E9 Energy and Fuel** |  |
| **E9.1 Energy and fuel efficiency is optimised throughout the production system.** |
| 1. Energy and fuel efficiency must be considered in the selection and/or design of new premises, vehicles, machinery, and equipment.
 |  |
| 1. Efficient operating practices for premises, vehicles, machinery, and equipment are identified and implemented.
 |  |
| 1. Servicing and maintenance records are kept for vehicles, machinery, and equipment.
 |  |
| 1. Electricity and fuel consumption is reviewed at least annually, in consideration of improvement strategies for use.
 |  |
| 1. Electricity and fuel use improvement strategies identified in E9.1.4 are documented in the Sustainability Action Plan (M2).
 |  |
| **E9.2 Bulk fuel is stored to minimise environmental harm.** |
| 1. Bulk fuel storages are located, constructed, and maintained to minimise the risk of environmental contamination and contain spillage.
 |  |
| 1. A current Safety Data Sheet (SDS) is kept for all bulk fuel stored on the property.
 |  |
| 1. Workers are provided appropriate protective equipment to be used in accordance with Safety Data Sheet (SDS) requirements.
 |  |
| 1. Suppliers of bulk fuel are managed in accordance with the supplier requirements specified in M5.1.
 |  |

|  |  |
| --- | --- |
| Freshcare Rules |  |
| R1 Scope | Comments for 2024 Review |
| Certification against this Standard covers business operations involved in primary production activities as outlined in the following table: |  |
| **Standards** |  |
| Freshcare Australian Wine Industry Standard of Sustainable Practice - Winery AWISSP-WIN1 |  |
| **Applicable to** |  |
| **Winery** Includes businesses involved in the production of wine.**Wine Business** Includes businesses that sell wine under their own label, but do not own a winery.  |  |
| **Audit Cycle** |  |
| Triennial (3 years) The Certification Body will conduct recertification audits to take place up to 60 days prior to the certification anniversary month, which is a fixed month based on historical audit reporting. |  |
| **Audit Duration** |  |
| The duration of a Freshcare audit will vary in consideration of business size and scope and will be set by the Certification Body.  |  |

| R2 Freshcare Registration Process  | Comments for 2024 Review |
| --- | --- |
| 1. A business is considered a legal operating entity, such as a sole trader, partnership, limited or unlimited company, limited liability partnership. It also meets the following:
	1. where in Australia, holds an Australian Government ABN;
	2. where International, is a legally registered business in the Country in which it is conducting operations for the purposes of certification;
	3. the business is a client of CB for the purposes of certification.
 |  |
| 1. Businesses shall apply to be registered for the Freshcare Program either through participation in approved Freshcare training or via application to Freshcare.
 |  |
| 1. Businesses registering with Freshcare for audit purposes should be consistent with the business details registered with Sustainable Winegrowing Australia in relation to ownership and management.
 |  |
| 1. The registration must include a detailed business profile, including management and key contact information. The key contact will be responsible for the management of the business’s compliance with the Freshcare Program. The key contact may be:
 |  |
| * 1. a corporate entity/ parent business with oversight of all related entities; or
 |  |
| * 1. a management services entity acting under contractual agreement to conduct and provide operational activities for several individual business entities; or
 |  |
| * 1. single person responsible for business decisions.
 |  |
| 1. A site is defined as:
	1. winery - considered land on which a winery is located, and product is produced, handled, and stored. This will have a physical address.
	2. for wine businesses - this is the office for the registered address of the entity.
 |  |
| 1. All sites to be included under the scope of a business’s certification must be disclosed on the Freshcare registration form and on application to the certification body for audit.
 |  |
| 1. There is an allowance for certification to be obtained through utilising the central organisational model. A business wishing to ultilise this model shall contact their Certification Body to determine eligibility and ascertain details.
 |  |
| 1. In the case that the individual business has multiple sites, these may be registered under a single registration if they
 |  |
| * 1. operate under a single management system, and
 |  |
| * 1. geographically allow (approx.100km/ 1.5-2-hour travel) for all sites to be visited as part of a single reported audit.
 |  |
| 1. All winery operations shall be visited for inclusion on a certificate.
 |  |
| 1. Multiple businesses that operate from one site (address) shall be registered with Freshcare separately. The audit shall be scheduled for each individual business, but the audits may be conducted consecutively.
 |  |
| 1. Certificates are not transferable between separate business entities. If a business requires a change to Legal name/ABN details, then they must contact their certification body to enact this change.
 |  |
| 1. Should the business/ entity cease to operate under the central organisation model (as per R2 (7)), due to sale or contract termination, then the certificate is no longer valid, and the business/ entity will need to undertake the certification process again.
 |  |
| 1. Any change to a business’s profile or key contact information or other details provided on registration must be notified to the certification body in writing within 28 days of the change.
 |  |
| 1. Each business participating in the program shall have least one (1) representative of the management complete approved training, as required by the Freshcare Standard(s):
 |  |
| * 1. This training shall be conducted prior to an audit being undertaken at time of initial registration to the program; and
 |  |
| * 1. Where this person leaves, the business shall require a new trained representative to commence training within three (3) months.
 |  |
| 1. These Rules are the terms on which, upon registration, a business agrees to participate in the Freshcare Program:
 |  |
| * 1. Businesses participating in the Freshcare Program must comply with these Rules and the Freshcare Standard(s) nominated by the business at all times;
 |  |
| * 1. Failure to comply with the Rules or the requirements of the nominated Freshcare Standard(s), may result in a business’s Freshcare certification being suspended or withdrawn;
 |  |
| * 1. A business must notify Freshcare and its nominated Certification Body of any prosecutions brought, or likely to be brought against the business, in relation to any business activities within the scope of their Freshcare certification.
 |  |
| * 1. Each business acknowledges and agrees that Freshcare may disclose information concerning the business to any government authority for any lawful purpose and otherwise as required by law;
 |  |
| * 1. Certain information handled by Freshcare may be personal information, as defined in the Privacy Act 1988 (Cth). Personal information obtained by Freshcare is handled in accordance with Freshcare’s Privacy Policy, as available on Freshcare website and amended from time to time.
 |  |

|  |  |
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| **R3 Two part Audit process.** | **Comments for 2024 Review** |
| 1. This section outlines the processes to be followed regarding an option of a two part audit process (remote auditing). This process is VOLUNTARY and must be mutually agreed with the participating Business and the CB in writing.
2. Wine Business Audits can be conducted as fully remote audits.
 |  |

|  |  |  |  |
| --- | --- | --- | --- |
| ***Audit***  | ***Component***  | ***Rule*** | ***Implementation/ Notes***  |
| *Part A* | *Remote component.**Shall be conducted in accordance with Two-part audit process procedure.* | *Must be conducted first.**Rules under R4 still apply.*  |  |
| *Part B* | *On -site component.* | *No greater than 30 days after Part A, unless exception has been approved by CB, in accordance with Two-part audit process procedure.*  | *Any items that have not been provided during Part A shall be followed through during the Part B to ensure complete audit outcome.* *Non conformances raised as part of Part A still are reportable as part of the audit outcome and shall be addressed separately by the business as per R5.*  |

| R4 Freshcare Certification Process  | Comments for 2024 Review |
| --- | --- |
| 1. A minimum of three (3) months should be allowed between training and audit to allow for implementation of the program on site prior to audit.
 |  |
| 1. Only Freshcare approved Certification Bodies may conduct Freshcare audits. A list of approved Certification Bodies, with their scopes is available on the Freshcare website.
 |  |
| 1. Upon application for audit, a business must enter a written contract with a Freshcare approved Certification Body for the provision of Freshcare certification services prior to the commencement of audit activity. The contract will include information pertaining to Standard(s), Scopes, Company Details (name, address, contacts), type of audit and other details required to be captured by the Certification Body.
 |  |
| 1. Subject to its contract with its nominated Certification Body, a business may change its nominated Certification Body at any time, in accordance with the following:
 |  |
| * 1. The business is not currently suspended from the Freshcare Program;
 |  |
| * 1. there are currently no corrective actions outstanding or outstanding payments from previous audits; and
 |  |
| * 1. contact is required with Freshcare prior to CB transfer, to enable the transfer to occur on the Freshcare database.
 |  |
| 1. Only auditors complying with competency requirements set by Freshcare, and who are employed by or contracted to a Freshcare approved Certification Body, may conduct Freshcare audits.
 |  |
| 1. The business acknowledges and agrees that where consulting or training services related to the Freshcare Standard(s) have been provided to the business by an individual contracted to, or employed by a Certification Body, that individual is excluded from conducting any Freshcare audit for that same business within two (2) years of completion of the consulting/training activity.
 |  |
| 1. Audits are scheduled with adequate notice for both the business and the auditor/Certification Body and auditors are appointed by the Certification Body with due consideration and care and should not be influenced by the business.
 |  |
| 1. The business must provide unimpeded access to the site and premises, to full documentation and records, and to product, for the purpose of conducting the audit and provide all reasonable assistance required by the auditor in the conduct of the audit.
 |  |
| 1. The business acknowledges and agrees that an auditor (or a Certification Body) may refuse to carry out or finish a Freshcare audit:
 |  |
| * 1. in the presence of a third party who they believe may intentionally or otherwise influence the outcome of the audit in an inappropriate manner.
 |  |
| * 1. if they feel threatened or have been subject to abusive behaviour during the visit.
 |  |
| * 1. if the site is empty or non-operational.
 |  |
| * 1. if they deem that the business has not implemented the Freshcare Program, or no records are available.
 |  |
| * 1. if the business fails to provide complete and accurate information as required by the auditor.
 |  |
| 1. An auditor may be accompanied on the audit for training or accreditation purposes, e.g. auditor training, auditor calibration, witness audits (Freshcare, AWRI, or Certification Body).
 |  |
| 1. A copy of the audit report, supporting documentation and Freshcare certificate will be made available to Freshcare, and the audit result will be communicated to Freshcare.
 |  |
| 1. Freshcare may contact the business directly for feedback on auditor and/or Certification Body performance.
 |  |
| 1. At the completion of the audit, the result will be communicated to the business by the Certification Body, and documented by the Certification Body using FreshcareOnline, creating an electronic record.
 |  |
| 1. Where corrective actions have been raised (refer R4), the information will be communicated to the business, documented on FreshcareOnline and the timeframes and process for correction provided.
 |  |
| 1. The full audit report, including any subsequent evidence provided by the business for closure of corrective actions, will be reviewed by the Certification Body prior to a certification decision.
 |  |

|  |  |
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| **R5 Corrective Action Report (CAR) Rating and Closure** | **Comments for 2024 Review** |
| **Rating** | **Actions**  |  |
| **Critical** |  |  |
| An issue presenting an immediate risk to the environment, or when the integrity of the Program has been compromised. | Critical CAR action plan must be addressed by the business and provided to the Certification Body within **48 hours** of audit. A re-audit may be required.  | The business is immediately suspended whilst a resolve is determined between the business and the Certification Body to close the Critical CAR. When the corrective action plan is agreed by the Certification Body, the CAR’s must be fully closed within 28 days for the certification to be issued.  |  |
| **Major** |  |  |  |
| Raised when there is the potential to compromise the environment or the integrity of the Program. Compliance with the majority of Standard elements is considered essential to certification.  | Major CARs must be addressed within 28 days of audit. | CAR’s remaining outstanding after six (6) months deems the audit invalid. |  |
| **Minor** |  |  |  |
| Raised where the issue is not likely to directly impact the environment or the integrity of the Program, but still is of a nature that requires the business to act. | Minor CARs must be addressed within 90 days of the audit.  | CAR’s remaining outstanding after twelve (12) months deems the audit invalid. |  |
| **Observations** |  |  |  |
| Observations or points for improvement may be documented by the auditor in the audit report at the time of the audit. The business can choose how they handle this feedback. |  |

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| --- |
| **R5 Corrective Action Report (CAR) Rating and Closure** |
| 1. All corrective actions raised at audit must closed out within the time frames indicated for certification to be issued.
 |  |
| 1. Wherever practical, outstanding issues will be ‘closed out’ remotely through written or photographic evidence. However, in the event where evidence of ‘close out’ for outstandingissues cannot be provided remotely, a follow-up audit may need to be scheduled, at the expense of the business.
 |  |

| R6 Fees |  |
| --- | --- |
| 1. Payment of all fees by participating businesses is a requirement for the business’s continued Freshcare certification.
 |  |
| 1. Fees for certification services (e.g. auditing services) are payable to the Certification Body by the business. Freshcare therefore has no influence over the specific fees charged by the Certification Body for undertaking the audit.
 |  |
| 1. The cancellation of a scheduled audit may result in a penalty fee in accordance with the terms of the contract between the Certification Body and the business.
 |  |
| 1. A Freshcare certification fee is collected from a business by the Certification Body and remitted to Freshcare. Freshcare fees are reviewed annually and advised via the Freshcare website.
 |  |

| R7 Suspensions and Withdrawal |  |
| --- | --- |
| 1. Suspension and Withdrawal from program may occur where:
 |  |
| * 1. False or misleading information is provided on application for audit, or in subsequent business updates.
 |  |
| * 1. A Critical CAR is raised.
 |  |
| * 1. The business unreasonably delays or continually defers a Freshcare audit.
 |  |
| * 1. The auditor cannot complete an audit in full, including because the business fails to provide access to a site or records, or otherwise fails to cooperate in the audit process.
 |  |
| * 1. The business fails to pay any fees in connection with the Freshcare Program.
 |  |
| * 1. The business supplies false or misleading information.
 |  |
| * 1. The Certification Body is of the opinion, reasonably held, that the business has breached a material provision of these rules or is not maintaining compliance with the stated requirements of the relevant Freshcare Standard(s) or these rules or is unable or unwilling to do so.
 |  |
| 1. If a business’s certification is suspended and the ground for suspension is not capable of rectification or, if capable of rectification, the business does not take the necessary action(s) to rectify within a timeframe specified by the nominated Certification Body, the business’s registration(s) may be withdrawn by written notice from the Certification Body. Notification will occur to Freshcare and the AWRI and the businesses details will be removed from public registers.
 |  |

| R8 Complaints and Appeals |  |
| --- | --- |
| 1. Freshcare reserves the right to conduct its own audit on a business in response to complaints or as part of routine compliance activities. These audits may be announced or unannounced.
 |  |
| 1. A complaint or appeal in relation to Certification Body services is to be directed to the Certification Body. The Certification Body must have a process to handle complaints and appeals.
 |  |
| 1. The Business can contact Freshcare for assistance in resolving a complaint between them and the Certification Body should an initial outcome not be satisfactorily managed. There is an enquiry form available on our website [www.freshcare.com.au/contact-us/enquiry-form](http://www.freshcare.com.au/contact-us/enquiry-form)
 |  |
| 1. Complaints in relation to activities undertaken by Freshcare will be managed in accordance with Freshcare’s complaints procedure.
 |  |