



AUDIT REPORT: CFN KİMYA SAN. VE DIŞ TİC. A.Ş.

VISIT TYPE: S2A (TÜRKAK - ISO/IEC 27001:2022)
CONTRACT NUMBER TR/IST/22214475

BE THE BENCHMARK



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MANAGEMENT SYSTEM CERTIFICATION AUDIT CLIENT REPORT

EXECUTIVE SUMMARY

SGS DELIVERING OFFICE	SGS Supervise Gözetme Etüd Kontrol Servisleri A.S.
ORGANIZATION NAME	CFN KİMYA SAN. VE DIŞ TİC. A.Ş.
HEAD OFFICE	GEBKİM V. KİMYA İHTİSAS ORGANİZE SANAYİ BÖLGESİ, MURAT YILDIRAN CADDESİ, NO:3 ÇERKEŞLİ DILOVASI / KOCAELİ / TÜRKİYE
REPRESENTATIVE	GİZEM YILMAZ

AUDIT CRITERIA

STANDARD(S)	ACCREDITATION	ACCREDITED SGS OFFICE	NO. OF EFFECTIVE PERSONNEL
ISO/IEC 27001:2022	TÜRKAK	SGS Supervise Gözetme Etüd Kontrol Servisleri A.S.	175

CERTIFICATION SCOPE

Turkish: Gümrük ve dış ticaret işlemlerini ve bu işlemlere ilişkin lojistik, muhasebe, finans ve bilgi işlem faaliyetlerinin bilgi varlıkları ile bu varlıkları korumak amacıyla kullandığı güvenlik önlemlerini ve bu faaliyetlerin yürütüldüğü tüm idari bina ve tesisleri kapsar.

DD.005 BGYS SOA Uygulanabilirlik Bildirgesi (02.08.2024 Ver: 0, Kapsam Dışı Kontroller: 8.4 Kaynak Koduna Erişim, 8.28 Güvenli Kodlama)

SITES IN CERTIFICATION SCOPE

SITE NAME AND ADDRESS	SCOPE (PER SERVICE)
CFN Kimya Sanayi ve Dış Ticaret A.Ş. GEBKİM V. KİMYA İHTİSAS ORGANİZE SANAYİ BÖLGESİ, MURAT YILDIRAN CADDESİ, NO:3 ÇERKEŞLİ DILOVASI / KOCAELİ / TÜRKİYE	TÜRKAK - ISO/IEC 27001:2022 Turkish: Gümrük ve dış ticaret işlemlerini ve bu işlemlere ilişkin lojistik, muhasebe, finans ve bilgi işlem faaliyetlerinin bilgi varlıkları ile bu varlıkları korumak amacıyla kullandığı güvenlik önlemlerini ve bu faaliyetlerin yürütüldüğü tüm idari bina ve tesisleri kapsar. DD.005 BGYS SOA Uygulanabilirlik Bildirgesi (02.08.2024 Ver: 0, Kapsam Dışı Kontroller: 8.4 Kaynak Koduna Erişim, 8.28 Güvenli Kodlama)

AUDIT TEAM COMPOSITION AND AUDIT INFORMATION

AUDIT TEAM LEADER	Halis Dogan External
AUDIT TEAM MEMBER	Gurol Gokcimen External - Auditor
ANY OTHER ACCOMPANYING PERSON (NAMES & ROLES)	
AUDIT DATE(S)	25-27 September 2024
FOR INTEGRATED AUDITS, CONFIRM THE CURRENT LEVEL OF THE CLIENT'S IMS INTEGRATION	<input checked="" type="checkbox"/> N/A <input type="checkbox"/> Basic <input type="checkbox"/> High

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1. AUDIT OBJECTIVES

The objectives of this audit/visit are, for the scope of certification

- Determination of the conformity of the client's management system, or parts of it, with audit criteria
- Determination of the ability of the management system to ensure the client meets applicable statutory, regulatory and contractual requirements (NOTE A management system certification audit is not a legal compliance audit.)
- Determination of the effectiveness of the management system to ensure the client can reasonably expect to achieving its specified objectives
- As applicable, identification of areas for potential improvement of the management system

CONSIDERATIONS

The scope of the audit, dates and places where audit activities were conducted are identified in the audit plan (any changes are identified in the audit report)

This audit report contains a summary of the capability of the management system to meet applicable requirements and expected outcomes

This report is confidential, and distribution is limited to the audit team, audit attendees, client representative, the SGS office and may be subject to Accreditation Body, Certification Scheme owners or any other Regulatory Body sampling in line with our online Privacy Statement which can be accessed at www.sgs.com/en/privacy-at-sgs

Audits use a sampling process, based on the information available at the time of the audit. The audit methods shall include, but are not limited to, interviews, observation of activities and review of documentation and records

2. SUMMARY AND CONCLUSIONS

CONCLUSIONS

The audit team recommends that, based on the results of this audit, the management system certification be

TÜRKAK - ISO/IEC 27001:2022	<input checked="" type="checkbox"/> Granted	<input type="checkbox"/> Continued	<input type="checkbox"/> Renewed
	<input type="checkbox"/> Modified	<input type="checkbox"/> Withheld	<input type="checkbox"/> Suspended

Continued certification is conditional to satisfactory processing of non-conformities

AUDIT SUMMARY

The management system documentation demonstrated conformity with the requirements of the audit standard(s) and provided sufficient structure to support implementation and maintenance of the management system. Yes No

The organization has demonstrated effective implementation and maintenance / improvement of its management system and is capable of achieving its policy objectives, as well as the intended results of the respective management system(s). Yes No

The organization has demonstrated effective implementation and monitoring of its management system's ability regarding meeting of applicable statutory, regulatory and contractual requirements. Yes No

The organization has demonstrated the establishment and tracking of appropriate key performance objectives and targets and monitored progress towards their achievement. Yes No

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The internal audit program has been fully implemented and demonstrates effectiveness as a tool for maintaining and improving the management system. Yes No

The management review process demonstrated capability to ensure the continuing suitability, adequacy and effectiveness of the management system. Yes No

Throughout the audit process, the management system demonstrated overall conformance with the requirements of the audit standard(s). Yes No

Number of non-conformities identified: _____ 0 _____ Major _____ 7 _____ Minor

Corrective actions regarding previously identified non-conformities are effective Yes No

Certification scope is appropriate Yes No

Has this scope been amended as a result of this audit? Yes No

Audit objectives have been fulfilled Yes No

Audit plan was followed Yes No

Audit programme is adequate Yes No

Any issues resolved Yes No

3. PREVIOUS FINDINGS

The results of the last audit of this system have been reviewed, in particular to assure appropriate correction and corrective action has been implemented when non-conformities (or Stage 1 findings) were identified. When the management system has not adequately addressed non-conformity (or Stage 1 finding) identified during previous audit activities, the specific issue has been raised in the non-conformity section of this report.

4. NON-CONFORMITIES

"GS0401 - CAR Form - Issue 5" CAR form attached in package.

NON-CONFORMITY	N° <u>1</u> of <u>7</u>	<input type="checkbox"/> Major <input checked="" type="checkbox"/> Minor
PROCESS	Purchasing	
DOCUMENT REF.:	FPR.022-06 Supplier Evaluation Form form 26.08.2024 Ver:0	CLAUSE Annex-A 5.22
DESCRIPTION	TR: Netsmart firmasına ait tedarikçi değerlendirme kaydı görülememiştir. EN: Supplier evaluation record of Netsmart company could not be seen.	

NON-CONFORMITY	N° <u>2</u> of <u>7</u>	<input type="checkbox"/> Major <input checked="" type="checkbox"/> Minor
PROCESS	IT Management	

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DOCUMENT REF.:	PR.082 Procedure for the use of cryptographic controls 26.08.2024 Ver:0	CLAUSE	Annex-A 8.24
DESCRIPTION	<p>TR: Yayında olan iki prosedürde de Gizli ve Çok Gizli içerikli verilerin iletimi konusunda kriptografik kontroller belirlenmemiştir. PR.082 Kriptografik kontrollerin kullanımı prosedürü 26.08.2024 Ver: 0 PR.081 e-posta ve internet kullanım esasları prosedürü 26.08.2024 Ver: 0</p> <p>EN: Neither of the two published procedures have specified cryptographic controls for the transmission of confidential and top secret data. PR.082 Procedure for the use of cryptographic controls 26.08.2024 Ver: 0 PR.081 Procedure for the use of e-mail and internet rules 26.08.2024 Ver: 0</p>		

NON-CONFORMITY	N° <u>3</u> of <u>7</u>	<input type="checkbox"/> Major	<input checked="" type="checkbox"/> Minor
PROCESS	Asset Management		
DOCUMENT REF.:	VE.008 Information Technologies ISMS Asset Inventory 22.07.2024 Ver: 0	CLAUSE	Annex-A 5.9
DESCRIPTION	<p>TR: VE.008 Bilgi Teknolojileri BGYS Varlık Envanteri 22.07.2024 Ver: 0 form incelenmiş olup, bazı varlıklara ait varlık değerlendirmesi yapılmadığı görülmüştür</p> <p>EN: VE.008 Information Technologies BGYS Asset Inventory 22.07.2024 Ver: 0 form was examined and it was seen that asset assessment of some assets was not done.</p>		

NON-CONFORMITY	N° <u>4</u> of <u>7</u>	<input type="checkbox"/> Major	<input checked="" type="checkbox"/> Minor
PROCESS	IT Management		
DOCUMENT REF.:		CLAUSE	Annex-A 7.9
DESCRIPTION	<p>TR: Kuruluş dışındaki varlıkların güvenliği konusunda MDM, BitLocker gibi güvenlik önlemleri POC aşamasında olup, yaygınlatırma süreci devam etmektedir</p> <p>EN: Security measures such as MDM and BitLocker regarding the security of assets outside the organization are in the POC phase and the dissemination process is ongoing.</p>		

CAR 5/7:

Minor – Document Management - Clause 7.5

TR: Doküman Yönetiminde bazı dokümanların hazırlandığı ve uygun olduğu konusunda mutabık kalındığı halde onaylanmadığı görülmüştür. Örneğin PR 002 Tedarikçi Seçme ve Değerlendirme Prosedürü

EN: It has been observed that some documents were prepared in Document Management and although it was agreed that they were appropriate, they were not approved. For example, PR 002 Supplier Selection and Evaluation Procedure

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CAR 6/7:

Minor – PR-010 Technical Change Procedure - Annex-A: 8.32

TR: Değişiklik Yönetimi konusunda belirtilen dokümanın "Teknik Değişikliğin Yönetimi Prosedürü" bilgi güvenliği konularını içermediği görülmüştür. (PR-010 Teknik Değişiklik Prosedürü)

EN: It has been observed that the document specified on Change Management, "Technical Change Management Procedure" does not include information security issues. (PR-010 Teknik Değişiklik Prosedürü)

CAR 7/7:

Minor – IT Management - Annex-A 5.28

TR: İhlal Olayları Yönetiminde ihlal olaylarından ders çıkarma ve kanıtların korunması konularının bazı ihlaller için düzenlenmediği görülmüştür.

EN: In the Violation Incident Management, it has been observed that the issues of learning from violation incidents and preservation of evidence are not regulated for some violations.

FOR MAJOR NON-CONFORMITIES	
Corrective action (including a cause analysis) to take place immediately. The client must notify SGS of the proposed actions within 30 days of this visit. SGS will perform an appropriate follow up within 90 days confirming that actions have been effective. The certification decision shall be made based on the outcome of the follow up.	
Follow up visit by SGS to confirm the actions taken (within 90 days) (or)	<input type="checkbox"/>
Actions with supporting evidence sent to the SGS auditor for close-out (within 90 days)	<input type="checkbox"/>
FOR MINOR NON-CONFORMITIES	
Corrective Actions to address identified minor non-conformities including a cause analysis shall be documented on an action plan. Effectiveness of actions taken to be followed up at next scheduled visit (all audits).	
Action plan reviewed by the auditor and found to be satisfactory (audit pack requires certificate decision)	<input checked="" type="checkbox"/>
Action plan to be sent to SGS within 90 days for review (audit pack requires certificate decision)	<input type="checkbox"/>
Action plan does not need to be sent to SGS (audit pack does not require certificate decision / client proposed actions already reviewed)	<input type="checkbox"/>

Non-conformities detailed here shall be addressed through the organization's corrective action process, in accordance with the relevant corrective action requirements of the audit standard and shall include actions to analyse the cause of the non-conformity and prevent recurrence, and complete records maintained.

Deadlines indicated may need to be reduced when there is a more restrictive requirement, e.g. certificate expiry.

5. OBSERVATIONS AND IMPROVEMENT OPPORTUNITIES

- 1- Application security requirement determination should be apply for all system. (Article No: 8.26)
- 2- Risk Management Tables should be rewiev periodically. Especially probability and effect should be considered. (Article No: 6.1)
- 3- Derermined objectives should be rewived periodically in a date line. (Article No: 6.2)

6. SPECIFIC REQUIREMENTS

Any significant changes?

Yes

No

Add comment (if required)

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Certification claims are accurate and in accordance with SGS guidance and the organization is effectively controlling the use of certification documents and marks

N/A Yes No

Add comment (if required)

7. ADDITIONAL COMMENTS

N/A

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WHEN YOU NEED TO BE SURE

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