Compliance with the SBP Framework: Public Summary Report

Control Union Certifications BV Evaluation of 4 Wood, Lda

Third Surveillance Audit

Sustainable Biomass Program
sbp-cert.org



Completed in accordance with the CB Public Summary Report Template Version 2.1 and SBP Bridging Requirements for Meeting the Directive EU/2023/2413 (REDIII)

For further information on the SBP Framework and to view the full set of documentation see **www.sbp-cert.org**

Document history

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1 Overview

Certification Body (CB) Name:	Control Union Certifications BV
Primary CB contact for SBP:	Lukasz Dabrowski
Primary CB contact email:	ldabrowski@controlunion.com
Audit team leader:	Henrique Silva
Audit team members:	-
Name of the Company:	4 Wood, Lda
Company legal address:	Rua da Zona Industrial, nº 139, 3270 029 Graça, Portugal
Company contact for SBP:	João Magalhães
Company contact email:	joao.magalhaes@enerpellets.pt
Company website:	www.enerpellets.pt
Date of installation:	20 Mar 2026
SBP Certificate Code:	SBP-06-85
Date of certificate issue:	01 Jun 2023
Date of certificate expiry:	31 May 2028
Audit closing meeting date:	20 Mar 2026
Audit cycle:	Third Surveillance Audit

2 Audit conclusions

2.1 Certification decision

Based on the auditor's recommendation and the Certification Body's technical review, the following certification decision is taken:	
Certification decision:	Certification approved
Certification decision by (name of the person):	Bruna Scarparo
Date of decision:	28 May 2026
Other comments:	N/A

2.2 Open non-conformities and observations

2.2 Closed non-conformities

NC number 8658	NC Grading: Minor
Standard:	Instruction Document 5E: Collection and Communication of Energy and Carbon data. v2.1
Requirement:	2.2.1 The BP shall determine the DTR for biomass supplied with an SBP Claim. A DTR occurs after production where biomass is transferred outside the scope of the BP's certificate to another Legal Owner. An example is a port where the transfer of ownership takes place for delivery to an End-user or Trader. There can be more than one DTR for a single biomass production facility. N/A N/A
Description of Non-conformance and Related Evidence:	
In the transaction of April 2025 the supplier sent the reference from the previouse SAR (old version) were SDIs were in use and no DTRs	
Timeline for Conformance:	By the next surveillance audit, but no later than 12 months from report finalisation date
Evidence Provided by Company to close NC:	The transaction documentation was reviewed and corrected to ensure the use of the appropriate DTR reference in accordance with the current SBP DTS requirements and Instruction Document 5E. An internal review of DTS transaction procedures was performed and the responsible personnel received additional training regarding the correct use of DTR references under the updated SBP framework requirements. The organisation also updated the internal control procedure for DTS transaction verification to ensure that all future transactions are validated prior to submission.
Findings for Evaluation of Evidence:	The evidence provided demonstrates that the organisation reviewed and corrected the affected transaction and implemented preventive measures to avoid recurrence. Training records and updated internal controls confirm improved understanding and verification of DTS requirements, including the mandatory use of DTR references under the current SBP framework. The implemented actions are considered adequate to address the root cause of the non-conformity.
NC Status:	Closed
Original Due Date:	2027-03-20
Closing Date:	2026-05-28
Upgrade Date:	N/A
Update Date:	N/A

NC number 8659	NC Grading: Minor
Standard:	Instruction Document 5E: Collection and Communication of Energy and Carbon data. v2.1
Requirement:	4.1.3 DTS Transaction shall be registered and shared with the customer in the DTS within 30 calendar days after the actual sales date of the biomass. N/A N/A

Description of Non-conformance and Related Evidence:	
"In the transaction ""4Wood_2024 cd46be27-449e-300e-9bb1-61b1a7c70571"" the invoice received is from DEC31 and the DTS is updared in April 4th"	
Timeline for Conformance:	By the next surveillance audit, but no later than 12 months from report finalisation date
Evidence Provided by Company to close NC:	An internal procedure was implemented requiring all SBP DTS transactions to be registered immediately after invoice issuance and always within the maximum deadline of 30 calendar days, in accordance with Instruction Document 5E requirements. The affected transaction was reviewed and the organisation implemented additional internal controls to ensure timely registration and monitoring of DTS transactions. The internal audit process was also updated to include verification of DTS registration deadlines as part of routine compliance checks. Supporting evidence attached: Updated internal procedure regarding DTS transaction management; Internal audit report identifying and addressing the issue; Training records dated 13/04/2026 covering DTS requirements and transaction management.
Findings for Evaluation of Evidence:	The evidence provided demonstrates that the organisation identified the root cause of the delay in DTS registration and implemented corrective and preventive measures to avoid recurrence. The updated procedures, additional monitoring controls and staff training provide reasonable assurance that DTS transactions will be registered within the required 30-day period. The actions implemented are considered adequate to address the non-conformity
NC Status:	Closed
Original Due Date:	2027-03-20
Closing Date:	2026-05-28
Upgrade Date:	N/A
Update Date:	N/A

NC number 8660	NC Grading: Minor
Standard:	SBP Standard 4: Chain of Custody v2.0
Requirement:	1.16 Evidence of effective implementation of the SEP shall be available for verification, such as meeting notes, email communications, records of participation in regional multi-stakeholder processes, responses to comments/feedback/complaints, etc. N/A N/A
Description of Non-conformance and Related Evidence:	
In the section 8.9 "Envolvimento com Partes Interessadas " of the manual, the organization describe a process of a comunication chanel and information avaiable on the web site. At the moment there not possible to identify the information in the website and a chanel of comunication.	
Timeline for Conformance:	By the next surveillance audit, but no later than 12 months from report finalisation date
Evidence Provided by Company to close NC:	he company website was reviewed and updated to ensure that stakeholder communication channels and relevant SBP information are clearly available and accessible. The updated website now includes: identification of the organisation

	within the SBP Chain of Custody system; stakeholder communication contacts; information regarding certification and sustainability matters; updated public information relevant to interested parties. Additionally, the responsible personnel received further training regarding stakeholder engagement and communication requirements under the SBP framework. Supporting evidence attached: Updated website screenshots; Revised communication/stakeholder engagement procedure; Internal training records dated 13/04/2026.
Findings for Evaluation of Evidence:	The evidence provided demonstrates that the organisation reviewed and updated the website to ensure the availability of stakeholder communication channels and relevant SBP information. The revised procedures and additional staff training provide reasonable assurance that stakeholder engagement requirements will continue to be effectively implemented and maintained. The actions implemented are considered adequate to address the non-conformity.
NC Status:	Closed
Original Due Date:	2027-03-20
Closing Date:	2026-05-28
Upgrade Date:	N/A
Update Date:	N/A

NC number 8661	**NC Grading: Minor**
Standard:	SBP Standard 4: Chain of Custody v2.0
Requirement:	1.24 The Organisation shall maintain an up-to-date self-assessment covering the implementation of 1.21, 1.22 and 1.23. N/A N/A
Description of Non-conformance and Related Evidence:	
The Organisation does not maintain an up-to-date self-assessment covering the implementation of requirements 1.21, 1.22 and 1.23. No evidence was provided to demonstrate that such self-assessment is performed and kept current.	
Timeline for Conformance:	By the next surveillance audit, but no later than 12 months from report finalisation date
Evidence Provided by Company to close NC:	The organisation reviewed and updated the self-assessment covering the implementation of requirements 1.21, 1.22 and 1.23 of SBP Standard 4. The completed self-assessment dated 22/09/2025 was presented as objective evidence demonstrating that the evaluation had been performed and maintained. Additionally, the internal audit programme and compliance review procedures were updated to ensure periodic verification and maintenance of the self-assessment status. Supporting evidence attached: Updated self-assessment document; Internal audit report; Revised internal control procedure.
Findings for Evaluation of Evidence:	The evidence provided demonstrates that the organisation performed and maintains an up-to-date self-assessment covering the implementation of requirements 1.21, 1.22 and 1.23. The revised internal controls and periodic review procedures provide reasonable assurance that the self-assessment will continue to be maintained and updated as required. The actions implemented are considered adequate to address the non-conformity.
NC Status:	Closed

Original Due Date:	2027-03-20
Closing Date:	2026-05-28
Upgrade Date:	N/A
Update Date:	N/A

NC number 8662	**NC Grading: Minor**
Standard:	SBP Standard 4: Chain of Custody v2.0
Requirement:	1.6 Documented procedures shall be reviewed at least annually for completeness and effectiveness. N/A N/A
Description of Non-conformance and Related Evidence:	
It was verified that the company did not perform an internal audit during the assessed period. Consequently, the annual review of documented procedures was not carried out. As a result, there is no evidence demonstrating that the procedures have been evaluated for completeness and effectiveness, as required by the SBP standard.	
Timeline for Conformance:	By the next surveillance audit, but no later than 12 months from report finalisation date
Evidence Provided by Company to close NC:	The organisation presented the Internal Audit Report conducted between 03/09/2025 and 18/09/2025 as objective evidence that the annual internal audit and documented procedure review were performed. The audit included evaluation of: documented procedures; DDS implementation; Supply Base Control Programme; Chain of Custody procedures; FSC and SBP requirements; effectiveness and adequacy of the management system documentation. Additionally, the organisation implemented an annual audit planning and monitoring process to ensure that internal audits and documented procedure reviews are systematically conducted within the required timeframe. Supporting evidence attached: Internal Audit Report dated September 2025; Updated annual internal audit schedule; Revised procedure for internal audits and management system review.
Findings for Evaluation of Evidence:	The evidence provided demonstrates that the organisation conducted an internal audit and reviewed the documented procedures for completeness and effectiveness. The Internal Audit Report confirms that the management system, procedures, DDS and Supply Base Control Programme were evaluated in accordance with SBP requirements. The implementation of formal audit planning and monitoring controls provides reasonable assurance that future annual reviews and internal audits will be conducted within the required timeframe. The actions implemented are considered adequate to address the non-conformity.
NC Status:	Closed
Original Due Date:	2027-03-20
Closing Date:	2026-05-28
Upgrade Date:	N/A
Update Date:	N/A

NC number 8663	NC Grading: Minor
Standard:	SBP Standard 4: Chain of Custody v2.0
Requirement:	1.7 The Organisation shall have a training plan which is reviewed at least annually to ensure its effectiveness. N/A N/A
Description of Non-conformance and Related Evidence:	
The Organisation shall have a training plan which is reviewedIt was verified that the Quality Manager (QM) did not receive training during the assessed period. This indicates that the training plan was not effectively implemented and/or reviewed to ensure its effectiveness, as required by the SBP standard. at least annually to ensure its effectiveness.	
Timeline for Conformance:	By the next surveillance audit, but no later than 12 months from report finalisation date
Evidence Provided by Company to close NC:	Chain of Custody, SBP and RED requirements receive adequate and periodic training. Additional internal training was conducted on 13/04/2026 covering: SBP Version 2.0 requirements; RED requirements; DTS procedures; Mass Balance requirements; Chain of Custody procedures; treatment of non-conformities. Training records, participant attendance lists and training content were maintained as objective evidence of implementation. Additionally, the training management procedure was updated to include annual review of training needs and monitoring of training completion for personnel performing critical CoC functions. Supporting evidence attached: Updated Training Plan; Internal training records dated 13/04/2026; Revised training management procedure.
Findings for Evaluation of Evidence:	The evidence provided demonstrates that the organisation reviewed and implemented the Training Plan and provided additional training to personnel responsible for the management and implementation of the SBP Chain of Custody system. Training records confirm that relevant personnel received training covering applicable SBP, RED and DTS requirements. The revised training review and monitoring procedures provide reasonable assurance that training effectiveness and competency requirements will continue to be maintained and reviewed annually. The actions implemented are considered adequate to address the non-conformity.
NC Status:	Closed
Original Due Date:	2027-03-20
Closing Date:	2026-05-28
Upgrade Date:	N/A
Update Date:	N/A

2.3 Actions taken by Organisation Prior to Report Finalisation

Corrective actions were initiated by the organisation, including review of procedures, staff training, implementation of additional DTS controls and update of internal management processes.

2.4 Notes for the next Audit

Verify effectiveness of corrective actions during the next on-site surveillance audit.

3 Scope of the audit and SBP certificate

Scope item	Check all that apply to the Certificate scope
Primary activity	Trader
Secondary activity	
Approved Standards	SBP Standard 4: Chain of Custody v2.0; SBP Standard 5: Collection and Communication of Data v2.0; Instruction Document 5E: Collection and Communication of Energy and Carbon data. v2.1; Instruction Document EU RED: Bridging Requirements for Meeting the Directive EU/2023/2413
Product Group IDs	☒ Forest feedstock (1A) ☐ Trees outside forest (TOF) - Urban and landscape feedstock (2A) ☐ Trees outside forest (TOF) - Agricultural land feedstock (3A) ☒ Processing residues feedstock (4A) ☐ Post-consumer feedstock (5A) ☐ Other (please specify)
SBP Feedstock types	☒ SBP Compliant; ☒ SBP Controlled
Includes Supply Base Evaluation (SBE)	No
Includes EU RED Scheme	Yes
Includes EU RED Supply Base Evaluation (SBE)	No
Products	WB 1.1 Wood pellets
Feedstock origin (countries):	Portugal
SBP-endorsed Regional Risk Assessments used: **Public link:** https://sbp-cert.org/documents/standards-documents/risk-assessments/	Not applicable
Chain of custody system	☐ Physical separation ☒ Mass balance
Outsourcing	No
Changes in the scope	N/A

3.1 Description of the company

Guidance: Please describe the type, structure and operations of the company including its role in the supply chain, its inputs and outputs as they related to SBP Standards.

The Enerpellets Group has its origin from an initiative coming from a group of professionals that are highly experienced in the management of companies. This group identified an export opportunity in the value chain of thermal and electrical production. The Enerpellets Group is active in the energy business as a competent producer of renewable biomass, wood pellets. The Group has two industrial units located in Graça, Pedrogão Grande and Cós, Alcobaça. Both units are situated in the District of Leiria. 4 Wood, Lda was created in 2015, initially for the commercialization of food products and more recently as a trader allowing the streamlining wood purchases for the group's companies.

3.2 Site details

Legal entity name	Address	Site Activity	Visited during the audit
4 wood , lda	Rua da Zona Industrial, nº 139, 3270 029, Graça, Lisboa	Head office	☒

3.3 Detailed description of the Chain of Custody system and Product Groups

Guidance: Please describe the operation of the CoC system including details of the mass balance management and a list of established Product Groups.

The organization has implemented FSC Chain of Custody systems with biomass (wood pellets) in the scope of their certificates. FSC certificate of 4 Wood is CU-COC-876502, valid until 22/12/2030. The process covers trade of biomass with and without physical possession. Valid FSC system description and other documents exist. As a trading company, they trade raw material as well as biomass (wood pellets) by sea mainly CIF, with storage. The company applies the FSC transfer system in all phases. The scope of the FSC system is trading of pellets without any conversion or processing. The corresponding transfer system is applied for SBP as well, with wood pellets transported by vessels. They are using the same SBP claims and SDI/batch specific coding system from the supplier invoices/transactions to the company's own sales invoices and transactions. 4 Wood maintains clear SBP volume summary of all transactions with inputs=outputs

4 Specific objective of the audit

The specific objective of this evaluation was to confirm that management system is capable of ensuring that all requirements of the specified SBP Standards are implemented across the entire scope of certification.
The scope of the evaluation covered:
- Review of 4 Wood´s management procedures;
- Review of SBP system control points and an analysis of the existing FSC CoC system;
- Interviews with responsible staff;
- Review of the records;
- SREG data collection analysis.
- Instruction Document REDIII: Bridging Requirements for Meeting REDIII

5 Evaluation process

5.1 Timing and duration of evaluation activities

Audit Level of Effort (LoE)		
Activity	**Auditors**	**Auditor hours**
1. Preparation	Henrique Silva	2.0
2. On-site (excl. travel time)	Henrique Silva	4.0
3. Report writing	Henrique Silva	5.0

5.2 Auditor team qualification

Auditor qualification		
Auditor name	**Role**	**Qualification**
Henrique Silva	Lead Auditor	Lead SBP, ENplus, GGL, SURE, FSC and PEFC auditor and successfully passed the ISO9001 auditor training programme

5.3 Description of evaluation activities

This on-site audit occured on March 20, 2026, and consisted of an opening meeting, during which the scope was confirmed. The auditor also explained the methods to be employed during the audit.
After this introduction, all relevant requirements of the applicable SBP standard(s) were verified on compliance through the use of a report template and checklists. Procedures for the trading of pellets were reviewed, including chain of custody procedures and DTS registrations and the Instruction Document REDII: Bridging Requirements for Meeting REDIII.
The audit was completed by filling in the audit report and discussing the audit results. Critical Control points were evaluated and found to be sufficiently managed and a closing meeting performed.

1. Critical control points, summary

Identified CCP	Evaluation CCP
Purchase and sales: Checking of Valid certificates in case of SBP	Procedures in place. Training done. Interview confirms understanding of the system.
Volume control	FSC COC with mass balance system in place

5.4 List of forest management units and feedstock suppliers visited

☒ N/A – No forest sites or suppliers visited during this evaluation
The CH is a pellets trader without physical possession

5.5 Describe audit sampling methodology used

All applicable documents and procedures were reviewed. Third survailance, thus 4 Wood has traded 1 vessel of pellets and truck cargos in Portugal, DTS registrations, SAR and SREG were checked.

5.6 CB stakeholder engagement

☒ N/A – Certification Body stakeholder consultation not applicable for this evaluation

Guidance: Please specify the number and types of stakeholders engaged, method of engagement and its outcomes.

5.7 Stakeholder feedback and response

☒ N/A – Certification Body stakeholder consultation not applicable for this evaluation

5.8 Main strengths and weaknesses of the management system and operations

The audit of 4 Wood demonstrated a good level of compliance with the required criteria of Standard 4 and 5. There was reasonable evidence provided to support compliance where a Non-Conformity was not detected. The existence of a FSC Chain of Custody system are considered a main strength with respect to 4 Wood´s overall conformity with the relevant SBP standards.

The organization changed the staff close to this audit, nine non-conformities were raised.

5.9 Summary of evaluation activities for robustness of the Supply Base Evaluation

☒ N/A – Standard 1 not in the scope of the evaluation

5.10 Summary of evaluation activities for Processing residues and/or Post-consumer feedstock requirements per Standard 2 and EU RED

☒ N/A – processing residues and/or post-consumer feedstock not used.

5.11 Summary of evaluation activities for chain of custody system per Standard 4

All the requitements of standard 4 CoC were evaluated. The organziation has FSC CoC and CW system and have implemented well the version 2 of the standards

5.12 Summary of evaluation activities for collection and communication of data per Standard 5

4 Wood assures the completeness of incoming documentation to forward to their buyers. 4 Wood is a trader with and without physical possession, and thus may handle with the purchased biomass. 4 Wood forwards to its customer the energy use data, received from their suppliers, supported by the production of a SREG if required.

5.13 Summary of audit findings for competency of involved personnel

4 Wood is part of the group Enerpellets that owns 2 pellet plants. 4 Wood trading desk has the main responsibility related to the SBP system. All personnel that is involved with SBP have received appropriate training where all relevant procedures and requirements have been covered. The SBP responsible staff has shown good understanding of the requirements in relation to SBP certification and of the FSC CoC system. Considering the size of the company, there were no risks detected related to the competency of involved personnel.

5.14 Summary of audit findings for GHG methodology per Standard 6 (if applicable)

☒ N/A – Standard 6 not in the scope

6 Detailed evaluation of BP's Supply Base Evaluation (if applicable)

☒ N/A – Supply Base Evaluation not in the scope of the evaluation

6.1 Overview of BP's risk assessments and mitigation measures including EU RED scope

N/A

6.2 CB evaluation of specified risk indicators and mitigation measures