|  |  |  |
| --- | --- | --- |
| **Certification Body** | **:** |  |
| **Address** | **:** |  |
| **Accreditation Programmes** | **:** |  |
| **Date(s) of Assessment** | **:** |  |
| **Type of Assessment** | **:** |  |
| **Team Leader/ Assessor(s)** | **:** |  |
| **Accreditation Criteria** | **:** |  |

IAF MD 15 - IAF Mandatory Document for the Collection of Data to Provide Indicators of Management System Certification Bodies’ Performance

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| **Accreditation Programme** | **Certification Standards** | **No. of SAC Accredited Certificates valid at the end of December** | **No. of SAC Accredited Certificates valid during the assessment** | **No. of auditors** | **No. of overdue audits** | **No. of auditor-days delivered** |
|  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |

**Legend:** C – Complies, O – Observation, T – To Address at Audit, N – Nonconformity, N/A – Not Applicable, F – Further information required

| **Clause** | **Requirement** | **Comments**  **Manual and/or Procedures reference** | **Finding** |
| --- | --- | --- | --- |
| **5** | **General Requirements** |  |  |
| **5.1** | **Legal and contractual matters** |  |  |
| **5.1.1** | **Legal responsibility** |  |  |
|  | Is the certification body a legal entity, or a defined part of a legal entity, that can be held legally responsible for all its certification activities?  A governmental certification body is deemed to be a legal entity on the basis of its governmental status. |  |  |
| **5.1.2** | **Certification agreement** |  |  |
|  | Does the certification body have a legally enforceable agreement with each client for the provision of certification activities in accordance with the relevant requirements of this part of ISO/IEC 17021-1? |  |  |
| Where there are multiple offices of a certification body or multiple sites of a client, does the certification body ensure that there is a legally enforceable agreement between the certification body granting certification, and the client that covers all the sites within the scope of the certification? |  |  |
| NOTE | An agreement can be achieved through multiple agreements that reference or otherwise link to one another. |  |  |
| **5.1.3** | **Responsibility for certification decisions** |  |  |
|  | Is the certification body responsible for its decisions relating to certification, including the granting, refusing, maintaining of certification, expanding or reducing the scope of certification, renewing, suspending or restoring following suspension, or withdrawing of certification? |  |  |
| Does the certification body retain authority for its decision relating to certification, including the granting, refusing, maintaining of certification, expanding or reducing the scope of certification, renewing, suspending or restoring following suspension, or withdrawing of certification? |  |  |
| **5.2** | **Management of impartiality** |  |  |
| 5.2.1 | Is the certification body responsible for the impartiality of its conformity assessment activities? |  |  |
| Does the certification body allow commercial, financial or other pressures to compromise impartiality or ensure that conformity assessment activities are undertaken impartially? |  |  |
| 5.2.2 | Does the certification body have a policy demonstrating that it understands the importance of impartiality in carrying out its management system certification activities and managing conflicts of interest thus ensuring the objectivity of its management system certification activities? |  |  |
| 5.2.3 | Does the certification body have a process to identify, analyse, evaluate, treat, monitor and document the risks related to conflict of interests arising from the provision of certification including any conflicts arising from its relationships on an ongoing basis? |  |  |
|  | In the event where any threats to impartiality are identified, does the certification body document and demonstrate how it eliminates such threats and document any residual risk? |  |  |
| Does the demonstration cover all potential threats that are identified, whether they arise from within the certification body or from the activities of other persons, bodies or organisations? |  |  |
| Does the top management of the certification body review the residual risk to determine if the risk is within the level of acceptable risk? |  |  |
|  | Does the risk assessment process include the identification of and consultation with appropriate interested parties to advise on matters affecting impartiality including openness and public perception? |  |  |
|  | Is the consultation comprised appropriate interested parties which are balanced with no single interest predominating? |  |  |
| NOTE 1 | Sources of threats to impartiality of the certification body can be based on ownership, governance, management, personnel, shared resources, finances, contracts, training, marketing and payment of a sales commission or other inducement for the referral of new clients, etc. |  |  |
| NOTE 2 | Interested parties can include personnel and clients of the certification body, customers of organisations whose management systems are certified, representatives of industry trade associations, representatives of governmental regulatory bodies or other governmental services, or representatives of non-governmental organizations, including consumer organizations. |  |  |
| NOTE 3 | One way of fulfilling the consultation requirement of this clause is by the use of a committee of these interested parties. |  |  |
| 5.2.4 | Is there any evidence of the certification body certifying another certification body for its quality management system? |  |  |
| 5.2.5 | Does the certification body or any part of the same legal entity and any entity under the organizational control of the certification body (9.5.1.2b) offer or provide management system consultancy? This also applies to that part of government identified as the certification body. |  |  |
| NOTE | This does not preclude the possibility of exchange of information (e.g. explanation of findings or clarification of requirements) between the certification body and its clients. |  |  |
| 5.2.6 | Does the certification body or any part of the same legal entity and any entity under the organisational control of the certification body (9.5.1.2b) offer or provide internal audits to its certified clients?  The carrying out of internal audits by the certification body and any part of the same legal entity to its certified clients is a significant threat to impartially. |  |  |
| Does the certification body certify a management system on which the certification body completed the internal audits less than two years ago? |  |  |
| NOTE | See Note 1 to 5.2.3. |  |  |
| 5.2.7 | Has the certification body certified a management system where there is a relationship between the consultancy organization engaged by the management system and the certification body? |  |  |
|  | Does the certification body certify a management system less than two years following the end of the consultancy?  Where a client has received management systems consultancy from a body that has a relationship with a certification body, this is a significant treat to impartiality. |  |  |
| NOTE | See Note 1 to 5.2.3 |  |  |
| 5.2.8 | Does the certification body outsource audits to a management system consultancy organization?  This does not apply to individuals contracted as auditors covered in 7.3. |  |  |
| 5.2.9 | Is the certification body's activities marketed or offered as being linked with the activities of an organization that provides management system consultancy? |  |  |
| Does the certification body take action to correct inappropriate links or statements by any consultancy organization stating or implying that certification would be simpler, easier, faster or less expensive if the certification body were used? |  |  |
| Does the certification body state or imply that certification would be simpler, easier, faster or less expensive if a specified consultancy organization were used? |  |  |
| 5.2.10 | Does the certification body ensure personnel who have provided management system consultancy, including those acting in a managerial capacity, do not take part in an audit or other certification activities if they have been involved in management system consultancy towards the client in order to ensure that there is no conflict of interest?  A recognised mitigation of this threat is that personnel shall not be used for a minimum of two years following the end of the consultancy. |  |  |
| 5.2.11 | Does the certification body take action to respond to any threats to its impartiality arising from the actions of other persons, bodies or organizations? |  |  |
| 5.2.12 | How does the certification body ensure that all personnel, either internal or external, or committees, who could influence the certification activities, act impartially and not allow commercial, financial or other pressures to compromise impartiality? |  |  |
| 5.2.13 | Does the certification body require personnel, both internal and external, to reveal any situation known to them that can present them or the certification body with a conflict of interests? |  |  |
| Does the certification body record and use this information as input to identifying threats to impartiality raised by the activities of such personnel or by the organizations that employ them? |  |  |
| Does the certification body use personnel, either internal or external, that cannot demonstrate that there is no conflict of interests? |  |  |
| 5.3 | Liability and financing |  |  |
| 5.3.1 | Can the certification body demonstrate that it has evaluated the risks arising from its certification activities? |  |  |
| Does the certification body have adequate arrangements (e.g. insurance or reserves) to cover liabilities arising from its operations in each of its fields of activities and the geographic areas in which it operates? |  |  |
| 5.3.2 | Does the certification body evaluate its finances and sources of income and demonstrate that initially, and on an ongoing basis, commercial, financial or other pressures do not compromise its impartiality? |  |  |
| 6 | Structural requirements |  |  |
| 6.1 | Organizational structure and top management |  |  |
| 6.1.1 | Has the certification body documented its organizational structure, duties, responsibilities and authorities of management and other personnel involved in certification and any committees? |  |  |
|  | When the certification body is a defined part of a legal entity, does the structure include the line of authority and the relationship to other parts within the same legal entity? |  |  |
| 6.1.2 | Are the certification activities structured and managed so as to safeguard impartiality? |  |  |
| 6.1.3 | Has the certification body identified the top management (board, group of persons, or person) having overall authority and responsibility for each of the following: |  |  |
| a) | development of policies and establishment of processes and procedures relating to its operations; |  |  |
| b) | supervision of the implementation of the policies, processes and procedures; |  |  |
| c) | ensuring impartiality; |  |  |
| d) | supervision of the finances of the body; |  |  |
| e) | development of management system certification services and schemes; |  |  |
| f) | performance of audits and certification, and responsiveness to complaints; |  |  |
| g) | decisions on certification; |  |  |
| h) | delegation of authority to committees or individuals, as required, to undertake defined activities on its behalf; |  |  |
| i) | contractual arrangements; |  |  |
| j) | provision of adequate resources for certification activities. |  |  |
| 6.1.4 | Does the certification body have formal rules for the appointment, terms of reference and operation of committees involved in the certification activities? |  |  |
| 6.2 | Operational control |  |  |
| 6.2.1 | Does the certification body have a process for effective control of certification activities delivered by branch offices, partnerships, agents, franchisees, etc, irrespective of their legal status, relationship or geographical location? |  |  |
|  | Does the certification body consider the risk that the certification activities pose to the competence, consistency and impartiality of the certification body? |  |  |
| 6.2.2 | Does the certification body consider the appropriate level and method of control of activities undertaken including its processes, technical areas of certification bodies’ operations, competence of personnel, lines of management control, reporting and remote access to operations including records? |  |  |
| **7** | **Resource requirements** |  |  |
| **7.1** | **Competence of personnel** |  |  |
| **7.1.1** | **General considerations** |  |  |
| 7.1.1 | Does the certification body have processes to ensure that personnel have appropriate knowledge and skills relevant to the types of management systems (e.g environmental management systems, quality management systems, information security management systems) and geographic areas in which it operates? |  |  |
| **7.1.2** | **Determination of competence criteria** |  |  |
| 7.1.2 | Does the certification body have a process for determining the competence criteria for personnel involved in the management and performance of audits and other certification activities? |  |  |
|  | Has the certification body determined the competence criteria for each type of management system standard or specification, for each technical area, and for each function in the certification process? |  |  |
|  | Is the output of the process the documented criteria of required knowledge and skills necessary to effectively perform audit and certification tasks to be fulfilled to achieve the intended results? |  |  |
|  | Does the certification body apply the knowledge and skills for specific functions defined in Annex A? |  |  |
|  | Does the certification body apply any additional specific competence criteria where they have been established for a specific standard or certification scheme?   * ISO/IEC TS 17021-2 (EMS) * ISO/IEC TS 17021-3 (QMS) * ISO/IEC TS 17021-5 (AMS) * ISO/IEC TS 17021-6 (BCM) * ISO/TS 22003 (FSMS) * Relevant CT documents |  |  |
| NOTE | The term 'technical area' is applied differently depending on the management system standard being considered. For any management system, the term is related to products, processes and services in the context of the scope of the management system standard. The technical areas can be defined by a specific certification scheme (e.g. ISO/TS 22003); or can be determined by the certification body. It is used to cover a number of other terms such as “scopes”, “categories”, “sectors”, etc., which are traditionally used in different management system disciplines. |  |  |
| **7.1.3** | **Evaluation processes** |  |  |
| 7.1.3 | Does the certification body have documented processes for the initial competence evaluation, and on-going monitoring of competence and performance of all personnel involved in the management and performance of audits and other certification activities, applying the determined competence criteria? |  |  |
|  | Is the certification body able to demonstrate that its evaluation methods are effective? |  |  |
|  | Is the output from these processes being to identify personnel who have demonstrated the level of competence required for the different functions of the audit and certification process? |  |  |
|  | Is competence demonstrated by the individual prior to taking up the responsibility for the performance of their activities within the certification body? |  |  |
| NOTE 1 | A number of evaluation methods that can be used to evaluate competence are described in Annex B. |  |  |
| NOTE 2 | Annex C shows an example of a process flow for determining and maintaining competence. |  |  |
| 7.1.4 | **Other considerations** |  |  |
| 7.1.4 | Does the certification body have access to the necessary technical expertise for advice on matters directly relating to certification for technical areas, types of management system and geographic areas in which the certification body operates? |  |  |
| 7.2 | Personnel involved in the certification activities |  |  |
| 7.2.1 | Does the certification body have sufficient, competent personnel for managing and supporting the type and range of audit programmes and other certification work performed? |  |  |
| 7.2.2 | Does the certification body employ, or have access to, a sufficient number of auditors, including audit team leaders, and technical experts to cover all of its activities and to handle the volume of audit work performed? |  |  |
| 7.2.3 | Does the certification body make clear to each person concerned their duties, responsibilities and authorities? |  |  |
| 7.2.4 | Does the certification body have processes for selecting, training, formally authorizing auditors and for selecting and familiarizing technical experts used in the certification activity? |  |  |
| Does the initial competence evaluation of an auditor include the ability to apply required knowledge and skills during audits, as determined by a competent evaluator observing the auditor conducting an audit? |  |  |
| NOTE | During the selection and training process described above desired personal behaviours can be considered. These are characteristics that affect an individual's ability to perform specific functions. Therefore, knowledge about the behaviours of individuals enables a certification body to take advantage of their strengths and to minimize the impact of their weaknesses. Desired personal behaviours that is important for personnel involved in certification activities is described in Annex D. |  |  |
| 7.2.5 | Does the certification body have a process to achieve and demonstrate effective auditing, including the use of auditors and audit team leaders possessing generic auditing skills and knowledge, as well as skills and knowledge appropriate for auditing in specific technical areas? |  |  |
| 7.2.6 | Does the certification body ensure that auditors (and, where needed, technical experts) are knowledgeable of its audit processes, certification requirements and other relevant requirements? |  |  |
| Does the certification body give auditors and technical experts access to an up-to-date set of documented procedures giving audit instructions and all relevant information on the certification activities? |  |  |
| 7.2.7 | Does the certification body identify training needs and offer or provide access to specific training to ensure its auditors, technical experts and other personnel involved in certification activities are competent for the functions they perform? |  |  |
| 7.2.8 | Does the group or individual that takes the decision on granting, refusing, maintaining, renewing, suspending, restoring, or withdrawing certification, or on expanding or reducing the scope of certification shall understand the applicable standard and certification requirements, and have demonstrated competence to evaluate the outcomes of the audit processes including related recommendations of the audit team? |  |  |
| 7.2.9 | Does the certification body ensure the satisfactory performance of all personnel involved in the audit and other certification activities? |  |  |
| Is there a documented process for monitoring competence and performance of all persons involved, based on the frequency of their usage and the level of risk linked to their activities? |  |  |
| Does the certification body review and record the competence of its personnel in the light of their performance in order to identify training needs? |  |  |
| 7.2.10 | Does the certification body monitor each auditor considering each type of management system to which the auditor is deemed competent? |  |  |
|  | Is there documented monitoring process for auditors? |  |  |
| Does the monitoring process include a combination of on-site observation, review of audit reports and feedback from clients or from the market? |  |  |
|  | Is the monitoring designed in such a way as to minimize disturbance to the normal processes of certification, especially from the client's viewpoint? |  |  |
| 7.2.11 | Does the certification body periodically evaluate the performance of each auditor on-site? |  |  |
| Is the frequency of on-site observations based on the need determined from all monitoring information available? |  |  |
| 7.3 | Use of individual external auditors and external technical experts |  |  |
|  | Does the certification body require external auditors and external technical experts to have a written agreement by which they commit themselves to comply with applicable policies and implement processes as defined by the certification body? |  |  |
| Does the agreement address aspects relating to confidentiality and impartiality? |  |  |
| Does the agreement require the external auditors and external technical experts to notify the certification body of any existing or prior relationship with any organization they may be assigned to audit? |  |  |
| NOTE | Use of an individual or employee of another organization individually contracted to serve as an external auditor or technical expert does not constitute outsourcing. |  |  |
| 7.4 | Personnel records |  |  |
|  | Does the certification body maintain up-to-date personnel records, including relevant qualifications, training, experience, affiliations, professional status and competence? |  |  |
|  | Does this include management and administrative personnel in addition to those performing certification activities? |  |  |
| 7.5 | Outsourcing |  |  |
| 7.5.1 | Does the certification body have a process in which it describes the conditions under which outsourcing (which is subcontracting to another organization to provide part of the certification activities on behalf of the certification body) may take place? |  |  |
| Does the certification body have a legally enforceable agreement covering the arrangements, including confidentiality and conflict of interests, with each body that provides outsourced services? |  |  |
| 7.5.2 | How does the certification body ensure that the decisions for granting, refusing, maintaining of certification, expanding or reducing the scope of certification, renewing, suspending or restoring or withdrawing of certification are not outsourced? |  |  |
| 7.5.3 | Does the certification body |  |  |
| a) | take responsibility for all activities outsourced to another body? |  |  |
| b) | ensure that the body that provides outsourced services, and the individuals that it uses, conform to requirements of the certification body and also to the applicable provisions of this part of ISO/IEC 17021, including competence, impartiality and confidentiality? |  |  |
| c) | ensure that the body that provides outsourced services, and the individuals that it uses, is not involved, either directly or through any other employer, with an organization to be audited, in such a way that impartiality could be compromised? |  |  |
| 7.5.4 | Does the certification body have a process for the approval and monitoring of all bodies that provide outsourced services used for certification activities? |  |  |
| Does the certification body ensure that records of the competence of all personnel involved in certification activities are maintained? |  |  |
| NOTE 1 | For 7.5.1 to 7.5.4, where the certification body engages individuals or employees of other organisations to provide additional resources or expertise, these individuals do not constitute outsourcing provided they are individually contracted to operate under the certification body’s management system (see 7.3) |  |  |
| NOTE 2 | For 7.5.1 to 7.5.4, the terms “outsourcing” and “subcontracting” are considered to be synonyms. |  |  |
| 8 | Information requirements |  |  |
| 8.1 | Public information |  |  |
| 8.1.1 | Does the certification body maintain (through publications, electronic media or other means), and make public, without request, in all the geographical areas in which it operates, information about |  |  |
| a) | audit processes; |  |  |
| b) | processes for granting, refusing, maintaining, renewing, suspending, restoring or withdrawing certification, or expanding or reducing the scope of certification; |  |  |
| c) | types of management systems and certification schemes in which it operates; |  |  |
| d) | the use of the certification body’s name and certification mark or logo; |  |  |
| e) | processes for handling requests for information, complaints and appeals; |  |  |
| f) | policy on impartiality. |  |  |
| 8.1.2 | Does the certification body upon request provide information about |  |  |
| a) | geographical areas in which it operates; |  |  |
| b) | the status of a given certification; |  |  |
| c) | the name, related normative document, scope and geographical location (city and country) for a specific certified client |  |  |
| NOTE 1 | In exceptional cases, access to certain information can be limited on the request of the client (e.g for security reasons). |  |  |
| NOTE 2 | The certification body can also make the information in 8.1.2 public by any means it chooses without request, e.g. on its internet website. |  |  |
| 8.1.3 | Does the certification body provide information to any client or to any marketplace, including advertising, which is accurate and not misleading? |  |  |
| 8.2 | Certification documents |  |  |
| 8.2.1 | How does the certification body provide by any means it chooses certification documents to the certified client? |  |  |
| 8.2.2 | Do the certification document(s) identify the following: |  |  |
| a) | the name and geographic location of each certified client whose management system is certified (or the geographic location of the headquarters and any sites within the scope of a multi-site certification); |  |  |
| b) | the effective dates of granting, expanding or reducing the scope of certification or renewing certification which shall not be before the date of the relevant certification decision; |  |  |
| NOTE | The certification body can keep the original certification date on the certificate when a certificate lapses for a period of time provided that:   * The current certification cycle start and expiry date are clearly indicated; * The last certification cycle expiry date indicated along with the date of recertification audit. |  |  |
| c) | the expiry date or recertification due date consistent with the recertification cycle; |  |  |
| d) | a unique identification code; |  |  |
| e) | The management system standard and/or other normative document, including indication of issue status (e.g. revision date or number) used for audit of the certified client; |  |  |
| f) | the scope of certification with respect to the type of activities, product and service, process, etc., as applicable at each site without being misleading or ambiguous; |  |  |
| g) | the name, address and certification mark of the certification body; other marks (e.g. accreditation symbol client’s logo) may be used provided they are not misleading or ambiguous; |  |  |
| h) | any other information required by the standard and/or other normative document used for certification; |  |  |
| i) | in the event of issuing any revised certification documents, a means to distinguish the revised documents from any prior obsolete documents. |  |  |
| 8.3 | Reference to certification and use of marks |  |  |
| 8.3.1 | Does the certification body have rules governing any management system certification mark that it authorizes certified clients to use? |  |  |
| Do these rules ensure, among other things, traceability back to the certification body? |  |  |
| Is there any ambiguity, in the mark or accompanying text, as to what has been certified and which certification body has granted the certification? |  |  |
| Is the mark used on a product or product packaging or in any other way that may be interpreted as denoting product conformity? |  |  |
| NOTE | ISO/IEC 17030 provides requirements for use of third-party marks. |  |  |
| 8.3.2 | Does the certification body permit its marks to be applied by certified clients to laboratory test, calibration or inspection reports or certifications? |  |  |
| 8.3.3 | Does the certification body have rules governing the use of any statement on product packaging or in accompanying information that the certified client has a certified management system? |  |  |
|  | Product packaging is considered as that which can be removed without the product disintegrating or being damaged. Accompanying information is considered as separately available or easily detachable. Type labels or identification plates are considered as part of the product. |  |  |
|  | Does the statement imply that the product, process or service is certified by this means? |  |  |
|  | Does the statement include reference to: |  |  |
|  | * identification (e.g. brand or name) of the certified client; |  |  |
|  | * the type of management system (e.g. quality, environment) and the applicable standard; and |  |  |
|  | * the certification body issuing the certificate. |  |  |
| 8.3.4 | Does the certification body require that the certified client: |  |  |
| a) | conforms to the requirements of the certification body when making reference to its certification status in communication media such as the internet, brochures or advertising, or other documents; |  |  |
| b) | does not make or permit any misleading statement regarding its certification; |  |  |
| c) | does not use or permit the use of a certification document or any part thereof in a misleading manner; |  |  |
| d) | upon withdrawal of its certification, discontinues its use of all advertising matter that contains a reference to certification, as directed by the certification body (see 9.6.5); |  |  |
| e) | amends all advertising matter when the scope of certification has been reduced; |  |  |
| f) | does not allow reference to its management system certification to be used in such a way as to imply that the certification body certifies a product (including service)or process; |  |  |
| g) | does not imply that the certification applies to activities that are outside the scope of certification; and |  |  |
| h) | does not use its certification in such a manner that would bring the certification body and/or certification system into disrepute and lose public trust. |  |  |
| 8.3.5 | Does the certification body exercise proper control of ownership and take action to deal with incorrect references to certification status or misleading use of certification documents, marks or audit reports? |  |  |
| NOTE | Such action could include requests for correction and corrective action, suspension, withdrawal of certification, publication of the transgression and, if necessary, legal action. |  |  |
| 8.4 | Confidentiality |  |  |
| 8.4.1 | Does the certification body be responsible, through legally enforceable agreements, for the management of all information obtained or created during the performance of certification activities at all levels of its structure, including committees and external bodies or individuals acting on its behalf? |  |  |
| 8.4.2 | Does the certification body inform the client, in advance, of the information it intends to place in the public domain? |  |  |
| Is all other information, except for information that is made publicly accessible by the client, considered confidential? |  |  |
| 8.4.3 | Except as required in this International Standard, is information about a particular certified client or individual disclosed to a third party without the written consent of the certified client or individual concerned? |  |  |
| 8.4.4 | Where the certification body is required by law or authorized by contractual arrangement (such as with the accreditation body) to release confidential information to a third party, is the client or individual concerned, unless prohibited by law, notified of the information provided? |  |  |
| 8.4.5 | Is information about the client from sources other than the client (e.g. complainant, regulators) treated as confidential? |  |  |
| Is this treatment consistent with the certification body's policy? |  |  |
| 8.4.6 | Do personnel, including any committee members, contractors, personnel of external bodies or individuals acting on the certification body's behalf, keep all information obtained or created during the performance of the certification body's activities confidential except as required by law? |  |  |
| 8.4.7 | Does the certification body have processes and where applicable equipment and facilities that ensure the secure handling of confidential information? |  |  |
| 8.5 | **Information exchange between a certification body and its clients** |  |  |
| 8.5.1 | **Information on the certification activity and requirements** |  |  |
|  | Does the certification body provide information and update clients on the following: |  |  |
| a) | a detailed description of the initial and continuing certification activity, including the application, initial audits, surveillance audits, and the process for granting, refusing, maintaining of certification, expanding, or reducing the scope of certification, renewing, suspending or restoring, or withdrawing of certification and recertification; |  |  |
| b) | the normative requirements for certification; |  |  |
| c) | information about the fees for application, initial certification and continuing certification; |  |  |
| d) | the certification body's requirements for prospective clients |  |  |
|  | 1) to comply with certification requirements; |  |  |
|  | 2) to make all necessary arrangements for the conduct of the audits, including provision for examining documentation and the access to all processes and areas, records and personnel for the purposes of initial certification, surveillance, recertification and resolution of complaints; and |  |  |
|  | 3) to make provisions, where applicable, to accommodate the presence of observers (e.g. accreditation auditors or trainee auditors); |  |  |
| e) | documents describing the rights and duties of certified clients, including requirements, when making reference to its certification in communication of any kind in line with the requirements in 8.3; |  |  |
| f) | information on procedures for handling complaints and appeals. |  |  |
| 8.5.2 | **Notice of changes by a certification body** |  |  |
|  | Does the certification body give its certified clients due notice of any changes to its requirements for certification? |  |  |
| Does the certification body verify that each certified client complies with the new requirements? |  |  |
| **8.5.3** | **Notice of changes by a certified client** |  |  |
|  | Does the certification body have legally enforceable arrangements to ensure that the certified client informs the certification body, without delay, of matters that may affect the capability of the management system to continue to fulfil the requirements of the standard used for certification? |  |  |
|  | Do 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) | contact address and sites; |  |  |
| d) | scope of operations under the certified management system; and |  |  |
| e) | major changes to the management system and processes. |  |  |
|  | Does the certification body take action as appropriate? |  |  |
| 9 | Process requirements |  |  |
| 9.1 | Pre-certification activities |  |  |
| 9.1.1 | **Application** |  |  |
|  | Does the certification body require an authorized representative of the applicant organization to provide the necessary information to enable it to establish the following: |  |  |
| a) | the desired scope of the certification; |  |  |
| b) | Relevant details of the applicant organization, including its name and the address(es) of its site(s), its processes and operations, human and technical resources, functions, relationships and any relevant legal obligations; |  |  |
| c) | identification of outsourced processes used by the organization that will affect conformity to requirements; |  |  |
| d) | the standards or other requirements for which the applicant organization is seeking certification; |  |  |
| e) | whether consultancy relating to the management system to be certified has been provided and if so, by whom. |  |  |
| 9.1.2 | **Application review** |  |  |
| 9.1.2.1 | Does the certification body conduct a review of the application and supplementary information for certification to ensure that |  |  |
| a) | the information about the applicant organization and its management system is sufficient to develop an audit programme (see 9.1.3); |  |  |
| b) | any known difference in understanding between the certification body and the applicant organization is resolved; |  |  |
| c) | the certification body has the competence and ability to perform the certification activity; |  |  |
| d) | the scope of certification sought, the site(s) of the applicant organization's operations, time required to complete audits and any other points influencing the certification activity are taken into account (language, safety conditions, threats to impartiality, etc.); |  |  |
| 9.1.2.2 | Following the review of the application, does the certification body either accept or decline an application for certification? |  |  |
|  | When the certification body declines an application for certification as a result of the review of application, are the reasons for declining an application documented and made clear to the client? |  |  |
| 9.1.2.3 | Based on this review, does the certification body determine the competences it needs to include in its audit team and for the certification decision? |  |  |
| **9.1.3** | **Audit Program** |  |  |
| 9.1.3.1 | Does the certification body develop an audit programme for the full certification cycle to clearly identify the audit activity(ies) required to demonstrate that the client's management system fulfils the requirements for certification to the selected standard(s) or other normative document(s)? |  |  |
|  | Does the audit programme cover the complete management system requirements? |  |  |
| 9.1.3.2 | Does the audit programme for the initial certification include a two-stage initial audit, surveillance audits in the first and second years, following the certification decision and a recertification audit in the third year prior to expiration of certification? |  |  |
|  | Does the first three-year certification cycle begin with the certification decision and subsequent cycles begin with the recertification decision (see 9.6.3.2.3)? |  |  |
|  | Does the certification body consider the size of the client, the scope and complexity of its management system, products and processes as well as demonstrated level of management system effectiveness and the results of any previous audits when determining the audit programme and any subsequent adjustments? |  |  |
| NOTE 1 | Annex E is a flowchart of a typical third-party audit and certification process. |  |  |
| NOTE 2 | The following list contains additional items that can be considered when developing or revising an audit programme; they might also need to be addressed when determining the audit scope and developing the audit plan:   * complaints received by the certification body about the client; * combined, integrated or joint audit * changes to the certification requirements; * changes to legal requirements; * changes to accreditation requirements; * organizational performance date (e.g. defect levels, key performance indicators (KPI) data, etc.) * relevant interested parties’ concerns |  |  |
| NOTE 3 | If specified by the industry specific certification scheme, the certification cycle may be different from 3 years |  |  |
| 9.1.3.3 | Are surveillance audits conducted at least once a calendar year except in recertification years? |  |  |
|  | Is the date of the first surveillance audit following initial certification not more than 12 months from the certification decision date? |  |  |
| NOTE | It can be necessary to adjust the frequency of surveillance audits to accommodate factors such as seasons or management systems certification of a limited duration (e.g. temporary construction site) |  |  |
| 9.1.3.4 | Does the certification body, where taking account of certification already granted to client to audits performed by another certification body, obtain and retain sufficient evidence, such as reports and documentation on corrective actions, to any nonconformity? |  |  |
|  | Does the documentation support the fulfilling of the requirements in this part of the standard? |  |  |
|  | Does the certification body based on the information obtained, justify and record any adjustments to the existing audit programme and follow up the implementation of corrective actions concerning previous non-conformities? |  |  |
| 9.1.3.5 | Does the certification body consider, where the client operates shifts, the activities that take place during shift working shall be considered when developing the audit programme and audit plans. |  |  |
| **9.1.4** | **Determining audit time** |  |  |
| 9.1.4.1 | Does the certification body have documented procedures for determining audit time? |  |  |
|  | Does the certification body determine, for each client, the time needed to plan and accomplish a complete and effective audit of the client's management system? |  |  |
| 9.1.4.2 | In determining the audit time, does the certification body consider, among other things, the following aspects: |  |  |
| a) | the requirements of the relevant management system standard; |  |  |
| b) | complexity of the client and its management system; |  |  |
| c) | technological and regulatory context; |  |  |
| d) | any outsourcing of any activities included in the scope of the management system; |  |  |
| e) | the results of any prior audits; |  |  |
| f) | number of sites and multi-site considerations? |  |  |
| g) | the risks associated with the products, processes or activities of the organization; |  |  |
| h) | when audits are combined, joint or integrated. |  |  |
| NOTE 1 | Time spent travelling to and from audited sites is not included in the calculation of the duration of the management system audit days. |  |  |
| NOTE 2 | The certification body can use the guidelines established in ISO/IEC TS 17023 for determining the duration of the management system audit when documenting these procedures. |  |  |
|  | Does the certification body apply specific criteria for a specific certification scheme where these have been established, e.g. ISO/TS 22003 or ISO/IEC 27006? |  |  |
| 9.1.4.3 | Is the duration of the management system audit and its justification recorded? |  |  |
| 9.1.4.4 | Does the time spent by any team member that is not assigned as an auditor (i.e. technical experts, translators, interpreters, observers and auditors-in-training) count in the above established audit time? |  |  |
| NOTE | The use of translators, interpreters can necessitate additional audit time. |  |  |
| **9.1.5** | **Multi-site sampling** |  |  |
|  | Where multi-site sampling is utilized for the audit of a client's management system covering the same activity in various geographical locations, does the certification body develop a sampling programme to ensure proper audit of the management system? |  |  |
|  | Is the rationale for the sampling plan documented for each client? |  |  |
|  | Does the certification body apply specific criteria established for specific certification scheme, e.g. ISO/TS 22003, when sampling is not allowed for some specific certification schemes? |  |  |
| NOTE | Where there are multiple sites not covering the same activity sampling is not appropriate. |  |  |
| **9.1.6** | **Multiple management systems standards** |  |  |
|  | When certification to multiple management system standards is being provided by the certification body, does the planning for the audit ensure adequate on-site auditing to provide confidence in the certification? |  |  |
| **9.2** | **Planning Audits** |  |  |
| **9.2.1** | **Determining Audit objectives scope and criteria** |  |  |
| 9.2.1.1 | Does the certification body determine the audit objectives? |  |  |
|  | Does the certification body establish the audit scope and criteria, including any changes, after discussion with the client? |  |  |
| 9.2.1.2 | Do the audit objectives describe what is to be accomplished by the audit and include the following: |  |  |
| a) | determination of the conformity of the client's management system, or parts of it, with audit criteria; |  |  |
| b) | determination of the ability of the management system to ensure the client organization meets applicable statutory, regulatory and contractual requirements; |  |  |
| NOTE | A management system certification audit is not a legal compliance audit. |  |  |
| c) | determination of the effectiveness of the management system to ensure the client can reasonably expect to achieving its specified objectives; |  |  |
| d) | as applicable, identification of areas for potential improvement of the management system. |  |  |
| 9.2.1.3 | Does the audit scope describe the extent and boundaries of the audit, such as sites, organizational units, activities and processes to be audited? |  |  |
|  | Where the initial or re-certification process consists of more than one audit (e.g. covering different sites), does the scope of an individual audit not cover the full certification scope, is the totality of audits consistent with the scope in the certification document? |  |  |
| 9.2.1.4 | Is the audit criteria used as a reference against which conformity is determined, and does it include:   * the requirements of a defined normative document on management systems; * the defined processes and documentation of the management system developed by the client. |  |  |
| **9.2.2** | **Audit team selection and assignments** |  |  |
| **9.2.2.1** | **General** |  |  |
| 9.2.2.1.1 | Does the certification body have a process for selecting and appointing the audit team, including the audit team leader and technical experts as necessary, taking into account the competence needed to achieve the objectives of the audit and the requirements for impartiality? |  |  |
|  | If there is only one auditor, does the auditor have the competence to perform the duties of an audit team leader applicable for that audit? |  |  |
|  | Does the audit team have the totality of the competences identified by the certification body as set out in 9.1.2.3 for the audit? |  |  |
| 9.2.2.1.2 | In deciding the size and composition of the audit team, does the certification body give consideration to the following: |  |  |
| a) | audit objectives, scope, criteria and estimated audit times; |  |  |
| b) | whether the audit is a combined, joint or integrated; |  |  |
| c) | the overall competence of the audit team needed to achieve the objectives of the audit (see table A.1); |  |  |
| d) | certification requirements (including any applicable statutory, regulatory or contractual requirements); |  |  |
| e) | language and culture. |  |  |
| NOTE | The team leader of a combined or integrated audit should have an in-depth knowledge of at least one of the standards and should have awareness of the other standards used for that particular audit. |  |  |
| 9.2.2.1.3 | Is the knowledge and skills of the audit team leader and auditors supplemented by technical experts, translators and interpreters? |  |  |
|  | Do these team members operate under the direction of an auditor? |  |  |
|  | Are translators or interpreters selected such that they do not unduly influence the audit? |  |  |
| NOTE | The criteria for the selection of technical experts are determined on a case-by-case basis by the needs of the audit team and the scope of the audit. |  |  |
| 9.2.2.1.4 | Are there auditors-in-training participate in the audit, provided an auditor is appointed as an evaluator? |  |  |
|  | Is the evaluator competent to take over the duties and have final responsibility for the activities and findings of the auditor-in-training? |  |  |
| 9.2.2.1.5 | Does the audit team leader, in consultation with the audit team, assign to each team member responsibility for auditing specific processes, functions, sites, areas or activities? |  |  |
|  | Do these assignments take into account the need for competence, and the effective and efficient use of the audit team, as well as different roles and responsibilities of auditors, auditors-in-training and technical experts? |  |  |
|  | Changes to the work assignments may be made as the audit progresses to ensure achievement of the audit objectives. |  |  |
| **9.2.2.2** | **Observers, technical experts and guides** |  |  |
| **9.2.2.2.1** | **Observers** |  |  |
|  | Is the presence and justification of observers during an audit activity agreed to by the certification body and client prior to the conduct of the audit? |  |  |
|  | Does the audit team ensure that observers do not unduly influence or interfere in the audit process or outcome of the audit? |  |  |
| NOTE | Observers can be members of the client's organization, consultants, witnessing accreditation body personnel, regulators or other justified persons. |  |  |
| **9.2.2.2.2** | **Technical experts** |  |  |
|  | Is the role of technical experts during an audit activity agreed to by the certification body and client prior to the conduct of the audit? |  |  |
|  | Does the technical expert not act as an auditor in the audit team? |  |  |
|  | Are the technical experts accompanied by an auditor? |  |  |
| NOTE | The technical experts can provide advice to the audit team for the preparation, planning or audit. |  |  |
| **9.2.2.2.3** | **Guides** |  |  |
|  | Is each auditor accompanied by a guide, unless otherwise agreed to by the audit team leader and the client?  Guide(s) are assigned to the audit team to facilitate the audit. |  |  |
|  | Does the audit team ensure that guides do not influence or interfere in the audit process or outcome of the audit? |  |  |
| NOTE 1 | The responsibilities of a guide can include:   1. establishing contacts and timing for interviews; 2. arranging visits to specific parts of the site or organization; 3. ensuring that rules concerning site safety and security procedures are known and respected by the audit team members; 4. witnessing the audit on behalf of the client; 5. providing clarification or information as requested by an auditor. |  |  |
| NOTE 2 | Where appropriate, the auditee may also act as the guide |  |  |
| **9.2.3** | **Audit plan** |  |  |
| **9.2.3.1** | **General** |  |  |
|  | Does the certification body ensure that an audit plan is established for each audit to provide the basis for agreement regarding the conduct and scheduling of the audit activities? |  |  |
| NOTE | It is not expected that a certification body will develop an audit plan for each audit at the time that the audit programme is developed. |  |  |
| **9.2.3.2** | **Preparing the audit plan** |  |  |
|  | Is the audit plan appropriate to the objectives and the scope of the audit? |  |  |
|  | Does the audit plan include or refer to the following at least: |  |  |
| a) | the audit objectives; |  |  |
| b) | the audit criteria; |  |  |
| c) | the audit scope, including identification of the organizational and functional units or processes to be audited; |  |  |
| d) | the dates and sites where the on-site audit activities are to be conducted, including visits to temporary sites and remote auditing activities, where appropriate; |  |  |
| e) | the expected duration of on-site audit activities; |  |  |
| f) | the roles and responsibilities of the audit team members and accompanying persons, such as observers or interpreters. |  |  |
| NOTE | The audit plan information can be contained in more than one document. |  |  |
| **9.2.3.3** | **Communication of audit team tasks** |  |  |
|  | Are the tasks given to the audit team defined and required the audit team to: |  |  |
| a) | examine and verify the structure, policies, processes, procedures, records and related documents of the client relevant to the management system; |  |  |
| b) | determine that these meet all the requirements relevant to the intended scope of certification; |  |  |
| c) | determine that the processes and procedures are established, implemented and maintained effectively, to provide a basis for confidence in the client's management system; and |  |  |
| d) | communicate to the client, for its action, any inconsistencies between the client's policy, objectives and targets. |  |  |
| **9.2.3.4** | **Communication of audit plan** |  |  |
|  | Is the audit plan communicated and the dates of the audit agreed upon, in advance, with the client? |  |  |
| **9.2.3.5** | **Communication concerning audit team members** |  |  |
|  | Does the certification body provide the name of and, when requested, make available background information on each member of the audit team, with sufficient time for the client organization to object to the appointment of any particular audit team member and for the certification body to reconstitute the team in response to any valid objection? |  |  |
| **9.3** | **Initial certification** |  |  |
| **9.3.1** | **Initial certification audit** |  |  |
| **9.3.1.1** | **General** |  |  |
| 9.3.1.1 | Is the initial certification audit of a management system conducted in two stages: stage 1 and stage 2? |  |  |
| 9.3.1.2 | **Stage 1** |  |  |
| 9.3.1.2.1 | Does the planning ensure that the objectives of stage 1 can be met? |  |  |
|  | Is the client informed of any “on-site” activities during stage 1? |  |  |
| NOTE | Stage 1 does not require a formal audit plan (see 9.2.3) |  |  |
| 9.3.1.2.2 | Is the stage 1 audit performed to meet the objectives: |  |  |
| a) | to review the client's management systemdocumented information; |  |  |
| b) | to evaluate the client's site-specific conditions and to undertake discussions with the client's personnel to determine the preparedness for the stage 2; |  |  |
| c) | to review the client's status and understanding regarding requirements of the standard, in particular with respect to the identification of key performance or significant aspects, processes, objectives and operation of the management system; |  |  |
| d) | to obtain necessary information regarding the scope of the management system including:   * the client’s site(s); * processes and equipment used; * levels of controls established (particularly in case of multisite clients); * applicable statutory and regulatory requirements and the status to conform to compliance obligations |  |  |
| e) | to review the allocation of resources for stage 2 audit and agree the details of the stage 2 with the client; |  |  |
| f) | to provide a focus for planning the stage 2 by gaining a sufficient understanding of the client's management system and site operations in the context of the management system standard or other normative document; |  |  |
| g) | to evaluate if the internal audits and management review are being planned and performed, and that the level of implementation of the management system substantiates that the client is ready for the stage 2? |  |  |
| NOTE | If at least part of the stage 1 audit is carried out at the client's premises this can help to achieve the objectives stated above. |  |  |
| 9.3.1.2.3 | Are the documented conclusions with regard to fulfilment of the Stage 1 objectives and the readiness for Stage 2 communicated to the client, including identification of any areas of concern that could be classified as nonconformity during the Stage 2 audit? |  |  |
| NOTE | The stage 1 output need not meet the full requirements of a Report (see 9.4.8) |  |  |
| 9.3.1.2.4 | In determining the interval between stage 1 and stage 2, is consideration given to the needs of the client to resolve areas of concern identified during the stage 1? |  |  |
|  | The certification body may also need to revise its arrangements for stage 2. |  |  |
|  | Does the certification body consider the need to repeat all or part of stage 1 if any significant changes which would impact the management system occur? |  |  |
|  | Is the client informed that the results of the stage 1 may lead to postponement or cancellation of the stage 2? |  |  |
| **9.3.1.3** | **Stage 2** |  |  |
|  | The purpose of the stage 2 is to evaluate the implementation, including effectiveness, of the client's management system. |  |  |
|  | Does the stage 2 audit take place at the site(s) of the client? |  |  |
|  | Does it include at least the following: |  |  |
| a) | information and evidence about conformity to all requirements of the applicable management system standard or other normative document; |  |  |
| b) | performance monitoring, measuring, reporting and reviewing against key performance objectives and targets (consistent with the expectations in the applicable management system standard or other normative document); |  |  |
| c) | the client's management system ability and its performance regarding meeting of applicable statutory, regulatory and contractual requirements; |  |  |
| d) | operational control of the client's processes; |  |  |
| e) | internal auditing and management review; |  |  |
| f) | management responsibility for the client's policies; |  |  |
| **9.3.1.4** | **Initial certification audit conclusions** |  |  |
|  | Does the audit team analyse all information and audit evidence gathered during the stage 1 and stage 2 audits to review the audit findings and agree on the audit conclusions? |  |  |
| **9.4** | **Conducting audits** |  |  |
| **9.4.1** | **General** |  |  |
|  | Does the certification body have a process for conducting on-site audits? |  |  |
|  | Does this process include an opening meeting at the start of the audit and a closing meeting at the conclusion of the audit? |  |  |
|  | Does the certification body ensure that where any part of the audit is made by electronic means or where the site to be audited is virtual; such activities are conducted by personnel with appropriate competence? |  |  |
|  | Is the evidence obtained during such an audit sufficient to enable the auditor to take an informed decision on the conformity of the requirement in question? |  |  |
| NOTE | “On-site” can include remote access to electronic site(s) that contain(s) information that is relevant to the audit of the management system. Consideration can also be given to the use of electronic means for conduction audits. |  |  |
| **9.4.2** | **Conducting the opening meeting** |  |  |
|  | Is a formal opening meeting, where attendance is recorded, held with the client's management and, where appropriate, those responsible for the functions or processes to be audited? |  |  |
|  | Is the purpose of the opening meeting to provide a short explanation of how the audit activities will be undertaken? |  |  |
|  | Is the degree of detail consistent with the familiarity of the client with the audit process and to consider the following: |  |  |
| a) | introduction of the participants, including an outline of their roles; |  |  |
| b) | confirmation of the scope of certification; |  |  |
| c) | confirmation of the audit plan (including type and scope of audit, objectives and criteria), any changes, and other relevant arrangements with the client, such as the date and time for the closing meeting, interim meetings between the audit team and the client's management; |  |  |
| d) | confirmation of formal communication channels between the audit team and the client; |  |  |
| e) | confirmation that the resources and facilities needed by the audit team are available; |  |  |
| f) | confirmation of matters relating to confidentiality; |  |  |
| g) | confirmation of relevant work safety, emergency and security procedures for the audit team; |  |  |
| h) | confirmation of the availability, roles and identities of any guides and observers; |  |  |
| i) | the method of reporting, including any grading of audit findings; |  |  |
| j) | information about the conditions under which the audit may be prematurely terminated; |  |  |
| k) | confirmation that the audit team leader and audit team representing the certification body is responsible for the audit and shall be in control of executing the audit plan including audit activities and audit trails; |  |  |
| l) | confirmation of the status of findings of the previous review or audit, if applicable; |  |  |
| m) | methods and procedures to be used to conduct the audit based on sampling; |  |  |
| n) | confirmation of the language to be used during the audit; |  |  |
| o) | confirmation that, during the audit, the client will be kept informed of audit progress and any concerns; |  |  |
| p) | opportunity for the client to ask questions? |  |  |
| **9.4.3** | **Communication during the audit** |  |  |
| 9.4.3.1 | During the audit, does the CAB’s audit team periodically assess audit progress and exchange information? |  |  |
|  | Does the audit team leader reassign work as needed between the audit team members and periodically communicate the progress of the audit and any concerns to the client? |  |  |
| 9.4.3.2 | Where the available audit evidence indicates that the audit objectives are unattainable or suggests the presence of an immediate and significant risk (e.g. safety), does the audit team leader report this to the client and, if possible, to the certification body to determine appropriate action? |  |  |
|  | Does such action include reconfirmation or modification of the audit plan, changes to the audit objectives or audit scope, or termination of the audit? |  |  |
|  | Does the audit team leader report the outcome of the action taken to the certification body? |  |  |
| 9.4.3.3 | Does the audit team leader review with the client any need for changes to the audit scope which becomes apparent as on-site auditing activities progress and report this to the certification body? |  |  |
| **9.4.4** | **Obtaining and verifying information** |  |  |
| 9.4.4.1 | During the audit, is information relevant to the audit objectives, scope and criteria (including information relating to interfaces between functions, activities and processes) obtained by appropriate sampling and verified to become audit evidence? |  |  |
| 9.4.4.2 | Do the methods to obtain information include, but not limited to: |  |  |
| a) | interviews; |  |  |
| b) | observation of processes and activities; |  |  |
| c) | review of documentation and records. |  |  |
| **9.4.5** | **Identifying and recording audit findings** |  |  |
| 9.4.5.1 | Are audit findings summarizing conformity and detailing nonconformity identified, classified and recorded to enable an informed certification decision to be made or the certification to be maintained? |  |  |
| 9.4.5.2 | Are opportunities for improvement identified and recorded, unless prohibited by the requirements of a management system certification scheme? |  |  |
|  | Are audit findings which are nonconformities not able to be recorded as opportunities for improvement? |  |  |
| 9.4.5.3 | Are nonconformities recorded against a specific requirement and do they contain a clear statement of the nonconformity identifying in detail the objective evidence on which the nonconformity is based? |  |  |
|  | Are nonconformities discussed with the client to ensure that the evidence is accurate and that the nonconformities are understood? |  |  |
|  | Does the auditor refrain from suggesting the cause of nonconformities or their solution? |  |  |
| 9.4.5.4 | Does the audit team leader attempt to resolve any diverging opinions between the audit team and the client concerning audit evidence or findings, and unresolved points recorded? |  |  |
| **9.4.6** | **Preparing audit conclusions** |  |  |
|  | Under the responsibility of the audit team leader and prior to the closing meeting, does the audit team: |  |  |
| a) | review the audit findings, and any other appropriate information collected during the audit, against the audit objectives and audit criteria and classify the nonconformities; |  |  |
| b) | agree upon the audit conclusions, taking into account the uncertainty inherent in the audit process; |  |  |
| c) | agree any necessary follow-up actions; |  |  |
| d) | confirm the appropriateness of the audit programme or identify any modification required for future audits (e.g. scope of certification, audit time or dates, surveillance frequency, audit team competence). |  |  |
| **9.4.7** | **Conducting the closing meeting** |  |  |
| 9.4.7.1 | Is a formal closing meeting, where attendance is recorded, held with the client's management and, where appropriate, those responsible for the functions or processes audited? |  |  |
|  | Is the purpose of the closing meeting, usually conducted by the audit team leader, to present the audit conclusions, including the recommendation regarding certification? |  |  |
|  | Are nonconformities presented in such a manner that they are understood, and the timeframe for responding agreed? |  |  |
| NOTE | “Understood” does not necessarily mean that the nonconformities have been accepted by the client. |  |  |
| 9.4.7.2 | Does the closing meeting also include the following elements, where the degree of detail consistent with the familiarity of the client with the audit process: |  |  |
| a) | advising the client that the audit evidence collected was based on a sample of the information; thereby introducing an element of uncertainty; |  |  |
| b) | the method and timeframe of reporting, including any grading of audit findings; |  |  |
| c) | the certification body's process for handling nonconformities including any consequences relating to the status of the client's certification; |  |  |
| d) | the timeframe for the client to present a plan for correction and corrective action for any nonconformities identified during the audit; |  |  |
| e) | the certification body's post audit activities; |  |  |
| f) | information about the complaint handling and appeal processes. |  |  |
| 9.4.7.3 | Is the client given opportunity for questions? Are diverging opinions regarding the audit findings or conclusions between the audit team and the client discussed and resolved where possible? |  |  |
|  | Are diverging opinions that are not resolved recorded and referred to the certification body? |  |  |
| **9.4.8** | **Audit report** |  |  |
| 9.4.8.1 | Does the certification body provide a written report for each audit to the client? |  |  |
|  | Does the audit team identify opportunities for improvement without recommending specific solutions? |  |  |
|  | Is the ownership of the audit report maintained by the certification body? |  |  |
| 9.4.8.2 | Does the audit team leader ensure that the audit report is prepared and responsible for its content? |  |  |
|  | Does the audit report provide an accurate, concise and clear record of the audit to enable an informed certification decision to be made and include or refer to the following: |  |  |
| a) | identification of the certification body; |  |  |
| b) | the name and address of the client and the client's management representative; |  |  |
| c) | the type of audit (e.g. initial, surveillance or recertification audit or special audits); |  |  |
| d) | the audit criteria; |  |  |
| e) | the audit objectives; |  |  |
| f) | the audit scope, particularly identification of the organizational or functional units or processes audited and the time of the audit; |  |  |
| g) | any deviation from the audit plan and their reasons |  |  |
| h) | any significant issues impacting on the audit programme |  |  |
| i) | identification of the audit team leader, audit team members and any accompanying persons; |  |  |
| j) | the dates and places where the audit activities (on site or offsite, permanent or temporary sites) were conducted; |  |  |
| k) | audit findings (see 9.4.5), reference to evidence and conclusions, consistent with the requirements of the type of audit; |  |  |
| l) | significant changes, if any, that affect the management system of the client since the last audit took place |  |  |
| m) | any unresolved issues, if identified. |  |  |
| n) | where applicable, whether the audit is combined, joint or integrated; |  |  |
| o) | a disclaimer statement indicating that auditing is based on a sampling process of the available information |  |  |
| p) | Recommendation from the audit team |  |  |
| q) | the audited client is effectively controlling the use of the certification documents and marks, if applicable; |  |  |
| r) | Verification of effectiveness of taken corrective actions regarding previously identified non-conformities, if applicable |  |  |
| 9.4.8.3 | Does the report also contain: |  |  |
| a) | a statement on the conformity and the effectiveness of the management system together with a summary of the evidence relating to: |  |  |
|  | the capability of the management system to meet applicable requirements and the expected outcomes?; |  |  |
|  | the internal audit and management review process? |  |  |
| b) | a conclusion on the appropriateness of the certification scope? |  |  |
| c) | conformation that the audit objectives have been fulfilled? |  |  |
| **9.4.9** | **Cause analysis of nonconformities** |  |  |
|  | Does the certification body require the client to analyse the cause and describe the specific correction and corrective actions taken, or planned to be taken, to eliminate detected nonconformities, within a defined time? |  |  |
| **9.4.10** | **Effectiveness of corrections and corrective actions** |  |  |
|  | Does the certification body review the corrections, identified causes and corrective actions submitted by the client to determine if these are acceptable? |  |  |
|  | Does the certification body verify the effectiveness of any correction and corrective actions taken? |  |  |
|  | Is evidence obtained to support the resolution of nonconformities recorded? |  |  |
|  | Is the client informed of the result of the review and verification? |  |  |
|  | Is the client informed if an additional full audit, an additional audit or documented evidence (to be confirmed during future audits) will be needed to verify effective correction and corrective actions? |  |  |
| NOTE | Verification of effectiveness of correction and corrective action can be carried out based on a review of documented information provided by the client, or where necessary, through verification on-site. Usually this activity is done by a member of the audit team. |  |  |
| **9.5** | **Certification decision** |  |  |
| **9.5.1** | **General** |  |  |
| 9.5.1.1 | Does the certification body ensure that the persons or committees that make thedecisions for granting certification, expanding or reducing the scope of certification, suspending or restoring certification, withdrawing certification or renewing certification are different from those who carried out the audits? |  |  |
|  | Does the individual(s) appointed to conduct the certification decision have appropriate competence? |  |  |
| 9.5.1.2 | Does the person [excluding members of committees (see 6.1.4)] assigned by the certification body to make a certification decision employed by or under legally enforceable arrangement with either the certification body or an entity under the organizational control of the certification body? |  |  |
|  | Is the certification body’s organizational control for one of the following: |  |  |
| a) | whole or majority ownership of another entity by the certification body; |  |  |
| b) | majority participation by the certification body on the board of directors of another entity; |  |  |
| c) | a documented authority by the certification body over another entity in a network of legal entities (in which the certification body resides), linked by ownership or board of director control |  |  |
| NOTE | For governmental certification bodies, other parts of the same government can be considered to be “linked by ownership” to the certification body. |  |  |
| 9.5.1.3 | Does the persons employed by, or under contract with, entities under organizational control fulfil the same requirements of this International Standard as persons employed by, or under contract with, the certification body? |  |  |
| 9.5.1.4 | Does the certification body record each certification decision including any additional information or clarification sought from the audit team or other sources? |  |  |
| **9.5.2** | **Actions prior to making a decision** |  |  |
|  | Does the certification body have a process to conduct an effective review prior to making a decision of granting certification, expanding or reducing the scope of certification, renewing, suspending or restoring, withdrawing of certification including that: |  |  |
| a) | the information provided by the audit team is sufficient with respect to the certification requirements and the scope for certification; |  |  |
| b) | for any major nonconformities, it has reviewed, accepted and verified the correction and corrective actions |  |  |
| c) | for any minor nonconformities it has reviewed and accepted the client's plan for correction and corrective action ? |  |  |
| **9.5.3** | **Information for granting initial certification** |  |  |
| 9.5.3.1 | Does the information provided by the audit team to the certification body for the certification decision, as a minimum, include: |  |  |
| a) | the audit reports, |  |  |
| b) | comments on the nonconformities and, actions taken by the client, where applicable, the correction and corrective , |  |  |
| c) | confirmation of the information provided to the certification body used in the application review (see 9.1.2), |  |  |
| d) | confirmation that the audit objectives have been achieved, and |  |  |
| e) | a recommendation whether or not to grant certification, together with any conditions or observations? |  |  |
| 9.5.3.2 | Does the certification body conduct another stage 2 prior to recommending certification if the certification body is not able to verify the implementation of corrections and corrective actions of any major nonconformity within 6 months after the last day of stage 2? |  |  |
| 9.5.3.3 | Does the certification body have a process for obtaining sufficient information in order to take a decision on certification when a transfer of certification is envisaged from one certification body to another? |  |  |
| NOTE | Certification Schemes may have specific rules regarding the transfer of certification. |  |  |
| **9.5.4** | **Information for granting recertification** |  |  |
|  | Does the certification body make decisions on renewing certification based on the results of the recertification audit, as well as the results of the review of the system over the period of certification and complaints received from users of certification? |  |  |
| **9.6** | **Maintaining certification** |  |  |
| **9.6.1** | **General** |  |  |
|  | Does the certification body maintain certification based on demonstration that the client continues to satisfy the requirements of the management system standard? |  |  |
|  | Does the certification body maintain a client's certification based on a positive conclusion by the audit team leader without further independent review and decision, provided that |  |  |
| a) | for any major nonconformity or other situation that may lead to suspension or withdrawal of certification, the certification body has a system that requires the audit team leader to report to the certification body the need to initiate a review by appropriately competent personnel (see 7.2.8), different from those who carried out the audit, to determine whether certification can be maintained; |  |  |
| b) | competent personnel of the certification body monitor its surveillance activities, including monitoring the reporting by its auditors, to confirm that the certification activity is operating effectively? |  |  |
| **9.6.2** | **Surveillance activities** |  |  |
| **9.6.2.1** | **General** |  |  |
| 9.6.2.1.1 | Does the certification body develop its surveillance activities so that representative areas and functions covered by the scope of the management system are monitored on a regular basis, and take into account changes to its certified client and its management system? |  |  |
| 9.6.2.1.2 | Do surveillance activities include on-site auditing of the certified client's management system's fulfilment of specified requirements with respect to the standard to which the certification is granted? |  |  |
|  | Do other surveillance activities include: |  |  |
| a) | enquiries from the certification body to the certified client on aspects of certification; |  |  |
| b) | reviewing any certified client's statements with respect to its operations (e.g. promotional material, website); |  |  |
| c) | requests to the certified client to provide documents and documented information (on paper or electronic media); and |  |  |
| d) | other means of monitoring the certified client's performance? |  |  |
| **9.6.2.2** | **Surveillance audit** |  |  |
|  | Are surveillance audits planned together with the other surveillance activities so that the certification body can maintain confidence that the certified management system continues to fulfil requirements between recertification audits? |  |  |
|  | Does each surveillance for the relevant management system standard include, at least: |  |  |
| a) | internal audits and management review, |  |  |
| b) | a review of actions taken on nonconformities identified during the previous audit, |  |  |
| c) | complaints handling, |  |  |
| d) | effectiveness of the management system with regard to achieving the certified client's objectives and the intended results of the respective management system(s), |  |  |
| e) | progress of planned activities aimed at continual improvement, |  |  |
| f) | continuing operational control, |  |  |
| g) | review of any changes, and |  |  |
| h) | use of marks and/or any other reference to certification? |  |  |
| **9.6.3** | **Recertification** |  |  |
| **9.6.3.1** | **Recertification audit planning** |  |  |
| 9.6.3.1.1 | The purpose of the recertification audit is to confirm the continued relevance and applicability for the scope of certification. |  |  |
|  | Is recertification audits planned and conducted in due time to arrange for renewal before the certificate expiry date to evaluate the continued fulfilment of all of the requirements of the relevant management system standard or other normative document? |  |  |
| 9.6.3.1.2 | Does the recertification activity include the review of previous surveillance audit reports and consider the performance of the management system over the most recent certification cycle? |  |  |
| 9.6.3.1.3 | Do recertification audit activities have a stage 1 audit in situations where there have been significant changes to the management system, the organisation, or the context in which the management system is operating (e.g. changes to legislation)? |  |  |
| NOTE | Such changes can occur at any time during the certification cycle and the certification body might need to perform a special audit (see 9.6.4), which might or might not be a two-stage audit. |  |  |
| **9.6.3.2** | **Recertification audit** |  |  |
| 9.6.3.2.1 | Does the recertification audit include an on-site audit that addresses the following: |  |  |
| a) | the effectiveness of the management system in its entirety in the light of internal and external changes and its continued relevance and applicability to the scope of certification; |  |  |
| b) | demonstrated commitment to maintain the effectiveness and improvement of the management system in order to enhance overall performance; |  |  |
| c) | the effectiveness of the management system with regard to achieving the certified clients’ objectives and the intended results of the respective management system(s) ? |  |  |
| 9.6.3.2.2 | For any major nonconformity, does the certification body define time limits for correction and corrective actions? |  |  |
|  | Are these actions implemented and verified prior to the expiration of certification? |  |  |
| 9.6.3.2.3 | Is the expiry date of the new certification based on the expiry date of the existing certification when recertification activities are successfully completed prior to the expiry date of the existing certification? |  |  |
| 9.6.3.2.4 | Is recertification not recommended if the certification body has not completed the recertification audit or the certification body is unable to verify the implementation of corrections and corrective actions for any major nonconformity (see 9.5.2.1) prior to the expiry date of certification? |  |  |
|  | Is the validity of the certification not extended? |  |  |
|  | Is the client informed and the consequences explained? |  |  |
| 9.6.3.2.5 | Is the certification restored if the outstanding recertification activities are completed following expiration of certification? |  |  |
|  | Is Stage 2 conducted if outstanding recertification activities following expiration of certification are not completed? |  |  |
|  | Is the effective date on the certification on or after the recertification decision? |  |  |
|  | Is the expiry date based on prior certification cycle? |  |  |
| **9.6.4** | **Special audits** |  |  |
| **9.6.4.1** | **Expanding scope** |  |  |
|  | Does the certification body, in response to an application for extension to the scope of a certification already granted, undertake a review of the application and determine any audit activities necessary to decide whether or not the extension may be granted? |  |  |
|  | This may be conducted in conjunction with a surveillance audit. |  |  |
| **9.6.4.2** | **Short-notice audits** |  |  |
|  | It may be necessary for the certification body to conduct audits of certified clients at short notice or unannounced to investigate complaints (see 9.8), or in response to changes (see 8.6.3), or as follow up on suspended clients (see 9.6).  In the case of short-notice audits does the certification body: |  |  |
| a) | describe and make known in advance to the certified clients (e.g. in documents as described in 8.5.1) the conditions under which such audits are to be conducted, and |  |  |
| b) | exercise additional care in the assignment of the audit team because of the lack of opportunity for the client to object to audit team members? |  |  |
| **9.6.5** | **Suspending, withdrawing or reducing the scope of certification** |  |  |
| 9.6.5.1 | Does the certification body have a policy and documented procedure(s) for suspension, withdrawal or reduction of the scope of certification? |  |  |
|  | Does the certification body specify the subsequent actions by the certification body? |  |  |
| 9.6.5.2 | Does the certification body suspend certification in cases when, for example, |  |  |
|  | * the client's certified management system has persistently or seriously failed to meet certification requirements, including requirements for the effectiveness of the management system, |  |  |
|  | * the certified client does not allow surveillance or recertification audits to be conducted at the required frequencies, or |  |  |
|  | * the certified client has voluntarily requested a suspension? |  |  |
| 9.6.5.3 | Under suspension, is the client’s management system certification temporary invalid? |  |  |
| 9.6.5.4 | Does the certification body restore the suspended certification if the issue that has resulted in the suspension has been resolved? |  |  |
|  | Does failure to resolve the issues that have resulted in the suspension in a time established by the certification body result in withdrawal or reduction of the scope of certification? |  |  |
| NOTE | In most cases the suspension would not exceed 6 months. |  |  |
| 9.6.5.5 | Does the certification body reduce the client's scope of certification to exclude the parts not meeting the requirements, when the client has persistently or seriously failed to meet the certification requirements for those parts of the scope of certification? |  |  |
|  | Is any such reduction in line with the requirements of the standard used for certification? |  |  |
| **9.7** | **Appeals** |  |  |
| 9.7.1 | Does the certification body have a documented process to receive, evaluate and make decisions on appeals? |  |  |
| 9.7.2 | Is the certification body responsible for all decisions at all levels of the appeals-handling process? |  |  |
|  | Does the certification body ensure that the persons engaged in the appeals-handling process are different from those who carried out the audits and made the certification decisions? |  |  |
| 9.7.3 | Does the certification body ensure submission, investigation and decision on appeals do not result in any discriminatory actions against the appellant? |  |  |
| 9.7.4 | Does the appeals-handling process include at least the following elements and methods: |  |  |
| a) | an outline of the process for receiving, validating and investigating the appeal, and for deciding what actions are to be taken in response to it, taking into account the results of previous similar appeals; |  |  |
| b) | tracking and recording appeals, including actions undertaken to resolve them; |  |  |
| c) | ensuring that any appropriate correction and corrective action are taken? |  |  |
| 9.7.5 | Does the certification body receiving the appeal responsible for gathering and verifying all necessary information to validate the appeal? |  |  |
| 9.7.6 | Does the certification body acknowledge receipt of the appeal? |  |  |
|  | Does the certification body provide the appellant with progress reports and the result of the appeal? |  |  |
| 9.7.7 | Is the decision to be communicated to the appellant made by, or reviewed and approved by, individual(s) not previously involved in the subject of the appeal? |  |  |
| 9.7.8 | Does the certification body give formal notice to the appellant of the end of the appeals-handling process? |  |  |
| **9.8** | **Complaints** |  |  |
| 9.8.1 | Is the certification body responsible for all decisions at all levels of the complaints-handling process? |  |  |
| 9.8.2 | Do the submission, investigation and decision on complaints result in any discriminatory actions against the complainant? |  |  |
| 9.8.3 | Upon receipt of a complaint, does the certification body confirm whether the complaint relates to certification activities that it is responsible for? |  |  |
|  | If so, does the certification body deal with it? |  |  |
|  | If the complaint relates to a certified client, does examination of the complaint consider the effectiveness of the certified management system? |  |  |
| 9.8.4 | Is any complaint about a certified client referred by the certification body to the certified client in question at an appropriate time? |  |  |
| 9.8.5 | Does the certification body have a documented process to receive, evaluate and make decisions on complaints? |  |  |
|  | Is this process subject to requirements for confidentiality, as it relates to the complainant and to the subject of the complaint? |  |  |
| 9.8.6 | Does the complaints-handling process include at least the following elements and methods: |  |  |
| a) | an outline of the process for receiving, validating, investigating the complaint, and for deciding what actions are to be taken in response to it; |  |  |
| b) | tracking and recording complaints, including actions undertaken in response to them; |  |  |
| c) | ensuring that any appropriate correction and corrective action are taken? |  |  |
| NOTE | ISO 10002 provides guidance for complaints handing. |  |  |
| 9.8.7 | Is the certification body receiving the complaint responsible for gathering and verifying all necessary information to validate the complaint? |  |  |
| 9.8.8 | Whenever possible, does the certification body acknowledge receipt of the complaint? |  |  |
|  | Does the certification body provide the complainant with progress reports and the outcome? |  |  |
| 9.8.9 | Is the decision to be communicated to the complainant made by, or reviewed and approved by, individual(s) not previously involved in the subject of the complaint? |  |  |
| 9.8.10 | Whenever possible, does the certification body give formal notice of the end of the complaints-handling process to the complainant? |  |  |
| 9.8.11 | Does the certification body determine, together with the certified client and the complainant, whether and, if so to what extent, the subject of the complaint and its resolution made public? |  |  |
| **9.9** | **Client records** |  |  |
| 9.9.1 | Does the certification body maintain records on the audit and other certification activities for all clients, including all organizations that submitted applications, and all organizations audited, certified, or with certification suspended or withdrawn? |  |  |
| 9.9.2 | Do records on certified clients include the following: |  |  |
| a) | application information and initial, surveillance and recertification audit reports; |  |  |
| b) | certification agreement; |  |  |
| c) | justification of the methodology used for sampling of sites, as appropriate; |  |  |
| NOTE | Methodology of sampling includes the sampling employed to assess the specific management system and/or to select sites in the context of multi-site assessment |  |  |
| d) | justification for auditor time determination (see 9.1.4); |  |  |
| e) | verification of correction and corrective actions; |  |  |
| f) | records of complaints and appeals, and any subsequent correction or corrective actions; |  |  |
| g) | committee deliberations and decisions, if applicable; |  |  |
| h) | documentation of the certification decisions; |  |  |
| i) | certification documents, including the scope of certification with respect to product, process or service, as applicable; |  |  |
| j) | related records necessary to establish the credibility of the certification, such as evidence of the competence of auditors and technical experts? |  |  |
| k) | audit programmes? |  |  |
| 9.9.3 | Does the certification body keep the records on applicants and clients secure to ensure that the information is kept confidential? |  |  |
|  | Are records transported, transmitted or transferred in a way that ensures that confidentiality is maintained? |  |  |
| 9.9.4 | Does the certification body have a documented policy and documented procedures on the retention of records? |  |  |
|  | Are records of certified clients and previously certified clients retained for the duration of the current cycle plus one full certification cycle? |  |  |
| NOTE | In some jurisdictions, the law stipulates that records need to be maintained for a longer time period. |  |  |
| **10** | **Management system requirements for certification bodies** |  |  |
| **10.1** | **Options** |  |  |
|  | Does the certification body establish, document, implement and maintain a management system that is capable of supporting and demonstrating the consistent achievement of the requirements of this part of ISO/IEC 17021? |  |  |
|  | In addition to meeting the requirements of Clause 5 to 9, does the certification body implement a management system in accordance with either:   1. general management system requirements (see 10.2) ; or 2. management system requirements in accordance with ISO 9001 (see 10.3)? |  |  |
| **10.2** | **Option A : General management system requirements** |  |  |
| **10.2.1** | **General** |  |  |
|  | Has the certification body's top management established and documented policies and objectives for its activities? |  |  |
|  | Does the top management provide evidence of its commitment to the development and implementation of the management system in accordance with the requirements of this International Standard? |  |  |
|  | Does the top management ensure that the policies are understood, implemented and maintained at all levels of the certification body's organization? |  |  |
|  | Has the certification body's top management, assigned responsibility and authority for: |  |  |
| a) | ensuring that processes and procedures needed for the management system are established, implemented and maintained, and |  |  |
| b) | reporting to top management on the performance of the management system and any need for improvement? |  |  |
| **10.2.2** | **Management system manual** |  |  |
|  | Have all applicable requirements of this International Standard been addressed either in a manual or in associated documents? |  |  |
|  | Does the certification body ensure that the manual and relevant associated documents are accessible to all relevant personnel? |  |  |
| **10.2.3** | **Control of documents** |  |  |
|  | Has the certification body established procedures to control the documents (internal and external) that relate to the fulfilment of this International Standard? |  |  |
|  | Do the procedures define the controls needed to: |  |  |
| a) | approve documents for adequacy prior to issue, |  |  |
| b) | review and update where necessary and re-approve documents, |  |  |
| c) | ensure that changes and the current revision status of documents are identified, |  |  |
| d) | ensure that relevant versions of applicable documents are available at points of use, |  |  |
| e) | ensure that documents remain legible and readily identifiable, |  |  |
| f) | ensure that documents of external origin are identified and their distribution controlled, and |  |  |
| g) | prevent the unintended use of obsolete documents, and to apply suitable identification to them if they are retained for any purpose? |  |  |
| NOTE | Documentation can be in any form or type of medium. |  |  |
| **10.2.4** | **Control of records** |  |  |
|  | Has the certification body established procedures to define the controls needed for the identification, storage, protection, retrieval, retention time and disposition of its records related to the fulfilment of this part of ISO/IEC 17021? |  |  |
|  | Has the certification body established procedures for retaining records for a period consistent with its contractual and legal obligations? |  |  |
|  | Is access to these records consistent with the confidentiality arrangements? |  |  |
| NOTE | For requirements for records on certified, see also 9.9. |  |  |
| **10.2.5** | **Management review** |  |  |
| **10.2.5.1** | **General** |  |  |
|  | Has the certification body's top management established procedures to review its management system at planned intervals to ensure its continuing suitability, adequacy and effectiveness, including the stated policies and objectives related to the fulfilment of this International Standard? |  |  |
|  | Are these reviews conducted at least once a year? |  |  |
| **10.2.5.2** | **Review inputs** |  |  |
|  | Does the input to the management review include information related to |  |  |
| a) | results of internal and external audits; |  |  |
| b) | feedback from clients and interested parties; |  |  |
| c) | safeguarding impartiality; |  |  |
| d) | the status of preventive and corrective actions; |  |  |
| e) | the status of actions to address risks; |  |  |
| f) | follow-up actions from previous management reviews; |  |  |
| g) | the fulfilment of objectives; |  |  |
| h) | changes that could affect the management system; and |  |  |
| i) | appeals and complaints? |  |  |
| **10.2.5.3** | **Review outputs** |  |  |
|  | Do the outputs from the management review include decisions and actions related to |  |  |
| a) | improvement of the effectiveness of the management system and its processes, |  |  |
| b) | Improvement of the certification services related to the fulfilment of this part of ISO/IEC 17021, |  |  |
| c) | resource needs, and |  |  |
| d) | revision of the organisation’s policy and objectives? |  |  |
| **10.2.6** | **Internal audits** |  |  |
| 10.2.6.1 | Has the certification body established procedures for internal audits to verify that it fulfils the requirements of this International Standard and that the management system is effectively implemented and maintained? |  |  |
| NOTE | ISO 19011 provides guidelines for conducting internal audits. |  |  |
| 10.2.6.2 | Is the audit programme planned, taking into consideration the importance of the processes and areas to be audited, as well as the results of previous audits? |  |  |
| 10.2.6.3 | Are internal audits performed at least once every 12 months? |  |  |
|  | Is the frequency of internal audits reduced if the certification body can demonstrate that its management system continues to be effectively implemented according to this International Standard and has proven stability? |  |  |
| 10.2.6.4 | Does the certification body ensure that: |  |  |
| a) | internal audits are conducted by competent personnel knowledgeable in certification, auditing and the requirements of this International Standard, |  |  |
| b) | auditors do not audit their own work, |  |  |
| c) | personnel responsible for the area audited are informed of the outcome of the audit, |  |  |
| d) | any actions resulting from internal audits are taken in a timely and appropriate manner, and |  |  |
| e) | any opportunities for improvement are identified? |  |  |
| **10.2.7** | **Corrective actions** |  |  |
|  | Has the certification body established procedures for identification and management of nonconformities in its operations? |  |  |
|  | Does the certification body also, where necessary, take actions to eliminate the causes of nonconformities in order to prevent recurrence? |  |  |
|  | Are corrective actions appropriate to the impact of the problems encountered? |  |  |
|  | Do the procedures define requirements for: |  |  |
| a) | identifying nonconformities (e.g. from valid complaints and internal audits); |  |  |
| b) | determining the causes of nonconformity; |  |  |
| c) | correcting nonconformities; |  |  |
| d) | evaluating the need for actions to ensure that nonconformities do not recur; |  |  |
| e) | determining and implementing in a timely manner, the actions needed; |  |  |
| f) | recording the results of actions taken; and |  |  |
| g) | reviewing the effectiveness of corrective actions? |  |  |
| **10.3** | **Option B: Management system requirements in accordance with ISO 9001** |  |  |
| **10.3.1** | **General** |  |  |
|  | Has the certification body established and maintained a management system, in accordance with the requirements of ISO 9001 that is capable of supporting and demonstrating the consistent achievement of the requirements of this International Standard, amplified by 10.3.2 to 10.3.4? |  |  |
| **10.3.2** | **Scope** |  |  |
|  | Does the scope of the management system include the design and development requirements for its certification services? |  |  |
| **10.3.3** | **Customer focus** |  |  |
|  | When developing its management system, has the certification body considered the credibility of certification? |  |  |
|  | Has the certification body addressed the needs of all parties (as set out in 4.1.2) that rely upon its audit and certification services, not just its clients? |  |  |
| **10.3.4** | **Management review** |  |  |
|  | Does the certification body include as input for management review, information on relevant appeals and complaints from users of certification activities and a review of impartiality for application of the requirements of ISO 9001? |  |  |

**IAF Mandatory Documents**

| **IAF Mandatory Documents** | | **Comments** | | | **Findings** |
| --- | --- | --- | --- | --- | --- |
| IAF MD 1 | Certification of Multiple Sites Based on Sampling | Did the company establish their sampling plans to meet the IAF MD 1 requirements in the relevant scheme briefing note?  No. of multi- sites and scheme: | | |  |
| IAF MD 2 | Transfer of Accredited Certification of Management System | Scheme | No. of transfer accepted | Records sighted by Asst. Team |  |
| IAF MD 4 | Use of Computer Assisted Auditing Techniques (“CAAT”) for Accredited Certification of Management Systems | Did the CB use CAAT for audit? | | |  |
| IAF MD 5 | Determination of Audit Time of Quality,Environmental, Occupational Health & Safety Management Systems | Did the CB establish procedures that complied with the requirements of the IAF MD 5 on auditor time calculation (man-days) in relevant scheme briefing note?  Did the sample client files show that the audit man-days were met for initial, surveillance and recertification audits? | | |  |
| IAF MD 11 | Application of ISO/IEC 17021-1 for Audits of Integrated Management Systems (IMS) | Did the CB conduct any audits of integrated management system at the time of assessment for the SAC accredited schemes? | | |  |
| IAF MD 12 | Assessment of Certification Activities for Cross-Frontier Accreditation | |  |  | | --- | --- | | Countries into which accredited certificates are issued and the number of certificates issued in each country: |  | | Countries in which the CB operates from a  fixed office location that performs any certification activities: |  | | Countries in which the CB has remote personnel that perform any certification activities: |  | | Which fixed office locations are responsible for performing and/or managing key activities as defined in IAF/ILAC A5 or from where remote personnel performing key activities are managed: |  | | The CB’s arrangements for managing all activities that are performed from a foreign fixed office location or by remote personnel: |  | | | |  |
| IAF MD 22 | Application of ISO/IEC 17021-1 for the Certification of Occupational Health and Safety Management Systems (OH&SMS) | Did the CB apply requirements that compiled with ISO/IEC 17021-1 for all OH&SMS audits? | | |  |
| IAF MD 23 | Control of Entities Operating on Behalf of Accredited Management Systems Certification Bodies | Did the CB apply requirements that compiled with IAF MD 23 for control of entitles operating on behalf of CB? | | |  |
| IAF MD 24 | Transition Requirements for ISO 50003:2021 | If applicable, did the CB implement the requirements of IAF MD 24? | | |  |
| IAF MD 26 | Transition Requirements for ISO/IEC 27001:2022 | If applicable, did the CB implement the requirements in IAF MD 26? | | |  |
| IAF MD 27 | Transition Requirements for ISO 22003-1:2022 | If applicable, did the CB implement the requirements in IAF MD 27? | | |  |
| IAF MD 28 | IAF Mandatory Document for the Upload and Maintenance of Data on IAF Database | Did the CB upload and maintain data of their certified clients in IAF CertSearch? | | |  |
|  |  |  | | |  |

|  |
| --- |
| **Additional Notes (if any):** |