# **PURPOSE and SCOPE**

Purpose of this Guideline is to establish procedure for initial accreditation, periodic assessment, re-accreditation, and extension of accreditation scope of management system certification bodies.

Present Guidelines describes operations and responsibilities of EAF (ENTERPRISE ACCREDITATION FOUNDATION) for Accreditation (hereinafter referred to as – EAF) and Management System Certification Bodies (hereinafter referred to as - MSCB).

Present Guidelines supplements "**EAF-P.01 Accreditation procedure of CABs**" and takes into consideration of ISO/IEC 17021 series requirements and documents published by the International Accreditation Forum (IAF), which are referenced in the Section 2.

# **2. REFERENCES**

ISO/IEC 17000:2020 Conformity assessment Vocabulary and general principles

ISO/IEC 17011:2017 Conformity assessment Requirements for accreditation bodies accrediting conformity assessment bodies

ISO/IEC 17021-1:2015 Conformity assessment Requirements for bodies providing audit and certification of management systems Part 1. Requirements

ISO/IEC 17021-3:2017 Conformity assessment Requirements for bodies providing audit and certification of management systems Part 3. Conformity assessment Requirements for bodies providing audit and certification of management systems

ISO/IEC TS17021-10:2018 Conformity assessment Requirements for bodies providing audit and certification of management systems Part 10. Competence requirements for auditing and certification of occupational health and safety management systems

ISO 9001:2015 Quality management systems

ISO 22000:2018 Food safety management systems Requirements for any organization in the food chain

ISO/TS 22003:2013 Food safety management systems Requirements for bodies providing audit and certification of food safety management systems

ISO 50003:2014 Energy management systems Requirements for bodies providing audit and certification of energy management systems

IAF MD 1:2018 - IAF Mandatory Document for the Audit and Certification of a Management System Operated by a Multi-Site Organization

IAF MD 2:2017 IAF Mandatory Document for the Transfer of Accredited Certification of Management Systems

IAF MD 4: 2018 IAF Mandatory Document for the Use of Information and Communication Technology (ICT) for Auditing/Assessment Purposes

IAF MD 5:2019 Determination of Audit Time of Quality, Environmental, and Occupational Health & Safety Management Systems

IAF MD 11:2019 IAF Mandatory Document for Application of ISO/IEC 17021-1 for Audits of Integrated Management Systems

IAF MD 15:2014 IAF Mandatory Document for the Collection of Data to Provide Indicators of Management System Certification Bodies' Performance

IAF MD 16:2015 Application of ISO/IEC 17011 for the Accreditation of Food Safety Management Systems (FSMS) Certification Bodies

IAF ID 1:2020 IAF Informative Document for QMS and EMS Scopes of Accreditation

## **3. TERMS AND DEFINITIONS**

For the purpose of this Guideline terms and definitions given in ISO/IEC 17000, ISO/IEC 17011, ISO/IEC 17021-1 as well as the following apply:

**Document review**: process of comparing requirements provided in the MSCB documentation against the accreditation requirements

**Closing nonconformity**: objective evidence of completing corrective actions or having suitable plan for corrections (in certain cases) and corrective actions, as well as evidence of such plan being implemented

**Normative documents in technical regulations**: technical regulations, normative documents on standardization and other document of technical regulation

**On – site assessment**: systematic and independent assessment conducted at the MSCB location in order to determine whether management system of a MSCB conforms or maintains compliance to accreditation requirements and whether it is implemented effectively.

**Assessment program**: instrument and record, which retained throughout the accreditation cycle to manage required assessments, planning and maintaining accreditation as well as confirmation of satisfying all assessment requirements. Program comprises of an initial accreditation, periodic assessment, extension and reduction of an accreditation scope as well as withdrawal of accreditation.

## **4.**  **ACCREDITATION PROCEDURE**

## **4.1 ACCREDITATION REQUIREMENTS**

4.1.1 General requirements for MSCB are specified in the ISO/IEC 17021 – 1.

## **4.2 APPLICATION FOR ACCREDITATION**

4.2.1 An applicant MSCB shall submit to EAF completed application form (**EAF-FR.01 Accreditation Agreement**) in paper or electronically, together with duly signed a MSCB Declaration to comply with accreditation requirements.

4.2.2 Applicant shall enclose following documents and supporting information to the application:

\* A draft of scope of accreditation as per EAF documents,

\* CAB’s Quality Manual and management system documentation

\* information about CAB’s personnel as per EAF documents,

\* a document describing procedure for certification activities.

4.2.3 MSCB should refer to the IAF ID 1 requirements in determining management system certification scopes when requested by a client.

4.2.4 EAF receives and reviews application for accreditation within 7 working days. If application for accreditation and submitted documents are incomplete, then EAF returns documentation back to the applicant within 7 working day.

## **4.3 REVIEW OF THE APPLICATION**

In order to make a decision on application EAF evaluates its resources as per EAF documents during the application analysis process.

**4.4 PREPARATION FOR ASSESSMENT**

4.4.1 If an analysis of application yields positive decision, then EAF shall prepare a Accreditation Agreement for Review of Documented Information and forward it to an applicant.

4.4.2 After the receipt of applicable fees from the applicant, a Case Officer shall prepare for assessment, which includes selecting assessment team members and confirming assessment team composition with the CAB.

4.4.2 If based on analysis of application EAF makes negative decision, then within one working day an applicant/CAB will be notified about the cancellation of accreditation process as per the application

**4.5 ASSESSMENT**

4.5.1 EAF reviews CAB’s documented information within 15 working days.

4.5.2 If at the review documented information stage reveal nonconformities, EAF shall inform the CAB within three working days to take necessary actions to close those identified nonconformities before the commence of on-site assessment.

4.5.3 Agreement for on-site assessment service to be concluded with the CAB depending on CAB’s preparedness and closed nonconformities raised at the document review stage.

4.5.4 Assessment time is calculated according to the "**EAF-G.22 Guidelines on the Calculation of Assessment Periods (Person/Day) for Accreditation Assessments**" version of estimating assessment time.

4.5.5 Initial accreditation, scope extension, scope reduction, periodic assessment and re- assessment of MSCB is performed in accordance with Instructions EAF documents respectively.

4.5.6 Witness assessment is performed according to the EAF documents.

4.5.7 If a CAB fails to facilitate on-site assessment process, EAF may terminate on -site assessment.

4.5.8 If, an Assessment Report delivers positive outcome, then it is submitted to EAF within three working days for review at the Accreditation Decision Commission meeting.

4.5.9 If an assessment team’s Report state nonconformities to specified requirements of accreditation, then a CAB shall develop an action – plan to close nonconformities and submit to EAF a Report on implementation of action – plan, within deadline determined by the assessment team. Deadline to close nonconformities shall not exceed two months, and in special circumstances justified by CAB - three months.

4.6 **MAKING DECISION ON ACCREDITATION**

4.6.1 If nonconformities are raised, an assessment team within five working days reviews implemented corrective actions and their suitability, and within three working days provides written report to the Accreditation Decision Commission to make an appropriate decision.

4.6.2 The Accreditation Decision Commission operates according to the Terms of Reference "**EAF-G.34 Job Description and Organization Chart Guideline**".

4.6.3 The Accreditation Decision Commission members shall review assessment report and supporting documentation, subsequently make a collegial decision at the Accreditation Decision Commission meeting.

4.6.3 A CAB’s representative may participate in the Accreditation Decision Commission meeting, by notifying EAF in advance of such intend.

**4.7 ACCREDITATION INFORMATION**

4.7.1 Accreditation information is published at the EAF’s website –www.eafaccreditation.com

4.7.2 Accreditation Agreement (**EAF-FR.01 Accreditation Agreement**) to be signed between EAF and CAB when the Accreditation Decision Commission makes a positive decision and EAF issues a Certificate of Accreditation.

4.7.3 Public information about the accredited conformity assessment body is included to the Guideline of Accredited Conformity Assessment Bodies which is maintained at the EAF’s website.

4.7.4 In case the Accreditation Decision Commission makes negative accreditation decision, then applicant/CAB is notified in writing about the refuse of accreditation.

**4.8 ACCREDITATION CYCLE**

4.8.1 Upon positive decision by the Accreditation Decision Commission, EAF develops CAB’s Assessment Program for the accreditation cycle and sends it to the CAB for reference.

4.8.2 Accredited CAB shall report to EAF every quarter, the Accreditation Agreement and criteria given in the IAF MD 15.

**4.9 EXTENDING ACCREDITATION**

Process of extending the scope of accreditation is similar to the initial accreditation procedure. Only the part of the accreditation scope which is declared for extension will be assessed.

**4.10 SUSPENDING, WITHDRAWAL OR REDUCING ACCREDITATION**

4.10.1 Suspension, withdrawal or reduction of accreditation impose restrictions to MSCB’s capacity to continue offering and providing certification services.

4.10.2 Suspension and reduction in the scope accreditation may be linked to the full scope MSBC’s accreditation or to specific accreditation standards.

4.10.3 During the period of suspension, MSCB shall continue to carry out surveillance audits as necessary to maintain existing certificates but shall not issue any new certificates as part of the suspended activities.

**4.11 COMPLAINTS**

Complaints received, reviewed and processed in accordance with "**EAF-P.02 Procedure for Complaints and Appeals**".

**4.12 APPEALS**

Appeals received, reviewed, processed and appropriate decisions are made in accordance with "**EAF-P.02 Procedure for Complaints and Appeals**".

**5 ASSESSMENT OF MSCB’S COMPETENCE ACCORDING TO THE ISO/IEC 17021-1**

This section provides explanations of individual requirements of the standard and documents adopted by international accreditation organizations applicable to MSCB’s activities.

Additional recommendations and comments are designated with the letter "G" followed by a number indicating corresponding clause of the standard.

**G 5.1 Legal and contractual matters**

No supplementary requirements.

**G 5.2 Management of impartiality**

No supplementary requirements.

**G 5.3 Liability and financing**

No supplementary requirements.

**G 6 Structural requirements**

**G 6.1 Organizational structure and top management**

No supplementary requirements.

**G 6.2 Operational control**

No supplementary requirements.

**G 7 Resource requirements**

**G 7.1 Competence of personnel**

**G 7.1.2-7.1.3 MSCB shall have documented processes for:**

- determining competence criteria for all MSCB personnel involved in the certification activities and performing audits, shall be in consistent with applicable requirements of ISO/IEC 17021-1, ISO/IEC 17021-2, ISO/IEC 17021-3, ISO/IEC 17021-10, ISO 50003, ISO/TS 22003 and ISO 50003 and other competence requirements specified in each type of management system standards,

In accordance with IAF MD 16, MSCB applying for accreditation under ISO/TS 22000 shall:

- have qualified personnel to carry out the contract analysis and properly select food chain category and subcategory,

- establish technical criteria to determine the competence of personnel in each specific category of a food chain,

- have qualified personnel at least in one subcategory of a food chain,

- establish and maintain list qualified personnel in each subcategory and provide EAF upon request,

- demonstrate to EAF that MSCB has at least one actual or potential application in the food chain category, under to the declared scope of accreditation.

**G. 7.1.4 Other considerations**

No supplementary requirements

**G.7.2 Personnel involved in the certification activities**

No supplementary requirements

**G.7.3 Use of individual external auditors and external technical experts**

No supplementary requirements

**G.7.4 Personnel records**

No supplementary requirements.

**G.7.5 Outsourcing**

No supplementary requirements.

**G.8 Information requirements**

No supplementary requirements.

**G.9 Process requirements**

**G.9.1 Pre-certification activities**

No supplementary requirements, except for stipulated below:

**G.9.1.1 Application**

When accepting an application, MSCB, according to IAF MD 1, should obtain necessary information about the applicant organization in order to:

- confirm that management system has been properly implemented,

- determine coverage of operative management system and request scope of certification sought, if possible,

- understand legal and contractual relationship of each site/object,

- understand "what is happening and where" i.e., processes/activities performed at each site and to identify head office,

- determine degree of centralization of processes/activities pertinent to all sites/objects (e.g., procurement),

- define interaction with other sites/objects,

- consider other relevant factors in accordance with IAF MD 4, IAF MD 5, and IAF MD 11,

- determine appropriate audit time,

- set up an audit team(s) to verify required competence,

- determine complexity and extended of processes covered by management system (e.g., one or more).

In determining scopes requested by a client for certification of its management system, MSCB should take into account requirements of the IAF ID 1.
**G.9.1.3 Audit programme**

According to the IAF MD1, an audit programme should, at least, include the following:

- processes/activities at each site,

- identification of sites which are mandatory and those not,

- identification of sites which are subject to sampling, and those not,

While developing an audit program, a MSCB should allow sufficient time for activities that are not part of the estimated audit time, due to the specific circumstances of an audit, such as travel, communication between audit team members, post-audit meetings, etc.

**Note**: *Remote auditing technique may be applied provided the nature of processes or circumstances justify remote auditing (ISO/IEC17021-1 and IAF MD 4).*

If an auditing team comprise of many members, then it is responsibility of a MSCB to facilitate their cooperation with the audit team leader to ensure technical competence necessary for each part of the audit and for each site, as well as allocation of duties to appropriate team members for each part of audit.

Where MSCB is carrying out certification activities, a client already has been certified by another certification body, it shall obtain and retain sufficient evidence of such reports and documentation of corrective actions for all non-conformities in line with requirements of IAF MD 2.

MSCB based on obtained information shall justify and adjust the existing audit programme and monitor implementation of corrective actions with regards to previously raised non-conformities.

Where a client requests certification of integrated management systems (e.g., ISO 9001 and ISO 22000), a MSCB shall have appropriate procedure in line with IAF MD 11. This document is mandatory for certification bodies to plan and perform audits of integrated management systems (IMS).

**G.9.1.4 Determining audit time**

MSCB shall have documented procedure for determining audit time in accordance with IAF MD 5, ISO/TS 22003, ISO 50003 to calculate audit duration.

Duration of an audit time should be sufficient for effective audit of a management system regardless of client’s organizational structure.

Audit duration for integrated management systems shall be determined in accordance with IAF MD 11.

G.9.1.5 Multi-site sampling

MSCB shall have a client selection programme with multiple sites, in accordance with requirements of IAF MD 1.

When MCSB provides certification to multiple management system standards, audit planning should ensure adequate on-site auditing and confidence in the certification.

Should be noted that ISO/TS 22003 enforces own requirements for multi-site organizations and conditions when multiple management system standards are certified. In such case, audit planning must ensure that adequate on-site auditing is carried out to ensure confidence in the certification.

When MSCB applies remote techniques in accordance with IAF MD 4 while carrying out audits at multiple sites this should also be taken into account in the planning and calculation of audit duration.

**G.9.1.6 Integrated management system standards**

When providing certification services for integrated systems as per multiple standards, audit planning should ensure sufficient on-site audit activities in accordance with the requirements of IAF MD 11.

**G.9.2 Planning audits**

No supplementary requirements.

**G.9.3 Initial certification**

No supplementary requirements, except for these stipulated below:

**G.9.3.1 Initial certification audit**

The initial certification audit of a management system shall be conducted in two stages.

Additionally, in accordance with IAF MD 1, at the stage 1, an audit team should complete the collection of information in order to:

- confirm the audit programme,

- plan stage 2 taking into account of processes/activities to be audited at each site,

- confirm that stage 2 audit team has the required competence.

It is recommended that at least part of the **Stage 1** audit to be carried out at the client's site.

**G.9.3.1.3 Stage 2**

Additionally, as required by IAF MD1, following the initial audit, an audit team shall document processes have been audited at each visited site. This information should be used to modify audit program and plans for subsequent surveillance audits.

**G.9.4 Conducting on-site audits**

No supplementary requirements, except for stipulated below.

In auditing client's management system provisions of ISO 19011 may be applied.

**G.9.4.9 Cause analysis of nonconformities**

In accordance with MD 1, when a nonconformity is detected at one of the audited sites, a MSCB must check whether the nature of the nonconformity is an isolated case, or it is common for the system as a whole. MSCB should ensure that corrective actions are carried out both at the head office and at individual affected sites. Otherwise, a client should demonstrate to the MSCB justification for any limitations to its subsequent corrective actions.

MSCB should request evidence of these corrective actions and increase the sampling frequency and/or sample size until it can be confirmed that control has been reinstated.

At the time of decision, if any facility has a significant nonconformity, certification shall be rejected for the entire organization with multiple facilities at the listed sites until acceptable corrective actions have been implemented.

It shall not be permissible to resolve a problem caused by the presence of a non-conformity at a site, a client tries to exclude this 'problematic' site from the scope of certification.

**G.9.5 Certification decision**

No supplementary requirements, except for stipulated below.

In accordance with provisions of IAF MD 1, a certificate must reflect the scope of certification and sites and/or legal entities (if applicable) covered by the certification of several sites.

The certificate shall contain name and address of all sites contained within the organisation to which it refers to. The scope or reference to normative document shall clearly indicate that certification activities have been carried out at enlisted sites. However, if site activities include only a sub-scope of organisation's activities, then certificate shall include this sub-scope of the site. If temporary sites are specified in the certificate, such sites shall be identified as temporary.

Where, in addition to the master certificate of an organisation with several sites, a separate certificate for each site has been issued, it shall contain information that:

- management system of the whole organisation has been certified,

- activities performed at this particular site/legal entity are covered by this certification,

- traceability to the main certificate, for example, registration number,

- a statement that “the validity of this certificate is dependent on the validity of the master certificate”.

Under no circumstances can this certificate be issued in the name of a site as a legal entity or assume that this site has been certified as a client-organization.

All certificates must be withdrawn if any of the sites fail to meet necessary conditions to maintain certification.

**G.9.6 Maintaining certification**

No supplementary requirements, except for stipulated below.

**G.9.6.2 Surveillance activities**

In accordance with provisions of the IAF MD 1, surveillance of multi-site organizations which cannot be sampled should be verified in accordance with the methodology specified in the clause 6.1 of IAF MD 1.

The surveillance of organizations with several sites which cannot be sampled in accordance with the methodology specified in the clause 6.1 of IAF MD1 is based on an audit of 30% of all sites plus the head office. Sites selected for the second surveillance audit of the certification cycle should not normally include any of the sites selected in the first surveillance audit.

**G.9.6.3 Recertification**

In accordance with the IAF MD 1, the recertification of multi-site organizations which can be sampled shall be verified in accordance with the methodology given in the clause 6.1 of IAF MD 1.

Recertification of multi-site organisations which cannot be sampled should be carried out similarly to initial audit, namely all audited sites plus the head office.

**G.9.7 Appeals**

No supplementary requirements.

**G.9.8 Complaints**

No supplementary requirements.

**G.9.9 Client records**

No supplementary requirements.

**G.10 Management system requirements for certification bodies**

No supplementary requirements.