

*Joint Accreditation System of Australia and New Zealand*

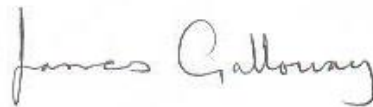
**PROCEDURE NUMBER 5**

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**THE CONDUCT OF ACCREDITATION ASSESSMENTS**

Authority to Issue



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Chief Executive Officer  
With Authority of The Governing Board

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	THE CONDUCT OF ACCREDITATION ASSESSMENTS	

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## 0. INTRODUCTIONS

- 0.1 The main function of JAS-ANZ is to accredit, following successful assessment, those bodies considered competent and impartial to provide an effective service for which formal application has been made.
- 0.2 Assessment plays a central part in providing the evidence on which [certificates of accreditation](#) are awarded. The purpose of this assessment is to determine whether or not the applicant body complies with the [accreditation criteria](#) as determined and published by the [JAS-ANZ](#).
- 0.3 The responsibilities of a JAS-ANZ assessment team include; carrying out a "systems assessment" to review the applicant body's documentation and its compliance with JAS-ANZ accreditation criteria, and a "compliance assessment" to ensure that the documented procedures are being adhered to. The "compliance assessment" will comprise:

Stage 1 - assessment of both the applicant body's [head office](#) and other locations/premises where applicable; and

Stage 2 - [observing applicant/accredited](#) body's [personnel](#) carrying out [conformity assessment activities](#).

## 1. OBJECTS AND FIELD OF APPLICATION

- 1.1 This document provides general guidance for the conduct of the JAS-ANZ accreditation process. It summarises the administrative procedures followed by the JAS-ANZ Secretariat in the accreditation process associated with all [programmes/schemes](#) and details the various stages involved in the granting, maintaining extending, reducing, [suspending and withdrawing of](#) accreditation.

## 2. REFERENCES

- 2.1 AS/NZS ISO 19011 - Guidelines for quality and/or environmental management systems auditing
- 2.2 ISO/IEC 17000 - Conformity assessment – Vocabulary and general principles.
- 2.3 ISO/IEC 17011 - General requirements for accreditation bodies accrediting conformity assessment bodies.
- 2.4 JAS-ANZ Procedure 04 - Criteria to be met by JAS-ANZ [Assessors](#).
- 2.5 AS/NZS ISO 9000 - Quality management systems – Fundamentals and vocabulary
- 2.6 [IAF/ILAC A5:04/2009 IAF/ILAC Multi-Lateral Mutual Recognition Arrangements \(Arrangements\):Application of ISO/IEC 17011:2004](#)

### 3. DEFINITIONS

- 3.1 As a general rule, definitions of ISO/IEC 17000 and AS/NZS ISO 9000 are applicable. The following definitions either vary or supplement those definitions to cater for the JAS-ANZ environment:

**Accreditation Criteria:** Includes the accreditation standard and all approved policies and procedures applicable to the accreditation [programme/scheme](#) under which accreditation is sought.

**Accreditation Review Board:** The Accreditation Review Board (ARB) is responsible for considering and making decisions in relation to applications for accreditation and also decisions relating to the granting, maintaining, extending, reducing, suspending and withdrawing of accreditation. The ARB is a group of technical experts and includes expertise that covers the full range of accreditation [programmes/schemes](#) that are operated by JAS-ANZ.

**Accreditation Review Panels:** An Accreditation Review Panel (ARP) is appointed from among the members of the ARB to consider specific recommendations made relating to accreditation. Members of the ARP shall be independent from the [assessment](#) activity. In general an ARP will be made up of a minimum of three members, whose technical expertise will cover the accreditation scope being considered. An ARP will normally be assigned to an [accredited](#) body for at least one full accreditation cycle, but its membership may be supplemented as the scope of accreditation is extended.

**Major Nonconformity:** The absence of, or the failure to implement and maintain, one or more requirements of the JAS-ANZ accreditation criteria, or a situation, which would, on the basis of available objective evidence raise significant doubt as to the credibility of the certificates issued/[inspections undertaken](#) by the applicant body.

**Note:** A major nonconformity may be an individual nonconformity or a number of minor but related nonconformities, which when considered in total are judged to constitute a major nonconformity.

**Minor Nonconformity:** A minor nonconformity shall be allocated to a single failure to comply with JAS-ANZ accreditation criteria, or with the [accredited](#) body's own documented quality system, or if a series of minor but related discrepancies are observed, which together are judged to be a quality risk, without constituting an overall system failure in the area concerned.

**Observation:** An assessment finding that does not warrant nonconformity but is identified by the assessment team as an opportunity for improvement. Action is not mandatory.

**Programmes:** [Generally align with the standards published by ISO CASCO, e.g. Product, Personnel, Management System Certification and Inspection. Greenhouse Gas programme is an exception.](#)

**Scheme:** conformity assessment system related to specified objects of conformity assessment, to which the same specified requirements, specific rules and procedures apply, e.g. QMS, Product schemes (GLOBALG.A.P), Personnel Schemes (RABQSA Auditors), Inspection schemes (Fire safety).

**Secretariat:** Staff employed by the Governing Board with delegated powers to implement the policy of the Governing Board and manage accreditation activities.

#### 4. ADMINISTRATION OF ASSESSMENTS

- 4.1 An applicant body wishing to be accredited must first complete the JAS-ANZ application form, which is available on the JAS-ANZ website, [www.jas-anz.org](http://www.jas-anz.org).
- 4.2 On receipt of the application form, associated documentation and specified financial payment, the Secretariat shall check that all the basic requirements have been complied with and that JAS-ANZ has the competence and capacity to provide accreditation in a timely manner. The Secretariat shall:
- (a) advise the applicant body of acceptance of the application or, if applicable, of the reasons for rejection of the application;
  - (b) provide further information and advice to the applicant body if required; and/or
  - (c) if required, request further information from the applicant body in support of the application.
- 4.3 JAS-ANZ will consider an application for accreditation from any legal entity, providing all the information required as part of the application is provided, and the application fee is paid. However JAS-ANZ does reserve the right to reject an application where JAS-ANZ can not provide adequate accreditation oversight or acceptance of the application would pose an unacceptable threat to the reputation of JAS-ANZ, IAF, PAC or APLAC. The compliance assessment of the accreditation process will not proceed until the applicant body has, as a minimum, one certified client and is in a position to undertake the required witnessing as defined in Annex C.
- 4.4 As a general rule, an application for accreditation shall remain valid for one year. Some flexibility may be permitted on this policy, providing the application is being progressed in a manner acceptable to the Secretariat. Once the application has lapsed, the applicant body will have to reapply.

#### 5. THE SCOPE OF ACCREDITATION

- 5.1 The scope of an applicant body shall be unambiguously defined as required by the application form. This ensures that clients are provided with an accurate and unambiguous description of the areas of capability within which the body is accredited.
- 5.2 For an extension to scope, accredited bodies shall formally apply to the Secretariat by letter, email or official application form. However, given that an extension to scope can vary greatly from the addition of a standard to an additional scheme, the information required by the Secretariat can also vary greatly. As a consequence accredited bodies

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[considering an extension to scope, should discuss the most appropriate approach for applying with the Secretariat, prior to submitting the application.](#) Each request for an extension of scope will be individually reviewed and a decision on whether or not the extension of scope requires additional [assessing](#) will be determined by the Secretariat. Generally, extensions [to](#) scope requiring additional two digit ANZSIC listings and specific scope extensions to cater for product or system requirements (i.e. regulatory requirements) will require additional [assessing](#). The ARP shall [grant](#) an extension of scope.

- 5.3 The precise details of the accredited scope will be identified on the schedule, accompanying the applicant body's Certificate of Accreditation.
- 5.4 Full agreement should be reached between JAS-ANZ and the applicant body on the terms of the scope before assessment takes place. This is important, not only in order to avoid possible misunderstandings, but also to help the assessment team operate effectively, concentrating their attention in those areas of activity appropriate to the scope of accreditation.
- 5.5 During the course of the assessment, it may become clear that the applicant body is not in a position to achieve accreditation in certain areas within the originally conceived scope. In such cases, at the closing meeting with the applicant body's senior management, the Lead Assessor may be able to suggest a suitably reduced, or redefined scope, within which the applicant body has satisfactory resource coverage.

## 6. THE ASSESSMENT PROCEDURE

- 6.1 When all documentation ([hardcopy, electronic, remote access etc](#)) associated with the application has been received, the Secretariat shall arrange for the systems assessment to be conducted. The resulting report shall be despatched to the applicant body for action.
- 6.2 As a general rule the compliance assessment will not commence until sufficient action has been taken to rectify the findings identified at the systems assessment. Once the Secretariat is satisfied with the outcome of the systems assessment, the Secretariat shall appoint an assessment team. In most cases, an initial accreditation assessment team shall include a member of the Secretariat.
- 6.3 The Secretariat shall formally seek the agreement of both the assessment team and the ARP, and establish that there is no conflict of interest with the applicant body. The [assessors](#) shall be formally appointed. The mandate given to the [assessors](#) shall be clearly defined.
- 6.4 The Secretariat shall liaise with the applicant body and assessment team members to establish a mutually convenient time for the compliance [assessments](#). For Stage 2 of the compliance assessment (as determined by Annex C), the applicant body shall seek agreement from the client(s) concerned. In seeking agreement, the applicant body shall explain the reason for the presence of the JAS-ANZ [assessor\(s\)](#), and assure the client that this presence will have no bearing on the outcome of the [audit](#). Once agreement has been obtained, the applicant body shall communicate this agreement to the Secretariat.

- 6.5 The Secretariat shall request the Lead Assessor to prepare an assessment plan. As a general rule, an initial accreditation assessment shall include four assessment man-days ([usually 2 assessors for 2 days](#)) at the applicant's [head office; other](#) locations/premises [shall be](#) determined by the Secretariat staff in accordance with Annex B to this document. The Secretariat shall seek agreement with the applicant. Once agreed, the Secretariat shall forward the plan to the applicant as soon as practicable but no later than ten working days prior to the assessment commencing. Some flexibility in timing may be required, as the time frame requested by the applicant may not be achievable.
- 6.6 Prior to the assessment being undertaken, the JAS-ANZ Secretariat shall require assessment team members to sign declarations of confidentiality, if a confidentiality statement has not already been signed. The declaration of confidentiality shall remain current whilst working for JAS-ANZ, and shall cover any information obtained in the course of the accreditation process, that is not publicly available.
- 6.7 The Secretariat shall formally communicate the names of the appointed [assessors](#) and ARP members to the applicant body. The applicant body has the right to object on a conflict of interest basis to any individual assessor or member of the ARP.
- 6.8 The next important phase of the assessment is the compliance assessment where JAS-ANZ [assessors](#) observe the applicant body putting the procedures into practice, in their own administration areas, in the conduct of providing the service that is subject to accreditation, and where applicable in the ongoing surveillance of their clients. Whilst it is preferable that Stage 1 of the compliance assessment is conducted before Stage 2, this may not always be possible. JAS-ANZ shall be as flexible as possible in this regard to cater for both the requirements of the applicant body and the assessment team.
- 6.9 The Stage 1 compliance assessment shall begin with an Opening Meeting (reference [2.1](#) Clause 6.5.1 provides guidance) held with Senior Staff of the applicant body. The intention of the meeting is to enable the team and the applicant body's representatives to become acquainted, and to clear up any difficulties or confusion about the purpose of the assessment and what is expected of the applicant body during the visit. The Lead Assessor shall chair the opening meeting.
- 6.10 During Stage 1 of the compliance assessment, the assessment team should form a general impression of the applicant body's capability, the effectiveness of its quality system, and the competence of its staff to meet the accreditation criteria.
- 6.11 Following completion of Stage 1, the Lead Assessor may:
- (1) hold an interim closing meeting on the understanding that the Lead Assessor will return for a final closing meeting after Stage 2 as detailed in Clause 7. The items to be addressed at the interim closing meeting are listed at para [6.12](#), or
  - (2) hold a final closing meeting on the understanding that any nonconformity observed at Stage 2 will be identified to the applicant body's management in person or by [other means](#). The matters to be addressed at this meeting are the applicable items listed at paragraphs 7.2 and 7.3.

6.12 The Interim-Closing meeting shall cover the following points:

- (a) present and discuss any nonconformities/observations raised during the assessment;

Note: If the assessment team can not reach a conclusion about a finding, the team should seek assistance/clarification from the Secretariat.

- (b) discuss any corrective action proposed by the applicant body;
- (c) confirm the Stage 2 compliance [assessments](#) at which the [JAS-ANZ](#) assessment team will witness the applicant body's [personnel](#) in action; and
- (d) explain the method to be adopted for assessing the applicant body's audit [team](#) (staff or contracted).

JAS-ANZ assessor(s) will observe the applicant body's auditors during the provision of the service for which the applicant body is seeking accreditation, take notes, examine documents or other items, and only ask questions to seek clarification. Feedback to the [audit](#) team shall be after the closing meeting between the [applicant](#) body's [audit team](#) and their client.

**Note:** When assessing the applicant body's auditors, JAS-ANZ [assessors](#) will assess:

- (i) compliance with applicant body's procedures;
- (ii) whether [audit](#) team membership complies with applicant body's and JAS-ANZ procedures; and
- (iii) whether personnel demonstrate personal attributes expected of individuals providing the particular service, e.g. Reference [2.1](#) for [management](#) system auditors

## 7. FINAL MEETING WITH THE APPLICANT BODY

7.1 After the assessment team has completed the Stage 2 assessment(s), the results will be combined with those of the Stage 1 assessment, allowing an overall impression to be gained of the applicant body's competency. The Lead Assessor will then liaise with the applicant body to convene a closing meeting, during which the assessor will present to management a brief summary of the results of the assessment.

7.2 During this meeting the Lead Assessor shall, as a minimum (Reference [2.1](#) Clause 6.5.7 provides guidance):

- (a) present and discuss nonconformities /observations that have been raised and ensure that they are fully understood by the management team;
- (b) answer any questions raised on points of clarification; and

- (c) note any corrective action that the applicant body intends to carry out, and the time scale for its completion.

7.3 The Lead Assessor may indicate to the applicant body the recommendations that will be made to the ARP. The Lead Assessor shall stress that it is only a recommendation and should not pre-empt the ARP decision.

## 8. FINAL REPORT

8.1 The assessment team shall prepare a comprehensive report, including the scope, coverage, overall appreciation of the applicant's conformity with the accreditation criteria, the effectiveness of the applicant's operations with regard to achieving the objectives of the applicable accreditation criteria, conclusions and recommendations. The report and supporting documentation shall be submitted to the Secretariat.

8.2 A copy of the report shall be forwarded to the applicant body for their agreement/comment. Any differences between this report and the one presented at the closing meeting will be identified to the applicant. Once the factual content and proposed/implemented corrective action is agreed, the report will be sent to the ARP for a decision.

## 9. FACTORS AFFECTING RECOMMENDATIONS FOR ACCREDITATION

9.1 In deciding on the recommendation, the Lead Assessor shall consider:

- (a) the adequacy of the applicant body's management to run its systems and reach proper conclusions as to awarding certification;
- (b) the range of knowledge and experience on the part of the applicant body, relevant to the proposed scope of accreditation;
- (c) the number and seriousness of the individual nonconformities found during the assessment;
- (d) the effectiveness of the system in meeting the requirements of the accreditation criteria; and
- (e) the reliance that can be placed on the internal audit function.

9.2 Where competence is established, and no nonconformities are found, or where they are few and have been closed out before the closing meeting, the Lead Assessor will normally recommend that accreditation be granted.

9.3 Where competence is established, and some minor nonconformities are still outstanding at the closing meeting, the Lead Assessor shall recommend accreditation conditional upon the successful completion of the agreed corrective action. The Lead Assessor and/or another Lead Assessor from the Secretariat shall assess the implemented corrective action following advice from the applicant body. The individual making the decision on the corrective action shall decide whether the nonconformities can be closed out with or

without on-site verification. The individual may either waive on-site verification, conduct on-site verification before closing out the NCR's or defer verification until the first surveillance assessment. The individual, shall submit a report to the Secretariat identifying the state of all nonconformities.

9.4 Where:

- (a) competence is not established; or
- (b) one or more major nonconformity is found; or
- (c) the number and seriousness of minor nonconformities found are such that the whole of the applicant body's quality system and organisation is demonstrably inadequate,

the Lead Assessor shall indicate to the ARP what action is required on the part of the applicant body, and what verification action is required before JAS-ANZ could grant accreditation.

9.5 In making a recommendation on the acceptability of existing certificates, the Lead assessor shall consider the following:

- (a) the service was provided using procedures similar to those that were subject to the accreditation assessment;
- (b) records are maintained in accordance with the JAS-ANZ requirements;
- (c) staff used to provide the service met the criteria required by JAS-ANZ; and
- (d) where applicable, the surveillance and re-certification [programme](#) has been maintained to the standard required by JAS-ANZ.

The [applicant](#) body shall take effective corrective action, which will ensure the acceptance of those certificates that are not recommended for acceptance by the Lead Assessor.

9.6 The assessment may reveal that the above criteria only [apply](#) to some of the certificates registered by the subject applicant body, or only to those certifications that were carried out after a specific date. In such cases the applicant body should be required to propose a course of action to bring the outstanding certifications up to the requirements of the Governing Board, before their certification will be recognised. Depending on the nature of the deficiencies observed during the assessment, this rectification action could be minor, or may require a full re-certification under the accredited procedures and system, before the certification will be acceptable.

9.7 If the ARP has some concern over the report findings, they can request an extension of the assessment, which is then taken into account, or they can recommend an increase to the normal frequency of surveillance after accreditation until they are satisfied that the applicant body's performance is totally acceptable.

## 10. POST ASSESSMENT

- 10.1 As a general rule accreditation will not be granted until all nonconformities are closed. However there may be situations (Clause 9.3 refers) where the Lead Assessor recommends verification be conducted at the first surveillance visit, which is acceptable. However accreditation will not be granted unless all Major nonconformities are either closed or downgraded.
- 10.2 When the ARP is satisfied with the recommendation of the assessment team and corrective action, where applicable, completed, a certificate will be issued and the accredited body listed in the JAS-ANZ register.

## 11. SURVEILLANCE AND REASSESSMENT

- 11.1 Following the initial assessment and accreditation of a [CAB](#), regular surveillance visits shall be carried out by JAS-ANZ [assessors](#). The Secretariat will prepare and forward a [programme](#) covering future [head office](#) surveillance visits. A selection of locations/premises, that are included on the accreditation schedule, are [assessed](#) in accordance with Annex B. [Witnessing](#) (Stage 2 compliance assessment) [shall be](#) as determined by Annex C.
- 11.2 The purpose of surveillance is to ensure that the accredited body maintains and operates its procedures in accordance with the requirements of the accreditation criteria. Any failure on the part of the accredited body to do so may result in a reduction of scope, suspension or withdrawal of its Certificate of Accreditation.
- 11.3 As a general rule the surveillance programme shall [commence at](#) six monthly visits [\(from the date of accreditation\) unless otherwise required by scheme requirements](#). Secretariat staff has the ability to vary the periodicity of surveillance visits up to two months either side of the planned date to cater for operational contingencies, i.e. assessor availability. Extensions outside of this timeframe require the approval of the ARP. The surveillance activity may be either increased or relaxed as a result of the level of confidence JAS-ANZ has in the quality system. However, surveillance will be conducted at [least biennially](#) with a full reassessment at the end of the [fifth](#) year. [Guidance for extending the periodicity of surveillance and reassessment is included as Annex D](#). The following are examples where the surveillance [programme](#) may be modified to include more frequent visits if:
- (a) there are reasons to suspect that [the performance of the accredited body](#) may have deteriorated; or
  - (b) the accredited body undergoes a significant re-organisation; or
  - (c) adequate review of a particular area has not been possible previously; or
  - (d) the accredited body engages a significant number of new auditors/[inspectors](#) since the last assessment or surveillance; or
  - (e) [the accredited body's](#) scope has been modified.

- 11.4 Scheduled surveillance [assessments](#) shall follow the sequence of events as specified in this document; [however there is no systems assessment required as part of a surveillance assessment](#). The Lead Assessor may modify the surveillance plan during the compliance assessment due to findings during the assessment. Such modification shall ensure that, as a minimum, the requirements of the surveillance [programme](#) are completed during the assessment, and shall be reported.
- 11.5 In an attempt to provide some consistency from one assessment to the other, where possible, the Lead Assessor and the ARP of the initial assessment shall continue with the scheduled surveillance visits until reassessment. Where possible at reassessment, a different Lead Assessor and ARP shall be selected.
- 11.6 To assist in the selection of the Stage 2 Compliance assessment for bodies providing personnel certification the Secretariat shall liaise with the bodies concerned to establish when course evaluation, interview panels [or other activities of the personnel certification scheme that can be witnessed](#) are planned to be held.
- 11.7 Unscheduled surveillance [activity](#) may require a process that departs from that defined in this document and the surveillance [programme](#) due to the circumstances that initiated such a requirement. Irrespective of the reasons for or the process that is undertaken, the reporting and review process shall be unchanged.
- 11.8 The procedure for re-assessment shall be that for initial assessment, and be conducted in accordance with this document. An exception to this is in relation to the closeout of nonconformities, which may be actioned in accordance with paragraph 11.9. The system assessment (refer paragraphs 6.1 and 6.2) may be limited to changes in documentation since the initial assessment; [only nonconformities need reporting to the CAB in writing](#).
- 11.9 When nonconformities are raised as a result of a surveillance assessment, the following shall apply:

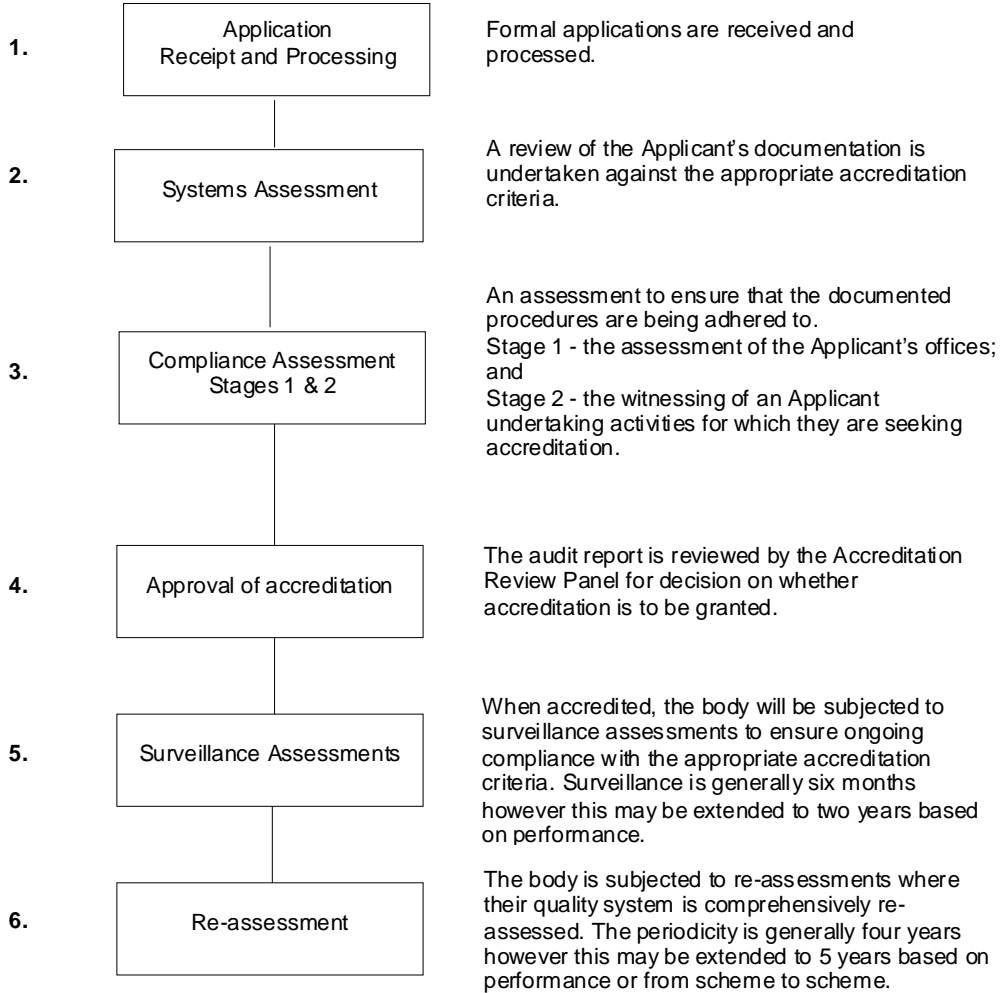
**Major:** The timeframe associated with the downgrading or closure shall be determined by the Lead Assessor based on the risk and consequences of the finding. As a general rule, the [accredited](#) body shall be given 20 working days, unless an extension is sought and agreed in writing by the Secretariat, to either, close-out the nonconformity or have implemented sufficient corrective action to enable the Lead Assessor to reduce the categorisation to a Minor. Failure to close-out the nonconformity or downgrade it to a Minor in the agreed timeframe shall obligate the Lead Assessor to make a recommendation to the ARP that accreditation be suspended pending appropriate corrective action. Failure to implement appropriate corrective action within three months shall result in the Lead Assessor being obliged to recommend withdrawal of the certificate of accreditation;

**Minor:** The accredited body shall be given ten [working](#) days to provide proposed corrective action. Implementation of the corrective action shall be evaluated for effectiveness at the next surveillance assessment. If at the time it is found that insufficient action has been taken, or the corrective action is ineffective, then the classification of the nonconformity shall be considered in accordance with the definitions of Major and Minor nonconformities at Clause 3.1. However in determining the classification, consideration

should also be given to Procedure 11 Clause 13. If warranted, the Lead Assessor may consider closing the original nonconformity and raising another one. If this does occur the new nonconformity should cross reference the original.

ANNEX A

**ACCREDITATION PROCESS FLOW CHART**



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## ANNEX B

### GUIDELINES FOR THE ACCREDITATION OF BODIES WITH MULTIPLE LOCATIONS/PREMISES

#### 1. OBJECT AND FIELD OF APPLICATION

- 1.1 The object of this Annex is to provide guidance on a cost effective, repeatable and rigorous approach to the accreditation of bodies with multiple locations/premises nationally and internationally. The guidance covers both initial accreditation and the maintenance activities (surveillance and re-accreditation).
- 1.2 Although IAF Cross Frontier Policy (IAF GD3) applies to CABs operating in foreign countries JAS-ANZ applies the principles of GD3 to all applicant and accredited bodies irrespective of geographical location or certification [programme](#). That is, this procedure will also apply to applicant or accredited CABs that provide conformity assessment services in only one economy, e.g. Australia, New Zealand, PR China.
- 1.3 This procedure introduces minor modifications to IAF GD3, in line with the requirements of ISO/IEC 17011. The full text of GD3 is repeated in Section 4 of this Annex.
- 1.4 This guidance should be regarded as a supplement to the current accreditation procedures, which remain unchanged.

#### 2. REFERENCES

- A. ISO/IEC 17011 - General requirements for accreditation bodies accrediting conformity assessment bodies.
- B. [IAF GD 3:2003 Guidance on Cross Frontier Accreditation](#)

#### 3. DEFINITIONS

**Key Activities include:**

- Policy formulation associated with conformity assessment; or
- Process/procedure development associated with conformity assessment; or,
- [Process for initial assessment of competence, approval](#), training and ongoing monitoring of auditors/[inspectors](#) and assessment personnel records; or
- [Contract review including technical review of applications and determining the technical requirements for conformity activity in new technical areas or areas of limited sporadic activity](#); or
- [Process of initial selection of conformity assessment personnel](#); or
- [Conformity assessment](#) decision based on the final review of the [conformity assessment report](#); or
- [Planning conformity assessment \(inspection only\)](#).

**Locations/Premises** – Where conformity assessment activities are undertaken. The term is used to ensure that the requirements of both IAF GD3 and ISO/IEC 17011 are addressed.

CAB - Conformity Assessment Body: IAF GD3 refers to [CRB](#) as the guidance at the time of publication only applied to certification bodies providing management systems certification services. JAS-ANZ applies the intent of the GD3 to all [programmes/schemes](#) hence the term CAB is employed in [this Annex](#) instead of [CRB](#).

## 4. GUIDANCE

### 4.1. PRINCIPLE

- A. This document provides guidance on [Clause 7](#) of ISO/IEC [17011](#) for the accreditation of [CABs](#).
- B. This document is intended to strengthen the international network of accreditation bodies (ABs) for [CAB](#) provided through IAF. It should assist the World Trade Organization Technical Barriers to Trade agreement (WTO/TBT) (as well as other regional trade agreements) objective of facilitating international trade by removing technical barriers to trade through mutual recognition between the national based conformity assessment systems.
- C. For this to be achieved, the ABs operate as a network, each providing an equivalent accreditation service.
- D. The signatories to the IAF Multilateral Recognition Arrangement (MLA) normally operate from a national base, providing accreditation of [CABs](#) for their home market. The effect of the IAF MLA, based on IAF peer evaluation, is that the accredited [CABs](#) should receive recognition from the whole global market for the certificates of conformity that they issue under their scopes of accreditation.
- E. There are however situations where [CABs](#) will seek more than one accreditation, or a “foreign” accreditation, and it is the [CAB](#)’s right to do so. Nevertheless, IAF strongly encourages [CABs](#) to have local country accreditation whenever it is available. (Only when all countries or economies have ABs that are signatories of the IAF MLA, and when the user market has fully recognized and accepted the mutual recognition behind the IAF MLA, is the market likely to cease its demands for multiple accreditation.) IAF’s objective is to offer its mechanism for mutual recognition so that duplicate accreditation will no longer be looked for in the market place.
- F. Reasons why a [CAB](#) may seek accreditation from bodies outside its own country or economy instead of, or as well as, the local country accreditation include:
  - The local AB(s) do(es) not offer the complete required scope of accreditation (including Standards and sector schemes);
  - The local AB(s) is/are not a signatory/signatories to the IAF MLA;
  - There is no local AB in the country or economy;
  - [CABs](#)’ preferences based on commercial or other business reasons;

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- The [CAB](#)'s customers demand a specific accreditation and will not be persuaded to accept an equivalent;
  - The [CAB](#) is part of a chain of [CABs](#) with a single owner who wants all the [CABs](#) to be able to offer the same accredited [conformity assessment](#);
  - Regulatory requirements within a specific country or economy require accreditation by a specific AB.

G. In the above and similar circumstances, an IAF MLA signatory, if asked to provide accreditation to a [CAB](#) outside its country or economy, may respond positively. However the following steps should be considered before accepting the contract:

G.1. If there is an IAF MLA signatory/signatories covering the scope of the required accreditation in the country or economy of the applicant [CAB](#), the foreign IAF MLA signatory AB should:

- enquire whether the applicant is aware of the local IAF MLA signatory AB(s) and whether local accreditation is held;
- suggest that the accreditation could be more economically performed by a local IAF MLA signatory AB; and
- point out the equivalence of the local accreditation demonstrated through the IAF MLA.

G.2. If the applicant [CAB](#) chooses a foreign MLA signatory AB instead of a local IAF MLA signatory AB, the foreign AB should:

- inform the local IAF MLA signatory AB(s) that it will be undertaking the work and explain the circumstances after seeking permission for this from the applicant [CAB](#);
- utilize a local IAF MLA signatory AB to provide assessment team personnel wherever possible; and
- propose a joint assessment with a local IAF MLA signatory AB if the applicant [CAB](#) is interested in longer term involvement of the local IAF MLA signatory AB and/or local accreditation.

NOTE: If permission sought from the [CAB](#) under the first bullet above is not obtained, this does not prevent the foreign MLA signatory approaching local MLA signatories as sources of assessment personnel at the stage when the assessment team is being put together (see [4.2.4.1](#) of Implementation).

G.3. If the applicant chooses a foreign MLA signatory AB as well as a local IAF MLA signatory AB, the foreign AB should:

- obtain written permission from the [CAB](#) to share information gained through its accreditation activities with the local AB. (See IAF Procedure for Exchange of Documentation among IAF MLA Accreditation Bodies.); and
- take account of the results of the assessments of the local AB when planning its assessment [programme](#) for the [CAB](#).

- H. In all of the above cases, the objective of a potential transfer of the accreditation, within a reasonable timeframe, with the agreement of the [CAB](#), to the relevant local IAF MLA signatory AB, should be borne in mind.
- I. One aim of this Guidance is to give confidence to the local national market in the activities of a foreign IAF MLA signatory AB. To achieve this, there is not only need for adequate technical control (with the support of local assessors, knowledgeable in the language, culture, etc.), but also, and more importantly, there is need for assurance that the decisions taken by the foreign AB regarding a local branch of a [CAB](#) give due consideration to the fact that the latter is operating de facto as a local [CAB](#) in that market. This means that any problem identified should be evaluated from a local as well as a global perspective, so that effective actions can be taken against all non-conforming behaviour (for example, if branch impartiality problems are found in just one country during a worldwide surveillance process, such problems may be minor from the global perspective of the [CAB](#)'s activities, but critical at the local level).

## 4.2. IMPLEMENTATION

### **4.2.1 Control of accredited [conformity assessment](#) in foreign countries**

4.2.1.1. IAF MLA signatory ABs should record the countries in which each [CAB](#) accredited by them issues certificates under their accreditation. This includes:

- countries into which accredited certificates are issued directly from the [CAB](#)'s head or other office; and
- countries in which the [CAB](#) operates from local offices, whatever the legal relationship of such offices with the parent [CAB](#).

4.2.1.2. The recording of these countries is not for the purpose of granting prior permission to the [CABs](#) to issue accredited certificates in these countries, but in order that the IAF MLA signatory AB can plan its assessment programme for each of its accredited [CABs](#) with up-to-date knowledge of the full geographical scope of the [CAB](#)'s activities.

### **4.2.2 Critical locations**

4.2.2.1. IAF MLA signatory ABs should require their accredited [CABs](#) to identify to them those physical locations (see ISO/IEC Guide 61 clause 3.1.2.2 b), whatever the composition (office, person etc) or legal relationship (contractor, franchisee etc) of such location with the [CAB](#), where activities are conducted or controlled that determine or demonstrate the effectiveness of the [CAB](#)'s performance of the accredited [conformity assessment](#), in particular:

- the process for initial qualification, training and ongoing monitoring of auditors and assessment personnel records; or
- the application review, the assignment of assessment personnel, and/or review of the final report; or
- the [conformity assessment](#) decision based on the final review of the assessment report.

4.2.2.2. Locations as described under 4.2.2.1 above are referred to as "critical locations" below.

### 4.2.3 Assessment of foreign critical locations

**NOTE:** This and the subsequent Section of this document address the situation where a foreign AB operates outside its own country. See the preceding Principle section of the document for the reasons why this situation exists and therefore has to be managed.

- 4.2.3.1. IAF MLA signatory ABs should have an assessment programme that covers all the critical locations of its applicant and accredited [CABs](#) that are identified to them under [4.2.2](#) above, wherever in the world they may be. This programme may utilize local country IAF MLA signatory ABs, but should not allow for sampling of the initial assessment of critical locations.
- 4.2.3.2. IAF MLA signatory ABs should require [CABs](#) to have documented procedures that demonstrate to the AB that any new foreign critical location active in the provision of its accredited service is set up in such a way as to meet its accreditation requirements before the AB authorizes the issue of its accredited certificates, either directly from the foreign critical location or resulting from [conformity assessment](#) work performed under the control of the foreign critical location.
- 4.2.3.3. A visit by the foreign AB prior to authorization is not always required, but all critical locations should be assessed on site, either directly by the foreign AB or under appropriate arrangements (e.g. with a local IAF MLA signatory) to confirm that its accredited service may be offered resulting from the work of the critical location.
- 4.2.3.4. As well as direct assessment of the critical locations in foreign countries, IAF MLA signatory ABs should assess the effectiveness of the management control, by the head office of the [CAB](#), over the activities of its foreign critical locations.
- 4.2.3.5. Follow-up assessment (surveillance and reassessment) visits at the critical location should normally take place at the same frequency as at an equivalent single site [CAB](#). The frequency of surveillance visits may be reduced, subject to absence of justifiable complaints, by taking account of factors such as:
- Low levels of work being undertaken;
  - Justifiable confidence, based on access to information demonstrating the work undertaken, in the management control over the operations of the critical location by the head office of the [CAB](#);
  - Access, secured by formal agreement, to the assessment results relative to the activities carried out at the critical location by other IAF MLA signatory ABs.

### 4.2.4 Assessment of [CABs](#) by foreign IAF MLA signatory ABs where the [CAB](#) is not accredited by a local IAF member accreditation body

- 4.2.4.1. Where the foreign [CAB](#) or its critical location is not accredited, or applying for accreditation, by a local IAF member AB, the foreign AB should either propose use of any local IAF member AB as subcontractor for appropriate parts of the assessment or invite assessment personnel from any local IAF member AB to participate as a member of its team for the assessment of the [CAB](#)'s local activities.

- 4.2.4.2. The participation of such a local assessor as a team member in the foreign AB's team is subject to the normal right to appeal by the [CAB](#) (ISO/IEC Guide 61, clause 3.2.4).
- 4.2.4.3. For a local assessor to participate as a team member in a foreign AB's assessment team, he/she should receive appropriate training, supervision and monitoring from the foreign AB, and have normal team member duties assigned to him/her so that he/she can play a full part in the assessment team.
- 4.2.4.4. In addition to the normal assessment team responsibilities, the local assessor may be assigned special duties with regard to aspects of the assessment that are influenced by local issues and conditions, such as investigation of complaints and conflict of interest issues.
- 4.2.4.5. In the event that a local assessor participates as a team member, his/her costs will be covered through the [CAB](#)'s payment to the foreign AB for the assessment. The foreign AB is responsible for recovering the costs associated with training etc (see 4.2.4.3 above).

#### **4.2.5 Assessment of [CABs](#) by foreign IAF MLA signatory ABs where the [CAB](#) is accredited by a local IAF member accreditation body**

- 4.2.5.1. Where the activity of the [CAB](#) performed by a local physical location is either accredited by a local IAF member AB or subject to application for such accreditation, the foreign AB should cooperate as far as is practicable with the local IAF member AB, including taking full account of its work whenever this is justifiable, as long as this is acceptable to the [CAB](#). This may be through formal subcontracting arrangements, or through joint assessment activity, or by other means.

#### **4.2.6 Communication and Arrangements between IAF MLA Signatory ABs**

- 4.2.6.1. For effective implementation of this Annex, frequent and good communication amongst IAF MLA signatory ABs is critical, e.g. with respect to complaints handling, notification of sanctions, and changes in accreditation scopes.
- 4.2.6.2. Defined arrangements between IAF MLA signatory ABs are also necessary to meet the requirements of clause 2.1.3 of ISO/IEC Guide 61, e.g. through subcontracting arrangements and arrangements for joint assessment activity.

### **5. JAS-ANZ ACTION**

- 5.1 IAF GD3 was first introduced through JAS-ANZ Policy 2/04 in April 2004 where the preliminary work associated with section 4.2 above was completed.
- 5.2 Applications received from foreign countries will in the first instance be dealt with in accordance with Clause 4.1 G2 and G3 above.
- 5.3 In line with Clause 4.2.3.1 above, all locations/premises where key activities are undertaken shall be visited as part of an initial application. No sampling shall take place.

5.4 In line with Clause 4.2.3.5 above, maintenance activity will be based on a risk assessment using the following guidance:

1. Risk Index

- a. The number of JAS-ANZ accredited certificates issued from a critical location,
- b. The number of total JAS-ANZ accredited certificates issued by the CAB,
- c. Ratio of A to B above.

2. Risk Categories

- a. High – 1a is equal to or greater than 100, or required to be visited for regulatory reasons or is the headquarters
- b. Medium – Not considered high or Low.
- c. Low – Low level of activity undertaken at the critical location:
  - i. 1a is equal to or less than 20, or
  - ii. 1c is equal to or smaller than 0.01 (1%)

3. Visit frequency

- a. High – as a minimum annually.
- b. Medium – as a minimum every two years
- c. Low – As a minimum every four years

5.5 As a general rule surveillance activity commences on a six monthly basis and this will not change as a result of this procedure. The six monthly visits shall include as a minimum; head quarters, where Clause 4.2.3.4 shall be included as a mandatory requirement for each visit, and a selection of locations/premises where key activities are undertaken that will ensure the visit frequency detailed in 5.4 (3) above is achieved.

5.6 Assessments are to be undertaken by JAS-ANZ assessment personnel, contractors or sub-contractors. IAF MLA signatories in the applicable [programme/scheme](#) are considered to be acceptable sub-contractors without any further evaluation or contract, as the requirements for sub-contracting are already satisfied through the peer evaluation process and the signing of the IAF MLA. All other sub-contracting shall be in accordance with QM Clause 4.4.

5.7 Adding locations and countries into which JAS-ANZ accredited certificates are to be issued

5.7.1 Conformity assessment bodies intending to extend their scope into other countries, either through the establishment of a location or issuing accredited certificates into that country shall:

- a. [apply for a scope extension which will require the applicant to submit a completed questionnaire for each additional site, e.g. Form AUD 107. Requests for extension of scope shall be actioned in accordance with Clauses 4.2.3.2 and 4.2.3.3 above.](#)
- b. [develop procedures which describe the body's risk management process for extending the conformity assessment body's geographical presence under JAS-ANZ accreditation. Geographical presence includes: additional critical locations, locations and countries into which JAS-ANZ accredited certificates maybe issued.](#)

The type of structure/relationship is irrelevant, i.e. whether it is a wholly owned subsidiary or branch office, to a contracted or subcontracted individual or body.

- (i) The procedures should be based on AS/NZS 4360, and shall require a monitoring and review period of not greater than 12 months. Risks to be considered, but not limited to, shall include the following, where relevant: using consultants in certification activities, contracted or subcontracted individuals are fit and proper people, corruption, language, ability to subcontract, use of competent individuals, maintenance of compliance with accreditation criteria, coverage of liabilities, relevant local regulations and laws, stakeholder input, etc.
- (ii) The committee specified in ISO/IEC 17021 Clause 6.2, shall be included in the development of the procedures and be included as an internal stakeholder in relation to the implementation of the risk management process.

## ANNEX C

### GUIDELINES FOR THE SELECTION OF STAGE 2 COMPLIANCE ASSESSMENTS (WITNESSING)

#### 0. INTRODUCTION

- 0.1 ISO/IEC 17011 Clause 7.5.6 requires accreditation bodies to witness a representative number of samples [of the CAB's service](#) before an initial accreditation is granted for any function requiring on-site activity by the applicant [body](#).
- 0.2 ISO/IEC 17011 Clause 7.11.2 also requires JAS-ANZ to establish procedures and plans for carrying out periodic surveillance activities, including on-site and other activities. JAS-ANZ considers witnessing to be an important part of other surveillance activities.
- 0.3 The objective of the witness is to:
  - (i) determine whether or not the [conformity assessment personnel](#):
    - apply the procedures and instructions of the [applicant/accredited body](#);
    - [if applicable](#), exhibit the characteristics of an [auditor](#) as detailed in ISO 19011;
    - has the required expertise in which the [conformity assessment activity](#) is being undertaken;
    - applies appropriate expertise in the correct sense;
    - undertakes the [conformity assessment activity](#) effectively, and
  - (ii) test the effectiveness of the applicant/accredited body internal [assessment and approval process](#) of [personnel](#) competence.

#### 1. OBJECT AND FIELD OF APPLICATION

1.1 The object of this Annex is to provide guidance on an equitable, cost effective and repeatable approach to the selection of Stage 2 compliance assessments (witnessing). The guidance covers both initial accreditation and ongoing maintenance.

#### REFERENCES

- A. ISO/IEC 17011 - General requirements for accreditation bodies accrediting conformity assessment bodies.
- B. [IAF/ILAC A5:04/2009 IAF/ILAC Multi-Lateral Mutual Recognition Arrangements \(Arrangements\):Application of ISO/IEC 17011:2004](#)

#### 3. DEFINITIONS

**Body:** Legal or administrative entity that has specific tasks and composition.

Note - Examples of bodies are organisations, authorities, companies and foundations.

#### 4. GUIDANCE

- 4.1 Witnessing associated with new applicants [for Management System schemes](#) shall include an initial/reassessment per [scheme](#). Where this policy may cause unnecessary delays to the accreditation of the applicant, two surveillance [assessments](#) may be witnessed as an alternative.
- 4.2 Table 1 details the witnessing that will be undertaken as part of the maintenance activity associated with each accredited programme with the exception of bodies providing personnel certification ([Refer to 4.5 Inspection services \(refer to 4.6\)](#)), and product certification [schemes](#) that are based solely on type test and inspection services ([Refer to 4.7](#)). [The number of witness activities per programme as detailed in Table 1 will be undertaken annually. Where the number of schemes within that programme is greater than the number of witness activities per year, a minimum of one witness per scheme shall be undertaken.](#)

Table 1

WITNESS <a href="#">ASSESSMENTS</a>			
	1 - 50	51 - 500	501+
Certificates Issued per <a href="#">programme</a>			
Annual number of witness <a href="#">assessments</a> per <a href="#">programme</a>	2	3	5

- 4.3 The above requirements may be increased or decreased on a case-by-case basis by the [ARP](#) following review of information provided by the [client manager](#) and the Secretariat to support the variation. One of the primary considerations for either an increase or decrease in the number of witnessed [assessments](#) is the confidence that can be established in the [CAB's auditor/inspector](#) monitoring system.
- 4.4 JAS-ANZ assessment teams shall witness the complete [conformity assessment activity](#). [When witnessing an initial management systems audit, if applicable, both Stage 1 and Stage 2 shall be witnessed.](#)
- 4.5 [Personnel Certification](#) – [As with product, the schemes under personnel certification can vary significantly. The Secretariat shall evaluate the components of a particular scheme and identify which parts of the scheme are able to be witnessed and consider this when selecting witnessing.](#) Witnessing of the Certification Evaluation Panel (or equivalent) is not mandatory prior to accreditation, however it is preferred. Witnessing of the Certification Evaluation Panel (or equivalent) shall be reviewed as a minimum [once](#)

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annually [for each scheme](#). [Other witnessing may also be applicable, e.g. witnessing the CAB evaluate training providers, witnessing the CAB's skills assessors.](#)

- 4.6 [Inspection Services](#) – [When inspection activity is regulated, the witnessing requirements shall be in accordance with the regulation. When not included in regulation, witnessing will depend on the type and range of inspection activity. Each type of inspection shall be witnessed prior to the type being included in the accreditation scope. \[Witnessing conducted as part of maintenance activity\]\(#\) will ensure that as broad a range of inspection activities, within the accreditation scope, are witnessed over \[one reaccreditation cycle\]\(#\). \[OP 09 Annex B also refers.\]\(#\)](#)
- 4.7 [Product](#) – In the majority of cases the requirements of 4.1 will satisfy the witnessing requirements for product certification. However there may be applications received where the product certification [scheme](#) is very broad in its application. In this case, judgement has to be made based on the diversity, risk and how the conformity assessment body is structured to cater for the range of products. Sufficient witnessing should be undertaken to gain confidence in the process adopted by the [CAB](#). [Witnessing associated with accreditation maintenance](#) shall be in accordance with Table 1 and shall apply to each product [scheme, unless the scheme rules are in contradiction](#). Witnessing associated with a Type 1 [scheme](#) is not normally undertaken, however if the [scheme](#) includes sub-contractor and/or laboratory evaluations, this would then make witnessing applicable to this [scheme](#).

## 5. IMPLEMENTATION

- 5.1 Secretariat staff shall liaise with new applicants to establish availability of [activities e.g. audits/inspections](#) that may be witnessed. The Secretariat shall select the number of [activities](#) that should be witnessed by reference to paragraphs 4.1 or 4.2 above. The actual [activities](#) to be witnessed shall be determined, from those that are available, by using Para. 5.4 as a guide.

[Example No 1](#): Where an applicant body is applying for accreditation of both their QMS and EMS [schemes](#) and have issued 45 certificates for each [scheme \(total of 90 in the MS programme\)](#). [Two audits, one initial/recertification](#) for each [scheme](#), will be witnessed. If an initial/[recertification audit](#) is not available say for the QMS [scheme](#), two surveillance visits may be undertaken as an alternative. Total witnessing requirement is now [two QMS surveillances and one initial for the EMS scheme](#).

- 5.2 For accredited bodies, Secretariat staff shall establish, [the number of witnessed activities](#) for the next twelve-month period by reference to Table 1 [and paras 4.5 to 4.7](#). In determining the [activities](#) to be witnessed, Secretariat staff shall use Para. 5.4 as a guide. However in an effort to ensure the annual [programme](#) will be realised, Client Managers shall establish quarterly milestones per [programme](#) and communicate those milestones to their client [CABs](#) within the first month of the new financial year.
- 5.3 The responsible Client Manager shall report quarterly outcomes, including recommendations, to the accredited body's [ARP](#) who will decide on the course of action to be taken in the event that quarterly milestones are not achieved. The course of action taken by the ARP will be guided by JAS-ANZ Procedure 11.

Example No. 2: A CAB has been accredited for both their QMS and EMS [scheme](#) and has issued [300 certificates for each \[scheme \\(total 600 in MS programme\\)\]\(#\), then \[5 audits will be witnessed, \\[two in each scheme and the 5<sup>th</sup> selected by using the guidance at Clause 5.4.\\]\\(#\\)\]\(#\)](#)

Example No. 3: A CAB has issued [50 BRC, 50 GLOBALG.A.P., 25 SQF 2000, 25 AWPCS, 20 CodeMark \(Total 170\) in accordance with Table 1, 3 audits require witnessing, however in accordance Clause 4.2, a minimum of one audit per scheme shall be issued, therefore 5 audits require witnessing.](#)

5.4 The following list shall be used as a guide to the selection of witnessed [activities](#):

- risk to the public, environment, occupational health and safety
- technical risk of sector
- number of [conformity assessment personnel per scheme](#)
- performance of [conformity assessment personnel](#) already witnessed
- adequacy of [conformity assessment personnel](#) training and selection procedures as found by the assessment
- concentration of [conformity assessment activity](#)
- availability of [conformity assessment activity](#)
- geographical coverage
- availability of JAS-ANZ staff and specialists
- [availability of combined conformity assessment activities, e.g. combined QMS and EMS audit](#)
- confidence in applicant/accredited body's [personnel training, approval and monitoring system](#).

5.5 Once the [conformity assessment activities](#) have been selected, Secretariat staff shall communicate the list to the [CAB](#) concerned who shall [advise, where applicable, their client, CABs and, where applicable, their clients](#) should be aware, that failure to witness a [selected activity](#) may ultimately lead to JAS-ANZ removing that scope from the [scope of accreditation and directing the accredited CAB to withdraw the JAS-ANZ accredited conformity assessment document, where appropriate](#).

5.6 In satisfying the above witnessing requirements, Secretariat staff shall consider the following:

- A [RAW or HAA audit](#) will satisfy the requirements of both a [RAW or HAA](#) and ISO 9001 witness;
- Use of [combined activities](#) to satisfy multiple [scheme](#) requirements; and
- Witnessing undertaken by other accreditation bodies that are signatories to the IAF MLA.

## 6. ASSESSMENT TEAM COMPOSITION

6.1 Assessment team composition shall be in accordance with Reference [2.4](#) of Procedure 5.

## ANNEX D

### GUIDELINES FOR EXTENDING THE PERIODICITY OF SURVEILLANCE AND REASSESSMENT

#### 0. INTRODUCTION

1.1 Reference 2.1 requires accreditation bodies to conduct periodic on-site surveillance assessments and reassessments of CABs (Clause 7.11.2). These requirements go further to say that

*The interval between on-site assessments, whether reassessment or surveillance, depends on the proven stability that the services of the CAB have reached.*

0.2 The conditions contained in this Annex draws on advice available for CABs regarding Advanced Surveillance and Reassessment Procedures (ASRP), contained in Reference 2.3 to this Annex.

0.3 In addition, this Annex provides advice to JAS-ANZ assessors regarding the following requirements of ISO/IEC 17011:

*Accreditation bodies shall rely on either reassessment alone or a combination of reassessment and surveillance, as follows:*

*a) if based on reassessment alone, then the reassessment shall take place at intervals not exceeding 2 years; or*

*b) if the combination of reassessment and surveillance is relied upon, then the accreditation body shall undertake a reassessment at least every 5 years. However, the interval between the surveillance on-site assessments should not exceed 2 years.*

*It is, however, recommended that the first surveillance on-site assessment be carried out no later than 12 months from the date of initial accreditation.*

#### 1. OBJECT AND FIELD OF APPLICATION

1.1 This Annex provides the conditions required for JAS-ANZ assessors to recommend the extension of the surveillance frequency for accredited conformity assessment bodies (CABs).

1.2 The objective of this Annex is to provide an open and transparent set of conditions that apply to all CABs accredited by JAS-ANZ. The conditions provide for an effective and efficient assessment to CABs that have a proven performance record while at the same time maintaining the integrity of the accredited certification/inspection services they provide.

## **2. REFERENCES**

2.1 ISO/IEC 17011, Clause 7.11.2

2.2 JAS-ANZ Procedure 5 Issue 9 Dated 24 August 2005, various clauses

2.3 IAF MD 3:2008 – Advanced Surveillance and Recertification procedures

2.4 ISO 9001 Auditing Practices Group guidance papers, available for download from: [www.iso.org/tc176/ISO9001AuditingPracticesGroup](http://www.iso.org/tc176/ISO9001AuditingPracticesGroup)

## **3. Conditions**

### **3.1 Eligibility Criteria**

When recommending an extension to surveillance frequency, the JAS-ANZ assessor shall be able to demonstrate that the following conditions in 3.1.1, 3.1.2 and 3.1.3 have been satisfied:

3.1.1 The JAS-ANZ assessor shall confirm that the nominated CAB programme has been in demonstrated conformity with the requirements of the applicable standard(s) for a period of:

a) two years, for extensions to 9 or 12 months

b) at least one complete accreditation cycle including initial, surveillance and reassessment for extensions of 12 months to two years.

NOTE: The term ‘demonstrated conformity’ can be defined as a demonstration, through assessment, that the CAB is in compliance with the requirements for accreditation, and effectively address identified nonconformities within timeframes commensurate with the risk(s) posed by the nonconformity. The JAS-ANZ assessor may base this confirmation of demonstrated conformity, for option b), on the outcome of the first reassessment of the CAB conducted at the end of an accreditation cycle. If a CAB has been placed on increased surveillance frequency the periods mentioned in Clause 3.1.1 above will apply once JAS-ANZ has regained confidence and established the surveillance regime that existed prior to the CAB being placed on increased frequency.

3.1.2 All nonconformities raised during assessments prior to the recommendation for extension of frequency shall have been successfully resolved.

3.1.3 All scheduled witness assessments prior to the recommendation for extension of frequency shall have been successfully completed. This means that all quarterly witnessing milestones (referred to in JAS-ANZ Procedure 5 Annex C, clause 5.3) shall be realised.

### **3.2 Assessment of effectiveness of CAB’s management system**

3.2.1 The JAS-ANZ assessor shall assess the ongoing effectiveness of the certification/inspection services, and shall ensure that the CAB has a demonstrated ability to consistently provide certification/inspection services that meet customer and accreditation requirements. The CAB shall also have a robust system for the continual improvement of the effectiveness of the CAB’s management system.

3.2.2 The JAS-ANZ assessor shall verify that the CAB’s internal audit process is being managed in accordance with the guidance of ISO 19011, with particular reference to auditor competence defined in clause 7. The internal audit process shall be coordinated and integrated so as to

provide an evaluation of the CAB's management system as a whole, not only the performance of individual components.

3.2.3 When assessing the effectiveness of the internal audit and management review processes, the JAS-ANZ assessor shall give consideration to advice provided in Reference 2.4. The assessment of the effectiveness of the internal audit process shall include observation of the CAB internal auditor(s).

3.2.4 The JAS-ANZ assessor shall have access to all CAB customer satisfaction data collected or otherwise available and customer complaints in order to verify. When it becomes necessary for the JAS-ANZ assessor to communicate directly with the source of such data in order to validate the data, mutually agreed confidentiality policies and procedures shall be applied.

3.2.5 Where a CAB has a number of accredited locations, the assessor shall assess critical locations in accordance with JAS-ANZ Procedure 5 Annex B, including the requirements for visit frequency stated in Clause 5.4.3. Where the frequency of surveillance is extended to two years, the assessment of high risk locations, as defined in JAS-ANZ Procedure 5 Annex B clause 5.4 may also be extended to biennial.

### **3.3 Reporting and recommendations to the Accreditation Review Panel (ARP)**

3.3.1 The JAS-ANZ assessor shall complete assessment reports in accordance with JAS-ANZ Procedure 5 Clause 8, and include recommendations taking into consideration the factors documented at Clause 9 of that document.

3.3.2 Where Major nonconformities are identified at either the head office or a location of a multi-site CAB, or within a particular certification service provided, the JAS-ANZ assessor shall make a recommendation within the report to increase the frequency of assessment of the CAB. CABs cannot chose to exclude a particular location in order to maintain a reduced frequency of assessment.

3.3.3 In addition, recommendations regarding the extension of assessment frequency shall be supported, within the report, by a report on the objective evidence reviewed that provided the JAS-ANZ assessor with confidence in the CAB's internal processes. The schematic at Annex 1 of this document provides guidance on acceptable assessment frequencies.

3.3.4 The report should also include a recommended surveillance and reassessment programme, including those components of the CAB's management system that will be assessed by the JAS-ANZ assessor at each surveillance and reassessment visit (see clause 3.4.2 for minimums).

3.3.5 The surveillance and reassessment programme may also include the following activities to supplement on-site assessment:

- a) review of internal quality audit and management review reports;
- b) review of auditors training/professional development programmes and their implementation;
- c) submission of or remote access to customer complaints and appeals;

- d) review of any other external audit reports that the CAB may wish to present, e.g. those undertaken by regulators, other AB, other agencies;
- e) review important initiatives that enhance confidence in the CAB's performance;
- f) submission of or remote access to client files for assessment; and/or
- g) additional witness assessments.

3.3.6 The recommendation made by the JAS-ANZ assessor shall clearly state the proposed assessment frequency.

### **3.4 Ongoing monitoring of effectiveness of CAB management systems**

3.4.1 At each surveillance assessment, the JAS-ANZ assessor shall assess those minimums identified in the surveillance programme. The JAS-ANZ assessor shall continue to verify the effectiveness of the CAB's management systems.

3.4.2 In addition to assessing the adequacy and effectiveness of the internal audit process, the JAS-ANZ assessor shall continue to carry out the following activities at each on-site surveillance and reassessment visit, *as a minimum*:

- a) interview top management and the management representative;
- b) evaluate management review inputs and outputs, including a verification of the CAB's ability to meet stated performance targets;
- c) review the internal audit process, including the procedures and records of internal audits, and the competence of internal auditors;
- d) review customer complaints;
- e) review corrective and preventive actions plans, and verify their effective implementation.

3.4.3 Where the conditions contained in JAS-ANZ Procedure 5 Clause 11.3 a) to e) arise, the JAS-ANZ assessor shall assess the impact of these conditions on the effectiveness of the CAB's management system. Where the impact has meant a reduction in the effectiveness, the JAS-ANZ assessor shall make a recommendation to increase the frequency of assessments until such time that they regain confidence in the effectiveness of the CAB's management systems.

3.4.4 Where the frequency of on-site assessments of the CAB has been extended, the JAS-ANZ assessor shall also modify the witness assessment programme, taking into consideration:

- a) the requirements of JAS-ANZ Procedure 5 Annex C clause 5.4

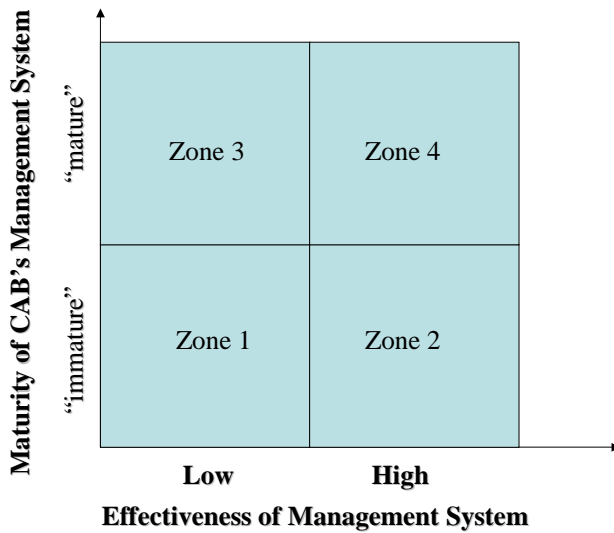
b) the outcomes of the CABs internal audits and management reviews, particularly with respect to specific programme review and the selection, training and sign-off of conformity assessment personnel.

NOTE: The modification of the witnessing programme shall not reduce the requirements of JAS-ANZ Procedure 5 Annex C.

3.4.5 The reporting requirements for surveillance shall also contain the information required at Clause 3.3 of this policy.

3.4.6 The JAS-ANZ assessor shall ensure that all the requirements for accreditation of CABs (e.g. ISO/IEC 17021) continue to be met.

**Figure 1 - Maturity of CAB's Management System**



**Zone 1:** - immature, ineffective management system that does not meet the accreditation criteria. The CAB should not be accredited.

**Zone 2:** - immature system that effectively manages the certification/ inspection processes. This system has effective internal audit, management review and continual improvement processes. The frequency of surveillance for this CAB should be extended to 9 to 12 months.

**Zone 3:** - mature system that has not demonstrated effectiveness of management system. This type of system probably does not have effective internal audit and management review processes, and therefore should be on a 6 monthly surveillance frequency.

**Zone 4:** - mature, effective CAB management system. The frequency of surveillance for this CAB can be extended to up to two years, with surveillances targeting the management of the systems.

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