

## 1. Purpose

Procedure PR-005 describes the roles, responsibilities and processes in a certification body **according to ISO 17021** involved in the certification of management systems (MS).

The certification process consists of the phases:

- contract review and offer preparation,
- audit preparation,
- performance of audit stage 1,
- performance of audit stage 2,
- issue of the certificate, and
- Surveillance of the certified management system.

The procedure is repeated with each recertification, with the exception of the audit stage 1, which is replaced in the recertification by the confirmation of the calculation of the audit effort /audit program in the ATEAM. Recertification audit activities may need to have an audit stage 1 in situations where there have been significant changes to the management system, the client, or the context in which the management system is operating (e.g. changes in legislation).

## 2. Scope

This procedure applies to TÜV NORD Philippines office and to its external auditors.

## 3. Definitions

### Technical area:

Area characterized by commonalities of processes relevant to a specific type of management system.

A technical area is equal to a EA scope (EA scope 1 – 39 including the sub-scopes).

### Audit programme:

An audit programme shall be planned for the full certification cycle, taking into consideration the importance of the processes and areas to be audited, as well as the results of previous audits.

The audit programme shall include an initial audit, surveillance audits in the first and second years, and a recertification audit in the third year prior to expiration of certification. The three-year certification cycle begins with the certification or recertification decision. The determination of the audit programme and any subsequent adjustments shall consider the size of the client organization, the scope and complexity of its management system, products and processes as well as demonstrated level of management system effectiveness and the results of any previous audits.

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## **Audit Stage 1:**

The Stage 1 audit is basically performed on site. Under certain conditions (small companies) [< 50 employees] or if reasons for reductions are present, the Stage 1 audit can be performed during the same period as the Stage 2 audit.

If the Stage 1 audit is not carried out in particularly justified cases - e.g. the management system of the organization is already known through audits according to other standards - the justification must be fixed in writing and recorded in the audit documentation.

## **Audit Stage 2:**

On-site assessment of the implementation and effectiveness of a management system; this will be the basis of issuance of certificate.

## **Completion of audit:**

Last day of stage 2 audit is typically the day of the final closing meeting.

## **Audit-relevant date:**

The audit-relevant date of the annual surveillance audit following the initial certification audit may not be later than the last day of the Stage 2 audit plus 12 / 24 months.

## **Surveillance Audit:**

Periodic audit performed to ensure that the organization still meets the quality management system requirements; the implementation and effectiveness to the organization. The objective is maintenance of the certificate.

## **Re-Certification Audit:**

Review of overall management system implementation and effectiveness in the organization with respect to new issue of the certificate.

## **Extension Audit:**

Evaluation of the effective management system at a certain location ; the objective is to change the scope of the certificate.

## **Short-notice Audit:**

Audits of certified clients at short notice to investigate complaints, or in response to changes, or as follow up of suspended client certifications.

## **Combined, joint or integrated audits:**

A combined audit is when a client is being audited against the requirements of two or more management systems standards together.

A joint audit is when two or more auditing organizations cooperate to audit a single client.

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An integrated audit is when a client has integrated the application of requirements of two or more management systems standards into a single management system and is being audited against more than one standard.

## Scope of the certification

The scope of the certification includes the areas of activity, products/services and processes of the organization.

In case of including design and development in the scope of the management system the audit documentation and the certificate shall include design and development.

## Nonconformity:

Nonconformity is the non-fulfilment of **one** requirement of the standard.

Two types of nonconformities:

### a) Major nonconformity (NCA):

A nonconformity that limits the ability of the management system to achieve its intended results

Nonconformities can be categorized as major

- If there is considerable doubt that efficient process control is in place or that products or services fulfil the specified requirements;
- If several minor nonconformities which relate to the same requirement or the same problem could represent a system-related failure and therefore result in a major nonconformity.

### b) Minor nonconformity (NCB):

Nonconformity that does not limit the capability of the management system to achieve the intended results.

## Follow-up Audit:

On-site assessment of the implementation and effectiveness of corrections and corrective actions for nonconformities issued during the audit.

## Evaluation of documentary evidence:

Off-site assessment of the implementation and effectiveness of corrective actions in connection with nonconformities identified during the audit. The assessment is carried out by means of documents that are submitted (documents or records).

## Correction:

Action to eliminate a detected nonconformity

## Corrective Action:

Action to determine the cause of nonconformity

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**Audit day:**

An audit day comprises 8 hours (net). Where it seems useful, a 10 hours audit day might be accepted.

**Appointed Person:**

Appointed individuals to perform a defined task on behalf of the certification body's head, or specialist manager (i.e.) QM Managers or veto persons.

**Observers:**

The presence and justification of observers during an audit activity shall be agreed to by the certification body and client prior to the conduct of the audit. The audit team shall ensure that observers do not influence or interfere in the audit process or outcome of the audit.

Note: Observers can be members of the client's organization, consultants, witnessing accreditation body personnel, regulators or other justified persons.

**Guides:**

Each auditor shall be accompanied by a guide, unless otherwise agreed to by the audit team leader and the client. Guide(s) are assigned to the audit team to facilitate the audit. The audit team shall ensure that guides do not influence or interfere in the audit process or outcome of the audit.

## 4. Responsibilities

### 4.1 Head of Certification Body and Specialist Manager

The Head of the Certification Body is responsible for:

- appointment of the QM Managers in the branch offices,
- Awarding the certificate.

The Head of the Certification Body is authorized to delegate responsibilities to the Specialist Managers / QM Managers for areas covered by a particular management system standard whenever applicable.

### 4.2 QM Manager

The QM manager is the representative of the certification body. He is the direct superior of the local auditors and the local certification personnel in all matters concerned with management system certification.

The QM Manager is responsible for

- selection and appointment of auditors, senior auditors and veto persons,
- Review and approval of certification files with regard to content and adherence to the rules, involving competent auditors if necessary. These auditors must not have been part of the certification process activities,

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## 4.3 Auditors

Auditors are responsible for the proper conduct of the certification process in line with this procedure and other relevant TUV Nord's regulations.

Within the audit team, the lead auditor has the following additional responsibilities:

- Determination of scope of the management system in agreement with customer.
- Determining if the Stage 1 Audit can be performed on site during the same period as the Stage 2 Audit. Approval by the certification body is needed for this purpose. In the case of branch offices/outside locations with certification authority, the QM manager decides.
- The audit team leader, in consultation with the audit team, shall assign to each team member responsibility for auditing specific processes, functions, sites, areas or activities. Such assignments shall take into account the need for competence, and the effective and efficient use of the audit team, as well as different roles and responsibilities of auditors, auditors-in-training and technical experts.
- Assessment of the calculation of audit effort /audit program. Assessment contains:
  - Audit effort (no. of employees, grounds for reduction),
  - scope,
  - sites,
  - nonconformity management.
- Drafting of an audit plan and report for the Stage 1 audit including assessment of the MS documentation in the case of first certification.
- Evaluation of the previous period (last 3 years) in the case of recertification audits (in the transition time to 2015). In addition, evaluation of the MS documentation with report in the case of significant changes to the MS documentation.
- Drafting of the audit plan and the report for the Stage 2 audit in cooperation with the audit team.
- Documentation of audit findings and any nonconformity in consultation with the audit team.
- Recommendation for issue / maintenance of the certificate or required corrective action or extension of its scope.
- Submission of the complete certification documents to the certification body in good time for release (at the latest 2 months after the end of audit or after completing the nonconformity management).

Within the context of the competent certification decision, lead auditors permanently employed at TUV Nord who are not involved in the audit procedure can be included in the review and release process (veto persons).

In case of a revised calculation of the audit effort / audit program the auditor is responsible for the new calculation.

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## 4.4 Technical experts, translators, interpreters, observers and auditors-in-training

Technical experts, translators, and interpreters can be employed to complete competence requirements for an audit team. They always act under the direction of the audit team leader.

The time spent by any team member that is not assigned as an auditor (i.e. technical experts, translators, interpreters, observers and auditors-in-training) shall not count in the above established audit time.

## 4.5 Certification service

The employees of the certification service maintain and update the pool of auditors with regard to all TUV Nord's auditors.

They prepare the issue of the certificates and send them to the customers. They file the certification records.

With the exception of updating of the pool of auditors, the activities described here are not performed for critical/certifying branch offices.

## 5. Procedures

The process is initiated when an applicant makes an inquiry or an order is received through sales activities. The applicant is informed of the basic certification process

### 5.1 Customer Inquiry / Drafting of Offer

The Questionnaire for the preparation of Proposal and the Certification Procedure is sent to the applicant so that an offer can be prepared and is completed either by the applicant or with the support of TUV Nord's staff. Based on the information from the questionnaire, the costs and times are calculated, the audit programme (calculation of the audit effort/ audit program) defined. The offer is completed and after acceptance, a contract is concluded with the applicant.

When the certification body declines an application for certification as a result of the review of application, the reasons for declining an application shall be documented and made clear to the client.

The audit team leader shall review with the client any need for changes to the audit scope which becomes apparent as on-site auditing activities progress and report this to the certification body. Where necessary the audit program/calculation of the audit time requirements [ATEA] has to be adapted.

In case of combined, joint or integrated audits the audit time shall be calculated according to the guidance given in the respective section of **Annex**).

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The audit process begins following the conclusion of the certification agreement and is divided into:

- audit preparation and planning,
- audit performance,
- documentation of the audit results.

After a positive certification decision, the certificate is granted and the process of monitoring the application of the certification and management systems, and therefore monitoring of the validity of the certificate, begins.

## 5.2 Audit Preparation

An audit team is appointed and the customer is informed of the team members once the contract is signed. Clients must be informed in advance that they can object to any member of the audit team (auditor or expert).

The members of the audit team must fulfil the requirements described in Competence and Requirements of Auditor. In the case of dependent and auditing branch offices, the audit team and the audit time has to be approved by persons appointed by the certification body prior to the audit.

The criteria for composing the audit team are:

- the audit must be performed under the leadership of a nominated lead auditor,
- for audits of less than four days on-site, the use of an audit team of at least two auditors is optional
- for audits of four days or more on-site, the use of an audit team of at least two auditors is mandatory (for any one location)
- at least one member of the audit team must have the technical sector competence with respect to the scope of the audit. This is also required for Stage 1 audits. In audits of more than one management system by the same team, the competence requirements must be fulfilled for each standard.
- the auditor and other involved person, who are employed for the audit team, are free from conflict of interests.

The audit team leader is responsible for ensuring that technical competence is always present during the audit.

### 5.2.1 Stage 1 audit

The purpose of the Stage 1 audit is:

- a) to audit the management system documentation of the customer,
- b) to assess the location and the location-specific conditions of the customer and to discuss various aspects with staff at the customer's organization in order to determine readiness for the Audit stage 2,

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- c) to assess the status of the customer and also to assess the customer's understanding of the standard, particularly with regard to identification of key items which must be fulfilled and also other important aspects, processes, objectives and operation of the management system,
- d) to collect necessary information with regard to the scope of the management system, the processes and the location(s) of the customer, as well as associated legal regulations and regulations related to official authorities, and to establish if the customer is fulfilling these regulations; (e.g. relating to quality, environmental and legal aspects of the customer's activities, associated risks etc.),
- e) to evaluate the resources which have to be allocated to the Stage 2 audit and to discuss and agree on the details of the Stage 2 audit with the customer,
- f) to create a main focus for planning the Stage 2 audit by gathering sufficient understanding of the customer's management system and of the activities carried out on site and any significant aspects relating to these,
- g) to judge if internal audits and management reviews are planned and carried out and to ensure that the level of implementation of the management system proves that the customer is ready for the Stage 2 audit.

An Audit Plan is drawn up for the Stage 1 audit.

In exceptional cases, The Stage 1 audit can take place within the same period as the Stage 2 audit (see Clause 3, definitions of Stage 1 audit). The following prerequisites must be fulfilled before performance:

- The customer must be made aware of the risk that the audit may be broken off.
- A review of the management documentation must be performed before the Stage 1 audit in order to ensure than any nonconformities that are identified are rectified before the audit.
- The certification body must approve the way of proceeding.

The weaknesses that are identified that could lead to nonconformity in the Stage 2 audit are documented in the report of the Stage 1 audit.

The Audit Team Leader decides on the basis of the weaknesses that have been identified whether:

- the Stage 2 audit can be performed as planned without limitations,
- the Stage 2 audit can be performed as planned following implementation of suitable actions to address the identified weaknesses,
- the effective correction of the identified weaknesses has to be verified before the Stage 2 audit (repeat of Stage 1 audit).

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The decision is documented in the report of the Stage 1 audit.

The submission of an action plan and the assessment by the audit team leader is not required.

When determining the time interval between the Stage 1 and Stage 2 Audits, the requirements of the customer should be taken into consideration, in order to find solutions to weaknesses that were identified during the Stage 1 Audit. It may also be necessary for the certification body to modify the items to be audited in the Stage 2 Audit. The time interval between the two audit stages should generally not be longer than 3 months.

At the end of the Stage 1 Audit, the exact formulation of the scope of the certificate must be established in agreement with the customer not later than four weeks before the Stage 2 audit.

## 5.2.2 Audit planning

The audit team leader is responsible for preparing an audit plan which includes all MS requirements to be audited, the names of the relevant units within the customer's organisation and a timescale for the audit. The audit team leader coordinates the audit plan with the audit team and the customer's representative.

The auditors may work as a team or independently. However, if the full number of man days is to be charged for, there must be demonstrable splitting of the auditors for approx. **50%** of the audit time. The proof of splitting has to be provided in the audit plan (e.g. if 2 auditors per department/process are planned in, at least 2 representatives from the organisation to be audited must appear in the audit plan).

If work is performed in shifts, the different shifts must be taken into consideration during audit planning (processes and control mechanisms). If every shift is not audited, the reason must be stated in the audit report.

In situations where a customer provides a product or service at temporary sites (i.e installation sites, project locations etc.) it is important that evaluations of such sites are incorporated into the certification and surveillance program. The need for visits will depend on the relevance of these sites. The reasons for the selection of the specific sites must be documented in the audit report (reasons: special product-specific/service-relevant features, size, complexity, only site, results from previous audits).

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In case of integrated audits (i.e. more than one standard at one audit) where the audit team consists of more than one auditor, names and roles of all auditors in the respective current audit are to be stated in the audit plan and in the audit reference data sheet (after the names of the auditors). This serves also as source of information for the customer.

### 5.2.3 Stage 2 audit

The audit commences with an opening meeting.

The task of the audit team is to review the practical application of the management system and to assess it for fulfilment of the requirements of the standard. This is carried out by means of questions put to the staff, viewing of other documents, records, orders and guidelines as well as by an on-site visit to the relevant areas. The audit record serves as a guide during this process.

During the audit, the audit team shall periodically assess audit progress and exchange information. The audit team leader shall reassign work as needed between the audit team members and periodically communicate the progress of the audit and any concerns to the client (e.g.: daily closing meetings).

The client shall be given opportunity for questions. Any diverging opinions regarding the audit findings or conclusions between the audit team and the client shall be discussed and resolved where possible. Any diverging opinions that are not resolved shall be recorded and referred to the certification body. At the end of the on-site audit, a final closing meeting takes place.

### 5.2.4 Audit Findings/Documentation of the audit

The auditors and if appropriate the expert (if used) record their findings during the audit either by hand or electronically. The requirements of the document "Standard Specific Documentation must also be taken into consideration.

The findings are assigned to requirements of the standard and evaluated as regards the following:

- **Conformity,**
- **Opportunity for improvement, and**
- **Nonconformity (NC A or NC B).**

The audit report is prepared based on the audit findings.

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In the Audit Report, in addition to the standardised information contained in the automated audit documentation (name of the certification body, name and address of the client and the client's representative for the audit, audit type, audit criteria, audit objectives, audit scope, dates and places for the audit, Audit Team Leader and Audit Team Members, nonconformities, potentials for improvement, audit findings/conclusions, unresolved aspects, combined/multisite/integrated audit (in so far as appropriate), note on the random sample nature of the audit, recommendation of the audit team, use of the test mark, result of the verification of the actions from the previous audit, implementation of the internal audits and the management review, statement on the suitability of the scope, fulfilment of the audit objectives and capability of the management system to fulfil the relevant requirements):

The Audit Team Leader documents:

- each deviation from the Audit Plan and the reasons,
- each significant aspect that has an impact on the audit programme,
- significant changes which have taken place since the previous audit and which have an impact on the management system.

Nonconformities and potentials for improvement are documented in the audit report. Action plans for nonconformities are prepared by the customer in consultation with the audit team leader.

A finding of nonconformity shall be recorded against a specific requirement of the audit criteria, contain a clear statement of the nonconformity and identify in detail the objective evidence on which the nonconformity is based. Nonconformities shall be discussed with the client to ensure that the evidence is accurate and that the nonconformities are understood. The auditor, however, shall refrain from suggesting the cause of nonconformities or solutions to them.

The action plan with root cause analysis, specific corrections and corrective actions regarding the NC A and NC B nonconformities must be submitted by the client within 30 calendar days following the last day of the audit.

### **Type NCA Nonconformities:**

Verification of the effectiveness of the corrections and corrective actions can be performed on the basis of a review of the documented information submitted by the client or by means of a re-audit, if appropriate. The verification must be completed within 3 months after the last day of the audit. An evaluation of the actions taken with regard to the nonconformities is performed in the following audit.

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If the nonconformities are not closed within the specified time, the certificate is suspended or the decertification process is initiated in cooperation with the Specialist Management.

### **Type NC B nonconformities:**

Verification of the effectiveness of corrections and corrective actions can be performed on the basis of an action plan and if appropriate on the basis of documented information submitted by the client. The verification must be completed within 3 months after the last day of the audit. An evaluation of the actions taken with regard to the nonconformities is performed in the following audit.

Where the available audit evidence indicates that the audit objectives are unattainable or suggests the presence of an immediate and significant risk; (e.g. safety) the audit team leader shall report this to the client and, if possible, to the certification body to determine appropriate action. Such action may include reconfirmation or modification of the audit plan, changes to the audit objectives or audit scope, or termination of the audit. The audit team leader shall report the outcome of the action taken to the certification body.

## **5.3. Certificate Issue and Surveillance**

### **5.3.1 Certificate Issue**

A review of the certification procedure by appointed persons follows. The audit team leader provides the following records for the purpose of the review:

- contract review records (calculation, certification agreement),
- audit team and audit time approval/audit programme ,
- audit programme,
- audit report for audit stage 1, including review of the MS documentation,
- evaluation of the previous period (in the transition time to 2015)
- audit plans for audit stage 1 and audit stage 2,
- notes for Audit Stage 1 and 2, (if necessary) which allow identification of the requirements of the MS standard and their evaluation, or audit protocol,
- Legal Expert's Statement (if a legal expert was appointed)
- audit report for audit stage 2,
- if necessary management of nonconformities,
- order placement,
- time and cost of audit,
- ordering of certificates or draft certificates,
- audit release protocol.

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In general, the following documents must be submitted from the auditing branches or non-critical branches:

- contracts, certification and re-certification audit)
- audit protocol, if necessary supplemented by hand-written records
- hand-written/ electronically generated records which allow understanding of the relationship between the requirements of the standards and the assessments and evaluations if the audit protocol is not used.
- Legal Expert's Statement (if a legal expert was appointed);
- audit programme,
- Stage 1 audit report,
- evaluation of the previous period (in the transition time to 2015),
- Stage 2 audit report,
- management of nonconformity,
- release protocol,
- order of certificates

If the review is positive, the appointed persons release the certification file and the certificate is issued.

Release of the certification procedure must take place at the latest 105 days after the last day of the **Stage 2** audit.

Deadlines for the release of the certification procedure:

- Procedures without NC A/B: 3 months.
- NC A: 4 months (3 months + 1 month for the veto (release) procedure.)
- NC B: 4 months (3 months + 1 month for the veto (release) procedure.)

The deadline is always calculated from the last day of the Stage 2 audit.

### 5.3.2 Certificates

In general, the validity of the certificate does not exceed three years from the issue date. Expiry of validity depends on the date of certificate decision.

### 5.3.3 Surveillance Audit

Within the period of validity of the certificate (3 years) surveillance audits shall be conducted at least once per calendar year, with the exception of the years in which a recertification audit is performed.

Surveillance audits shall be performed prior the due date / audit-relevant date.

- Planning of the annual surveillance audits is based on the audit-relevant date, i.e. 12 / 24 months after the last day of the Stage 2 audit of the initial certification .
- Deadlines for the release of the surveillance procedure:

- Procedures without NC A/B: 3 months.
- NC A: 4 months (3 months + 1 month for the veto (release) procedure,
- NC B: 4 months (3 months + 1 month for the veto (release) procedure.

The deadline is calculated from the last day of the Stage 2 audit in each case. A Lead Auditor must participate in surveillance audits. The sector competence must be present in the audit team.

During preparation of the audit, the audit team leader initiates an inquiry to the customer regarding changes in the structural and procedural organisation, the size of the company and the company activities. This includes in particular a review of the current system documentation. In addition, materials used for public relations (e.g. Internet, advertising material) can be used for preparation purposes. This inquiry is documented in the audit programme.

At least the following points must be taken into consideration during a surveillance audit:

- internal audits and management review,
- a review of the corrective actions undertaken in response to the nonconformities found in the previous audit,
- handling of complaints against the management system,
- effectiveness of the management system in relation to achievement of objectives and goals,
- progress with regard to planned continual improvement activities,
- process control,
- review of changes,
- use of logos and (trade) marks.

In case of nonconformities, the audit team leader should proceed as in the certification audit. The surveillance audit is documented as described under **5.2.4**. Suspensions of the certificate must also be taken into account.

The audit file is then reviewed by the appointed persons. The audit team leader makes the following documents available for the review:

- audit team and audit time approval
- audit programme,
- audit plan,
- hand-written or electronic records which allow identification of the requirements of the MS standard and their evaluation, or audit protocol,
- audit report,
- if appropriate, management of nonconformities,
- order placement,
- audit time and costs,

- release protocol
- If the review is positive, the veto persons release the audit file.

### 5.3.4 Recertification audit

Recertification audits have to be completed the expiry date of the certificate. A tolerance period of maximum of 6 months is then available for the evaluation of the corrective actions and any necessary re-audits, as well as for the decision regarding recertification within the framework of the veto procedure.

During this time period, the status of the affected organisation will be represented as "not certified"; this has corresponding consequences with regard to information. When the certification decision is made, the certificate is reinstated, i.e. the certificate is reinstated continued on from the old certificate, but with the date of the certification decision. The expiration date of the follow-up certificate corresponds to the 3-year time interval that was formerly applicable (expiration date of the old certificate + 3 years).

Gap-free recertification is also possible if the certification decision has been made 3 months at the most before the expiration date.

Competence requirements for the auditors in a recertification audit will remain the same as for the initial audit.

Within the context of the audit preparation, a new calculation for the procedure must be carried out by the auditor, to ensure that the conditions of the contract still apply. The auditor asks the company about any changes in the structural and procedural organization of the company, the size of the company, the company activities and the scope. In determining the calculation of the audit effort / audit program he shall take into account the results of previous audits and decides to waive the audit stage 1. It may be necessary to perform a Stage 1 audit in the context of a recertification audit if there have been significant changes to the management system or in relation to the activities of the company (e.g. changes in the law). The documentation shall be in the calculation/ audit program.

Recertification audits include a review of management system documentation with confirmation of the review in the audit report. If there have been significant changes, the result of the review must be documented separately and an on-site audit carried out. The results of the previous surveillance programme(s) over the course of the certificate validity shall be taken into account. All requirements of the standard must be audited.

The audit methodology is equivalent to the methodology of a Stage 2 audit.

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At least the following points should be reviewed in the recertification audit:

- effectiveness of the interaction between all quality management elements in the management system with regard to internal or external changes, and the continuing significance and applicability of the management system within the scope of the certification,
- verification that the obligation to maintain the effectiveness of the system and to improve it has been fulfilled in order to increase overall performance capacity within the organisation,
- verification that the certified management system contributes to achievement of the policies and objectives of the organisation.

Audit performance, documentation and also issue of certificates shall be performed in accordance with the rules applying to certification audits.

Normally the certification decision should be made before the expiration date of the certificate.

### 5.3.5 Extension audit

An extension audit can be performed to extend the scope of an existing certificate. The extension / reduction audit may be carried out within the scope of a surveillance audit, re-certification audit or on an independently selected date.

The validity period of the certificate remains unaffected. Exceptions have to be justified in writing.

The audit team leader / audit team will review the MS documents concerning the extended areas / new locations and audit all requirements which are affected by the extension.

The further procedure with regard to the documentation and release of the audit procedure corresponds to a certification audit

### 5.3.6 Short-notice audits

It may be necessary for the certification body to conduct audits of certified clients at short notice to investigate complaint, or in response to changes, or as follow up on suspended client. In such cases

- the certification body shall describe the conditions under which these short notice visits are to be conducted,
- the certification body shall exercise additional care in the assignment of the audit team because of the lack of opportunity for the client to object to audit team members.

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## 5.3.7 Transfer of certificates from other Certification Bodies

The following minimum requirements shall apply:

### Prerequisites

As a general rule, only certificates issued by accredited certification bodies can be transferred; the accrediting body must have signed the European co-operation for Accreditations (EA) Multilateral Agreements (MLA). Companies with certificates from non-accredited certification bodies are to be treated as new customers.

### Pre-Transfer Review

A Pre-Transfer Review must be conducted by a competent auditor always. This generally comprises review of important documents and a visit to the customer. Additional audit time might be necessary. The audit time depends on the size and complexity of the organisation. If necessary the additional audit time has to be documented in the ATEA / Audit programme.

The Pre-Transfer Review must cover the following aspects:

- confirmation that the certified activities of the customer are covered by the scope of our own accreditation;
- the reasons for transfer of the certificate;
- confirmation that a valid management system certificate with regard to term of validity and performance profile of the customer, issued by an accredited certification body, is to be transferred;
- review of the previous reports on the certification or recertification audit and the subsequent surveillance audits and of all nonconformities dealt with in these reports: this discussion should also include all other available relevant documents and records on the certification process, such as hand-written notes and checklists;
- any complaints received and the action taken;
- the stage of the current certification cycle.

If the transfer is performed within the framework of a surveillance / recertification audit, the pre-transfer review can be performed in connection with the audit.

Performing the transfer audit in connection with the recertification audit, the form of the assessment of the certification period is substituted by the checklist / documentation on certificate transfer.

### Certificates

As a general rule, only a valid certificate issued by an accredited certification body can be transferred. If that prerequisite is not satisfied, the individual case must be judged on its merits.

It is not possible to transfer suspended certificates or certificates which are under the threat of suspension.

Any unresolved nonconformities have to be clarified with the previous certification body prior to transfer wherever practicable. Such nonconformities must otherwise be reviewed in the course of the audit.

A certificate can be issued with the date of completion of the Pre-Transfer Review as date of issue (subject to the usual release process) if there are no longer any unresolved or potential problems.

Future surveillance and recertification audits are based on the previous Surveillance and Recertification programme.

## 5.4. Suspension, withdrawal, limitation of the scope of certificates

Suspension, withdrawal and limitation of the certification is laid down in the higher-level work instruction PR-003 Suspension, Withdrawal and Cancellation of Certificates.

In addition to the reasons for suspension of certification given in PR-CER-003, certificates are suspended if

- The deadline for nonconformity management (3 months) is exceeded,
- The deadline for release according to Clause 5.3.1 is exceeded,
- The deadline of 12 months following the date of the certification decision for the first surveillance audit which follows the initial certification is exceeded,
- A surveillance audit has not been performed each calendar year.

If some aspects within the scope of the certification do not fulfil the requirements of the standard to be certified on a permanent basis, the scope must be limited by removing these aspects.

## 6. Annex

### 6.1 Notes on the calculation

#### Note 1:

#### Normal certification (one legal entity)

If an organisation with several locations is **a legal entity** and if no **random sample concept** is wanted, the time and cost for the auditing can be calculated as if the activities are all carried out **at one location**.

The minimum total audit time, which must never be less, is the time which would be calculated if all activities were performed at one single location (i.e. all the employees of the organisation at one and the same location).

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**All locations are visited each year.**

The auditor days are assigned to the individual locations in "an appropriate way" relative to the specific conditions at the locations.

**Note 2:**

**Associated certification (several legal entities)**

The following conditions must be fulfilled in the case of associated certification:

- Organisations (e.g. function units) are at one place (near to each other in geographical terms) (possibly also with different addresses)
- All locations are audited each year
- There is one main certificate with a list of all locations and location-specific scopes
- All locations/organizations must have the same owner or are linked with each other by contractual provisions
- Presence of common management system documents and results of internal audits, performance of a central management review, presence of a common management representative
- Organisations suitable for associated certification are those which perform their business using linked processes at different locations; the processes need not be of the same nature at all locations/in all organisations and need not use similar methods and procedures (also applies to environmental relevance and accident and health risks).

**Application:**

If several organisations (e.g. function units) are at one place (near to each other in geographical terms) (possibly also with different addresses), central planning and control of the management system (including management review and internal audits) is carried out for these units and most of the other administrative functions (administration, purchasing, sales) are generally only present once, these constellations can be handled as one location.

The minimum total audit time, which must never be less, is the time which would be calculated if all activities were performed at one single location (i.e. all the employees of the organisation at one and the same location).

The auditor days are assigned to the individual locations in "an appropriate way" relative to the specific conditions at the locations.

Notes regarding evaluation of results of internal audits at organisations with more than one site

Results of all internal audits of all sites/organisations and, hence, all processes, have to be available at the certification audit.

Planning of internal audits at all sites/organisations of following years have to include:

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Selection of processes to be audited must be made based on a risk assessment (e.g. complaints, internal failure rates, environmental impact, risk potential, criticality of value generating processes)

Also, the following conditions have to be met:

- Core processes must be audited at the sites audited. In case of identical core processes sampling may be chosen. When sampling it must be ensured that all sites are audited during the certification period and
- Unique processes must be audited at least once during the certification period.

Remote auditing techniques may be used occasionally for auditing low risk processes.

## 7. Applicable Documents

Questionnaire / application in Preparation for the Certification  
 Proposal (Quotation)  
 A Team and Audit Plan  
 List of Participants  
 Audit Schedule  
 Report on Review  
 Certification Audit Report stage – 1  
 Audit Report  
 Release of Audit Documentation  
 Hand Written Note (if applicable)  
 Recommendation of Opportunities for Improvement  
 Non Conformity Report  
 Certificate Draft  
 Sub Order (If External audit and/or Expert are involved)  
 Management of Non conformities  
 Release Protocol

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