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| --- | --- |
| **1. Name of the CB:** |  |
| **2. Accreditation applied for:** |  |
| **3. Application reference:** |  |
| **4. CB’s Documentation (CB to list)** |  |
| **5. Brief information about the CB:** | |
| **6. Summary of observations** | |
| **7.Recommendations** | |

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| --- | --- | --- | --- | --- |
| **Names** | | **Date –initial completion** | **Date first response** | **Date – Second response** |
| **CB Representative** |  |  |  |  |
| **NABCB assessors 1** |  |  |  |  |
| **NABCB assessors 2** |  |  |  |  |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **(1)** | **(2)** | **(3)** | **(4)** | **(5)** |
| **CLAUSE No. of ISO 17021:**  **2015** | **DESCRIPTION** | **QM/Procedure no./Document no./Format no. with Clause no., where a particular requirement is addressed** | **COMPLIANCE** | **NABCB AT Review Comments** |
| **(CB to provide details)** | **Yes/No** |  |
| **5** | **Requirement for Certification Bodies** |  |  |  |
| **22003: 2013** | **General requirements** |  |  |  |
| 5.1 | **Legal and contractual matters** |  |  |  |
| **22003: 2013** | **5.1 General**  **The requirements of ISO/IEC 17021, clause 5, shall apply, except for an additional requirements stated in clause 5.2.** |  |  |  |
| 5.1.1 | **Legal responsibility** –  The certification body shall be a legal entity, or a defined part of a legal entity, such that it can be held legally responsible for all its certification activities. A governmental certification body is deemed to be a legal entity on the basis of its governmental status. |  |  |  |
| 5.1.2 | **Certification agreement** - The certification body shall have a legally enforceable agreement with each client for the provision of certification activities in accordance with the relevant requirements of this part of ISO/IEC 17021. In addition, where there are multiple offices of a certification body or multiple sites of a client, the certification body shall ensure there is a legally enforceable agreement between the certification body granting certification and the client that covers all the sites within the scope of the certification. |  |  |  |
| 5.1.3 | **Responsibility for certification decisions** - The certification body shall be responsible for, and shall retain authority for, its decisions relating to certification, including the granting, refusing, maintaining of certification, expanding or reducing the scope of certification, renewing, suspending or restoring following suspension, or withdrawing of certification. |  |  |  |
| **5.2** | **Management of impartiality** |  |  |  |
| 5.2.1 | Conformity assessment activities shall be undertaken impartially. The certification body shall be responsible for the impartiality of its conformity assessment activities and shall not allow commercial, financial or other pressures to compromise impartiality. |  |  |  |
| 5.2.2 | The certification body shall have top management commitment to impartiality in management system certification activities. The certification body shall have a policy that it understands the importance of impartiality in carrying out its management system certification activities, manages conflict of interest and ensures the objectivity of its management system certification activities. |  |  |  |
| 5.2.3 | The certification body shall have a process to identify, analyse, evaluate, treat, monitor, and document the risks related to conflict of interests arising from provision of certification including any conflicts arising from its relationships on an ongoing basis. Where there are any threats to impartiality, the certification body shall document and demonstrate how it eliminates or minimizes such threats and document any residual risk. The demonstration shall cover all potential threats that are identified, whether they arise from within the certification body or from the activities of other persons, bodies or organizations. When a relationship poses an unacceptable threat to impartiality (such as a wholly owned subsidiary of the certification body requesting certification from its parent), then certification shall not be provided.  Top management shall review any residual risk to determine if it is within the level of acceptable risk.  The risk assessment process shall include identification of and consultation with appropriate interested parties to advise on matters affecting impartiality including openness and public perception. The consultation with appropriate interested parties shall be balanced with no single interest predominating.  NOTE 1 Sources of threats to impartiality of the certification body can be based on ownership, governance, management, personnel, shared resources, finances, contracts, training, marketing and payment of a sales commission or other inducement for the referral of new clients, etc.  NOTE 2 Interested parties can include personnel and clients of the certification body, customers of organizations whose management systems are certified, representatives of industry trade associations, representatives of governmental regulatory bodies or other governmental services, or representatives of non-governmental organizations, including consumer organizations.  NOTE 3 One way of fulfilling the consultation requirement of this clause is by the use of a committee of these interested parties. |  |  |  |
| 5.2.4 | A certification body shall not certify another certification body for its management system certification activities |  |  |  |
| 5.2.5 | The certification body and any part of the same legal entity and any entity under the organizational control of the certification body [see 9.5.1.2, bullet b)] shall not offer or provide management system consultancy. This also applies to that part of government identified as the certification body.  NOTE This does not preclude the possibility of exchange of information (e.g. explanation of findings or clarification of requirements) between the certification body and its clients. |  |  |  |
| 5.2 ISO 22003:2013 | FSMS consultancy shall not be provided by CB or any part of same legal entity. |  |  |  |
| 5.2.6 | The carrying out of internal audits by the certification body and any part of the same legal entity to its certified clients is a significant threat to impartiality. Therefore, the certification body and any part of the same legal entity and any entity under the organizational control of the certification body [see 9.5.1.2, bullet b)] shall not offer or provide internal audits to its certified clients. A recognized mitigation of this threat is that the certification body shall not certify a management system on which it provided internal audits for a minimum of two years following the completion of the internal audits.  NOTE See Note 1 to 5.2.3. |  |  |  |
| 5.2.7 | Where a client has received management systems consultancy from a body that has a relationship with a certification body, this is a significant threat to impartiality. A recognized mitigation of this threat is that the certification body shall not certify the management system for a minimum of two years following the end of the consultancy.  NOTE See Note 1 to 5.2.3. |  |  |  |
| 5.2.8 | The certification body shall not outsource audits to a management system consultancy organization, as this poses an unacceptable threat to the impartiality of the certification body (see 7.5). This does not apply to individuals contracted as auditors covered in 7.3. |  |  |  |
| 5.2.9 | The certification body’s activities shall not be marketed or offered as linked with the activities of an organization that provides management system consultancy. The certification body shall take action to correct inappropriate links or statements by any consultancy organization stating or implying that certification would be simpler, easier, faster or less expensive if the certification body were used. A certification body shall not state or imply that certification would be simpler, easier, faster or less expensive if a specified consultancy organization were used. |  |  |  |
| 5.2.10 | In order to ensure that there is no conflict of interests, personnel who have provided management system consultancy, including those acting in a managerial capacity, shall not be used by the certification body to take part in an audit or other certification activities if they have been involved in management system consultancy towards the client. A recognized mitigation of this threat is that personnel shall not be used for a minimum of two years following the end of the consultancy. |  |  |  |
| 5.2.11 | The certification body shall take action to respond to any threats to its impartiality arising from the actions of other persons, bodies or organizations. |  |  |  |
| 5.2.12 | All certification body personnel, either internal or external, or committees, who could influence the certification activities, shall act impartially and shall not allow commercial, financial or other pressures to compromise impartiality. |  |  |  |
| 5.2.13 | Certification bodies shall require personnel, internal and external, to reveal any situation known to them that can present them or the certification body with a conflict of interests. Certification bodies shall record and use this information as input to identifying threats to impartiality raised by the activities of such personnel or by the organizations that employ them, and shall not use such personnel, internal or external, unless they can demonstrate that there is no conflict of interest. |  |  |  |
| **5.3** | **Liability and financing** |  |  |  |
| 5.3.1 | The certification body shall be able to demonstrate that it has evaluated the risks arising from its certification activities and that it has adequate arrangements (e.g. insurance or reserves) to cover liabilities arising from its operations in each of its fields of activities and the geographic areas in which it operates. |  |  |  |
| 5.3.2 | The certification body shall evaluate its finances and sources of income and demonstrate that initially, and on an ongoing basis, commercial, financial or other pressures do not compromise its impartiality. |  |  |  |
| **6** | **Structural requirements** |  |  |  |
| **22003: 2013** | **The requirements of ISO/IEC, clause 6, apply** |  |  |  |
| **6.1** | **Organizational structure and top management** |  |  |  |
| 6.1.1 | The certification body shall document its organizational structure, duties, responsibilities and authorities of management and other personnel involved in certification and any committees. When the certification body is a defined part of a legal entity, the structure shall include the line of authority and the relationship to other parts within the same legal entity. |  |  |  |
| 6.1.2 | Certification activities shall be structured and managed so as to safeguard impartiality. |  |  |  |
| 6.1.3 | The certification body shall identify the top management (board, group of persons, or person) having overall authority and responsibility for each of the following:  a) development of policies and establishment of processes and procedures relating to its operations;  b) supervision of the implementation of the policies, processes and procedures;  c) ensuring impartiality;  d) supervision of its finances;  e) development of management system certification services and schemes;  f ) performance of audits and certification, and responsiveness to complaints;  g) decisions on certification;  h) delegation of authority to committees or individuals, as required, to undertake defined activities on its behalf;  i) contractual arrangements;  j) provision of adequate resources for certification activities. |  |  |  |
| 6.1.4 | The certification body shall have formal rules for the appointment, terms of reference and operation of any committees that are involved in the certification activities. |  |  |  |
| **6.2** | **Operational control** |  |  |  |
| 6.2.1 | The certification body shall have a process for the effective control of certification activities delivered by branch offices, partnerships, agents, franchisees, etc., irrespective of their legal status, relationship or geographical location. The certification body shall consider the risk that these activities pose to the competence, consistency and impartiality of the certification body. |  |  |  |
| 6.2.2 | The certification body shall consider the appropriate level and method of control of activities undertaken including its processes, technical areas of certification bodies’ operations, competence of personnel, lines of management control, reporting and remote access to operations including records. |  |  |  |
| **7** | **Resource requirements** |  |  |  |
| **7.1** | **Competence of personnel** |  |  |  |
| 7.1.1 | **General considerations**  The certification body shall have processes to ensure that personnel have appropriate knowledge and skills relevant to the types of management systems (e.g. environmental management systems, quality management systems, information security management systems) and geographic areas in which it operates. |  |  |  |
| **22003: 2013** | **7.1.1 General consideration** |  |  |  |
|  | * The requirements of ISO/IEC 17021-1-2015, 7.1.1, apply. * The technical areas referred to in ISO/IEC 17021- 1, 7.1.1, shall be those categories identified in Annex A (of ISO 22003). The functions of certification for which competence shall be identified are those given in Annex C (of ISO 22003). |  |  |  |
| 7.1.2 | The certification body shall have a process for determining the competence criteria for personnel involved in the management and performance of audits and other certification activities. Competence criteria shall be determined with regard to the requirements of each type of management system standard or specification, for each technical area, and for each function in the certification process. The output of the process shall be the documented criteria of required knowledge and skills necessary to effectively perform audit and certification tasks to be fulfilled to achieve the intended results. Annex A specifies the knowledge and skills that a certification body shall define for specific functions. Where additional specific competence criteria have been established for a specific standard or certification scheme (e.g. ISO/IEC TS 17021-2, ISO/IEC TS 17021-3 or ISO/TS 22003), these shall be applied.  NOTE The term “technical area” is applied differently depending on the management system standard being considered. For any management system, the term is related to products, processes and services in the context of the scope of the management system standard. The technical area can be defined by a specific certification scheme (e.g. ISO/TS 22003) or can be determined by the certification body. It is used to cover a number of other terms such as “scopes”, “categories”, “sectors”, etc., which are traditionally used in different management system disciplines. |  |  |  |
| **22003: 2013** | **7.1.2 Determination of competence criteria** |  |  |  |
|  | * Requirements of ISO/IEC 17021-1, 7.1.2, apply. * The competence criteria included in Annex C of ISO 22003 shall form the basis for the criteria developed for each category. Competence criteria can be generic or specific. The competence criteria in ISO/IEC 17021:2011, Annex A, shall be considered to be generic.   *NOTE 1 The competence criteria identified in Annex C are food safety related criteria for CB. The CB can identify specific competences required for the identified categories and for each certification function.*  *NOTE 2 Annex D (of ISO 22003)provides guidance to the CB on many of the generic certification functions identified in ISO 17021-1, Annex A, for which competence criteria need to be determined for personnel involved in audit & certification of FSMS.*  *NOTE 3 Qualification(s) and experience can be used as part of the criteria; however, competence is not based on these alone, as it is important to ensure that a person can demonstrate the ability to apply the specific knowledge and skills that one would expect a person to have after completing a qualification or having a certain amount of industry experience.* |  |  |  |
| 7.1.3 | The certification body shall have documented processes for the initial competence evaluation, and on- going monitoring of competence and performance of all personnel involved in the management and performance of audits and other certification activities, applying the determined competence criteria. The certification body shall demonstrate that its evaluation methods are effective. The output from these processes shall be to identify personnel who have demonstrated the level of competence required for the different functions of the audit and certification process. Competence shall be demonstrated prior to the individual taking the responsibility for the performance of their activities within the certification body.  NOTE 1 A number of evaluation methods that can be used to evaluate competence are described in Annex B.  NOTE 2 Annex C shows an example of a process f low for determining and maintaining competence. |  |  |  |
| ***22003: 2013*** | **7.1.3 Evaluation processes** |  |  |  |
|  | * The requirements of ISO/IEC 17021-1-2015, 7.1.3, apply. * Evaluation processes shall evaluate, in particular, the individual’s knowledge relating to food safety, including knowledge of specific prerequisite programmes (PRP) and food safety hazards related to the categories within which the CB personnel operate. These shall have been identified for these categories (Technical Areas)under the requirements of 7.1.2 * NOTE ISO/IEC 17021-1, 7.1.3, requires the certification body to demonstrate the effectiveness of the evaluation methods used to evaluate personnel against identified competence criteria. ISO/IEC 17021:2011, Annex B, contains five examples of methods of evaluation. |  |  |  |
| ***7.1.4*** | Other considerations  The certification body shall have access to the necessary technical expertise for advice on matters directly relating to certification activities for all technical areas, types of management systems and geographic areas in which the certification body operates. Such advice may be provided externally or by certification body personnel. |  |  |  |
| **7.2** | **Personnel involved in the certification activities** |  |  |  |
| 7.2.1 | The certification body shall have sufficient, competent personnel for managing and supporting the type and range of audit programmes and other certification work performed. |  |  |  |
| 7.2.2 | The certification body shall employ, or have access to, a sufficient number of auditors, including audit team leaders, and technical experts to cover all of its activities and to handle the volume of audit work performed. |  |  |  |
| 7.2.3 | The certification body shall make clear to each person concerned their duties, responsibilities and authorities. |  |  |  |
| 7.2.4 | The certification body shall have processes for selecting, training, formally authorizing auditors and for selecting and familiarizing technical experts used in the certification activity. The initial competence evaluation of an auditor shall include the ability to apply required knowledge and skills during audits, as determined by a competent evaluator observing the auditor conducting an audit.  NOTE During the selection and training process described above desired personal behaviour can be considered. These are characteristics that affect an individual’s ability to perform specific functions. Therefore, knowledge about the behaviour of individuals enables a certification body to take advantage of their strengths and to minimize the impact of their weaknesses. Desired personal behaviour that is important for personnel involved in certification activities is described in Annex D. |  |  |  |
| 7.2.5 | The certification body shall have a process to achieve and demonstrate effective auditing, including the use of auditors and audit team leaders possessing generic auditing skills and knowledge, as well as skills and knowledge appropriate for auditing in specific technical areas. |  |  |  |
| 7.2.6 | The certification body shall ensure that auditors (and, where needed, technical experts) are knowledgeable of its audit processes, certification requirements and other relevant requirements. The certification body shall give auditors and technical experts access to an up-to-date set of documented procedures giving audit instructions and all relevant information on the certification activities. |  |  |  |
| 7.2.7 | The certification body shall identify training needs and shall offer or provide access to specific training to ensure its auditors, technical experts and other personnel involved in certification activities are competent for the functions they perform. |  |  |  |
| 7.2.8 | The group or individual that takes the decision on granting, refusing, maintaining, renewing, suspending, restoring, or withdrawing certification, or on expanding or reducing the scope of certification, shall understand the applicable standard and certification requirements, and shall have demonstrated competence to evaluate the outcomes of the audit processes including related recommendations of the audit team. |  |  |  |
| 7.2.9 | The certification body shall ensure the satisfactory performance of all personnel involved in the audit and other certification activities. There shall be a documented process for monitoring competence and performance of all persons involved, based on the frequency of their usage and the level of risk linked to their activities. In particular, the certification body shall review and record the competence of its personnel in the light of their performance in order to identify training needs. |  |  |  |
| 7.2.10 | The certification body shall monitor each auditor considering each type of management system to which the auditor is deemed competent. The documented monitoring process for auditors shall include a combination of on-site evaluation, review of audit reports and feedback from clients or from the market. This monitoring shall be designed in such a way as to minimize disturbance to the normal processes of certification, especially from the client’s viewpoint. |  |  |  |
| 7.2.11 | The certification body shall periodically evaluate the performance of each auditor on-site. The frequency of on-site evaluations shall be based on need determined from all monitoring information available. |  |  |  |
| **7.3** | **Use of individual external auditors and external technical experts** |  |  |  |
|  | The certification body shall require external auditors and external technical experts to have a written agreement by which they commit themselves to comply with applicable policies and implement processes as defined by the certification body. The agreement shall address aspects relating to confidentiality and impartiality and shall require the external auditors and external technical experts to notify the certification body of any existing or prior relationship with any organization they may be assigned to audit.  NOTE Use of an individual or employee of another organization individually contracted to serve as an external auditor or technical expert does not constitute outsourcing. |  |  |  |
| **7.4** | **Personnel records**  The certification body shall maintain up-to-date personnel records, including relevant qualifications, training, experience, affiliations, professional status and competence. This includes management and administrative personnel in addition to those performing certification activities. |  |  |  |
| **7.5** | **Outsourcing** |  |  |  |
| 7.5.1 | The certification body shall have a process in which it describes the conditions under which outsourcing (which is subcontracting to another organization to provide part of the certification activities on behalf of the certification body) may take place. The certification body shall have a legally enforceable agreement covering the arrangements, including confidentiality and conflicts of interests, with each body that provides outsourced services. |  |  |  |
| 7.5.2 | Decisions for granting, refusing, maintaining of certification, expanding or reducing the scope of certification, renewing, suspending or restoring, or withdrawing of certification shall not be outsourced. |  |  |  |
| 7.5.3 | The certification body shall:  a) take responsibility for all activities outsourced to another body;  b) ensure that the body that provides outsourced services, and the individuals that it uses, conform to requirements of the certification body and also to the applicable provisions of this part of ISO/IEC 17021, including competence, impartiality and confidentiality;  c) ensure that the body that provides outsourced services, and the individuals that it uses, are not involved, either directly or through any other employer, with an organization to be audited, in such a way that impartiality could be compromised. |  |  |  |
| 7.5.4 | The certification body shall have a process for the approval and monitoring of all bodies that provide outsourced services used for certification activities, and shall ensure that records of the competence of all personnel involved in certification activities are maintained.  NOTE 1 For 7.5.1 to 7.5.4, where the certification body engages individuals or employees of other organizations to provide additional resources or expertise, these individuals do not constitute outsourcing provided they are individually contracted to operate under the certification body’s management system (see 7.3).  NOTE 2 For 7.5.1 to 7.5.4, the terms “outsourcing” and “subcontracting” are considered to be synonyms. |  |  |  |
| **8** | **Information requirements** |  |  |  |
| **22003: 2013** | **The certification documents shall identify in detail what activity is certified, referring to categories and subcategories (see Table A.1).** |  |  |  |
| **8.1** | **Public information** |  |  |  |
| 8.1.1 | The certification body shall maintain (through publications, electronic media or other means),  and make public, without request, in all the geographical areas in which it operates, information about  a) audit processes;  b) processes for granting, refusing, maintaining, renewing, suspending, restoring or withdrawing certification or expanding or reducing the scope of certification;  c) types of management systems and certification schemes in which it operates;  d) the use of the certification body’s name and certification mark or logo;  e) processes for handling requests for information, complaints and appeals;  f ) policy on impartiality. |  |  |  |
| 8.1.2 | The certification body shall provide upon request information about:  a) geographical areas in which it operates;  b) the status of a given certification;  c) the name, related normative document, scope and geographical location (city and country) for a specific certified client.  NOTE 1 In exceptional cases, access to certain information can be limited on the request of the client (e.g. for security reasons).  NOTE 2 The certification body can also make the information in 8.1.2 public by any means it chooses without request, e.g. on its internet website. |  |  |  |
| 8.1.3 | Information provided by the certification body to any client or to the marketplace, including advertising, shall be accurate and not misleading. |  |  |  |
| **8.2** | **Certification documents** |  |  |  |
| 8.2.1 | The certification body shall provide by any means it chooses certification documents to the certified client. |  |  |  |
| 8.2.2 | The certification document(s) shall identify the following:  a) the name and geographical location of each certified client (or the geographical location of the headquarters and any sites within the scope of a multi-site certification);  b) the effective date of granting, expanding or reducing the scope of certification, or renewing certification which shall not be before the date of the relevant certification decision;  NOTE The certification body can keep the original certification date on the certificate when a certificate lapses for a period of time provided that:  — the current certification cycle start and expiry date are clearly indicated;  — the last certification cycle expiry date be indicated along with the date of recertification audit.  c) the expiry date or recertification due date consistent with the recertification cycle;  d) a unique identification code;  e) the management system standard and/or other normative document, including indication of issue status (e.g. revision date or number) used for audit of the certified client;  f ) the scope of certification with respect to the type of activities, products and services as applicable at each site without being misleading or ambiguous;  g) the name, address and certification mark of the certification body; other marks (e.g. accreditation symbol, client’s logo) may be used provided they are not misleading or ambiguous;  h) any other information required by the standard and/or other normative document used for certification;  i) in the event of issuing any revised certification documents, a means to distinguish the revised documents from any prior obsolete documents. |  |  |  |
| **8.3** | **Reference to certification and use of marks** |  |  |  |
| 8.3.1 | A certification body shall have rules governing any management system certification mark that it authorizes certified clients to use. These rules shall ensure, among other things, traceability back to the certification body. There shall be no ambiguity, in the mark or accompanying text, as to what has been certified and which certification body has granted the certification. This mark shall not be used on a product nor product packaging nor in any other way that may be interpreted as denoting product conformity.  NOTE ISO/IEC 17030 provides additional information for use of third-party marks. |  |  |  |
| 8.3.2 | A certification body shall not permit its marks to be applied by certified clients to laboratory test, calibration or inspection reports or certificates. |  |  |  |
| 8.3.3 | A certification body shall have rules governing the use of any statement on product packaging or in accompanying information that the certified client has a certified management system. Product packaging is considered as that which can be removed without the product disintegrating or being damaged. Accompanying information is considered as separately available or easily detachable. Type labels or identification plates are considered as part of the product. The statement shall in no way imply that the product, process or service is certified by this means. The statement shall include reference to:  —identification (e.g. brand or name) of the certified client;  —the type of management system (e.g. quality, environment) and the applicable standard;  —the certification body issuing the certificate. |  |  |  |
| 8.3.4 | The certification body shall through legally enforceable arrangements require that the certified client:  a) conforms to the requirements of the certification body when making reference to its certification status in communication media such as the internet, brochures or advertising, or other documents;  b) does not make or permit any misleading statement regarding its certification;  c) does not use or permit the use of a certification document or any part thereof in a misleading manner;  d) upon withdrawal of its certification, discontinues its use of all advertising matter that contains a reference to certification, as directed by the certification body (see 9.6.5);  e) amends all advertising matter when the scope of certification has been reduced;  f) does not allow reference to its management system certification to be used in such a way as to imply that the certification body certifies a product (including service) or process;  g) does not imply that the certification applies to activities and sites that are outside the scope of certification;  h) does not use its certification in such a manner that would bring the certification body and/or certification system into disrepute and lose public trust. |  |  |  |
| 8.3.5 | The certification body shall exercise proper control of ownership and shall take action to deal with incorrect references to certification status or misleading use of certification documents, marks or audit reports.  NOTE Such action could include requests for correction and corrective action, suspension, withdrawal of certification, publication of the transgression and, if necessary, legal action. |  |  |  |
| **8.4** | **Confidentiality** |  |  |  |
| 8.4.1 | The certification body shall be responsible, through legally enforceable agreements, for the management of all information obtained or created during the performance of certification activities at all levels of its structure, including committees and external bodies or individuals acting on its behalf. |  |  |  |
| 8.4.2 | The certification body shall inform the client, in advance, of the information it intends to place in the public domain. All other information, except for information that is made publicly accessible by the client, shall be considered confidential. |  |  |  |
| 8.4.3 | Except as required in this part of ISO/IEC 17021, information about a particular certified client or individual shall not be disclosed to a third party without the written consent of the certified client or individual concerned. |  |  |  |
| 8.4.4 | When the certification body is required by law or authorized by contractual arrangements (such as with the accreditation body) to release confidential information, the client or individual concerned shall, unless prohibited by law, be notified of the information provided. |  |  |  |
| 8.4.5 | Information about the client from sources other than the client (e.g. complainant, regulators)  shall be treated as confidential, consistent with the certification body’s policy. |  |  |  |
| 8.4.6 | Personnel, including any committee members, contractors, personnel of external bodies or individuals acting on the certification body’s behalf, shall keep confidential all information obtained or created during the performance of the certification body’s activities except as required by law. |  |  |  |
| 8.4.7 | The certification body shall have processes and where applicable equipment and facilities that ensure the secure handling of confidential information. |  |  |  |
| **8.5** | **Information exchange between a certification body and its clients** |  |  |  |
| 8.5.1 | **Information on the certification activity and requirements**  The certification body shall provide information and update clients on the following:  a) a detailed description of the initial and continuing certification activity, including the application, initial audits, surveillance audits, and the process for granting, refusing, maintaining of certification, expanding or reducing the scope of certification, renewing, suspending or restoring, or withdrawing of certification;  b) the normative requirements for certification;  c) information about the fees for application, initial certification and continuing certification;  d) the certification body’s requirements for clients to:  1) comply with certification requirements;  2) make all necessary arrangements for the conduct of the audits, including provision for examining documentation and the access to all processes and areas, records and personnel for the purposes of initial certification, surveillance, recertification and resolution of complaints;  3) make provisions, where applicable, to accommodate the presence of observers (e.g. accreditation assessors or trainee auditor);  e) documents describing the rights and duties of certified clients, including requirements, when making reference to its certification in communication of any kind in line with the requirements in 8.3;  f) information on processes for handling complaints and appeals. |  |  |  |
| 8.5.2 | **Notice of changes by a certification body**  The certification body shall give its certified clients due notice of any changes to its requirements for certification. The certification body shall verify that each certified client complies with the new requirements. |  |  |  |
| 8.5.3 | **Notice of changes by a certified client**  The certification body shall have legally enforceable arrangements to ensure that the certified client informs the certification body, without delay, of matters that may affect the capability of the management system to continue to fulfil the requirements of the standard used for certification. These include, for example, changes relating to:  a) the legal, commercial, organizational status or ownership;  b) organization and management (e.g. key managerial, decision-making or technical staff );  c) contact address and sites;  d) scope of operations under the certified management system; e) major changes to the management system and processes.  The certification body shall take action as appropriate. |  |  |  |
| **9** | **Process requirements** |  |  |  |
| **9.1** | **Pre-certification activities** |  |  |  |
| **9.1.1** | **Application**  The certification body shall require an authorized representative of the applicant organization to provide the necessary information to enable it to establish the following:  a) the desired scope of the certification;  b) relevant details of the applicant organization as required by the specific certification scheme, including its name and the address(es) of its site(s), its processes and operations, human and technical resources, functions, relationships and any relevant legal obligations;  c) identification of outsourced processes used by the organization that will affect conformity to requirements;  d) the standards or other requirements for which the applicant organization is seeking certification;  e) whether consultancy relating to the management system to be certified has been provided and, if so, by whom. |  |  |  |
| **22003: 2013** | * **9.1.1 The certification body shall use Annex A to define the relevant scope for the organization applying for certification.**   **The certification body shall not exclude activities, processes, products or services from the scope of certification when those activities, processes, products or services can have an influence on the food safety of the end products as defined in the scope of certification** |  |  |  |
| **9.1.2** | **Application review** |  |  |  |
| **9.1.2.1** | The certification body shall conduct a review of the application and supplementary information for certification to ensure that:  a) the information about the applicant organization and its management system is sufficient to develop an audit programme (see 9.1.3);  b) any known difference in understanding between the certification body and the applicant organization is resolved;  c) the certification body has the competence and ability to perform the certification activity;  d) the scope of certification sought, the site(s) of the applicant organization’s operations, time required to complete audits and any other points inf luencing the certification activity are taken into account (language, safety conditions, threats to impartiality, etc.). |  |  |  |
| **9.1.2.2** | Following the review of the application, the certification body shall either accept or decline an application for certification. When the certification body declines an application for certification as a result of the review of application, the reasons for declining an application shall be documented and made clear to the client. |  |  |  |
| **9.1.2.3** | Based on this review, the certification body shall determine the competences it needs to include in its audit team and for the certification decision. |  |  |  |
| **9.1.3** | **Audit programme** |  |  |  |
| **9.1.3.1** | An audit programme for the full certification cycle shall be developed to clearly identify the audit activity/activities required to demonstrate that the client’s management system fulfils the requirements for certification to the selected standard(s) or other normative document(s). The audit programme for the certification cycle shall cover the complete management system requirements. |  |  |  |
| **9.1.3.2** | The audit programme for the initial certification shall include a two-stage initial audit, surveillance audits in the first and second years following the certification decision, and a recertification audit in the third year prior to expiration of certification. The first three-year certification cycle begins with the certification decision. Subsequent cycles begin with the recertification decision (see 9.6.3.2.3) The determination of the audit programme and any subsequent adjustments shall consider the size of the client, the scope and complexity of its management system, products and processes as well as demonstrated level of management system effectiveness and the results of any previous audits.  NOTE 1 Annex E provides a f lowchart of a typical audit and certification process.  NOTE 2 The following list contains additional items that can be considered when developing or revising an audit  programme, they might also need to be addressed when determining the audit scope and developing the audit plan:  — complaints received by the certification body about the client;  — combined, integrated or joint audit  — changes to the certification requirements;  — changes to legal requirements;  — changes to accreditation requirements;  — organizational performance data (e.g. defect levels, key performance indicators data);  — relevant interested parties’ concerns.  NOTE 3 If specified by the industry specific certification scheme, the certification cycle can be different from three years. |  |  |  |
| **9.1.3.3** | Surveillance audits shall be conducted at least once a calendar year, except in recertification years. The date of the first surveillance audit following initial certification shall not be more than 12 months from the certification decision date.  NOTE It can be necessary to adjust the frequency of surveillance audits to accommodate factors such as seasons or management systems certification of a limited duration (e.g. temporary construction site). |  |  |  |
| **9.1.3.4** | Where the certification body is taking account of certification already granted to the client and to audits performed by another certification body, it shall obtain and retain sufficient evidence, such as reports and documentation on corrective actions, to any nonconformity. The documentation shall support the fulfilling of the requirements in this part of ISO/IEC 17021. The certification body shall, based on the information obtained, justify and record any adjustments to the existing audit programme and follow up the implementation of corrective actions concerning previous nonconformities. |  |  |  |
| **9.1.3.5** | Where the client operates shifts, the activities that take place during shift working shall be considered when developing the audit programme and audit plans. |  |  |  |
| **9.1.4** | **Determining audit time** |  |  |  |
| 22003: 2013-9.1.4 | * 9.1.4 CB shall have documented procedures for determining audit time, and for each client, the CB shall determine the time needed to plan and accomplish a complete and effective audit of the client’s FSMS. The audit time determined by the CB, and the justification for the determination, shall be recorded. * Please also see the details given in normative Annex B to ISO/TS 22003: 2013 |  |  |  |
| **9.1.4.1** | The certification body shall have documented procedures for determining audit time. For each client the certification body shall determine the time needed to plan and accomplish a complete and effective audit of the client’s management system. |  |  |  |
| **9.1.4.2** | In determining the audit time, the certification body shall consider, among other things, the  following aspects:  a) the requirements of the relevant management system standard;  b) complexity of the client and its management system;  c) technological and regulatory context;  d) any outsourcing of any activities included in the scope of the management system;  e) the results of any prior audits;  f ) size and number of sites, their geographical locations and multi-site considerations;  g) the risks associated with the products, processes or activities of the organization;  h) whether audits are combined, joint or integrated.  NOTE 1 : Time spent travelling to and from audited sites is not included in the calculation of the duration of the management system audit days.  NOTE 2 : The certification body can use the guidelines established in ISO/IEC TS 17023 for determining the duration of management system audit when documenting these procedures.  Where specific criteria have been established for a specific certification scheme, e.g. ISO/TS 22003 or  ISO/IEC 27006, these shall be applied. |  |  |  |
| **9.1.4.3** | The duration of the management system audit and its justification shall be recorded. |  |  |  |
| **9.1.4.4** | 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 duration of the management system audit.  NOTE The use of translators and interpreters can necessitate additional time. |  |  |  |
| **9.1.5** | **Multi-site sampling**  Where multi-site sampling is used for the audit of a client’s management system covering the same activity in various geographical locations, the certification body shall develop a sampling programme to ensure proper audit of the management system. The rationale for the sampling plan shall be documented for each client. Sampling is not allowed for some specific certification schemes, and where specific criteria have been established for a specific certification scheme, e.g. ISO/TS 22003, these shall be applied.    NOTE Where there are multiple sites not covering the same activity sampling is not appropriate. |  |  |  |
| 22003: 2013-9.1.5 | **9.1.5** For the certification of multi-site organizations, 9.1.5.1 to 9.1.5.4 apply.  *NOTE This subclause (9.1.5) is intended to apply only to operations directly affecting food safety, and not to exclusively administrative sites* |  |  |  |
|  | **9.1.5.1** A multi-site organization is an organization having an identified central function (hereafter referred to as a central office – but not necessarily the HQs of the organization) at which certain FSMS activities are planned, controlled or managed, and a network of sites at which such activities are fully or partially carried out. Examples of possible multi-site organizations are:   * + organizations operating with franchises;   + a manufacturing company with one or more production sites and a network of sales offices;   + service organizations with multiple sites offering a similar service;   + organizations with multiple branches. |  |  |  |
|  | **9.1.5.2** The certification body can certify a multi-site organization under one management system,  providing that the following conditions apply:  a) all sites are operating under one centrally controlled and administered FSMS as defined in  ISO 22000:2005, Clause 4, or equivalent for other FSMS;  b) an internal audit has been conducted on each site within one year prior to certification;  c) audit findings of the individual sites shall be considered indicative of the entire system and  correction shall be implemented accordingly. |  |  |  |
|  | **9.1.5.3** The use of multi-site sampling is only possible for categories A, B, E, F and G (see Table A.1) and for organizations with more than 20 sites operating similar processes within these categories.  This applies to the initial certification, to surveillance and to recertification audits.  CB shall justify its decision on sampling for multi-site certification.  Where multi-site sampling is permitted, following certification, the annual internal audit programme shall include all sites of the organization.  *NOTE Risk is a consideration when determining sampling & can increase the level of sample indicated in Table 1.* |  |  |  |
|  | **9.1.5.4** Where the certification body offers multi-site sampling, the certification body shall utilize a sampling programme to ensure an effective audit of the FSMS where the following apply.  a) For organizations with 20 sites or less, all sites shall be audited. The sampling for more than 20 sites shall be at the ratio of 1 site per 5 sites. All sites shall be randomly selected and, after the audit, no sampled sites may be nonconforming (i.e. not meeting certification thresholds for ISO 22000).  b) At least annually, an audit of the central office for the FSMS shall be performed by the CB  c) At least annually, surveillance audits shall be performed by the CB on the required number of sampled sites.  d) Audit findings of the sampled sites shall be considered indicative of the entire system and correction shall be implemented accordingly.  Table 1 gives examples of the number of sites to audit when sampling is used. |  |  |  |
| **9.1.6** | When certification to multiple management system standards is being provided by the certification body, the planning for the audit shall ensure adequate on-site auditing to provide confidence in the certification. |  |  |  |
| **9.2** | **Planning audits** |  |  |  |
| **9.2.1** | **Determining audit objectives, scope and criteria** |  |  |  |
| **22003: 2013-9.2.1** | **9.2.1 Application**  .   * The certification body shall require the applicant organization to provide detailed information concerning process lines, HACCP studies and the number of shifts |  |  |  |
| **9.2.1.1** | The audit objectives shall be determined by the certification body. The audit scope and criteria, including any changes, shall be established by the certification body after discussion with the client. |  |  |  |
| **9.2.1.2** | The audit objectives shall describe what is to be accomplished by the audit and shall include  the following:  a) determination of the conformity of the client’s management system, or parts of it, with audit criteria;  b) determination of the ability of the management system to ensure the client meets applicable statutory, regulatory and contractual requirements;  NOTE A management system certification audit is not a legal compliance audit.  c) determination of the effectiveness of the management system to ensure the client can reasonably expect to achieving its specified objectives;  d) as applicable, identification of areas for potential improvement of the management system. |  |  |  |
| **9.2.1.3** | The audit scope shall describe the extent and boundaries of the audit, such as sites, organizational units, activities and processes to be audited. Where the initial or re-certification process consists of more than one audit (e.g. covering different sites), the scope of an individual audit may not cover the full certification scope, but the totality of audits shall be consistent with the scope in the certification document. |  |  |  |
| **9.2.1.4** | The audit criteria shall be used as a reference against which conformity is determined, and  shall include:  —the requirements of a defined normative document on management systems;  —the defined processes and documentation of the management system developed by the client. |  |  |  |
| **9.2.2** | **Audit team selection and assignments** |  |  |  |
| **9.2.2.1** | **General** |  |  |  |
| **9.2.2.1.1** | The certification body shall have a process for selecting and appointing the audit team, including the audit team leader and technical experts as necessary, taking into account the competence needed to achieve the objectives of the audit and requirements for impartiality. If there is only one auditor, the auditor shall have the competence to perform the duties of an audit team leader applicable for that audit. The audit team shall have the totality of the competences identified by the certification body as set out in 9.1.2.3 for the audit. |  |  |  |
| **9.2.2.1.2** | In deciding the size and composition of the audit team, consideration shall be given to the following:  a) audit objectives, scope, criteria and estimated audit time;  b) whether the audit is a combined, joint or integrated;  c) the overall competence of the audit team needed to achieve the objectives of the audit (see Table A.1);  d) certification requirements (including any applicable statutory, regulatory or contractual requirements);  e) language and culture.  NOTE The team leader of a combined or integrated audit is expected to have in-depth knowledge of at least one of the standards and an awareness of the other standards used for that particular audit. |  |  |  |
| **9.2.2.1.3** | The necessary knowledge and skills of the audit team leader and auditors may be supplemented by technical experts, translators and interpreters who shall operate under the direction of an auditor. Where translators or interpreters are used, they shall be selected such that they do not unduly influence the audit.  NOTE The criteria for the selection of technical experts are determined on a case-by-case basis by the needs of the audit team and the scope of the audit. |  |  |  |
| **9.2.2.1.4** | Auditors-in-training may participate in the audit, provided an auditor is appointed as an evaluator. The evaluator shall be competent to take over the duties and have final responsibility for the activities and findings of the auditor-in-training. |  |  |  |
| **9.2.2.1.5** | 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. Changes to the work assignments may be made as the audit progresses to ensure achievement of the audit objectives. |  |  |  |
| **9.2.2.2** | **Observers, technical experts and guides** |  |  |  |
| **9.2.2.2.1** | **Observers**  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 unduly influence or interfere in the audit process or outcome of the audit.  NOTE Observers can be members of the client’s organization, consultants, witnessing accreditation body personnel, regulators or other justified persons. |  |  |  |
| **9.2.2.2.2** | **Technical experts**  The role of technical experts during an audit activity shall be agreed to by the certification body and client prior to the conduct of the audit. A technical expert shall not act as an auditor in the audit team. The technical experts shall be accompanied by an auditor.  NOTE The technical experts can provide advice to the audit team for the preparation, planning or audit. |  |  |  |
| **9.2.2.2.3** | **Guides**  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.  NOTE 1 : The responsibilities of a guide can include:  a) establishing contacts and timing for interviews;  b) arranging visits to specific parts of the site or organization;  c) ensuring that rules concerning site safet y and securit y procedures are known and respected by the audit team members;  d) witnessing the audit on behalf of the client;  e) providing clarification or information as requested by an auditor.  NOTE 2 : Where appropriate, the auditee can also act as the guide. |  |  |  |
| **9.2.3** | **Audit Plan** |  |  |  |
| **22003: 2013-9.2.3** | **9.2.3 Initial certification audit**  **The initial certification audit of an FSMS shall be conducted in two stages: stage 1 and stage 2.** |  |  |  |
| **9.2.3.1** | **General**  The certification body shall ensure that an audit plan is established prior to each audit identified in the audit programme to provide the basis for agreement regarding the conduct and scheduling of the audit activities.  NOTE It is not expected that a certification body will develop an audit plan for each audit at the time that the audit programme is developed. |  |  |  |
| **22003: 2013** | **9.2.3.1.2 The additional objectives of the stage 1 for FSMS are to provide a focus for planning the stage 2 audit by gaining an understanding of the organization’s FSMS and the organization’s state of preparedness for stage 2 by reviewing the extent to which:**  **a) the organization has identified PRP that are appropriate to the business (e.g. regulatory, statutory, customer & certification requirements),**  **b) the FSMS includes adequate processes and methods for the identification and assessment of the organization’s food safety hazards, and subsequent selection and categorization of control measures (combinations)**  **c) relevant food safety legislation is implemented,**  **d) the FSMS is designed to achieve the organization’s food safety policy,**  **e) the FSMS implementation programme justifies proceeding to the audit (stage 2),**  **f) the validation of control measures, verification of activities & improvement programmes conform to the requirements of the FSMS standard,**  **g) the FSMS documents & arrangements are in place to communicate internally & with relevant suppliers, customers and interested parties, and**  **h) there is any additional documentation which needs to be reviewed and/or information which needs to be obtained in advance**  **Where an organization has implemented an externally developed combination of control measures, the stage 1 shall review the documentation included in the FSMS to determine if the combination of control measures**   * + **— is suitable for the organization,**   + **— was developed in compliance with the requirements of ISO 22000, and**   + **— is kept up to date.**   **The availability of relevant authorizations shall be checked when collecting the information regarding the compliance to regulatory aspects.** |  |  |  |
|  | **9.2.3.1.3 For FSMS, the stage 1 shall be carried out at the client’s premises in order to achieve the objectives stated above.**  **In exceptional circumstances, part of stage 1 can take place off-site and shall be fully justified. The evidence demonstrating that stage 1 objectives are fully achieved shall be provided. Exceptional circumstances can include very remote location, short seasonal production.** |  |  |  |
|  | **In addition to ISO 17021 requirements following shall apply.**  **9.2.3.1.4 Client shall be informed that the results of stage 1 may lead to postponement or cancellation of the stage 2.**  **9.2.3.1.5 Any part of the FSMS that is audited during the stage 1 audit, and determined to be fully implemented, effective and in conformity with requirements, may not need to be re-audited during the stage 2 audit.**  **However, the CB shall ensure that the already audited parts of the FSMS continue to conform to the certification requirements.**  **In this case, the audit report shall include these findings and shall clearly state that conformity has been established during the stage 1 audit.** |  |  |  |
|  | **9.2.3.1.6 The interval between stage 1 and stage 2 shall not be longer than 6 months. Stage 1 shall be repeated if a longer interval is needed.** |  |  |  |
| **9.2.3.2** | **Preparing the audit plan**  The audit plan shall be appropriate to the objectives and the scope of the audit. The audit plan shall at least include or refer to the following:  a) the audit objectives;  b) the audit criteria;  c) the audit scope, including identification of the organizational and functional units or processes to be audited;  d) the dates and sites where the on-site audit activities will be conducted, including visits to temporary sites and remote auditing activities, where appropriate;  e) the expected duration of on-site audit activities;  f) the roles and responsibilities of the audit team members and accompanying persons, such as observers or interpreters.  NOTE The audit plan information can be contained in more than one document. |  |  |  |
| **9.2.3.3** | **Communication of audit team tasks**  The tasks given to the audit team shall be defined, and require the audit team to:  a) examine and verify the structure, policies, processes, procedures, records and related documents of the client relevant to the management system standard;  b) determine that these meet all the requirements relevant to the intended scope of certification;  c) determine that the processes and procedures are established, implemented and maintained  effectively, to provide a basis for confidence in the client’s management system;  d) communicate to the client, for its action, any inconsistencies between the client’s policy, objectives and targets. |  |  |  |
| **9.2.3.4** | **Communication of audit plan**  The audit plan shall be communicated and the dates of the audit shall be agreed upon, in advance, with the client. |  |  |  |
| **9.2.3.5** | **Communication concerning audit team members**  The certification body shall provide the name of and, when requested, make available background information on each member of the audit team, with sufficient time for the client to object to the appointment of any particular audit team member and for the certification body to reconstitute the team in response to any valid objection. |  |  |  |
| **9.3** | **Initial certification** |  |  |  |
| **9.3.1** | **Initial certification audit** |  |  |  |
| **9.3.1.1** | **General**  The initial certification audit of a management system shall be conducted in two stages: stage 1 and stage 2. |  |  |  |
| **9.3.1.2** | **Stage 1** |  |  |  |
| **9.3.1.2.1** | Planning shall ensure that the objectives of stage 1 can be met and the client shall be informed  of any “on site” activities during stage 1.  NOTE Stage 1 does not require a formal audit plan (see 9. 2.3). |  |  |  |
| **9.3.1.2.2** | The objectives of stage 1 are to:  a) review the client’s management system documented information;  b) evaluate the client’s site-specific conditions and to undertake discussions with the client’s personnel to determine the preparedness for stage 2;  c) review the client’s status and understanding regarding requirements of the standard, in particular with respect to the identification of key performance or significant aspects, processes, objectives and operation of the management system;  d) obtain necessary information regarding the scope of the management system, including:  —the client’s site(s);  —processes and equipment used;  —levels of controls established (particularly in case of multisite clients);  —applicable statutory and regulatory requirements;  e) review the allocation of resources for stage 2 and agree the details of stage 2 with the client;  f) provide a focus for planning stage 2 by gaining a sufficient understanding of the client’s management system and site operations in the context of the management system standard or other normative document;  g) evaluate if the internal audits and management reviews are being planned and performed, and that the level of implementation of the management system substantiates that the client is ready for stage 2.  NOTE If at least part of stage 1 is carried out at the client’s premises, this can help to achieve the objectives stated above. |  |  |  |
| **9.3.1.2.3** | Documented conclusions with regard to fulfilment of the stage 1 objectives and the readiness for stage 2 shall be communicated to the client, including identification of any areas of concern that could be classified as a nonconformity during stage 2.  NOTE The stage 1 output does not need to meet the full requirements of a report (see 9.4.8). |  |  |  |
| **9.3.1.2.4** | In determining the interval between stage 1 and stage 2, consideration shall be given to the needs of the client to resolve areas of concern identified during stage 1. The certification body may also need to revise its arrangements for stage 2. If any significant changes which would impact the management system occur, the certification body shall consider the need to repeat all or part of stage 1. The client shall be informed that the results of stage 1 may lead to postponement or cancellation of stage 2. |  |  |  |
| **9.3.1.3** | **Stage 2**  The purpose of stage 2 is to evaluate the implementation, including effectiveness, of the client’s management system. The stage 2 shall take place at the site(s) of the client. It shall include the auditing of at least the following:  a) information and evidence about conformity to all requirements of the applicable management system standard or other normative documents;  b) performance monitoring, measuring, reporting and reviewing against key performance objectives and targets (consistent with the expectations in the applicable management system standard or other normative document);  c) the client’s management system ability and its performance regarding meeting of applicable statutory, regulatory and contractual requirements;  d) operational control of the client’s processes;  e) internal auditing and management review;  f) management responsibility for the client’s policies. |  |  |  |
| **9.3.1.4** | **Initial certification audit conclusions**  The audit team shall analyse all information and audit evidence gathered during stage 1 and stage 2 to review the audit findings and agree on the audit conclusions. |  |  |  |
| **9.4** | **Conducting audits** |  |  |  |
| **9.4.1** | **General**  The certification body shall have a process for conducting on-site audits. This process shall include an opening meeting at the start of the audit and a closing meeting at the conclusion of the audit.  Where any part of the audit is made by electronic means or where the site to be audited is virtual, the certification body shall ensure that such activities are conducted by personnel with appropriate competence. The evidence obtained during such an audit shall be sufficient to enable the auditor to take an informed decision on the conformity of the requirement in question.  NOTE “On-site” audits can include remote access to electronic site(s) that contain(s) information that is relevant to the audit of the management system. Consideration can also be given to the use of electronic means for conducting audits. |  |  |  |
| **9.4.2** | **Conducting the opening meeting**  A formal opening meeting, shall be held with the client’s management and, where appropriate, those responsible for the functions or processes to be audited. The purpose of the opening meeting, usually conducted by the audit team leader, is to provide a short explanation of how the audit activities will be undertaken. The degree of detail shall be consistent with the familiarity of the client with the audit process and shall consider the following:  a) introduction of the participants, including an outline of their roles;  b) confirmation of the scope of certification;  c) confirmation of the audit plan (including type and scope of audit, objectives and criteria), any changes, and other relevant arrangements with the client, such as the date and time for the closing meeting, interim meetings between the audit team and the client’s management;  d) confirmation of formal communication channels between the audit team and the client;  e) confirmation that the resources and facilities needed by the audit team are available;  f) confirmation of matters relating to confidentiality;  g) confirmation of relevant work safety, emergency and security procedures for the audit team;  h) confirmation of the availability, roles and identities of any guides and observers;  i) the method of reporting, including any grading of audit findings;  j) information about the conditions under which the audit may be prematurely terminated;  k) confirmation that the audit team leader and audit team representing the certification body is responsible for the audit and shall be in control of executing the audit plan including audit activities and audit trails;  l) confirmation of the status of findings of the previous review or audit, if applicable;  m) methods and procedures to be used to conduct the audit based on sampling;  n) confirmation of the language to be used during the audit;  o) confirmation that, during the audit, the client will be kept informed of audit progress and any concerns;  p) opportunity for the client to ask questions. |  |  |  |
| **9.4.3** | **Communication during the audit** |  |  |  |
| **9.4.3.1** | During the audit, 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. |  |  |  |
| **9.4.3.2** | Where the available audit evidence indicates that the audit objectives are unattainable or suggests the presence of an immediate and significant risk (e.g. safety), 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. |  |  |  |
| **9.4.3.3** | 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. |  |  |  |
| **9.4.4** | **Obtaining and verifying information** |  |  |  |
| **9.4.4.1** | During the audit, information relevant to the audit objectives, scope and criteria (including information relating to interfaces between functions, activities and processes) shall be obtained by appropriate sampling and verified to become audit evidence. |  |  |  |
| **9.4.4.2** | Methods to obtain information shall include, but are not limited to:  a) interviews;  b) observation of processes and activities;  c) review of documentation and records. |  |  |  |
| **9.4.5** | **Identifying and recording audit findings** |  |  |  |
| **9.4.5.1** | Audit findings summarizing conformity and detailing nonconformity shall be identified, classified and recorded to enable an informed certification decision to be made or the certification to be maintained. |  |  |  |
| **9.4.5.2** | Opportunities for improvement may be identified and recorded, unless prohibited by the requirements of a management system certification scheme. Audit findings, however, which are nonconformities, shall not be recorded as opportunities for improvement. |  |  |  |
| **9.4.5.3** | A finding of nonconformity shall be recorded against a specific requirement, and shall contain a clear statement of the nonconformity, identifying 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 their solution. |  |  |  |
| **9.4.5.4** | The audit team leader shall attempt to resolve any diverging opinions between the audit team and the client concerning audit evidence or findings, and unresolved points shall be recorded. |  |  |  |
| **9.4.6** | **Preparing audit conclusions**  Under the responsibility of the audit team leader and prior to the closing meeting, the audit team shall:  a) review the audit findings, and any other appropriate information obtained during the audit, against the audit objectives and audit criteria and classify the nonconformities;  b) agree upon the audit conclusions, taking into account the uncertainty inherent in the audit process;  c) agree any necessary follow-up actions;  d) confirm the appropriateness of the audit programme or identify any modification required for future audits (e.g. scope of certification, audit time or dates, surveillance frequency, audit team competence). |  |  |  |
| **9.4.7** | **Conducting the closing meeting** |  |  |  |
| **9.4.7.1** | A formal closing meeting, where attendance shall be recorded, shall be held with the client’s management and, where appropriate, those responsible for the functions or processes audited. The purpose of the closing meeting, usually conducted by the audit team leader, is to present the audit conclusions, including the recommendation regarding certification. Any nonconformities shall be presented in such a manner that they are understood, and the timeframe for responding shall be agreed.  NOTE “Understood” does not necessarily mean that the nonconformities have been accepted by the client. |  |  |  |
| **9.4.7.2** | The closing meeting shall also include the following elements where the degree of detail shall be consistent with the familiarity of the client with the audit process:  a) advising the client that the audit evidence obtained was based on a sample of the information; thereby introducing an element of uncertainty;  b) the method and timeframe of reporting, including any grading of audit findings;  c) the certification body’s process for handling nonconformities including any consequences relating to the status of the client’s certification;  d) the timeframe for the client to present a plan for correction and corrective action for any nonconformities identified during the audit;  e) the certification body’s post audit activities;  f) information about the complaint and appeal handling processes. |  |  |  |
| **9.4.7.3** | 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. |  |  |  |
| **9.4.8** | **Audit Report** |  |  |  |
| **9.4.8.1** | The certification body shall provide a written report for each audit to the client. The audit team may identify opportunities for improvement but shall not recommend specific solutions. Ownership of the audit report shall be maintained by the certification body. |  |  |  |
| **9.4.8.2** | The audit team leader shall ensure that the audit report is prepared and shall be responsible for its content. The audit report shall provide an accurate, concise and clear record of the audit to enable an informed certification decision to be made and shall include or refer to the following:  a) identification of the certification body;  b) the name and address of the client and the client’s representative;  c) the type of audit (e.g. initial, surveillance or recertification audit or special audits);  d) the audit criteria;  e) the audit objectives;  f) the audit scope, particularly identification of the organizational or functional units or processes audited and the time of the audit;  g) any deviation from the audit plan and their reasons;  h) any significant issues impacting on the audit programme;  i) identification of the audit team leader, audit team members and any accompanying persons;  j) the dates and places where the audit activities (on site or offsite, permanent or temporary sites) were conducted;  k) audit findings (see 9.4.5), reference to evidence and conclusions, consistent with the requirements  of the type of audit;  l) significant changes, if any, that affect the management system of the client since the last audit took place;  m) any unresolved issues, if identified;  n) where applicable, whether the audit is combined, joint or integrated;  o) a disclaimer statement indicating that auditing is based on a sampling process of the available  information;  p) recommendation from the audit team  q) the audited client is effectively controlling the use of the certification documents and marks, if applicable;  r) verification of effectiveness of taken corrective actions regarding previously identified nonconformities, if applicable. |  |  |  |
| **9.4.8.3** | The report shall also contain:  a) a statement on the conformity and the effectiveness of the management system together with a summary of the evidence relating to:  —the capability of the management system to meet applicable requirements and expected outcomes;  —the internal audit and management review process;  b) a conclusion on the appropriateness of the certification scope;  c) confirmation that the audit objectives have been fulfilled. |  |  |  |
| **9.4.9** | **Cause analysis of nonconformities**  The certification body shall require the client to analyse the cause and describe the specific correction and corrective actions taken, or planned to be taken, to eliminate detected nonconformities, within a defined time. |  |  |  |
| **9.4.10** | **Effectiveness of corrections and corrective actions**  The certification body shall review the corrections, identified causes and corrective actions submitted by the client to determine if these are acceptable. The certification body shall verify the effectiveness of any correction and corrective actions taken. The evidence obtained to support the resolution of nonconformities shall be recorded. The client shall be informed of the result of the review and verification. The client shall be informed if an additional full audit, an additional limited audit, or documented evidence (to be confirmed during future audits) will be needed to verify effective correction and corrective actions.  NOTE Verification of effectiveness of correction and corrective action can be carried out based on a review of documented information provided by the client, or where necessary, through verification on-site. Usually this activity is done by a member of the audit team. |  |  |  |
| **9.5** | **Certification decision** |  |  |  |
| **9.5.1** | **General** |  |  |  |
| **9.5.1.1** | The certification body shall ensure that the persons or committees that make the decisions for granting or refusing certification, expanding or reducing the scope of certification, suspending or restoring certification, withdrawing certification or renewing certification are different from those who carried out the audits. The individual(s) appointed to conduct the certification decision shall have appropriate competence. |  |  |  |
| **9.5.1.2** | The person(s) [excluding members of committees (see 6.1.4)] assigned by the certification body to make a certification decision shall be employed by, or shall be under legally enforceable arrangement with either the certification body or an entity under the organizational control of the certification body. A certification body’s organizational control shall be one of the following:  a) whole or majority ownership of another entity by the certification body;  b) majority participation by the certification body on the board of directors of another entity;  c) a documented authority by the certification body over another entity in a network of legal entities  (in which the certification body resides), linked by ownership or board of director control.  NOTE For governmental certification bodies, other parts of the same government can be considered to be “linked by ownership” to the certification body. |  |  |  |
| **9.5.1.3** | The persons employed by, or under contract with, entities under organizational control shall fulfil the same requirements of this part of ISO/IEC 17021 as persons employed by, or under contract with, the certification body. |  |  |  |
| **9.5.1.4** | The certification body shall record each certification decision including any additional information or clarification sought from the audit team or other sources. |  |  |  |
| **9.5.2** | **Actions prior to making a decision**  The certification body shall have a process to conduct an effective review prior to making a decision for granting certification, expanding or reducing the scope of certification, renewing, suspending or restoring, or withdrawing of certification, including, that  a) the information provided by the audit team is sufficient with respect to the certification requirements and the scope for certification;  b) for any major nonconformities, it has reviewed, accepted and verified the correction and corrective actions;  c) for any minor nonconformities it has reviewed and accepted the client’s plan for correction and corrective action. |  |  |  |
| **9.5.3** | **Information for granting initial certification** |  |  |  |
| **9.5.3.1** | The information provided by the audit team to the certification body for the certification decision shall include, as a minimum:  a) the audit report;  b) comments on the nonconformities and, where applicable, the correction and corrective actions  taken by the client;  c) confirmation of the information provided to the certification body used in the application review (see 9.1.2);  d) confirmation that the audit objectives have been achieved;  e) a recommendation whether or not to grant certification, together with any conditions or observations. |  |  |  |
| **9.5.3.2** | If the certification body is not able to verify the implementation of corrections and corrective actions of any major nonconformity within 6 months after the last day of stage 2, the certification body shall conduct another stage 2 prior to recommending certification. |  |  |  |
| **9.5.3.3** | When a transfer of certification is envisaged from one certification body to another, the accepting certification body shall have a process for obtaining sufficient information in order to take a decision on certification.  NOTE Certification schemes can have specific rules regarding the transfer of certification. |  |  |  |
| **9.5.4** | **Information for granting recertification**  The certification body shall make decisions on renewing certification based on the results of the recertification audit, as well as the results of the review of the system over the period of certification and complaints received from users of certification. |  |  |  |
| **9.6** | **Maintaining certification** |  |  |  |
| **9.6.1** | **General**  The certification body shall maintain certification based on demonstration that the client continues to satisfy the requirements of the management system standard. It may maintain a client’s certification based on a positive conclusion by the audit team leader without further independent review and decision, provided that:  a) for any major nonconformity or other situation that may lead to suspension or withdrawal of certification, the certification body has a system that requires the audit team leader to report to the certification body the need to initiate a review by competent personnel (see 7.2.8), different from those who carried out the audit, to determine whether certification can be maintained;  b) competent personnel of the certification body monitor its surveillance activities, including monitoring the reporting by its auditors, to confirm that the certification activity is operating effectively. |  |  |  |
| **9.6.2** | **Surveillance activities** |  |  |  |
| **9.6.2.1** | **General** |  |  |  |
| **9.6.2.1.1** | The certification body shall develop its surveillance activities so that representative areas and functions covered by the scope of the management system are monitored on a regular basis, and take into account changes to its certified client and its management system. |  |  |  |
| **9.6.2.1.2** | Surveillance activities shall include on-site auditing of the certified client’s management system’s fulfilment of specified requirements with respect to the standard to which the certification is granted. Other surveillance activities may include:  a) enquiries from the certification body to the certified client on aspects of certification;  b) reviewing any certified client’s statements with respect to its operations (e.g. promotional material, website);  c) requests to the certified client to provide documented information (on paper or electronic media);  d) other means of monitoring the certified client’s performance. |  |  |  |
| **9.6.2.2** | **Surveillance audit**  Surveillance audits are on-site audits, but are not necessarily full system audits, and shall be planned together with the other surveillance activities so that the certification body can maintain confidence that the client’s certified management system continues to fulfil requirements between recertification audits. Each surveillance for the relevant management system standard shall include:  a) internal audits and management review;  b) a review of actions taken on nonconformities identified during the previous audit;  c) complaints handling;  d) effectiveness of the management system with regard to achieving the certified client’s objectives and the intended results of the respective management system (s);  e) progress of planned activities aimed at continual improvement;  f) continuing operational control;  g) review of any changes;  h) use of marks and/or any other reference to certification. |  |  |  |
| **9.6.3** | **Recertification** |  |  |  |
| **9.6.3.1** | **Recertification audit planning** |  |  |  |
| **9.6.3.1.1** | The purpose of the recertification audit is to confirm the continued conformity and effectiveness of the management system as a whole, and its continued relevance and applicability for the scope of certification. A recertification audit shall be planned and conducted to evaluate the continued fulfilment of all of the requirements of the relevant management system standard or other normative document. This shall be planned and conducted in due time to enable for timely renewal before the certificate expiry date. |  |  |  |
| **9.6.3.1.2** | The recertification activity shall include the review of previous surveillance audit reports and consider the performance of the management system over the most recent certification cycle. |  |  |  |
| **9.6.3.1.3** | Recertification audit activities may need to have a stage 1 in situations where there have been significant changes to the management system, the organization, or the context in which the management system is operating (e.g. changes to legislation).  NOTE Such changes can occur at any time during the certification cycle and the certification body might need to perform a special audit (see 9.6.4), which might or might not be a two-stage audit. |  |  |  |
| **9.6.3.2** | **Recertification audit** |  |  |  |
| **9.6.3.2.1** | The recertification audit shall include an on-site audit that addresses the following:  a) the effectiveness of the management system in its entirety in the light of internal and external changes and its continued relevance and applicability to the scope of certification;  b) demonstrated commitment to maintain the effectiveness and improvement of the management system in order to enhance overall performance;  c) the effectiveness of the management system with regard to achieving the certified client’s objectives and the intended results of the respective management system (s). |  |  |  |
| **9.6.3.2.2** | For any major nonconformity, the certification body shall define time limits for correction and corrective actions. These actions shall be implemented and verified prior to the expiration of certification. |  |  |  |
| **9.6.3.2.3** | When recertification activities are successfully completed prior to the expiry date of the existing certification, the expiry date of the new certification can be based on the expiry date of the existing certification. The issue date on a new certificate shall be on or after the recertification decision. |  |  |  |
| **9.6.3.2.4** | If the certification body has not completed the recertification audit or the certification body is unable to verify the implementation of corrections and corrective actions for any major nonconformity (see 9.5.2.1) prior to the expiry date of the certification, then recertification shall not be recommended and the validity of the certification shall not be extended. The client shall be informed and the consequences shall be explained. |  |  |  |
| **9.6.3.2.5** | Following expiration of certification, the certification body can restore certification within 6 months provided that the outstanding recertification activities are completed, otherwise at least a stage  2 shall be conducted. The effective date on the certificate shall be on or after the recertification decision and the expiry date shall be based on prior certification cycle. |  |  |  |
| **9.6.4** | **Special audits** |  |  |  |
| **9.6.4.1** | **Expanding scope**  The certification body shall, in response to an application for expanding the scope of a certification already granted, undertake a review of the application and determine any audit activities necessary to decide whether or not the extension may be granted. This may be conducted in conjunction with a surveillance audit. |  |  |  |
| **9.6.4.2** | **Short-notice audits**  It may be necessary for the certification body to conduct audits of certified clients at short notice or unannounced to investigate complaints, or in response to changes, or as follow up on suspended clients. In such cases:  a) the certification body shall describe and make known in advance to the certified clients (e.g. in  documents as described in 8.5.1) the conditions under which such audits will be conducted;  b) 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. |  |  |  |
| **9.6.5** | **Suspending, withdrawing or reducing the scope of certification** |  |  |  |
| **9.6.5.1** | The certification body shall have a policy and documented procedure(s) for suspension, withdrawal or reduction of the scope of certification, and shall specify the subsequent actions by the certification body. |  |  |  |
| **9.6.5.2** | The certification body shall suspend certification in cases when, for example:  —the client’s certified management system has persistently or seriously failed to meet certification requirements, including requirements for the effectiveness of the management system;  —the certified client does not allow surveillance or recertification audits to be conducted at the required frequencies;  —the certified client has voluntarily requested a suspension. |  |  |  |
| **9.6.5.3** | Under suspension, the client’s management system certification is temporarily invalid. |  |  |  |
| **9.6.5.4** | The certification body shall restore the suspended certification if the issue that has resulted in the suspension has been resolved. Failure to resolve the issues that have resulted in the suspension in a time established by the certification body shall result in withdrawal or reduction of the scope of certification.  NOTE In most cases, the suspension would not exceed six months. |  |  |  |
| **9.6.5.5** | The certification body shall reduce the scope of certification to exclude the parts not meeting the requirements, when the certified client has persistently or seriously failed to meet the certification requirements for those parts of the scope of certification. Any such reduction shall be in line with the requirements of the standard used for certification. |  |  |  |
| **9.7** | **Appeals** |  |  |  |
| **9.7.1** | The certification body shall have a documented process to receive, evaluate and make decisions on appeals. |  |  |  |
| **9.7.2** | The certification body shall be responsible for all decisions at all levels of the appeals-handling process. The certification body shall ensure that the persons engaged in the appeals-handling process are different from those who carried out the audits and made the certification decisions. |  |  |  |
| **9.7.3** | Submission, investigation and decision on appeals shall not result in any discriminatory actions against the appellant. |  |  |  |
| **9.7.4** | The appeals-handling process shall include at least the following elements and methods:  a) an outline of the process for receiving, validating and investigating the appeal, and for deciding what  actions need to be taken in response to it, taking into account the results of previous similar appeals;  b) tracking and recording appeals, including actions undertaken to resolve them;  c) ensuring that any appropriate correction and corrective action are taken. |  |  |  |
| **9.7.5** | The certification body receiving the appeal shall be responsible for gathering and verifying all necessary information to validate the appeal. |  |  |  |
| **9.7.6** | The certification body shall acknowledge receipt of the appeal and shall provide the appellant with progress reports and the result of the appeal. |  |  |  |
| **9.7.7** | The decision to be communicated to the appellant shall be made by, or reviewed and approved by, individual(s) not previously involved in the subject of the appeal. |  |  |  |
| **9.7.8** | The certification body shall give formal notice to the appellant of the end of the appeals-handling process. |  |  |  |
| **9.8** | **Complaints** |  |  |  |
| **9.8.1** | The certification body shall be responsible for all decisions at all levels of the complaints-handling process. |  |  |  |
| **9.8.2** | Submission, investigation and decision on complaints shall not result in any discriminatory actions against the complainant. |  |  |  |
| **9.8.3** | Upon receipt of a complaint, the certification body shall confirm whether the complaint relates to certification activities that it is responsible for and, if so, shall deal with it. If the complaint relates to a certified client, then examination of the complaint shall consider the effectiveness of the certified management system. |  |  |  |
| **9.8.4** | Any valid complaint about a certified client shall also be referred by the certification body to the certified client in question at an appropriate time. |  |  |  |
| **9.8.5** | The certification body shall have a documented process to receive, evaluate and make decisions on complaints. This process shall be subject to requirements for confidentiality, as it relates to the complainant and to the subject of the complaint. |  |  |  |
| **9.8.6** | The complaints-handling process shall include at least the following elements and methods:  a) an outline of the process for receiving, validating, investigating the complaint, and for deciding  what actions need to be taken in response to it;  b) tracking and recording complaints, including actions undertaken in response to them;  c) ensuring that any appropriate correction and corrective action are taken.  NOTE ISO 10002 provides guidance for complaints handling. |  |  |  |
| **9.8.7** | The certification body receiving the complaint shall be responsible for gathering and verifying all necessary information to validate the complaint. |  |  |  |
| **9.8.8** | Whenever possible, the certification body shall acknowledge receipt of the complaint, and shall provide the complainant with progress reports and the result of the complaint. |  |  |  |
| **9.8.9** | The decision to be communicated to the complainant shall be made by, or reviewed and approved by, individual(s) not previously involved in the subject of the complaint. |  |  |  |
| **9.8.10** | Whenever possible, the certification body shall give formal notice of the end of the complaints-handling process to the complainant. |  |  |  |
| **9.8.11** | The certification body shall determine, together with the certified client and the complainant, whether and, if so to what extent, the subject of the complaint and its resolution shall be made public. |  |  |  |
| **9.9** | **Client records** |  |  |  |
| **9.9.1** | The certification body shall maintain records on the audit and other certification activities for all clients, including all organizations that submitted applications, and all organizations audited, certified, or with certification suspended or withdrawn. |  |  |  |
| **9.9.2** | Records on certified clients shall include the following:  a) application information and initial, surveillance and recertification audit reports;  b) certification agreement;  c) justification of the methodology used for sampling of sites, as appropriate;  NOTE Methodology of sampling includes the sampling employed to audit the specific management system and/or to select sites in the context of multi-site audit.  d) justification for auditor time determination (see 9.1.4);  e) verification of correction and corrective actions;  f) records of complaints and appeals, and any subsequent correction or corrective actions;  g) committee deliberations and decisions, if applicable;  h) documentation of the certification decisions;  i) certification documents, including the scope of certification with respect to product, process or service, as applicable;  j) related records necessary to establish the credibility of the certification, such as evidence of the competence of auditors and technical experts;  k) audit programmes. |  |  |  |
| **9.9.3** | The certification body shall keep the records on applicants and clients secure to ensure that the information is kept confidential. Records shall be transported, transmitted or transferred in a way that ensures that confidentiality is maintained. |  |  |  |
| **9.9.4** | The certification body shall have a documented policy and documented procedures on the retention of records. Records of certified clients and previously certified clients shall be retained for the duration of the current cycle plus one full certification cycle.  NOTE In some jurisdictions, the law stipulates that records need to be maintained for a longer time period. |  |  |  |
| **10** | **Management system requirements for certification bodies** |  |  |  |
| **22003: 2013** | **10 Management system requirements for certification bodies**  **The requirements of ISO/IEC 17021, Clause 10, apply.** |  |  |  |
| **10.1** | **Options**  The certification body shall establish, document, implement and maintain a management system that is capable of supporting and demonstrating the consistent achievement of the requirements of this part of ISO/IEC 17021. In addition to meeting the requirements of Clauses 5 to 9, the certification body shall implement a management system in accordance with either:  a) general management system requirements (see 10.2); or  b) management system requirements in accordance with ISO 9001 (see 10.3). |  |  |  |
| **10.2** | **Option A: General management system requirements** |  |  |  |
| **10.2.1** | **General**  The certification body shall establish, document, implement and maintain a management system that is capable of supporting and demonstrating the consistent achievement of the requirements of this part of ISO/IEC 17021.  The certification body’s top management shall establish and document policies and objectives for its activities. The top management shall provide evidence of its commitment to the development and implementation of the management system in accordance with the requirements of this part of ISO/IEC 17021. The top management shall ensure that the policies are understood, implemented and maintained at all levels of the certification body’s organization.  The certification body’s top management shall assign responsibility and authority for:  a) ensuring that processes and procedures needed for the management system are established, implemented and maintained;  b) reporting to top management on the performance of the management system and any need for improvement. |  |  |  |
| **10.2.2** | **Management system manual**  All applicable requirements of this part of ISO/IEC 17021 shall be addressed either in a manual or in associated documents. The certification body shall ensure that the manual and relevant associated documents are accessible to all relevant personnel. |  |  |  |
|  | **In case of FSMS, additional requirements of ISO 22003 become applicable** |  |  |  |
| **10.2.3** | **Control of documents**  The certification body shall establish procedures to control the documents (internal and external) that relate to the fulfilment of this part of ISO/IEC 17021. The procedures shall define the controls needed to:  a) approve documents for adequacy prior to issue;  b) review and update where necessary and re-approve documents;  c) ensure that changes and the current revision status of documents are identified;  d) ensure that relevant versions of applicable documents are available at points of use;  e) ensure that documents remain legible and readily identifiable;  f) ensure that documents of external origin are identified and their distribution controlled;  g) prevent the unintended use of obsolete documents, and to apply suitable identification to them if they are retained for any purpose.  NOTE Documentation can be in any form or type of medium. |  |  |  |
| **10.2.4** | The certification body shall establish procedures to define the controls needed for the identification, storage, protection, retrieval, retention time and disposition of its records related to the fulfilment of this part of ISO/IEC 17021.  The certification body shall establish procedures for retaining records for a period consistent with its contractual and legal obligations. Access to these records shall be consistent with the confidentiality arrangements.  NOTE For requirements for records on certified clients, see also 9.9. |  |  |  |
| **10.2.5** | **Management review** |  |  |  |
| **10.2.5.1** | **General**  The certification body’s top management shall establish procedures to review its management system at planned intervals to ensure its continuing suitability, adequacy and effectiveness, including the stated policies and objectives related to the fulfilment of this part of ISO/IEC 17021. These reviews shall be conducted at least once a year. |  |  |  |
| **10.2.5.2** | **Review inputs**  The input to the management review shall include information related to:  a) results of internal and external audits;  b) feedback from clients and interested parties;  c) safeguarding impartiality;  d) the status of corrective actions;  e) the status of actions to address risks;  f) follow-up actions from previous management reviews;  g) the fulfilment of objectives;  h) changes that could affect the management system;  i) appeals and complaints. |  |  |  |
| **10.2.5.3** | **Review outputs**  The outputs from the management review shall include decisions and actions related to  a) improvement of the effectiveness of the management system and its processes;  b) improvement of the certification services related to the fulfilment of this part of ISO/IEC 17021;  c) resource needs;  d) revisions of the organization’s policy and objectives. |  |  |  |
| **10.2.6** | **Internal audits** |  |  |  |
| **10.2.6.1** | The certification body shall establish procedures for internal audits to verify that it fulfils the requirements of this part of ISO/IEC 17021 and that the management system is effectively implemented and maintained.  NOTE ISO 19011 provides guidelines for conducting internal audits. |  |  |  |
| **10.2.6.2** | An audit programme shall be planned, taking into consideration the importance of the processes and areas to be audited, as well as the results of previous audits. |  |  |  |
| **10.2.6.3** | Internal audits shall be performed at least once every 12 months. The frequency of internal audits may be reduced if the certification body can demonstrate that its management system continues to be effectively implemented according to this part of ISO/IEC 17021 and has proven stability. |  |  |  |
| **10.2.6.4** | The certification body shall ensure that:  a) internal audits are conducted by competent personnel knowledgeable in certification, auditing and the requirements of this part of ISO/IEC 17021;  b) auditors do not audit their own work;  c) personnel responsible for the area audited are informed of the outcome of the audit;  d) any actions resulting from internal audits are taken in a timely and appropriate manner;  e) any opportunities for improvement are identified. |  |  |  |
| **10.2.7** | **Corrective actions**  The certification body shall establish procedures for identification and management of nonconformities in its operations. The certification body shall also, where necessary, take actions to eliminate the causes of nonconformities in order to prevent recurrence. Corrective actions shall be appropriate to the impact of the problems encountered. The procedures shall define requirements for:  a) identifying nonconformities (e.g. from valid complaints and internal audits);  b) determining the causes of nonconformity;  c) correcting nonconformities;  d) evaluating the need for actions to ensure that nonconformities do not recur;  e) determining and implementing in a timely manner, the actions needed;  f) recording the results of actions taken;  g) reviewing the effectiveness of corrective actions. |  |  |  |
| **10.3** | **Option B: Management system requirements in accordance with ISO 9001** |  |  |  |
| **10.3.1** | **General**  The certification body shall establish and maintain a management system, in accordance with the requirements of ISO 9001, which is capable of supporting and demonstrating the consistent achievement of the requirements of this part of ISO/IEC 17021, amplified by 10.3.2 to 10.3.4. |  |  |  |
| **10.3.2** | **Scope**  For application of the requirements of ISO 9001, the scope of the management system shall include the design and development requirements for its certification services. |  |  |  |
| **10.3.3** | **Customer focus**  For application of the requirements of ISO 9001, when developing its management system, the certification body shall consider the credibility of certification and shall address the needs of all parties (as set out in 4.1.2) that rely upon its audit and certification services, not just its clients. |  |  |  |
| **10.3.4** | **Management review**  For application of the requirements of ISO 9001, the certification body shall include as input for management review, information on relevant appeals and complaints from users of certification activities and a review of impartiality. |  |  |  |