



Accreditation Procedure
for
Trustworthy Digital Repository Management System

BCB 201 (TDRMS) – Dec 2016

(Effective from 01 January 2017)





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Introduction

This document defines the procedure that has to be followed by certification bodies seeking accreditation based on the requirements of ISO/IEC 17021-1 for offering TDRMS certification based on ISO 16363. NABCB Board, on request, will provide any specific information required by the certification bodies.

The other applicable procedures and information that are mandatory for the new applicant and the accredited certification bodies like Use of Logo, Appeals procedures, Fee schedule etc. are provided along with the application pack.

1.0 Application for accreditation

1.1 NABCB Board has decided to provide accreditation services to certification / Inspection Bodies established as legal entities. It is expected that the bodies applying for accreditation would be registered entities as per applicable laws within their economies can be sued in their own names. Any exception regarding legal status would be made only a specific decision of the Board keeping in view the legal provisions in the economy in which the certification body is established as a legal entity.

1.2 Certification bodies interested to get accredited by the Board for their certification system can obtain the application form, BCB: F 001 (BCB: F 001a for renewal of accreditation) by sending a request to the Board along with the fee as per schedule. On receipt of the request and the fee for application, NABCB will forward the application package to the applicant. Applications in any other format are not accepted.

1.3 The application package includes the latest copies of the following documents:

- a) Application Form BCB: F001
- b) Fee Schedule B C B : F002
- c) Criteria for accreditation for QMS and/or EMS as requested
- d) Procedures for Accreditation (BCB 201), use of accreditation mark (BCB 202) & Complaints, Disputes and Appeals (BCB 203)
- e) A copy of the accreditation agreement BCB: F003
- f) A blank copy of the DRR-cum-Cross reference matrix for ISO/IEC 17021-1 (BCB: F026) specific for TDRMS

1.4 Any additional explanation needed by the applicant is provided by the Director on behalf of the Board, on receipt of a specific request for the same, including necessary explanations on the specific schemes and scopes of accreditation that are covered under certification /registration system

1.5 Before applying for accreditation, the applicant body must have met the following conditions:

- a. Operated the certification process for at **least 6 months and completed at least two initial/rec-certification audits** for new applicant and one initial/ rec-certification audit for applicant as additional scheme accreditation **including the decision making process**. This is necessary to assess the ability of the CB to carry out the certification process as per the documented system
- b. **Carried out minimum one internal audit against the applicable criteria of accreditation, one management review** & one meeting of the impartiality committee for the documented Quality system prepared as per ISO/IEC 17021-1.



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1.6 The completed application form for accreditation has to be duly signed by the authorized representative/s of the certification body seeking accreditation and forwarded to the Board along with the application fee given in the fee schedule. The Board reserves the right to seek information on the antecedents of the owners / those managing certification activities before deciding to accept the application for further processing. Adverse decision of the Board would be communicated with reasons for rejecting the application. The applicant can appeal against such decision. The application fee is non-refundable except when the application is rejected by the Board. Normally the receipt of the application would be communicated within a week of receipt.

Note 1 Evidences of the documents and records relating to the completion of internal audit and Management review are to be submitted along with the application package or are made available electronically

Note 2 In case the certification body is accredited by NABCB, the organizations that were certified prior to the assessment of NABCB may be issued NABCB accredited certificates subject to a clear demonstration of compliance to NABCB accreditation criteria and seeking approval for the same.

1.7 The applicant must also enclose the required information and documents as specified in the application form.

1.8 The application is reviewed by the Board secretariat for completeness, clarity of accreditation requirements and the capability of the Board to provide the services. Any mismatch is clarified and the outcome of the review is communicated to the applicant regarding acceptance of the application for further processing, or to complete any further requirements identified during the review.

1.9 In case the application is accepted for further processing, a formal quotation is sent for carrying out the assessment of the applicant body based on the fee schedule.

1.9.1, NABCB would publish it in its newsletter / website, information about new applications for accreditation, for information and feedback from the industry / other stakeholders. In case any feedback from industry or stakeholders calls for a review by the Board, the required formalities shall be completed before further processing of the application.

1.10 Further processing of application shall be taken up on receipt of acceptance of the quotation and **confirmation** that the “agreement for accreditation (BCB F 003)” is acceptable.

1.11 If a preliminary visit is requested by the applicant body, the NABCB Secretariat shall organize the same after obtaining the acceptance of the initial visit fee by the applicant body. Such a visit would solely be for the purpose of gaining a better understanding of the operations of the CB and for the CB to better understand the accreditation process and clarify the expectations of NABCB as regards the requirements of the standard. The visit may result in communication of findings to the CB. Such a visit would not result in any decrease in the mandays for the initial assessment.

1.12 Any Certification Body that is registered as a legal entity in India / other nations shall be eligible for applying for the accreditation.

1.13 Assessment at foreign locations



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NABCB shall reserve the right to take the assistance of local IAF MLA members for assessments at foreign locations. The fee for such assessments shall depend on the fee structure of the local accreditation body. The applicant / accredited certification body shall have the normal right to appeal against a specific assessor for reasons of conflict of interest. If the certification body does not prefer to involve such local accreditation body, then the reasons for the same would have to be clearly indicated in writing. NABCB reserves the right to share such information with the concerned accreditation body / IAF.

2.0 Criteria for accreditation

2.1 Adoption of Criteria

2.1.1 The Board shall adopt and document the accreditation criteria for certification bodies based on international standards and guides, supported by the guidance documents released by the International Accreditation Forum.

2.1.1.1 Definitions of various terms related to conformity assessment shall be as given in ISO 17000 and ISO 17011 (annex 1).

2.1.2 The application package includes the documented Criteria except for copyrighted standards.

2.1.2.1 The criteria documents, that have been adopted directly from international standards and are covered by copyright laws, are not given as part of the application package. For such documents only the reference number and issue level is given. In case of need, the applicant bodies are to procure such documents from the national standards body, Bureau of Indian Standards (BIS), International Organization for Standardization (ISO) or through other sources.

2.2 Amendment to the Criteria

2.2.1 The amendment to the Criteria shall be based on the nature of change required. The Criteria of accreditation and the guidance documents shall be taken up for amendment based on following conditions individually or severally

- a) Any change in the International standards and guides
- b) Any change in the IAF documents for implementation of international standards and guides
- c) Significant feedback from the Peer Review assessment team that warrants amendment
- d) Critical feedback from the implementation of the criteria
- e) Any other reason as deemed fit by the Board or the Technical Committee

2.2.2 The Board shall approve the amended criteria after completion of any one or more of the consultative process

- a) Seek the advice of the Technical Committee or
- b) A representation of certification bodies before approval of the amendment.
- c) Seek public comments on the proposed changes through the Members of the Board and other representative bodies as the Board may deem fit.

2.2.3 The issue status of the Criteria documents shall be identified by the month and / or year of the issue.

2.3 Communication of changes to the Criteria

2.3.1 Any change in the criteria shall be notified to the accredited / applicant certification bodies by registered (AD) post / other means and a suitable time frame shall be given for implementing



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the modified criteria. Any transition policy announced by IAF would be adopted by the Board and communicated to the CBs. The accredited certification bodies shall communicate their objection, if any, acceptance in writing by registered post / other means within 30 days of the receipt of the amended criteria. If the communication is not received within 30 days, it will be presumed that the accredited certification body is not willing to adopt the changed criteria

2.3.2 The implementation of the changed criteria shall be verified during the surveillance assessment of each certification body. In the event of any major change in the criteria, the Board reserves the right to carry out an additional assessment and the fee of such assessment visit shall be borne by certification body. The fee for such additional assessment shall have to be paid in advance.

2.3.3 In the event that an accredited certification body is not willing to adopt the changed criteria, it is allowed to opt out of the accreditation scheme and the accreditation is withdrawn with effect from the date of the implementation of revised criteria. The certification body in such cases shall forfeit their right to get the refund of the paid fees.

3.0 Conditions for Accreditation

3.1 Granting of Accreditation

3.1.1 The accreditation is granted to an applicant on completion of assessment as per the provisions of Clause 4 of this procedure and after the following conditions has been met by the applicant body

- a) The applicant has the certification system (activities including contracting for certification, audit planning and conduct of audit, decision making) in operation for at least 6 months before the office assessment is taken up.
- b) The applicant meets the criteria of accreditation and all non-conformities found against the criteria of accreditation during assessment have been closed to the satisfaction of the Board in accordance with the guidelines on the subject
- c) There are no adverse reports / information / complaints with the Board about the applicant regarding the quality and effectiveness of implementation of certification system as per the criteria of the Board.
- d) The certified clients of the applicant body are satisfied by the conduct of the applicant body and its certification system. NABCB may request feedback from selected clients of the certification body / publicize receipt of application and seek a feedback from stakeholders

Note: NABCB shall obtain on regular basis, through appropriate mechanism, feedback from few of the certification body clients to assess the integrity and compliance aspects of the certification body.

- e) The applicant body has paid all the outstanding dues.
- f) The Initial accreditation shall be for a period of 3 years. Subsequent renewals are for a period of 4 years subject to satisfactory operation of accredited certification scheme and reasonable number of NABCB accredited certificates being issued by the CB.



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3.1.2 In the event of any adverse issue arising from the reasons specified at points c) and d) of 3.1.1, the applicant body will be given an opportunity to explain its position in writing to the Board and present its case in person to the Technical Committee or the accreditation committee. The final decision shall be taken in respect of granting of accreditation on the basis of facts and the results of such presentation

3.1.3, NABCB would publish it in its newsletter / website, grant of any new accreditation, for information and feedback from the industry / other stakeholders.

3.2 Maintaining Accreditation

3.2.1 The certification body shall comply with the following, individually or severally. Under these conditions the accreditation given to a certification shall be maintained for three years / four years.

- a) The accredited body continues to meet the criteria of accreditation and all non-conformities found against the criteria of accreditation during surveillance assessment have been closed to the satisfaction of the Board as per laid down criteria.
- b) There are no adverse reports / information / complaint with the Board about the applicant regarding the implementation of certification system as per the criteria laid down by the Board.
- c) The certified suppliers of the applicant body are satisfied by the conduct of the applicant body and its certification system
- d) The accredited body has paid all the outstanding dues

3.2.2 In the event of any adverse issue arising from the reasons specified at points b) and c) of 3.2.1, the accredited certification body shall be given an opportunity to explain its position in writing to the Board and present its case in person to the accreditation committee. The final decision shall be taken in respect of maintenance of the accreditation on the basis facts and the results of such presentation

3.3 Suspension of Accreditation (Partial or full)

The certification body shall be subject to suspension of accreditation either fully or partially based on the following conditions individually or severally

- a) No/ineffective corrective action in response to the non-conformities observed during surveillance assessment or reassessment.
- b) Non-payment of outstanding dues
- c) Any major change has taken place in the legal status, ownership, impartiality etc. without information to the Board
- d) Any wilful misuse of the logo of the Board
- e) Any wilful mis-declaration in the application form
- f) Willful non-compliance to the accreditation agreement
- g) Inability or unwillingness to ensure compliance of the organizations, certified by the accredited body, to the applicable standards.
- h) Excessive and or serious complaints against the certification system of the accredited certification body.
- i) Evidence of lack over control over the certification process / wilful by passing of certification procedures
- j) Evidence of unethical certification practices including providing incorrect information to NABCB, faking of certification records
- k) Non-availability of resources in some of the technical areas covered under accreditation
- l) Any other condition deemed appropriate by the accreditation committee



3.3.1 A notice citing reasons and intention to suspend shall be sent to the CB inviting response within 15 days.

3.3.2 The accredited certification body shall be given an opportunity to explain its position in writing to the Board and present its case in person to the Technical committee or the accreditation committee. The final decision shall be taken in respect of Suspension of Accreditation (Partial or full) on the basis of facts and the results of such presentation

3.3.3 Notwithstanding the above provision for a representation by the CB, the accreditation committee may decide to suspend accreditation if there is sufficient evidence of wilful misrepresentation of facts or wilful noncompliance to accreditation criteria. The period of suspension shall be formally communicated as per the criteria laid down by the Board

3.3.4 The fact that the accreditation of the certification body has been suspended (partially or full); would be published in newsletters / website for information and feedback from the industry / other stakeholders

3.4 Withdrawal of Accreditation

3.4.1 The certification body shall be subject to withdrawal of accreditation based on the following conditions individually or severally

- a) If an accredited body wilfully relinquishes its accredited status
- b) If the non-conformities are not appropriately addressed in spite of suspension for a period not more than six months
- c) If no action is taken by the accredited body in response to the suspension on any other grounds.
- d) Complaints are received about the certification process / certified organizations and established to be based on facts

3.4.2 A notice of the intention to withdraw accreditation and citing reasons shall be sent to the CB. The CB shall respond within 15 days.

3.4.3 The accredited certification body shall be given an opportunity to explain its position in writing to the Board and present its case in person to the Technical committee or any other accreditation committee. The final decision shall be taken in respect of withdrawal of Accreditation on the basis of facts and the results of such presentation

3.4.4 The withdrawal of Accreditation shall be formally communicated as per the criteria laid down by the Board.

3.4.5 NABCB would publish information about any withdrawal of accreditation in its newsletter / website / newspapers for information of the industry / other stakeholders

4.0 Assessment

The assessment shall be for generic competence of the body in operating a sound certification system.

4.1 Preparation for the Assessment

4.1.1 The NABCB Secretariat prepares a draft programme as below for the initial

- a) assessment of the documents,



- b) assessment of office of the applicant including any branch office / sub-contractors and
- c) witnessing of on-site audits being carried out by the applicant body based on the scope of the accreditation applied for, the sites to be covered and the scale of the operation of the certification body.

The normal assessment time for each stage of assessment is at Annex 6. The draft plan may be prepared in stages as mentioned above depending on the information supplied. The clarifications regarding the scopes applied for, auditor expertise available with applicant, etc. shall be provided in advance for finalizing assessment plan; -if necessary, the same shall be further verified as part of the office assessment.

4.1.2 Each of the branch / sub-contractors office from where key activities (policy making, development of procedures, contract review, audit plan approval, surveillance planning and monitoring, auditor monitoring and decision making) shall be selected for the initial assessment.

4.1.3 The draft plan shall be discussed with authorized personnel of the certification body to ensure an effective assessment programme at each stage

4.2 Appointment of the Assessment Team

4.2.1 The assessment team, consisting of a Team Leader and the members, is identified by the Director from the pool of assessors and experts. The assessment team for each stage of the initial assessment normally consists of two members and the team for witness assessment will normally have as many members as the audit team of the applicant body.

4.2.2 The names of the members of the audit team, along with their CVs and details of any current affiliations, shall be communicated to the applicant body giving them a time of two weeks to raise any objection against the appointment of any of the team members. Any objection by the applicant body against any of the team members must be accompanied in writing with adequate grounds for the objection. The Director of the Board will evaluate the objection and decide whether to change the team member or to overrule the objection raised by the applicant body.

4.2.3 The decision of the Board on the number of assessors for witness assessment will be final.

4.2.4 The team members are asked to commit that they do not have relationship direct / indirect with the applicant body or competitive position between themselves or their organization and the CB to be assessed that can affect the objectivity of the audit. The assessment team is then formally constituted and appointed.

4.2.5 Efforts are made to ensure that the team is kept intact throughout the initial assessment process. If there is any change in the composition of the team members, the same shall be communicated to the certification body for their acceptance.

4.2.6 The team members are required to maintain confidentiality of the sensitive information about the operation of the applicant obtained as part of the assessment process.

4.3 Assessment Process:

4.3.1 Assessment Plan

4.3.1.1 Based on the draft assessment plan, NABCB Secretariat prepares a detailed plan for the following three stages of the assessment

- a) Assessment of the documentation of the certification body.



- b) Assessment of the office of the certification body including branch offices / sub-contractors
- c) Witness of the audit being carried out by the certification body (Please see Annex 3). A minimum of 2 witness audits would be required before a recommendation for accreditation is made. In case of applicant CB applying for accreditation as an additional scheme under 17021-1, only one witness audit is required before a recommendation for accreditation is made.

4.3.1.2 The programme shall be agreed by the Director of the Board and by the applicant body.

4.3.1.3 For initial accreditation of a certification body, the certification body shall provide a minimum of two/one witness audits prior to any recommendation for accreditation.

4.3.1.4 The Leader of the assessment team, in consultation with Director NABCB, is authorized to identify the auditors of the applicant body that his team would wish to observe during the witness of audit by applicant body.

4.3.2 Initial Assessment

The initial assessment shall be carried out in three stages as per the assessment programme.

4.3.2.1 The documents shall be verified by the assessment team leader / a member of the assessment team for compliance to the accreditation criteria as supported by the guidance documents. A summary report of any omissions of the criteria elements is forwarded by the assessor, as approved by the Team Leader, to the Director.

4.3.2.2 The Director shall review the report from the point of established criteria and forward a copy of report to the applicant body for their comments and compliance. Depending on the nature of comments and changes to be made to the documentation, decision regarding a second review of documents shall be taken by the assessor / Director. The applicant CB shall be informed if a second review is needed and the time period for submission for the second review.

4.3.2.3 If the documentation is determined to be meeting the accreditation criteria, after review of the changes made, NABCB Secretariat may seek evidence of implementation of changes to the system by the applicant body. NABCB Secretariat may also advise the applicant body to submit the required number of sets of the manual and procedures for the assessors.

4.3.2.4 The schedule for the office assessment shall be agreed by the Director with the applicant body and the assessment team carries out the assessment of the implementation of the quality manuals and procedures of the applicant body in the head office of the applicant body and if necessary at other office sites / sub-contractors included in the accreditation application / assessment program.

4.3.2.5 In case information collected during the office assessment requires inclusion of other locations in the assessment program, the applicant shall be informed and the assessment program shall be modified to cover such locations. Subsequent monitoring at these offices / new locations shall depend on the nature of activities carried out by them and the extent of control demonstrated by the applicant CB.

4.3.2.6 The branch offices / sub-contractors carrying out activities like contract review, auditor qualification, audit planning, surveillance planning, monitoring of auditors, decisions on certification shall be included in the assessment program. All such offices / sub-contractors shall be covered in the assessment program during an accreditation cycle.



4.3.2.7 During the assessment or on demand at any time, the applicant / accredited body shall provide unrestricted access to the documents that pertain to the certification process and the scope applied for. Access shall also be provided to the records of the complaints, appeals and disputes along with corrective action and the method of verifying the effectiveness of the corrective actions.

4.3.2.8 The non-conformities observed during the office assessment shall be explained to the applicant body and given in NABCB designated format for corrective action as well as any potential preventive action at the end of the assessment. The applicant shall respond within 30 days with the corrective action plan. The time for the corrective action completion shall be agreed to by the assessment team leader and the authorized personnel of the applicant body as per the Guidelines laid down on this aspect by the Board (PI see Clause 9 of this procedure).

4.3.2.9 The team leader shall decide, at this stage, whether to await completion of the corrective action or to proceed with the witness of the site audit scheduled to be carried out by the applicant. The Team leader shall send a report to the Director, including details of the witness audit plan, as per the Guidelines of the Board

4.3.2.10 The team, nominated by NABCB Secretariat, shall carry out the witness assessment as per the assessment plan. The assessment shall cover either the initial / renewal audits conducted by the applicant body. Two surveillance audits may also be considered for witnessing in lieu of an initial / renewal audit, with the approval of the Director. The applicant shall include all production and other processes specific to the technical area. All the witness audits, collectively, shall demonstrate the ability of the applicant to audit all the requirements of the applicable standard and the specific technical areas for which the witness audit is planned

Note: For all witness audits, the Certification Body shall provide details of contract review including inputs received for contract review, document review report, and report of stage 1 assessment, if applicable. The NABCB witness audit team may also ask for the documentation of the audited organization and other evidence seen by the Certification Body's team without causing undue disturbance to the audit process.

4.3.2.11 The Team shall identify the non-conformities. The Team leader shall confirm that the applicant has offered the correct units for audits for witnessing to ensure that these units are so chosen as to demonstrate auditing of the basic industry processes.

4.3.2.12 A meeting shall be held on completion of witness assessment and the applicant shall be explained and provided with documented copy of the non-conformities observed for corrective action as per the Guidelines established by the Board. The team also provides an opportunity for the applicant body to ask any question about the findings and its basis during the meeting.

4.3.3 Assessment Report

4.3.3.1 **The assessment team shall prepare a report at each stage of the assessment** – office assessment, branch office assessment, witness audits. Non-conformities and observations, if any, shall be handed over to the certification body representative at the end of each assessment. The report at each stage of assessment shall be sent by the NABCB assessment team within 7 days of the assessment to the certification body for their agreement. If no comments are received within a week then the report is considered to be acceptable to the certification body and is deemed as final. The NABCB AT shall try to resolve any comments received on the report within a period of 10 days and shall submit the report at the end of this period along with any unresolved comments from the certification body. NABCB Secretariat would coordinate, as needed,



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For any witness audits, the certification bodies shall provide the witness audit report within a week of the audit and in case the report is not provided then the NABCB assessment team would record the same in their report of the witness audit and finalise its witness audit report within a week. NABCB assessment team may raise non-conformities / observations later, on the basis of any report submitted by the certification body. If the CB fails to submit its audit report in time, then any information contained in the report may not be accepted as evidence for any contention by the CB against observations by the NABCB assessment team.

After completion of various stages of assessments the team leader shall prepare a report of all the aspects of the assessment of the office and witness audits. The assessment report is made in the following parts:

- a) The non-conformities observed during various stages of the assessment and actions taken by the certification body on the non-conformities
- b) A report indicating the level of conformity of the certification body's management system against the NABCB accreditation requirements.
- c) Recommendations of the NABCB assessment team

The team leader shall conduct a virtual closing meeting through emails (or onsite if agreed to by the certification body) to communicate the final decision and recommendations. Any unresolved issues shall be referred to the NABCB secretariat.

4.3.3.2 The report shall be prepared as per the laid down Guidelines and criteria by the team leader / team members in the established formats listing the level of compliance to the requirement of the accreditation criteria of the Board.

4.3.3.3 The NABCB Secretariat shall review the report to ensure that the laid down criteria are addressed correctly and shall make changes in recommendations as needed based on the NABCB Board's accreditation criteria. Any revised report shall be sent to the applicant body along with reasons for any change.

4.3.3.4 At any stage of the assessment process whether there is a need for a full or partial reassessment or a written declaration of compliance in response to the non-conformities observed is adequate shall be communicated to the applicant body by the Director of the Board after obtaining the relevant supportive facts relating to assessment from the leader of the assessment team.

4.3.3.5 In case the report sent to the applicant body contains any difference from the information presented to the applicant body by the assessment team at the closing meeting (of each stage of assessment), the same is highlighted and the explanation of the differences shall be enclosed.

4.3.3.6 After verifying the documents and records submitted by the applicant body on all the non-conformities that have been closed by the applicant as per laid down guidelines of the Board, the Team leader shall prepare the final report of the assessment including the details on the corrective actions taken by the applicant body and shall include the recommendation of the team. This report shall be given to the Director. The report shall be verified for completeness, by the Director, with respect to guidelines on the subject and shall be presented to the accreditation committee for its decision on the applicant getting accreditation.

4.3.3.7 The process of closing the non-conformities and verification shall be completed in the specified time. If the applicant body delays the process of acceptable corrective action beyond



the limits specified by the Board, the Board shall have the right to reject the application. The fees paid by such applicant shall be forfeited.

4.3.3.8 Wherever needed, to support the competency of the applicant certification body, the applicant may submit the documents and records of assessments undertaken on the applicant by other IAF MLA Members. Director NABCB, shall ensure a detailed review, on a case-to-case basis, and place a report on the same to Accreditation Committee. The Committee shall decide on the extent of its consideration for the grant of accreditation based on such reports.

Appropriate Guidelines on this subject shall be laid down for the use of assessment Team as well applicant bodies. In case of any difference in interpretation, the Board decision shall be final and binding on the applicant body (please see annex 4 for details)

4.3.4 Time Period for assessment process

4.3.4.1 A typical time line for the accreditation process is given in Annex 5. In the event that the process is not completed within two years, due to delays / deficiencies on the part of the applicant, an extension of one year may be given depending on the results of past assessments. In such cases the assessment process shall begin afresh and shall be completed in one year. Applications pending over 3 years shall be reviewed by the Board for appropriate action including closure.

4.3.4.2 In the event of delay in getting witness assessment scheduled for different scope sectors that the applicant has applied for, the applicant shall apply in writing to the Director of the Board for Partial assessment of available scopes. The Director NABCB shall have the right to accede to that request or differ. Grant of accreditation for part of the scopes shall be done after all the non-Conformities observed during the earlier office assessment and part of the witness assessments have been completed and have been closed as per the laid down criteria of the Board.

5.0 Accreditation Decision

5.1 The Accreditation Committee is responsible for taking decision on granting, maintaining, suspending, reducing or withdrawing of Accreditation. The Board criteria shall ensure that the members of the Accreditation Committee are not involved in the assessment and also have had no relationship for the last two years with the applicant body under consideration that can influence their decision on accreditation.

5.2 The reports are forwarded to the accreditation committee for the decision on accreditation only after receipt of the fee for the activities associated with the assessment process till date.

5.3 Accreditation committee shall work on the principle of “unanimous decision “. The decision shall not be put on vote .The Head of the Committee shall be responsible for coordinating and addressing the issues raised by the members. The Head of the committee shall have the right to call for any other assessor / experts / staff for clarifying any of the issue that is under discussion. The persons so called for clarification shall not take part in the decision of the accreditation.

5.4 The decisions of the accreditation committee shall be based on the assessment report and other relevant information based on interaction of the Director NABCB and the assessment team with the certification body and the market reputation as obtained by the Board. The accreditation Committee in its capacity shall have the right to ask for any further clarifications on the report and information submitted on the applicant’s certification process and the applicant shall not refuse to present such information.



6.0 Accreditation documents

6.1 The accreditation committee shall decide to grant accreditation to the applicant body, only after the applicant body has met all the conditions specified by the Board, Two copies of the accreditation agreement shall be signed by the applicant and the applicant shall ensure that the relevant fees are paid.

6.2 On receipt of the signed agreement and the fee as per the invoice, a set of accreditation documents shall be issued to the applicant body along with the artwork of the accreditation mark of the Board.

6.3 The accreditation certificate in the standard template shall include the NABCB logo, the name of the certification body, address of the premises of the certification body from where key activities are performed, accreditation number, the scope of accreditation, effective date of grant of accreditation and the date of expiry of the certificate (BCB F018)

6.4 The initial accreditation certificate shall be valid for three years and the date of issue and validity is indicated on the certificate.

7.0 Maintaining Accreditation

7.1 Surveillance Assessment

7.1.1 To ensure that each of the certification body accredited by the Board continues to comply with the accreditation requirements, a surveillance assessment (at the office) shall be carried out annually. The surveillance assessment shall be consistent with the initial assessment and includes office assessment, locations performing key activities, including foreign locations and witness of site audit by the accredited body. The number of locations included in the surveillance assessment would normally be the square root of the total number of locations ensuring that all locations are covered in an accreditation cycle as a minimum.

7.1.2 The witness audit program (Annex 1, Clause 4.5) shall be based on audit resources available to the certification body, number of accredited certificates issued, spread of locations and the extent of control demonstrated by the certification body and observations of the office assessment. Specific organizations or auditors may be chosen for witnessing. A plan for witness audits shall be communicated to the accredited certification body as per laid down guidelines of the board.

7.1.3 The surveillance assessment shall be completed within 12 months from the date of initial accreditation. However, the accredited certification body, for valid reasons may seek a postponement of the assessment for a maximum period of three months. For deferring the surveillance, the certification body shall give written justification and shall obtain the consent of Director, NABCB. It shall be ensured by the Director NABCB that the gap between surveillance assessments shall not exceed 15 months. The non-conformity reports and a summary assessment report of each of the surveillance assessment shall be forwarded to the accredited certification body for taking corrective action and preventive actions as per the laid down criteria for the maintenance of accreditation. .

7.1.4 In the event of any critical and or major non-conformity that can affect the certification process, the Director of the Board shall inform the accredited certification body and shall call for a time bound corrective action plan. The decision for an additional surveillance visit to verify the implementation of the corrective action plan as committed by the accredited body shall be taken by the Director of the Board in consultation with the Team leader of the assessment team. Such



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decision shall be binding on the accredited certification body. The cost of the additional surveillance shall be borne by the accredited certification body. In the event accredited certification body has not shown evidence of completion of the corrective action agreed as per committed time period, Director NABCB shall prepare a status report and submit it along with the assessment report to the accreditation committee for further decision on suspension or reduction or withdrawal of accreditation.

7.1.5 The surveillance assessment reports shall be reviewed and presented to the accreditation committee in case of any suspension (partial full) of accreditation or scope extension of the certification body.

7.1.6 The frequency of surveillance assessments shall be increased based on the type and nature of non-conformities observed, complaints received, market feedback etc. The accredited certification body shall be informed of the reasons for any change in the frequency.

7.2 Other Surveillance activities

7.2.1 NABCB Secretariat would call for information on new certificates issued on a quarterly basis and then may decide to seek audit reports on a random basis. The Secretariat would have the reports reviewed and seek any clarification. If a clear deviation from the requirement of the standard is established then such findings would be raised as non-conformities requiring the accredited CB to respond. For the present NABCB would bear the cost of such reviews.

7.2.2 Based on concerns noticed during the office assessment / market feedback / complaints Director, NABCB may decide to arrange visits to certified organizations. CBs shall, in their contract with their clients provide for such visits. CBs shall be informed of any such validation visits and may join the NABCB assessor on such visits if required. CBs would be informed of the duration of such visits and the information planned to be collected.

7.2.3 If the visits indicate satisfactory operation of accredited certification then a reduction in normal witnessing could be considered. If agreed to then the charges to be levied would be worked out and intimated to the CB. If however, the visits reveal unsatisfactory operation of the accredited certification scheme then NABCB Secretariat would advise actions to be taken which could include a special office assessment, intensified witnessing, witnessing at the organization which revealed unsatisfactory operation etc. The CB would have to bear the normal assessment charges in such cases.

7.2.4 CBs may opt for such validation visits in lieu of witnessing on their own. In such cases the number of validation visits required, duration and charges to be levied would be communicated to the CB by NABCB secretariat in advance for acceptance. Selection of samples would be done by NABCB Secretariat.

7.3 Reassessment:

7.3.1 Within six months prior to completion of the accreditation term, the accredited certification body shall be informed about the reassessment process and the relevant application format shall be forwarded to them.

7.3.2 The reassessment shall be carried out in accordance with clause 4 to clause 6 for the purpose of renewing the accreditation...

7.3.3 On completion of the re-assessment, the accredited certification body shall initiate the relevant activities to take corrective actions on the observed non-conformities, if any, and complete all actions as per the criteria of the Board to close all such critical & major non-



conformities. All minor non-conformities must have been addressed and proposed corrective actions accepted by the team before renewal decisions.

The assessment team shall prepare a report of all the aspects of the assessment of the office and witness audit. The assessment report is made in the following parts:

- a) The non-conformities observed during various stages of the assessment.
- b) A report indicating the level of conformity to the certification body's management system against the NABCB accreditation requirements.

7.3.4 Report shall be prepared as per the laid down Guidelines and criteria by the team leader / team members in the established formats listing the level of compliance to the requirement of the accreditation criteria of the Board. The Director of the Board presents the report of the surveillance assessments, the re-assessment, and the corrective actions taken by the accredited body to the accreditation committee for a decision.

7.3.5 If the decision by the accredited committee is to continue the accreditation, a fresh set of accreditation documents shall be issued to the accredited certification body.

7.3.6 The renewal shall be for a period of 4 years subject to satisfactory operation of accredited certification scheme by the body and reasonable number of NABCB accredited certificates being issued by the CB.

7.3.7 If the decision of the accreditation committee is not favourable, it shall be communicated to the accredited certification body and the accreditation is suspended for initiating the appropriate actions including any corrective action. The Board reserves the right to withdraw accreditation without suspension based on the decision of the accreditation committee.

7.3.8 All reassessment activities shall be completed prior to the expiry of accreditation. In case there is a delay in decision-making, the accreditation shall continue, if the report of the assessment team is satisfactory. The decision of the accreditation committee shall be binding on the accredited certification body

8.0 Suspension & Withdrawal of Accreditation

8.1 Decision on Suspension and Withdrawal of Accreditation

Accreditation Committee is authorized for taking decisions on the suspension or withdrawal of accreditation or revoking of the decision of suspension.

8.2 Suspension of Accreditation (Partial / full)

8.2.1 In addition to the requirements specified under clause 3.3 Suspension of Accreditation (Partial or full) the following shall further apply.

8.2.1.1 The certification body may seek on its own suspension of accreditation citing reasons.

8.2.2 The period of suspension shall not be more than six months. The Board shall have the right to withdraw the accreditation if the accredited certification body does not take suitable corrective action to the satisfaction of the Board and its assessment team within six months,

8.2.2.1 For revoking suspension, the accredited certification body shall formally apply to NABCB as per the established guidelines. The suspension shall be revoked after an assessment has been carried out to verify that the corrective action has been implemented and is effective in eliminating the reasons for suspension.



8.2.3 In the event of part / full suspension of the accreditation, the accredited certification body shall be informed and shall be barred from issuing accredited certificates for the scopes for which the accreditation has been suspended.

8.3 Withdrawal of Accreditation

8.3.1 Reasons for withdrawal of accreditation are given in clause 3.4. Additionally the Board may decide to withdraw accreditation based on market feedback, repeated complaints about the certification process

8.3.2 In the event of the decision to withdraw the accreditation, the certification body shall be asked to return the original of accreditation certificate and the enclosure of scopes to the Board and to stop using the accreditation mark of the Board forthwith. The Director NABCB shall also notify the legal course for initiating any penalty of such misuses if it is reported and found supported by facts and evidences

8.3.3 Withdrawal of an accreditation has consequences on the customers of the certification body. Accredited certificates issued shall be considered as unaccredited once the accreditation is withdrawn. The CB shall provide its customers with information on the withdrawal of its accreditation and on its consequences. The CB may, in consultation with NABCB arrange for the transfer of such accredited certificates to another accredited CB.

8.3.4 Following withdrawal of accreditation, the certification body would be eligible to seek fresh accreditation as a new applicant only after a lay off period of one year.

8.4 Public Information of Suspension or Withdrawal of accreditation

The information about suspension or withdrawal shall be placed on the website in the register of the accredited bodies and NABCB may make a public declaration in the newspapers. The charges for making the information public through newspapers shall be recovered from the certification body involved before revoking the suspension or renewal of the accreditation.

9.0 Non Conformities and Corrective Actions

9.1 The Non conformities observed shall be classified in three categories

a) Critical:

- Any evidence that shows that the certification issued by the certification body may not be based on sound judgment and objective evidences and may not be a true reflection of the compliance to the standards.
- Any failure of implementation of the certification rules as per accreditation criteria and raises doubts on the operation and practice of the certification and the results of the certification system being operated by the Certification Body.
- Critical non-conformities shall call for the early correction and appropriate corrective actions. Such actions shall have to be completed within the time period specified by the established criteria of the Board as well as within 30 days of the date it has been observed by the assessment team
- In case the corrective action is not completed within the stipulated time frame, the accreditation shall be liable for suspension partially or completely based on the nature of nonconformity

b) Major:



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- Any evidence that shows doubt about the certification system and is less severe than in case of the critical and is evident in failure of certain elements of the criteria individually. It has an isolated and/or small direct impact on the certification system and its results or any non-conformities that have not been acted upon within the stipulated time frame
- Major non-conformities shall call for the early correction and appropriate corrective actions. Such actions shall have to be completed within the time period specified by the established criteria of the Board as well as within 90 days of the date it has been observed by the assessment team
- In case the corrective action is not completed within the stipulated time frame, the accreditation shall be liable for suspension partially or completely based on the nature of criticality

c) Minor:

- Any evidence that shows an isolated non-compliance to the accreditation criteria and the guidance documents that has negligible impact on the certification system and its results.
- Minor nonconformities shall need to be addressed on priority and corrected as early as possible as but not later than 6 months as per the established criteria of the Board as well as within 180days of the date it has been observed by the assessment team

Note: Multiple Minor NCs with related impact on the certification system shall result in a Major non-conformity based on the judgement of the assessment team.

9.2 The time for corrective action shall be reckoned from the day the non-conformities are handed over to the certification body.

9.3 Non-conformities of major or critical nature shall call for a re-assessment visit either to office or on-site as per recommendation of the assessment team. Such reassessment visit shall be charged as per prevailing fee structure. Further steps would be taken only after the certification body settles any invoice raised for the assessment.

9.4 In case of minor non-conformities a declaration in respect of completion of the corrective action by the authorized person of the certification body may be accepted. However during surveillance, if it is found that the Minor non-conformity is not effectively addressed, the non-conformity shall be converted into major non-conformity and shall have to be treated as per the criteria laid down for Major Non conformity.

Note: The assessment team may also identify opportunities for improvement and convey the same to the certification body and include in their final report.

10.0 Change in the status of the Certification Body

10.1 As part of the application for accreditation, the applicant body / accredited Certification body undertakes to inform NABCB within 30 days if any change takes place in any of the aspects of its status or operation that affects its:

- a) Legal, commercial or organizational status
- b) Organization and management, for example key managerial staff
- c) Policies or procedures, where appropriate
- d) Premises
- e) Personnel, equipment, facilities, working environment or other resources, where significant.
- f) Capability of certification or scope of accredited activities, or conformance with the requirements of the accreditation criteria.



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- g) Addition/cancellation of any branches / sub-contractors, foreign locations where clients are located / operations related to certification are performed

10.2 On receipt of the information of change in any of the above parameters, the Director decides whether an extraordinary surveillance visit is necessary or the change shall not affect the operation of the certification system within the accredited scope. If the Director recommends a surveillance visit, such surveillance visit shall be charged as per prevailing fee structure. The invoice for such surveillance visit is sent to the certification body. Further action shall be initiated only on timely payment of fee for the surveillance visit. The procedure of surveillance assessment shall then be followed.

10.3 During regular surveillance the accredited Certification body is asked to confirm that no change in the parameters mentioned above or any other aspect that will affect the certification has taken place since the last assessment.

10.4 In case an accredited Certification body is found to have given a wilful wrong declaration, the Board shall initiate suitable action and also shall reserves the right to suspend / withdraw the accreditation.

11.0 Extension / Reduction of the Scope

11.1 Extension of the scope shall be allowed under the following method.

- Where the extension of scope is being asked for a completely new field that makes it necessary to process the application similar to the initial assessment.

11.2 In the first case, the extension of the scope shall be carried out as part of the surveillance visit by increasing the number of assessor days necessary. Alternatively the Board or the applicant may ask for an additional assessment.

11.3 Such extension visit shall be charged as per prevailing fee structure. The invoice for such visit shall is sent to the certification body. Further action shall be initiated only on timely payment of fee for the extension visit .The procedure followed for the assessment *and decision* for extension of the scope is similar to the initial assessment as described in clause 4 to 6.

11.4 The reduction of the scopes is done based on the following

- a) The accredited body may like to reduce their scope of accreditation of their own accord.
- b) The accredited body has been placed under partial suspension on account of inadequate resources for part of the scopes and subsequently agrees for the reduction of scope.

11.5 The requirement for extension and reduction of scope shall be submitted to the accreditation committee who shall take the relevant decision.

12.0 Fee payable for the accreditation process and Annual Fee

12.1 The fee structure shall be approved by the Board. The current approved fee schedule shall become part of the application package.



12.2 The total fee shall depend on the actual assessment days and other parameters as specified in the fee schedule.

12.3 Each accredited body shall pay annual fee as identified in the current approved schedule

12.4 The Board shall have the comprehensive rights to revise the fee schedule at the end of every financial year.

12.5 The Board shall take the following actions if any applicant or accredited certification body fails to pay the fee as invoiced

- a) Stop further processing of the application
- b) Do not offer accreditation
- c) Suspend and/or withdraw the accreditation

12.6 If the applicant body fails to pay the invoiced fee within 90 days, the application for accreditation will be rejected. In the event of the rejection of the application, the fee paid till date will not be refunded.

12.7 Fees for any assessment on foreign locations carried out by the local accreditation body shall be charged at the current rates of the local accreditation body.

13.0 Complaints

13.1 Any person or body has the right to send a complaint on the activities and actions of the Board and its procedures.

13.2 The complaint must be made in writing to the CEO/Director with complete details of the complainant and description of the problem. The Director shall acknowledge the complaint within 7 days (excluding postal time) with brief details on the approach and approximate time required for addressing the complaint.

13.3 If the complaint has no details of the complainant or the description is not adequate, the Board shall have the right of dealing with such complaint as deemed fit.

13.4 If the complaint is against the non-compliance of accreditation criteria by any certification body then the Board shall encourage the complainant to utilize the procedure for complaints of the respective certification body. If the complainant insists and the certification body agrees then the Board may carry out the investigation in accordance with the procedure BCB 203.

13.5 The Director shall follow each complaint to conclusion and initiate possible corrective and preventive actions.

13.6 The Director shall maintain record of each complaint, the corrective & preventive actions taken and the effectiveness of such action.

14.0 Appeals and Disputes

14.1 Appeals

14.1.1 A certification body may file an appeal against the decision of the Board to the Chairman of the Board through the Director. The appeal against the decision of the Board must be made within 30 days of the notification of that decision. All other issues raised by a certification body / other stakeholders shall be considered as complaint or dispute.



14.1.2 The Director shall acknowledge the appeal and indicate the approximate time required to resolve the same within 7 days.

14.1.3. If the appeal relates to the NABCB criteria or accreditation process, then the appeal is forwarded to either the Accreditation Committee Chairman or the Technical Committee Chairman as appropriate for their comments. The respective committee chairman may consult any of the committee members, experts or assessors. The views are put up to the Board for a final decision / disposal of the appeal

14.1.4. All appeals against a decision of NABCB shall be filed in writing along with all the necessary documents in support of the appeal.

14.1.5 The Director shall verify the documents for completeness and may ask for additional documentary support if necessary. Once the documents are complete, the Director acknowledges the receipt of the appeal and forwards the same to the Chairman. The Chairman of the Board has the right to either disallow the appeal or to form an Appeals Committee based on the merit of the contents of the appeal.

14.1.6 The Appeals committee shall be headed by one of the Board Members nominated by the Chairman. The nominated head of the Appeals committee is allowed to take two members out of the assessors, staff or experts of the Board as permanent member and is also allowed to invite other outside members as necessary to discharge the appeal.

14.3.4 The Head of the appeals committee shall ask the appellant to present the facts in person to the appeals committee if necessary. The appeals committee shall have the right to ask any of the staff, committee or empanelled assessors and staff for the facts to help in discharging the appeal based on facts.

14.1.7 The Appeals committee shall give its recommendation to the Chairman of the Board for necessary action to discharge the appeal to the satisfaction of the appellant and regarding the preventive actions, if any, that must be taken to avoid such recurrences. The Chairman of the Board shall give the decision on the appeal based on the recommendation by the appeals committee.

14.1.8 In case the decision is unacceptable to the appellant, an appeal can be made to the Chairman, Quality Council of India. Chairman, QCI in consultation with Chairman of the Board shall decide on the representation made by the appellant. Decision of Chairman, QCI shall be final.

14.2 Disputes

14.2.1 Unresolved complaints or appeals would be treated as disputes. Such issues may be resolved through negotiations / reference to regional / international organizations - PAC / IAF. On technical issues the decision / views of IAF / PAC shall be considered in the resolution of disputes. On all administrative issues, the decision of NABCB Board shall be binding.

14.2.2 The Director shall keep all the records pertaining to the complaints, disputes and appeals and the corrective & preventive actions taken by the Board.

14.2.3 If the Complaint, Disputes or Appeal is resolved without undertaking any travel or additional assessment, no financing shall be needed for such resolutions. If the resolution calls for undertaking travel and assessment, the cost shall be borne by the defaulting party.

15.0 Publishing of the Information for Public & availability of accreditation schemes



15.1 The Board shall make public announcement of the accreditation schemes, criteria of accreditation, application for accreditation, fee schedule and other related documents on its website and on specific request.

15.2 The Board shall maintain a list of the accredited certification bodies and the applicants on its website. It also makes this information available on request.

15.3 The accreditation schemes are open to all applicants within the capability and scope of the Board.

15.4 The Board shall also make public information about suspension and withdrawal of accreditation

16.0 Confidentiality and Disclosure

16.1 The information obtained regarding the certification system of the applicant bodies and accredited bodies that are not of the nature of public information shall be kept confidential by all the staff, members of the Board, panel of assessors, experts and the committee members.

16.2 If the Board has to share any confidential information due to any legal situation, the concerned certification body shall be informed of the extent of disclosure and the body to whom the disclosure has been made.

17.0 Obligations of the certification body and NABCB

The general obligations of the applicant / accredited certification body and NABCB are given in Annex 6.



Annex 1 (Clause 2.1.1) (Definitions)

Definitions of terms used in the accreditation process have been adopted from ISO 17000 & ISO 17001. Some of the definitions are reproduced here

Appeal

Request by a CAB for reconsideration of any adverse decision made by the accreditation body related to its desired accreditation status

NOTE Adverse decisions include

- | refusal to accept an application,
- | refusal to proceed with an assessment,
- | corrective action requests,
- | changes in accreditation scope,
- | decisions to deny, suspend or withdraw accreditation, and
- | any other action that impedes the attainment of accreditation.

Complaint

expression of dissatisfaction, other than appeal, by any person or organization, to an accreditation body, relating to the activities of that accreditation body or of an accredited CAB, where a response is expected

Dispute

Unresolved complaints about accreditation criteria or procedures

Reducing accreditation

process of withdrawing accreditation for part of the scope of accreditation

Scope of accreditation

specific conformity assessment services for which accreditation is sought or has been granted

Surveillance

set of activities, except reassessment, to monitor the continued fulfilment by accredited CABs of requirements for accreditation

Suspending accreditation

process of temporarily making accreditation invalid, in full or for part of the scope of accreditation

Withdrawing accreditation

process of terminating accreditation in full

Witnessing

observation of the CAB carrying out conformity assessment services within its scope of accreditation



Annex 2
Assessment duration (Clause 4.1.1)

The normal assessment duration would be as follows.

- Document review (Manuals, procedures, other documents as needed – 2 mandays
- Review of corrective actions and revised documents – to be estimated by NABCB secretariat
- Office assessment – 4 mandays for TDRMS certification scheme . Need for any additional mandays for specific situations would be estimated by NABCB Secretariat and informed to the CB in advance. *CB applying as an additional scheme under 17021-1, the initial office assessment would be for 2-mandays*
- Branch office / sub-contractor assessment – 0.5 manday / 1 manday depending on activities carried out in the branch
- Witness audits – As per plan of certification body – NABCB would deploy one assessor for each member on the certification bodies team. NABCB would use experts in identified technical areas which would be communicated to the certification body in advance
- Follow up assessments – To be estimated by NABCB secretariat
- Review of corrective actions, preparation of final report by team leader and virtual closing meeting – 1.5 manday
- Any on-site closing meeting at the end of the assessment process – 0.5 manday
- Review of corrective actions at any stage of assessment – will be based on nature and number of NCs and would be estimated by NABCB secretariat and communicated to the certification body in advance
- Surveillance assessments – 2 mandays for any 1 scheme and 3 mandays for TDRMS



Annex 3 (Clause 4.3.1.1 c)
(Accreditation Scopes and norms for witness audits)

1.0 OBJECTIVE:

To provide Guidance in the classification of Scope Sectors for the purpose of Accreditation and planning for witness audits

2.0 SCOPE:

This Annex is applicable to TDRMS accreditation programme.

3.0 RESPONSIBILITY:

Director of the Board is responsible to ensure compliance...

4.0 PROCEDURE:

4.1 Scope Classification

The Accreditation for TDRMS is provided in accordance with ISO/IEC 17021-1 standard requirements.

4.2 Auditor competence

NABCB requires the CBs to define their auditor competence criteria in terms of knowledge and skills as identified in the initial competence analysis done by the CB. It is also the requirement of NABCB that the knowledge would include applicable regulations/statutory requirements as per ISO 16919.

4.3 Witness audit plans for initial / reassessment

The witness audits should be so chosen as to demonstrate competence to audit the major processes in the technical area. This would be needed to demonstrate the broad auditing processes outlined in ISO/IEC 17021-1. Director/CEO would consider any deviation, NABCB based on merit.

4.5 Witness audit plans for surveillance assessments

Witnessing is a part of the surveillance program. The witness audit plans would depend on various factors including the number of clients issued with NABCB accredited certificates, the number of auditors employed / empanelled by the CB, feedback from the market, complaints received and inputs from any office assessment. NABCB may demand to witness a specific auditor or any organization issued with accredited certificate.

The normal plan for witnessing based on the number of certificates issued and the number of auditors employed / empanelled by the CB would be

Sl no.	No of certified clients issued with NABCB accredited certificate in the past 6 months	No. of witness required on an 6 monthly basis	Remarks

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1	1-100	1	
2	101-200	2	
3	201-500	3	
4	501 & above	4	

Sl no.	Number of auditors employed / empanelled by the CB	No. of auditor to be witnessed annually	Remarks
1	1-10	2	
2	11-50	4	
3	51 & above	6	



Annex 4 (Clause 4.3.3.8)

Norms for using reports from other accreditation bodies for use in NABCB accreditation process

Background:

NABCB, as a MLA signatory of PAC & IAF is obliged to recognize accreditations issued by other MLA signatory accreditation bodies. A provision exists in the MLA procedures of PAC & IAF for exchange of documents among ABs and to recognize the work done by each other.

NABCB procedure for accreditation BCB 201 also includes a provision for using reports issued by other accreditation bodies.

4.3.3.8 The recommendations by NABCB may take into account the results of assessments by other IAF MLA members.”

Framework for use of reports from other ABs for initial assessments

1. NABCB would carry out its own office assessment. Use of reports from other ABs would be restricted to witness audit reports only for the present.
2. NABCB would carry out at least one witness audit to confirm the CBs process for auditing before using reports from other ABs
3. Reports of witness audits should be reasonably current – not older than 2 years on the date of NABCB assessment and audit witnessed should meet the general NABCB criteria – a) should be either an initial audit / renewal audit covering all the requirements of the Management system standard; b) at least a few key processes of the scope sector are audited
4. NABCB would follow the IAF Guidance on exchange of documents among IAF MLA signatories. The reports would be sought from the AB directly based on the information provided by the CB. It shall be the responsibility of the CB to ensure that the AB concerned releases the reports
5. The competence of the CB for the specific scope sector relevant to the report and other scope sectors covered by NABCB grouping relevant to the report shall be established during the office assessment and reported in the office assessment report
6. The CB shall also confirm that there had been no issues raised by the other accreditation body on auditor competency requirements during their previous assessment.
7. NABCB / Accreditation Committee may decide not to use such reports citing clear reasons

Framework for use of reports from other ABs for surveillance assessments

NABCB may utilise any witness audit report of an IAF MLA signatory in lieu of its own witnessing requirements. The process would be similar to that detailed above except that any report of surveillance audits would also be acceptable



Annex 5 (Clause 4.3.4.1)

Timeline for accreditation process

The normal time period for the various stages of the accreditation process would be as follows

Acknowledging and registering an application	7 days
Document review	6 weeks
Office assessment (after all document review issues have been addressed)	6 weeks notice
Witness audits	6 weeks notice

Note: Any major non-conformity at any stage of the process could mean a delay of at least 4 months as major non-conformities would normally mean that the system needs to be modified and NABCB would need evidence of effective implementation of the modified system



Annex 6 (Clause 17)

(Obligations of the applicant / accredited certification body)

The obligations of the applicant / accredited certification body are;

- a) The CB shall commit to fulfil continually the requirements for accreditation set by NABCB for the areas where accreditation is sought or granted including adapting changes in the requirements for accreditation as and when communicated
- b) When requested, the CB shall afford such accommodation and cooperation as is necessary to enable the accreditation body to verify fulfilment of requirements for accreditation. This applies to all premises where the conformity assessment services take place.
- c) The CB shall provide access to information, documents and records as necessary for the assessment and maintenance of the accreditation.
- d) The CB shall provide access to those documents that provide insight into the level of independence and impartiality of the CB from its related bodies, where applicable.
- e) The CB shall arrange the witnessing of CB services when requested by the accreditation body.
- f) The CB shall claim accreditation only with respect to the scope for which it has been granted accreditation.
- g) The CB shall not use its accreditation in such a manner as to bring the accreditation body into disrepute.
- h) The CB shall pay fees as shall be determined by the accreditation body.
- i) The CB shall inform without delay, any significant changes relevant to its accreditation, in any aspect of its status or operation relating to:
 1. its legal, commercial, ownership or organizational status,
 2. the organization, top management and key personnel,
 3. main policies,
 4. resources and premises,
 5. scope of accreditation, and
 6. Other such matters that may affect the ability of the CB to fulfill requirements for accreditation.

Obligations of the accreditation body

- a) NABCB shall make publicly available information about the current status of the accreditations that it has granted to CBs. This information shall be updated regularly. The information shall include the following:
 - i) name and address of each accredited CB;
 - ii) dates of granting accreditation and expiry dates, as applicable;
 - iii) scopes of accreditation, condensed and/or in full. If only condensed scopes are provided, information shall be given on how to obtain full scopes.
- b) NABCB shall, where applicable, provide information about international arrangements in which it is involved.
- c) NABCB shall give due notice of any changes to its requirements for accreditation. It shall take account of views expressed by interested parties before deciding on the precise form and effective date of the changes. Following a decision on, and publication of, the changed requirements, it shall verify that each accredited body carries out any necessary adjustments.



Amendment Record

Date **Auth. by** **Description of Amendment**