



**NATIONAL ACCREDITATION BOARD FOR
CERTIFICATION BODIES (NABCB), INDIA**

Quality Manual
Issue 7



QUALITY MANUAL

Section: A-01 CONTENTS

LIST OF CONTENTS

No.	Description	Page No.
A-01	Contents	02
A-02	Profile and Legal Structure	03
QM-01	Policy and Objectives	05
QM-02	Organization Structure	07
QM-03	Accreditation System	15
QM-04	Personnel – Resource Requirements	24
QM-05	Requirements for Assessment and Accreditation	27
QM-06	Complaints, Appeals & Disputes	32
QM-07	Internal Audit & Management Review	33
QM-08	Issue and Amendment History	36



QUALITY MANUAL

Section: A-02

PROFILE AND LEGAL STRUCTURE

The Quality Council of India (QCI) has established the National Accreditation Board for Certification Bodies (NABCB) as per decision of the Cabinet in Feb, 1996 and Memorandum of Association of Jan, 1997 to carry out accreditation of Conformity Assessment Bodies (CABs). The criteria for accreditation for different schemes are developed based on national and/or international standards or guides.

QCI is an autonomous not for profit organization registered under the Registration of Societies Act. It has been established by joint initiative of Government of India and the Indian Industry. It is administratively and financially independent and is governed by a Council having fair representation of Government of India, Industry (through its associations), and other stakeholders like non-government organizations (NGOs), CABs, institutions etc. QCI is governed by its own rules and regulations. The operational expenses of QCI and its Boards are generated through the services offered. The other activities of QCI are indicated by the structure on page 4 of this Manual. Each of the Board works independently and is chaired by a Chairman, identified from among the prominent people related to industry in India. There is no overlapping of the activities of other constituent boards as evident from the organization chart and mandates of the different boards.

NABCB (hereafter referred to as 'Board') is managed by 18 honorary members including the Chairman with fair representation from the stakeholders ensuring that no one interest predominates. The Chairman of the Board is an eminent person and an ex-officio member of the Quality Council of India. The Chairman of QCI nominates the Chairman of the Board from the proposed names received from the Council members. The Board is supported by a Secretariat.

The Board complies with the relevant national and international standards through a quality system established on the lines of applicable standards and guides especially ISO/IEC 17011:2017.

The policies and procedures for accreditation by the Board are non-discriminatory and are implemented uniformly to all applicants and accredited CABs. A uniform reasonable fee is charged from all applicants in lieu of the services of accreditation offered.

The accreditation of QMS and EMS certification schemes was started in March 2000, accreditation of FSMS, Product Certification and Inspection bodies in 2006, and accreditation for OHSMS, ISMS and EnMS certification bodies was started in 2010, 2011 & 2013 respectively. NABCB started accreditation for ITSMS and Personnel certification bodies in 2014, for RTSMS certification bodies in 2015, for TDRMS in 2017, GHG Validation and



QUALITY MANUAL

Verification bodies and BCMS in 2019. (Please see Annex for a list of current accreditation schemes offered).

NABCB also applies the relevant documents of International Accreditation Forum (IAF), International Laboratory Accreditation Cooperation (ILAC), and Asia Pacific Accreditation Cooperation (APAC) in its accreditation schemes.

Structure of QCI:





QUALITY MANUAL

Section: QM-01 POLICY AND OBJECTIVES

1. Policy:

- 1.1 The National Accreditation Board for Certification Bodies will provide service to the satisfaction of its customers in accordance with the national and international norms. It is committed to provide equal opportunity to all the applicants with highest regard to impartiality, transparency, integrity, and confidentiality.

The Board has decided to provide accreditation services to CABs established as legal entities within the country, as well as in other nations, the latter to be in accordance with the IAF and the ILAC policies on cross-frontier accreditation, as applicable. In addition, the relevant locations of the CABs in other countries can be included in the scope of accreditation.

The Board will strive for the international recognition of its accreditation schemes through international and regional forums like IAF, ILAC, APAC etc. and through bilateral and multilateral mutual recognition arrangements.

- 1.2 The above said policy is pursued by complying to the ISO/IEC 17011:2017 “Conformity assessment —requirements for accreditation bodies accrediting conformity assessment bodies” and other relevant international/national standards and applicable IAF/ILAC/APAC documents.

2. Objectives:

- 2.1 The objectives of NABCB are:

- a. To be equally accessible to all the CABs applicants who wish to be accredited to the criteria of the Board within its scope and capability, within the geographical limitations decided by the Board
- b. To continually upgrade criteria and procedure for accreditation in line with the developments in the international standards and related documents of IAF/ILAC/APAC to foster consistency of operation and improvement in the quality of conformity assessment process with the support of CABs.
- c. To be impartial in the development of criteria and in its accreditation process.
- d. To seek and maintain mutual recognition of the accreditation schemes internationally.



QUALITY MANUAL

- e. To be independent of any undue influence of any stakeholder and to conduct its business professionally.
- f. To ensure competence of personnel through selection of appropriately qualified personnel competent to perform their functions and by conducting regular training programs and information exchange conclaves to update knowledge and skills.
- g. To actively participate in the meetings of IAF/ILAC/APAC regularly.

Specific measurable objectives would be evolved each year based on the past performance and future goals of the Board. The objectives would be recorded in the proceedings of the Board Meetings and reviewed periodically by the Board.

3. Impartiality Policy:

The National Accreditation Board for Certification Bodies will provide accreditation services impartially. It shall be responsible for the impartiality of its accreditation activities and shall not allow commercial, financial or other pressures to compromise impartiality, neither through its actions nor through actions of its personnel.

The Board understands importance of impartiality in carrying out its accreditation activities by NABCB, managing conflict of interest and ensuring objectivity of its accreditation activities.

It is the policy of the Board that the services offered by NABCB would be impartial and NABCB would not offer any services that it accredits. NABCB would also not offer consultancy services for establishing and maintaining conformity assessment systems.

4. Communication:

The policy of the Board is communicated to the Board members, staff, and related personnel who perform on behalf of the Board during board meetings, as part of induction programs and information exchange conclaves and it is ensured that the policy is understood and implemented.

5. Approval & Review of the Policy and Objectives:

The policy and overall objectives of NABCB are approved by the Board and are reviewed not later than three years.



QUALITY MANUAL

Section: QM-02 ORGANIZATION STRUCTURE

1. General

- 1.1 The National Accreditation Board for Certification Bodies has been established by Quality Council of India, an autonomous organization established jointly by Government of India and Industry associations (CII, FICCI and ASSOCHAM) as per the Cabinet decision of Feb, 1996.
- 1.2 The organization structure of the Board is shown in this Section of the manual.

2. Terms of Reference of the Board:

The Board is responsible for the accreditation schemes offered by NABCB. This responsibility includes:

- a. Formulation of policy relating to the operation of the accreditation schemes including the procedures of the Board and ensuring that the services offered by NABCB are independent, impartial and free from any bias.
- b. Establishing the criteria for accreditation of CABs offering different conformity assessment schemes within the scopes of the accreditation.
- c. Review of the performance and implementation and continuous improvement of accreditation schemes of the Board.
- d. Review of the financial status to ensure financial independence of the Board. Review includes approval of the fee structure, compensation to be paid to the external resources of the Board and review of financial statements of the Board.
- e. Establishing various committees and identifying individuals as required to delegate specific activities on its behalf and to advise the Board as per procedures and for entering into any contractual arrangements.
- f. Specifying the conditions of Granting, maintaining, extending, reducing, suspending and withdrawing accreditation and then implementing the same through the NABCB accreditation committee based on the assessment and other relevant information of the applicant CABs.
- g. Seeking mutual recognition of its accreditation schemes with other countries, international and regional forums and entering into any contractual arrangements.



QUALITY MANUAL

- h. Cooperating with the other Boards of QCI to get any possible feedback and to improve the accreditation system.
- i. Constantly upgrading the accreditation schemes in line with international improvements, to meet the needs of the industry on long-term basis.
- j. Identifying the possible liabilities arising out of its operations and/or activities and making arrangements to safeguard against such liabilities.
- k. Ensuring that the Board does not undertake any other activity that conflicts with the impartiality of the accreditation activity. It also ensures that the activities of the related bodies do not affect the confidentiality, objectivity or impartiality of its accreditations and the related bodies do not provide the services and consultancy for the services that it accredits others to perform.
- l. Ensure financial stability and resources required to perform the accreditation services.
- m. Maintaining a system and procedure for resolution of complaints, appeals and disputes received from other parties about the handling of the accreditation and related matters.

The terms of reference is communicated to all the Board members in the Board Meeting. The new members are sent a copy of the terms of reference for their information.

3. ADMINISTRATIVE STRUCTURE OF THE BOARD:

The Board comprises of 18 members including the Chairman. The members represent different groups of stakeholders to ensure impartiality in decision-making and to ensure that no single interest prevails. The representation on the Board is as per the details below:

- a. **Chairman:** (One): Nominated by the Chairman of Quality Council of India on the basis of recommendations received from the members of Quality Council of India.
- b. **Representative of National Standards Body:** (One): Ex-officio Director General, BIS.
- c. **Representative of Industry Associations:** (Three): One each proposed by Industry Associations ASSOCHAM, CII and FICCI out of their members and accepted by the Chairman.
- d. **Representative of Certification and Inspection Bodies:** (Two): To be proposed by the representatives of the certification as well as inspection



QUALITY MANUAL

bodies (one each) through their association or otherwise and accepted by the Chairman of the Board. (Preferably should be one of the QCI Governing Council members).

- e. **Consulting Organizations:** (One): To be proposed by the Board members and accepted by the Chairman of the Board.
 - f. **Representative of Registered Consumer Organization:** (One): To be proposed by the Board Members and accepted by the Chairman of the Board. (Preferably should be one of the QCI Governing Council members).
 - g. **Representative of Government:** (Five): Ex-officio representative of the level not less than Deputy Secretary, one each from Department of Promotion of Industry and Internal Trade, Department of Commerce, Department of Consumer Affairs, Ministry of Railways and Council for Scientific & Industrial Research.
 - h. **Representative of Regulators:** (Two) To be proposed by Board members and accepted by the Chairman of the Board
 - i. Secretary General of QCI (ex officio)
 - j. Chairman, NABCB Accreditation Committee
- 3.1 The Chairman is nominated for a term of two years. After completion of one term, the Chairman has the option of offering his services or can be requested by the Chairman of the Council to continue for one more term. After completion of two consecutive terms the Chairman is not considered for a third consecutive term.
- 3.2 The nominated members from c) to i) above are appointed for a term of two years. After completion of one term, the members will have the option to offer their services for one more term. Nominated members who have completed two consecutive terms will not be considered for further nomination. In the event that any nominated member ceases to be a member due to any reason, the vacancy will be filled for balance part of the term as per the procedure indicated against that category.
- 3.3 The Board shall function notwithstanding that any person who is entitled to be a member by reason of his office is not a member of the Board for the time being and notwithstanding any other vacancy in its body whether by non-appointment or otherwise and no act or precluding of the Board shall be invalidated merely by reasons of any defect in the appointment of any of its members.



QUALITY MANUAL

- 3.4 The Board can accept invitees (without voting rights) on the Board based on the recommendations of the members of NABCB, members of QCI, or any other institution.
- 3.5 Each of the interest represented on the Board is allowed to nominate an alternate for the nominated member who can represent the member in the event of his absence due to exigencies and is empowered to take decision on behalf of the member and the interest that he represents. The alternate member should be familiar with the proceedings of the Board activities and with conformity assessment process and related standards. The alternate member should be from the same organization and should represent the interest of the group that he represents.
- 3.6 The quorum for the meeting of the Board is 5 members including the Chairman. Generally, the decision-making process of the Board is by consensus and unanimity. In the event that unanimous decision could not be arrived at, then voting could be resorted to. The decision would be taken by simple majority. In case of a tie, the Chairman will have a casting vote.
- 3.7 The Board is overall responsible for the functions as described in clause 5.7 of ISO/IEC 17011: 2017. The board has delegated authority to the Chief Executive Officer and various committees for operation of some of these functions, such as decisions on accreditation, contractual arrangements, safeguarding impartiality. The Chief Executive Officer and the support staff to manage the day-to-day activities of the Board, including performance of assessments and accreditation processes, responding to complaints and appeal in a timely manner. The Chief Executive Officer advises the Board on adequacy of the staff and other resources required for performing the accreditation activities.

4. Committees

The Board appoints various committees as part of its terms of reference to delegate the work of the Board.

The following committees have been formed as part of the Board structure:

a) Accreditation Committee:

The decision of granting, maintaining, extending, reducing, suspending and withdrawing accreditation are taken by this Committee based on the secretariat's recommendation and assessment reports presented to this committee by the Chief Executive Officer of the Board. It also advises the Board on issues related to their decision of accreditation.



QUALITY MANUAL

b) **Technical Committee(s):**

This Committee advises the Board, based on the request of the Board, on the requirement of the standards and their interpretation; need and provision of guidance if any for application of standards to specific fields/sectors and technical areas; or a supplementary criteria document as per the specific needs. It may be authorized to finalize any supplementary criteria and supporting technical, guidance or application documentation relating to any accreditation scheme. This Committee(s) would be set up as and when needed and may be general relating to any accreditation standard or sector specific. The membership and terms of reference details are decided based on the purpose for which the technical committee is set up and its scope of operation and ensuring participation of the interested parties and necessary competence.

c) **Appeals Committee:**

This committee is formed as and when the need arises as per the procedure BCB 203 and advises the Board Chairman, based on the consideration of the facts of the case, on the appeal made to the Board Chairman.

5. Financial Resources: Quality Council of India initially met the financial needs of the Board from the pool money received from the Government and Industry during formation of the Board. Present needs of the Board are met with largely by the fee received from the CABs in lieu of accreditation services provided by the Board and it operates on a self-sustaining basis.

6. System Documentation of Accreditation Structure: The Chief Executive Officer, and/or any officer designated by him, maintains the master copy and a copy of the latest revision of the Documented Accreditation System including the criteria and procedures for granting accreditation to the CABs.

7. Legal Status: Quality Council of India is an autonomous non-profit society registered under The Societies' Act of India. NABCB is a constituent board of Quality Council of India, independent from its other boards.

8. Responsibility & Authority: The names, qualifications, experience, responsibility and authority of the staff and the committees are maintained with the Chief Executive Officer and/or any officer designated by him.

9. Outsourcing: The Board does not outsource any part of accreditation activity to any other body. If necessitated by the IAF/ ILAC Cross-Frontier policy, NABCB would request other IAF MLA/ ILAC MRA/ APAC MRA members to carry out assessments on its behalf. However, NABCB would



QUALITY MANUAL

take full responsibility for all such assessments and inform the CAB of the arrangements, in advance.

10. Impartiality

10.1 NABCB is a constituent Board of Quality Council of India which is a not for profit society. It has the following other Boards and Divisions:

1. National Accreditation Board for Education and Training (NABET) which is now a member of APAC/IAF.
2. National Accreditation Board for Hospitals & Healthcare Providers (NABH) which is into accreditation of Healthcare Services and is a member of International Society for Quality in Healthcare (ISQua).
3. National Accreditation Board for Testing & Calibration Laboratories (NABL) which is into accreditation of Testing, Calibration and Medical laboratories, Proficiency Testing (PT) Providers and Reference Material Producers (RMPs), and is a member of both ILAC and APAC.
4. National Board for Quality Promotion (NBQP) which is primarily into promotional activities and capacity building.
5. Special Projects Group: incubates new quality initiatives and helps promote quality delivery in projects as per the need of the Government and other stakeholders.

As the QCI is structured, each Board functions independently and is member of corresponding international bodies in its own name, has its own separate logo and income expenditure statement. The CEO of the Board is responsible for the day to day activities and reports to the Board. The Board is the highest decision making body for NABCB, whose membership is decided by the QCI's body, the Council.

It has absolutely no interaction with other Boards and their activities nor does it share any resources with other Boards, except with National Accreditation Board for Testing & Calibration Laboratories (NABL) which is a sister board involved in accreditation of Testing, Calibration and Medical laboratories, Proficiency Testing (PT) Providers and Reference Material Producers (RMPs).

Therefore, the activities of other Boards in QCI, whatever they may be, do not affect impartiality and independence of NABCB in performing its activities.”

NABCB is engaged exclusively in accreditation of CABs and sometimes undertakes training in accreditation standards.



QUALITY MANUAL

- 10.2 NABCB's policy with respect to impartiality is made available on its website along with NABCB's policies and objectives.
- 10.3 NABCB has a system whereby the all internal and external personnel involved in its activities are required to disclose any potential conflict of interest whenever they arise.
- 10.4 NABCB Board acts as the multi-stakeholder body with balanced representation of interested parties, responsible for formulation of policy relating to the operation of the accreditation schemes and ensuring that the services offered by NABCB are independent, impartial and free from any bias. The Board also advises on matters affecting impartiality including openness and public perception, through review and approval of risk analysis.
- 10.5 NABCB has a process to identify, analyse, evaluate, treat, monitor and document on an ongoing basis the risks to impartiality arising from its activities including any conflicts arising from its relationships or from the relationships of its personnel. Where any risks to impartiality are identified, NABCB eliminates or minimizes such risks either through imposing a prohibition or through restriction and/or controls. Where controls/restrictions are used as mitigation measure then there may be possibility of some residual risks remaining, in such cases after review of the same, additional measures such as, increased control/review review mechanism are introduced. When an unacceptable risk to impartiality is identified and which cannot be mitigated to an acceptable level, then accreditation is not be provided.

The risks to impartiality and the mitigation measures are documented and placed before the Board periodically.

11. Cross reference:

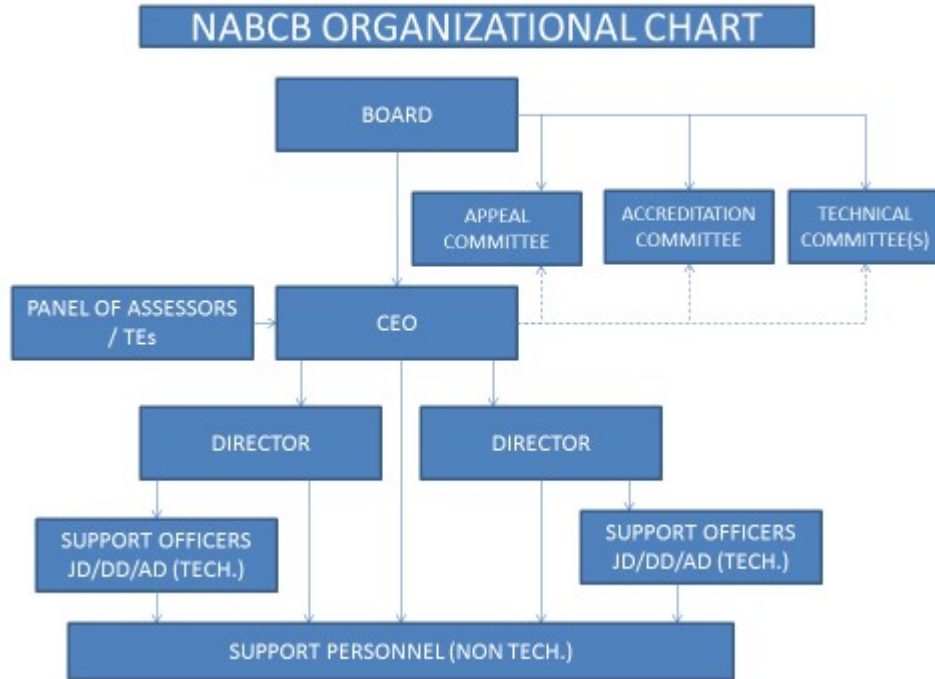
- Procedure No. BCB 221 : Structure and Role of the Board
Procedure No. BCB 203 : Complaints and Appeals
Procedure No. BCB 204 : NABCB Assessor Code of Ethics



QUALITY MANUAL

Section : QM-02 ORGANIZATION STRUCTURE

ORGANIZATION CHART National Accreditation Board for Certification Bodies





QUALITY MANUAL

Section: QM-03 ACCREDITATION SYSTEM

1. Accreditation System:

- 1.1 The accreditation system of NABCB is based on ISO/IEC 17011:2017 and documented in a three-tier structure to ensure a consistent and effective accreditation of CABs.
 - a. **Quality Manual:** This describes the general policies and guidelines for the activities related to accreditation of CABs. The responsibility to amend and issue the quality manual is delegated to the Chief Executive Officer of the Board after the proposed changes have been approved by the Board.
 - b. **Procedures:** These describe the methods/criteria and procedures of the accreditation system and general management system followed by the Board members and staff that ensures accreditation of CABs is being done in compliance with the policies & guidelines as specified in Quality Manual.
 - c. **Standard Formats:** These formats are used to ensure consistency in the information and records of the Board, related to the accreditation of CABs.
- 1.2 The criteria of accreditation of CABs for different accreditation schemes adopted by the Board are generally based on the latest issues of the international standards and guides (e.g. ISO/IEC 17021-1 for management system certification bodies, ISO/IEC 17065 for product certification bodies, ISO/IEC 17024 for Personnel certification bodies, ISO/IEC 17020 for inspection bodies and ISO 14065 for validation and verification bodies) including the mandatory / guidance documents prepared by the International Accreditation Forum (IAF), International Laboratory Accreditation Cooperation (ILAC), and Asia Pacific Accreditation Cooperation (APAC).

Where International standards do not exist, the Board adopts the National Standards.

In the situation where the National Standards also do not exist, the Chief Executive Officer of the Board gets a draft criteria prepared using competent personnel or group/panel of experts and circulates widely to the interested parties like associations of CABs, Industry associations, national standards body, accredited CABs, Board members etc. Based on the comments received from the various organizations, the Chief Executive Officer prepares a final proposal with a summary of the comments received and places the same for the approval of the Board. Care is taken by the Chief Executive Officer to ensure that IAF/ILAC requirements are not contravened. The Chief Executive Officer may, if felt necessary, set up a Technical Committee with defined terms of reference and timelines to



QUALITY MANUAL

accomplish this task. Similar process may also be followed for preparation of technical documentation including guidance/application documents, in specific field where a need is felt during operation of an accreditation scheme.

The Board may authorize the Technical Committee to finalize any supplementary criteria and/or technical documentation including guidance/application documents, for any accreditation scheme. Alternately, the group of experts established by the Chief Executive Officer may finalize the supplementary criteria and/or technical documentation with his approval.

The approved copy of the supplementary criteria and/or technical documentation, and any other clarification so approved are generally maintained with the Quality Manager and in most cases will be made available on NABCB website.

- 1.3 The Chief Executive Officer, who has direct access to the Chairman of the Board, is the designated person who ensures effective implementation of the accreditation system as defined in this manual through establishing a Procedures Manual, with the help of his team of officers and staff. He is responsible to report to the Board on the performance of the accreditation system for review by the Board for improvement of the system.
- 1.4 The Chief Executive Officer with support from Quality Manager controls this documented structure of the accreditation system as per the procedures to ensure that the latest revision of the concerned document is used. The Chief Executive Officer also ensures that the accreditation procedure as documented are implemented. The procedure ensures that the requirements of ISO 17011 are complied with.

2. Amendment to the Documented System

The documented system of accreditation may require modification due to following reasons:

- a) Change in the international standards or guidance documents
- b) Change in the structure of the board
- c) Improvement in the existing process of accreditation
- d) Requirements or improvement in criteria for certification / inspection or certification procedure, etc.
- e) Any other reason that may result in amendment in the documentation.

Any of the Board members, staff of the Board, and clients (applicant and accredited CABs)/stakeholders and interested parties can give an input for bringing out improvement in the existing accreditation and related conformity



QUALITY MANUAL

assessment system. All amendments to the documents are as per the Procedure for Control of Documents – BCB 222

- 2.1 The amendment procedure ensures that all the amendments are authorized by the relevant authority that has approved the document and are implemented by the concerned staff.
- 2.2 The procedure ensures that all obsolete documents are removed from use throughout the Board and the NABCB website.
- 2.3 The procedure also ensures that information regarding amendments in the criteria or issue of an explanatory statement about the applicable standards and guides is given to the concerned persons and organizations, either through direct mailing or a periodic publication.

3. Accreditation:

- 3.1 The Board specifies the conditions under which accreditation is granted, maintained, extended, renewed, reduced, suspended or withdrawn. The Board demands from the accredited CABs to notify promptly about any intended changes to their quality system or other procedures that may affect their conformity assessment process. NABCB also has a system for giving due notice of the changed requirements (in accreditation criteria/procedure, etc). In case of changes in procedures etc, as relevant NABCB also circulate the draft for taking views of the interested parties before deciding about changes. Following the decision on changes and its publication, NABCB also verifies implementation of changes as per predetermined plan. In case of changes in criteria a transition plan is prepared, taking in to account guidance, if available, from IAF/ILAC/ APAC.
- 3.2 It is ensured that the NABCB policies, processes and procedures are non-discriminatory and are also applied in a non-discriminatory way. All documentation (criteria, procedures, forms etc) as applicable to applicants and accredited CABs are made available on NABCB website and are accessible to all interested parties. NABCB makes its services accessible to all applicants whose application for accreditation falls within the scope of its accreditation activities as defined within its policies and rules. Any CAB fulfilling the requirements for application, is free to apply and it is ensured that its shall be accessed by the CAB irrespective of their size or their membership status from any association or group. Accreditation is also not conditional upon the number of CABs already accredited. However, NABCB reserves its right to refuse its accreditation services for reasons such as, proven evidence of malpractice, fraudulent behaviour, falsification of information or deliberate violation of accreditation requirements.
- 3.3 The Chief Executive Officer, NABCB, with the help of Quality Manager, maintains procedures that define the activities related to accreditation:



QUALITY MANUAL

- a) Granting, maintaining, reducing or extending of scope, suspending and withdrawing of accreditation.
- b) Conducting of reassessment in the event of changes notified by the CAB, that significantly affect its activities and operation related to conformity assessment activity, or in the event of complaint or any other information that indicates possible lack of compliance to the accreditation requirements laid down by the Board.

4. Changes in the Requirements of Accreditation:

The Board gives due notice of any changes that it intends to make in the requirements or explanations of the criteria for accreditation. It takes into account the views expressed by the interested parties before deciding the precise form and date of implementation. Following a decision and publication of the changed requirements, the Board verifies that each of the accredited CAB has implemented changes necessary for compliance either as part of surveillance or by a special assessment but within a reasonable time frame as determined by the Board.

5. Decision on Accreditation:

- 5.1 The decision on the grant of accreditation is taken by the Accreditation Committee based on the information gathered by the assessors during the assessment of the CAB and on the other relevant information available with the Board. The Accreditation Committee members shall not have participated in the assessment process. In no situation, the decision on accreditation is delegated to any outside person or body.
- 5.2 Each of the accredited CAB is provided with a certificate of accreditation signed by the Chief Executive Officer of the Board stating the name & address of the accredited CAB, scope of accreditation, validity of accreditation, NABCB logo etc. as per procedure. One of the prerequisites for the providing the certificate of accreditation is that the CAB signs a legally enforceable agreement. NABCB has established Agreement for accreditation for different accreditation schemes operated, which are required to be signed by the accredited CABs. The agreement formats include among others all the requirements specified in clause 4.2 of ISO/IEC 17011:2017.
- 5.3 Applications for amendment in the scope of accreditation already granted are processed by the Board after deciding the extent of the assessment procedure as appropriate to determine whether change should be granted or not. The Accreditation Committee decides on changes in the scope of accreditation of CABs.



QUALITY MANUAL

6. References to Accredited Status:

- 6.1 The Board has a procedure in respect of the use of NABCB Accreditation Symbols of the Board and other claims of accreditation. It allows the use of NABCB Symbol by the CABs as per the rules and procedures that are made known to them. They are also required to abide by the same through the legally enforceable agreement they are required to sign at the time of grant of accreditation. NABCB also requires its use to be reviewed at the time of its assessment of CABs.
- 6.2 The Board also ensures that the Symbol is not used in any way that implies that the Board itself has approved the product, service or system that was certified by one of the accredited CAB. The Board also ensures that where the supplier is certified for compliance to only management system, the Symbol is not used on the product or in any way that may be interpreted as denoting product conformance.
- 6.3 The Board takes suitable action to deal with incorrect or unauthorized claims of accreditation status, or misleading or unauthorized use of accreditation symbols and the accreditation body logo. It includes incorrect reference to the accreditation system of the Board and wrong or misleading usage of the accreditation Symbol in advertisements, catalogues etc. Based on the severity and level of violation, suitable actions may include requests for corrective action, suspension, withdrawal of accreditation, publication of the transgression and, if necessary, legal action.

7. Publicly available Documentation/information:

The Board provides the following information and makes them available without request through at least one of the means e.g. published documents, newsletter, electronic media etc.

- a) Information about the authority under which the Board operates and grants accreditation. Description of NABCB's rights and duties.
- b) A documented statement of the accreditation system of the Board including the rules and procedures for granting, maintaining, extending, reducing, suspending and withdrawing of accreditation of any CAB.
- c) Information about NABCB's activities other than accreditation.
- d) Description of the means by which the Board obtains financial support including general information on the fee charged to the applicants and accredited CABs.



QUALITY MANUAL

- e) Descriptions on the rights and duties of the applicants and accredited bodies, as specified, including requirements, limitations on the use of Accreditation Board's Symbol and on referring to the accreditation granted.
- f) Information about Accreditation process - Detailed information about its accreditation schemes, including their assessment and accreditation processes; reference to the documents containing the requirements for accreditation (criteria).
- g) Information on the procedures for handling complaints, appeals and disputes, by the Board.
- h) Directory of the accredited CABs, including their name, address, their location(s) and scope of accreditation granted, activities performed at each location, as applicable, validity dates, information on suspensions and withdrawals, etc.
- i) information about international recognition arrangements in which NABCB is involved.

Some of the information as described above such as e) to i) is available on NABCB website.

8. Records:

- 8.1 The Board maintains the records of every accreditation activity, demonstrating compliance to the documented accreditation system and other local regulation that may exist from time to time. The records also demonstrate that the requirements of accreditation have been fulfilled. Access to these records is decided based on the confidentiality requirements.
- 8.2 The responsibility and duration of maintaining records is described in the respective procedure. It includes all records including management system related records. The duration is determined based on the requirements of international standards and local legal requirements. As a minimum the records of CABs are retained for the duration of current cycle plus the previous full accreditation cycle.
- 8.3 Chief Executive Officer, NABCB is responsible for the review and disposal of these records at least once in three years.

9. Confidentiality:

- 9.1 The Board ensures adequate confidentiality, consistent with applicable laws, of the information obtained as part of the accreditation process



QUALITY MANUAL

through a system of oath of secrecy by the staff and Members of the Board as well as external resources such as assessors, technical experts.

- 9.2 Information about the CABs is not disclosed to a third party. Where the law of the country requires information to be disclosed to a third party, the respective CAB is informed about the information provided, as permitted by the law.
- 9.3 The Board takes suitable action in case confidentiality is breached by any of the staff or member of the Board.
- 9.4 The confidentiality requirements apply to the staff of the Board, Board members, empanelled assessors / technical experts and members of various committees constituted by the Board.
- 9.5 NABCB has the provision for management of confidentiality of all information obtained or created during the accreditation process. NABCB informs the CABs, in advance, of the information it intends to place in the public domain. Except for information that the CAB makes publicly available, or when agreed between NABCB and the CAB (e.g. for the purpose of responding to complaints), all other information obtained during accreditation process is considered proprietary information and is regarded as confidential.
- 9.6 Information about the CAB obtained from sources other than the CAB (e.g. complainant, regulators) is confidential between the CAB and NABCB. However, the provider (source) of this information is kept confidential and not be shared with the CAB, unless agreed by the source.

10. Liability

The Board ensures that adequate arrangements to cover any possible liabilities are made, based on the risk perception through having Indemnity Policy

11. Establishing New Accreditation Schemes and Extension of Existing Activities/Schemes:

Any extension of accreditation activities is need based and would take into account the needed competence in terms of systems and resources. This includes extension of existing schemes as well as development or adoption of new accreditation schemes. A procedure has been established for this purpose. The scope of the procedure includes schemes based on new accreditation standards, extensions based on new certification standards, as well as conformity assessment schemes - as in product and personnel certifications or inspection schemes or management certification activities. The procedure requires consideration of aspects such as feasibility study,



QUALITY MANUAL

analysis of present competence and resources, accessing and employing expertise, need for application or guidance document, training of accreditation body and assessment personnel, implementation or transition arrangements, views of interested parties, as relevant.

In case any need is envisaged for development of application or guidance documents, then the process as described in Section QM-901, 1.2 is followed.

In case of adoption / use of a new conformity assessment schemes or standards for the purpose of accreditation, NABCB has a system for determining suitability of the same.

Before discontinuation of an accreditation scheme, in part or in full, NABCB will ensure aspect, such as, consideration of interested parties, contractual duties, transition arrangements, external communication regarding discontinuation.

12. Cross-reference:

Procedure No. BCB-101	: Accreditation Criteria QMS
Procedure No. BCB-105	: Accreditation Criteria EMS
Procedure No. BCB-110	: Accreditation Criteria Inspection
Procedure No. BCB-115	: Accreditation Criteria for FSMS
Procedure No. BCB-120	: Accreditation Criteria for Product Certification
Procedure No. BCB 125	: Accreditation Criteria for ISMS
Procedure No. BCB 130	: Accreditation Criteria for OHSAS
Procedure No. BCB 135	: Accreditation Criteria for MDQMS
Procedure No. BCB 140	: Accreditation Criteria for EnMS
Procedure No. BCB 145	: Accreditation Criteria for ITSMS
Procedure No. BCB 150	: Accreditation Criteria for PrCB
Procedure No. BCB 155	: Accreditation Criteria for RTSMS
Procedure No. BCB 160	: Accreditation Criteria for TDRMS
Procedure No. BCB 165	: Accreditation Criteria for GHG
Procedure No. BCB 170	: Accreditation Criteria for BCMS
Procedure No. BCB-201 (MS)	: Accreditation Procedure for Management Systems Certification
Procedure No. BCB-201A (QMS - 02)	: Accreditation Procedure for ISO 15378
Procedure No. BCB-201(IB)	: Accreditation Procedure (for IB)
Procedure No. BCB-201(PCB)	: Accreditation Procedure for Product Certification
Procedure No. BCB 201(PrCB)	: Accreditation Procedure for PrCB
Procedure No. BCB 201 (GHG)	: Accreditation Procedure for GHG
Procedure No. BCB-202	: Conditions for Use of Accreditation Mark



QUALITY MANUAL

Procedure No. BCB-203	: Complaints and Appeals
Procedure No. BCB-204	: Assessor Code of Ethics
Procedure No. BCB-221	: Structure and Role of the Board
Procedure No. BCB-222	: Accreditation System & Document Control
Procedure No. BCB-223	: Internal Audit and Management Review
Procedure No. BCB-224	: Records and Confidentiality
Procedure No. BCB-225	: Assessors, Experts and other Staff
Procedure No. BCB-226	: Assessment Process
Procedure No. BCB-227	: Witness Assessment Process
Procedure No. BCB-228	: Establishing New Accreditation Schemes
Procedure No. BCB-229	: Preventive Action and Continual Improvement
Procedure No. BCB-230	: Assessment Reporting
Form No. BCB F003 (MS)	: Agreement for Accreditation with MS CBs
Form No. BCB F003 (IB)	: Agreement for Accreditation with IBs
Form No. BCB F003 (PCB)	: Agreement for Accreditation with PCBs
Form No. BCB F003 (PrCB)	: Agreement for Accreditation with PrCBs



QUALITY MANUAL

Section: QM-04 PERSONNEL – RESOURCE REQUIREMENTS

1. General:

- 1.1 The staff (regular and part-time) of NABCB is selected based on their qualification, experience and competence. NABCB has processes to ensure personnel have appropriate competence to perform their functions and duties assigned through classroom type or on job the training.
- 1.2 NABCB has determined and documented competence criteria for personnel involved in the management and performance of assessments and other accreditation activities for each accreditation scheme. These include the requirements specified in ISO 17011 as well as IAF MDs and ILAC documents for specific schemes for NABCB personnel (internal or external) performing the functions, such as, application review, proposing and nominating assessment team, documentation review and conducting assessments, review of assessment reports and decision making. These are periodically reviewed and updated to take care of changing or additional requirements.
- 1.3 The Chief Executive Officer of the Board or aAn official designated for the purpose maintains record of their qualification, experience, training and knowledge and skills. The Chief Executive Officer of the Board or any person nominated by him reviews the performance of all the staff at least once a year and the need for further training is identified based on their performance and job requirement. A record of their additional skills learnt on the job and on training is also maintained.
- 1.4 Awareness of the documented system is part of their training and appropriate records are kept. These instructions are kept up-to-date as part of the control on the documented system.

2. Assessors and Technical Experts:

The minimum relevant criteria for the qualifications, experience, training, knowledge and skills to ensure competence of assessors and technical experts for the assessment functions are defined by the Board and are based on international standards (ISO 17011 as well as sector specific IAF/ILAC/APAC documents, where applicable). These are documented in the procedure “BCB-225 Assessors, Experts and other NABCB Staff”

3. Selection Procedure of Assessors and Technical Experts:

Selection of assessors and technical experts is done as per the procedure of the Board that ensures that the selected assessors and technical experts meet the required criteria of the Board. The procedure specifies the method to assess, the



QUALITY MANUAL

assessors and technical experts during assessment and subsequently monitor their performance. As per the described procedure they are also required to undergo training and/or evaluation for the specific accreditation standards and on the job training and evaluation for assigned functions. NABCB also has a system for personnel to carry out the activities under observation, where they are evaluated for their ability to apply required knowledge and skills during assessments, before being formally authorized for the same.

4. Assignment for a Specific Assessment:

The assessment team to be appointed for a specific assignment is selected as per the procedure of the Board to ensure independence of the assessment performed by assessors and experts with adequate competence. For some specific activities requiring specific competence for a new activity the Chief Executive Officer of the Board has been authorized to qualify suitable assessor or technical expert after evaluation of competence and other requirements such as impartiality, independence and confidentiality.

5. Contracting of Assessment Personnel:

NABCB strives to have access to a sufficient number of competent personnel (internal or external) to manage and support all its accreditation activities for all accreditation schemes. The personnel involved in the assessment of any CAB have to sign a contract agreement with the Board by which they commit themselves to the rules and regulation as defined by the Board including those for confidentiality and impartiality. These require all personnel to notify NABCB of any existing, prior or foreseeable relationships which may compromise impartiality.

6. Monitoring and Training:

NABCB has documented its procedure for monitoring and training of its assessment personnel. NABCB conducts monitoring of its Assessors and Technical Experts through a combination of techniques such as:

- Observation of Assessors / Technical Experts by Lead Assessors/Assessors in on-site assessment
- observation of Lead Assessor by Accreditation Committee member or another observer nominated by CEO, NABCB in on-site assessment,
- review of assessment reports,
- feedback from CABs,
- feedback from NABCB Secretariat officers
- Any other appropriate methodologies as decided by the Board.

NABCB has a system of identifying training needs periodically. The training needs are identified based on aspects such as new accreditation scheme being developed, induction of new assessors, assessors already qualified for a field of accreditation being inducted in to new field, availability of training programmes



QUALITY MANUAL

at APAC level, revision of accreditation related standards, etc. NABCB also nominates its staff and assessors for participation in ISO/ISO-CASCO/ILAC/APAC/IAF meetings, Scheme owners meetings, which overall adds to continuous professional development of its personnel. NABCB also holds every year assessor conclaves for the purpose of information sharing and calibration of its staff and assessors.

7. Assessment Personnel Records:

NABCB maintains the records of personnel (full time, part-time and external resources) for those managing or performing accreditation activities including records of qualifications, experience, training, competence, results of monitoring, professional status and professional affiliations.

8. Procedures for Assessment Teams:

NABCB arranges to provide the assessment teams with up-to-date accreditation procedures and other related documents, assessment instructions, formats and relevant information on accreditation arrangements and procedures.

9. Objectivity and impartiality

NABCB ensures that all its personnel act objectively and are free from any commercial, financial and other pressures that could affect impartiality. This is done through the initial evaluation, monitoring, feedbacks and suitable undertakings.

10. Members of the Board and Committees constituted by the Board

The rules for nomination of members on the Board are covered under Section QM 02 of this manual. The rules for nomination on Committees constituted by the Board are covered in procedure BCB-225

Cross Reference:

Procedure No. BCB-225 : Assessors, Experts and other Staff

Procedure No. BCB-201 : Accreditation Procedures (for each scheme)



QUALITY MANUAL

Section: QM-05 REQUIREMENTS FOR ACCREDITATION PROCESS

1.0 Application for accreditation:

1.1 Information on the Procedure:

- 1.1.1 The Board maintains up-to-date documents and procedures for criteria of accreditation, assessment, accreditation process and rights & duties of the accredited CABs. These documents are provided to applicants and the accredited CABs as described in the procedures. These are also available on NABCB website.
- 1.1.2 The Board requires that the accredited CABs comply with the specific requirements as listed in the legal agreement document.
- 1.1.3 Necessary explanations regarding scope of accreditation are provided to the applicants.
- 1.1.4 Any additional information relevant to application for accreditation is provided by the designated person of NABCB on request.

1.2 The Application and Application/Resource Review:

- 1.2.1 The application for accreditation is made by the applicants in the prescribed format of the Board. The applicant clearly describes the scope for which accreditation is being sought for and location from where it operates, provides agreement to comply with the requirements of the board and willingness to provide all information required for evaluation and assessment.
- 1.2.2 NABCB ensures that the information provided by the applicant before assessment, is treated with appropriate confidentiality.
- 1.2.3 NABCB reviews the information supplied by the CAB to determine the suitability of the application for accreditation to initiate an assessment. A proposal for the assessment of the applicant based on the scope applied is sent to the applicant.
- 1.2.4 NABCB also reviews its ability to carry out the assessment, in terms of its own policy and procedures, its competence and the availability of personnel suitable for the assessment activities and decision making. The review also include the ability of NABCB to carry out the initial assessment in a timely manner. Where the initial assessment cannot be conducted in a timely manner, this is communicated to the CAB.



QUALITY MANUAL

2. Preparation for Assessment:

- 2.1 A qualified and competent assessment team is identified to evaluate the applicant's documented system, and to conduct the assessment on behalf of the Board. Technical experts, if necessary, are attached to the team.
- 2.2 The applicant CAB is informed of the members of the assessment team sufficiently in advance to verify and raise an objection in case they have any reservation against any of the team member. NABCB has a policy for dealing with such objections.
- 2.3 NABCB has established generic as well as accreditation scheme wise documented procedures to assess the competence of a CAB to perform all activities in its scope of accreditation taking in to consideration where they are performed, through the use of a combination of assessment techniques such as document review, file review, interviewing, on-site assessments and witness assessments which provides confidence in the conformity with the relevant accreditation criteria. It takes in to consideration assessment of performance of sample of conformity assessment activities to cover the scope applied for, the location where these activities are carried out and personnel carrying out the activities. Risk associated with the activities is taken in to consideration while selecting the same for the purpose of assessment. Based on these consideration NABCB develops an assessment plan.
- 2.4 The assessment team is formally appointed after obtaining acceptance from the applicant CAB and provided with the relevant documents. The plan for and schedule of the assessment is agreed with the applicant CAB. The mandate given to the assessment team is clearly defined and made known to the CAB. The assessment team is required to assess all aspects of the CAB as defined in the procedures to give confidence in the conformity assessment system of the CAB.

3 Assessment:

- 3.1 The assessment team nominated for the same, review all relevant documented information supplied by the CAB to evaluate its system for conformity with the relevant standard(s) and other requirements for accreditation.
- 3.2 The assessment team then carries out the assessment of the applicant CAB on site and also witness assessments in accordance with the documented procedures of NABCB which has described the assessment process and the techniques to be used. The assessment teams analyse all relevant information and objective evidence gathered prior to and



QUALITY MANUAL

during the assessment to determine the competence of the CAB as determined through its conformity with the requirements for accreditation. Where the assessment team cannot reach a conclusion on a finding, the team shall refer back to NABCB for clarification.

4 Reporting Requirements:

- 4.1 At closing meeting the assessment teams report on the findings identified during the assessment and detail in writing any nonconformities. An opportunity shall be provided for the CAB to seek clarification on the findings including the nonconformities, if any, and their basis. The assessment teams prepare a written report after each stage of the assessment as per procedures. This assessment report also contains comments on competence as determined through conformity, the scope assessed and identifies audit findings such as nonconformities, if any, to be resolved in order to conform to all of the requirements for accreditation. When nonconformities are identified, the NABCB ensures that CABs provide responses to resolve nonconformities in accordance with the procedures and the same are reviewed by the assessment teams to determine if the actions are considered to be sufficient and appropriate.
- 4.2 Based on the above a final report is prepared and provided to a nominated technical reviewer, who is not part of the assessment process.

The report takes into consideration the qualification, experience and authority of the staff encountered during assessment, the adequacy of the internal organization and procedures adopted by the applicant body and the actions taken to correct identified nonconformities including those identified during previous assessments.

5 Accreditation Decision making

- 5.1 The decision on grant of accreditation is taken by the accreditation committee of NABCB which is independent from the assessment process. The accreditation committee is responsible for decision on granting, maintaining, extending, reducing, suspending and withdrawing accreditation. Since, maintaining accreditation of NABCB only involves surveillance, this process is not subject to decision by the accreditation committee. However, all cases of renewal of accreditation and modification to the scope are subjected to decision by the accreditation committee.
- 5.2 Subsequent to accreditation decision and payment of fees and signing of accreditation agreement with NABCB, the accredited CABs are issued



QUALITY MANUAL

an accreditation certificate. The effective date of accreditation is the date of or a date after the accreditation decision depending on the other requirements being fulfilled and the certificate is valid for a period of 3 years for the first cycle and thereafter for four . The accreditation certificate clearly identifies, among other information, the location of the CAB and the scope of accreditation. The detailing of the scope is based on the type of accreditation scheme accredited for and the requirements prescribed in the relevant standards and IAF/ILAC/APAC documents.

6 Surveillance and Reassessment – Maintaining Accreditation:

- 6.1 During the accreditation cycle, NABCB carries out yearly surveillance office assessments at the accredited office of the CAB and any other location based on risk as well as witness assessments, to verify that the accredited CABs continue to comply with the accreditation requirements. NABCB applies an assessment programme for assessing the CAB's activities during the accreditation cycle to ensure that the conformity assessment activities representative of the scope of accreditation at the relevant locations are assessed. The assessment programme ensures that the requirements of ISO/IEC 17011 and other IAF/ILAC/APAC documents and the scope of accreditation are assessed taking risk into consideration.
- 6.2 The reassessment is planned and performed taking into consideration the information gathered from assessments performed over the accreditation cycle is carried out for the purpose of confirming the competence of the CABs and cover all the requirements of the standard(s) for which the CAB is accredited. A reaccreditation decision is made after the reassessment.
- 6.3 The Board has an agreement with the accredited CABs that they inform the Board without any delay of changes in any aspect of their status or operation that affects their conformity assessment capability, or any other relevant criteria of competence specified by the Board. Based on the changes informed, NABCB decides the means of verifying the same.
- 6.4 NABCB carries out its activities concerning scope extension, reduction of scope, suspension and withdrawal of accreditation in accordance with the documented procedure which is consistent with the requirements specified in ISO/IEC 17011 and any other IAF/ILAC/APAC documents as relevant. The documented procedure has described the conditions in the procedure and the criteria to decide in which circumstances the accreditation shall be suspended, withdrawn or reduced when an accredited CAB fails to meet the requirements of accreditation or to abide by the rules for accreditation or has voluntarily requested a suspension, withdrawal or reduction.



QUALITY MANUAL

Cross Reference:

Procedure No. BCB-201(MS, IB, PCB, PrCB & GHG): Accreditation Procedure

Procedure No. BCB-226 : Assessment process

Procedure No. BCB-227 : Witness assessment

Procedure No. BCB-230 : Assessment reporting



QUALITY MANUAL

Section: QM-06 COMPLAINTS, APPEALS & DISPUTES

1. Procedures for handling of Complaints, Appeals and Disputes:

The Board has procedures to redress complaints, appeals and disputes (which are specific types of complaints made by the CABs in respect of findings raised by NABCB assessment teams or actions of secretariat) brought before the Board by the CABs, or other parties in respect of the accreditation system of the Board or against the conformity assessment system of the accredited CABs.

The Board also demands that each of the accredited body shall have procedures to handle complaints and appeals, as applicable against their conformity assessment system.

2 Records of Complaints, Appeals and Disputes:

The Chief Executive Officer of the Board and/or any officer designated by him maintains the record of all complaints, appeals and disputes and the remedial action relative to the accreditation system operated by the Board.

NABCB takes corrective and preventive actions where necessary and documents the corrective actions taken to monitor effectiveness.

3 Access to Records of Appeals:

The Board demands that each applicant and the accredited body to make available the relevant records of all complaints and appeals on request and the details of the subsequent actions taken.

Cross Reference:

Procedure No. BCB-203 : Complaints and Appeals



QUALITY MANUAL

Section: QM-07 INTERNAL AUDIT & MANAGEMENT REVIEW

1. Internal Audits

The Internal audit of the accreditation system, documents and procedure is done at least once in a year. The internal audit is planned by the Chief Executive Officer of the Board or any officer designated by him and carried out by a person other than the ones involved in establishing and maintaining the system.

In the event that an independent person is not available within the organization, the Chief Executive Officer may request a person from outside of NABCB, competent and qualified as per the requirements specified in the standard, to conduct the audit in accordance with ISO/IEC 17011 and the procedures of the Board.

2. Internal Audit Reports

The internal auditor will prepare the internal audit report and individual non-conformity reports for each of the non-conformity observed. The auditee will accept the non-conformity and also write the corrective action that needs to be taken to overcome the problem.

The internal auditor will bring the non-conformities and the internal audit report to the notice of the Chief Executive Officer, NABCB.

3. Correction and Corrective Action

Based on the internal audit suitable corrections / corrective action will be taken by the auditee and ensured by the Chief Executive Officer that corrections / corrective action have actually been taken as planned. In case any non conformities are brought to the notice of NABCB by any other means/stakeholder, these would appropriately addressed.

4. Management Reviews

The Chief Executive Officer places the report of the internal audit and the corrective actions taken to overcome any shortcoming for the consideration of the Board as part of the Management Review by the Board.

The Board conducts a Management Review at least once a year as part of the Board meeting to ensure the continuing suitability and effectiveness of the accreditation system as implemented and is meeting the policy and objectives effectively.

The Board carries out the Management Reviews based on the following information:



QUALITY MANUAL

- a) The maturity of the accreditation system as evident from the levels of the non-conformities observed during the internal audits, peer reviews/ evaluation, and the suitability of the corrective actions and status of actions taken to address risks and opportunities.
- b) The status of Complaints, Appeals and disputes received and the corrective and preventive action taken.
- c) Information on measures taken on safeguarding impartiality.
- d) Inputs from the peer assessments, IAF/ILAC/APAC plenary meetings, technical committee meetings, accreditation committee meetings etc.
- e) Feedback from the accredited CABs and other interested parties. New areas of accreditation and changes that could affect the management system.
- f) Follow up actions from earlier management reviews and fulfillment of objectives.
- g) Any other relevant subject that may reflect on the effectiveness of accreditation system implemented by the Board.

5. Risks and Opportunities and Continual Improvement:

The Board and its Chief Executive Officer review the feedback from the CABs, Internal Audit Reports as part of the Management Review and ensure that based on perceptible trends, preventive actions are initiated to ensure that the accreditation system is not only maintained in accordance with the international guides but is also improved over time.

The Board also ensures that inputs received from the representatives of the Board who attend the international forum are consolidated and are reviewed to bring about improvement in the accreditation process operated by NABCB.

Cross Reference:

Procedure No. BCB-223 : Internal Audit and Management Review

Procedure No. BCB-229 : Continual Improvement

**QUALITY MANUAL****Annex*****Accreditation schemes being offered by NABCB***

S. No.	Program	Basic ISO Standard	Other ISO Standards	Being offered from	Remarks
1	QMS	ISO/IEC 17021-1	ISO/IEC 17021--3	Mar 2000	
2	EMS	ISO/IEC 17021-1	ISO/IEC 17021-2	Mar 2000	
3	FSMS	ISO/IEC 17021-1	ISO/TS 22003	Mar 2006	
4	Product	ISO/IEC 17065		Jul 2006	
5	Inspection Bodies	ISO/IEC 17020		Jul 2006	
6	OHSAS	ISO/IEC 17021-1	ISO/IEC 17021-10	Oct 2010	
7	ISMS	ISO/IEC 17021-1	ISO/IEC 27006	Apr 2011	
8	EnMS	ISO/IEC 17021-1	ISO/IEC 50003	Aug 2013	
9	ITSMS	ISO/IEC 17021-1	ISO/IEC 20000-1	Mar 2014	
10	PrCB	ISO/IEC 17024		Jul 2014	
11	RTSMS	ISO/IEC 17021-1	ISO/IEC 39001	Mar 2015	
12	TDRMS	ISO/IEC 17021-1	ISO/IEC 16919	Jan 2017	
13	GHG VVBs	ISO 14065		Jan 2019	
14	BCMS	ISO/IEC 17021-1	ISO/IEC TS 17021-6	Oct 2019	



QUALITY MANUAL

Section: QM-08 ISSUE AND REVISION HISTORY

Issue and Revision Record

Issue History of Quality Manual

S. No.	Issue No.	Date (MM/YYYY)	Remarks
1	01	Mar 2000	First issue. Start of accreditation service
2	02	Feb 2002	Number of changes made – peer assessment
3	03	Dec 2005	Change over to ISO 17011:2004
4	04	Jan 2009	In view of restructuring of NABCB & to correct errors
5	05	Jan 2012	To make reference to all accreditation programs being offered by NABCB
6	06	Aug 2013	To make reference to all accreditation programs being offered by NABCB
7	07	Feb 2019	To revise the documents for aligning with requirements of ISO/IEC 17011:2017 and including accreditation of GHG VVBs

Revision History of Quality Manual, Issue 07

S. No.	Revision No.	Date (MM/YYYY)	Reasons for Amendment / Revision
1	1	Jul 2020	Changes due to addition of new scheme (BCMS) and some editorial changes to bring more clarity.