



## **NATIONAL ACCREDITATION BOARD FOR CERTIFICATION BODIES (NABCB)**

Quality Council of India (QCI), 2<sup>nd</sup> Floor, Institution of Engineers Building, Bahadur Shah Zafar Marg, New Delhi – 110002  
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### **Accreditation Procedure**

**for**

### **Inspection Bodies**



**BCB 201 (IB) – Dec 2022**

**Effective : Immediate**



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## Introduction

This document defines the procedure that has to be followed by the Inspection Bodies seeking accreditation and also accredited Inspection Bodies. The general information is contained in this procedure. Any specific information required by the organizations will be provided by the Board on request.

The other applicable procedures and information that are mandatory for the new applicant and the accredited organizations like Use of Accreditation Symbol, Appeals procedures, Fee schedule etc. are available on the website <http://www.qcin.org/nabcb/accreditation>

## 1.0 Application for accreditation

- 1.1. NABCB has decided to provide accreditation services to any Inspection Bodies (IB) established as legal entity or identifiable part of larger legal entity in its own economy such that it can be held legally responsible for its inspection services, while at the same time following principles of cross frontier accreditation laid down by International Accreditation Forum/ Asia Pacific Accreditation Cooperation (IAF/APAC).
- 1.2. In legal terms, it shall be an organization which can sue and be sued in its own name as per the legal interpretation in the relevant economy. In India, it could be a public or private limited company, LLP, a trust or a society. Partnership firms and proprietary companies do not fit into this. Any exception regarding legal status would be made only by a specific decision of the Board keeping in view the legal provisions in the economy in which the inspection body is established as a legal entity.
- 1.3. Inspection bodies interested to get accredited by the Board for their inspection system should submit application online on NABCB accreditation portal using the link [nabcbportal.qci.org.in](http://nabcbportal.qci.org.in). The application form (BCB: F(IB) 001) and other related documents are available on the website for reference.
- 1.4. Following are the documents which the applicant should review prior to submitting the application:
  - a) Application Form BCB:F (IB) 001 with clear description of scope highlighting the product, test method and other details as per columns mentioned in the application form. A detailed description of scope is essential to review the competence requirements. Scope of accredited inspection bodies can be referred for better understanding.
  - b) Fee Schedule BCB:F (IB) 002
  - c) Criteria for accreditation
  - d) Accreditation Procedure (BCB\_201 (IB)
  - e) A copy of the accreditation agreement BCB:F (IB) 003
  - f) A blank copy of the Cross reference matrix for ISO/IEC 17020.

These documents are available on the website. The applicant IB should submit application form, cross reference matrix, relevant documentation (Quality Manual addressed as per requirements of ISO/IEC 17020, relevant procedures, etc) and application fees when submitting the application online on the portal. The applicant Inspection body should have a knowledge of Accreditation Criteria – Inspection



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Bodies (BCB 110 –IB) and other related procedures for accreditation like IB Accreditation Procedure (BCB\_201), Procedure for use of accreditation Symbol, Complaints, Disputes and Appeals. The application fee structure based on annual turnover is available on the website. There is also a section FAQ\_IB wherein common queries raised by inspection bodies are addressed. The applicant inspection body should have reviewed the accreditation agreement prior to submission of application and if there are concerns should bring the same to the attention of NABCB.

- 1.5. Any additional explanation needed by the applicant is provided by the CEO/Director Board on receipt of a specific request for the same including the necessary explanations on the scopes of accreditation that are covered.
- 1.6. Before applying for accreditation, the applicant body must have met the following conditions:
  - a) Operated the inspection activities for at least 6 months and completed at least two inspections in the group of scopes for which it is seeking accreditation.
  - b) Carried out minimum one internal audit against the applicable criteria of accreditation and one management review.
- 1.7. Any Inspection Body that is registered as a legal entity in any economy can apply for the accreditation. Locations outside India can also be included in the accreditation process depending on the nature of activities carried out in those locations.
- 1.8. The Board reserves the right to seek information on the antecedents of the owners / those managing inspection activities before deciding to accept the application for further processing. Adverse decision of the Board would be communicated with reasons for rejecting the application in case any feedback of fraudulent behavior or incorrect information is received . The applicant is free to appeal against such a decision..
- 1.9. The applicant must also enclose the required information and documents as specified in the application form.
- 1.10. The application is reviewed by the Board 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. **Once accepted the application fee is non refundable**
- 1.11. In case the application is accepted for further processing, a letter is sent to applicant with details of the man days likely for the assessment with the assessment team details. The minimum man days used for different stages of the application are
  - a) Document review : 3 MD
  - b) Office assessment : 4 MD and can be more based on technical area of application
  - c) Witness assessment: 2 witness assessments per group of scopes applied.
  - d) Report review and preparation: 1.5 MD



The man days can be modified based on the scopes applied for and witness assessments would also be determined based on same.

- 1.12. During processing of the application, the applicant inspection body is informed about the assessment team constitution and inspection body has the normal right to object against a specific assessor for reasons of conflict of interest.
- 1.13. **Appointment of the Assessment Team:** The assessment team, consisting of a Team Leader and the members, is identified by the Director/CEO 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 be based on scope for which witness has to be conducted. Technical Expert, if required, could be additional to the number of team members.
- 1.14. After application is accepted for further processing, a formal acknowledgement along with a quotation is sent for carrying out the assessment of the applicant body based on the expected mandays and fee schedule. The names of the members of the assessment team for carrying out the Document review and the Office assessment are also communicated to the applicant inspection body. IB is requested to inform NABCB about acceptance of / objection against the appointment of any of the team members. Any objection by the applicant IB against any of the team members must be in writing, accompanied with adequate grounds for the objection. The Director/CEO of the Board will evaluate the objection and decide whether to change the team member or to overrule the objection raised by the applicant IB.. The assessment team is then formally appointed. Efforts are made to ensure that the team is kept intact throughout the initial assessment process, however there could be changes based in team based on the circumstances. The team members are asked to commit that they do not have relationship direct/indirect with the applicant body that can affect the objectivity of the audit at the time of their appointment as NABCB assessor / expert. 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 unless required by law, in which case the same will be done under intimation to the IB. All NABCB assessors have declared that they have no conflict of interest and committed to disclose if such a situation arises so that NABCB can take appropriate decision.
- 1.15. On receipt of acceptance of the quotation from the applicant and the assessment fee as per the contract as well as the appointment of the assessment team, further processing of application is done. The time lines different stages of accreditation process is detailed in Annex 5.
- 1.16. NABCB publishes on its website, information about new applications for accreditation, for information and for receiving feedback from the industry / other stakeholders. In case any feedback from industry or stakeholders calls for a review by the NABCB, the required formalities shall be completed before further processing of the application.
- 1.17. If a preliminary visit is requested by the applicant IB the NABCB secretariat shall organize the same after obtaining the acceptance of the preliminary visit fee by the applicant IB. Such a visit would solely be for the purpose of gaining a better understanding of the operations of the IB and for the IB to better understand the



accreditation process and clarify the expectations of NABCB as regards the requirements of the standards. The visit may result in communication of findings to the IB. Such a visit would not result in any decrease in the mandays for the initial assessment.

1.18. **Assessment at foreign locations:** NABCB would inform the local accreditation body (where operational) about the request received from international location and would involve the foreign AB in the process of accreditation (joint assessment or observation by foreign AB etc). If the inspection body does not prefer to involve the local accreditation body, then the reasons for the same would have to be clearly indicated. NABCB would reserve the right to reject such a request and/or share such information with the concerned accreditation body /APAC/ILAC.

1.19. **Use of Accreditation report of Other Accreditation Bodies:** NABCB has a provision of utilizing the reports of foreign accreditation bodies as per norms described in Annexure 4.

## 2.0 Criteria for accreditation

### 2.1 Adoption of Criteria

2.1.1 The Board has adopted the accreditation criteria for inspection bodies is based on international standards and guides, supported by the guidance documents released by the International Standardisation organization (ISO) International Laboratory Accreditation Cooperation (ILAC) and Asia Pacific Accreditation Cooperation (APAC)

2.1.2 The Criteria is available on the website The criteria documents, that have been adopted directly from international standards and are covered by copyright laws, are not available on the website. For such documents only the reference number and issue level is given. The applicant bodies can procure such documents from the national standards body - Bureau of Indian Standards (BIS) or International Organization for Standardization (ISO).

### 2.2 Amendment to the Criteria

2.2.1 The Criteria of accreditation and the guidance documents may require amendments based on following conditions individually or severally

- a) Change in the International standards and guides
- b) Change in the ILAC/APAC Guidance documents for implementation of international standards and guides
- c) Feedback from the Peer Review assessment team
- d) Feedback from the implementation of the criteria
- e) Any other reason as deemed fit by the Board

2.2.2 The Board may approve the amended criteria or seek the advice of the Technical Committee, if any, or a representation of inspection bodies before approval of the amendment. The Board may also seek for 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 amendments to the Criteria**

2.3.1 The amendment in the criteria shall be notified to the accredited/applicant inspection bodies and a suitable time frame (max 60 days) shall be given for implementing the modified criteria. The accredited inspection bodies shall communicate their comments and share acceptance by appropriate means of communications. A maximum period of 60 days will be provided for the amended criteria. In case no communication is received within the stipulated time period by applicant/accredited inspection bodies the change would be adopted and implementation monitored.

2.3.2 Normally the assessment with reference to the changed criteria shall be part of the next on site assessment (surveillance assessment) unless a special on site assessment is required.. In the event of any major change in the criteria, the Board will reserve the right to carry out an additional assessment visit at the cost of the inspection body. The quote for such cost will be given in advance. The assessment will be conducted as per prior information to the inspection body.

2.3.3 In the event that an accredited inspection 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. No refund of the paid fees is allowed.

## **3 Conditions for Accreditation**

### **3.1 Granting of Accreditation**

3.1.1 The accreditation is granted to an applicant after the following conditions have been met by the applicant body

- (i) The applicant meets the criteria of accreditation and all non-conformities and concerns found against the criteria of accreditation during assessment have been closed to the satisfaction of the Board.
- (ii) There are no adverse reports/information/complaints with the Board about the applicant regarding the quality and effectiveness of implementation of inspection system as per the criteria of the Board.
- (iii) The certified clients of the applicant body are satisfied by the conduct of the applicant body and its inspection system. NABCB may request feedback from selected clients of the inspection body / publicise receipt of application and seek a feedback from stakeholders
- (iv) The applicant body has paid all the outstanding dues.

3.1.2 In the event of any adverse issue arising from the reasons specified at points ii and iii, the applicant body will be given an opportunity to explain its position to the accreditation committee before a decision is taken in respect of granting of the accreditation.



### 3.2 Maintaining of Accreditation

3.2.1 The accreditation is maintained for three (in case of initial accreditation) /four or five (in case of reaccreditation) years under the following conditions individually and severally as in Annex 3.

- (i) The accredited body continues to meet the criteria of accreditation and all non-conformities and concerns found against the criteria of accreditation during surveillance assessment have been closed to the satisfaction of the Board.
- (ii) There are no adverse reports/information/complaint with the Board about the applicant regarding the implementation of inspection system as per the criteria of the Board.
- (iii) The clients of the applicant body are satisfied by the conduct of the applicant body and its inspection system
- (iv) 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 ii and iii, the applicant body will be given an opportunity to explain its position to the accreditation committee before a decision is taken in respect of maintaining of the accreditation.

### 3.3 Suspension of Accreditation (Partial or full)

The accreditation is suspended either fully or partially based on the following conditions individually or severally

- (i) no/ineffective corrective action in response to the non-conformities observed during surveillance assessment or reassessment.
- (ii) non payment of outstanding dues
- (iii) Any major change has taken place in the legal status, ownership, impartiality etc. without information to the Board
- (iv) Any willful misuse of NABCB symbol
- (v) Any willful mis-declaration in the application form
- (vi) Willful non-compliance to the accreditation agreement
- (vii) Inability or unwillingness to ensure compliance of the organizations, certified by the accredited body, to the applicable standards.
- (viii) Excessive and or serious complaints against the inspection system of the accredited inspection
- (ix) body.
- (x) Non availability of resources in some of the technical areas covered under accreditation
- (xi) Any other condition deemed appropriate by the accreditation committee

Inspection bodies may also seek voluntary suspension. Voluntary suspension would be for a maximum period of six months and IB would be required to undergo onsite visit if it wishes to get the suspension lifted. If the suspension period exceeds 6 months and inspection body feels that it doesnot intend to continue with accreditation, it may seek for withdrawal of accreditation.

### 3.4 Withdrawal of Accreditation

The accreditation is withdrawn from the accredited body under the following conditions individually or severally

- i) If an accredited body willfully relinquishes its accredited status
- ii) If the non-conformities are not addressed inspite of suspension for a period more than six months
- iii) If no action is taken by the accredited body in response to the suspension on any other grounds.
- iv) If there is evidence of fraudulent behaviour, or the IB intentionally provides false information or conceals information

## 4 Assessment

**4.1 Preparation for the Assessment:** The application of IB is reviewed by NABCB in terms of scope, location an assessment plan is proposed with details of the assessment team as well as mandays for conducting the on site assessment. During review of the scope and locations where assessment is to be done is planned based on evaluation of risks associated for different activities planned at different locations. After acceptance by IB, a document review is conducted by the assessment team for verifying compliance and adequacy of the documentation shared with the inspection body for taking necessary corrective actions. Corrective actions are subsequently reviewed and if found adequate either final assessment is planned or a preliminary assessment conducted in case requested by the applicant body. The assessor or technical expert is deputed after review of technical competence and review of the scope. It is ensured that the team proposed has required expertise.

### 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 NABCB from the pool of assessors and experts after review of the technical competence.
- 4.2.2 The assessment team nomination is reviewed in terms of knowledge, skill of assessors w.r.t the particular scope allocated for assessing. The assessment team members after review are approved by CEO, NABCB. The assessment team for each stage of the initial assessment normally consists of a necessarily a Team Leader with assessor/expert based on the scope of accreditation. The team for witness assessment consists of generally one assessor with technical competence. In case a technical expert is nominated, an assessor is nominated along with the Technical Expert to ensure requirements of standard are appropriately assessed.
- 4.2.3 The details of assessment team proposed are informed to Inspection Body sufficiently in advance and CV of assessment team members are shared with the IB to identify potential Conflict of interest if any. Any objection by the applicant body against any of the team members must be provided in writing accompanied by adequate grounds for the objection. The decision of the Board on the number of assessors for assessments will be final. The CEO of the Board will evaluate the objection and decide whether to change the team member or to over rule the objection raised by the applicant body.



4.2.4 The assessment team is then formally appointed. Efforts are made to ensure that the team is kept intact throughout the initial assessment process, however this cannot be guaranteed. The team members are asked to commit that they do not have relationship direct/indirect with the applicant body that can affect the objectivity of the audit. 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 Programme:**

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

- a) Assessment of the documentation of the inspection body.
- b) An optional preliminary assessment ( to review the preparedness of IB to face the final onsite assessment) b) Assessment of the office of the inspection body including branch offices / sub-contractors. The locations for assessment are chosen based on review of activities being performed at a location for the applied scope. All locations wherein key activities like planning of assessment, inspector qualifications, inspector monitoring, etc are performed are would be assessed each year.
- c) It is also ensured that each scope sector for which inspection body has applied are covered during the initial assessment.
- d) Witness of the inspections being carried out by the inspection body (Please see Annex 1)

4.3.1.2 The programme is provided to the applicant body for its agreement.

4.3.1.3 Upon successful completion of office assessment, witness assessments are planned. At least two inspections are witnessed for initial accreditation of an inspection body for a particular group of scopes (or set of scopes as applicable) of accreditation. In case of critical scope sectors 2 witness assessments are planned. Critical scope sectors are listed in Annex1 which describes the classification of groups.

4.3.1.4 During initial assessment inspection bodies declare about the activities being performed at each location and based on assessment of risk of each activity performed at each location, the locations for assessment are chosen. The assessment plan is provided based on inspection body informing about the activities. However, if during initial office assessment there is need felt to assess any other location same is informed to the inspection body and included in the assessment plan.

#### **4.3.2 Initial Assessment**

The initial assessment is carried out in three steps as per the assessment programme.

4.3.2.1 The documents are verified by the assessment team for compliance to the



accreditation criteria as supported by the guidance documents and the scope applied for by the applicant. A summary report of any omissions of the criteria elements is forwarded by the team leader to NABCB.

4.3.2.2 The report is reviewed and a copy of report is forwarded to the applicant body for their comments and compliance. Depending on the nature of comments and changes made to the documentation, a second review of documents may be necessary. The applicant IB would be informed if a second review is needed. NABCB secretariat may consider charging 1 MD cost more in case there is are major changes observed during 1st iteration of the document review.

4.3.2.3 On receipt of confirmation of the compliance, including any evidence of implementation of changes to the system that may be necessary, by the applicant body, the applicant body is requested to forward required number of sets of the manual and procedures for the assessors.

4.3.2.4 A preliminary visit would be undertaken:

- a) If requested by IB
- b) When first document review report brings out gross deficiencies in the documentation system.

4.3.2.5 In case preliminary visit is not required, the office assessment would be planned and scheduled. The dates are in agreement by the Team Leader with the applicant body and the assessment team carries out the assessment of the implementation of the quality manual 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 programme. Initial assessment would be generally conducted within 30 days once satisfactory actions on document review report/preliminary visit non conformities are received. In case the same is delayed IB would be informed. In case information collected during the office assessment requires inclusion of other locations in the assessment programme, the applicant would be informed and the assessment programme would be modified to cover such locations.

4.3.2.6 The branch offices / sub-contractors would be included in the assessment programme depending on the nature of activities carried out by them and the extent of control demonstrated by the applicant IB and risks associated. Normally branch offices carrying out activities like development of inspection methods and procedures, contract review, inspector qualification / approval, monitoring of inspectors, handling of inspection samples and items, preparation and issue of inspection reports / certificates would be included in the assessment programme. The offices, other than key locations may also get sampled and assessed during an accreditation cycle to ensure the competence is reviewed. The same is done based on risk review.

4.3.2.7 The assessment is to ensure the competence of the body in operating a sound inspection system.



- 4.3.2.8 During the assessment or on demand at any time, the applicant/accredited body provides unrestricted access to the documents that pertain to the inspection process and the scope applied for. Access is also 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. Inspection bodies have to also provide documents related to the review of Type status and its justification and risk analysis documentation for review by assessment team.
- 4.3.2.9 Any non conformities and concerns observed during the office assessment shall be explained to the applicant body and are provided in the given format . Applicant has to respond within timelines detailed in Annex 5.
- 4.3.2.10 NABCB conducts witness assessment in case there is no Major NC observed during on site initial assessment which is related to competence or gross deviation in implementation of standard requirements. In case there are no Major issues observed, NABCB proceeds with the witness of the site inspections scheduled to be carried out by the applicant.
- 4.3.2.11 The nominated assessment team carries out the witness assessment of the inspections for a given scope (or a set of scopes) as per plan and identifies the non-conformities and concerns observed. Assessment team for witness assessment is selected based on their competence and is aware of the processes involved during the inspection. NABCB uses the services of a technical expert during inspection, if required. Technical expert is accompanied with an assessor . Technical expert is used to ensure that the knowledge and skill required for conducting the assessment is available In the assessment team
- 4.3.2.12 The applicant is provided with the copy of the non-conformities and concerns observed for corrective action at the end of the witness assessment.

### 4.3.3 Assessment Report

- 4.3.3.1 The team leader prepares a summary report of all the aspects of the assessment of the office and on-site inspections. The assessment report is made in the following parts:
- a) The non-conformities observed during various stages of the assessment.
  - b) A summary report indicating the level of conformity of the inspection body's management system to the particular accreditation requirements. The team also provides an opportunity for the applicant body to ask any questions about the findings and its basis during the closing meeting.
- 4.3.3.2 The team prepares a detailed report in the format listing the level of compliance to the requirement of the accreditation criteria of the Board and send for comments by IB The inspection body is invited to give technical comments on the report and agree for the corrective action within a defined time schedule.



- 4.3.3.3 The report is reviewed at NABCB secretariat
- 4.3.3.4 In case that the report sent has any difference from the information presented to the applicant body by the assessment team at the closing meeting, the same is highlighted and the explanation of the differences is enclosed.
- 4.3.3.5 NABCB may consider conducting a followup assessment (partial or verification) assessment in case of Major NC after discussion with Team Leader considering the nature of NC.
- 4.3.3.6 After all the non-conformities have been closed by the applicant and verified to the satisfaction of the Team leader, a final summary of the assessment report including the details of the corrective actions taken by the applicant body is sent to NABCB. NABCB organizes conducting an independent technical review. The reviewer is proposed by dealing officer from empaneled members. It is also ensured during review of the report that the reviewer has knowledge about the products and processes under review in the scope of applied for accreditation. Where required more than one reviewer are chosen to ensure that the technical and regulatory requirements are also reviewed. Upon receipt of the comments from reviewer the changes in report where required are made and modified report is communicated to applicant Inspection body.
- 4.3.3.7 The process of closing the non conformities and verification must 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 will reserve the right to reject the application. The fees paid by such applicant will be forfeited.
- 4.3.3.8 The assessment team also submits a final consolidated report in the NABCB format after compiling the contents of initial assessment report as well the witness assessment reports and final recommendation is provided to NABCB along with recommended scope in the specific format . The assessment team also provides justification for not recommending any scopes that the applicant IB had sought accreditation for.
- 4.3.3.9 The entire process of the inspection body is further taken for consideration by an independent accreditation committee in the prescribed format for final decision. The recommendations by NABCB may take into account the results of assessments by other IAF MLA members.

#### 4.3.4 Time Period for assessment process

- a) The assessment process for any applicant must be completed within a maximum of one year and six months. In the event that the process is not completed within this stipulated, the application will then be given a period of one year and one chance to completely restart the assessment process afresh without paying the application fee. In such cases the assessment process must be completed in one additional year.
- b) In the event of delay in getting witness assessment scheduled for different scope sectors that the applicant has applied for, CEO, NABCB in discussion with the applicant may decide to present the partial assessment results for accreditation decision for part of the scopes. This will be done after all the Non Conformities observed during the earlier office assessment and part of the witness assessments completed, have been closed to the satisfaction of the assessment Team Leader.

### 5 Accreditation Decision

- 5.1 The Accreditation Committee is responsible for taking decision on granting, maintaining, suspending, reducing or withdrawing of Accreditation. It also ensures that the members of the Accreditation Committee were 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 of accreditation for decision
- 5.3 The decision of accreditation is taken by the Accreditation Committee unanimously and is not put for voting within the committee. It is the responsibility of the Head of the Committee to address the issues raised by the members. The Head of the committee may call for any other assessor/experts/staff for clarifying any of the issue that is under discussion. The persons so called for clarification do not take part in the decision of the accreditation.
- 5.4 The decisions of the accreditation committee are based on the assessment report and other relevant information based on interaction with the inspection body and the market reputation is given by the Board. The accreditation Committee in its capacity may ask for any further clarifications on the report and information submitted on the applicant's inspection process.

### 6 Accreditation documents

- 6.1 Once the applicant body has met all the conditions specified by the Board, and the accreditation committee decides to grant accreditation to the applicant body, the decision is communicated to the applicant (only after pending dues if any are cleared by the applicant IB) and the applicant is asked to sign two copies of the accreditation agreement and to pay the accreditation fee.
- 6.2 On receipt of the signed agreement and the fee as per the invoice, a set of accreditation documents is issued to the applicant body along with the artwork of



the accreditation symbol of the Board.

- 6.3 The accreditation certificate in the standard template would include the NBACB logo, the name of the inspection body, address of the premises of the inspection 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.
- 6.4 The initial accreditation certificate is valid for three years and the date of issue and validity is indicated on the certificate.

## **7 Maintaining Accreditation**

### **7.1 Surveillance Assessment**

- 7.1.1 To ensure that each of the body accredited by the Board continues to comply with the accreditation requirements, a regular surveillance assessment is carried out annually. For regulatory sectors NABCB may consider conducting more frequent assessments. The surveillance assessment is consistent with the initial assessment and includes office assessment at location such that competence related to granted scope of accreditation are evaluated. The inspection bodies may offer to cover scope of accreditation from locations other than their head offices if the key activities are performed at the same location. The assessment plan for surveillance during the accreditation cycle is drafted such as to ensure that the key activities conducted at different locations are covered. The plan prepared also ensures covering the evaluation of competence of staff at different locations and review of activities at different office of the inspection. It is ensured that all key locations including foreign locations are covered and annual witness audit at site is assessed by NABCB.
- 7.1.2 The witness audit program would take into account the audit resources available to the inspection body, number of accredited certificates issued, spread of locations and the extent of control demonstrated by the inspection body and observations of the office assessment. It is preferred to witness all the scope sectors for which IB is accredited annually unless inspection body demonstrates specific reason for not being able to offer the same. Specific organizations or auditors may be chosen for witnessing. A plan for witness audits would be communicated to the accredited inspection body.
- 7.1.3 The surveillance assessment is generally carried out annually from the date of initial accreditation. It is ensured that the gap between surveillance assessments does not exceed 15 months. The non-conformity reports and a summary assessment report of each of the surveillance assessment is forwarded to the accredited body for corrective action if any. In case there is a reason for not conducting the surveillance within the stipulated time, necessary approval is sought from CEO, NABCB with adequate justification.
- 7.1.4 In the event of any major non-conformity that can affect the inspection process, the dealing officer of the Board informs the accredited body and demands a time bound corrective action plan. The decision for an additional followup visit, where necessary to verify the implementation of the corrective action plan as committed by the accredited body is taken at NABCB end in consultation with



the Team leader of the assessment team. The cost of the additional surveillance (eg. Related to regulators or need based on market surveillance) is borne by the accredited body. In the event of the corrective action not completed as committed, the assessment report is forwarded to the accreditation committee for further decision on suspension or reduction or withdrawal of accreditation.

7.1.5 The surveillance assessment reports are presented to the accreditation committee during reaccreditation case for consideration and decision regarding maintaining or suspension (partial/full) of accreditation of the accredited body.

7.1.6 The frequency of surveillance assessments may be increased based on the type of non conformities observed, complaints received, market feedback etc. The inspection body would be informed of the reasons for any change in the frequency.

## **7.2 Reassessment :**

7.2.1 Within six months prior to completion of the accreditation term of/ four /five years, the accredited body is informed about the reassessment process and the relevant application format is forwarded to them.

7.2.2 The reassessment is carried out in accordance with the clause 4 to clause 6 for the purpose of renewing the accreditation for another four /five years.

7.2.3 After completion of the re-assessment the accredited body is again expected to take corrective action and close all the non-conformities, if any, observed during the re-assessment process. The CEO/Director of the Board forwards a summary report of the assessment reports of the surveillance assessments, the re-assessment, and the corrective actions taken by the accredited body to the accreditation committee along with recommendation of the Board for a decision.

7.2.4 If the decision by the accreditation committee is to continue the accreditation, a fresh set of accreditation documents is issued to the accredited body.

7.2.5 The Initial accreditation would be for a period of 3 years. Subsequent renewals could be for a period of 4 years subject to satisfactory operation of accredited inspection scheme and reasonable number of NABCB accredited certificates being issued by the IB.

7.2.6 If the decision of the accreditation is not favourable, it is communicated to the accredited body and the accreditation is suspended for corrective action. The Board reserves the right to withdraw accreditation without suspension based on the decision of the accreditation committee.

7.2.7 All reassessment activities would be completed prior to the expiry of accreditation. In case there is a delay in decision making, the accreditation would continue, if the report of the assessment team is satisfactory. The inspection body would be advised to abide by the decision of the accreditation

committee.

- 7.2.8 NABCB may conduct extraordinary assessments as a result of complaints or changes, or other matters that may affect the ability of the IB to fulfill requirements for accreditation.

## **8 Suspension & Withdrawal of Accreditation**

### **8.1 Decision on Suspension and Withdrawal of Accreditation**

Accreditation Committee is authorized to decide about the suspension or withdrawal of accreditation or revoking of the decision of suspension. The conditions for suspension and withdrawal are as in section 3.3 and 3.4

### **8.2 Suspension of Accreditation (Partial/full)**

- 8.2.1 The period of suspension will not be more than six months. If the accredited body does not take suitable corrective action to the satisfaction of the Board and its assessment team within six months, the Board reserves the right to withdraw the accreditation.
- 8.2.2 In the event of part/full suspension of the accreditation, the concerned inspection body is informed and barred from issue of accredited inspection reports / certificates till the suspension is in force.
- 8.2.3 It is allowed to take on surveillance assessment only with the permission of the CEO, NABCB, who will ensure that adequate resources are provided by the inspection body such that the surveillance process is not compromised. Where the NABCB secretariat is not sure of the adequate resources, the inspection body under suspension will be asked to take support of another inspection body accredited by the Board.
- 8.2.4 The suspension shall be lifted after an assessment has been carried out to verify that the corrective action has been implemented and is effective in eliminating the reasons of suspension as per requirements of CI 7.11.3

### **8.3 Withdrawal of Accreditation**

- 8.3.1 In the event of the decision to withdraw the accreditation, the inspection body is asked to return the original of accreditation certificate and the enclosure of scopes to the Board and to stop using the accreditation symbol of the Board with immediate effect.
- 8.3.2 Following withdrawal of accreditation, the inspection body may seek fresh accreditation as a new applicant after a cooling period of 1 year.

### **8.4 Public Information of Suspension or Withdrawal of accreditation**

The information of the suspension or withdrawal of accreditation of IBs including dates and scopes will be placed on the website in the register of the accredited bodies and/or a public declaration in the newspapers will be made. The charges for making the information public through news papers will be recovered from the

organization involved before lifting the suspension or renewal of the accreditation.

## 9 Non Conformities and Corrective Actions

### 9.1 The Non conformities observed are classified in three categories

- a) **Critical:** A Critical non-conformity means that the inspection certificate / report issued by the inspection body may not be based on sound judgment and objective evidences and may not be a true reflection of the compliance to the standards. In fact it means failure in implementation of the criteria and raises doubts on the inspection system and the results of the inspection system being operated by the Inspection Body. Any misuse of NABCB symbol would lead to Critical NC. The corrective action has to be taken immediately and normally within the time period specified by the Board that will not be later than one month. In case the corrective action is not completed within the stipulated time frame, the accreditation may be suspended partially or completely. Considering the seriousness of NC, a critical non conformity may also result in withdrawal of accreditation.
- b) **Major:** A major non-conformity means that the doubt raised about the inspection system is less than in case of the critical and is evident in failure of certain element of the criteria individually. It has an isolated and/or small impact on the inspection system and its results. The corrective action has to be taken immediately and normally within the time period specified by the Board that will not be later than two months. In case the corrective action is not completed within the stipulated time frame, the NC may be upgraded to Critical and the accreditation may be suspended partially or completely or withdrawn
- c) **Minor:** A minor non-conformity means that there is a structural non-compliance to the accreditation criteria and the guidance documents that has negligible impact on the inspection system and its results. These non-conformities also need to be addressed on priority and corrected as early as possible but not later than 3 months. In case satisfactory corrective action is not taken within stipulated time period NC can be upgraded to Major Non conformity.

9.2 Multiple Minor NCs with related impact on the inspection system can result in a Major non- conformity.

9.3 The time for corrective action is considered from the day the non conformities are handed over to the inspection body.

9.4 In case of non-conformities of the nature of major or critical, a followup assessment visit either to office or on-site is normally a must. The quote for the followup assessment visit shall be forwarded by the Board along with the report of the assessment.

9.5 In case of minor non-conformities a declaration in respect of completion of the corrective action by the authorized person of the inspection body may be accepted. If during surveillance it is found that the Minor non-conformity is not effectively addressed, the non-conformity shall be converted into Major non- conformity.



## 10 Change in the status of the Inspection Body

- 10.1 As part of the application for accreditation, the applicant body / accredited IB 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:
- Legal, commercial or organizational status
  - organization and management, for example key managerial staff
  - policies or procedures, where appropriate
  - premises
  - personnel, equipment, facilities, working environment or other resources, where significant.
  - capability of inspection or scope of accredited activities, or conformance with the requirements of the accreditation criteria.
  - Addition of any foreign locations where clients are located / operations related to inspection are performed
  - activities that it undertakes
- 10.2 On receipt of the information of change in any of the above parameters, the NABCB decides whether an extraordinary surveillance visit is necessary or the change will not affect the operation of the inspection system within the accredited scope. During recommendation of this visit, the information/ quote for the same is sent to the Inspection body and the procedure of surveillance assessment is followed.
- 10.3 During regular surveillance the accredited body is asked to confirm that no change in the parameters mentioned above or any other aspect that will affect the inspection has taken place since the last assessment.
- 10.4 In case an accredited body is found to have given a willful wrong declaration, the Board may take suitable action and also reserves the right to suspend/withdraw the accreditation.

## 11 Extension/Reduction of the Scope

- 11.1 Extension of the scope is of two types. One where the extension of scope is being asked for a completely new group that makes it necessary to process the application similar to the initial assessment.

The second is where the extension of scope has been asked for within the group of industry that is part of the same group of the scope that the applicant has already been assessed for. In this case if the inspection body has already been assessed an off-site document review would be done and witness assessment would be conducted to review the technical competence. However, if there is an addition of new scope sector with the group then an off site document review (0.5 MD), on site office assessment followed by witness assessment is conducted.

- 11.2 Normally the extension of the scope will be carried out as part of the surveillance visit by increasing the number of assessor days necessary, or alternatively the Board or the applicant may ask for an additional assessment. In case of extension of the scope of second type, the decision of extension of the scope is done based



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on the assessment of the office to verify the inspection resources only.

- 11.3 The quotation for the application and other fees for extension of the scope shall be forwarded to the applicant body. The procedure followed for the assessment and decision for extension of the scope is similar to the initial assessment as described in article 4 and timelines are as per Annex 5.
- 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 decision for extension and reduction of scope is taken by the accreditation committee.

### 12 Fee payable for the accreditation process and Annual Fee

- 12.1 The latest fee schedule is and available on NABCB website.
- 12.2 The total fee will 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 latest Fee schedule and also choose an option to pay additional operating fees.
- 12.4 The Board reserves the right to revise the fee schedule at the end of every financial year.
- 12.5 The Board will take the following actions if any applicant or accredited 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 does not pay the invoiced fee within 90 days, the application for accreditation will be rejected after providing a communication in this regard. 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 would be charged at the current rates of the local accreditation body.

### 13 Complaints

- 13.1 Complaint can be made by any person or body against the Board and its procedures.
- 13.2 The complaint must be made in writing to the CEO, NABCB with complete details of the complainant and description of the problem. The complaint will be acknowledged within one week 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 will reserve the right of dealing with the complaint as deemed fit.
- 13.4 If the complaint is against the non-compliance of accreditation criteria by any inspection body then the Board will encourage the complainant to utilize the procedure for complaints of the respective inspection body. If the complainant insists and the inspection body agrees then the Board can carry out the investigation in accordance with the procedure BCB 203. The report of the analysis is sent to both the parties along with the invoice as applicable.
- 13.5 The CEO will follow each complaint to conclusion and initiate possible corrective and preventive actions if any.
- 13.6 Records of each complaint, the corrective & preventive actions taken and the effectiveness of such action are maintained.

## **14 Disputes and Appeals**

### **14.1 Disputes**

- 14.1.1 Any person or body can raise a dispute against the criteria, accreditation process etc. of the Board. The dispute should be forwarded in writing to CEO, NABCB along with the information on the issue supported by the documentary evidence.
- 14.1.2 The dispute would be acknowledged the approximate time required to resolve the same.
- 14.1.3 The details of the Dispute are forwarded to either the Accreditation Committee Chairman or the Technical Committee Chairman as appropriate for their comments and decision. The respective committee chairman may consult any of the committee members, experts or assessors.
- 14.1.4 The decision on the dispute shall be forwarded to the person or body by the CEO.

### **14.2 Appeals**

- 14.2.1 Any person or body can file an appeal against the decision of the Board to the Chairman of the Board through the CEO. The appeal against the decision of the Board must be made within 30 days of the notification of that decision.
- 14.2.2 The appeal must be filed in writing along with all the necessary documents in support of the appeal.
- 14.2.3 NABCB secretariat verifies the documents for completeness and may ask for additional documentary support if necessary. Once the documents are complete, the CEO acknowledges the receipt of the appeal and forwards the same to the Chairman. The Chairman has the right to either disallow the appeal or to form an Appeals Committee based on the merit of the contents of the

appeal.

- 14.2.4 The Appeals committee is 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.
- 14.2.5 The Head of the appeals committee may ask the appellant to present the facts in person to the Appeals committee if necessary. The Appeals committee may ask any of the staff, committee or empanelled assessors and staff for the facts to help in discharging the appeal based on facts.
- 14.2.6 The Appeals committee gives its recommendation to the Chairman 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 will give the decision on the appeal based on the recommendation by the Appeals committee. The decision of the Chairman in this regard will be final.
- 14.2.7 The appellant if not satisfied with the decision can then file an appeal to the Chairman, Quality Council of India, through the Secretary General. The Chairman QCI will form an appeals committee having three members, that will go into the merits of the case and the procedure followed to address the appeal.
- 14.2.8 The Council will then communicate the decision to the appellant and the Board for implementation.
- 14.2.9 CEO maintains all the records pertaining to the disputes and appeals and the corrective & preventive actions taken by the Board are maintained
- 14.2.10 If the resolution of complaint, appeal or dispute is done without undertaking any travel or additional assessment, no financing will be needed for such resolutions. If the resolution calls for undertaking travel and assessment, the cost will be borne by defaulting party.

## **15 Publishing of the Information for Public & availability of Accreditation schemes**

- 15.1 The Board makes 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 maintains a list of the accredited inspection 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 would also make public information about suspension and withdrawal of accreditation

## **16 Confidentiality and Disclosure**



- 16.1 The information obtained regarding the inspection system of the applicant bodies and accredited bodies, that is not of the nature of public information, is kept confidential by all the staff, members of the Board, panel of assessors, experts and the committee members. Confidentiality is assured by undertaking taken provided by assessors, committee members, experts and accreditation body staff.
- 16.2 If the Board has to share any confidential information due to any legal situation, the concerned inspection body will be informed of the extent of disclosure and the body to whom the disclosure has been made.

## **17 Obligations of the inspection body and NABCB**

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





## **Annex 1 (Clause 4.3.1.1 c)**

### **1.0 OBJECTIVE :**

To provide Guidance in the classification of Scope Sectors for the purpose of Accreditation

### **2.0 SCOPE :**

To add the scope format here or provide reference to same.

### **3.0 RESPONSIBILITY :**

Quality Manager of the Board is responsible to establish, implement, and amend this procedure. Approval of the procedure is by CEO. The accredited inspection bodies are responsible to comply with the procedure.

### **4.0 PROCEDURE :**

**4.1** Scope Classification NABCB has decided to follow the classification of scope sectors based on the Scope Sectors recognized by International Accreditation Forum (IAF Guidance to ISO/IEC Guide 62), NACE document NACE Rev 2 and local requirements in some cases. The scope sectors are classified into groups and the same is used to grant the scope. While classifying the scope

Following requirements are considered

the type of inspection body, e.g. as defined in Annex A of ISO/IEC 17020:2012 (referred to as “level of independence” in this document for clarity).

the field of inspection for which accreditation has been granted

the range of inspection for which accreditation has been granted

the regulations, standards, specifications or other authoritative documents containing the requirements against which the inspection is to be performed, as applicable

### **4.2 Inspector competence**

The annex providing the Scope classification used by NABCB for its accreditation program, may serve as a starting point for determining Inspector competence. However, it should be recognized that the technical areas in which a IB operates and where competence needs to be demonstrated, is likely to be more specific than the broad descriptors in the annex.

### **4.3 Restrictions in Scopes**

Based on the available competence and / or the recommendation of the assessment team, the accreditation committee may decide to restrict grant of accreditation to a part of the broad scope sectors described in the annex. The accreditation schedule would indicate the actual coverage as described in Annexure 2



### List of Scopes of accreditation

The list of scope of accreditation by NABCB is based on the statistical nomenclature for economic activities (NACE Rev. 2) 2008, published by the commission of European Communities, IAF Scope sector classification and classification based on Indian market need

No.	Description	NACE Code
01a	Agriculture & Fishing	AB
01b	Forestry	A,B
02	Mining and Quarrying	C
03	Food products, beverages and tobacco	DA
04	Textiles and textile products	DB part
05.a	Leather & Leather products	DC minus 19.1
05.b	Tanning & Dressing of Leather	DC 19.1
06	Wood and wood products	DD
07a	Pulp, paper	DE 21
07b	Paper products	DE 21 part
08	Publishing Companies	DE 22.1
09	Printing companies	DE 22.2,3
10	Manufacture of coke and refined petroleum	DF 23.1,2
11	Nuclear fuel	DF 23.3
12	Chemicals, chemical products and fibres	DG minus 24.4
13	Pharmaceuticals	DG 24.4
14a	Rubber products	DH
14b	Plastic products	DH
15	Non-metallic mineral products	DI minus 26.5,6
16	Concrete, cement, lime, plaster etc.	DI 26.5,6
17a	Basic metals	DJ
17b	Fabricated metal products	DJ
18	Machinery and equipment	DK
19a	Electrical equipment	DL 30,31,32
19b	Optical and precision equipments	DL 33.2, 33.3, 33.4,
19c	Medical and surgical equipment	DL 33.1
20	Shipbuilding	DM 35.1
21	Aerospace	DM 35.3
22	Other transport equipment	DM 34, 35.2,4,5
23	Manufacturing not elsewhere classified	DN 36
24	Recycling	DN 37
25	Electricity supply	E 40.1
26	Gas and Petroleum supply	E 40.2
27	Water supply	E 41, 40.3
28	Construction	F
29a	Wholesale & retail trade;	G
29b	Repair of motor vehicles, motorcycles and personal and household goods	G
30	Hotels and Restaurant	H
31a	Transport, storage and communication	I
31b	Tele Communication	I 64.2
32a	Financial intermediation	J, K70, K71
32b	Real estate; renting	J, K70, K71
33	Information technology	K 72
34	Engineering services (like ERDMP)	K73, 74.2
35	Other services	K74 minus K74.2
36	Public Administration	L
37	Education	M
38	Health and social work	N



Activities covered under Scope sectors 23, 35 and 39 would be on the basis of NACE classification against the respective scopes. Activities not covered under NACE classification would be dealt on a case to case basis.

**Annexure 1 Classification of Groups of scope sectors  
Groups of the Scopes**

<b>Group</b>	<b>Critical Scope</b>	<b>General Scopes</b>
<b>A</b>	<b>03</b>	<b>01, 30</b>
<b>B</b>	<b>-</b>	<b>02, 15</b>
<b>C</b>	<b>-</b>	<b>04, 05, 06</b>
<b>D</b>	<b>11, 13</b>	<b>07, 10, 12, 14</b>
<b>E</b>	<b>-</b>	<b>08, 09</b>
<b>F</b>	<b>21</b>	<b>17, 18, 19, 20, 22, 23</b>
<b>G</b>	<b>-</b>	<b>16, 24</b>
<b>H</b>	<b>28</b>	<b>25, 26, 27</b>
<b>I</b>	<b>33</b>	<b>29, 31, 32, 34, 35</b>
<b>J</b>	<b>38</b>	<b>36, 37, 39</b>

## Annex 2

### (Definitions)

Definitions of terms used in the accreditation process have been adopted from ISO 17000 & ISO 17011. 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**

The disputes about the accreditation system, assessment process etc.

#### **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  
Partial suspension of accreditation for specific technical areas / scopes or for specific geographic areas

#### **Withdrawing accreditation**

Process of terminating accreditation in full

#### **Witness Assessment**

observation by the accreditation body of a conformity assessment body carrying out conformity assessment activities within its scope of accreditation



### **Annex 3 -Assessment duration (clause 1.1)**

The normal assessment duration would be as follows

- Document review (Manuals, procedures, other documents as needed – 3 mandays modified based on review.
- Review of corrective actions and revised documents – to be estimated by NABCB Secretariat
- Office assessment – 4 mandays for one Inspection scheme, at least one manday would be added for each extra scheme covered in assessment. Need for any additional mandays for specific situations would be estimated by NABCB Secretariat and informed to the IB in advance. The man days may be reduced subject to appropriate justification provided from end of IB which is reviewed in NABCB secretariat and approved by CEO.
- Branch office / sub-contractor assessment – generally 1 manday depending on the activities carried out in the branch
- Witness assessments – As per plan of IB– NABCB would deploy a competent team comprising of assessors and TEs if required.
- Follow up assessments – To be estimated by NABCB secretariat
- In case of initial accreditation assessment, the preparation of final report by team leader and virtual closing meeting - 1.5 manday
- In case of reaccreditation assessment (if witnessing is part of the process) - preparation of final report by team leader and virtual closing meeting - 1.0 manday.
- Review of response to NCs \_ as per document on timelines for assessment process
- Surveillance assessments – At least 2 MD based on scope of accreditation.
- Any extension of scope assessment – To be estimated by NABCB secretariat. Requires offsite review, office assessment and witness assessment.



## **Annex 4 (Clause 1.19)**

### **Norms for using reports from other accreditation bodies for use in NABCB accreditation process(The subject report should be of same or equivalent scheme)**

#### **Background:**

NABCB, as an MRA signatory of APAC and ILAC is obliged to recognize accreditations issued by other MRA signatory accreditation bodies. A provision exists in the MRA procedures of APAC / ILAC respectively for exchange of documents among ABs and to recognize the work done by each other.

The recommendations by NABCB may take into account the results of assessments by other ILAC MRA members.

Therefore, NABCB would consider reports of other ABs who are signatory to ILAC / APAC MRA for ISO/IEC 17020.

#### 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 assessment reports only, for the present.
2. NABCB would carry out at least one witness assessment to confirm the IB process for evaluating before using reports from other ABs. If however, NABCB has witnessed an evaluation for another AB, such a report would be acceptable in lieu.
3. NABCB would witness assessments in Scopes identified as critical as a part of initial assessment
4. When the applicant IB is already accredited by an APAC or ILAC MRA signatory AB then NABCB may accept a witness report . In case of a new IB, where accreditation is granted after 2 WAs, NABCB may accept a foreign AB's witness report not older than 3 years in lieu of one WA
5. Reports of witness assessments should be reasonably current – not older than 3 years on the date of NABCB assessment and audit/evaluation witnessed should meet the general NABCB criteria –  
a) should be either an initial audit/evaluation / renewal audit/evaluation covering all the requirements of the Scheme; b) at least all key processes of the scheme are audited/evaluated
6. NABCB would follow the ILAC Guidance on exchange of documents among ILAC MRA signatories. The reports would be sought from the AB directly based on the information provided by the IB. It shall be the responsibility of the IB to ensure that the AB concerned releases the reports or IB can submit the reports directly and NABCB will ensure get the report authenticated by the foreign AB.
7. The IB shall also confirm that there had been no issues raised by the other accreditation body on examiner competency requirements during their previous assessment.
8. 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 assessment report of an ILAC MRA signatory in lieu of its own witnessing requirements as part of surveillance activities. The process would be similar to that



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detailed above except that any report of surveillance audits would also be acceptable. In case there are exceptions to procedure in terms of mandays approval from CEO would be sought.



**Annex 5 (Clause 1.15)**  
**Timelines for accreditation process**

**Timelines - The normal time period for the various stages of the accreditation process would be as follows:**

Sl.	Accreditation Process	Time Norms	
1.	Application review by Dealing Officer (from the date of receipt of application)	1 week	
2.	Recording of Application (from date of receipt of complete application)	1 week	
3.	Letter of Acknowledgement sent to CAB along with Team allocation (from the date of receipt of complete application)	1 week	
4.	DR to be completed by AT and sent to CAB & NABCB Secretariat by Team Leader (from the date of receipt of complete application)	4 weeks	
5.	CAB to respond to comments on DRR (from the date of receipt of DRR)	2 weeks	
6.	Preliminary Visit to be fixed if DR issues are not resolved within 2 rounds (from date of receipt of Round 2 response on DRR from CAB)	4 weeks	
7.	Report of Preliminary Visit (from the date of the visit)	2 weeks	
8.	OA to be carried out (from the date DR is deemed satisfactory)	4 weeks	
9.	OA Report to be submitted by AT to CAB as well as NABCB (after completion of assessment)	3 weeks	
10.	Dates of WA to be fixed by CABs (after completion of OA ,if there are no NCs on Competence)	2 weeks	
11.	CAB to respond to Findings of OA		
	<b>Critical NC</b>	Proposed Corrective Actions	Within 3 days of the date on which the NC is observed by the AT
		Implementation of Corrective Actions and closure of NC	Within 30 days of the date on which the NC is observed by the AT
	<b>Major NC</b>	Proposed Corrective Actions	Within 10 days of the date on which the NC is observed by the AT
Submission of evidence of implementation of accepted		Within 15 days of acceptance of	





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		Corrective Actions	proposed corrective actions by the AT
		Closure of NC	Within 60 days of the date on which the NC is observed by the AT
	<b>Minor NC/ Concern</b>	Proposed Corrective Actions	Within 15 days of the date on which the NC is observed by the AT
		Implementation of Corrective Actions and closure of NC	Within 90 days of the date on which the NC is observed by the AT
<b>12.</b>	NABCB Response on Findings		
	<b>Critical NC</b>	Proposed Corrective Actions	Within 2 days from the receipt
	<b>Major NC</b>	Proposed Corrective Actions	Within 10 days from the receipt
		Evidence of implementation of accepted corrective actions	Within 15 days from the receipt
	<b>Minor NC/ Concern</b>	Proposed Corrective Action	Within 15 days from the receipt
<b>13.</b>	WAs to be carried out (from the date of notification by CAB)		Implementation of Corrective Action
<b>14.</b>	CAB to submit the required documents for WAs (before the date of assessment)		Min 1 week before the WA
<b>15.</b>	CAB to provide report of witnessed audit/inspection to AT (after completion of assessment)		Max 1 week after the WA
<b>16.</b>	WA Report to be submitted by AT to CAB as well as NABCB (after receipt of witnessed audit/inspection report from CAB)		3 weeks
<b>17.</b>	CAB to respond to Findings of WA		<b>As given at Sl. No. 11 above</b>
<b>18.</b>	NABCB Response on Findings		<b>As given at Sl. No. 12 above</b>
<b>19.</b>	Consolidated IA Report (in case of Initial Accreditation)		1 week after closure of all issues in OA/WAs by CAB
<b>20.</b>	Technical Review of IA Report (after receipt of IA report from TL)		1 week
<b>21.</b>	IA report to be sent to CAB (after Technical Review)		1 week after review

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22.	Announcement of decision of grant (from the day of approval of minutes of the AC meeting)	1 day
23.	Once decision of accreditation is announced by NABCB, CAB has to pay the fees and sign the agreement	1 week
24.	Accreditation certificate to be issued by NABCB (after signing of agreement/clearance of payment)	1 day
25.	CAB to ensure that SA is completed (before the month of validity)	3 months
26.	RA application to be received from CAB of last accreditation cycle	6 months before date of expiry of accreditation
27.	Re accreditation OA to be completed	3 months before the date of expiry
28.	Case for Grant of Reaccreditation to AC	Within the month of validity of accreditation

**Time lines for Scope Extension:**

SI	Scope Extension Process	Time Norms
1.	Preliminary Scrutiny of application for completeness with regard to documentation and fees (from the date of receipt of application)	2 days
2.	Application review by Dealing Officer (from the date of receipt of application)	2 days
3.	Letter of Acknowledgement sent to CAB along with Team allocation (from the date of receipt of application)	3 days
4.	Offsite review of documents to be completed by AT/assessor and sent to CAB	2 weeks
5.	Findings of offsite review to be addressed by CAB (if any) (from the completion of offsite review)	1 week
6.	Carrying out onsite assessment (if required) (from the date issues in offsite review addressed)	4 weeks
7.	Report to be submitted by AT to CAB (from date of onsite assessment)	2 weeks
8.	CAB to respond to Findings of OA – (from the last date of assessment)	
	<b>Critical NC</b>	
	Proposed Corrective Actions	Within 3 days of the date on which the NC is observed by the AT
	Implementation of Corrective Actions and closure of NC	Within 30 days of the date on which the NC is observed by the AT



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	<b>Major NC</b>	Proposed Corrective Actions	Within 10 days of the date on which the NC is observed by the AT
		Submission of evidence of implementation of accepted Corrective Actions	Within 15 days of acceptance of proposed corrective actions by the AT
		Closure of NC	Within 60 days of the date on which the NC is observed by the AT
	<b>Minor NC/Concern</b>	Proposed Corrective Actions	Within 15 days of acceptance of proposed corrective actions by the AT
		Implementation of Corrective Actions and closure of NC	Within 90 days of the date on which the NC is observed by the AT
<b>9.</b>	NABCB Response on Findings		
	<b>Critical NC</b>	Proposed Corrective Actions	Within 2 days from the receipt
	<b>Major NC</b>	Proposed Corrective Actions	Within 10 days from the receipt
		Evidence of implementation of accepted corrective actions	Within 15 days from the receipt
<b>Minor NC/Concern</b>	Proposed Corrective Actions	Within 15 days from the receipt	
<b>10.</b>	Technical Review of OA Report (from the date of closure of findings)		5 days
<b>11.</b>	WA to be carried out (from the date of completion of OA)		Desirable 2 weeks from the day CAB offers WA; max 4 weeks
<b>12.</b>	CAB to submit the required documents for WAs		1 week before the date of assessment
<b>13.</b>	CAB to provide audit/inspection report to AT (after completion of WA)		1 week
<b>14.</b>	WA Report to be submitted by AT to CAB (after receipt of audit/inspection report from CAB)		2 weeks

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<b>15.</b>	CAB to respond to Findings of WA	<b>As given at Sl. No. 8</b>
<b>16.</b>	NABCB Response on Findings	<b>As given at Sl. No. 9</b>
<b>17.</b>	WA Report review to be completed (from the day of closure of findings)	3 days
<b>18.</b>	Announcement of decision of grant (from the day of approval of minutes of the AC meeting)	1 day
<b>19.</b>	Accreditation certificate to be issued by NABCB (from the day of approval of minutes of the AC meeting)	3 days

**Annexure 6 (Clause 17)****(Obligations of the applicant / accredited Inspection body)**

The obligations of the applicant / accredited Inspection body are;

- a) The IB shall commit to fulfil continually the requirements for accreditation set by NABCB for the scopes for which accreditation is sought or granted including adapting to changes in the requirements for accreditation as and when communicated and shall also commit to provide evidence of fulfilment.
- b) When requested, the IB 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 locations where the Inspection activities take place.
- c) The IB shall provide access to IB personnel, locations, equipment, information, documents and records as necessary to verify fulfilment of requirements for accreditation.
- d) The IB shall provide access to those documents that provide insight into the level of independence and impartiality of the IB from its related bodies, where applicable.
- e) The IB shall arrange the witnessing of Inspection activities when requested by NABCB
- f) The IB shall have, where applicable, legally enforceable arrangements with the personnel certified by them that commit these certified personnel to provide, on request, access to NABCB assessment teams, to assess the CB's performance when carrying out evaluation activities of these personnel.
- g) The IB shall claim accreditation only with respect to the scope for which it has been granted accreditation.
- h) The IB shall commit to follow NABCB's policy for the use of the accreditation symbol
- i) The IB shall not use its accreditation in such a manner as to bring NABCB into disrepute.
- j) The IB shall pay fees as determined by NABCB timely.
- k) The IB shall inform without delay, any significant changes relevant to its accreditation, in any aspect of its status or operation relating to:
  - (i) its legal, commercial, ownership or organizational status,
  - (ii) the organization, top management and key personnel,
  - (iii) main policies,
  - (iv) resources and locations,
  - (v) scope of accreditation, and
  - (vi) other such matters that can affect the ability of the IB to fulfil requirements for accreditation.
  - (vii) The IB shall assist in the investigation and resolution of any accreditation related complaints about itself, referred to it by NABCB.

**Obligations of NABCB**

- a) NABCB shall provide information on accreditation to the accredited IB that shall identify the following:
  - (i) the identity and where relevant, NABCB accreditation symbol
  - (ii) the name of the accredited IB and the name of the legal entity, if different
  - (iii) scope of accreditation
  - (iv) locations of the accredited IB and as applicable the Inspection activities performed at each location and covered by the scope of accreditation
  - (v) the unique accreditation identification of the accredited IB
  - (vi) the effective date of accreditation and, if applicable, its expiry or renewal date, and



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- (vii) a statement of conformity and a reference to the international standard(s) and or other normative document(s) including issue or revision used for assessment of the IB
  - (viii) NABCB shall make all the above information publicly available. NABCB shall also make publicly available, where applicable, information on withholding of reaccreditation, extension of validity of accreditation and suspension or withdrawal of accreditation, including dates and 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 IB conforms to the changed requirements.

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**Amendment Record**

Date	Auth. by	Description of Amendment
Dec 2022	CEO	Timelines for closure of Concern is included as part of finding of Internal audit-2022