



**Accreditation Procedure**  
**for**  
**Aerospace Quality Management Systems Certification Bodies**



**BCB 201 (AQMS) – May 2024**

Effective: Immediate



## 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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## 0. Introduction

This document defines the procedure to be followed by the certification bodies operating the Aerospace Quality Management Systems (AQMS) under ICOP Scheme for the Aviation, Space and Defense sectors in accordance to ISO /IEC 17021-1, AS 9104-1 and any ICOP resolutions as and when applicable.

AS 9104-1 shall be the normative document for AQMS accreditation purposes. In case of any divergence between the requirements of the ISO/IEC 17021-1 and AS 9104-1 standards, the requirements in AS 9104-1 shall prevail.

NABCB, on request, will provide any specific information required by the certification bodies (CBs).

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

## 1. Application for accreditation

- 1.1 NABCB decided to provide accreditation services to any Aerospace Quality Management Systems Certification Body certifying for the Aviation, Space and Defense sector (ASD) according to the requirements of the standard AS 9104-1 in the current version 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 certification services.
- 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 certification body is established as a legal entity.
- 1.3 CBs interested in getting accredited by the Board for their certification system should submit application through electronic mode. The application forms and other related documents are available on the NABCB website for reference.
- 1.4 The applicant should review the following documents prior to submitting the application:
  - a) Application Form BCB: F001 (AQMS)
  - b) Fee Schedule BCB: F002 (MS)
  - c) Accreditation Criteria for Aerospace Quality Management Systems Certification Bodies - BCB 190
  - d) Procedures for Accreditation, Use of accreditation Symbol (BCB 202) & Complaints and Appeals (BCB 203)
  - e) Accreditation Agreement BCB: F003 (CB)
  - f) Document Review- cum- Cross reference matrix for ISO/IEC 17021-1 and the specific management system AS 9104



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1.5 Any additional explanation needed by the applicant is provided by the CEO/ Director on behalf of the Board, on receipt of a specific request for the same, including necessary explanations on the specific scopes of accreditation (respective AQMS Certification standards i.e. AS 9100, AS 9110 or AS 9120) that are covered.

1.6 Before applying for accreditation, the applicant body shall meet the following conditions:

- a) Condition for a Certification Body (CB) to apply for accreditation is that it has been accredited by NABCB for the ISO 9001 scheme for at least 12 full months.

*NOTE: NABCB may also consider valid accreditation for QMS (ISO 9001 certification) under any other IAF MLA Signatory AB for the past 12 months, subject to the CB registered (applicant / accredited) with NABCB for any other accreditation scheme, the CB obtains accreditation for QMS from NABCB within a period of 1 year from the date of grant of accreditation for AQMS, and provides an undertaking to this effect at the time of application for AQMS. However, in such case the CB shall have to maintain valid accreditation from IAF MLA Signatory AB during such period, inform NABCB immediately on any change in status of accreditation, and shall share assessment reports including findings and corrective actions if so desired by NABCB.*

- b) CB should not have issued certificates against the AS 9100 series of standards under NABCB accreditation until the CB has been granted accreditation by NABCB.
- c) NABCB requires a written and signed declaration from the CB's legal representative with regard to the above and declaring that the CB shall communicate to its client organizations which have applied for certification, that they will not be permitted to issue a certificate of conformity to the AS9100 series of standards until the CB has obtained formal accreditation from the NABCB.
- d) A CB shall not reapply for an AQMS accreditation for at least 12 months following the withdrawal of accreditation or in the event an application for accreditation is terminated by any ICOP scheme approved AB.
- e) NABCB shall collect information from the interested parties about the CB, if the application of CB or its accreditation is found to be rejected or withdrawn by any other ICOP approved AB in last 12 months, the application shall be rejected by NABCB.
- f) If a CB applies for AQMS accreditation or scope extension after suspension or withdrawal, the application shall include information about the prior AQMS suspension or withdrawal, with objective evidence of corrections for the causes of the AQMS accreditation suspension or withdrawal.
- g) If the CB fails to fulfil this requirement the accreditation process is suspended and if, following further enquiries, NABCB decides to terminate the accreditation process, this shall be communicated in writing to the CB, specifying the reason and stating that the accreditation process cannot recommenced until a new application has been submitted, after a period of at least twelve (12) months, accompanied by objective evidence of correction of the causes that had led to the blocking of the previously initiated process.



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- h) CB will be required to ensure that all activities related to development, including the initial qualification and monitoring of scheme auditor performances, the review of applications for certification, including the quotes, the assignment of the audit team members for the individual audit activities, the review of the audit reports, the decisions regarding certification and the sending of certificates are all conducted under the direct supervision of the scheme manager, who must be an employee of the CB or a professional with a specific contract structured in order to enable the scheme manager to correctly perform his/her activities.
  - i) Where changes are subsequently made to the organizational structure that affect the manager of the scheme appointed during the accreditation phase, the CB is required to send to NABCB a communication containing the references of the candidate scheme manager and the type of contract signed with the CB, attaching an updated copy of his/her CV and of the organization chart.
- 1.7 The applicant must also upload the required information and documents as specified in the application form.
- 1.8 The application is reviewed by the NABCB secretariat for completeness, clarity of accreditation requirements and the capability of NABCB to provide the required services in timely manner. NABCB will review its ability to carry out the assessment in terms of its own policy and procedure, its competence and the ability of personnel suitable for assessment activities. Any mismatch is clarified, and the outcome of the review is communicated to the applicant regarding acceptance of the application for further processing, or for completing any further requirements identified during the review. NABCB reserves the right to seek information on the antecedents of the owners / those managing certification activities and analyses it before deciding to accept the application for further processing. It may decide not to accept application if there is any adverse finding in the above exercise. The decision of the NABCB shall be communicated to the applicant with reasons for not accepting the application. The applicant can appeal against such a decision.
- 1.9 Upon deciding to accept the application, the same is recorded or registered and the assessment team is appointed
- 1.10 At any point of time during the accreditation process the applicant may request for transferring the registered application to another legal entity. NABCB would allow the same without any additional application fees based on the justification and supporting documents provided by the CB and subject to the new legal entity meeting all the requirements of application for CB scheme.
- 1.11 NABCB at the time of application review will decide on the number of witnesses to be done for AQMS to recommend the scopes sought by the applicant CB based on this procedure. Same shall be communicated to CB along with the proposal.
- 1.12 In case the application is accepted for further processing, a formal acknowledgement along with a proposal is sent for carrying out the assessment of the applicant body based on the expected man-days and fee schedule.
- 1.13 On receipt of acceptance of the proposal 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.

#### 1.14 Appointment of the Assessment Team:

- 1.14.1 The assessment team, consisting of a Team Leader and the members, is identified by NABCB secretariat from the pool of assessors and experts. The assessment team for each stage of the initial assessment normally consists of two members and the team for witness assessment will normally have as many members as the audit team of the applicant body. Technical Expert, if required, could be additional to the number of team members. In case the CB has applied for more than one AQMS Certification Standard and/or more than one management system scheme, proportionate increase in number of assessors may be done based on the man-days decided for the assessment.
- 1.14.2 The names of the members of the assessment team for carrying out the Document review and the Office assessment are also communicated along with the CV to the applicant CB along with the proposal and the CB is requested to inform NABCB about acceptance of / objection against the appointment of any of the team members. Any objection by the applicant CB 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 CB. 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 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 CB.
- 1.14.3 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.
- 1.14.4 NABCB maintains information on new applications for accreditation 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.
- 1.14.5 If a preliminary visit is requested by the applicant body, the NABCB Secretariat shall organize the same after obtaining the acceptance of the preliminary visit fee by the applicant body. Such a visit would solely be for the purpose of gaining a better understanding of the operations of the CB and for the CB to better understand the accreditation process and clarify the expectations of NABCB as regards the requirements of the standards. The visit may result in communication of findings to the CB. Such a visit would not result in any decrease in the man-days for the initial assessment.
- 1.14.6 Assessment at foreign locations NABCB would reserve the right to take the assistance of the local IAF MLA members for assessments at foreign locations. The applicant /



accredited CB would have the normal right to appeal against a specific assessor for reasons of conflict of interest. If the CB does not prefer to involve such local accreditation body, then the reasons for the same would have to be clearly indicated. NABCB reserves the right to share such information with the concerned accreditation body / IAF.

1.14.7 At any point in the application or initial assessment process, if there is evidence of fraudulent behavior, if the CB intentionally provides false information or conceals information, NABCB will reject the application or terminate the assessment process.

## **2. Criteria for accreditation**

Refer to document BCB 190 “NABCB Accreditation Criteria for Aerospace Quality Management Systems Certification Bodies”.

## **3. Conditions for Accreditation**

### **3.1 Granting of Accreditation**

3.1.1 The accreditation is granted to an applicant CB on completion of assessment as per the provisions of section 4 of this procedure and after the conditions given below are met with by the applicant CB:

- a) 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 in accordance with the guidelines on the subject.
- b) There are no adverse reports / information / complaints with the Board about the applicant regarding the quality and effectiveness of implementation of certification system as per the criteria of the Board. There is also no evidence of fraudulent behavior.
- c) The certified clients of the applicant body are satisfied by the conduct of the applicant body and its certification system. NABCB may request feedback from selected certified clients of the CB / publicize receipt of application and seek a feedback from stakeholders.

*NOTE: NABCB shall obtain on regular basis, through appropriate mechanism, feedback from few of the client organizations certified by the CB to assess the integrity and compliance aspects of the CB.*

- d) The applicant body has paid all the outstanding dues.
- e) The Initial accreditation shall be for a period of 3 years. Subsequent reaccreditations are for a period of 4 years. If the CB does not issue reasonable number of certificates, NABCB reserves the right not to reaccredit the CB even if it applies for the reaccreditation of the same.





3.1.2 In the event of any adverse issue arising from the reasons specified at points b) and c) of section 3.1.1 or if there is evidence of fraudulent behavior or if the applicant CB intentionally provides false information or conceals information, the applicant CB will be given an opportunity to explain its position in writing to the NABCB and present its case in person to the accreditation committee. The final decision shall be taken in respect of granting of accreditation on the basis of review of the facts and the results of such presentation.

3.1.3 NABCB shall publish on its website, grant of any new accreditation, for information and feedback from the industry / other stakeholders.

### 3.2 Maintaining Accreditation

3.2.1 The certification body shall comply with the following requirements. Subject to the CB meeting the conditions given below the accreditation given to a certification body shall be maintained for three years (first cycle) / four years (subsequent cycles).

- (i) The accredited CB continues to meet the criteria of accreditation and all non-conformities found against the criteria of accreditation during surveillance and witness assessments have been closed to the satisfaction of the Board as per laid down criteria.
- (ii) CB has taken corrective action associated with the non-conformities identified during the assessment of CBs are reviewed, accepted and conformance has been re-established within 90 days from the date the non-conformance was issued.
- (iii) There are no adverse reports / information / complaint with the Board about the applicant regarding the implementation of certification system as per the criteria laid down by the Board. There is also no evidence of fraudulent behavior.
- (iv) The certified clients of the certification body are satisfied by the conduct of the certification body and its certification system.
- (v) The accredited CB has organized witnessing as required by NABCB
- (vi) The accredited CB 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) of 3.2.1, or if there is evidence of fraudulent behavior or if the CB intentionally provides false information or if the CB conceals information the accredited CB will be given an opportunity to explain its position in writing to the Board and present its case in person to the accreditation committee before a decision is taken in respect of maintaining of the accreditation. The final decision shall be taken in respect of maintenance of the accreditation on the basis facts and the results of such presentation.

### 3.3 Suspension of Accreditation

The CB shall be subject to suspension of accreditation, and shall be based on the following conditions individually or severally:



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- a) No/ineffective corrective actions in response to the non-conformities observed during surveillance assessments (including witness assessments) or reaccreditation assessments as per AS 9104-1
- b) Nonpayment of outstanding dues.
- c) Not organizing assessments including witness assessments in time
- d) Any significant/major changes in the legal status, ownership, impartiality, use of sub-contractors, documentation, etc., which have not been informed to the Board within 30 days.
- e) Any willful misuse of the accreditation symbol of the Board.
- f) Any willful mis-declaration in the application form, which is discovered after the grant of accreditation/ reaccreditation.
- g) Willful non-compliance to the accreditation agreement.
- h) Willful misuse of accreditation conditions by certifying and issuing NABCB accredited certificate for scope not covered under NABCB accreditation.
- i) Inability or unwillingness to ensure compliance of the organizations certified by the accredited certification body, to the applicable standards.
- j) Fraudulent Behavior and providing intentionally false information or concealing information.
- k) Excessive and or serious complaints against the certification system of the accredited certification body.
- l) Evidence of lack of control over the certification process/willful bypassing of certification procedures.
- m) Evidence of unethical certification practices including providing incorrect information to NABCB; misrepresentation by sales personnel of the CB; faking of certification records; inappropriate relationship with consultants; etc.
- n) Non-availability of resources in some of the technical areas covered under accreditation.
- o) Inability or unwillingness to organize office/witness assessments due in time
- p) Critical or major non conformity which may bring into question the CB's ability to provide certification in compliance with the accreditation norms
- q) Any other condition/situation deemed appropriate by the accreditation committee.

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

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

3.3.3 Notwithstanding the above provision for a representation by the CB, the

accreditation committee may decide to suspend accreditation if there is sufficient evidence of willful misrepresentation of facts or willful non-compliance to accreditation criteria. The period of suspension shall be formally communicated as per the criteria laid down by the Board

3.3.4 The information about suspension of the accreditation of the certification body shall be published on NABCB website for information to all and feedback from the industry / other stakeholders.

### 3.4 **Withdrawal of Accreditation**

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

- a) If an accredited body voluntarily relinquishes its accreditation status
- b) If the non-conformities are not appropriately addressed in spite of suspension/withholding of reaccreditation for a period not more than 90 days, then NABCB shall withdraw the accreditation
- c) If no action is taken by the accredited CB in response to the suspension on any other grounds.
- d) Complaints are received about the certification process / certified organizations and established to be based on facts.
- e) Critical or major non conformity which may bring into question the CB's ability to provide certification in compliance with the accreditation norms
- f) Any serious non-compliance to Terms and Conditions of accreditation especially any fraudulent behavior which may warrant withdrawal in line with IAF MD 7.
- g) Any other condition/situation deemed appropriate by the accreditation committee

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

3.4.3 The accredited CB shall be given an opportunity to explain its position in writing to the NABCB and present its case in person to the accreditation committee. The final decision shall be taken in respect of withdrawal of accreditation on the basis of facts and the results of such presentation.

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

3.4.5 NABCB shall publish information about any withdrawal of accreditation on its website, if necessary for information of the industry / other stakeholders and update IAQG OASIS database.

3.4.6 The CB shall inform its clients about withdrawal of accreditation and its consequences and replace their certificates either by unaccredited certificates or certificates with another accreditation or help them transfer to another CB within 3 months.



#### **4. Assessment**

The assessment shall be for competence of the body in operating a sound certification/ system in compliance with the accreditation criteria.

##### **4.1 Preparation for the Assessment**

4.1.1 The NABCB Secretariat prepares a draft accreditation assessment plan for the initial accreditation process covering three stages as follows:

- a) assessment of the documents. This shall cover all levels of documents of the CB for the scope and accreditation scheme(s) applied for.
- b) assessment of office of the applicant including any branch offices / locations from where the CB offering its services / sub-contractors, as applicable, and
- c) witnessing of on-site audits being carried out by the applicant body based on the scopes of the accreditation applied for, the sites to be covered and the scale of the operation of the CB.

The normal assessment duration for each stage of assessment is described at Annex 2. The draft assessment plan (for individual assessments in an assessment programme) may be prepared in stages as mentioned above depending on the information supplied and as when the individual assessment activity is planned and executed using a risk-based approach. The clarifications regarding the scopes applied for, auditor expertise available with applicant, etc. shall be provided in advance for finalizing assessment plan; -if necessary, the same shall be further verified as part of the office assessment.

For Management Systems Certification “Key Activities” shall include the following:

Policy formulation; Process and/or procedure development; Initial approval of auditing personnel, or control of their training; On-going monitoring of auditing personnel; Contract review; Assignment of auditing personnel and technical experts if any, Control of surveillance or recertification audits, Final report review or certification decision or approval

4.1.1.1 For the purpose of assessing scope of accreditation applied for the same shall be assessed through combination of means such as documentation review where the CB’s system for competence and qualification would be reviewed, then during office assessment review of records of persons qualified for the scope sectors is reviewed and witness of CBs audits. The choice of assessment technique will be decided based on risk.

4.1.1.2 A sample of locations (such as branch/sub-contractors office) from where key activities takes place shall be selected for the initial assessment taking in to consideration the risk-based sampling as detailed in the NABCB internal procedures.

4.1.2 The draft accreditation assessment plan shall be discussed with authorized personnel of the CB to ensure an effective assessment plan at each stage.



## 4.2 Assessment Process

### 4.2.1 Accreditation Assessment plan

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

- a) Assessment of the documentation of the CB.
- b) Assessment of the office of the CB including branch offices / locations / sub- contractors. At the time of initial assessment, the sampling for location will be based on assessment of key activities and the risks. From among the identified locations based on risk consideration, all locations shall be assessed for the purpose of grant of accreditation. In certain cases, the locations not covered by risk consideration given below may also be chosen for assessment for the purpose of confirming declaration made by the CAB.
- c) Witness of the audit being carried out by the CB (Please see Annex-3).

4.2.1.2 The Leader of the assessment team, should identify the auditors (within the scope of accreditation) of the applicant CB to observe the audit by applicant CB.

### 4.2.2 Initial Assessment

The initial assessment shall be carried out in three stages as per the accreditation assessment plan as described in section 4.2.1 of this document.

4.2.2.1 The documents shall be verified by the assessment team leader / a member of the assessment team for compliance to the accreditation criteria as supported by the application documents and the scope applied for by the applicant. In case the CB applies for more than one accreditation scheme, then it shall be ensured by having appropriate number of assessors that at least one assessor qualified for each accreditation scheme is part of the assessment team. A document review report of any omissions/deviation of the criteria elements is forwarded by the team leader, to the applicant CB for its comments and compliance

4.2.2.2 Depending on the nature of comments and changes to be made to the documentation, decision regarding a second review of documents shall be taken. The applicant CB shall be informed if a second review is needed. If significant changes are needed the second review may be charged. Any review beyond second document review would be charged by NABCB.

4.2.2.3 Any further review of documents would be charged to the CB. If the documentation does not meet the requirements even after 3<sup>rd</sup> review, the application is liable to be rejected. In such an event, the decision of the NABCB shall be communicated to the applicant with reasons for rejecting



the application. The applicant can appeal against such a decision.

- 4.2.2.4 NABCB may decide to conduct a preliminary visit in case the documentation does not meet requirements after two reviews, to give an opportunity to the CB to clearly understand the accreditation criteria and other requirements. The visit shall be charged to the CB and the duration shall be decided by the Director/CEO based on the work involved. The preliminary visit will generally be carried out for one man day by the appointed leader of the assessment team that carried out the DR.
- 4.2.2.5 If the documentation is determined to be generally meeting the accreditation criteria, after review of the changes made, NABCB Secretariat/team leader may seek evidence of implementation of changes to the system by the applicant CB.
- 4.2.2.6 Subsequent to the documentation review stage, the onsite assessment of the head office and the branch offices/sub-contractors, if any, etc, as per the accreditation assessment plan decided at the beginning (see section 4.2.1 of this document), shall be planned. The team leader and the team member involved in the documentation review activity shall generally be part of the assessment team. Any additional team members may be inducted based on the review of man days and scope applied for.
- 4.2.2.7 The assessment plan for the office assessments, as prepared by the team leader is shared with the CB for their agreement. The responsibility for preparation of assessment plan is that of the team leader for the individual office assessments.
- 4.2.2.8 The assessment team will carry out the assessment of the implementation of the applicant CB's documented system in the head office of the applicant body and if necessary, at other office sites / sub-contractors included in the accreditation application/assessment programme.
- 4.2.2.9 In case information collected during the fixed office assessment of the CB requires inclusion of other locations in the assessment plan the applicant shall be informed and the assessment plan shall be modified to cover such locations. Subsequent monitoring at these offices / new locations shall depend on the nature of activities carried out there and the extent of control demonstrated by the applicant CB.
- 4.2.2.10 The branch offices / sub-contractors carrying out activities as defined above (refer section no. 4.1.1) shall be included in the assessment programme and shall be covered during an accreditation cycle.
- 4.2.2.11 During the assessment and/or on demand at any time, the applicant / accredited body shall provide unrestricted access to the documents and records that pertain to implementation of systems in accordance with the accreditation criteria for the scope applied for. The records shall also include the records pertaining to applicant and certified clients of the CB and the certification process and the scope applied for. Access shall also



to be provided to the records of the complaints, appeals and disputes along with corrective actions and the method of verifying the effectiveness of the corrective actions. Under certain circumstances, where possibility of irregularity, malpractice and/or fraud is suspected, the records under review may also include the financial records as relevant/applicable to the certification process. Under these circumstances the NABCB assessors shall demand and take copies in any form as relevant – hard copies, scanned copies, etc.

- 4.2.2.12 The non-conformities observed during the office assessment shall be explained to the applicant CB and given in NABCB designated format for carrying out root cause analysis and proposing corrective actions for preventing recurrence as well as corrections, where applicable. Concerns may also be raised. The time lines for the corrective action completion shall be agreed to by the assessment team leader and the authorized personnel of the applicant body as per the timelines laid down on this aspect (PI see section 9 of this procedure).
- 4.2.2.13 The team leader shall recommend, at this stage, whether to await completion of the corrective actions or to proceed with the witness of the onsite audits scheduled to be carried out by the applicant CB. Generally, any major NC in respect of areas like auditor competence or certification process, would require the CB to take corrective actions before a witness is planned. The Team leader shall send a report to the CB and Director/CEO, including details of the recommendations for witness audits and the witness audit plan, as per the Guidelines of the Board.
- 4.2.2.14 The team, nominated by NABCB Secretariat, shall carry out the witness assessment as per the assessment plan, based on the scopes applied for. The CB should ensure that the witness offered covers the representative processes of the concerned scope sector/technical area. The assessment shall cover the complete process of audit for certification.
- 4.2.2.15 For all witness assessments under AS 9104-1 and in accordance with ISO 17021-1, the CB shall provide details of contract review including inputs received for contract review (client's application, etc.), document review report, and report of stage 1 audit, if applicable and any other document as required for completing the process of witness assessment. During the process of conduct of witness assessment, the NABCB witness audit team may also ask for the documentation of the audited organization and other evidence seen by the CB's team without causing undue disturbance to the audit process. For the purpose of review, on completion of the witness assessment, the CB audit team shall provide the NABCB AT, the copies of findings raised and the complete audit.

The CB shall provide at least one week in advance before the witness assessment, the following details:

- a) Brief details of client organization



- b) Application received
- c) Contract review along with audit man-days estimation
- d) Record of auditor qualification for the scope/technical area along with supporting documents such as CVs, knowledge & skills defined and evaluation record, etc., and information on how team competence is built up for the scope/technical area.
- e) Last audit report (if any) along with NCs raised and their closure
- f) Audit plan.
- g) Audit Program
- h) CB's procedures.

The audit report along with the documented findings shall be provided to the NABCB AT as soon as the same is prepared and released for CB's technical review process (please see Annex – 4 for timelines).

4.2.2.16 The NABCB assessment team shall identify the findings (non-conformities, concerns, etc.).

4.2.2.17 A meeting shall be held on completion of witness assessment and the applicant CB's audit team shall be explained and provided with, as far as possible, documented copy of the non-conformities/concerns observed during the assessment for corrective action as per the guidelines established by the Board. In some cases, due to paucity of time and for other reasons like the CB audit team has only shared verbal findings with the auditee, the NABCB AT may provide only a list of findings at the end of the audit and the formal nonconformities and concerns may subsequently be sent after review of the findings and audit report of the CB, as appropriate. Additional NCs/Concerns may also be raised based on review of other records pertaining to the witnessed audit, contract review and man-days estimation, auditor qualification, etc., in addition to those raised during the witness assessment, as applicable. The team also provides an opportunity for the applicant CB to ask any question about the findings and its basis during the meeting.

### 4.2.3 Assessment Report

4.2.3.1 The assessment team shall prepare a report at each stage of the assessment – office assessment, branch office assessment, witness assessments. Non-conformities and Concerns, or list of findings, if any, shall be handed over to the CB representative at the end of each assessment. The report at each stage of assessment shall be sent by the NABCB assessment team within timelines as prescribed at Annex-4 of this document to the CB for their agreement. If no comments are received within a week, then the report is considered to be acceptable to the CB and is deemed as final. The NABCB AT shall try to resolve any comments received on the report within timelines as prescribed at Annex 4 of this document and shall submit the report at the end of this period, along with





any unresolved comments from the CB. NABCB Secretariat would coordinate, as needed. The unresolved comments if any would be handled as per the internal procedure of NABCB for disputes.

4.2.3.2 For any witness audits, the certification body shall provide the witness audit report as per timelines prescribed at Annex 4 of this document and in case the report is not provided, then the NABCB assessment team would record the same in its report of the witness audit and finalize its witness assessment report. NABCB assessment team may raise non-conformities /concerns later, on the basis of any report submitted by the CB. If the CB fails to submit its audit report in time, then any information contained in the report may not be accepted as evidence for any contention by the CB against observations by the NABCB assessment team.

4.2.3.3 After completion of various stages of assessments and after verifying the documents and records submitted by the applicant body on all the non-conformities and concerns that have been closed as per laid down guidelines of the Board, the team leader shall prepare a final report covering all the aspects of the initial assessment - documentation review, office (including assessment of any other locations as applicable) assessment, the witness assessments and the follow-up assessments, if any, assessment findings and the acceptance of CAs, etc. The final report of initial assessment is required to be made in the prescribed format and shall essentially consist of the following:

- a) A report indicating the level of conformity of the CB's management system against the NABCB accreditation requirements.
- b) The non-conformities and concerns observed during various stages of the assessment and details of corrective actions taken by the CB on the non-conformities/concerns and whether these are accepted by NABCB AT.
- c) Recommendations of the NABCB assessment team with details of recommended scope and justification for not recommending any scope.
- d) Recommendations for special conditions like early surveillance, witness of any scope sector beyond those witnessed as part of initial assessment for reasons like confirmation of documented competence criteria, etc. NABCB team leader shall provide appropriate justifications for recommending the special conditions to be imposed.

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

4.2.3.4 All the assessment reports at the stage of initial accreditation, reaccreditation and scope extension assessments which require a decision



are reviewed. In respect of surveillance office/witness assessments, as a part of monitoring mechanism of NABCB, any report may be picked up for the review after it has been issued.

- 4.2.3.5 The NABCB secretariat shall organize a review of the assessment reports, to ensure that the laid down criteria are addressed correctly. In case the review requires additional action from the CB, it shall be escalated to the CEO, who shall take the final decision on the matter. Based on the review, there may be a need for making changes in recommendations as needed as per accreditation criteria. Any revised report shall be sent to the applicant CB along with reasons for any change.
- 4.2.3.6 At any stage of the assessment process, if there is a need for a full or partial reassessment or a written declaration of compliance from the CB, in response to the non-conformities observed, the same shall be communicated to the applicant CB by the Director/ CEO of the Board after obtaining the relevant supportive facts relating to assessment from the leader of the assessment team.
- 4.2.3.7 In case that the report sent has any difference from the information presented to the applicant CB by the assessment team at the closing meeting, the same is highlighted and the explanation of the differences is enclosed
- 4.2.3.8 The process of closing the non-conformities/concerns and verification must be completed in the specified time. If the applicant CB delays the process of acceptable corrective action beyond the limits specified by the NABCB, the NABCB will reserve the right to reject the application. The fees paid by such applicant CB will be forfeited. In such an event, the decision of the NABCB shall be communicated to the applicant with reasons for rejecting the application. The applicant can appeal against such a decision.
- 4.2.3.9 After all the preceding steps are over, the final report shall be reviewed for completeness, by the NABCB, with respect to guidelines on the subject and shall be presented to the accreditation committee for its decision on the grant of accreditation to the applicant CB.
- 4.2.3.10 Wherever needed, to support the evidence of competency of the applicant CB, they may submit the documents and records of assessments undertaken on the applicant CB by other IAF MLA Members. Director/ CEO NABCB, shall ensure a detailed review, on a case-to-case basis, and provide a report of the same to the Accreditation Committee. The Committee shall decide on the extent of its consideration for the grant of scopes based on such reports. Appropriate guidelines on this subject shall be laid down for the use of assessment teams as well applicant bodies. In case of any difference in interpretation, the Board decision shall be final and binding on the applicant CB.



#### 4.2.4 Time Period for assessment process

4.2.4.1 A typical time line for the accreditation process is given in Annex 4. The assessment process for any applicant CB must be completed within a maximum of one year. In the event that the process is not completed within one year, NABCB will take a decision and the application may then be kept active for one more year and applicant CB may be given one chance to completely restart the assessment process afresh without paying any additional application fee. In such cases the assessment process must be completed in one additional year.

4.2.4.2 In the event of delay in scheduling of witness assessments for different scope sectors applied for, as per NABCB procedure, the applicant CB may apply in writing to the Director/CEO of the Board for consideration of his application for part of the scope, for which the assessment process including witness assessments as per NABCB procedure has been completed. The Director/ CEO NABCB shall have the right to accede to that request or differ. Grant of accreditation for part of the scopes shall be done subject to completion of CAs for all the non-Conformities and concerns raised during the earlier stages - office assessment and the witness assessments conducted and their acceptance/closure as per the laid down criteria of the Board.

### 5. Accreditation Decision

- 5.1 The Accreditation Committee is responsible for taking decision on granting, maintaining, extending, reducing, suspending or withdrawing of Accreditation and also withholding of reaccreditation as well as extension of validity 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 CB under consideration that can influence their decision on accreditation.
- 5.2 The reports are presented to the accreditation committee along with recommendations of NABCB secretariat for the decision of accreditation.
- 5.3 The decision of accreditation is taken by the Accreditation Committee unanimously and is generally not put on vote. The Head of the Committee shall be responsible for coordinating and addressing the issues raised by the members. The Head of the committee shall have the right to call for any other assessor/experts/personnel for clarifying any of the issue that is under discussion. The persons so called for clarification shall not take part in the decision of the accreditation. It shall be ensured that the persons so called for clarifications shall not have taken part in the assessment of the concerned CB and shall be free from any conflict of interest, except when clarification from the assessment team is needed.
- 5.4 The decisions of the accreditation committee are based on the assessment report, recommendations of the assessment team and the NABCB secretariat, any other relevant information about complaints, the market reputation obtained by the Board, etc. It may also



involve interaction with the Director/CEO NABCB, assessment team and the applicant CB. The accreditation committee in its capacity shall have the right to ask for any further clarifications on the report and information submitted on the applicant's certification process and the applicant shall not refuse to present such information.

## **6. Accreditation information / Documents**

- 6.1 The accreditation committee shall decide to grant accreditation to the applicant CB, only after the applicant CB has met all the conditions specified by the Board.
- 6.2 Two copies of the accreditation agreement shall be signed by the applicant and the applicant CB shall ensure that the relevant fees are paid.
- 6.3 On receipt of the signed agreement and the fee as per the invoice, a set of accreditation documents shall be issued to the applicant CB along with the artwork of the accreditation symbol of the Board.
- 6.4 The accreditation certificate in the standard template shall include the NABCB accreditation symbol, the name of the CB, address of the premises of the CB from where key activities are performed, accreditation number, the scope of accreditation, effective date of grant of accreditation and the date of expiry or renewal date of the certificate (BCB F018)

In addition to this, the following details are also included:

Standards/Normative documents and/or regulatory requirements to which organizations are certified including issue or revision used for assessment of the CBs.

- 6.5 The initial accreditation certificate shall be valid for three years and the date of issue and validity is indicated on the certificate.
- 6.6 When a certification body already accredited by NABCB for a management system certification applies for another accreditation scheme (subsequent accreditation) for a management system certification, NABCB shall grant accreditation in subsequent scheme for three years.
- 6.7 The Scope of accreditation granted to a CB is indicated on the Accreditation Certificate or a Schedule which accompanies the accreditation certificate. Whenever there is a change in scope (extension or reduction) which calls for a revision of the schedule and / or accreditation certificate, the revised schedule and / or accreditation certificate will carry the revision no. (such as Rev 1) with a disclaimer as follows: "This certificate / schedule supersedes the earlier version of the certificate / schedule dated ...". In addition, the CB will also be asked to return the earlier version of the certificate and / or schedule.

In case of scope reduction, the revised certificate and / or schedule will be issued only after receipt of earlier version of the certificate and / or schedule from the CB.



## **7. Maintaining Accreditation and Accreditation Cycle**

### **7.1 Surveillance Assessment**

7.1.1 To ensure that each CB accredited by the NABCB continues to comply with the accreditation requirements, a surveillance assessment (at the accredited CB's office) shall be carried out annually at the main office of the CB; other offices may be covered as per the assessment programme. The first surveillance assessment shall be carried out within nine months from the date of grant of accreditation. However, the accredited CB, for valid reasons may seek a postponement of the assessment for a maximum period of three months. For deferring the surveillance, the CB shall give written justification and shall obtain the consent of Director/CEO, NABCB. It shall be ensured that the first surveillance takes place within 12 months and gap between surveillance assessments shall not exceed 15 months.

The subsequent assessments shall be every 12 months. The surveillance assessment shall be consistent with the initial assessment and include office assessment, other locations performing key activities as defined in section 4.1.1 above, including foreign locations and witness of the audits of the certified clients by the accredited CB. The number of locations included in the surveillance assessment would be based on the risk consideration.

7.1.2 The witness assessment programme shall select a sample of certified organization and shall be based on audit resources available with the CB, number of accredited certificates issued, spread of locations and the extent of control demonstrated by the CB and observations of the office assessment witnessing (please see annex 3 specific to AQMS – ICOP Scheme). Specific organizations or auditors may be chosen for which accreditation is sought. In cases where IAF MDs on the subject of witnessing are available, the selection of scopes for which witnessing is required shall be based on the same. In other cases, for selection of scopes to be witnessed, a risk-based approach as described in the respective annexes to this procedure would be used. Critical/higher risk category scopes will be chosen for witnessing. Scopes under regulatory oversight will be chosen for witnessing more often.

7.1.3 The non-conformity reports and concerns if any and the assessment report of each of the surveillance assessments shall be forwarded to the accredited CB for taking corrective action as per the laid down criteria for the maintenance of accreditation.

7.1.4 In the event of any critical and/or major non-conformity that can affect the certification process, the NABCB secretariat informs the accredited CB and seeks a time bound corrective action plan. The decision for an additional follow up visit to verify the implementation of the corrective action plan as committed by the accredited CB is taken by the Director/CEO, NABCB in consultation with the Team leader of the assessment team. Such decision shall be binding on the accredited CB. The cost of the follow up visit shall be borne by the accredited CB. In the event accredited CB has not shown evidence



of completion of the corrective action agreed as per committed time period, Director/CEO NABCB shall prepare a status report and submit it along with the assessment report to the accreditation committee along with recommendations of NABCB secretariat for further decision on suspension or reduction or withdrawal of accreditation. Critical/major non conformity may lead to suspension/withdrawal of accreditation depending on the seriousness.

7.1.5 The surveillance assessment reports shall be reviewed and presented to the accreditation committee in case of any suspension of accreditation or scope extension or scope reduction of the CB.

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

**7.2 Other Surveillance activities, Performance based Surveillance (PBS) / Recertification Process (RP)**

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

7.2.2 Based on concerns noticed during the office assessment / market feedback / complaints or otherwise, Director/CEO, NABCB may decide to arrange direct interaction with client certified by the CB or organizations using these certified clients as part of surveillance and the cost of such interactions /visits carried out, if any shall be borne by the accredited CB. CBs shall, in their contract with their certified clients provide for such activities. CBs shall be informed of any such activity and may join the NABCB assessor/AT for such activities if required. CBs would be informed of the duration of such activities and the information planned to be collected, if felt necessary.

7.2.3 If such activity indicates satisfactory operation of accredited certification, then a reduction in normal witnessing could be considered. If, however, the visits reveal unsatisfactory operation of the accredited certification scheme, then NABCB Secretariat would advise actions to be taken which could include a special office assessment, intensified witnessing. The CB would have to bear the assessment charges in all such cases.

7.2.4 The CBs shall implement the Performance Based Surveillance/Recertification Process (PBS/RP) as defined in AS9104/1. CBs must apply to NABCB and obtain approval for the implementation of PBS/RP. CBs shall process and maintain documented information for application of PBS/RP for certified organizations. Refer annexure 6 for the eligible



criteria and format for application of PBS/RP and the approval process by NABCB. An assessment of an AQMS PBS/RP file at the office assessment after PBS/RP approval, at least one AQMS PBS/RP client file shall be reviewed during each accreditation cycle, when applicable.

### 7.3 Remote Assessments

7.3.1 As stated in ISO/IEC 17011, NABCB may carry out remote assessments where it is not possible to carry out assessments in physical mode for the situations as defined in IAF ID 3 or NABCB policy for Management of Extraordinary situations or events and taking into account any mandatory resolutions of IAQG for the ICOP scheme. The remote assessment shall be conducted by NABCB as per BCB 003 – NABCB Policy and procedure for conducting remote assessment which is devised in line with the IAF ID 12, "Principles on Remote Assessment" and the IAF MD 4, "IAF Mandatory Document for the use of Information and Communication Technology (ICT) for Auditing/Assessment purposes".

7.3.2 While conducting remote audits, CBs shall take the reference of IAF ID 3, MD 4 and any IAQG resolutions issued for the ICOP scheme. NABCB will perform remote witness assessments only if the CB conducts the audit in remote mode.

### 7.4 Reaccreditation

7.4.1 Normally six months prior to completion of the accreditation term, the accredited CB shall be informed through an alert generated by the accreditation portal about the reaccreditation process. The CB shall apply along with required documents at least 5 months in advance of the expiry date and ensure that office assessment is carried out normally 3 months before the expiry date. In case the accreditation process is not completed before the expiry date of accreditation, the reaccreditation is liable to be withheld till the reaccreditation process is completed.

7.4.2 For the purpose of reaccreditation, the reassessment shall be carried out in accordance with process detailed in sections 4 – 6 of this procedure as applied to initial accreditation process and assessment. However, the witness assessment requirements will be applicable as per Annex

7.4.3 In case during the accreditation cycle preceding the reaccreditation, witness assessments have been carried out as part of surveillance assessments exceeding the number of mandatory minimum witness assessments needed for reaccreditation, then no separate witness assessments are required as part of reaccreditation process. It is the responsibility of the CB to ensure that it offers at least the minimum number of witness required for each MS accreditation scheme. These could also be for certificates granted under accreditation of other ABs. The mandatory minimum number for the purpose of reaccreditation shall be the same as that for initial accreditation.



- 7.4.4 On completion of the re-accreditation process, the accredited CB shall initiate the relevant activities to take corrective actions on the observed non conformities and concerns, if any, and complete all actions as per the criteria of the Board to close all critical & major non-conformities and ensure that corrective action plan for minor non conformities are accepted by the assessment teams, before the reaccreditation decision can be taken.
- 7.4.5 The assessment team shall prepare a report of all the aspects of the assessment of the office and witness assessments, if undertaken for the purpose. The final assessment report shall be made which clearly identifies the activities undertaken as part of reassessment process and includes the following:
- a) The level of conformity of the CB's management system against the NABCB accreditation requirements.
  - b) The non-conformities and concerns observed during various stages of the assessment and details of corrective actions taken by the CB on the non-conformities/concerns and whether these are accepted by NABCB AT.
  - c) Recommendations of the NABCB assessment team with details of recommended scopes and justification for not recommending any scopes.
  - d) Recommendations for special conditions like early surveillance, witness of any scope sector etc., NABCB team leader shall provide appropriate justifications for recommending the special conditions to be imposed.
- 7.4.6 The report shall be prepared as per the laid down guidelines and criteria by the team leader / team members in the established formats listing the level of compliance to the requirement of the accreditation criteria of the Board. The reports of the re-assessment, and witness assessments if undertaken, and the corrective actions taken by the accredited CB along with recommendations of NABCB secretariat shall then be presented to the accreditation committee for a decision.
- 7.4.7 If the decision by the accredited committee is to continue the accreditation, a fresh set of accreditation documents shall be issued to the accredited CB.
- 7.4.8 The reaccreditation shall be for a period of 4 years.
- 7.4.9 All reassessment activities shall be completed prior to the expiry of accreditation. In case there is a delay in decision-making, the accreditation shall continue, if the report of the assessment team is satisfactory. The decision of the accreditation committee shall be binding on the accredited CB.
- 7.4.10 If the accreditation committee is not able to take a positive decision for any reason, the reaccreditation may be withheld and communicated to the accredited certification body for initiating the appropriate actions including any corrective actions. The CB shall complete all actions within 6 months failing which the reaccreditation may not be agreed to. The period from the date of previous expiry to reaccreditation shall be deemed to be suspension and reaccreditation effected from the original date of expiry.





## **8. Suspension and Withdrawal of Accreditation**

### **8.1 Accreditation Decision-making**

NABCB Accreditation Committee is authorized by the Board to decide on the suspension or withdrawal of accreditation or revoking of suspension.

### **8.2 Suspension of Accreditation**

8.2.1 NABCB shall suspend and/or withdraw accreditation because of the following reasons:

- a) Condition as specified under section 3.3 of this accreditation procedure.
- b) When the ISO 9001 accreditation is suspended or withdrawn for any reason.
- c) Failure to complete the required NABCB annual assessments.
- d) Systematic failure to properly apply the definitions of major and minor nonconformity in accordance with 9101 requirements;
- e) Failure to resolve any NABCB issued nonconformity within 90 days from the date the nonconformance was issued
- f) Failure of the CB to manage the nonconformities they have issued to their clients;

8.2.2 The CB may seek on its own suspension of accreditation citing reasons for the same with justification.

8.2.3 The period of suspension will not be more than six months. If the accredited CB 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.

8.2.4 In the event of part / full suspension, in terms of scopes under accreditation or the accreditation scheme, the accredited CB shall be informed. The CB is then barred from issuing accredited certificates for the scopes for which the accreditation has been suspended till the suspension is in force.

8.2.5 It is allowed to take on surveillance assessment only with the permission of the CEO, who will ensure that adequate resources are provided by the CB such that the surveillance process is not compromised. Where the CEO of the Board is not sure of the adequate resources, the CB under suspension will be asked to take support of another CB accredited by the Board.

8.2.6 For revoking suspension, the accredited CB shall formally apply to NABCB as per the established guidelines. The suspension shall be revoked after an assessment has been carried out to verify that the corrective actions have been implemented and are effective in eliminating the reasons of suspension.

8.2.7 During suspension of accreditation, the CB Shall:

- a) Notify all existing and certification applicants of the CBs suspended status and any consequences, within 15 days of the suspension notification.
- b) Continue surveillance and recertification audits;
- c) Not perform Stage 1 audits for initial certification;
- d) Not perform AQMS scope extensions;
- e) Not accept an AQMS certificate transfer from other CBs; and
- f) Provide the NABCB and either the SMS or RMS with information of any certification decisions issued during the suspension.

8.2.8 NABCB shall notify the applicable IAQG SMS or RMS within 10 days, whenever an AQMS accredited CB has a change to its AQMS or ISO 9001 accreditation (e.g., suspension, withdrawal, Scope extensions) that impacts existing AQMS certification.

### 8.3 **Withdrawal of Accreditation**

8.3.1 Reasons for withdrawal of accreditation are given in section 3.4, 8.2. Additionally, the Board may decide to withdraw accreditation based on market feedback, complaints about the certification process etc. after due investigation and providing the CB with an opportunity to respond to the findings.

8.3.2 In the event of the decision to withdraw the accreditation, the CB shall be 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 forthwith. The Director/CEO NABCB shall also notify the legal course for initiating any penalty of such misuses if it is reported and found supported by facts and evidences.

8.3.3 In case a CB is found using NABCB accreditation symbol after withdrawal of accreditation supported by facts and evidences, NABCB may initiate legal action.

8.3.4 Withdrawal of an accreditation has consequences on the certified clients of the CB. Accredited certificates issued shall be considered as unaccredited once the accreditation is withdrawn and NABCB may require the CB to publicize this on its website and may place this information on NABCB website also. The CB shall provide its certified clients with information on the withdrawal of its accreditation and on its consequences. The CB may, in consultation with NABCB arrange for the transfer of such accredited certificates to another accredited CB, if possible.

8.3.5 Following withdrawal of accreditation, the CB may seek fresh accreditation as a new applicant only after a cooling period of minimum one year. NABCB shall have the right to satisfy itself if the reasons which led to withdrawal have been addressed adequately before accepting the application. Any visits needed for such a check would be charged to the CB.



8.3.6 NABCB will evaluate the IAQG ICOT, SMS or RMS recommendation (if any) for the suspension or withdrawal of a CB's AQMS accreditation and gives decision on the outcome of such evaluation. The evaluation process includes data collection from the IAQG, RMS/SMS, CB's, CB's Clients and assessing the reports, documents obtained from such data collection. If any further Assessments required it will be carried out by NABCB as decided by the NABCB secretariat.

The decision of the evaluation will be communicated to within 60 working days to the IAQG, RMS or SMS electronically.

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

The information on suspension or withdrawal shall be placed on the NABCB website in the register of the accredited bodies and NABCB may make a public declaration in the newspapers. The charges for making the information public through newspapers shall be recovered from the CB involved before revoking the suspension or renewal of the accreditation. NABCB shall also update the IAQG OASIS Database on any Suspension and/or Withdrawal of accreditation under the AQMS accreditation scheme.

### 9. **Assessment findings (Nonconformities/Concerns) and Corrective Actions**

9.1 The Non conformities observed shall be categorized in three categories:

a) **Critical:**

- Any evidence that indicates that the certificates issued by the CB may not be based on sound judgment and objective evidences and may not be a true reflection of the compliance to the standards.
- Any failure of implementation of the certification rules as per accreditation criteria and raises doubts on the operation and practice of the certification and the results of the certification system being operated by the CB.
- Any evidence that indicates possibility of fraudulent/irregular behavior by the CB, such as issuance of certificates without audit or minimal audit, violation of impartiality requirements which indicates an unacceptable threat to impartiality, issuance of certification to a client not observed to be fit for certification during validation assessments, etc.
- Critical non-conformities shall call for the immediate correction and corrective actions based on appropriate root cause analysis. Such actions shall have to be completed and non-conformities addressed **within 30 days** of the date these have been observed by the assessment team as per the established criteria of the Board. Critical NC shall be brought to the immediate notice of Director/CEO NABCB by the Team Leader of the NABCB AT. The CB may be liable for suspension/withdrawal of accreditation with due notice if such NCs are raised even as it takes action to address them. In case the corrective action is not completed within the stipulated time frame, the accreditation may be liable for suspension or withdrawal based on the nature of non-conformity.

**b) Major:**

- Any evidence that casts doubt on the certification system and is less severe than in case of the critical (which bring into question the validity of certificate issued) and is evident in failure of certain elements of the criteria individually (e.g. absence of liability insurance or internal audit system not working). It may have less direct impact on the certification system and its results or any minor non-conformities that have not been acted upon within the stipulated time frame. A number of minor nonconformities associated with the same requirements or issue may be considered as major nonconformity if it indicates a systemic failure.
- Major non-conformities shall call for the early correction and corrective actions based on appropriate root cause analysis. Such actions shall be completed and non-conformities addressed within **60 days** of the date these have been observed by the assessment team as per the established criteria of the Board. The CB shall get 10 days for proposing corrective actions and the NABCB AT shall get 10 days for review and response on these. In case the corrective actions are accepted, the CB shall be given 15 days to submit evidence of the implementation of the accepted corrective actions which the NABCB AT will review and respond within 15 days. In case the NC is not addressed within the stipulated time frame, the accreditation may be liable for suspension completely based on the nature of the non-conformity.

**c) Minor:**

- Any evidence that indicates a non-compliance to the accreditation criteria and the application documents, which has negligible impact on the certification system and its results.
- Minor non conformities shall need to be addressed and corrected as early as possible but not later than **90 days (3 months)** from the date these have been observed by the assessment team, as per the established criteria of the Board. In case of minor NCs also the CBs will be required to undertake appropriate root cause analysis before deciding the corrective action. One of the analysis it will require to do is to establish whether it is an isolated case or there are other instances the same finding is observed since the rigour of the corrective actions decided will depend on the same.
- CB is required to propose corrective actions within 15 days, and the NABCB AT should review / respond on proposed CAs within 10 days.

*NOTE 1: Multiple Minor NCs with related impact on the certification system shall result in a Major non-conformity based on the judgement of the assessment team.*

*NOTE 2: NCs remaining unresolved after the prescribed timelines are liable to be upgraded to the next higher category.*

**d) Concerns:** NABCB assessment teams may also raise concerns under the following circumstances:

- Minor gaps/inadequacies observed, in CB's documented system or practices, which do not directly amount to non-compliance. However, if no action is taken they are likely to result in nonconformities.
- Issues observed during witness assessments, which may require further review and assessment of the systems of the CB in the office.



- Findings of minor nature where, in the judgement of the assessment team, root cause analysis is not required
- Issues from documentation review, minor in nature, which have remained unresolved subsequent to office assessment, where the practice of the CB was observed to be complying with the requirements of the standard.
- Concerns are findings which do not require the CB to carry out any root cause analysis. It can directly inform the correction/corrective actions it has taken or intends to take (where it would take time). In certain cases, where these are unresolved issues from documentation review, the NABCB AT may ask the CB to submit the evidence of Corrective actions for the resolution of the concerns within **90 days**.

- 9.2 The CB shall be given only two chances/iterations for acceptance of corrective actions (proposed/implemented) and closure of non-conformities/concerns and from 3<sup>rd</sup> iteration onwards, they would be charged for the additional review accordingly (0.5 / 1 man-day as decided on case- to case basis).
- 9.3 The time for addressing the NCs/Concerns shall be reckoned from the day the non-conformities are handed over to the CB.
- 9.4 Non-conformities of critical or major nature shall normally call for a follow up visit either to the office or on-site as per recommendation of the assessment team. Such a follow up visit shall be charged as per prevailing fee structure.
- 9.5 In case of minor non-conformities, a declaration in respect of completion of the corrective action by the authorized person of the CB may be accepted. However, during surveillance, if it is found that the Minor non-conformity is not effectively addressed, the non-conformity shall be upgraded into major non-conformity and shall have to be treated as per the criteria laid down for Major Non conformity.

*NOTE: The assessment team may also identify opportunities for improvement and convey the same to the CB as observations and include in their final report.*

## **10. Change in the status of the Certification Body**

- 10.1 As part of the application for accreditation, the applicant body / accredited CB undertakes to inform NABCB within 30 days if any change takes place in any of the aspects of its status or operation that affects its:
- a) Legal, commercial or organizational status
  - b) The organization, top management and key personnel
  - c) Significant changes in Policies and/or documented procedures.
  - d) Premises
  - e) Personnel, equipment, facilities, working environment or other resources, where significant and relevant.



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- f) Capability of certification or scope of accredited activities, or conformity with the requirements of the accreditation criteria.
  - g) Addition/closure of any branches / foreign locations where clients are located / operations related to certification are performed.
  - h) Changes in certification schemes that may affect the certification process
  - i) Other such matters that may affect the ability of the CB to fulfil requirements for accreditation.
- 10.2 On receipt of the information of change in any of the above parameters, the Director/CEO decides whether an extraordinary visit is necessary or the change shall not affect the operation of the certification system within the accredited scope. If the Director/CEO decides on a visit, such a visit shall be charged as per prevailing fee structure. The invoice for such surveillance visit is sent to the CB. Further action shall be initiated only on timely payment of fee for the surveillance visit.
- 10.3 During regular surveillance, the accredited CB is asked to confirm that no change in the parameters mentioned above or any other aspect that will affect the certification has taken place since the last assessment.
- 10.4 In case an accredited CB is found to have given a willful wrong declaration, the Board shall initiate suitable action and also shall reserves the right to suspend / withdraw the accreditation.
- 11. Extension / Reduction of the Scope**
- 11.1 Extension of the scope is where a CB requests accreditation for a new certification standard, that makes it necessary to process the application similar to the initial assessment.
- 11.2 Normally the extension of the scope will be carried out as part of the surveillance visit by increasing the number of assessor man-days necessary, or alternatively NABCB or the applicant CB may ask for an additional assessment. Witness assessments for the extended scope may be undertaken in line with the requirements.
- 11.3 In case extension of scope is for a new standard, then NABCB would conduct document review, office assessment and witness assessment based on the requirements prescribed in the new certification standard.
- 11.4 The proposal for the application and other fees for extension of the scope shall be forwarded to the CB.
- 11.5 The scope extension visits shall be charged as per the prevailing fee structure. Further action shall be initiated only after timely payment of fee for the scope extension visit. The procedure followed for the assessment and decision for extension of the scope is similar to the initial assessment as described in sections 4 to 6.
- 11.6 The reduction of the scopes is decided based on the following



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

11.7 The decision for extension and reduction of scope is taken by the NABCB Accreditation Committee.

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

The fee structure shall be approved by the NABCB. The current approved fee schedule is available on NABCB website.

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

12.2 Each accredited body shall pay annual operating fee as identified in the current approved schedule.

12.3 The NABCB shall have the right to revise the fee schedule as and when necessary.

12.4 The Board shall take the following actions if any applicant or accredited CB fails to pay the fee as invoiced

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

12.5 All invoices are to be paid within one month. Any failure to pay the invoices timely may result in penal action like rejection of application or suspension of accreditation, If any CB is found to be defaulting on payments repeatedly, NABCB may decide to ask for payment in advance for one year at a time.

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

### 13. Complaints and Appeals

NABCB, in accordance with the requirements of BCB 203, has a management procedure for handling of complaints/feedbacks/appeals

NABCB Shall

- a) the response to the complainant within 30 working days from receipt of the complaint/feedback.
- b) NABCB shall promote the use of OASIS database for complaints reporting
- c) the evaluation of the complaint/feedback, with relative response;
- d) if NABCB decides if any additional assessments are necessary in order to resolve the complaints, such assessments (may be surprise visits if required) shall be commenced

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within 90 days of the decision taken by CEO NABCB.

The complaint resolution escalation is as per the table below.

<b>If complaint is against the:</b>	Certified Organization	Auditor	Assessor	AB	CB	RMS	SMS
<b>The issue shall be communicated to the:</b>	CB	CB	Assessor's Organization	SMS or RMS	AB	SMS	IAQG ICOT

*Table 1: Reference from Cl.5.2.3 of AS 9104-1*

With reference to the behavior of the NABCB assessors, any complaint/feedback can be presented within 10 working days of the execution of the assessment. NABCB has the responsibility to ensure that complaints/feedbacks concerning its processes or those of the accredited CB regarding the accreditation requirements for the ICOP scheme, are resolved. Any feedback or complaints that are unresolved, due to interpretation of AS 9104-1 standard, shall be elevated to the applicable SMS or RMS for resolution.

#### **14. Communication to the AAB regarding auditor failures**

NABCB shall evaluate the AQMS auditor misconduct issue / complaint when received from the NABCB Secretariat (internal) / NABCB Assessor / CB / SMS/ RMS and a detailed documentation about the misconduct shall be shared with the respective AAB responsible for the auditor authentication through email by CEO, NABCB.

#### **15. Force Majeure event**

NABCB has an agreement with CB for handling any Force Majeure event within the economy where it is being operated. NABCB will notify the RMS/SMS (if applicable), with any deviation in the accreditation process to the CB regarding a justified “Force Majeure” event or for an unforeseen extraordinary event in accordance with IAF ID 3.

NABCB shall obtain approval from the IAQG ICOT before a blanket deviation is granted to CBs regarding a justified and ongoing “Force Majeure” event or for an unforeseen extraordinary event. NABCB has a “Policy on Management of Extraordinary Events or Circumstances” to manage force majeure events.

#### **16. Disputes**

A dispute is a disagreement between the CB and NABCB AT (such as non- acceptance of NC by CB, non-acceptance by NABCB AT of CAs proposed / implemented by the CBs) or CB and NABCB Secretariat. Representation on such disagreement should be made to CEO in writing by the CB. NABCB will handle disputes in accordance with its internal procedure for the same.





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### 17. Publishing of the Information for Public & availability of accreditation schemes

- 17.1 The NABCB shall make public announcement of the accreditation schemes, criteria of accreditation, application for accreditation, fee schedule and other related documents on its website and on specific request.
- 17.2 The NABCB shall maintain a list of the accredited CBs and the applicants on its website. It also makes this information available on request.
- 17.3 The accreditation schemes are open to all applicants within the capability and scope of the NABCB.
- 17.4 The NABCB shall also make public information about suspension withdrawal of accreditation, with holding of reaccreditation and extension of validity of accreditation.

### 18. Confidentiality and Disclosure

- 18.1 The information obtained regarding the certification system of the applicant and accredited certification bodies that are not of the nature of public information, shall be kept confidential by all the personnel, members of the NABCB, panel of assessors, experts and the committee members.
- 18.2 If the NABCB has to share any confidential information due to any legal situation, the concerned CB shall be informed of the extent of disclosure and the body to whom the disclosure has been made.
- 18.3 Documented information and data in the form of audit reports, nonconformities, checklists, or other company specific information, generated by the application of this standard, shall be considered confidential (also referred to as proprietary or sensitive) between the parties generating, collecting, or using the data; and be managed as such, except as required by law.
  - a) NABCB maintains in its agreement with CBs for using this information and keeping it confidential (both internally and externally), unless otherwise agreed by the consenting parties.
  - b) NABCB ensures that IAQG ICOT ICOP scheme participants shall not be provided with access to records of their competitors

*NOTE: Documented information retained by NABCB and CBs on certified organizations may be subject to an audit or review, at any time, by applicable ABs, SMS, RMS, government, or regulatory authorities.*

- 18.4 Records demonstrating conformance to the ICOP scheme requirements of the 9104-series standards shall be retained by the originator (NABCB/CB/CBs Clients) for a minimum period of ten years.

### 19. Obligations of the certification body and NABCB

The general obligations of the applicant / accredited CB and NABCB are given in Annex 5.



## 20. Additional Requirements

- 20.1 NABCB shall maintain the CB's contact information and accreditation status and dates in OASIS.
- 20.2 The CB shall ensure that there are enforceable arrangements for "rights of access" by ABs and other interested parties. If restrictions are identified with respect to this access (e.g., matters of citizenship, proprietary processes) they shall be fully communicated to NABCB and other interested parties prior to contracting with the client.
- 20.3 The CB shall ensure that client organizations are informed of the consequences of not providing access where access limitations cannot be resolved (loss of certification) and work to resolve any issues (e.g., limit the scope of certification, better understand the specific limitation(s), remove a site from the certification) with respect to access limitations.
- 20.4 AS 9104-1 permits the use of information communication technology (ICT) auditing techniques per IAF MD 4 up to 50% of total audit duration.
- 20.5 The use of ICT is allowed but not mandatory for AQMS audits within the ICOP scheme. When ICT is used, the CB shall ensure conformance to the requirements of IAF MD 4 and AS9104/1. NABCB approval prior to use of ICT is not required unless specifically identified by the IAQG. The audit plan and the document information for CB audit duration must clearly indicate the use of ICT when applied and follow ICOP ICT requirements.
- 20.6 NABCB shall only use ICT for a witness assessment when the CB is using ICT for the portion of the audit being witnessed. If the CB is onsite at the client, NABCB will also be onsite for the witness assessment.
- 20.7 As stated in ISO/IEC 17011, NABCB may carry out remote assessments where it is not possible to carry out assessments in physical mode for the situations as defined in IAF ID 3 or NABCB policy for Management of Extraordinary situations or events and taking into account any mandatory resolutions of IAQG for the ICOP scheme. The remote assessment shall be conducted by NABCB as per BCB 003 – NABCB Policy and procedure for conducting remote assessment which is devised in line with the IAF ID 12, "Principles on Remote Assessment" and the IAF MD 4, "IAF Mandatory Document for the use of Information and Communication Technology (ICT) for Auditing/Assessment purposes".
- 20.8 While conducting remote audits, CBs shall take the reference of IAF ID 3, MD 4 and any IAQG resolutions issued for the ICOP scheme. NABCB will perform remote witness assessments only if the CB conducts the audit in remote mode.
- 20.9 All ICOP scheme participants shall use the OASIS database as the repository for associated data/information.
- a) The user who enters data into the OASIS database, and the entity to which they report, shall be responsible for the data being correct and accurate.
  - b) Publicly available data and AS 9101 audit summary results shall be entered in the OASIS database using the English language.



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- c) When CB accreditation is withdrawn, existing certificates shall remain visible in the OASIS database for six months with CB status indicated as “CB withdrawn” or until transfer to another CB, whichever is shorter.
- d) Data entry shall be made by authorized OASIS database users. Data entry authorization is controlled by the OASIS database user role functionality and managed by the entity responsible for the associated data entry. When errors are created in the OASIS database (e.g., erroneous certificate withdrawal, published audit reports, certificate decision changes), they shall be corrected with sufficient documented information to identify the reasons for the data change.

20.10 The OASIS database feedback process shall be used by ICOP scheme participants, as necessary.

- a) OASIS database feedback shall be entered in the database using the English language, unless the recipient is using the same language as the initiator, in which case a common language may be used.
- b) Depending on the nature of the request, the initiator can ask for a response to be provided. Requested responses shall be provided within 30 days unless justification is provided.

*NOTE: An acknowledgement does not satisfy the 30-day response requirement.*

- c) For issues that cannot be resolved between affected parties, the matter shall be escalated to the next level of authority within the ICOP scheme (see Table 1).

*NOTE 1: Management and disposition of OASIS database feedback is the responsibility of the initiator and recipient (equally).*

*NOTE 2: Feedback may be closed automatically by the IAQG after 120 days, if no activity.*

- d) Feedback regarding AQMS certified organization performance shall be communicated to the certified organization and associated CB.

*NOTE: Performance issues related to violations of legal, ethical, or regulatory requirements should be reported directly to the appropriate entities.*

- e) The OASIS database feedback process shall not be used for social media, personal messaging, or for advertising and marketing purposes.

*NOTE: The OASIS database ‘Help/Guidance’ contains a detailed description on how to initiate and process feedback requests. See Appendix C for more information on the OASIS database.*



## Annex 1 (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 CB, 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 the scope of accreditation for 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.

### **Performance Based Surveillance/Recertification Process (PBS/RP)**

ICOP scheme AQMS surveillance and recertification optional process based on objective evidence and demonstration that a certified organization continually maintains a conforming, effective, and high performing AQMS



## **Annex 2 -Assessment duration (clause 4.1.1)**

The normal assessment duration would be as follows:

- Document review (Manuals, procedures, other documents as needed – 3 man-days for initial accreditation, 2 man-days for reaccreditation and 1 man day for each subsequent accreditations schemes for both initial and reaccreditation
- Review of corrective actions and revised documents – to be estimated by NABCB Secretariat
- Office assessment – 4 man-days for one certification scheme, at least one man-day would be added for each extra scheme covered in assessment. Need for any additional man-days for specific situations would be estimated by NABCB Secretariat and informed to the CB in advance
- Branch office / sub-contractor assessment – generally 1 man-day depending on the activities carried out in the branch
- Witness assessments – As per plan of CB– 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/or virtual closing meeting - 1.5 man-day
- Review of response to NCs \_ as per document on timelines for assessment process
- Surveillance assessments – 2 man-days for one certification scheme and at least one man-day for each additional scheme

Any extension of scope assessment – To be estimated by NABCB secretariat. May require both office assessment and witnessing. The scope extension in specific schemes are defined in scope extension procedure BCB 301, 305



### **Annex 3**

#### **Accreditation scope and Norms for Witness assessments**

#### **1.0 OBJECTIVE:**

To provide Guidance on the classification of Aerospace Quality Management System (AQMS) accreditation scheme for the purpose of planning for witness assessments for accreditation and surveillance and for deciding the scope of accreditation of the certification bodies under the Industry Controlled Other Party (ICOP) accreditation programme.

#### **2.0 SCOPE:**

This annex applies to NABCB applicant and accredited certification bodies operating QMS Certification scheme for the Aviation, space and defense sector according to the requirements of standard AS 9104-1-*Requirements for Certification of Aviation, Space, and Defense Quality Management Systems* for ICOP Scheme.

#### **3.0 RESPONSIBILITY:**

CEO, NABCB is responsible for ensuring overall compliance.

#### **4.0 PROCEDURE:**

##### **4.1 Classification of Scopes for Accreditation**

4.1.1 NABCB has decided not to specify any scope sectors under this scheme.

Note: NABCB shall grant accreditation to certification bodies for the respective AQMS Certification standards i.e. AS 9100, AS 9110 or AS 9120.

##### **4.2 Auditor Competence**

NABCB requires the CBs to define their auditor competence criteria in terms of knowledge and skills as identified in the initial competence analysis done by the CB in accordance with the requirements specified in ISO/IEC 17021-1, clause 7.1.2. It is also the requirement of NABCB that the Personnel involved in ICOP Scheme shall have demonstrated knowledge requirements as per AS 9104-1, clause 8.4.1, 8.4.2 and 8.4.3.

##### **4.3 Witness assessment plan for initial/reaccreditation assessment**

4.3.1 In case of ICOP – AQMS accreditation, Initial accreditation process includes an initial office assessment, which shall comprise initial stage 1 and stage 2 witness assessment for an AQMS standard. NABCB shall perform at least stage-2 witness assessment for each additional AQMS standard for which an AQMS accreditation is being sought. The reaccreditation would follow the same process as initial accreditation except that in case 2 or more audits have been witnessed in the accreditation cycle including at least one stage 1 audit, witnessing of 2 audits may not be needed. The audits shall be either initial certification or recertification audits.



**4.4 Conditions for deciding about scope of accreditation as well as for extension of scopes.**

4.4.1 It is recognized that accreditation for specific AQMS certification standard (s) that the Certification Body has demonstrated competence to deliver certification for ICOP Scheme as per the requirements of ISO/IEC 17021-1, AS 9104-1 and ICOP resolutions. For this reason, before granting accreditation for a specific Scope, the following conditions are required to be met:

NABCB shall grant accreditation for a specific AQMS certification standard(s) only when the Certification Body:

- a) Has competent personnel to perform the AQMS Certification including the authentication of Auditor by AAB's
- b) Has established technical criteria to describe the competence for personnel in each Scope sector/activity defined in AS9104-1, NABCB accreditation criteria.
- c) Shall implement a process to monitor individual auditor performance.
- d) Has taken corrective action associated with the non-conformities identified during the assessment are reviewed, accepted, and conformance has been re-established within 90 days from the date of issue of non-conformance.
- e) applied for accreditation or scope extension after suspension or withdrawal, the CB shall demonstrate the objective evidence of corrections for the causes of the AQMS accreditation suspension or withdrawal.

The above aspects shall be verified during onsite assessment for initial grant of accreditation and through onsite / offsite assessment at the time of extension of scope, as decided by NABCB. This verification shall invariably include face to face (preferably) or on telephone interview with the auditors and technical experts by the NABCB AT.

**4.5 Witness assessment plan for surveillance**

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

4.5.2 It includes at least one annual office assessment at the single fixed office location, an annual assessment of CB AQMS client files in accordance with table in cl.4.5.3 as determined during the assessment planning, an assessment of an AQMS PBS/RP file at the office assessment after PBS/RP approval, at least one AQMS PBS/RP client file shall be reviewed during each accreditation cycle, when applicable.

4.5.3 The normal plan for annual assessment of CB AQMS client files based on the number of certificates issued by the CB would be determined by the following table.

<b>Total Number of Certificates Issued (All AS 91xx Standards)</b>	<b>Minimum Number of CB AQMS Client Files to be Reviewed Annually</b>
1-3	All Client Files

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4-25	3
26-50	4
51-90	6
91-150	7
151-280	9
281-500	10
501-1200	11
1201 and above	12

*Reference from Cl.7.3.4 (d) of AS 9104-1*

4.5.4 Annual WA will be performed on the CB's AQMS accreditation, based on the number of CB audit duration days in accordance with Table below:

<b>Number of CB Audit Duration Days in the Past 12 Months at the Time of WA Planning</b>	<b>Minimum Number of NABCB's WA Days to be Performed Annually*</b>
0-150	2
151 – 300	4
301 – 450	6
451 – 600	7
601 – 800	8
801 – 1000	9
1001 – 1200	10
1201 – 1400	11
1401 – 1600	11.5
1601 – 1800	12
1801 – 2000	13
2001 – 2500	15
2501 – 3000	17.5
3001 – 3500	20
3501 – 4000	22
4001 – 4500	24
4501 – 5000	26
5001 – 5500	29
5501 – 6000	31
6001 – 6500	33
6501 and above	35

*Reference: Cl. 7.3.5 (d) of AS 9104-1*

\*or the minimum number of annual WA days shall be in accordance with the following formula; round up or down to the nearest whole day:  $0.0046 \times (\text{CB auditor duration days}) + 4.575 = \text{total NABCB WA days}$ .

4.5.5 During the accreditation cycle, WAs shall:

- Be proportional to the number of certificates issued for each AQMS standard;
- Be of each available certification audit type (i.e., initial Stage 1 and/or Stage 2, surveillance, or recertification);
- Include a mixture of different structure types; (e.g., Multi site organization / having different functions / part of larger entity engaged in Manufacturing, distribution and maintenance)





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- d) Include as many different types of certification scopes (e.g., design applicable, types of industries), as possible;
  - e) Include as many different AQMS authenticated auditors, as possible; and
  - f) Be a minimum of one audit day.
- 4.5.6 A WA of an entire audit for each accredited AQMS standard, during the accreditation cycle; and review of the completed CB audit report for each audit witnessed, including all required AS 9101 forms. If there were no initial AQMS certifications within the accreditation cycle, the initial Stage 1 and Stage 2 WAs are not required.
- 4.5.7 NABCB Witness assessment shall be conducted physical only when CB is conducting a physical audit. Remote WA Shall only be when assessing CB remote audit activity.
- 4.5.8 At least one of the witness audits per accreditation cycle shall include an initial certification-Stage 2 or recertification audit.
- 4.5.9 NABCB shall preferably witness an audit team that has not been witnessed previously in that particular Sector.
- 4.5.10 The requirements specified above are minimum requirements. Based on assessment of individual cases NABCB may decide if more witnessing is needed in specific situations based on the outcome of the office assessment, existing ICOP management schemes accreditations and process risks. NABCB shall take into account previous results of witnessing to establish its witness strategy.



## Annex 4

### Timelines for Accreditation Process

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		
	Critical NC	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
	Major NC	Proposed Corrective Actions	Within 10 days of the date on which the NC is observed by the AT



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		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
	Minor NC / Concern	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		
	Critical NC	Proposed Corrective Actions	Within 2 days from the receipt
	Major NC	Proposed Corrective Actions	Within 10 days from the receipt
		Evidence of implementation of accepted corrective actions	Within 15 days from the receipt
Minor NC / Concern	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		As given at Sl. No. 11 above
<b>18.</b>	NABCB Response on Findings		As given at Sl. No. 12 above
<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

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21.	IA report to be sent to CAB (after Technical Review)	1 week after review
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)	



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	Critical NC	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
	Major NC	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
	Minor NC	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		
	Critical NC	Proposed Corrective Actions	Within 2 days from the receipt
	Major NC	Proposed Corrective Actions	Within 10 days from the receipt
		Evidence of implementation of accepted corrective actions	Within 15 days from the receipt
	Minor NC	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
<b>15.</b>	CAB to respond to Findings of WA		As given at Sl. No. 8
<b>16.</b>	NABCB Response on Findings		As given at Sl. No. 9
<b>17.</b>	WA Report review to be completed (from the day of closure of findings)		3 days



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<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



## Annex 5

### Obligations of the Applicant / Accredited Certification Body

The obligations of the applicant / accredited personnel certification body are;

- a) The CB 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 CB shall afford such accommodation and cooperation as is necessary to enable the accreditation body to verify fulfilment of requirements for accreditation. This applies to all locations where the certification activities take place.
- c) The CB shall provide access to CB personnel, locations, equipment, information, documents and records as necessary to verify fulfilment of requirements for accreditation.
- d) The CB shall provide access to those documents that provide insight into the level of independence and impartiality of the CB from its related bodies, where applicable.
- e) The CB shall arrange the witnessing of certification activities when requested by NABCB
- f) The CB shall have, where applicable, legally enforceable arrangements with the personnel certified by them that commit these certified client to provide, on request, access to NABCB assessment teams, to assess the CB's performance when carrying out audit activities of these client .
- g) The CB shall claim accreditation only with respect to the scope for which it has been granted accreditation.
- h) The CB shall commit to follow NABCB's policy for the use of the accreditation symbol.
- i) The CB shall not use its accreditation in such a manner as to bring NABCB into disrepute.
- j) The CB shall pay fees as determined by NABCB timely.
- k) The CB 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 CB to fulfil requirements for accreditation.



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- l) The CB 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 CB that shall identify the following.
- (i) the identity and where relevant, NABCB accreditation symbol
  - (ii) the name of the accredited CB and the name of the legal entity, if different
  - (iii) scope of accreditation
  - (iv) locations of the accredited CB and as applicable the certification activities performed at each location and covered by the scope of accreditation
  - (v) the unique accreditation identification of the accredited CB
  - (vi) the effective date of accreditation and, if applicable, its expiry or renewal date, and
  - (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 CB
  - (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 CB conforms to the changed requirements.





### Annex 6

Performance based surveillance / recertification process qualification

The CB shall ensure the requirements and criteria stated in AS 9104-1: Appendix D, Table D.1 are met by their certified clients before applying to NABCB for approval.

The requirements and criteria for CB's Clients are:

<b>PBS/RP QUALIFICATION REQUIREMENTS AND CRITERIA</b>
A. Completion of one AQMS certification cycle.
B. The OCAP risk analysis from 8.5.1.5 results in a low/medium risk for each site, including the central function.
C. Implementation of an Internal Audit Program in accordance with ISO 19011, including: <ul style="list-style-type: none"><li>• Annual audit of all applicable AQMS requirements; and</li><li>• Defined, structured, multiple event audit program that adjusts throughout the calendar year based upon:<ul style="list-style-type: none"><li>- performance;</li><li>- customer complaints;</li><li>- risk; and</li><li>- change management.</li></ul></li></ul>
D. Internal auditor competency that includes: <ul style="list-style-type: none"><li>• Auditor(s) that have completed a TPAB approved ASD Lead Auditor course (reference 9104/3).</li></ul>
E. Organization has an ethics policy that includes communication and reporting processes.
F. No externally identified major nonconformity (e.g., CB, customers, regulatory authorities), as defined in 9101, in the past 12 months related to internal audit, management review, or corrective action processes issued to either a single site or to the central function within a multi-site structure.
G. No certificate suspension due to an AQMS nonconformance in the past six years.
H. Meeting customer satisfaction metrics, based on customer provided data.

The CB shall apply to NABCB using the format given below along with the evidences supporting the prescribed criteria for approval of PBS/RP. The approval will be communicated by NABCB to the CB through email.



**Format to apply for approval of PBS/RP**

Name & address of the client:

Standard Certified : AS 9100/ AS 9110 / AS 9120

Certificate No. & Scope :

Sl. No.	Description of Requirement	CBs Response
A	Completion of one AQMS certification cycle by the client	
B	The OCAP risk analysis from (AS 9104-1: Cl.8.5.1.5) results in a low/medium risk for each site, including the central function.	
C	Implementation of an Internal Audit Program in accordance with ISO 19011, including: <ul style="list-style-type: none"> <li>• Annual audit of all applicable AQMS requirements; and</li> <li>• Defined, structured, multiple event audit program that adjusts throughout the calendar year based upon:               <ul style="list-style-type: none"> <li>- performance;</li> <li>- customer complaints;</li> <li>- risk; and</li> <li>- change management</li> </ul> </li> </ul>	
D	Internal auditor competency that includes: <ul style="list-style-type: none"> <li>• Auditor(s) that have completed a TPAB approved ASD Lead Auditor course (reference 9104/3).</li> </ul>	
E	Organization has an ethics policy that includes communication and reporting processes.	
F	No externally identified major nonconformity (e.g., CB, customers, regulatory authorities), as defined in 9101, in the past 12 months related to internal audit, management review, or corrective action processes issued to either a single site or to the central function within a multi-site structure.	
G	No certificate suspension due to an AQMS nonconformance in the past six years	
H	Meeting customer satisfaction metrics, based on customer provided data	

Note:

1) The CB shall ensure that the organizations / clients shall conform to the requirements of AS 9104-1: Appendix D, Table D.1 for initial and continuing PBS/RP requirements.



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2) Organizations that are approved for PBS/RP and are not in conformance with continuing requirements shall implement corrections or be subject to adjustments, suspension, or loss of PBS/RP in accordance with AS 9104-1: Appendix D, Table D.2



## Acronyms

### S. No. Acronyms

1	AAB	Auditor Authentication Body
2	AB	Accreditation Body
4	AQMS	Aerospace Quality Management System
5	ASD	Aviation, Space, and Defense
6	CB	Certification Body
7	IAF	International Accreditation Forum
8	IAQG	International Aerospace Quality Group
9	ICOP	Industry Controlled Other Party
10	ICT	Information Communication Technology
11	IEC	International Electrotechnical Commission
12	ISO	International Organization for Standardization
13	MD	Mandatory Document
14	OASIS	Online Aerospace Supplier Information System
15	ICOT	IAQG Certification Oversight Team
16	QMS	Quality Management System
17	RMS	Regional Management Structure
18	SMS	Sector Management Structure
19	PBS/RP	Performance based Surveillance / Recertification Process

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**Reference standards**

<b>AS 9100 Standard</b>	<b>Title</b>
AS 9100	Quality Management Systems – Requirements for Aviation, Space and Defense Organizations. IAQG Series Baseline Standard
AS 9110	Quality Management Systems – Requirements for Aviation Maintenance Organizations
AS 9120	Quality Management Systems – Requirements for Aviation, Space and Defense Distributors
AS 9101	Requirements for Conducting Audits of Aviation, Space and Defense Quality Management Systems
AS 9104-1	Requirements of Certifications of Aviation, Space and Defense Quality Management Systems
AS 9104-2	Requirements for Oversight of Aviation, Space, and Defense Quality Management System Certification Programs
AS 9104-3	Requirements for Aviation, Space and Defense Auditor Training, Development, Competence and Authentication
Note: The latest version of these standards may be referred from IAQG website.	



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**Amendment Record**

<b><u>Date</u></b>	<b><u>Auth. By</u></b>	<b><u>Description</u></b>
21/07/2023	CEO, NABCB	Inclusion of PBS/RP approval Process
24/05/2024	CEO, NABCB	Replacement of IAQG OPMT with IAQG ICOT, minor edits