



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



**BCB 201 (MS) – Oct 2024**

**Effective: 01 Nov 2024**



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### Introduction

NABCB operates a number of accreditation schemes for accreditation of certification bodies offering certification against various management systems standards such as Quality management systems, Environment management systems, Food safety management systems, Information security management systems, etc. (refer Annex-0). This document defines the procedure that has to be followed by certification bodies seeking accreditation based on the requirements of ISO/IEC 17021-1 and the relevant supplementary accreditation standard if available (like ISO 22003-1 for FSMS, ISO/IEC 27006 for ISMS, etc.) for offering various Management Systems certification. NABCB, on request, will provide any specific information required by the certification bodies (CBs).

The CBs may also apply for certification schemes within the scopes of accreditation schemes being operated by NABCB. These shall be evaluated for suitability by NABCB before accepting them for the purpose of accreditation.

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 has decided to provide accreditation services to any Management Systems Certification Body (MSCBs) 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 to get accredited by the Board for their certification system should submit application online on NABCB portal using the link <https://nabcbportal.qci.org.in>. 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 (MS).
  - b) Fee Schedule BCB: F002 (MS).
  - c) Criteria for accreditation for the Specific Management System (available on the website).
  - d) Procedures for Accreditation, Use of accreditation Symbol & Complaints and Appeals.
  - e) A copy of the accreditation agreement BCB: F003 (CB).
  - f) A blank copy of the Document Review- cum- Cross reference matrix for ISO/IEC 17021-1 and the specific management system
  - g) Policy and Criteria for determination of Suitability and acceptance of conformity assessment schemes (BCB 002)



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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 that are covered.
- 1.6 Before applying for accreditation, the applicant body shall have met the following conditions:
  - a) Operated the certification process for at least 6 months. This is necessary to assess the ability of the CB to carry out the certification process as per the documented system. In case the same is not implemented the CB should inform NABCB and CEO/Director NABCB may accept the deviation based on justification provided
  - b) granted at least two certifications in the management system for which it is seeking accreditation. If accreditation is sought for more than one management system one certification per management system would be sufficient.

*Note: In cases where the CB had been carrying out audits on behalf of its principals, who had been responsible for decision making, and now wants to operate the certification independently under NABCB accreditation, then the CB should be able to demonstrate its competence for decision making, through means like parallel decision making, etc.*

- c) **Carried out minimum one internal audit against the applicable criteria of accreditation including applied scope for accreditation, one management review** for the documented Quality system and one meeting of the impartiality committee, if established.
  - d) Management system certification scheme, if any meets the requirement of NABCB policy on Conformity assessment schemes and is accepted by NABCB. NABCB may need to review the certification scheme to determine its suitability for accreditation. The man-days for scheme review would depend on extent of suitability determination. The application shall be accepted and registered only after determination of suitability of the scheme(s).
- 1.7 Management system certification scheme, if any meets the requirement of NABCB policy on Conformity assessment schemes and is accepted by NABCB. NABCB may need to review the certification scheme to determine its suitability for accreditation. The man-days for scheme review would depend on extent of suitability determination. The application shall be accepted and registered only after determination of suitability of the scheme(s).
- 1.8 The applicant must also upload the required information and documents as specified in the application form.

*Note 1 Evidences of the documents and records relating to the completion of internal audit and Management review shall be submitted along with the application*

*Note 2 In case the CB is accredited by NABCB, the organizations that were certified prior to the assessment of NABCB may be issued NABCB accredited certificates subject to a clear demonstration of compliance to NABCB accreditation criteria and seeking approval for the same. It shall also be ensured that they are covered by the scope for which the CB is accredited by NABCB.*

- 1.9 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



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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 analyse 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.

- 1.10 Upon deciding to accept the application, the same is recorded or registered and the assessment team is appointed
- 1.11 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 provided by the CB and subject to the new legal entity meeting all the requirements of application for CB scheme.
- 1.12 NABCB at the time of application review will decide on the number of witnesses to be done for each management system to recommend the scopes sought by the applicant CB based on applicable mandatory documents (such as IAF MD 8, IAF MD 16, IAF MD 17, IAF MD 22) and Management system specific annex-3 (a, b, c...) to this procedure. Same shall be communicated to CB along with the proposal.
- 1.13 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.
- 1.14 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.
- 1.15 Appointment of the Assessment Team:**

- 1.15.1 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 (Risk Based Approach shall be adopted on deployment of Assessors. In any case, number of assessors shall not be less than 50% of the audit team of the CB) rounded off to the next unit number). Technical Expert, if required, could be additional to the number of team members. In case the CB has applied for more than one management system scheme, proportionate increase in number of assessors may be done based on the man-days decided for the assessment.
- 1.15.2 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



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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.

- 1.15.3 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.
- 1.16 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 mandays for the initial assessment.

### 1.17 Assessment at foreign locations

NABCB would reserve the right to take the assistance of the local IAF MRA 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.

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

## 2. Criteria for accreditation

### 2.1 Adoption of Criteria

- 2.1.1 The Board has adopted the accreditation criteria for CBs based on international standards, supported by the guidance documents released by the International Accreditation Forum (IAF) and Asia Pacific Accreditation Cooperation (APAC) Definitions of various terms related to conformity assessment shall be as given in ISO/IEC 17000 and ISO/IEC 17011 and Annex1.
- 2.1.2 The management system specific criteria are available on the NABCB website. The criteria documents, that have been adopted directly from international standards and are covered by copyright laws, are not available on the website. For such documents only the reference number and issue level is given. In case of need, the applicant CBs are required to procure such documents from the respective national standards bodies like the Bureau of Indian Standards (BIS) in India or International Organization for Standardization (ISO) or through other authorized sources.



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### **2.2 Amendment to the Criteria**

**2.2.1** The amendment to the Criteria shall be based on the nature of changes required. The Criteria of accreditation and any application documents may also be taken up for amendment based on following conditions, individually or severally

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

**2.2.2** The Board shall approve the amended criteria after due consultation, if needed, as follows:

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

**2.2.3** The issue status of the Criteria documents is identified by the month and year of the issue.

### **2.3 Communication of changes to the Criteria**

**2.3.1** Any change in the criteria shall be notified to the accredited / applicant CBs by e-mail/ any other means and a suitable time frame shall be given for implementing the modified criteria. Any transition policy announced by IAF would be adopted by NABCB and communicated to the CBs. The accredited/applicant CBs shall communicate their objection, if any, in writing within 30 days of the receipt of the amended criteria. If no communication is received within 30 days, it will be presumed that the accredited/applicant CB is willing to adopt the changed criteria.

**2.3.2** The implementation of the changed criteria shall be verified during the surveillance assessment of each CB. In the event of any major change in the criteria, NABCB will reserve the right to carry out an additional assessment visit and the fee for such assessment visit shall be borne by the CB. The quote for such fee will be provided to the CB in advance. The assessment will be conducted with prior intimation to the CB.

**2.3.3** In the event that an accredited/applicant CB is not willing to adopt the changed criteria, it is allowed to opt out of the accreditation programme and the accreditation is withdrawn with effect from the date of the implementation of revised criteria. The CB in such cases shall forfeit the fees already paid

## **3. Conditions for Accreditation**

### **3.1 Granting of Accreditation**





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**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 behaviour.
- 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.



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- (ii) 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 behaviour.
- (iii) The certified clients of the certification body are satisfied by the conduct of the certification body and its certification system.
- (iv) The accredited CB has organized witnessing as required by NABCB
- (v) 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 (Partial or full)

The CB shall be subject to suspension of accreditation either fully or partially, both in terms of scopes. It shall be based on the following conditions individually or severally

- a) No/ineffective corrective actions in response to the non-conformities observed during surveillance assessments (including witness assessments) or reaccreditation assessments.
- b) Non payment 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) Wilful non-compliance to the accreditation agreement.
- h) Wilful misuse of accreditation conditions by certifying and issuing NABCB accredited certificate for scopes not covered under scope of 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/wilful 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.



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r) providing certification to IAF MLA Level 1 to 4 standards (refer IAF MD 7).

- 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 (Partial or full) on the basis of facts and the results of such presentation.
- 3.3.3** Notwithstanding the above provision for a representation by the CB, the accreditation committee may decide to suspend accreditation if there is sufficient evidence of 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 (partial or full) of the accreditation of the certification body shall be published on NABCB website for information to all and feedback from the industry / other stakeholders including respective Scheme Owner. In the situation as per 3.3 (r) which leads to suspension of accreditation, NABCB shall also inform its decision with reason to IAF Secretariat in line with IAF MD7. NABCB shall inform the Scheme owner about the suspension.

### 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 six months
  - 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
  - h) providing certification to IAF MLA Level 1 to 4 standards (refer IAF MD 7)
- 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 inform IAF/APAC, if required. In the situation as per 3.4.1 (f) which leads to Withdrawal of accreditation, NABCB shall also inform its decision with reason to IAF Secretariat in line with IAF MD7. Further, NABCB shall also inform the withdrawal status to the respective Scheme Owner.

**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 accreditation programme(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.

In case of QMS and EMS the requirements given in IAF MD 17 shall be followed for the purpose of witness assessments. In case of other MS schemes applicable IAF mandatory documents like IAF MD1, 2, 4, 11, 12, 23 etc. shall be followed for the purpose of witness assessments otherwise risk based approach shall be adopted taking into consideration the certification standard.

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 aspects/risks. From among the identified locations based on risk consideration, square root 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). For grant of Initial Accreditation, two witness assessments are required to be performed. Two witnesses for initial accreditation shall include one stage 1 and one stage 2 audit of CB's same client. Prior to witnessing stage 2 of the same client, CB shall submit the completed report and/or conclusion of the stage 1 audit to NABCB. For initial accreditation of a CB, if the CB does not have new client for stage 1 & 2, one recertification or 2 surveillance audits which covers the key processes can be witnessed.
- d) In case of FSMS one stage 1 and one stage 2 audits shall be witnessed for initial accreditation of a CB regardless of whether it is the first or subsequent accreditation schemes for which the CB has applied.

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 mandays 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 head 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 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.



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4.2.2.15 For all witness audits under 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 – 5 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 mandays 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-5 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 5 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,5 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 finalise 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 scopes and justification for not recommending any scopes.
  - 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 5. 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 this stipulated time, NABCB may grant additional period of further one-year subject to review of the progress of assessment process carried until then and after taking an undertaking from the applicant to complete the process at the earliest within this additional time. The grant of additional time shall be the prerogative of NABCB and will only be considered after clearing of all outstanding payments. In case, it is observed that the applicant is not progressing with the assessment process during the additional time, the application shall be closed by NABCB.

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



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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. The effective date of accreditation shall be the date of or a date after the accreditation decision.

**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:

- a) Standards/Normative documents and/or regulatory requirements to which organizations are certified including issue or revision used for assessment of the CBs.
- b) IAF Scope or scopes as applicable
- c) Conformity Assessment Scheme

**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 be identified with revision date.

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 Board 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. Specific organizations or auditors may be chosen for witnessing (please see annex – 3 (a,b,c...) specific to the management system 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 (partial full) 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**

- 7.2.1** NABCB Secretariat shall call for information on new certificates/report 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 indicate 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.



### **7.3 Reaccreditation:**

- 7.3.1** 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.
- 7.3.2** 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 3 (a,b,c...)
- 7.3.3** 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 certificates granted under accreditation by other ABs. The mandatory minimum number for the purpose of reaccreditation shall be the same as that for initial accreditation.
- 7.3.4** 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.
- 7.3.5** 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.

**7.3.6** 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.

**7.3.7** 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.

**7.3.8** The reaccreditation shall be for a period of 4 years.

**7.3.9** 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.

**7.3.10** 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 Committee is authorized to decide about the suspension or withdrawal of accreditation or revoking of suspension.

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

**8.2.1** In addition to the requirements specified under section 3.3 Suspension of Accreditation (Partial or full) the following shall further apply. The CB may seek on its own suspension of accreditation citing reasons for the same with justification.

**8.2.2** 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.

**8.2.3** 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





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issuing accredited certificates for the scopes for which the accreditation has been suspended till the suspension is in force.

**8.2.4** 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.

**8.2.5** 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.

### **8.3 Withdrawal of Accreditation**

**8.3.1** Reasons for withdrawal of accreditation are given in section 3.4. 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.

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



The information about 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.

## 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 indicate 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 partially or completely 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



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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 partially or 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 3 months (90days) 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.

**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 3rd iteration



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onwards, they would be charged for the additional review accordingly (0.5/1 manday 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.
- 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.



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- 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 of two types. One where the extension of scope is being asked for a new certification standard that makes it necessary to process the application similar to the initial assessment. The second is where the extension of scope has been asked for within the same certification standard for new field/subgroup/technical area as applicable.
- 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. In case of extension of scope under the same certification standard, the decision of extending the scope may be done based on the assessment of the office or offsite document review to verify the resources only. Witness assessments for the extended scope may be undertaken in line with the requirements specified in IAF Mandatory documents (such as IAF MD 8, IAF 16, IAF 17, MD 22) and Annex – 3 (a,b,c...) of this procedure.
- 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
- The accredited CB may like to reduce their scope of accreditation of their own accord.
  - The accredited CB has been placed under partial suspension on account of inadequate resources for part of the scopes and subsequently agrees for the reduction of scope.
- 11.7** The decision for extension and reduction of scope is taken by the accreditation committee.
- 11.8** The process of scope extension shall be completed within six months including the requirements of witness assessment, failing which, the application shall be closed. Any



further extension shall only be considered based on the merits of the case, and if the assessment process is not completed within the reasonable time, the application shall be closed.

## **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**

The detailed procedure for complaint handling and appeals BCB 203 is available on NABCB website and the same may be referred to.

## **14. 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.

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



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- 15.1** 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.
- 15.2** The NABCB shall maintain a list of the accredited CBs and the applicants on its website. It also makes this information available on request.
- 15.3** The accreditation schemes are open to all applicants within the capability and scope of the NABCB.
- 15.4** The NABCB shall also make public information about suspension withdrawal of accreditation, with holding of reaccreditation and extension of validity of accreditation.

### **16. Confidentiality and Disclosure**

- 16.1** 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.
- 16.2** 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.

### **17. Obligations of the certification body and NABCB**

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



**Annex - 0**

**Indicative List of Management System Standards / Schemes for Accreditation by NABCB as per ISO/IEC 17021-1 Standard (Level 3 as per IAF MLA Structure)**

S. No.	Scheme	Sub-scheme	Standard(s)		Scheme Document
			Level 4	Level 5	
1.	Quality Management Systems (QMS)	-	ISO/IEC 17021-3	ISO 9001	-
		Educational Organizations - Management Systems (EOMS)	ISO/IEC 17021-3	ISO 21001	-
		Primary Packaging Materials for Medicinal Products	ISO/IEC 17021-3	ISO 15378	-
2.	Medical Devices - Quality Management Systems (MDQMS)	-	-	ISO 13485	-
		ICMED 9000, ICMED 13485	ISO/IEC 17021-3	ICMED 9000, ICMED 13485	ICMED 9000, ICMED 13485 Scheme Documents
3.	Environmental Management Systems (EMS)	-	ISO/IEC 17021-2	ISO 14001	-
4.	Occupational Health and Safety Management Systems (OHSMS)	-	ISO/IEC TS 17021-10	ISO 45001	-
	EMS / OHSMS	SERI R2	-	-	SERI R2 Standard
5.	Food Safety Management Systems (FSMS)	-	ISO/IEC 22003-1	ISO 22000	-
		FSSC 22000	ISO/IEC 22003-1 FSSC 22000 Parts 3 & 4	FSSC 22000 Part 2	FSSC 22000 Scheme Document
		FAMI-QS	ISO/IEC 22003-1 FAMI-QS Rules	FAMI-QS Cert. Req.	FAMI-QS Scheme Document
6.	Energy Management Systems (EnMS)	-	ISO 50003	ISO 50001	-
7.	Information Security Management Systems (ISMS)	-	ISO/IEC 27006-1	ISO/IEC 27001	-
		Privacy Information Management Systems (PIMS)	ISO/IEC TS 27006-2	ISO/IEC 27701	-
8.	Information Technology Service Management Systems (ITSMS)	-	ISO/IEC 20000-6	ISO/IEC 20000-1	-
9.	Anti-Bribery Management Systems (ABMS)	-	ISO/IEC TS 17021-9	ISO 37001	-
10.	Asset Management System (AMS)	-	ISO/IEC TS 17021- 5	ISO 55001	-
11.	Business Continuity	-	ISO/IEC TS 17021-6	ISO 22301	-



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	Management Systems (BCMS)				
12.	Facility Management Systems (FMS)	-	ISO/IEC TS 17021- 11	ISO 41001	-
13.	Road Traffic Safety Management Systems (RTSMS)	-	ISO/IEC/TS 17021-7	ISO 39001	-
14.	Trustworthy Digital Repository Management Systems (TDRMS)	-	ISO 16919	ISO 16363	-
15.	Artificial Intelligence Management Systems (AIMS)	-	ISO/IEC DIS 42006	ISO/IEC 42001	-

**Notes:**

- i) The above list is an indicative list for NABCB accreditation but is not limited to the Scheme/Sub-schemes as mentioned above. NABCB from time to time would add standards/schemes to this list. However, please visit NABCB website for the current list under Publications.
- ii) In addition to the above standards / scheme documents, the IAF Mandatory Documents (MDs) as relevant shall also be applicable.



## **Annex 1 (Clause 2.1.1)** (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 full or for part of the scope of accreditation Partial suspension of accreditation for specific technical areas / scopes or for specific geographic areas

### **Withdrawing accreditation**

Process of terminating accreditation in full

### **Witness Assessment**

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



## **Annex 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 mandays for initial accreditation / Renewal for one certification scheme, at least one manday would be added for each extra scheme covered in assessment. Need for any additional mandays for specific situations would be estimated by NABCB Secretariat and informed to the CB in advance
- Branch office / sub-contractor assessment – generally 1 manday 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 - 1.5 manday
- 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 manday for each additional scheme. First surveillance office assessment after initial accreditation shall be conducted onsite. However, only one surveillance office assessment in an accreditation cycle may be conducted in remote / hybrid mode subject to satisfactory performance of CB and no complaints, adverse feedback, and any other outstanding issues.

Note: Need for any additional man-days for specific situations would be estimated using Risk Based Approach by NABCB Secretariat and informed to the CB in advance.

- However, NABCB shall have the right to decide on the increase/ decrease in man-days based on specific situation.

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

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**Annex 3 (clause 1.12)**

NABCB shall decide on the number of witnesses to be done for each management system to recommend the scopes sought by the applicant CB based on applicable mandatory documents (such as IAF MD 8, IAF MD 16, IAF MD 17, IAF MD 22) and Management system specific annex-3 (a, b, c...) to this procedure. The witness assessment as part of surveillance shall be conducted as per the IAF mandatory documents.

<b>Management Systems</b>	<b>Sub Annex</b>
Quality Management Systems (QMS)	3a
Medical Device Quality Management Systems (MDQMS)	3b
Environment Management Systems (EMS)	3c
Occupational Health and Safety Management Systems (OHSMS)	3d
Food Safety Management Systems (FSMS)	3e
Information Security Management Systems (ISMS)	3f
IT Service Management Systems (ITSMS)	3g
Energy Management Systems (EnMS)	3h
Road Traffic Safety Management Systems (RTSMS)	3i
Trustworthy Digital Repository Management Systems (TDRMS)	3j
Business Continuity Management Systems (BCMS)	3k
Anti-bribery Management Systems (ABMS)	3l
Asset Management Systems (AMS)	3m
Facility Management Systems (FMS)	3n
Artificial Intelligence Management Systems (AIMS)	3o



## Annex 3a (QMS)

### Accreditation scopes and norms for witness audits QMS Accreditation Scheme

#### {Section 1.12) of BCB 201 (MS)}

#### 1. OBJECTIVE:

To provide guidance on classification of Scope Sectors for the purpose of accreditation and planning for witness assessments under the Quality Management System (QMS) accreditation scheme. The classification of scope sectors as provided here may also form the basis for identification of technical areas for determining the auditor competence.

#### 2. SCOPE:

This Annex is applicable to QMS accreditation scheme.

#### 3. RESPONSIBILITY:

Director/CEO of NABCB is responsible for ensuring overall compliance.

#### 4. PROCEDURE:

##### 4.1 Scope Classification

NABCB has decided to base its scope sector classification on the 39 Scope Sectors recognized by International Accreditation Forum (IAF) vide IAF ID 1.

##### 4.2 Auditor competence

This Annex providing the Scope classification used by NABCB for its accreditation scheme, may serve as a starting point for determining technical areas and auditor competence. However, it should be recognized that the technical areas in which a CB operates and where competence needs to be demonstrated, may have to be more specific than the broad descriptors in this Annex.

**4.2.1** The Technical area classification as IAF codes alone, as given in the Annex, does not meet the requirements of commonality of processes as specified in ISO/IEC 17021-1: 2015 and the CBs need to further categorise them in technical areas in accordance with the requirements specified in the accreditation standards. Currently the CBs are free to base this classification on reference documents like NACE classifications, SIC code classifications, or its own, etc, within the IAF codes. In case the CB uses its own system of classification of technical areas, it will need to provide justification for the same as well as correlation with the IAF codes, since that is the basis on which NABCB accreditation will be decided.

**4.2.2** NABCB requires the CBs to define their auditor competence criteria in terms of knowledge and skills as identified in the competence analysis done by the CB as required under clause 7.1.2 of ISO/IEC 17021-1 for every technical area and in accordance with the criteria described in ISO/IEC 17021-1-as read with ISO/IEC 17021-3.



### **4.3 Restrictions in Scopes**

Based on the available competence and / or the recommendation of the assessment team, the Accreditation Committee may decide to restrict grant of accreditation to part of the broad scope sectors described in the annex. The accreditation schedule would indicate the actual coverage in terms of Technical areas/IAF scope classification.

### **4.4 Witness audit plans for initial/ reaccreditation assessments**

**4.4.1** The witness audits should be so chosen as to demonstrate competence to audit the major processes in the technical area and they shall be representative of the technical area/scope sector under consideration. In case any technical area with in a scope sector has applicable regulatory requirements then that technical area will need to be witnessed for inclusion of the scope sector.

**4.4.1.1** Typically, the witness audit should be by a team of minimum 2 auditors for a minimum of 3 man-days. This would be needed to demonstrate the broad auditing processes outlined in ISO/IEC 17021-1. Director/CEO, NABCB would consider any deviation, based on merit.

#### **4.4.2 Classification of scopes for witnessing**

NABCB has classified the technical areas under the broad IAF Scopes as per IAF MD 17 for the purpose of witness audit planning.

**4.4.2.1** In the initial two accreditation cycle of QMS scheme , NABCB will perform at least one witnessing activity in each technical cluster. This programme will continue until the CB has demonstrated sufficient experience and performance for an enhanced programme after evaluating the following factors in the preceding two accreditation cycles:-

- a) The CB's overall performance
  - i. Undertaking surveillance, reaccreditation and witness assessments as per timelines prescribed by NABCB.
  - ii. full compliance to the NABCB assessment programme including witness assessments
  - iii. 'No' major/critical non-conformity in last accreditation cycle.
  - iv. Timely closure of NCs/concerns in the last 2 accreditation cycles within NABCB prescribed timelines.
- b) No unresolved adverse feedback or complaint from interested parties or certified organizations
- c) No sanction from the Scheme owner
- d) No adverse feedback or blacklisting by the respective regulator
- e) Timely payments to NABCB and no outstanding payment
- f) Any other relevant information

Note: Any wilful misleading/ wrong information provided by the CB shall result in termination of the existing enhanced programme.

When enhance programme happens, NABCB will perform at least one witnessing activity in each technical cluster, to be complemented with other assessment activities (i.e client file/personnel file review during office assessment, offsite report review, etc) to guarantee that each technical cluster is assessed during two successive accreditation cycles. The witnessing frequency established for the 1st cycle will be reinstated if significant changes occur in the CBs' auditor qualification process, auditing practices or results and audit personnel.

When requested, the CB shall promptly provide to NABCB the complete and updated schedule of

confirmed and planned audits (dates, location, audit team composition, audit type and scope of certification along with IAF codes, etc.), in order to allow the NABCB to schedule or update the program for the coverage of the scope of accreditation.

4.4.2.2 The following witnessing rules apply for the granting and extension of accreditation of QMS scheme to be complemented with other assessment activities to guarantee the appropriate coverage of the applicant scope:

- i) if a technical cluster has only one critical code, NABCB will perform a witnessing activity in this critical code to grant accreditation for all the IAF codes in that cluster - e.g. for QMS, cluster Food, with one witnessing activity in IAF code 03, NABCB can grant accreditation in the other IAF codes (01 and 30) of that cluster;
- ii) if a technical cluster has more than one critical code, NABCB will perform at least a witnessing activity in the critical codes that are identified with an “or” (on the “Critical code” column); e.g. for QMS, in cluster Minerals with one witnessing activity in IAF code 2 or 15, for the NACE codes indicated in the table, NABCB can grant accreditation in the other IAF codes (2, 15, 16) of that technical cluster;
- iii) if a technical cluster has more than one critical code, NABCB will perform at least a witnessing activity in all the critical codes that are identified with an “and” (on the “Critical code” column);
- iv) if it is not possible to perform a witnessing activity in the IAF code/s identified as critical, NABCB will agree with the CB on one of these two options:
  - a) NABCB can grant accreditation only in the non-critical IAF code/s of the technical cluster for one of which a witnessing activity is performed (e.g. for QMS - Food cluster - with one witnessing activity in IAF code 30, NABCB can grant accreditation for both IAF code 30 and 01), or
  - b) NABCB can grant accreditation in all the codes of the cluster, performing an office activity in the critical code/s, but on condition:
    - o that the CB has demonstrated its competence on a documental basis in all the codes of the cluster; and
    - o that the witnessing activity in the critical code/s takes place before any certificate in the critical code/s based on accreditation is issued

However, in such cases, if the result of the witnessing activity is negative, NABCB will consider reducing the scope of accreditation.

*Note: for existing accredited CBs, if they already hold accreditation for a critical code but not the related non-critical code they can have their accreditation extended to include the non-critical codes, in line with sub clause 4.4.2.6*

4.4.2.3 If the CB wishes to be accredited only in one or more non-critical IAF codes, a minimum of one witness audit is required in each cluster with non-critical IAF codes.

4.4.2.4 For initial accreditation for QMS scheme, NABCB will witness both stage 1 and stage 2 audits, for at least one of the CB's clients. Prior to witnessing the stage 2 of the same audit, the applicant CB shall submit the completed report and / or conclusions from the stage 1 audit to NABCB assessment team. If the CB does not have any new clients, it is possible to witness one renewal or two surveillances which cover the key processes.



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4.4.2.5 The possibility to grant accreditation in a whole IAF code is always subject to the CB demonstrating it has the competence to manage certification in all of the technical areas within the code.

4.4.2.6 In addition to the above, it is necessary to assess competence also for all non-critical codes before NABCB can grant accreditation. Therefore, accreditation shall be granted only:

i) in IAF codes where the CB has already taken decisions for certification (e.g. with one witnessing in IAF code 03, NABCB shall grant accreditation only for IAF codes 30 and 03 in cases where the CB has taken no decisions for certification in IAF code 01), or

ii) in IAF codes where the CB has demonstrated its competence by other means (e.g. demonstrating to have competent personnel for all the specific certification functions - see Annex A of ISO/IEC 17021).

4.4.2.7 In cases of an integrated or combined management system audit, the scope of the witnessing activity shall be agreed with the CB. If a witnessing activity has been recently performed in the same code, for a different purpose (e.g.: ISO 13485, ISO 3834, EN 9100), the NABCB can consider removing the necessity of another witnessing activity.





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 Phone: +91-11-2337 8056 / 57; E-mail: nabcb@qcin.org; Web: www.nabcb.qci.org.in;

### Grouping of Scopes

Technical cluster	IAF code	Description of economic sector/activity, as per IAF ID1: 2014)	Critical code(s) with NACE (rev-2)
Food	1	Agriculture, forestry and fishing	3
	3	Food products, beverages and tobacco	
	30	Hotels and restaurants	
Mechanical	17	Basic metals and fabricated metal products	20 or 22
	18	Machinery and equipment	
	19	Electrical and optical equipment	
	20	Shipbuilding	
	22	Other transport equipment	
Paper	7	Limited to "Paper products"	9
	8	Publishing companies	
	9	Printing companies	
Minerals	2	Mining and quarrying	2 or 15
	15	Non-metallic mineral products	
	16	Concrete, cement, lime, plaster, etc.	
Construction	28	Construction	28
	34	Engineering services	
Goods production	4	Textiles and textile products	5 or 14
	5	Leather and leather products	
	6	Wood and wood products	
	14	Rubber and plastic products	
	23	Manufacturing not elsewhere classified	
Chemicals	7	Limited to "Pulp and paper manufacturing"	12
	10	Manufacture of coke and refined petroleum products	
	12	Chemicals, chemical products and fibres	
Supply	25	Electricity supply	26
	26	Gas supply	
	27	Water supply	
Transport & Waste management	24	Recycling	24
	31	Transport, storage and communication	
	39	Other social services	
	29	Wholesale and retail trade; Repair of motor vehicles, motorcycles and personal and household goods	37 or 33

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Services	32	Financial intermediation; real estate; renting	
	33	Information technology	
	35	Other services	
	37	Education	
	36	Public administration	
Nuclear	11	Nuclear fuel	11
Pharmaceutical	13	Pharmaceuticals	13
Aerospace	21	Aerospace	21
Health	38	Health and social work	38

**4.5 Witness audit plans for surveillance assessments**

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

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

S. No.	No of certified clients issued with NABCB accredited certificate in the past 12 months	No. of witness required on an annual basis	Remarks
1	1-50	1	
2	51-250	2	
3	251-1000	4	
4	1001-above	6	

**Rule 1:**

*In addition, the witness assessments shall however comply with the IAF Mandatory Documents (MDs) and Scheme Owner requirements, as applicable.*

**Rule 2:**

*Minimum 1 WA for each sub-scheme under the main scheme (like EOMS, ISO 15378 etc) every year.*

**Rule 3:**

*In case CB certifies clients at foreign locations, CB shall declare the client details with NABCB and NABCB may choose the client's audit for witness assessment as a part of normal witnessing programme.*

**Rule 4:**

*CB shall upload certificate data to the IAF CertSearch Database at least once a month as prescribed by IAF MD 28. If any error and/or an omission in the certificate details is identified, the CB shall upload amended, completed, and corrected data within two weeks. However, CB is encouraged to upload the certificate data as soon as possible. Failure to offer the WA as per NABCB witness requirements as mentioned above, will lead to Suspension / Withdrawal of Scopes.*

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S. No.	Number of auditors employed / Empanelled by the CB	No. of auditor to be witnessed Annually	Remarks
1	1-10	2	
2	11-50	4	
3	51 & above	6	



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### List of Scopes of accreditation

The list of scope of accreditation by NABCB is based IAF Scope sector classification approved by the NABCB Board.

IAF Scope	Description of Economic Sector / Activity	NACE – Division / Group / Class (rev.2)
1	Agriculture, forestry and fishing	01, 02, 03
2	Mining and quarrying	05, 06, 07, 08, 09
3	Food products, beverages and tobacco	10, 11, 12
4	Textiles and textile products	13, 14
5	Leather & Leather products	15
6	Wood and wood products	16
7	Pulp, paper, and paper products	17
8	Publishing Companies	58.1, 59.2
9	Printing companies	18
10	Manufacture of coke and refined petroleum products	19
11	Nuclear fuel	24.46
12	Chemicals, chemical products and fibres	20
13	Pharmaceuticals	21
14	Rubber and plastic products	22
15	Non-metallic mineral products	23, except 23.5 and 23.6
16	Concrete, cement, lime, plaster etc.	23.5, 23.6
17	Basic metals and fabricated metal products	24 except 24.46, 25 except 25.4, 33.11
18	Machinery and equipment	25.4, 28, 30.4, 33.12, 33.2
19	Electrical and optical equipment	26, 27, 33.13, 33.14, 95.1
20	Shipbuilding	30.1, 33.15
21	Aerospace	30.3, 33.16
22	Other transport equipment	29, 30.2, 30.9, 33.17
23	Manufacturing not elsewhere classified	31, 32, 33.19
24	Recycling	38.3
25	Electricity supply	35.1
26	Gas supply	35.2
27	Water supply	35.3, 36
28	Construction	41, 42, 43
29	Wholesale & retail trade; Repair of motor vehicles, motorcycles and personal and household goods	45, 46, 47, 95.2
30	Hotels and restaurants	55, 56
31	Transport, storage and communication	49, 50, 51, 52, 53, 61
32	Financial intermediation; real estate; renting	64, 65, 66, 68, 77
33	Information technology	58.2, 62, 63.1
34	Engineering services	71, 72, 74 except 74.2 and 74.3
35	Other services	69, 70, 73, 74.2, 74.3, 78, 80, 81, 82
36	Public administration	84
37	Education	85
38	Health and social work	75, 86, 87, 88
39	Other social services	37, 38.1, 38.2, 39, 59.1, 60, 63.9, 79, 90, 91, 92, 93, 94, 96



## **Annex 3b (MDQMS)**

### **Accreditation scopes and norms for witness audits MDQMS Accreditation Programme**

#### **{Section 1.12} of BCB 201 (MS)}**

#### **1. OBJECTIVE:**

To provide Guidance on classification of Scope Sectors for the purpose of accreditation and planning for witness assessments under the Quality Management System (MDQMS) accreditation programme. The classification of scope sectors as provided here also forms the basis for identification of technical area for determining the auditor competence.

#### **2. SCOPE:**

This Annex is applicable to MDQMS accreditation programme.

#### **3. RESPONSIBILITY:**

Director/CEO of NABCB is responsible for ensuring overall compliance.

#### **4. PROCEDURE:**

##### **4.1 Scope Classification**

NABCB has decided to base its scope sector classification as per Annex 1 of IAF MD 8 document.

##### **4.2 Auditor competence**

This annex providing the Scope classification used by NABCB for its accreditation program, may serve as a starting point for determining auditor competence. However, it shall be recognized that the technical areas in which a CB operates and where competence needs to be demonstrated, will have to be more specific than the broad descriptors in this annex.

**4.2.1** The Technical area classification as main technical areas codes alone, as given in the annex, does not meet the requirements of commonality of processes as specified in ISO 17021-1: 2015 and the CB's need to further categorise them in technical areas in accordance with the requirements specified in the accreditation standards.

**4.2.2** NABCB requires the CBs to define their auditor competence criteria in terms of knowledge and skills as identified in the competence analysis done by the CB as required under clause 7.1.2 of ISO/IEC 17021-1 for every technical area and in accordance with the criteria described in ISO/IEC 17021-1: 2015 as read with IAF MD 9.



**4.2.3** Where the CAB is seeking accreditation for a scope which includes nonmanufacturing activities such as wholesale, retail, transportation or maintenance of equipment, etc., Main Technical Area(s) are determined by the devices within the scope of the organization's activity (e.g. the product that is being transported).

4.2.4 Any other product that does not have medical or therapeutic purposes (border line products, such as cosmetic, herbal, nutritional supplements, beauty equipment, etc.) or not directly connected to the prevention or restoration of the health state of the persons, cannot be classified as a medical device. To this end, the choice of provider to fall into the classification of the medical device must be supported by a decision of the RA and indicated in official Guidelines or Specifications issued to that purpose.

### **4.3 Restrictions in Scopes**

Based on the available competence and / or the recommendation of the assessment team, the accreditation committee may decide to restrict grant of accreditation to a part of the broad technical area described in the annex 1 of IAF MD 8. The accreditation schedule would indicate the actual coverage in terms of Main Technical area and Technical area classification.

### **4.4 Witness audit plans for initial Assessment**

**4.4.1** The witness audits should be so chosen as to demonstrate competence to audit the major processes in the technical area and they shall be representative of the technical area/scope sector under consideration. In case any technical area within a scope sector has applicable regulatory requirements then that technical will need to be witnessed for inclusion of the scope sector.

4.4.2 Typically the witness audit should be by a team of minimum 2 auditors for a minimum of 3 man-days. This would be needed to demonstrate the broad auditing processes outlined in ISO 17021-1. Director/CEO, NABCB would consider any deviation, based on merit.

**4.4.3** [MD 7.4.5] In the case of initial assessment, the samples for witnessing of audits shall include one audit minimum in a higher risk class Technical Areas in each Main Technical Area covered under the scope of accreditation. Based on higher risk class TA witnessing lower risk class TAs can be granted. Please refer Annex 1 of IAF MD 8 the classification of TAs based on risk category.

4.4.4 When developing a witnessing schedule, NABCB will consider, among other factors, the experience of the CB e.g. recognized for one or more medical device regulatory scheme(s), in an effort to rationalize the witnessing schedule. Examples of typical regulatory schemes :

- a) (EU) 2017/745/746 – European MDR/IVDR Regulations
- b) National Medical Regulations that utilize ISO 13485
- c) ASEAN Medical Device Directive (AMDD)

### **4.4.5 Classification of scopes for witnessing**

NABCB has classified the main technical areas as per IAF MD 8 based on risk associated with the medical for the purpose of witness audit planning.



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**Annex 1 (Normative) of IAF MD 8**

**Medical Devices Main Technical Areas / Technical Areas**

MD SCOPE CLASSIFICATION AS PER IAF MD 8			Risk Category for		
Main Technical Area (MTA)	Code	Technical Areas (TA)	MTAs	TAs	
Non-active medical devices	A1.1-01	General non-active, non-implantable medical devices	2	2	
	A1.1-02	Non-active implants		5	
	A1.1-03	Devices for wound care		4	
	A1.1-04	Non-active dental devices and accessories		3	
	A1.1-05	Non-active medical devices other than specified above		1	
Active (Non-Implantable) medical devices	A1.2-01	General active medical devices	4	3	
	A1.2-02	Devices for imaging		4	
	A1.2-03	Monitoring devices		2	
	A1.2-04	Devices for radiation therapy and thermo therapy		5	
	A1.2-05	Active (non-implantable) medical devices other than specified above		1	
Active Implantable medical devices	A1.3-01	General active implantable medical devices	7	2	
	A1.3-02	Implantable medical devices other than specified above		1	
In-Vitro Diagnostic medical devices	A1.4-01	Reagents and reagent products, calibrators and control materials for: a) Clinical Chemistry b) Immunochemistry (Immunology) c) Haematology/Haemostasis/Immuno-hematology d) Microbiology e) Infectious Immunology f) Histology/Cytology g) Genetic Testing	3	3	
		A1.4-02		In Vitro Diagnostic Instruments and software	2
		A1.4-03		IVD medical devices other than specified above	1
Sterilization Method for Medical Devices	A1.5-01	Ethylene oxide gas sterilization (EOG)	5	7	
	A1.5-02	Moist heat		3	
	A1.5-03	Aseptic processing		8	
	A1.5-04	Radiation sterilization (e.g. gamma, x-ray, electron beam)		4	



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	A1.5-05	Low temperature steam and formaldehyde sterilization		6
	A1.5-06	Thermic sterilization with dry heat		2
	A1.5-07	Sterilization with hydrogen peroxide.		5
	A1.5-08	Sterilization method other than specified above		1
Devices incorporating/utilizing specific substances/ technologies	A1.6-01	Medical devices incorporating medicinal substances	6	4
	A1.6-02	Medical devices utilizing tissues of animal origin		5
	A1.6-03	Medical devices incorporating derivates of human blood		7
	A1.6-04	Medical devices utilizing micromechanics		2
	A1.6-05	Medical devices utilizing nanomaterials		3
	A1.6-06	Medical devices utilizing biological active coatings and/or materials or being wholly or mainly absorbed		6
	A1.6-07	Medical devices incorporating or utilizing specific substances/technologies/elements, other than specified above		1
Parts or services	A1.7-01	Raw materials	1	4
	A1.7-02	Components		6
	A1.7-03	Subassemblies		7
	A1.7-04	Calibration services		5
	A1.7-05	Distribution services		1
	A1.7-06	Maintenance services		8
	A1.7-07	Transportation services		2
	A1.7-08	Other services		3

Note: As for “Components, Subassemblies, Maintenance services, Other services (Consulting services related to medical devices)” listed in Main Technical Areas Table 1.7; the CAB shall be required to have accreditation of the scope of the technical areas listed in Table 1.1 - 1.6, when the degree of influence of an organization’s parts or service are clearly intended to support medical devices (e.g. fasteners marketed with a clear intent to support implanted medical devices) or instances of contract manufacturers making nearly complete medical devices.

**4.5 Witness audit plans for surveillance assessments**

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

4.5.2 Surveillance and reassessment shall include on-site assessment as well as witnessing. The surveillance office assessments and witness assessment(s), unless required by regulations, shall be





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conducted at least once a year. The witnessing program shall ensure, as a minimum, that one audit from each of the Main Technical Areas (shown in Annex 1) under the scope of accreditation within an accreditation cycle (surveillances and/or reassessment) is conducted prior to the expiry of accreditation. The sampling for witnessing shall give priority to higher risk technical areas.

4.5.3 Witness assessments should avoid the repeated witnessing of the same CB client organization. NABCB shall take into account previous results of witnessing to establish its witness strategy.

4.5.4 NABCB will take into account previous results of witnessing to establish its witness strategy. All premises where one or more key activities are performed will be assessed during the accreditation cycle.

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

S. No.	No of certified clients issued with NABCB accredited certificate in the past 12 months	No. of witness required on an annual basis	Remarks
1	1-50	1	
2	51-250	2	
3	251-1000	4	
4	1001-above	6	

**Rule 1:**

*In addition, the witness assessments shall however comply with the IAF Mandatory Documents (MDs) and Scheme Owner requirements, as applicable.*

**Rule 2:**

*Minimum 1 WA for each sub-scheme under the main scheme (like ICMED etc) every year.*

**Rule 3:**

*In case CB certifies clients at foreign locations, CB shall declare the client details with NABCB and NABCB may choose the client's audit for witness assessment as a part of normal witnessing programme.*

**Rule 4:**

*CB shall upload certificate data to the IAF CertSearch Database at least once a month as prescribed by IAF MD 28. If any error and/or an omission in the certificate details is identified, the CB shall upload amended, completed, and corrected data within two weeks. However, CB is encouraged to upload the certificate data as soon as possible. Failure to offer the WA as per NABCB witness requirements as mentioned above, will lead to Suspension / Withdrawal of Scopes.*

S. No.	Number of auditors employed / Empanelled by the CB	No. of auditors to be witnessed Annually	Remarks
1	1-10	2	
2	11-50	4	
3	51& above	6	



## Annex 3c (EMS)

### Accreditation scopes and norms for witness audits EMS Accreditation Programme

#### {Section 1.12} of BCB 201 (MS)}

#### 1. OBJECTIVE:

To provide Guidance in the classification of Scope Sectors for the purpose of accreditation and planning for witness audits under the Environment Management System (QMS) accreditation programme. The classification of scopes sectors as provided here also forms the basis for identification of technical area for determining the auditor competence.

#### 2. SCOPE:

This Annex is applicable to EMS accreditation programme.

#### 3. RESPONSIBILITY:

Director/CEO of the Board is responsible for ensuring overall compliance.

#### 4. PROCEDURE:

##### 4.1 Scope Classification

NABCB has decided to follow the 39 Scope Sectors recognized by International Accreditation Forum and would utilise the IAF vide IAF ID 1-

##### 4.2 Auditor competence

This annex providing the Scope classification used by NABCB for its accreditation program, may serve as a starting point for determining auditor competence. However, it shall be recognized that the technical areas in which a CB operates and where competence needs to be demonstrated, will have to be more specific than the broad descriptors in this annex.

NABCB requires the CBs to define their auditor competence criteria in terms of knowledge and skills as identified in the competence analysis done by the CB as required under clause 7.1.2 of ISO/IEC 17021-1 for every technical area and in accordance with the criteria described in ISO/IEC 17021-1-as read with ISO/IEC/TS 17021- 2. It is also the requirement of NABCB that the knowledge would include applicable regulations / statutory requirements. The CB should define the technical areas considering the environmental aspects and impacts, risks, etc, out of the processes involved.

##### 4.3 Restrictions in Scopes

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



#### **4.4 Witness audit plans for initial/ reaccreditation assessment**

**4.4.1** The witness audits should be so chosen as to demonstrate competence to audit the major processes in the technical area and they shall be representative of the technical area/scope sector under consideration. In case any technical area with in a scope sector has applicable regulatory requirements then that technical will need to be witnessed for inclusion of the scope sector.

**4.4.1.1** Typically the witness audit should be by a team of minimum 2 auditors for a minimum of 3 man-days. This would be needed to demonstrate the broad auditing processes outlined in ISO 17021-1. Director/CEO, NABCB would consider any deviation, based on merit.

#### **4.4.2 Classification of scopes for witnessing**

NABCB has classified the technical areas under the broad IAF Scopes as per IAF MD 17 for the purpose of witness audit planning.

**4.4.2.1** In the initial two accreditation cycle of EMS scheme, NABCB will perform at least one witnessing activity in each technical cluster of EMS scheme. This programme will continue until the CB has demonstrated sufficient experience and performance for an enhanced programme after evaluating the following factors in the preceding two accreditation cycles:-

- a) The CB's overall performance
  - i. Undertaking surveillance, reaccreditation and witness assessments as per timelines prescribed by NABCB.
  - ii. full compliance to the NABCB assessment programme including witness assessments
  - iii. 'No' major/critical non-conformity in last accreditation cycle.
  - iv. Timely closure of NCs/concerns in the last 2 accreditation cycles within NABCB prescribed timelines.
- b) No unresolved adverse feedback or complaint from interested parties or certified organizations
- c) No sanction from the Scheme owner
- d) No adverse feedback or blacklisting by the respective regulator
- e) Timely payments to NABCB and no outstanding payment
- f) Any other relevant information

Note: Any wilful misleading/ wrong information provided by the CB shall result in termination of the existing enhanced programme.

When enhance programme happens, NABCB will perform at least one witnessing activity in each technical cluster of EMS scheme, to be complemented with other assessment activities (i.e client file/personnel file review during office assessment, offsite report review, etc) to guarantee that each technical cluster is assessed during two successive accreditation cycles. The witnessing frequency established for the 1st cycle will be reinstated if significant changes occur in the CBs' auditor qualification process, auditing practices or results and audit personnel.

When requested, the CB shall promptly provide to NABCB the complete and updated schedule of confirmed and planned audits (dates, location, audit team composition, audit type and scope of



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certification along with IAF codes, etc.), In order to allow the NABCB to schedule or update the program for the coverage of the scope of accreditation.

**4.4.2.2** The following witnessing rules apply for the granting and extension of accreditation of EMS scheme to be complemented with other assessment activities to guarantee the appropriate coverage of the applicant scope:

- i) if a technical cluster has only 1 critical code, NABCB will perform a witnessing activity in this critical code to grant accreditation for all the IAF codes in that cluster - e.g. for EMS, cluster Paper, with 1 witnessing activity in IAF code 09, NABCB can grant accreditation in the other IAF codes (7 and 8) of that cluster;
- ii) if a technical cluster has more than 1 critical code, NABCB will perform at least a witnessing activity in all the critical codes that are identified with an “and” (on the “Critical code” column); e.g. for EMS, cluster Goods Production, with 1 witnessing activity in IAF code 04 or 05, NABCB can grant accreditation in all the non- critical codes (06 and 23) of that cluster, but the other critical code (04 or 05) needs to be witnessed to be granted.
- iii) if a technical cluster has more than 1 critical code, NABCB will perform at least a witnessing activity in one of the critical codes that are identified with an “or” (on the “Critical code” column); e.g. for EMS, in cluster Supply, with 1 witnessing activity in IAF code 25 or 26, NABCB can grant accreditation in the other IAF codes (25,26 and 27) of that technical cluster;
- iv) if it is not possible to perform a witnessing activity in the IAF code/s identified as critical, NABCB will agree with the CB on one of these two options:
  - a) NABCB can grant accreditation only in the non-critical IAF code/s of the technical cluster for one of which a witnessing activity is performed (e.g. for EMS - Paper cluster - with 1 witnessing activity in IAF code 7, NABCB can grant accreditation for both IAF code 7 and 8), or
  - b) NABCB can grant accreditation in all the codes of the cluster, performing an office activity in the critical code/s, but on condition:
    - that the CB has demonstrated its competence on a documental basis in all the codes of the cluster; and
    - that the witnessing activity in the critical code/s takes place before any certificate in the critical code/s based on accreditation is issued.

However, in such cases, if the result of the witnessing activity is negative, NABCB will consider reducing the scope of accreditation.

*Note: for existing accredited CBs, if they already hold accreditation for a critical code but not the related non-critical code they can have their accreditation extended to include the non- critical codes, in line with clause 4.4.2.6*

**4.4.2.3** If the CB wants to be accredited only in one or more non-critical IAF codes, a minimum of one witness audit is required in each cluster with non-critical IAF codes.

**4.4.2.4** For initial accreditation for EMS scheme, NABCB will witness both stage 1 and



stage 2 audits, for at least one of the CB's clients. Prior to witnessing the stage 2 of the same audit, the applicant CB shall submit the completed report and / or conclusions from the stage 1 audit to NABCB assessment team. If the CB does not have any new clients, it is possible to witness one renewal or two surveillances which cover the key processes

**4.4.2.5** The possibility to grant accreditation in a whole IAF code is always subject to the CB demonstrating it has the competence to manage certification in all of the underlying technical areas.

**4.4.2.6** In addition to the above, it is necessary to assess competence also for all non-critical codes before NABCB can grant accreditation. Therefore accreditation shall be granted only:

- i) in IAF codes where the CB has already taken decisions for certification (e.g. for EMS, with 1 witnessing in IAF code 09, NABCB will grant accreditation only for IAF codes 07 and 09 in cases where the CB has taken no decisions for certification in IAF code 08), or
- ii) in IAF codes where the CB has demonstrated its competence by other means (e.g. demonstrating to have competent personnel for all the specific certification functions - see Annex A of ISO/IEC 17021).

**4.4.2.7** In cases of an integrated or combined management system audit, the scope of the witnessing activity shall be agreed with the CB. If a witnessing activity has been recently performed in the same code, for a different purpose (e.g.: ISO 13485, ISO 3834, EN 9100), NABCB can consider removing the necessity of another witnessing activity.

**Grouping of Scopes**

Technical cluster	IAF code	Description of economic sector/activity, according to IAF ID1	Critical code(s) with NACE (rev2)
Agriculture, forestry and fishing	1	Agriculture, forestry and fishing	1
Food	3	Food products, beverages and tobacco	3
	30	Hotels and restaurants	
Mechanical	17	Limited to "Fabricated metal products"	20 or 21
	18	Machinery and equipment	
	19	Electrical and optical equipment	
	20	Shipbuilding	
	21	Aerospace	
	22	Other transport equipment	



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Paper	7	Limited to “Paper products”	9
	8	Publishing companies	
	9	Printing companies	
Construction	28	Construction	28
	34	Engineering services	
Goods production	4	Textiles and textile products	4 and 5
	5	Leather and leather products	
	6	Wood and wood products	
	23	Manufacturing not elsewhere classified	
Chemicals	7	Limited to “Pulp and paper manufacturing”	7 and 10 and 12 and 13
	10	Manufacture of coke and refined petroleum products	
	12	Chemicals, chemical products and fibres	
	13	Pharmaceuticals	
	14	Rubber and plastic products	
	15	Non-metallic mineral products	
	16	Concrete, cement, lime, plaster, etc.	
17	Limited to “Base metals production”		
Mining and quarrying	2	Mining and quarrying	2
Supply	25	Electricity supply	25 or 26
	26	Gas supply	
	27	Water supply	
Transport & Waste management	31	Transport, storage and communication	24 and 39 - (limited to NACE 37, 38.1, 38.2, 39)
	24	Recycling	
	39	Other social services	
Services	29	Wholesale and retail trade; Repair of motor vehicles, motorcycles and personal and	29 or 35 or 36
	32	Financial intermediation; real estate; renting	
	33	Information technology	
	35	Other services	
	36	Public administration	
	37	Education	
Nuclear	11	Nuclear fuel	11
Health	38	Health and social work	38

**4.4.3 Witness audit plans for surveillance assessments**

Witnessing is a part of the surveillance program. The witness audit plans would depend on various



factors including the number of clients issued with NABCB accredited certificates, the number of auditors employed/empanelled by the CB, feedback from the market, complaints received and inputs from any office assessment etc as specified in IAF MD 17. NABCB may demand to witness a specific auditor or any organization issued with accredited certificate.

The normal plan for witnessing based on the number of certificates issued and the number of auditors employed/empanelled by the CB would be:  
 However, the minimum number of witness assessments to be carried out as per IAF MD 17.

S No.	No of certified clients issued with NABCB accredited certificate in the past 12months	No. of witness required on an annual	Remarks
1	1-50	1	
2	51-100	2	
3	251-1000	4	
4	1001-above	6	

**Rule 1:**  
*In addition, the witness assessments shall however comply with the IAF Mandatory Documents (MDs) and Scheme Owner requirements, as applicable.*

**Rule 2:**  
*Minimum 1 WA for each sub-scheme under the main scheme (like SERI R2 etc) every year.*

**Rule 3:**  
*In case CB certifies clients at foreign locations, CB shall declare the client details with NABCB and NABCB may choose the client's audit for witness assessment as a part of normal witnessing programme.*

**Rule 4:**  
*CB shall upload certificate data to the IAF CertSearch Database at least once a month as prescribed by IAF MD 28. If any error and/or an omission in the certificate details is identified, the CB shall upload amended, completed, and corrected data within two weeks. However, CB is encouraged to upload the certificate data as soon as possible. Failure to offer the WA as per NABCB witness requirements as mentioned above, will lead to Suspension / Withdrawal of Scopes.*

S. No.	Number of auditors employed / Empanelled by the CB	No. of auditor to be witnessed annually	Remarks
1	1-10	2	
2	11-50	4	
3	51 and above	6	

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The list of scope of accreditation by NABCB is based on the IAF Scope sector classification approved by the NABCB Board.

<b>QMS Accreditation Scope</b>		
<b>No</b>	<b>Description of economic sector / activity</b>	<b>NACE – Division / Group / Class (rev.2)</b>
1	Agriculture, forestry and fishing	01, 02, 03
2	Mining and quarrying	05, 06, 07, 08, 09
3	Food products, beverages and tobacco	10, 11, 12
4	Textiles and textile products	13, 14
5	Leather and leather products	15
6	Wood and wood products	16
7	Pulp, paper and paper products	17
8	Publishing companies	58.1, 59.2
9	Printing companies	18
10	Manufacture of coke and refined petroleum products	19
11	Nuclear fuel	24.46
12	Chemicals, chemical products and fibres	20
13	Pharmaceuticals	21
14	Rubber and plastic products	22
15	Non-metallic mineral products	23, except 23.5 and 23.6
16	Concrete, cement, lime, plaster etc	23.5, 23.6
17	Basic metals and fabricated metal products	24 except 24.46, 25 except 25.4, 33.11
18	Machinery and equipment	25.4, 28, 30.4, 33.12, 33.2
19	Electrical and optical equipment	26, 27, 33.13, 33.14, 95.1
20	Shipbuilding	30.1, 33.15
21	Aerospace	30.3, 33.16
22	Other transport equipment	29, 30.2, 30.9, 33.17
23	Manufacturing not elsewhere classified	31, 32, 33.19
24	Recycling	38.3
25	Electricity supply	35.1
26	Gas supply	35.2
27	Water supply	35.3, 36
28	Construction	41, 42, 43
29	Wholesale and retail trade; Repair of motor vehicles, motorcycles and personal and household goods	45, 46, 47, 95.2
30	Hotels and restaurants	55, 56
31	Transport, storage and communication	49, 50, 51, 52, 53, 61
32	Financial intermediation; real estate; renting	64, 65, 66, 68, 77
33	Information technology	58.2, 62, 63.1
34	Engineering services	71, 72, 74 except 74.2 and 74.3
35	Other services	69, 70, 73, 74.2, 74.3, 78, 80, 81, 82
36	Public administration	84
37	Education	85
38	Health and social work	75, 86, 87, 88
39	Other social services	37, 38.1, 38.2, 39, 59.1, 60, 63.9, 79, 90, 91, 92, 93, 94, 96





## **Annex 3d (OHSMS)**

### **Accreditation scopes and norms for witness audits OHSMS Accreditation Programme**

**{Section 1.12} of BCB 201 (MS)}**

#### **1. OBJECTIVE:**

To provide Guidance in the classification of Scope Sectors for the purpose of accreditation and planning for witness audits under the Occupational Health and Safety Management System (OHSMS) accreditation programme. The classification of scopes sectors as provided here also forms the basis for identification of technical area for determining the auditor competence.

#### **2. SCOPE:**

This Annex is applicable to OHSMS accreditation programme.

#### **3. RESPONSIBILITY:**

Director/CEO of the Board is responsible for ensuring overall compliance.

#### **4. PROCEDURE:**

##### **4.1 Scope Classification**

NABCB has decided to follow the 39 Scope Sectors recognized by International Accreditation Forum and would utilise the IAF vide IAF ID 1.

##### **4.2 Auditor competence**

This annex providing the Scope classification used by NABCB for its accreditation program, may serve as a starting point for determining auditor competence. However, it shall be recognized that the technical areas in which a CB operates and where competence needs to be demonstrated, will have to be more specific than the broad descriptions in this annex.

NABCB requires the CBs to define their auditor competence criteria in terms of knowledge and skills as identified in the competence analysis done by the CB as required under clause 7.1.2 of ISO/IEC 17021-1 for every technical area and in accordance with the criteria described in ISO/IEC 17021-1 as read with ISO/IEC/TS 17021- 10. It is also the requirement of NABCB that the knowledge would include applicable regulations / statutory requirements. The CB should define the technical areas considering the occupational hazards and risks, etc, out of the processes involved.

##### **4.3 Restrictions in Scopes**

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



#### **4.4 Witness audit plans for initial/ reaccreditation assessment**

**4.4.1** The witness audits should be so chosen as to demonstrate competence to audit the major processes in the technical area and they shall be representative of the technical area/scope sector under consideration. In case any technical area within a scope sector has applicable regulatory requirements then that technical will need to be witnessed for inclusion of the scope sector.

**4.4.1.1** Typically the witness audit should be by a team of minimum 2 auditors for a minimum of 3 man-days. This would be needed to demonstrate the broad auditing processes outlined in ISO/IEC 17021-1. Director/CEO, NABCB would consider any deviation, based on merit.

#### **4.4.2 Classification of scopes for witnessing**

NABCB has classified the technical areas under the broad IAF Scopes as per Appendix B of IAF MD 22 for the purpose of witness audit planning.

In the initial two accreditation cycle of OHSMS, NABCB will perform at least one witnessing activity in each technical cluster of OHSMS scheme. This programme will continue until the CB has demonstrated sufficient experience and performance for an enhanced programme after evaluating the following factors in the preceding two accreditation cycles: -

- a) The CB's overall performance
  - i. Undertaking surveillance, reaccreditation and witness assessments as per timelines prescribed by NABCB.
  - ii. full compliance to the NABCB assessment programme including witness assessments
  - iii. 'No' major/critical non-conformity in last accreditation cycle.
  - iv. Timely closure of NCs/concerns in the last 2 accreditation cycles within NABCB prescribed timelines.
- b) No unresolved adverse feedback or complaint from interested parties or certified organizations
- c) No sanction from the Scheme owner
- d) No adverse feedback or blacklisting by the respective regulator
- e) Timely payments to NABCB and no outstanding payment
- f) Any other relevant information

Note: Any wilful misleading/ wrong information provided by the CB shall result in termination of the existing enhanced programme.

When enhance programme happens, NABCB will perform at least one witnessing activity in each technical cluster of OHSMS scheme, to be complemented with other assessment activities (i.e client file/personnel file review during office assessment, offsite report review, etc) to guarantee that each technical cluster is assessed during two successive accreditation cycles. The witnessing frequency established for the 1st cycle will be reinstated if significant changes occur in the CBs' auditor qualification process, auditing practices or results and audit personnel.

When requested, the CB shall promptly provide to NABCB the complete and updated schedule of confirmed and planned audits (dates, location, audit team composition, audit type and scope of certification along with IAF codes, etc.), in order to allow the NABCB to schedule or update the program for the coverage of the scope of accreditation.



**4.4.2.1** The following witnessing rules apply for the granting and extension of accreditation of OHSMS scheme to be complemented with other assessment activities to guarantee the appropriate coverage of the applicant scope:

- i) if a technical cluster has only 1 critical code, NABCB will perform a witnessing activity in this critical code to grant accreditation for all the IAF codes in that cluster - e.g. for OHSMS, cluster Paper, with 1 witnessing activity in IAF code 09, NABCB can grant accreditation in the other IAF codes (7 and 8) of that cluster;
- ii) if a technical cluster has more than 1 critical code, NABCB will perform at least a witnessing activity in all the critical codes that are identified with an “and” (on the “Critical code” column); e.g. for OHSMS, cluster Mechanical, with 1 witnessing activity in IAF code 20 or 21, NABCB can grant accreditation in all the non- critical codes (17,18,19 and 22) of that cluster, but the other critical code (20 or 21) needs to be witnessed to be granted.
- iii) if a technical cluster has more than 1 critical code, NABCB will perform at least a witnessing activity in one of the critical codes that are identified with an “or” (on the “Critical code” column); e.g. for OHSMS, in cluster Supply, with 1 witnessing activity in IAF code 25 or 26, NABCB can grant accreditation in the other IAF codes (25,26 and 27) of that technical cluster;
- iv) If a technical cluster has more than 1 critical codes identified with “and” and “or” at the end, by witnessing the critical code identified with “or” at the end, NABCB can grant all the codes in that cluster.; e.g. for OHSMS, in cluster Chemical, with 1 witnessing activity in IAF code 17, NABCB can grant accreditation in the other IAF codes (7,10,12,13,14,15 and 16) of that technical cluster;
- v) if it is not possible to perform a witnessing activity in the IAF code/s identified as critical, NABCB will agree with the CB on one of these two options:
  - a) NABCB can grant accreditation only in the non-critical IAF code/s of the technical cluster for one of which a witnessing activity is performed (e.g. for OHSMS - Paper cluster - with 1 witnessing activity in IAF code 7, NABCB can grant accreditation for both IAF code 7 and 8), or
  - b) NABCB can grant accreditation in all the codes of the cluster, performing an office activity in the critical code/s, but on condition:
    - that the CB has demonstrated its competence on a documental basis in all the codes of the cluster; and
    - that the witnessing activity in the critical code/s takes place before any certificate in the critical code/s based on accreditation is issued.

However, in such cases, if the result of the witnessing activity is negative, NABCB will consider reducing the scope of accreditation.

*Note: for existing accredited CBs, if they already hold accreditation for a critical code but not the related non-critical code they can have their accreditation extended to include the non- critical codes, in line with clause **4.4.2.6***

**4.4.2.2** If the CB wants to be accredited only in one or more non-critical IAF codes, a minimum of one witness audit is required in each cluster with non-critical IAF codes.



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**4.4.2.4** For initial accreditation for OHSMS scheme, NABCB will witness both stage 1 and stage 2 audits, for at least one of the CB's clients. Prior to witnessing the stage 2 of the same audit, the applicant CB shall submit the completed report and / or conclusions from the stage 1 audit to NABCB assessment team. If the CB does not have any new clients, it is possible to witness one renewal or two surveillances which cover the key processes

**4.4.2.5** The possibility to grant accreditation in a whole IAF code is always subject to the CB demonstrating it has the competence to manage certification in all of the underlying technical areas.

**4.4.2.6** In addition to the above, it is necessary to assess competence also for all non-critical codes before NABCB can grant accreditation. Therefore accreditation shall be granted only:

- i) in IAF codes where the CB has already taken decisions for certification (e.g. for OHSMS, with 1 witnessing in IAF code 09, NABCB will grant accreditation only for IAF codes 07 and 09 in cases where the CB has taken no decisions for certification in IAF code 08), or
- ii) in IAF codes where the CB has demonstrated its competence by other means (e.g. demonstrating to have competent personnel for all the specific certification functions - see Annex A of ISO/IEC 17021).

**4.4.2.7** In cases of an integrated or combined management system audit, the scope of the witnessing activity shall be agreed with the CB. If a witnessing activity has been recently performed in the same code, for a different purpose (e.g.: ISO 13485, ISO 3834, EN 9100), NABCB can consider removing the necessity of another witnessing activity.

### Grouping of Scopes

Technical cluster	IAF Code	Description of economic sector/activity, according to IAF ID1	Critical code(s) with NACE (rev2)
Agriculture, forestry and fishing	1	Agriculture, forestry and fishing	1
Food	3	Food products, beverages and tobacco	3
	30	Hotels and restaurants	
Mechanical	17	Limited to "Fabricated metal products"	20 and 21
	18	Machinery and equipment	
	19	Electrical and optical equipment	
	20	Shipbuilding	
	21	Aerospace	
	22	Other transport equipment	
	7	Limited to "Paper products"	



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Paper	8	Publishing companies	9
	9	Printing companies	
Construction	28	Construction	28
	34	Engineering services	
Goods production	4	Textiles and textile products	4 (with tanning) and 5 or 6
	5	Leather and leather products	
	6	Wood and wood products	
	23	Manufacturing not elsewhere classified	
Chemicals	7	Limited to “Pulp and paper manufacturing”	7 and 10 and 12 and 13 and 16 or 17
	10	Manufacture of coke and refined petroleum products	
	12	Chemicals, chemical products and fibres	
	13	Pharmaceuticals	
	14	Rubber and plastic products	
	15	Non-metallic mineral products	
	16	Concrete, cement, lime, plaster, etc.	
17	Limited to “Base metals production”		
Mining and quarrying	2	Mining and quarrying	2
Supply	25	Electricity supply	25 or 26
	26	Gas supply	
	27	Water supply	
Transport & Waste management	31	Transport, storage and communication	31 (limited to dangerous goods), and 24 or 39 (limited to NACE 37, 38.1, 38.2, 39)
	24	Recycling	
	39	Other social services	
Services	29	Wholesale and retail trade; Repair of motor vehicles, motorcycles and personal and	29 or 35 or 36
	32	Financial intermediation; real estate; renting	
	33	Information technology	
	35	Other services	
	36	Public administration	
	37	Education	
Nuclear	11	Nuclear fuel	11
Health	38	Health and social work	38

**4.4.3 Witness audit plans for surveillance assessments**

Witnessing is a part of the surveillance program. The witness audit plans would depend on various



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factors including the number of clients issued with NABCB accredited certificates, the number of auditors employed/empanelled by the CB, feedback from the market, complaints received and inputs from any office assessment etc as specified in IAF MD 17. NABCB may demand to witness a specific auditor or any organization issued with accredited certificate.

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

However, the minimum number of witness assessments to be carried out as per IAF MD 17.

S. No.	No of certified clients issued with NABCB accredited certificate in the past 12 months	No. of witness required on an annual	Remarks
1	1-50	1	
2	51-250	2	
3	251-1000	4	
4	1001-above	6	

**Rule 1:**

*In addition, the witness assessments shall however comply with the IAF Mandatory Documents (MDs) and Scheme Owner requirements, as applicable.*

**Rule 2:**

*Minimum 1 WA for each sub-scheme under the main scheme (like SERI R2 etc) every year.*

**Rule 3:**

*In case CB certifies clients at foreign locations, CB shall declare the client details with NABCB and NABCB may choose the client's audit for witness assessment as a part of normal witnessing programme.*

**Rule 4:**

*CB shall upload certificate data to the IAF CertSearch Database at least once a month as prescribed by IAF MD 28. If any error and/or an omission in the certificate details is identified, the CB shall upload amended, completed, and corrected data within two weeks. However, CB is encouraged to upload the certificate data as soon as possible. Failure to offer the WA as per NABCB witness requirements as mentioned above, will lead to Suspension / Withdrawal of Scopes.*

S. No.	Number of auditors employed / Empanelled by the CB	No. of auditor to be witnessed annually	Remarks
1	1-10	2	
2	11-50	4	
3	51 and above	6	

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**List of Scopes of accreditation**

The list of scope of accreditation by NABCB is based on the IAF Scope sector classification approved by the NABCB Board.

<b>OHSMS Accreditation Scope</b>		
<b>No</b>	<b>Description of economic sector / activity</b>	<b>NACE – Division / Group / Class (rev.2)</b>
1	Agriculture, forestry and fishing	01, 02, 03
2	Mining and quarrying	05, 06, 07, 08, 09
3	Food products, beverages and tobacco	10, 11, 12
4	Textiles and textile products	13, 14
5	Leather and leather products	15
6	Wood and wood products	16
7	Pulp, paper and paper products	17
8	Publishing companies	58.1, 59.2
9	Printing companies	18
10	Manufacture of coke and refined petroleum products	19
11	Nuclear fuel	24.46
12	Chemicals, chemical products and fibres	20
13	Pharmaceuticals	21
14	Rubber and plastic products	22
15	Non-metallic mineral products	23, except 23.5 and 23.6
16	Concrete, cement, lime, plaster etc	23.5, 23.6
17	Basic metals and fabricated metal products	24 except 24.46, 25 except 25.4, 33.11
18	Machinery and equipment	25.4, 28, 30.4, 33.12, 33.2
19	Electrical and optical equipment	26, 27, 33.13, 33.14, 95.1
20	Shipbuilding	30.1, 33.15
21	Aerospace	30.3, 33.16
22	Other transport equipment	29, 30.2, 30.9, 33.17
23	Manufacturing not elsewhere classified	31, 32, 33.19
24	Recycling	38.3
25	Electricity supply	35.1
26	Gas supply	35.2
27	Water supply	35.3, 36
28	Construction	41, 42, 43
29	Wholesale and retail trade; Repair of motor vehicles, motorcycles and personal and household goods	45, 46, 47, 95.2
30	Hotels and restaurants	55, 56
31	Transport, storage and communication	49, 50, 51, 52, 53, 61
32	Financial intermediation; real estate; renting	64, 65, 66, 68, 77
33	Information technology	58.2, 62, 63.1
34	Engineering services	71, 72, 74 except 74.2 and 74.3
35	Other services	69, 70, 73, 74.2, 74.3, 78, 80, 81, 82
36	Public administration	84
37	Education	85
38	Health and social work	75, 86, 87, 88
39	Other social services	37, 38.1, 38.2, 39, 59.1, 60, 63.9, 79, 90, 91, 92, 93, 94, 96



**Annex 3e (FSMS)  
Accreditation scopes and norms for witness audits  
FSMS Accreditation Programme**

**(Section 1.12 of BCB 201 (MS))**

**1.0 OBJECTIVE:**

To provide Guidance on the classification of Food Chain categories 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 Food Safety Management System (FSMS) accreditation programme.

**2.0 SCOPE;**

This annex is applicable to FSMS accreditation programme.

**3.0 RESPONSIBILITY:**

CEO and Director of NABCB are responsible for ensuring overall compliance.

**4.0 PROCEDURE:**

**4.1 Classification of Scopes for Accreditation**

4.1.1 NABCB has grouped the 11 food chain categories from Category A to Category K as identified in Annex A, Table A.1 of ISO 22003-1:2022 into 8 clusters, which are as given below;

<b>Cluster</b>	<b>Categories as per ISO 22003-1:2022</b>
Primary Production	A & B
Processing Food for Humans and Animals	C & D
Catering / Food Service	E
Retail, Transport and Storage	F & G
Auxiliary Services	H
Packaging Material	I
Auxiliary Equipment	J
Bio/Chemicals	K

4.1.2 The scope of accreditation of certification bodies shall be expressed using the food chain categories within a Cluster(s) as detailed in Annex A, Table A.1 of ISO 22003-1:2022. In case the scope is restricted to specific sub-categories within the category, then the same shall be clearly stated in the scope of accreditation.

4.1.3 NABCB shall grant accreditation for a given food chain category with at least one witness assessment performed in a cluster and onsite/offsite assessment as detailed in this document at clause 4.3.2.



## 4.2 Auditor Competence

**4.2.1** In accordance with the requirements specified in ISO/IEC 17021, the CB's operating management system certification are required to determine competence criteria for each function in the certification process and for each technical area as relevant to the specific management system standard. Technical areas are described in terms of areas characterized by commonalities of processes relevant to a specific type of management system. As applied to FSMS, it would be characterized by commonalities of products and processes, food safety hazards, place in the food chain, etc.

**4.2.1.1** In case of FSMS application of the term technical area as per the definition given above can be described in terms of Categories, sub-categories or activities as defined in Annex A, Table A.1 of ISO 22003-1: 2022 as relevant to the particular food product.

**4.2.1.2** For the purpose of describing the scope of accreditation of a FSMS certification body it is necessary to assess competence for and inclusion of the food chain categories and sub-categories in the scope of accreditation. The assessment of availability of competent personnel at sub-category level is required to be done as detailed in section 4.4.2 of this document and in accordance with the requirements described above.

**4.2.1.3** Hence it is expected that sub-categories as described in Annex A, Table A.1 of ISO 22003-1:2022 will be the starting point for determining auditor competence and shall be described as the technical area in accordance with ISO/IEC 17021-1. However, it should be recognized that for some sub-categories, especially the sub-categories like CIV, the level at which a CB operates and where competence needs to be demonstrated, will have to be more specific like those described in "Examples of included activities" in Table A.1 of ISO 22003-1:2022. Hence in such cases the technical areas will need to be identified at the Activity level as per Table A.1 and competence criteria described for the same.

## 4.3 Witness assessment plan for initial/reaccreditation assessment

**4.3.1** In case of FSMS, two witness assessments are required to be performed for the consideration of grant of accreditation as well as for reaccreditation. The two witnesses for initial accreditation shall include one stage 1 and one stage 2 audit. 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. If such audits are not available, the Certification Body may offer a surveillance audit which is converted into a stage 2 audit. The audits should generally be of minimum 3 mandays duration with 2 auditors. The same applies for witnessing of one audit for extension of scope.

**4.3.2** When the Certification Body applies for a category, all the sub-categories within the category shall be included in the accreditation scope, provided that the certification body offers assessments for witnessing sub-categories (from those covered by the Certification Body applied scope) with the higher risks of food safety hazards, as evidenced in the order of sub-categories as listed within the category as stated in Table A.1 – Food Chain Categories of ISO 22003-1:2022.



**4.3.3** When the Certification Body offers sub-categories having a lower risk of food safety hazard as against other sub-categories within a category for witnessing, the CB may be granted the full category in its scope with a stipulation that the first audit of high risk sub-category shall be witnessed or a restricted scope as in 4.1.2 above.

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

**4.4.1** It is recognised that accreditation for one or more food chain categories (ISO 22003-1 Annex A Table A.1) / sub-categories confirms that the Certification Body has demonstrated competence to deliver certification for FSMS (e.g. ISO 22000) in those food chain categories / sub-categories. However, it does not mean that the CB has auditors with the competence needed in all the sub-categories that may be included in such food chain categories. For this reason, before granting accreditation for a specific food chain category /sub-category, the following conditions are required to be met:

**4.4.2** NABCB shall grant accreditation for a specific food chain category only when the Certification Body:

- a) Has competent personnel to perform the contract review including selection of the correct food chain category and sub-category (see Annex C in ISO 22003-1).
- b) Has established technical criteria to describe the competence for personnel in each sub-category/activity defined as technical area (see section 4.2.1 above).
- c) Has competent personnel in at least one sub-category/activity of the food chain category which ever has been defined as the technical area by the CB.
- d) Has established a process giving an assurance that accredited certification will be offered only in sub-categories/ activity defined as technical area, where they have competent personnel. The assurance needs to be provided in CB's own documented system.
- e) Keeps an updated list of the sub-categories/ activity defined as technical area in which it has competent personnel.
- f) Is able to demonstrate that it has at least one active or potential application in the food chain category for which it is seeking accreditation.

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.

**4.4.3** However, if in some cases it is not possible for the Certification Body to demonstrate compliance to all the above conditions or if it wishes to operate in only some of the sub-categories within a category or is not able to meet the witnessing conditions as stipulated in section 4.3 of this document, then as decided by the NABCB, it may be granted a restricted scope [restricted to relevant sub-category (ies) within the category].

#### **4.5 Restrictions in Scopes**

**4.5.1** Based on the available competence and/ or the recommendation of the assessment team, the accreditation committee may decide to restrict scopes while granting accreditation or extending scope.



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### 4.6 Witness assessment plan for surveillance

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

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

S. No.	No. of certified clients issued with NABCB accredited certificate in the past 12 months	No. of witness required on an annual basis	Remarks
1	1 - 50	1	Witness assessments in those sub-categories (from those covered by the scope of accreditation) with the higher risks of food safety hazards are preferred/ensured throughout the accreditation cycle. For the definition of risk category please see clause 4.3.2 of this document.
2	51-250	2	
3	–251-1000	4	
4	1001 - above	6	

**Rule 1:**

*In addition, the witness assessments shall however comply with the IAF Mandatory Documents (MDs) and Scheme Owner requirements, as applicable.*

**Rule 2:**

*Minimum 1 WA for each sub-scheme under the main scheme (like FSSC, FAMI-QS, etc) every year.*

**Rule 3:**

*In case CB certifies clients at foreign locations, CB shall declare the client details with NABCB and NABCB may choose the client's audit for witness assessment as a part of normal witnessing programme.*

**Rule 4:**

*CB shall upload certificate data to the IAF CertSearch Database at least once a month as prescribed by IAF MD 28. If any error and/or an omission in the certificate details is identified, the CB shall upload amended, completed, and corrected data within two weeks. However, CB is encouraged to upload the certificate data as soon as possible. Failure to offer the WA as per NABCB witness requirements as mentioned above, will lead to Suspension / Withdrawal of Scopes.*

S. No.	Number of auditors employed/empanelled by the CB	No. of auditors to be witnessed annually	Remarks
1	1 - 5	1	
2	6 - 24	2 - 5	
3	25 and above	7	



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- 4.6.3** NABCB shall witness at least one audit in Category 'C' or 'D' (if covered by the accredited scope of the Certification Body) each year and at least one audit in each of the other clusters during the accreditation cycle.
- 4.6.4** At least one of the witness audits per accreditation cycle shall include an initial certification-Stage 2 or recertification audit.
- 4.6.5** A single witness assessment could encompass different categories/sub-categories if the activities of the witnessed organization and of the Certification Body justify it.
- 4.6.6** NABCB shall preferably witness an audit team that has not been witnessed previously in that particular food chain category.
- 4.6.7** 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 food safety management schemes accreditations and process risks. NABCB shall take into account previous results of witnessing to establish its witness strategy.



## **Annex 3f**

### **Accreditation scopes and norms for witness audits – ISMS Scheme {Section 1.12) of BCB 201 (MS)}**

#### **1. OBJECTIVE:**

To provide Guidance on classification of Scopes for the purpose of accreditation and planning for witness audits in respect of Information Security Management System (ISMS) accreditation scheme.

#### **2. SCOPE:**

This Annex is applicable to ISMS accreditation scheme.

#### **3. RESPONSIBILITY:**

Director/CEO of the Board is responsible for ensuring overall compliance.

#### **4. PROCEDURE:**

##### **4.1 Scope Classification**

The Accreditation for ISMS is provided for scopes in accordance with ISO/IEC 27006-1 standard requirements as read with ISO/IEC 17021-1.

##### **4.2 Auditor competence**

NABCB requires the CBs to define their auditor competence criteria in terms of knowledge and skills in the technical areas it operates or wishes to operate, in accordance with the requirements specified in clause 7.1.2 of ISO/IEC 27006 as read with clause 7.1.2 of ISO/IEC 17021-1. For ISMS certification, the term “Technical Area” shall be related, among others, to the categories of information security technologies and practices, information and communication technology and business activities related to the selection of adequate and proportionate security controls that protect information assets. For Personnel involved in the certification activities, apart from the requirements specified in clause 7.1.2 of ISO/IEC 17021-1, the ISMS specific requirements as specified in clause 7.1.2 of **ISO/IEC 27006-1 shall also apply and the CB should be able to demonstrate that they cover all the identified technical areas.**

##### **4.3 Witness audit plans for initial/reaccreditation assessments**

The witness audits shall be so chosen as to demonstrate competence to audit the major processes in the technical area and they shall be representative of the technical area/scope sector under consideration. Typically the witness audit should be by a team of minimum 2 auditors for a minimum of 3 man-days. This would be needed to demonstrate the broad auditing processes outlined in ISO/IEC 17021-1 and ISO/IEC 27006-1. Director/CEO NABCB would consider any deviation, based on merit.

##### **4.4 Witness audit plans for surveillance assessments**

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



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

S. No.	No of certified clients issued with NABCB accredited certificate in the past 12 months	No. of witness required on an annual basis	Remarks
1	1-50	1	
2	51-250	2	
3	251-1000	4	
4	1001-above	6	

*Rule 1:*

*In addition, the witness assessments shall however comply with the IAF Mandatory Documents (MDs) and Scheme Owner requirements, as applicable.*

*Rule 2:*

*Minimum 1 WA for each sub-scheme under the main scheme (like PIMS etc) every year.*

*Rule 3:*

*In case CB certifies clients at foreign locations, CB shall declare the client details with NABCB and NABCB may choose the client's audit for witness assessment as a part of normal witnessing programme.*

*Rule 4:*

*CB shall upload certificate data to the IAF CertSearch Database at least once a month as prescribed by IAF MD 28. If any error and/or an omission in the certificate details is identified, the CB shall upload amended, completed, and corrected data within two weeks. However, CB is encouraged to upload the certificate data as soon as possible. Failure to offer the WA as per NABCB witness requirements as mentioned above, will lead to Suspension / Withdrawal of Scopes.*

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

4.4.3 The above would be subject to at least one witness audit per year.



## **Annex 3g (ITSMS)**

### **Accreditation scopes and norms for witness audits – ITSMS Programme {Section 1.12) of BCB 201 (MS)}**

#### **1. OBJECTIVE:**

To provide Guidance on classification of Scope for the purpose of accreditation and planning for witness audits in respect of Information Technology Services Management System (ITSMS) accreditation scheme.

#### **2. SCOPE:**

This Annex is applicable to ITSMS accreditation scheme

#### **3. RESPONSIBILITY:**

Director/CEO of the Board is responsible for ensuring overall compliance.

#### **4. PROCEDURE:**

##### **4.1 Scope Classification**

The Accreditation for ITSMS is provided for scopes in accordance with ISO/IEC 20000-6 standard requirements read with ISO/IEC 17021-1.

##### **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 20000-6 as read with clause 7.1.2 of ISO/IEC 17021-1. For ITSMS audits, the term “technical area” relates to the SMS, including service management processes and the services within the scope of the SMS. For Personnel involved in the certification activities, apart from the requirements specified in clause 7.1.2 of ISO/IEC 17021-1, the ITSMS specific requirements as specified in clause 7.2.1 **of ISO/IEC 20000-6 shall also apply and the CB should be able to demonstrate that they cover all the identified technical areas..**

##### **4.3 Witness audit plans for initial/ reaccreditation assessment**

The witness audits shall be so chosen as to demonstrate competence to audit the major processes in the technical area and they shall be representative of the technical area/scope sector under consideration. Typically the witness audit should be by a team of minimum 2 auditors for a minimum of 3 man-days. This would be needed to demonstrate the broad auditing processes outlined in ISO/IEC 17021-1 and ISO/IEC 27006. Director/CEO NABCB would consider any deviation, based on merit.

##### **4.4 Witness audit plans for surveillance assessments**

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

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



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S. No.	No of certified clients issued with NABCB accredited certificate in the past 12 months	No. of witness required on an annual basis	Remarks
1	1-50	1	
2	51-250	2	
3	251-1000	4	
4	1001-above	6	

### Rule 1:

In addition, the witness assessments shall however comply with the IAF Mandatory Documents (MDs) and Scheme Owner requirements, as applicable.

### Rule 2:

*Minimum 1 WA for each sub-scheme (if any) under the main scheme every year.*

### Rule 3:

In case CB certifies clients at foreign locations, CB shall declare the client details with NABCB and NABCB may choose the client's audit for witness assessment as a part of normal witnessing programme.

### Rule 4:

CB shall upload certificate data to the IAF CertSearch Database at least once a month as prescribed by IAF MD 28. If any error and/or an omission in the certificate details is identified, the CB shall upload amended, completed, and corrected data within two weeks. However, CB is encouraged to upload the certificate data as soon as possible. Failure to offer the WA as per NABCB witness requirements as mentioned above, will lead to Suspension / Withdrawal of Scopes.

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

**4.4.3** The above would be subject to at least one witness audit per year.





## **Annex 3h (EnMS)**

### **Accreditation scopes and norms for witness audits–EnMS Scheme**

#### **{Section 1.12) of BCB 201 (MS)}**

#### **1. OBJECTIVE:**

To provide Guidance in the classification of Scope Sectors for the purpose of accreditation and planning for witness audits in respect of Energy Management System (EnMS) accreditation scheme.

#### **2. SCOPE:**

This Annex is applicable to EnMS accreditation scheme.

#### **3. RESPONSIBILITY:**

Director/CEO of the Board is responsible for ensuring overall compliance.

#### **4. PROCEDURE**

##### **4.1 Scope Classification**

**4.1.1** Although, the current version of ISO 50003 does not specify the scope, however, NABCB has decided to base its scope classification and retain it for the purpose of accreditation, on following 8 Technical Areas, which are based on the concept of Energy Use

- a) Industry – light to medium
- b) Industry – heavy
- c) Building
- d) Building Complexes
- e) Transport
- f) Mining
- g) Agriculture
- h) Energy Supply

The detailed description, examples and typical energy use are as given below:



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Technical area	Description	Examples	Typical energy use
Industry – light to medium	Manufacturing facilities producing consumer intermediates or end user oriented products	<ul style="list-style-type: none"> <li>• clothing,</li> <li>• consumer electronics</li> <li>• home appliances, furniture</li> <li>• Plastics</li> <li>• Fabrication</li> <li>• Specialty Chemicals</li> <li>• Food processing</li> <li>• Water and wastewater treatment</li> </ul>	Typical energy uses: <ul style="list-style-type: none"> <li>• process heating (electricity, natural gas, coal or other source)</li> <li>• machine drive (pumps, fans compressed air, materials handling)</li> <li>• steam systems</li> <li>• small cooling towers</li> <li>• other processes building energy uses (lighting, HVAC, hot water, portable devices)</li> </ul>
Industry – heavy	Manufacturing facilities requiring high capitalization and consuming large quantities of raw materials and energy	<ul style="list-style-type: none"> <li>• chemicals</li> <li>• steel and metals</li> <li>• oil refining</li> <li>• ship-building</li> <li>• pulp and paper mills</li> <li>• industrial machinery</li> <li>• semiconductors</li> <li>• cement and ceramic</li> </ul>	Typical energy uses: <ul style="list-style-type: none"> <li>• process heating (electricity, natural gas, coal or other source, raw materials, intermediates)</li> <li>• process cooling and refrigeration</li> <li>• machine drive (pumps, fans compressed air, materials handling)</li> <li>• turbines, condensers</li> <li>• steam systems</li> <li>• large cooling towers</li> <li>• transportation</li> </ul>
Buildings	Facilities with standard commercial building practices	<ul style="list-style-type: none"> <li>• offices</li> <li>• lodging</li> <li>• retail</li> <li>• warehouse</li> </ul>	Typical energy uses: <ul style="list-style-type: none"> <li>• portable devices</li> <li>• water heating</li> <li>• lighting</li> <li>• heating and cooling systems, related fans</li> <li>• pumping systems</li> </ul>
Building complexes	Facilities with operations requiring specific expertise due to the complexity of energy sources and uses	<ul style="list-style-type: none"> <li>• health care facilities</li> <li>• laboratories</li> <li>• data centres</li> <li>• educational campuses</li> <li>• military and government campuses with integrated energy supply (district heating and cooling)</li> <li>• municipalities</li> </ul>	Typical energy uses: <ul style="list-style-type: none"> <li>• centralized and district heating and cooling systems</li> <li>• portable devices</li> <li>• water heating</li> <li>• lighting</li> <li>• local HVAC</li> <li>• compressed air, materials handling systems</li> <li>• elevator / lifts</li> </ul>
Transport	System or means for transporting people or goods/cargo	<ul style="list-style-type: none"> <li>• passenger services (vehicle, train, ship, airplanes)</li> <li>• municipalities</li> <li>• trucking services</li> <li>• fleets</li> <li>• rail operations</li> <li>• cruise lines</li> <li>• airlines, airfreight</li> <li>• fleets</li> </ul>	Typical energy uses: <ul style="list-style-type: none"> <li>• mobile energy uses</li> <li>• HVAC</li> <li>• lighting</li> <li>• portable devices</li> <li>• materials handling</li> <li>• sources (fuel oil, electricity, coal, etc.)</li> </ul>
Mining	Open cast, underground and fluid extraction of raw materials and transport	<ul style="list-style-type: none"> <li>• mineral separation</li> <li>• hydrometallurgy</li> <li>• smelting and refining</li> <li>• oil and gas drilling operations</li> <li>• gas and oil pipelines</li> </ul>	Typical energy uses: <ul style="list-style-type: none"> <li>• extraction</li> <li>• transportation on (loaders, trucks, and conveyors)</li> <li>• machine drive (water pumping, ventilation, turbines, fans)</li> </ul>



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			<ul style="list-style-type: none"> <li>• materials preparation (crushing, grinding, separation)</li> <li>• steam systems, condenser and cooling towers</li> </ul>
Agriculture	Livestock, seed or crops products	<ul style="list-style-type: none"> <li>• farming</li> <li>• seed production</li> <li>• hauling of materials</li> <li>• animal production</li> </ul>	<p>Typical energy uses:</p> <ul style="list-style-type: none"> <li>• extraction</li> <li>• sources (fuel oils electricity, natural gas, coal, etc.)</li> <li>• renewables (biomass, solar, geothermal, etc.)</li> <li>• transport</li> <li>• motors</li> <li>• drives, (pumps, fans, material handling)</li> <li>• pumps</li> <li>• water treatment</li> <li>• dryers</li> </ul>
Energy supply	Energy generation (nuclear, CHP, electricity, renewable, etc.) and transport (transmission and distribution)	power generation (coal, oil, natural gas, renewable, CHP, IGCC, etc.)	<p>Typical energy uses:</p> <ul style="list-style-type: none"> <li>• raw materials transformation</li> <li>• transmission and distribution turbines</li> <li>• combustion</li> <li>• steam systems</li> <li>• condenser and cooling towers</li> </ul>

4.1.2 NABCB would accredit the CBs in accordance with the eight technical areas/ scope sectors for Energy Management System.

4.1.3 The CB shall use the above sectoral scopes for the purpose of:

- defining the scopes for which it undertakes certification.
- identifying if any technical qualification of its auditors is necessary for that particular scope.

### 4.2 Auditor competence

4.2.1 The Technical area/scope sectors as described in section 4.1.1 of this document shall serve as the starting point for determining the auditor competence criteria. However, it should be recognised that the technical areas in which CB operates and where the competence needs to be demonstrated may require to be more specific than the broad descriptors in this annex, especially for complex organizations.

4.2.2 In view of the reasons stated above or for any others, if the certification body determines it is necessary to subdivide the technical area, additional energy use criteria shall be provided and justified. In case of a complex organization, the certification body shall justify its technical area competence decision.

4.2.3 The certification body shall define additional/alternate technical areas and competence criteria if the organization does not fit in one of the eight technical areas, defined in section 4.1.1 of this document. Details of justification for the same shall be documented.

4.2.4 The Generic competence related requirements as specified in ISO/IEC 17021-1 shall apply. The CB shall have a process to ensure that the auditor has knowledge and skills on EnMS methods and techniques in the areas defined the accreditation criteria BCB 140 (EnMS). It is also required that the CBs describe the applicable regulations / statutory requirements as part of description of knowledge and skills requirement.

### 4.3 Restrictions in Scopes

Generally the accreditation would for the technical areas/scope sectors as described in 4.1. However based on the available competence and / or the recommendation of the assessment team, the accreditation committee may decide to restrict grant of accreditation to a part of the technical area/ scope sectors described. The accreditation schedule would indicate the actual coverage in terms of sectoral scopes/sub-scope sectors.



#### **4.4 Witness audit plans for initial / reaccreditation assessment**

NABCB has classified eight scope sectors/technical areas based on the concept of energy use. These form the basis for witness audit planning.

In the case of initial assessment, the samples for witnessing of audits shall include an audit of the higher complexity class of the Technical Areas (TA) covered under the scope of accreditation. Based on higher complexity TA witnessing lower complexity TAs scopes can be granted. Please refer Annex 1 the classification of TAs based on complexity.

Scope sector/s would need witness assessment subject to the clear demonstration of competence for all the identified sub-scopes within the technical area through a) an initial competence analysis, b) defined auditor competence criteria, c) availability of audit resources. The witness audits offered shall be representative of the technical area/sub-scope sectors/scope sectors under consideration.

#### **4.5 Witness audit plans for surveillance assessments**

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

4.5.2 The normal plan for witnessing based on the number of certificates issued and the number of auditors employed / empanelled by the CB would be as described below subject to a minimum of at least one witness assessment per year.

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SI no.	No of certified clients issued with NABCB accredited certificate in the past 12 months	No. of witness required on an annual basis	Remarks
1	1-50	1	.
2	51-250	2	
3	251-1000	4	
4	1001-above	6	

**Rule 1:**

In addition, the witness assessments shall however comply with the IAF Mandatory Documents (MDs) and Scheme Owner requirements, as applicable.

**Rule 2:**

Minimum 1 WA for each sub-scheme (if any) under the main scheme every year.

**Rule 3:**

In case CB certifies clients at foreign locations, CB shall declare the client details with NABCB and NABCB may choose the client's audit for witness assessment as a part of normal witnessing programme.

**Rule 4:**

CB shall upload certificate data to the IAF CertSearch Database at least once a month as prescribed by IAF MD 28. If any error and/or an omission in the certificate details is identified, the CB shall upload amended, completed, and corrected data within two weeks. However, CB is encouraged to upload the certificate data as soon as possible. Failure to offer the WA as per NABCB witness requirements as mentioned above, will lead to Suspension / Withdrawal of Scopes.

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

**Annex-1 (Risk Level Classification of Technical Ares):**

SI.	Technical Areas	Based on complexity Level	Remarks
1	Industry – light to medium	7	
2	Industry – heavy	8	<b>Most complex</b>
3	Building	5	
4	Building Complexes	6	
5	Transport	3	
6	Mining	2	
7	Agriculture	1	<b>Most simple</b>
8	Energy Supply	4	

**Note: For grading of Technical Areas (TAs):**



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1. As per NABCB policy, based on witness audit in a higher complexity TA scope, all lower complexity TAs can be granted.
2. There are 8 Technical Areas - marked 8 as highest complexity TA and 1 as lowest complexity.



## **Annex 3(i) (RTSMS)**

### **Accreditation scopes and norms for witness audits - RTSMS Scheme {Section 1.12) of BCB 201 (MS)}**

#### **1. OBJECTIVE:**

To provide Guidance on classification of Scopes for the purpose of accreditation and planning for witness audits under the Road Traffic Safety Management System (RTSMS) accreditation scheme.

#### **2. SCOPE:**

This Annex is applicable to RTSMS accreditation scheme

#### **3. RESPONSIBILITY:**

Director/CEO of the Board is responsible for ensuring overall compliance.

#### **4. PROCEDURE:**

##### **4.1 Scope Classification**

The Accreditation for RTSMS is provided for scopes in accordance with ISO/IEC TS 17021-7 standard requirements read with ISO/IEC 17021-1.

##### **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 17021-1, clause 7.1.2 including applicable regulations/statutory requirements pertaining to RTSMS scheme. The CB shall have a process to ensure that all personnel involved in RTSMS certification activities have knowledge and skills as per Annex A of ISO/IEC 17021-1 as read with ISO/IEC/TS 17021-7. It is expected that need for defining Technical areas in accordance to the definition given in ISO 17021-1 shall be determined by the certification body based on the type and range of certification envisaged under its certification program. In case the CB decides to identify technical areas, then they shall form the basis for defining competence criteria and qualification of auditors for the same in accordance with the requirements specified.

##### **4.3 Witness audit plans for initial/reaccreditation assessments**

The witness audits shall be so chosen as to demonstrate competence to audit the major processes in the technical area and they shall be representative of the technical area/scope sector under consideration. Typically the witness audit should be by a team of minimum 2 auditors for a minimum of 3 man-days. This would be needed to demonstrate the broad auditing processes outlined in ISO/IEC 17021-1 and ISO/IEC TS 17021-7. Director/CEO NABCB would consider any deviation, based on merit.

##### **4.4 Witness audit plans for surveillance assessments**

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



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

Sl no.	No of certified clients issued with NABCB accredited certificate in the past 12 months	No. of witness required on an annual basis	Remarks
1	1-50	1	
2	51-250	2	
3	251-1000	4	
4	1001-above	6	

*Rule 1:*

*In addition, the witness assessments shall however comply with the IAF Mandatory Documents (MDs) and Scheme Owner requirements, as applicable.*

*Rule 2:*

*Minimum 1 WA for each sub-scheme (if any) under the main scheme every year.*

*Rule 3:*

*In case CB certifies clients at foreign locations, CB shall declare the client details with NABCB and NABCB may choose the client's audit for witness assessment as a part of normal witnessing programme.*

*Rule 4:*

*CB shall upload certificate data to the IAF CertSearch Database at least once a month as prescribed by IAF MD 28. If any error and/or an omission in the certificate details is identified, the CB shall upload amended, completed, and corrected data within two weeks. However, CB is encouraged to upload the certificate data as soon as possible. Failure to offer the WA as per NABCB witness requirements as mentioned above, will lead to Suspension / Withdrawal of Scopes.*

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

**4.4.3** The above would be subject to at least one witness audit per year.





## **Annex 3(j) (TDRMS)**

### **Accreditation scopes and norms for witness audits – TDRMS Scheme {Section 1.12) of BCB 201 (MS)}**

#### **1. OBJECTIVE:**

To provide Guidance on classification of Scope for the purpose of accreditation and planning for witness audits in respect of Trustworthy Digital Repository Management System (TDRMS) accreditation scheme.

#### **2. SCOPE:**

This Annex is applicable to TDRMS accreditation scheme

#### **3. RESPONSIBILITY:**

Director/CEO of the Board is responsible for ensuring overall compliance.

#### **4. PROCEDURE:**

##### **4.1 Scope Classification**

The Accreditation for TDRMS is provided for scopes in accordance with ISO 16919 standard requirements as read with clause 7.1.2 of ISO/IEC 17021-1.

##### **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 knowledge would include applicable regulations/statutory requirements as per ISO 16919. For Personnel involved in the certification activities, apart from the requirements specified and guidance in clause 7.1.2 of ISO/IEC 17021-1, the TDRMS specific requirements as specified in ISO 16919 **shall also apply and the CB should be able to demonstrate that they cover all the identified technical areas.**

##### **4.3 Witness audit plans for initial/ reaccreditation assessment**

The witness audits shall be so chosen as to demonstrate competence to audit the major processes in the technical area and they shall be representative of the technical area/scope sector under consideration. Typically the witness audit should be by a team of minimum 2 auditors for a minimum of 3 man-days. This would be needed to demonstrate the broad auditing processes outlined in ISO/IEC 17021-1 and ISO 16919. Director/CEO NABCB would consider any deviation, based on merit.

##### **4.4 Witness audit plans for surveillance assessments**

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

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



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S. No.	No of certified clients issued with NABCB accredited certificate in the past 12 months	No. of witness required on an annual basis	Remarks
1	1-50	1	
2	51-250	2	
3	251-1000	4	
4	1001-above	6	

**Rule 1:**

*In addition, the witness assessments shall however comply with the IAF Mandatory Documents (MDs) and Scheme Owner requirements, as applicable.*

**Rule 2:**

*Minimum 1 WA for each sub-scheme (if any) under the main scheme every year.*

**Rule 3:**

*In case CB certifies clients at foreign locations, CB shall declare the client details with NABCB and NABCB may choose the client's audit for witness assessment as a part of normal witnessing programme.*

**Rule 4:**

*CB shall upload certificate data to the IAF CertSearch Database at least once a month as prescribed by IAF MD 28. If any error and/or an omission in the certificate details is identified, the CB shall upload amended, completed, and corrected data within two weeks. However, CB is encouraged to upload the certificate data as soon as possible. Failure to offer the WA as per NABCB witness requirements as mentioned above, will lead to Suspension / Withdrawal of Scopes.*

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

**4.4.3** The above would be subject to at least one witness audit per year.



## Annex 3k (BCMS)

### Accreditation scopes and norms for witness audits – BCMS Scheme {Section 1.12} of BCB 201 (MS)}

#### 1. OBJECTIVE:

To provide Guidance on classification of Scope for the purpose of accreditation and planning for witness audits in respect of Business Continuity Management System (BCMS) accreditation scheme.

#### 2. SCOPE:

This Annex is applicable to BCMS accreditation scheme

#### 3. RESPONSIBILITY:

Director/CEO of the Board is responsible for ensuring overall compliance.

#### 4. PROCEDURE:

##### 4.1 Scope Classification

The Accreditation for BCMS is provided for scopes in accordance with ISO/IEC TS 17021-6 standard requirements as read with clause 7.1.2 of ISO 17021-1.

##### 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 knowledge would include applicable regulations/statutory requirements as per ISO/IEC TS 17021-6. For Personnel involved in the certification activities, apart from the requirements specified and guidance in clause 7.1.2 of ISO/IEC 17021-1, the BCMS specific requirements as specified in clause 7.1.2 of **ISO/IEC TS 17021-6 shall also apply and the CB should be able to demonstrate that they cover all the identified technical areas.**

##### 4.3 Witness audit plans for initial/ reaccreditation assessment

The witness audits shall be so chosen as to demonstrate competence to audit the major processes in the technical area and they shall be representative of the technical area/scope sector under consideration. Typically the witness audit should be by a team of minimum 2 auditors for a minimum of 3 man-days. This would be needed to demonstrate the broad auditing processes outlined in ISO/IEC 17021-1 and ISO/IEC TS 17021-6. Director/CEO NABCB would consider any deviation, based on merit.

##### 4.4 Witness audit plans for surveillance assessments

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

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

S. No.	No of certified clients issued with NABCB accredited certificate in the past 12 months	No. of witness required on an annual basis	Remarks
1	1-50	1	
2	51-250	2	
3	251-1000	4	
4	1001-above	6	

*Rule 1:*

*In addition, the witness assessments shall however comply with the IAF Mandatory Documents (MDs) and Scheme Owner requirements, as applicable.*

*Rule 2:*

*Minimum 1 WA for each sub-scheme (if any) under the main scheme every year.*

*Rule 3:*

*In case CB certifies clients at foreign locations, CB shall declare the client details with NABCB and NABCB may choose the client's audit for witness assessment as a part of normal witnessing programme.*

*Rule 4:*

*CB shall upload certificate data to the IAF CertSearch Database at least once a month as prescribed by IAF MD 28. If any error and/or an omission in the certificate details is identified, the CB shall upload amended, completed, and corrected data within two weeks. However, CB is encouraged to upload the certificate data as soon as possible. Failure to offer the WA as per NABCB witness requirements as mentioned above, will lead to Suspension / Withdrawal of Scopes.*

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

4.4.3 The above would be subject to at least one witness audit per year



## Annex 3I (ABMS)

### Accreditation scopes and norms for witness audits – ABMS Scheme {Section 1.12} of BCB 201 (MS)}

#### 1. OBJECTIVE:

To provide Guidance on classification of Scope for the purpose of accreditation and planning for witness audits in respect of Anti-bribery Management System (ABMS) accreditation scheme.

#### 2. SCOPE:

This Annex is applicable to ABMS accreditation scheme

#### 3. RESPONSIBILITY:

Director/CEO of the Board is responsible for ensuring overall compliance.

#### 4. PROCEDURE:

##### 4.1 Scope Classification

The Accreditation for ABMS is provided for scopes in accordance with ISO/IEC TS 17021-9 standard requirements as read with clause 7.1.2 of ISO 17021-1.

##### 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 knowledge would include applicable regulations/statutory requirements as per ISO/IEC TS 17021-9. For Personnel involved in the certification activities, apart from the requirements specified and guidance in clause 7.1.2 of ISO/IEC 17021-1, the ABMS specific requirements as specified in clause 7.1.2 of ISO/IEC TS 17021-9 shall also apply and the CB should be able to demonstrate that they cover all the identified technical areas.

##### 4.3 Witness audit plans for initial/ reaccreditation assessment

The witness audits shall be so chosen as to demonstrate competence to audit the major processes in the technical area and they shall be representative of the technical area/scope sector under consideration. Typically the witness audit should be by a team of minimum 2 auditors for a minimum of 3 man-days. This would be needed to demonstrate the broad auditing processes outlined in ISO/IEC 17021-1 and ISO/IEC TS 17021-9. Director/CEO NABCB would consider any deviation, based on merit.

##### 4.4 Witness audit plans for surveillance assessments

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

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

S. No.	No of certified clients issued with NABCB accredited certificate in the past 12 months	No. of witness required on an annualbasis	Remarks
1	1-50	1	
2	51-250	2	
3	251-1000	4	
4	1001-above	6	

*Rule 1:*

*In addition, the witness assessments shall however comply with the IAF Mandatory Documents (MDs) and Scheme Owner requirements, as applicable.*

*Rule 2:*

*Minimum 1 WA for each sub-scheme (if any) under the main scheme every year.*

*Rule 3:*

*In case CB certifies clients at foreign locations, CB shall declare the client details with NABCB and NABCB may choose the client's audit for witness assessment as a part of normal witnessing programme.*

*Rule 4:*

*CB shall upload certificate data to the IAF CertSearch Database at least once a month as prescribed by IAF MD 28. If any error and/or an omission in the certificate details is identified, the CB shall upload amended, completed, and corrected data within two weeks. However, CB is encouraged to upload the certificate data as soon as possible. Failure to offer the WA as per NABCB witness requirements as mentioned above, will lead to Suspension / Withdrawal of Scopes.*

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

4.4.3 The above would be subject to at least one witness audit per year



## Annex 3m (AMS)

### Accreditation scopes and norms for witness audits – AMS Scheme {Section 1.12) of BCB 201 (MS)}

#### 1. OBJECTIVE:

To provide Guidance on classification of Scope for the purpose of accreditation and planning for witness audits in respect of Asset Management System (AMS) accreditation scheme.

#### 2. SCOPE:

This Annex is applicable to AMS accreditation scheme

#### 3. RESPONSIBILITY:

Director/CEO of the Board is responsible for ensuring overall compliance.

#### 4. PROCEDURE:

##### 4.1 Scope Classification

The Accreditation for ABMS is provided for scopes in accordance with ISO/IEC TS 17021-5 standard requirements as read with clause 7.1.2 of ISO 17021-1.

##### 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 knowledge would include applicable regulations/statutory requirements as per ISO/IEC TS 17021-5. For Personnel involved in the certification activities, apart from the requirements specified and guidance in clause 7.1.2 of ISO/IEC 17021-1, the AMS specific requirements as specified in clause 5 of **ISO/IEC TS 17021-5 shall also apply and the CB should be able to demonstrate that they cover all the identified technical areas.**

##### 4.3 Witness audit plans for initial/ reaccreditation assessment

The witness audits shall be so chosen as to demonstrate competence to audit the major processes in the technical area and they shall be representative of the technical area/scope sector under consideration. Typically the witness audit should be by a team of minimum 2 auditors for a minimum of 3 man-days. This would be needed to demonstrate the broad auditing processes outlined in ISO/IEC 17021-1 and ISO/IEC TS 17021-5. Director/CEO NABCB would consider any deviation, based on merit.

##### 4.4 Witness audit plans for surveillance assessments

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



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

S. No.	No of certified clients issued with NABCB accredited certificate in the past 12 months	No. of witness required on an annual basis	Remarks
1	1-50	1	
2	51-250	2	
3	251-1000	4	
4	1001-above	6	

*Rule 1:*

*In addition, the witness assessments shall however comply with the IAF Mandatory Documents (MDs) and Scheme Owner requirements, as applicable.*

*Rule 2:*

*Minimum 1 WA for each sub-scheme (if any) under the main scheme every year.*

*Rule 3:*

*In case CB certifies clients at foreign locations, CB shall declare the client details with NABCB and NABCB may choose the client's audit for witness assessment as a part of normal witnessing programme.*

*Rule 4:*

*CB shall upload certificate data to the IAF CertSearch Database at least once a month as prescribed by IAF MD 28. If any error and/or an omission in the certificate details is identified, the CB shall upload amended, completed, and corrected data within two weeks. However, CB is encouraged to upload the certificate data as soon as possible. Failure to offer the WA as per NABCB witness requirements as mentioned above, will lead to Suspension / Withdrawal of Scopes.*

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

4.4.3 The above would be subject to at least one witness audit per year





## Annex 3n (FMS)

### Accreditation scopes and norms for witness audits – FMS Scheme {Section 1.12) of BCB 201 (MS)}

#### 1. OBJECTIVE:

To provide Guidance on classification of Scope for the purpose of accreditation and planning for witness audits in respect of Facility Management Systems (FMS) accreditation scheme.

#### 2. SCOPE:

This Annex is applicable to FMS accreditation scheme

#### 3. RESPONSIBILITY:

CEO of the Board is responsible for ensuring overall compliance.

#### 4. PROCEDURE:

##### 4.1 Scope Classification

4.1.1 The Accreditation for FMS is provided for the following scopes in accordance with ISO/IEC TS 17021-11 standard requirements as read with clause 7.1.2 of ISO 17021-1. NABCB has decided to base its scope classification for the purpose of accreditation in following six Technical Areas as described in ISO/TR 41013-*Facility Management- Scope, key concepts and benefits*:

**Technical Area-A:** *Real estate, Sites Management* (e.g. factories, offices, laboratories, classrooms, hospitals, shops, warehouses, data centres, airports, military installations, hotels, museums, playgrounds, prisons, internal roads, parking, lawns, parks);

**Technical Area B:** *Infrastructure Management* (e.g. Highways, roads, bridges, dams, canals, levees/ Tolls, railroads, and transit systems);

**Technical Area C:** *Equipment and Systems Management* (e.g. structural components, furniture and workplace equipment, information and communication technology, lighting, sanitary, HVAC, elevators, safety and surveillance, building automation and information management, computer-aided FM, transport vehicle fleet including of supply of vehicles, primary business specific systems);

**Technical Area D:** *Utilities Management* (e.g. electricity, gas, oil, district heating, solar energy, geothermal energy, pressurized air, technical gases, water treatment);

**Technical Area E:** *Service Management* (e.g. Safety, security, catering, access control, fleet management, reception and visitor services, printing services, greens service, winter service, event management, Cleaning, Conference Services, retail services, facilities helpdesk etc.



**Technical Area F:** *Other Facility Management Services* not classified above.

4.1.2 NABCB would accredit the CBs in accordance with the above six technical areas for certification of Facility Management Systems.

4.1.3 The CB shall use the above technical areas for the purpose of:-

- a) defining the scopes for which it undertakes certification.
- b) identifying if, any technical qualification of its auditors is necessary for that particular technical area.

## **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 and ISO/IEC TS 17021-11. It is also the requirement of NABCB that the knowledge would include applicable regulatory /statutory requirements. For Personnel involved in the certification activities, apart from the requirements specified and guidance in clause 7.1.2 of ISO/IEC 17021-1, the FMS specific requirements as specified in clause 5, 6 and 7 of **ISO/IEC TS 17021-11 shall also apply and the CB should be able to demonstrate that they cover all the identified technical areas.**

## **4.3 Restrictions in Scope**

Generally, the accreditation is granted for the technical areas as described in 4.1.1. However, based on the available competence and /or the recommendation of the assessment team, the accreditation committee may decide to restrict grant of accreditation to a part of the scope described. The accreditation schedule would indicate the actual coverage in terms of technical areas.

## **4.4 Witness audit plans for initial/ reaccreditation assessment**

NABCB has classified the six technical areas based on the type of Facility Management Services as defined in 4.1.1. These form the basis for witness audit planning.

For initial accreditation, NABCB will witness both stage 1 and stage 2 audits, for at least one of the certification body's clients. Prior to witnessing the stage 2 of the same audit, the applicant certification body shall submit the completed report and / or conclusions from the stage 1 audit to NABCB assessment team. If the certification body does not have any new clients, it is possible to witness one renewal or two surveillances which cover the key processes.

In case of initial assessment, the samples for witnessing of audits shall include an audit from any of the above technical areas as applied by the certification body covered under the scope of accreditation and NABCB reserves the right to select the technical area applied for witnessing.



Scope would need witness assessment subject to the clear demonstration of competence for all the identified technical areas through a) an initial competence analysis, b) defined auditor competence criteria, c) availability of audit resources.

The witness audits shall be so chosen as to demonstrate competence to audit the major processes in the technical areas and they shall be representative of the technical area under consideration. Typically the witness audit offered by the CB should be for a team of minimum 2 auditors for a minimum of 3 man-days. This would be needed to demonstrate the broad auditing processes outlined in ISO/IEC 17021-1 and ISO/IEC TS 17021-11. CEO, NABCB or nominated competent authority would consider any deviation, based on merit.

#### **4.5 Witness audit plans for surveillance assessments, scope grant and scope extension**

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

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

<b>S. No.</b>	<b>No of certified clients issued with NABCB accredited certificate in the past 12 months</b>	<b>No. of witness required on an annual basis</b>	<b>Remarks</b>
1	1-50	1	
2	51-250	2	
3	251-1000	4	
4	1001-above	6	

*Rule 1:*

*In addition, the witness assessments shall however comply with the IAF Mandatory Documents (MDs) and Scheme Owner requirements, as applicable.*

*Rule 2:*

*Minimum 1 WA for each sub-scheme (if any) under the main scheme every year.*

*Rule 3:*

*In case CB certifies clients at foreign locations, CB shall declare the client details with NABCB and NABCB may choose the client's audit for witness assessment as a part of normal witnessing programme.*

*Rule 4:*

*CB shall upload certificate data to the IAF CertSearch Database at least once a month as prescribed by IAF MD 28. If any error and/or an omission in the certificate details is identified, the CB shall upload*

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*amended, completed, and corrected data within two weeks. However, CB is encouraged to upload the certificate data as soon as possible. Failure to offer the WA as per NABCB witness requirements as mentioned above, will lead to Suspension / Withdrawal of Scopes.*

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

4.5.3 The above would be subject to at least one witness audit per accreditation cycle.

4.5.4 The CB can apply for accreditation for FMS scheme by clearly stating the technical areas; it seeks in its application as mentioned in 4.1.1. The CB shall provide witnessing of stage-2 or recertification audit in the technical area applied for. NABCB reserves the right to accept or reject the witnessing offered toward the accreditation scope applied for. NABCB can demand alternate or more clients for witnessing in order to cover the accreditation scope applied by CB till it has provided confidence in the CB's competence for applied accreditation scope. NABCB's decision on acceptance of witnessing offered by CB for a particular accreditation scope shall be final.

4.5.5 The CB can apply for scope extension for the technical areas as mentioned in 4.1.1 by providing witnessing of stage-2 or recertification audit in the sector scope applied for.

### Annex 3o

#### Accreditation Scopes and Norms for Witness Assessments – AIMS Scheme

##### {Section 1.12 of BCB 201 (MS)}

#### 1. OBJECTIVE:

To provide Guidance on classification of Scopes for the purpose of accreditation and planning for witness assessments in respect of Artificial Intelligence Management System (AIMS) accreditation scheme.

#### 2. SCOPE:

This Annex is applicable to AIMS accreditation scheme.

#### 3. RESPONSIBILITY:

Director/CEO of the Board is responsible for ensuring overall compliance.

#### 4. PROCEDURE:

##### 4.1 Scope Classification

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

The Accreditation for AIMS is provided in accordance with ISO/IEC 42006\* standard requirements as read with ISO/IEC 17021-1.

##### 4.2 Competence of CB personnel

NABCB requires the CB to define the competence criteria of its personnel in terms of knowledge of the technical, legal and regulatory requirement and related developments relevant to the AIMS of the client audited and in accordance with the requirements specified in clause 7.1 (Competence of personnel) of ISO/IEC 42006\* as read with clause 7.1 of ISO/IEC 17021-1. For AIMS certification, the CB personnel shall have the knowledge and experience about the risk associated with AI system, risk assessment, risk treatment, and necessary Controls and its implementation as listed in Annex - A & B of ISO/IEC 42001. The CB personnel conducting the AIMS audit shall have necessary competency to cover the defined scope against all the applicable statements to fulfil the certification requirements. For Personnel involved in the certification activities, apart from the requirements specified in clause 7.1 of ISO/IEC 17021-1, the AIMS specific requirements as specified in clause 7.1 of **ISO/IEC 42006\* shall also apply and the CB should be able to demonstrate that they cover all the requirements of ISO/IEC 42006\* as stated above.**



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### 4.3 Witness audit plans for initial/reaccreditation assessments

The witness audits shall be so chosen as to demonstrate competence to audit the major processes in the technical area and they shall be representative of the technical area/scope sector under consideration. Both Stage 1 and Stage 2 clients' audits shall be witnessed in case of initial accreditation. This would be needed to demonstrate the broad auditing processes outlined in ISO/IEC 17021-1 and ISO/IEC 42006\*. Director/CEO NABCB would consider any deviation, based on merit.

### 4.4 Witness audit plans for surveillance assessments

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

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

S. No.	No. of certified clients issued with NABCB accredited certificate in the past 12 months	No. of witness required on an annual basis	Remarks
1	1-50	1	
2	51-250	2	
3	251-1000	4	
4	1001 & above	6	

*Rule 1:*

*In addition, the witness assessments shall however comply with the IAF Mandatory Documents (MDs) and Scheme Owner requirements, as applicable.*

*Rule 2:*

*Minimum 1 WA for each sub-scheme (if any) under the main scheme every year.*

*Rule 3:*

*In case CB certifies clients at foreign locations, CB shall declare the client details with NABCB and NABCB may choose the client's audit for witness assessment as a part of normal witnessing programme.*

*Rule 4:*

*CB shall upload certificate data to the IAF CertSearch Database at least once a month as prescribed by IAF MD 28. If any error and/or an omission in the certificate details is identified, the CB shall upload amended, completed, and corrected data within two weeks. However, CB is encouraged to upload the certificate data*

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*as soon as possible. Failure to offer the WA as per NABCB witness requirements as mentioned above, will lead to Suspension / Withdrawal of Scopes.*

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

**Note:** \*The ISO/IEC DIS 42006 will be applicable till the publication of final version of ISO/IEC 42006.



#### **Annex 4 (Clause 7.3.3)**

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

##### **Background:**

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

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

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

Therefore, NABCB would consider reports of other ABs who are signatory to IAF / APAC MLA / MRA for ISO/IEC 17021.

##### **Framework for use of reports from other ABs for initial assessments**

1. NABCB would carry out its own office assessment. Use of reports from other ABs would be restricted to witness assessment reports only, for the present.
2. NABCB would carry out at least one witness assessment to confirm the CB's process for evaluating before using reports from other ABs. If however, NABCB has witnessed an evaluation for another AB, such a report would be acceptable in lieu.
3. NABCB would witness assessments in Schemes identified as critical as a part of initial assessment
4. When the applicant CB is already accredited by an APAC or IAF MRA / MLA signatory AB then NABCB may accept a witness report. In case of a new CB, where accreditation is granted after 2 WAs, NABCB may accept a foreign AB's witness report not older than 3 years in lieu of one WA
5. If a CB already holds NABCB accreditation for a CB scheme, it can be granted additional scopes in that Scheme based on foreign AB's accreditation without WAs. Further if a CB is already accredited by NABCB and has applied for scope extension for another scheme it may be granted additional scopes in that Scheme based on a foreign AB's accreditation without WAs, NABCB may take the above decision based on review of scheme as per NABCB policy.
6. Reports of witness assessments should be reasonably current – not older than 3 years on the date of NABCB assessment and audit/evaluation witnessed should meet the general NABCB criteria – a) should be either an initial audit/evaluation / renewal audit/evaluation covering all the requirements of the Scheme; b) at least all key processes of the scheme are audited/evaluated

NABCB would follow the IAF Guidance on exchange of documents among IAF MLA signatories. The reports would be sought from the AB directly based on the information provided by the CB. It shall be the responsibility of the CB to ensure that the AB concerned releases the reports or CB can submit the reports directly and NABCB will ensure get the report authenticated by the foreign AB.

7. The CB shall also confirm that there had been no issues raised by the other accreditation body on examiner competency requirements during their previous assessment.
8. NABCB / Accreditation Committee may decide not to use such reports citing clear reasons





### **Framework for use of reports from other ABs for surveillance assessments**

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



**Annex 5 (Clause 4.2.2.15)  
 Timelines for accreditation process  
 (Section 4.2.2.15 of BCB 201)**

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

Sl.	Accreditation Process	Time Norms	
1	Application review by Dealing Officer (from the date of receipt of application)	1 week	
2	Recording of Application (from date of receipt of complete application)	1 week	
3	Letter of Acknowledgement sent to CAB along with Team allocation (from the date of receipt of complete application)	1 week	
4	DR to be completed by AT and sent to CAB & NABCB Secretariat by Team Leader (from the date of receipt of complete application)	4 weeks	
5	CAB to respond to comments on DRR (from the date of receipt of DRR)	2 weeks	
6	Preliminary Visit to be fixed if DR issues are not resolved within 2 rounds (from date of receipt of Round 2 response on DRR from CAB)	4 weeks	
7	Report of Preliminary Visit (from the date of the visit)	2 weeks	
8	OA to be carried out (from the date DR is deemed satisfactory)	4 weeks	
9	OA Report to be submitted by AT to CAB as well as NABCB (after completion of assessment)	3 weeks	
10	Dates of WA to be fixed by CABs (after completion of OA ,if there are no NCs on Competence)	2 weeks	
11	CAB to respond to Findings of OA		
	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	



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		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
12	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	
13	WAs to be carried out (from the date of notification by CAB)		Implementation of Corrective Action
14	CAB to submit the required documents for WAs (before the date of assessment)		Min 1 week before the WA
15	CAB to provide report of witnessed audit/inspection to AT (after completion of assessment)		Max 1 week after the WA
16	WA Report to be submitted by AT to CAB as well as NABCB (after receipt of witnessed audit/inspection report from CAB)		3 weeks
17	CAB to respond to Findings of WA		As given at Sl. No. 11 above
18	NABCB Response on Findings		As given at Sl. No. 12 above
19	Consolidated IA Report (in case of Initial Accreditation)		1 week after closure of all issues in OA/WAs by CAB
20	Technical Review of IA Report (after receipt of IA report from TL)		1 week
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



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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:**

Sl	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)		
	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 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
9.	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
10.	Technical Review of OA Report (from the date of closure of findings)		5 days
11.	WA to be carried out (from the date of completion of OA)		Desirable 2 weeks from the day CAB offers WA; max 4 weeks
12.	CAB to submit the required documents for WAs		1 week before the date of assessment
13.	CAB to provide audit/inspection report to AT (after completion of WA)		1 week
14.	WA Report to be submitted by AT to CAB (after receipt of audit/inspection report from CAB)		2 weeks
15.	CAB to respond to Findings of WA		As given at Sl. No. 8
16.	NABCB Response on Findings		As given at Sl. No. 9
17.	WA Report review to be completed (from the day of closure of findings)		3 days
18.	Announcement of decision of grant (from the day of approval of minutes of the AC meeting)		1 day
19.	Accreditation certificate to be issued by NABCB (from the day of approval of minutes of the AC meeting)		3 days



**Annexure 6 (Clause 17)**  
**(Obligations of the applicant / accredited 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
  - a) 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 .
  - b) The CB shall claim accreditation only with respect to the scope for which it has been granted accreditation.
  - c) The CB shall commit to follow NABCB's policy for the use of the accreditation symbol
  - d) The CB shall not use its accreditation in such a manner as to bring NABCB into disrepute.
  - e) The CB shall pay fees as determined by NABCB timely.
  - f) 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.
  - g) 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



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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.



### Amendment Record

<u>Date</u>	<u>Auth. by</u>	<u>Description of Amendment</u>
Oct 2019	CEO	BCMS Scheme included
Mar 2020	CEO	Minor modifications under clauses: 1.4 (g) & 1.19 added; 4.2.1.1 (c); Annex 2 - man day on subsequent scheme added, report preparation in case of RA, added reference of BCB 301 and 305; changes in Annex 3(a,c,d)
Sept 2020	CEO	IAF MD references and ABMS scheme related Annex 3l included
Mar 2021	CEO	AMS Scheme related Annex 3m included and 3b revised as per revised IAF MD8:2020
Oct 2021	CEO	Ref of IAF MD 10 deleted from cl.4.1.1.1
Oct 2022	CEO	FMS Scheme related Annex 3n included
Nov 2023	CEO	Removal of 4.2.1.1 requirement of additional WA in initial accreditation Addition of 3.3.4-informing suspension to Scheme owner
Dec 2023	CEO	-Removal of clause 1.16- applicant CB's status on Website -Addition of IAF MD 7:2023 requirements under clause 3.3 & 3.4 - Clarity in retention period for scope extension application
Oct 2024	CEO	-Inclusion of maximum time for closure of pending application - AIMS Scheme related Annex 3o added -Inclusion of effective date of accreditation decision under Cl. 6.3 - Changes in Witness requirement as per NABCB Board decision in Cl. 1.15, 4.2.1.c, Annex-2, 3 of BCB 201(MS) - Inclusion of Annex-0