Management System Certification
and Audit Process
## Table of Contents

1. **Purpose** .................................................................................................................................................. 3
2. **Scope** .................................................................................................................................................. 3
3. **References** ............................................................................................................................................ 3
4. **Definitions** ............................................................................................................................................. 3
5. **Procedure** ............................................................................................................................................ 4
   5.1 Acceptance of the Offer & Conducting Review ................................................................................... 4
   5.2 Planning of the certification audits for management systems .......................................................... 5
   5.3 Conducting Stage 1 Audit .................................................................................................................. 6
   5.4 Variation to Audit Programme .......................................................................................................... 8
   5.5 Stage 2 Audits ..................................................................................................................................... 8
   5.6 Conducting Stage 2 Audit ................................................................................................................... 9
   5.7 Audit Findings .................................................................................................................................... 10
   5.7 Surveillance Audits ............................................................................................................................ 13
   6.4 Re-Certification Audit ....................................................................................................................... 15
   6.5 Special Audits ..................................................................................................................................... 16
   5.8 Close-Out CAR’S ............................................................................................................................... 16
5.8 Re-Certification Audit ............................................................................................................................... 17
6. **Review & Processing of Audit Reports** ............................................................................................... 17
   6.1 Issuing The Certificate ....................................................................................................................... 17
   6.2 Maintenance Of Certification ............................................................................................................ 18
7. **Transfers From Other Certification Body** .......................................................................................... 18
   Applicants Currently Registered By A Certification Body Accredited By An IAF MLA Signatory .......... 18
   Pre-Transfer Review ............................................................................................................................... 19
   Conducting The Transfer Audit .............................................................................................................. 19
   Applicants Currently Registered By a Certification Body Accredited By Other Than An IAF MLA Signatory Or By An Unaccredited Register ................................................................. 20
10. **Quality Records** .................................................................................................................................. 20
    Certification Process ............................................................................................................................... 20
1. PURPOSE

This document outlines the process for conducting on-site audits as defined in documenting requirements drawn up in accordance with the relevant guidance provided in 17021 & ISO 19011 and to ensure that quality Audits are planned to determine the extent to which the Client’s management system meets the applicable Management system requirements.

2. SCOPE

The procedure is for planning of all audits for the Certification Body’s audits and it is structured to fully meet the requirements of the referenced documents listed under paragraph 3.0 below, and to enable free client access, impartiality, non-discrimination, and participation by all parties concerned in the certification process.

3. REFERENCES

ISO 17021 Clause 9

4. DEFINITIONS

QMS - Quality Management Systems
EMS - Environmental Management System
OHSAS - Occupational Health and Safety Assessment Services
FSMS - Food safety management systems
ISMS - Information Security Management Systems
Lead Auditor - A Registered Lead Auditor who has attended an appropriate quality awareness/auditors course.
Auditor - A Registered Auditor who has attended an appropriate quality awareness/auditors course.
Specialist Auditor - A person who has specific knowledge/expertise of the quality effects disciplines within the scope of the audits and should have knowledge of quality management system standards.
Specialist - A person who has specific knowledge/expertise of the quality effects disciplines within the scope of the audit and some understanding of quality management system standards.
Client - An organisation, or part thereof, to be audited.
Pre-Audit - A visit or off site assessment undertaken to determine whether the Client's quality management system is of an assessable standard and as an aid to audit planning.
Main Audit - As systematic evaluation to determine if the quality management system and the quality performance it achieves conform to planned arrangements, if the system is implemented effectively and is suitable to fulfil the organisation's quality policy and objectives.
Surveillance - A planned surveillance of the Client's quality Audit management system against pre-determined clauses/requirements of the relevant standard, to ensure continued compliance.
Observation - Where the auditor feels that there is a potential non-conformity but cannot provide objective evidence to prove it (for guidance only).
CAR - Corrective Action Request. Written notification to a Client of non-compliance identified during an audit. These will be classified either major or minor.

Minor CAR - An isolated or sporadic lapse in the content or implementation of the quality management system against a clause/requirement of the audit standard.

Major CAR - The absence or lack of implementation of a clause/requirement of the audit standard or total breakdown in complying with such a clause/requirement of the quality management system.

5. PROCEDURE

5.1 ACCEPTANCE OF THE OFFER & CONDUCTING REVIEW

Upon notification of client acceptance of the offer, a review is performed to verify if GR can meet all requirements of the certification process, and that all commercial terms have been agreed to.

This review shall draw the following information but not limited to; This review shall enable GR to establish the audit schedule.

1. Contact details of client organization (address, contact person name etc.)
2. Scope of certification desired and how the organization wishes it to appear on the certificate (NOTE: minimal changes to the scope will be allowed after the contract has been finalized)
3. EA code(s) – EA codes are very important. They are used by Scheduling to ensure a competent auditor is assigned.
4. Description of premises of facility, number of employees, number of work shifts, current projects, yards, their dimensions, outsourced activities
5. Status of existing quality or other management system.
6. Language spoken
7. Number of sites
8. Total employees at each site and
9. Shift details at each site.

For multi-site clients, sampling is applied based on the requirements of the specific management system for which the client is applied and as per the requirements of IAF Mandatory Document for the Certification of Multiple Sites based on Sampling - IAF MD 1. Not all organizations fulfilling the definition of “multi-site organizations” will be eligible for sampling.

As a basic rule, sampling method as per specific management system is applied only when the client organization has identified one central function, where activities and other functional requirements are planned, controlled and managed. Except for the central office, the processes at all sites are identical or partially identical. If the activities of the sites are significantly dissimilar, then GR shall not apply sampling.

Addition of a new site to an existing multi-site requires Stage 1 and Stage 2 audits.

Based on this review, the scheme manager determines the competences needed to include in the audit team and for the certification decision. The audit team is appointed and composed of auditors (and technical experts, as necessary) who, between them, have the competence to perform the certification of the applicant organization.

The applications requesting transfer of certification issued by another certification body, then GR shall apply the requirements given by relevant accreditation body (for example, JAS-ANZ Policy 3/11), IAF MD - 2 and ISO 17021.

Based on the information furnished by the organization, GR will either accept or decline the application. When GR declines an application because of the review of application or the contract, the reasons for declining an application will be made clear to the client.

When GR accepts an application, GR will determine the audit objectives, scope, and criteria and provide a quotation to cover the cost of the certification and subsequent surveillance visits. The required number of audit days is determined using the IAF MD5.
GR Shall follow the requirements of IAF MD 11, to determine audit time for an audit covering more than one management system. A combined audit is an audit of an organization's management system(s) against two or more sets of audit criteria/standards conducted at the same time. An integrated management system results only when an organization uses a single management system to manage multiple aspects of organizational performance, to meet the requirements of more than one management system standard. For integrated management system audits, GR shall request the client to provide the details of integration to determine the level of integration during the application phase.

For certifying specific management systems such as Food Safety, Information security management systems, audit day calculation is performed based on the requirements of relevant management systems and applicable annexes of guidance documents outlining specific requirements for certification bodies shall be addressed in addition the aforesaid requirements.

For addition or reduction of audit man-days, the justification shall be documented as a part of application and contract review. The reasons shall be the following but not limited to:

**Reasons for reduction of Audit Man- Days:**

a) Companies performing basic activities  
b) If clause 8.3 is out of scope  
c) Maturity of Management System  
d) Availability of another system certification  
e) Combined audit of Integrated Management System  
f) Prior knowledge of client about Management System  
g) Availability of Automation for key / entire processes  
h) Significant staff working in “off location” (for example, Drivers)  
i) Similar processes / Repetitive activities (servicing activities)  
j) Repetitive processes within scope (significant staff perform similar simple function)  
k) Identical activities of low complexity performed in all shifts  

**Reasons for addition of Audit Man- Days:**

a) Complex transport to the plant/site  
b) Number of employees speaking different languages in plant/site;  
c) Documentation provided in more than one language; Translator Required  
d) Very large site for the number of personnel  
e) High risk group/ High degree of regulation required by the management system  
f) Complexity of activities (Availability of complex system/ different kind of processes / higher number of unique activities / low complex)  
g) Certification in more than one plant/site  
h) Activities requiring visit for more than one plant/ site or visit of temporary sites  
i) Higher sensitivity of receiving environment  
j) Views of interested parties  
k) Indirect aspects  
l) Additional / unusual environmental aspects or regulated conditions for the sector  
m) Risks of environmental aspects, impacts arising or likely arising  
n) Consequences of incidents, accidents and potential emergency situations  
o) History of environmental problems contributed by the organization  
p) Absence of certified relevant management system (in audit days)  
q) For each additional HACCP study (in audit days, for FSMS and HACCP audits only)

Justification documented as above shall be reviewed by the respective Scheme Manager and shall be approved by the Certification Manager and the final contract is issued.

**5.2 PLANNING OF THE CERTIFICATION AUDITS FOR MANAGEMENT SYSTEMS**

The respective client co-ordinator shall confirm with the client if any of the known differences between the GR and client are resolved and shall ensure that the contract is signed by the client.

The client co-ordinator shall begin the planning of the managements system audits once the signed contract is received from the client by GR and shall confirmation of the following details in the respective client folder.
a) The enquiry documentation (brochure, application) received from the client,
b) The documented results of application and contract review and ensure that the contract review has
selected the resources and nominated a Lead Auditor to undertake the Pre – Audits and Main
audits and the need of experts or interpreter.
c) Signed contract received by GR.
d) Where another auditor takes over the client for surveillance or recertification audits, then the
scheme manager shall ensure that the outgoing auditor briefs the incoming auditor on the client.

As a guide,

a) If there are major non-compliances (corrective action requests) outstanding then the audit time on
site shall be as a re-assessment visit, as detailed in the chart below.
b) Additional audit time may be allocated for surveillance audits or recertification based on the
comments given by the lead auditor during Stage 2 assessment.
c) If the new client has not maintained the previous certification body’s schedule of surveillances, then
the audit time on site shall be as a re-assessment visit.
d) When nonconformities are found during site sampling, corrective action should be applied to all
affected sites including those not physically audited.
e) The level of integration shall be considered while allotting man-days for integrated management
system audits.

If there are no outstanding major non-compliances, then the audit time on site shall be a surveillance visit as
detailed in the contract.

Once the results of application and contract reviews and other client details are confirmed, the audit co-
ordinator shall begin the audit scheduling based on the availability of list of auditors given by the contract
reviewer.

The auditors who are available at the time of scheduling are informed of the audits and the client is
suggested through email for the dates of stage 1 audit.

Once the client agrees for the given date or for the preferred date of the client, the auditor appointment form
is made and sent for approval by the respective Scheme Manager.

The Scheme Manager selects the audit team members based on skills, experience and, special product
expertise as needed for the client scope of registration. The selection is based on the following:

1) Scheme qualification
2) Level of impartiality
3) Specific industry experience
4) Language skill
5) Geography
6) Organization input

The selection and approval of the audit team are recorded on the Auditor Appointment Form.

On appointment of auditors, the co-ordinator shall communicate the lead auditor appointed, the information
about the client and audit details for the lead auditor to prepare the audit plan depending upon the client's
requirements in need of an audit plan for Stage -1.

The Co-ordinator shall communicate the audit plan and the audit team details to get the confirmation from
the client on the client and on the preparedness for the Stage-1 assessment.

The presence and justification of observers (i.e. client’s consultants, witnessing accreditation body
personnel, regulators or other justified persons) will be agreed to by GR and the client prior to the audit.

Once all the necessary confirmation is received by GR, the lead auditor shall prepare the Audit Program
comprising of audit requirements for the entire Three-year cycle.

5.3 CONDUCTING STAGE 1 AUDIT
Stage 1 audits are typically 1-2 days in duration.

Stage-1 audits are conducted mostly on-site or a part of stage-1 audit can be off-site. If off-site, the justification for conducting the assessment off-site shall be recorded by the assigned lead auditor.

Audits of Food Safety and Information security shall always be conducted on-site.

Where audits are conducted on-site, each auditor must be accompanied by a guide unless otherwise agreed by the audit team leader and the client. The audit team must ensure that the guides do not influence or interfere in the audit process or outcome of the audit.

On the day of the audit and at the scheduled starting time, the Lead Auditor shall begin the audit with an Opening Meeting describing the objectives and scope of Stage-1 Audit. The Lead Auditor should record auditee attendance at the opening meeting and closing meeting on the Attendance Sheet.

The following are reviewed during a Stage 1 audit:

a) Client organization has documented information, including the scope, non-applicability of any standard clauses, identification of interested parties and the sequence and interaction between the processes of the management system and identification of valid exclusions of the processes.

b) Client organization has identified measurable objectives/targets (i.e. key performance indicators) for all its identified processes.

c) Evidence that the auditee will have adequate process performance data for all objectives listed in 5.3.3 by the Stage 2 audit.

d) Evidence that the auditee’s processes address all the requirements of the applicable standard.

e) Evaluate that all necessary process controls are established and that all relevant regulatory and legal requirements are met by the client organization.

f) Understanding of the clients site specific operations, shift pattern in the context of the organization and other applicable normative document(s).

g) For integrated management systems, confirm the level of integration of management systems.

h) Evidence that a full system process-based internal audit has been completed and the internal audit process reflects all requirements of the certifying standard and confirmation that internal audit conducted in an impartial manner.

i) Competency requirements for internal auditors have been established.

j) Evidence that a management review (meeting all required inputs and outputs) has been completed after the process-based internal audit and results of internal audit addressed in the review meeting.

k) Evidence of implementation of corrections, corrective actions for the findings of internal audit.

l) Evaluate client's specific conditions, resource requirements and client preparedness for stage-2 audit.

m) Any other verification and confirmation as required.

The results of the Stage -1 audit are to be documented on the Stage 1 Audit Report. At the end of the Stage-1 Audit Report, the Lead Auditor must recommend if the client can proceed to Stage-2.

The Lead Auditor must also record any variation required in the contracted Stage-2 days and any variation to the audit programme is needed and whether the days contracted for the Stage 2 are appropriate or would recommend a different amount of time for the Stage 2.

The Lead Auditor shall send the stage-1 report for the client and shall follow – up with the client for the corrections for the findings raised. The client organization need only submit correction on Stage 1...
concerns/nonconformities. Root cause analysis and corrective actions are not required. These shall be verified during stage -2 audit.

At the closing meeting, the lead auditor shall thank the organization for the support extended by the client organization for the successful completion of the audit, shall present the findings and shall give a brief on the GR confidentiality procedure and inform the client that all the information including the samples collected will be kept confidential unless required by the legal and accredited authorities and unless required by law GR shall inform the client well in advance before disclosing such information.

5.4 VARIATION TO AUDIT PROGRAMME

If there is variation of the contracted audit man–days and to the audit program proposed, Certification Manager shall review the new requirement to change the planned audit resource (time, skill and cost) then agree or disagree the changes. If the GR Certification manager agrees the changes then the co-ordinator shall inform the client of the required changes to programme and send a revised contract for customer’s signature.

The audit team requirements are re allocated and updated by the respective scheme manager.

If the Lead Auditor find that the audit currently being conducted needs to be extended, then the Lead Auditor shall seek the agreement from the client organization’s management representative and the GR Certification manager before completing the extra audit time. The newly estimated charges and man-days shall be communicated to the client by the client co-ordinator.

5.5 STAGE 2 AUDITS

Based on the review results of Stage -1 report and based on the competent auditor list generated during application and contract review, the co-ordinator shall request the auditors who are available are informed of the audits and the client is suggested through email for the dates of stage-2 audit.

Once the client agrees for the given date or for the preferred date of the client, the auditor appointment form is made and sent for approval by the respective Scheme Manager.

On appointment of auditors, the co-ordinator shall communicate the lead auditor appointed, the information about the client and audit details for the lead auditor to prepare the audit plan depending upon the client’s requirements in need of an audit plan for Stage - 2.

Audit plan shall take into consideration the results of the stage 1 audit, if applicable. The Audit Plan for the certification audit is prepared by the Lead Auditor and contains the following:

- (a) Audit objectives and scope
- (b) Reference documents (appropriate industry standard, client’s management system manual)
- (c) Identification of audit team members and the client’s management representative
- (d) Dates and place where the audit is to be conducted
- (e) Expected time and duration for the opening and closing meetings, meetings with the client’s management and for each major audit activity (process based)
- (f) Client’s organizational unit representatives to be audited for each major audit activity
- (g) Language of the audit
- (h) Confidentiality requirements

The Lead Auditor submits the audit plan to the client and shall wait for 03 days for the client's approval, and copies the audit team member(s), if the client has not responded for any change in the plan within the 03 days, the plan shall be considered confirmed by the client. The lead auditor assigns each member of the audit team specific processes to audit. Auditor meetings are held as needed to aid in the audit management, share information, or adjust the audit plan, as necessary.

The Co-ordinator shall communicate the audit plan and the audit team details to get the confirmation from the client on the client and on the preparedness for the Stage-2 assessment.
The presence and justification of observers (i.e. client’s consultants, witnessing accreditation body personnel, regulators or other justified persons) will be agreed to by GR and the client prior to the stage-2 audit.

5.6 CONDUCTING STAGE – 2 AUDIT

Lead Auditor shall begin the Stage-2 audit with an opening meeting describing the objectives and scope of Stage-1 Audit. The Lead Auditor shall record auditee attendance at the opening meeting on the Attendance Sheet.

The items to be addressed must include, but need not be limited to:

- Introduction of team members.
- The purpose of the audit, the standards to be employed and the method of recording Non-conformance.
- The scope of the audit, including details of the activities to be reviewed.
- Limits of confidentiality.
- Noting of attendees.
- Confirmation of the programme, agreed to review stages and closing.
- Explanation of CAR’s.
- Inform Client that the audit team cannot suggest solutions or improvements.
- Identify guides and specialists.
- State that guides must not answer questions directed at individuals unless requested to do so by the Auditor and must remain with Auditor always during the audit.
- Safety requirements required for audit team.

The first part of the on-site audit activity is the conclusion of the Stage-1 audit. The Lead Auditor from the Stage-1 (who is almost always the Lead Auditor on the Stage 2) shall verify corrections taken to address the off-site Stage-1 nonconformities and areas of concern. The Lead Auditor must clearly document the objective evidence reviewed to substantiate that these concerns/nonconformities have been addressed. Only after the verification of stage-1 results, the Lead Auditor shall officially begin the Stage - 2 audit.

A process-based Stage-2 audit then commences in accordance with the audit plan. The Lead Auditor shall ensure that the team member with competence in the auditee's process (i.e. the team member with competence in the EA code of the auditee) is assigned to audit the technical processes of the client organization.

Each auditor must be accompanied by a guide unless otherwise agreed by the audit team leader and the client. The audit team shall ensure that the guides do not influence or interfere in the audit process or outcome of the audit. During the audit, the audit team should periodically assess audit progress and exchange information. The Lead Auditor shall also reassign work as needed between the audit team members and periodically communicate the progress of the audit and any concerns to the client. The Lead Auditor should also ensure that appropriate time is scheduled for audit team meetings, etc.

Every effort shall be made by the audit team to audit the organization’s processes where they occur. Audit evidence gathered through interviews shall be verified by acquiring supporting information from independent sources, such as observations, review of documented information and results of existing measurements.

The names, job titles and working shifts of those interviewed are to be recorded on the audit and documented in the audit report.

10% of the total on-site time contracted shall be dedicated to report preparation by the Lead Auditor. The audit team must record ample notes of conformity and nonconformity raised. If the audit performed is a multi-site audit, the audit working document must indicate which site is being assessed. Audit Notes must be organized in accordance with the processes of the organization and not just with the clauses of the standard being audited. Insufficient or clause-based audit notes are not acceptable and will be rejected by the certification decision maker.

Auditors shall pick their own samples without requesting the client. Sampling by the auditor shall include important elements for conducting a value-added audit for the client organization. Adequate sampling can evaluate effective operation of the client's management system and identify its weaknesses. It is important
for the audit team to keep in mind that the term “sampling” suggests a somewhat random selection of evidence within a specific process and hence, auditors must remember to “actively” select those processes that preliminary review has shown to be associated with customer complaints, returned product, or internal nonconformity.

If the organization cannot make a process or documented information available for review, because of confidentiality or security concerns, then the Lead Auditor must contact the appropriate Scheme Manager. Together, they will make the decision if the management system can be adequately audited in the absence of these items. Any activities that cannot be verified cannot be included in the scope of certification. If these activities represent exclusions that are not permissible, then certification may not be possible.

Unless the Stage -1is conducted entirely on-site, this is also the Lead Auditor’s first opportunity to conduct a site tour of the auditee’s facility and confirm that the auditee’s physical processes match the processes included on the auditee’s sequence and interaction of processes. The results of this on-site Stage-1 activity should be documented as the verification of Stage-1 non-conformities in the stage-2 audit report.

The results of Stage -2 Audit and the status of corrective actions report for the findings received shall be reviewed by the respective scheme manager and shall approve the conduct of stage-2 audit for the respective client.

The stage – 2 audit results reported by the audit team shall include the confirmation of verification of at least the following:

a) Sufficient information and evidence about the conformity to all requirements of the certifying standard(s) including the requirements of the applicable normative documents;
   b) Performance monitoring of the key processes and objective of the organizations and the successful monitoring of the performance of these objectives;
   c) Client organization’s ability in meeting the applicable legal, regulatory and contractual requirements;
   d) Operational controls established and the monitoring results;
   e) Results and actions from Internal audits and Management Review Meetings held;
   f) Management responsibility and ability in establishing and fulfilling the policies and objectives.

Should objective evidence exist to support writing a nonconformity, the following format should be used by the lead auditor in addressing the non-conformity:

a) Non-conformity reference number.
   b) Non-conformity area/ process / responsible person.
   c) Objective evidence observed that supports the statement of nonconformity and
   d) Citation of the requirement(s) not being met.

5.7 AUDIT FINDINGS

GR defines the following categories of nonconformities:

Category -1 - Major Non-conformity:

QMS - A major nonconformity is defined as the absence of, or the failure to implement and maintain, one or more requirements for certification, or requirements of the organization’s management system, which would, on the basis of available objective evidence raise significant uncertainty as to the credibility of the management system and its capability to achieve the policy and objectives of the organization; or a number of minor nonconformities against one or more requirements, which, when combined, can represent a breakdown of the management system; or a minor nonconformity that was previously issued and not addressed effectively.

EMS, OHSAS and FSMS: Non-conformity corresponding to a requirement of the standard not met (totally or partly), with a potential impact on the safety on the environment, personnel and on Food Safety of the products and personnel respectively.

ISMS – Non-conformity corresponding to a requirement of the ISMS standard not met (totally or partly), with a potential for information security failure.
Category - 2 – Minor Non-conformity:

QMS - A single observed lapse in the management system.

EMS, OHSAS and FSMS – Non-conformity corresponding to a requirement of the standard not met (totally or partly), without affecting on the safety on the environment, personnel and on Food Safety of the products and personnel respectively.

ISMS - nonconformity corresponding to a requirement of the ISMS standard not met (totally or partly), without risk of security failure

If the Lead Auditor identifies a major non-conformance during the audit, it will be notified to the client immediately. For multiple day audits, the Lead Auditor must a wrap-up meeting with the audit team and the client to discuss a summary of the findings and observations of that day.

If a member of the audit team identifies a suspected major non-conformance during the audit, it shall be notified to the lead auditor immediately. (Team members are expected to refrain from classifying non-conformities during the audit; classifying non-conformities is the responsibility of the Lead Auditor, who makes final determination of non-conformities and their severity).

Category -1 Non-conformities often require a revisit. Whenever the Lead Auditor feels that a Category -1 Non-conformity has been identified, the lead auditor must contact the scheme manager immediately or certification manager to determine if an on-site revisit is required.

The Lead Auditor will then request the client co-ordinator to schedule a specific date for the revisit, ideally before the Lead Auditor leaves the audit site.

If the available audit evidence indicates that the audit objectives are unattainable and it becomes clear during the course of the audit that the Lead Auditor shall not recommend the client for certification due to severe deficiencies in the management system or due to the presence of an immediate and significant risk (e.g. safety), or if it becomes apparent that a revisit will be necessary to close one or more category – 1 non-conformities, it is important that Lead Auditor communicates that to the client organization and contacts the respective scheme manager immediately or certification manager to determine appropriate action.

Such action may include reconfirmation or modification of the audit plan, changes to the audit objectives or audit scope, or termination of the audit. The following can be possible options:

a) continue the audit with the understanding that a re-visit may be required or

b) discontinue the audit.

The Lead Auditor then presents the options to the client organization and makes a recommendation. It is important that the decision be communicated to respective scheme manager immediately, as often these situations require contractual modifications.

5.8 Preparing the Audit Report

After the audit team has concluded the audit itself, but prior to the closing meeting, the Lead Auditor will assemble the audit team and review the team’s findings as well as other appropriate information collected during the audit against the audit objectives. The Lead Auditor, shall consider the input from the audit team, and complete the Audit Report.

The Lead auditor must review the audit notes of audit team members to ensure that all clauses of the standard were audited, and all process were audited appropriately. The Lead Auditor reviews the Nonconformity Reports (NCRs), makes whatever modifications are necessary and numbers the NCRs (each NCR issued receives a sequential number).

The audit report shall state the ownership of the report that it shall remain the property of Gabriel Registrar (GR) and its distribution is limited to the audit team, decision maker, the client organization and accreditation authorities. If necessary, GR shall submit the report to the legal authorities and unless it is required by law, GR shall inform the client organization well in advance on this. GR shall retain the electronic copy of the report along with other client documents for a maximum period of two certification cycles, the current cycle plus one full certification cycle.

As a minimum, the audit report of GR shall refer the following:
a) Identification of GR including the address and contact numbers of GR head office
b) Details of the client organization including the name, address and contact numbers of client organization
c) Audit team details
d) Type of audit (e.g. Initial / surveillance / re-certification / follow-up audits etc.,) and whether audit is combined / joint / integrated.
e) The audit criteria against which the audit was conducted
f) Audit objectives
g) Scope of the audit including time and details of the processes audited
h) Deviations from the audit plan and their justifications
i) Date and time of Sites and activities covered
j) Exclusions identified within the scope of audit and justifications
k) Significant issues that created impact to the conduct of audit
l) Personnel interviewed
m) Audit findings and their appropriate evidences
n) Significant changes causing impact to the management system audited
o) Unresolved issues identified
p) Disclaimer that audit was conducted with available information and was based on sampling process.
q) A recommendation whether certification can be issued or not
r) Use of ant statements regarding certification, use of logo(s), certification marks and accreditation marks
s) Lead Auditor’s verification on the effectiveness of corrective actions for the previously identified non-conformities
t) Management system’s capability of the client organization to meet the applicable requirements of the standard and its expected outcomes
u) The effectiveness of the internal audit and management review processes
v) Documented conclusion on the appropriateness of the certification scope to the client organization
w) Confirmation that the audit objectives are fulfilled by the client organization.

5.9 Conducting Closing Meeting

Once the audit team meeting is finished, the client organization’s representatives are called in and the results of the audit are presented including the recommendation regarding the certification and shall be agreed with the client organization.

Audit findings shall be reviewed with the auditee with the goal of acknowledging the factual basis of nonconformities prior to the Closing Meeting. The Lead Auditor shall record auditee attendance at the closing meeting on the Attendance Sheet. The following shall be the closing meeting agenda but not limited to:

(a) Circulation of an attendance sheet.
(b) A reiteration of the standard employed.
(c) Advising client that the audit was done on method of sampling and hence there is always uncertainty.
(d) Presentation of the report of the audit prepared at the final review meeting
(e) Presentation and issue of CAR’s including the grading of findings.
(f) GR processes for handling non-conformities and its consequences relating to status of client’s certification.
(g) The timeframe for the client to present the correction, corrective action for the non-conformities issued.
(h) GR actions following the audit completion
(i) An invitation to ask questions.
(j) Issue and explanation of the post audit action sheet.
(k) Inform the Client of the complaints and appeals procedure.
(l) Inform the Client that any breaches of legal or regulatory requirements must be reported to GR immediately.
(m) Inform the client about the confidentiality policy of GR.

On completion of the audit the report and documentation shall be processed in accordance with the Certificate issue and withdrawal procedure GR MSC P16.
The Lead auditor will submit all audit documentation to the respective Scheme Manager no later than two weeks of the audit completion. The respective Scheme Manager, after the review shall send audit documentation for the final approval and for decision making process to the Certification Manager.

Should any findings be noted in the brief audit report, the entire audit documentation except for the final audit report shall be submitted, with the final report sent upon acceptance of the client's implementation of appropriate actions by the lead auditor. It is the responsibility of the Lead Auditor to track client closure of non-conformances within the specified period, and to assure timely submission of audit documentation.

5.7 SURVEILLANCE AUDITS

Surveillance audits of certified clients shall be undertaken every 12 months during the certification period. Surveillance audits shall be conducted at least once a year, except in recertification years. The date of the first surveillance audit following initial certification shall not be more than 12 months from the certification decision making date.

The surveillance audit is scheduled with the client with a tolerance of minus three, plus zero months of the certification date. When it is necessary for GR to adjust the frequency of its surveillance audit activities to accommodate factors such as seasons or management systems certification of a limited duration (e.g. temporary construction site), the arrangements are made such that the surveillance audits are conducted once in a year, before the end of 12 months.

Where GR is taking account of certification already granted to the client and to audits performed by another certification body, GR obtains and shall retain sufficient evidence, such as reports and documentation on corrective actions, to any nonconformity. The documentation shall support the fulfilling of the requirements in this part of ISO/IEC 17021. The certification body shall, based on the information obtained, justify and record any adjustments to the existing audit programme and follow up the implementation of corrective actions concerning previous nonconformities.

Where the client operates shifts, the activities that take place during shift working shall be considered when developing the audit programme and audit plans. The respective Scheme Manager provides the Lead Auditor with Auditor Assignment/Appointment form. The Lead Auditor is responsible to verify with the client information is correct (Scope, site details etc.). If any differences are found, the lead auditor will notify the office, who will notify the Certification Manager. The Certification manager will review the changes for their potential impact on the performance of the audit, including possible modification to the certification. Surveillance activities shall include on-site audits assessing the certified client's management system's fulfillment of specified requirements with respect to the standard to which the certification is granted.

Audit planning is done to assure that GR can maintain confidence that the certified management system continues to fulfill requirements between recertification audits. The audit plan shall consider the previous audit activities, including areas of nonconformance and identified opportunities for improvement.

The audit planning will try to cover as many processes of the client's system as practiced. Where no significant issues exist from previous audits, the second annual surveillances will include the client processes not included in the first annual surveillance cycle.

When there is a change of auditors between audits, the new auditor has access to the prior audit results to help familiarize themselves with the client and its certified management system.

The conduct of the audit will be consistent with the requirements of certification audits, i.e. open meeting, interviews, etc.

GR develops its surveillance activities so that representative areas and functions covered by the scope of the management system are monitored on a regular basis, and consider changes to its certified client and its management system.

“Periodical Audit Plan” which is completed as part of the initial certification audit report by the lead auditor who has completed stage 2 audit for the client organization for follow up of previous nonconformities issued, for the critical areas to be audited and the site review details. The lead auditor will submit all audit documentation to the Certification Manager no later than two weeks of the audit completion. Should any
findings be noted on the Brief audit report, the entire audit documentation package except for the final audit report shall be submitted, with the final report sent upon acceptance of the client’s implementation of appropriate actions by the lead auditor.

It is the responsibility of the Lead Auditor to track client closure of non-conformances within the specified time, and to assure timely submission of audit documentation.

Surveillance activities of GR shall include on-site audits assessing the certified client’s management system’s fulfilment of specified requirements with respect to the standard to which the certification is granted.

Other surveillance activities may include

a) Enquiries from GR to the certified client on aspects of certification,
b) Reviewing any client's statements with respect to its operations (e.g. Promotional material, website),
c) Requests to the client to provide documents and records (on paper or electronic media), and
d) Other means of monitoring the certified client's performance.

Surveillance audits are on-site audits, but are not necessarily full system audits, and shall be planned together with the other surveillance activities so that the certification body can maintain confidence that the certified management system continues to fulfil requirements between recertification audits. The surveillance audit programme shall include:

a) Review of Internal audit results,
b) management review and preventive and corrective action;
c) Review of action taken on nonconformities identified during the last audit;
d) Customer complaints;
e) Changes to the documented system;
f) Review of areas subject to change(s);
g) Other selected areas as appropriate
h) The effectiveness of the management system regarding achieving the organization's objectives and the intended results of the respective management system(s);
i) Continuing operational control
j) The functioning of procedures for notifying management of any breaches;
k) Progress of planned activities aimed at continual improvement of system performance;
l) Follow up of the conclusions resulting from internal audits;
m) Use of logos and / or any other reference to certification;
n) Records of appeals, complaints and disputes brought before GR certification,
o) Where any nonconformity or failure to meet the requirements of certification is revealed, that the organization has investigated its own systems and procedures and taken appropriate corrective action.
p) The scope of registration as listed on the certificate will be covered to ensure no changes have occurred

The Lead auditor assigned for surveillance audits will make use of the Stage 2 audit report and the surveillance audit documentation completed by the Auditor shall include:

- Audit Plan
- Opening and Closing Meeting attendance
- Brief audit report
- Audit Report
- Auditor Notes

The surveillance audit report describing the results of the audit shall be submitted to the GR office no later than two weeks after the audit is completed. Should any findings be noted in the brief audit report, the entire audit documentation package except for the final audit report shall be submitted, with the final report sent upon acceptance of the client’s implementation of appropriate actions by the lead auditor. It is the responsibility of the Lead Auditor to track client closure of non-conformances within the specified period, and to assure timely submission of audit documentation to the GR office.

The client certification shall be maintained based on successful completion of surveillance audits, including audit document submission reviews by GR. Should the results of the audit indicate certification is not
maintained, the process described in Certificate Suspension, Withdrawal or reducing the scope of certification shall apply.

GR has made provision in the certificate issued to clients to identify the completion of surveillance activities. The identification marks are in the form of circles and each certificate will carry 2-3 circles depending upon the surveillance cycle agreed with the client.

Upon successful completion of each surveillance audit the admin officer will request the client for the certificate to place the hologram. The recommendation to continue certification is declared only upon the posting of hologram in the appropriate circle.

6.4 RE-CERTIFICATION AUDIT

A recertification audit is conducted at the end of the initial certification to evaluate the continued fulfillment of all the requirements of the relevant management system standards. Recertification audits typically follow the same process outlined for Stage-2 audits above.

The purpose of the recertification audit is to confirm the continued conformity and effectiveness of the management system and its continued relevance and applicability for the scope of certification.

Consideration is given to the performance of the client’s management system over the period of certification, and includes the review of previous surveillance audit reports. The time and skills of the recertification of IMS audits shall be in accordance with the requirements of ISO 17021-1:2015, ISO 17021-2:2016, ISO 17021-3:2013 and IAF MD 5 and IAF MD 11. For multi-site client, the requirements of IAF MD 1 shall be followed in addition.

GR shall ensure that time for recertification audit shall be based on the updated client information and shall cover 2/3 of the initial certification audit time (Stage – 1 & Stage - 2). The review of system performance, audit planning and reporting shall not be part of audit time for the recertification audits.

The recertification audit normally will not include a stage 1, but may have a stage 1 audit in situations where there have been significant changes to the management system, the client, or the context in which the management system is operating (e.g. changes to legislation).

In the case of multiple sites or certification to multiple management system standards, the planning for the audit shall ensure adequate on-site audit coverage to provide confidence in the certification per planning procedure.

All recertification audits shall include the following:

- The effectiveness of the management system in its entirety in the light of internal and external changes and its continued relevance and applicability to the scope of certification;
- Demonstrated commitment to maintain the effectiveness and improvement of the management system to enhance overall performance;
- Whether the operation of the certified management system contributes to the achievement of the organization’s policy, objectives and intended results of the respective management system(s).

During a recertification audit, if non-conformances are noted, correction and corrective actions need to be implemented and verified prior to the expiration of the current certification.

The decision for renewing certification and the results of recertification audit, as well as the results of the review of the system over the period of certification and complaints received from users of certificates. Delays in conducting Re-certification/Surveillance assessments will be intimated to the client through assessment delay letter. No response from the clients after a period of two weeks from the planned date will be considered as non-compliance to management systems and decision for suspension or withdrawal or reduction in scope will be taken after a technical review such that the validity of the certification will not be extended and client shall be informed and the consequences are explained.

Following expiration of certification, GR can be able to restore certification within 6 months if the outstanding recertification activities are completed, otherwise at least a stage 2 shall be conducted. The effective date on the certificate shall be on or after the recertification decision and the expiry date shall be based on prior certification cycle.
6.5 SPECIAL AUDITS

In the event, special audits are deemed necessary for Extensions to scope or Short-notice audits, the management will handle these situations on a case by case basis. Documentation of these will be maintained in the client’s file.

Receipt of a valid complaint from an interested third party is an example of when a short notice audit may be performed. Documented complaints by a third party relative to the client have certified management system will be reviewed by the Certification Manager. If the complaint is determined to be valid, GR may elect to perform an audit specifically addressing the complaint. Any non-conformances raised during this audit will be subject to the same process as a nonconformance issued in a scheduled audit.

GR “Audit report” provides the client with information of when a short notice may also be required. This includes major changes to the quality system or quality documentation, changes in location, ownership, product scope and key personnel. When received, the impact of the changes is reviewed by the Certification Manager against the certified system, and potential impact is determined. If additional information is required, the client or other interested parties may be contacted.

Monthly, the Certification Controller scrutinises the audit programme and selects clients who are due a surveillance audit and update programme. The certification co-ordinator informs the GR Certification Manager of planned surveillance audits. Surveillance are conducted with a tolerance of -3 months & +0 months from the surveillance due date.

The certification co-ordinator based on the results of the contract review, shall schedule the surveillance audits same as that of scheduling Stage -2 audits.

The certification co-ordinator shall contact the client’s representative and confirm:

- The audit date that matches the possible dates of the audit team.
- The audit programme.
- The team members.
- The need for appropriate guides and a room for the audit team to work from.

The certification co-ordinator then confirms the following with the audit team:

- The audit date.
- The scope of the audit.
- The audit standard.
- The audit programme.

5.8 CLOSE-OUT CAR’S

If CAR's are not returned within the nominated time scale, the Lead auditor appointed for surveillance audit shall contact the client’s representative by email to request a return. If, despite repeated requests, the client fails to return CAR, the matter shall be referred to the GR Certification Manager.

When the completed CAR's is returned by the client, the certification co-ordinator shall ensure the CAR is passed to the lead auditor for appropriate action on completion of the audit the report and documentation shall be processed.

6. REVIEW & PROCESSING OF AUDIT REPORTS

The Lead Auditor shall submit the audit report, audit documentation including the corrections and proposed corrective actions from the client and list of evidences and shall pass to the respective Scheme Manager for review.

The Scheme Manager shall ensure that the audit report is complete and shall pass the audit report and other required documents to the GR Certification Manager for the final review and approval.
Management staff responsible for technical matters such as: Auditor approval, Auditor appointment and Audit file review shall have appropriate levels of knowledge and experience in the areas of responsibility and to meet the requirements of the management system standards. Should they not have the academic skills for the above but can demonstrate adequate experience in the technical areas required for their job description then it can be accepted. Usually certification Manager will perform the task.

The review shall determine that the audit report and documentation technically meets the general good audit practices, evaluates the client’s processes and considers the following:

(a) The recommendations of the Lead Auditor must be based on documented and verifiable facts.
(b) For main and closeout audits a certificate cannot be recommended until all outstanding major CARs have been closed out.
(c) For surveillance audit evidence must demonstrate that continued certification is justified based on continued compliance of the management system with the relevant standard.
(d) Consistency of presentation.

Unsatisfactory reports shall be returned to the Lead Auditor for correction and re-submission.

Satisfactory reports shall be signed by the GR Certification Manager and forwarded to the Administration Officer for filing and issue to the client and the copies of the report and other relevant documents are kept in client’s file located in GR Server. The technical form will reach the admin department once the signatories have signed the respective provisions. The certification will be issued once the technical form is signed by the decision maker. The review form shall be filed by the admin department and continued for the surveillances.

Where appropriate the Administration Officer after confirming the payment against the contract shall implement Issue and Withdrawal of Certification in accordance with GR MSC P16.

6.1 ISSUING THE CERTIFICATE

The certification approval is made by the certification manager of GR, such that GR is responsible for, and shall retain authority for all the decisions made by it relating to certification, including the granting, refusing, maintaining of certification, expanding or reducing the scope of certification, renewing, suspending or restoring following suspension, or withdrawing of certification.

The GR Certification Manager shall ensure that each certification file is ‘Technically Reviewed’ for compliance with GR Certification procedures. When that review shows that the certification and the file documentation is correct, then that ‘Technical Reviewed’ date is the date appended to the certificate as the approval date.

Upon approval by the GR Certification Manager, the Admin Officer issues a certificate with a validity of three years. The certification valid date is 3 - years after the approval date. The Certification Manager or designee signs the certificate. The following steps are completed:

- Notify the client that certification has been granted
- Provide the client with the certificate
- Provide the client with artwork for the GR logo and the accreditation body mark and the rules for their use
- Provide the client with the certification audit report
- Include the client in the GR published list of certified organizations
- Provide the client with the applicable client responsibility documents

For all MS certification, there is an option to issue a single certificate containing the approval and scope of clients’ operations. This single certificate may be accompanied by an Appendix to the certificate, which will contain extra information that can’t be put on the certificate of approval:

- Extra client’s site addresses.
- Scopes that are part of the client’s operation
Non-Accredited certificates shall be reviewed in the same way, but certificates issued without the accreditation logo.

GR shall issue the certificate against the applicable standard to the client only after the closure of all the non-conformances. The Certificate is the property of GR and shall be produced to GR as and when requested. The certification will be valid for a period of three years from the date of approval of certification, subject to the satisfactory maintenance of the Management System as confirmed through agreed surveillance audits.

6.2 MAINTENANCE OF CERTIFICATION

The management system certificate approved by GR is valid for three years; provided the client system is maintained and successful surveillance audits are performed. The certified client shall maintain all certification and the management system requirements throughout the validation period; Recertification audits are performed at the end of the three-year period to renew the validity of the certificate for another three-year period. The certificate issued by GR shall remain the property of GR and shall be produced to GR as and when requested.

GR maintains a client certification based on a positive conclusion by the team leader without further independent review and decision, if:

a) for any major nonconformity or other situation that may lead to suspension or withdrawal of certification, GR will require the audit team leader to report to GR, the need to initiate a review by competent personnel different from those who carried out the audit, to determine whether certification can be maintained;
b) competent personnel of GR monitor its surveillance activities, including monitoring the reporting by its auditors, to confirm that the certification activity is operating effectively.

All surveillance audit reports are subject to independent review by competent GR personnel to assure the process is effective. Any audit findings that may initiate certification suspension or withdrawal or reducing the scope of certification are subject to this review as well. This is indicated to the reviewers by checking the box of audit report “Suspension/withdrawal/ reducing the scope of certificate recommended by the audit team.

GR will reduce the client's scope of certification to exclude the parts not meeting the requirements, when the client has persistently or seriously failed to meet the certification requirements for those parts of the scope of certification. The certificate will be revised to reflect the amended scope.

7. TRANSFERS FROM OTHER CERTIFICATION BODY

All transfers are verified for compliances against JAS – ANZ policy 3/11, IAF MD - 2 and ISO 17021-1:2015 requirements. The GR office using Management System Application Form shall discover the reason for the transfer request:

If the reason is commercial or performance of other certification body, then the application is processed as per the certification flowchart and sent:

- Application (Form application for assessment),
- Scope,
- Scope determined
- Quotation Audit planning

The client shall be asked to advise the reason for the transfer and supply GR with all previous Certification Body audit reports so that the audit can be planned to use those reports to match the client’s requirements on depth and time of the audit.

APPLICANTS CURRENTLY REGISTERED BY A CERTIFICATION BODY ACCREDITED BY AN IAF MLA SIGNATORY

When clients wish to transfer from other certification bodies, GR shall follow JAS-ANZ Policy 03/11, which identifies the clarification and introduces requirements, considered necessary to strengthen and facilitatethe
smooth transfer of accredited management systems certification, whilst maintaining the integrity of the certification process.

The Certification Manager from GR shall carry out a review of the current certification status of the prospective client.

This review will be conducted by means of the application review and, direct contact with the prospective client by telephone if necessary.

**PRE-TRANSFER REVIEW**

The Certification Manager from GR shall carry out a review of the current certification status of the prospective client. This review will be conducted by means of the application review and, direct contact with the prospective client by telephone if necessary.

The transfer review covers the following aspects:

- Verification of compliance with JAS-ANZ Policy 03/11.
- Confirmation that the client’s scope is within GR accreditation scope
- The reasons for seeking a transfer
- A valid accredited certificate, in terms of authenticity, duration, scope of activities covered by the quality management system and scope of accreditation, is held in respect of the site or sites wishing to transfer.
- A review of the last audit report by GR and non-conformances, if any
- Customer complaints
- Expiration date of current certificate

If practical, the validity of the applicant’s current certification and the status of outstanding nonconformities will be verified with the current registrar.

Certificates known to have been suspended or to be under threat of suspension will normally not be accepted for transfer. Outstanding nonconformities should be closed out, if practical, with the current registrar before the transfer. If not, verification of closure will be performed by GR prior to transferring certification. If doubt continues to exist after the pre-transfer review as to the adequacy of a current or previously held certification, GR will, depending upon the extent of doubt, either:

- Treat the applicant as a new client or
- Conduct an assessment concentrating on identifying problem areas.

The decision as to the action required will depend upon the nature and extent of any problems found and will be explained to the applicant.

The applicant will provide proof of its current accredited quality system certification. If the applicant’s quality system scope is within GR accreditation, a quote for the transfer of registration will be sent to the applicant. The duration of the quoted on-site audit will reflect current surveillance or re-certification guidelines for the size and complexity of the applicant relative to its position in the life of its current registration.

**CONDUCTING THE TRANSFER AUDIT**

If the transfer audit is performed after accepting the transfer application based on compliance with JAS – ANZ policy 3/11, IAF MD - 2 and ISO 17021-1:2015 requirements, the appointed lead auditor will obtain evidence as to the current health of the applicant’s management system. This will involve review of past audit reports and non-conformances issued, as well as auditing a representative sample of the client’s certified management system.

Scheme Manager appropriate will review the audit information and shall pass the information to Certification Manager to make a final determination concerning the audit team recommendation. If the application for transfer or assumption of registration is accepted by GR Certification, the Certificate will be issued for the length of time of the original certification period, i.e., the expiry of the certificate shall be based on the first cycle.
APPLICANTS CURRENTLY REGISTERED BY A CERTIFICATION BODY ACCREDITED BY OTHER THAN AN IAF MLA SIGNATORY OR BY AN UNACCREDITED REGISTER

Applicants in this category will be treated as currently uncertified. They will be quoted and processed as new certifications.

10. QUALITY RECORDS

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CERTIFICATION PROCESS

The following flow chart outlines the basic certification process employed by GR.

[Flow chart diagram]