**1.0 Purpose**

The purpose of this procedure is to describe the protocol of registration servicing to SCB clients.

**2.0 Responsibility**

The activities herein outlined are solemnly or shared among:

* Management System Certification Director
* Management System Registration Coordinator (s)
* Auditors (internal, lead, subcontracted or otherwise)

Note: Any of the function performs by the Registration Coordinator may also be performed by a competent administrative staff at the satellite sales office or the Management System Certification Director or any other staff deemed competent to perform such function.

The audit objectives for each audit to be performed are determined by the certification body but at a minimum must include requirements of AS 9101, AS 9104 series standards, ISO/IEC 17021 and applicable IAP Mandatory Documents. The audit scope and criteria, including any changes, are established by the certification body after discussion with the client. The scope for each audit is documented on the corresponding audit report by the Lead Auditor.

For all audits the client is responsible for the following:

* Making all necessary arrangements for the conduct of the audits, including provision for examining documentation and the access to all processes and areas, records and personnel for the purposes of the audit and resolution of any filed complaints.
* Making provision, where applicable, to accommodate the presence of observers (e.g. accreditation assessors or trainee auditor).

**3.0 Forms and Documents**

* FORM 060 Stage 1 Audit Report
* FORM 004 Audit Schedule
* FORM 006 Application for Management Systems Registration
* FORM 007 Application for Transferring Management Systems Certification
* FORM 008 Non-Conformance Report
* FORM 061 Stage 2 Audit Report
* FORM 017 Complaint Form
* FORM 025 Directory of Complaint Log
* FORM 028 Confidentiality Agreement
* FORM 065 Management System Registration Agreement and Quotation
* FORM 066 Management System Registration Agreement and Quotation with Full Disclosure Memo
* FORM 067 Aerospace Audit Pre-Planning Form
* RS-0901 Selection of Technical Expert and Personnel
* RS-0913 Auditor Selection
* RS-1002 Audit Preparation
* RS-1003 Decision on Registration
* RS-1004 Use of Marks by Clients
* RS-1005 Multi-site Audits
* RS-1501 Control of Quality Records
* RS-1701 Complaints
* RS-1801 Appeal Procedure
* RS-0921 Client Management
* RS-9120 Audit Management
* RS-9191 Conducting the Audit
* SCB Certification Management Database (ICMD)

**4.0 Review Process, Registration**

The herein process is expressed in "playscript" format addressing; (a) Who is responsible and (b) What is the activity in a sequential flow. Due to the nature of the activities and competency of the personnel selected to support SCB Registration Services instructions responding to "how" are limited to forms, training and induction and not expressed in specific controlled written instruction. However, training and inductive sessions and forms are controlled documents.

**Application and Quote:**

|  |  |
| --- | --- |
| Applicant | Solicits service, either resultant of sales effort, marketing related activities or internet publication |
| Registration Coordinator | Issues application (Form 006 or Form 007 for transfer application) or complete the application directly online on ICMD, and Form 065/066 Management System Registration Agreement and Quotation/with Full Disclosure Memo. The quotation is based on IAF MD 5 and/or IAF MD 11 and **AS 9104 and AS 9101 for (for aerospace clients)**. Please see procedure RS-0921 (Client Management) for additional details.  At this application stage, SCB will require an authorized representative of the applicant organization to provide the necessary information to enable SCB to establish the following:  The desired scope of the certification and the criteria of the audit used as a reference to determine conformity of the client’s management system, including the requirements of a defined management system document and the processes and documents of the system developed by the client.  The audit scope describes the extent and boundaries of the audit, such as physical locations, organizational units, activities and processes to be audited. Where the initial or re-certification process consists of more than one audit (e.g. covering different locations), the scope of an individual audit may not cover the full certification scope, but the totality of audits shall be consistent with the scope in the certification document.   * The general features of the applicant organization, including its name and the address(es) of its physical location(s), significant aspects of its process and operations, and any relevant legal obligations, * General information, relevant for the field of certification applied for, concerning the applicant organization, such as its activities, human and technical resources, functions and relationship in a larger corporation, if any, * Information concerning all outsourced processes used by the organization that will affect conformity to requirements, * The standards or other requirements for which the applicant organization is seeking certification, * Information concerning the use of consultancy relating to the management system. SCB will document any use of consultancy by the client on the application form initially (which can also be directly entered in the ICMD). On the ongoing basis, SCB will document the use of consultancy on the Audit Scheduling Confirmation (Form 039). * The percentage of aerospace business * Information of shift(s) |
|  | For multi-site organization, procedure RS-1005 (Multi-site Audits) to be followed. |
|  | For transfer registration, IAF MD 2 is to be followed. Transfer documents shall be reviewed by the Management System Certification Director or designate. The documents needed are   * Quality manual/procedures or “documented information” * Current certificate, * Audit reports from the previous registrar for the current audit cycle (including initial or re-certification audit report), * Non-conformity(ies) report(s) from the current audit cycle, * The corrective action plan(s), and * Complaint(s) received and action taken.   The Management System Certification Director may forward the documentation to the auditor for review or opinion. The Quality Manual or “documented information” is to be reviewed by the assigned auditor prior to the initial audit performed by SCB.  The transfer review shall be documented and should normally include a visit to the prospective client. Reasons for not conducting a visit shall be fully justified and documented. For aerospace clients there will be an on-site review.  For aerospace transfers, contact the current CB to initiate and close transfers. This contact shall be within the OASIS database. |
|  | Receives registration application back from client. If application is entered directly onto ICMD, this step is not applicable. |
|  | Review application, then approve or reject application. If reject, the reason for declining are documented and the customer is notified of reason within 7 days. The process to review application as described in procedure RS-0921 is followed.  Note: At a minimum, the application review will ensure the following:   * The information about the client’s organization and its management system is sufficient for the conduct of the audit, * The requirements for certification are clearly defined and documented, and have been provided to the applicant organization in Supplement 2, Audit and Registration Agreement, * Any known difference in understanding between SCB and the applicant organization is resolved prior signing of Form 065 or Form 066 * SCB has the competence and ability to perform the certification activity, * The scope of certification sought, the location(s) of the applicant organization’s operations, time required to complete audits and any other points influencing the certification activity are taken into account as well as the criteria of the audit used as a reference to determine conformity of the client’s management system, including the requirements of a defined management system document and the processes and documents of the system developed by the client. * Records of the justification for the decision to undertake the audit are maintained (Form 065 or Form 066). |

**5.0 Pre assessment Audit (optional)**

The pre assessment audit is to evaluate the level of readiness of an applicant's quality management system. A pre assessment may or not may be part of a Registration process for a client organization. If it's an organization, that has selected SCB as their Registrar the pre assessment audit is not part of the Registration protocol, and this pre assessment cannot be used as part of the audit days required for Registration assessment auditing.

|  |  |
| --- | --- |
| Lead Auditor | Performs the pre-assessment, it may require an audit team, as contractually agreed |
|  | Follows protocol as outlines in procedure RS-9191 (Conducting the Audit). |
|  | Documents audit results and complete Form 008 or applicable sections of AS 9101 (Nonconformance Report) if applicable. Findings noted from this audit provides the client with an opportunity for improvement and to better situate the client’s organization in alignment with the requirements of the standard/scheme being sought registration. |
|  | Reports results to client organization (within 14 workdays). |
|  | Records are retained, and may be used for Stage 1/Stage 2 auditing planning |
| Client | May act on issues identified in the Audit Report |
| A maximum of two (2) pre assessments can be conducted per location site prior to a certification/registration audit protocol (Stage 1 and Stage 2). | |

**6.0 Stage 1, Adequacy Audit**

A detailed review of the documented portion of the client's quality management system is completed. The Stage 1 Audit requires that the client allows the audit team access to their “documented information” relevant in providing objective evidence that the requirements to the Standard(s) being pursued for Management System Registration have been addressed to the satisfaction of the Lead Auditor.

Depending on the size of the company and its complexity of processes, some part of the Stage 1 audit may be carried out off-site.

|  |  |
| --- | --- |
| Lead Auditor | Reviews and examines documents concurrent with the requirements set forth through Form 060 (Stage 1 Audit Report) or applicable sections of AS 9101 |
|  | Compares client's quality management to the requirements of the applicable Management Systems standard/specification. |
|  | Determines the level of implementation effectiveness and decides compatibility otherwise acceptability, by completing Form 060 (Stage 1 Audit Report) or applicable sections of AS 9101  At this stage of the audit, the Lead Auditor will also perform the following:   * To evaluate (On-site for aerospace) the client’s location and site-specific conditions and to undertake discussions with the client’s personnel to determine the preparedness for the Stage 2 audit. For multi-site clients that have a single QMS, the stage 1 shall include an evaluation of the central function with the authority for administration, control, audit, review, and maintenance of the QMS. Additionally, a relevant number of sites representative of different technologies and dissimilar activities shall be included in the stage 1. * To review the client’s status and understanding regarding requirements of the standard, in particular with respect to the identification of key performance or significant aspects, processes, objectives and operation of the management system, including associated risks and opportunities. * To collect necessary information regarding the scope of the management system, processes and location(s) of the client, and related statutory and regulatory aspects and compliance (e.g. quality, environmental, legal aspects of the client’s operation, associated risks, etc.). * To review the allocation of resources for Stage 2 audit and agree with the client on the details of the Stage 2 audit, * To provide a focus for planning the Stage 2 audit by gaining a sufficient understanding of the client’s management system and site operations in the context of possible significant aspects, * To evaluate if the internal audits and management review are being planned and performed, and that the level of implementation of the management system substantiates that the client is ready for the Stage 2 audit. If internal audits and management reviews have not been performed, at the time of the stage 1 audit, the auditor shall issue an NCR(s) and instruct the client that the NCR must be closed out before the start of the stage 2 audit.   S/he follows procedure RS-9191 (Conducting the Audit) in performing the audit. |
| SCB Office | Review and approval of audit report submitted is performed in accordance with procedure RS-1003 (Review, Approval & Certification).  Note: Consideration is given to the needs of the client to resolve areas of concern identified during the Stage 1 audit when determining the interval between Stage 1 and Stage 2 audit. SCB may need to revise its original arrangements for Stage 2 audit based on the outcome of Stage 1 audit. |
| Client | Receives completed Form 060 or applicable sections of AS 9101 which identifies areas of concern that could be classified as a nonconformity during the Stage 2 audit.  Corrects any not meeting or limited conformance requirements reported, prior to the registration audit (Stage 2) |
|  | Respond to concerns indicated in Form 060 or applicable sections of AS 9101, Stage 1 Audit Report. |

**7.0 Stage 2, Registration Audit**

Key issues:

* 1. Audit is performed as required by ISO 19011.
  2. Sites with multiple locations are separately audited, when client organization requires one certificate. See procedure RS-1005 (Multi-site Audits) for additional details regarding multi-site audits.
  3. Pre-requisites to the client organization, prior to SCB performing an audit:

7.3.1 A minimum of one management review meeting reviewing the effectiveness of the quality management system has been conducted and a complete internal audit of the quality management system to the extent of the standard as contractually required.

|  |  |
| --- | --- |
| Client | Communicates advancement and readiness to proceed to Stage 2/Registration Audit |
| Registration Coordinator | Coordinates with the client for audit dates. The Registration Coordinator will follow procedure RS-9120 (Audit Management). |
| Lead Auditor | Plans and schedules the audit (Stage 2), through completing FORM 004 (Audit Schedule). Review of Stage 1 reports contribute to Stage 2 audit planning.  FORM 004 Audit Schedule should show the list of ‘processes’ to be audited. In addition to that, it should also show specific requirements to be audited during the audit of that system process, and should include the interactive requirements from other clauses.  FORM 004 Audit Schedule is to be tailored to the client’s system organization such that in one visit to a process area all of the requirements pertaining to that process can be evaluated.  When putting together the audit schedule (FORM 004) the lead auditor will make sure that the following items are covered during this phase of the audit:   * Information and evidence about conformity to all requirements of the applicable management system standard or other normative document, * Performance monitoring, measuring, reporting, and reviewing against key performance objectives and targets (consistent with the expectations in the applicable management system standard or other normative document, associated risks and opportunities), * The client’s management system and performance as regards legal compliance, * Operational control of the client’s processes, * Internal auditing and management review, * Management responsibility for the client’s policies,   Note: FORM 004 contains the name of other audit team members |
|  | Review report (Form 060 – Stage 1 Audit Report) or applicable sections of AS 9101 with audit team if applicable. |
|  | Designates audit team members to specific processes/elements and clauses of the contractual standard if applicable. |
| Client | Accepts or rejects auditor(s) shown on FORM 004. If auditor(s) is rejected, then other auditor(s) is presented for consideration until both concur. |

|  |  |
| --- | --- |
| **On-Site** | |
| Client | Assigns members of the organization to act as guides. There shall be one guide per assigned auditor during the audit. Guides or observers shall not interfere or attempt to influence the conduct of the audit. |
| Audit Team | Conducts the audit in accordance with procedure RS-9191 (Conducting the Audit). Analyze all information and audit evidence gathered during stage 1 and stage 2 to  review the audit findings and agree on the audit conclusions. |
| MR | Signs the "Company Representative" block in Form 008 (Non-Conformance Report) or applicable sections of AS 9101 for each non-conformance, unless a decision has been concurred with the Lead Auditor that others (responsible parties) are to sign. |
|  | Receives a copy of Form 008 or applicable sections of AS 9101 and responds to non-conformances within a period specified on Form 008 or applicable sections of AS 9101 if applicable. Client is required to analyze the cause and describe the specific correction and corrective actions taken, or planned to be taken, to eliminate detected nonconformities, within the specified time period on Form 008 or applicable sections of AS 9101. |
|  | Submit corrective action response if applicable to the Lead Auditor or SCB office. Through the OASIS database for Aerospace Clients. |
| Lead Auditor | Reviews response from client organization for effectiveness of cause analysis and corrective action(s) - makes every possible effort to evaluate the corrective action responses in order to assure closeout the non-conformance(s). However, if after 3 attempts, the responses are unacceptable, the Management System Certification Director is informed. |
|  | Informs the Management System Certification Director regarding the effectiveness of corrective action(s). |
| Management System Certification Director | Reviews the client's history and determines further actions (and which may eventually include notifying the client of termination of agreement and thus certification). |
|  | The client (MR) is notified to respond within 14 days. |
|  | Failure to respond, and agreed with the client, may trigger a full Registration/Stage 2 audit. The decision is that of the Management System Certification Director. |
| **Earned Certificate and Granting Registration (Reference Appendix A)** | |
| SCB Staff | Reviews and approves the completed audit package and makes the certification decision accordingly. Procedure RS-1003 (Review, Approval, and Certification) provides the details of this process. |
|  | Note: Audit report includes confirmation of information provided to SCB during application review (i.e.: number of employees, location, contact information, etc.) and a recommendation whether or not to grant certification. |
|  | Registration is granted when the evidence indicates that: |
|  | * Sufficient objective evidence has been presented by the client organization * The requirements of the applicable standard/specification have been met to the satisfaction of the audit team * Evidence to demonstrate an adequate level of confidence of implementation * Cause and corrective actions on major and minor non-conformances, have been accepted by the Lead Auditor * Contractual Registration requirements have been met including payments and dues * Assessment of auditor time has been reasonably satisfied per the requirement of IAF MD 5 and/or AS 9104-1. * Verification that the organization’s stated scope of activity is within the accredited scope it was agreed previously that the certificate will be unaccredited. |
|  | Registration decision is made on the basis of the evaluation of the audit findings and conclusion and any other relevant information (i.e. public information, comments on the audit report from the client). Registration is not granted if any one of the above indicated has not been fulfilled. |
|  | The three-year certification cycle begins with the certification or recertification decision |
| Registration Coordinator | Notifies client of the registration decision, including whether an additional full audit, an additional limited audit, or additional documented evidence is needed to verify effective cause, correction, and corrective actions. |
|  | Issues the Management System Registration Certificate. |
|  | The use of the certificate is contractually defined based on the directive set in the QMSM (Section 16). |
|  | Appeal, when denied registration is handled such that the Appeal Procedure (RS-1801) comes into effect. |
|  | Action is taken based on the decision of the Appeals Committee. |

|  |
| --- |
| **Surveillance Audit** |
| Surveillance audits are scheduled and performed a minimum of once every year. All applicable clauses, including all the organization defined processes, of the standard are to be verified within each certification cycle. A full system audit is conducted for re-certification during the 3rd year of registration cycle. The client organization has the option to increase the frequency (e.g. to every 6 months). For just causes or issue specifics, interim audits may be performed. The date of the first surveillance audit following the initial certification shall not be more than 12 months from the last day of Stage 2 audit.  The auditing days are reviewed and reflect accordingly when the client opts for 6 months interval surveillance.  When developing these surveillance activities, SCB will make sure that the client’s representative areas and functions covered by the scope of the management system are monitored on a regular basis and will also take into account changes to its certified client and its management system. Ongoing monitoring of the client’s performance is conducted by the audit team by providing them with the client’s past performance report to ensure any weakness trends are addressed. SCB will provide the audit. Team with the client’s past performance report for the current audit. Cycle. Multiple-sites and multiple management system Standards are also considered in surveillance planning.  Similar process as the initial registration audit, Stage 2, process applies. Please see RS-9191 (Conducting the Audit) procedure for details. |
| SCB will check the following and interview the responsible management:   * The effectiveness of the management system with regard to achieving the organization’s objectives and the continuing operational control; * The functioning procedures for notifying management of any breaches; * Progress of planned activities aimed at continual improvement of system performance; * Internal Audits and management review, including follow-up by management * Use of marks and/or any other reference to certification; * Review of any changes in the organization’s management system; * Records of appeals, complaints and disputes brought before SCB, and where failure to meet the requirement of registration is revealed, that the organization has investigated its own systems and procedures and taken appropriate corrective action; * Verification that the effectiveness of corrective actions taken for nonconformities (if applicable) identified during the previous audit   For Aerospace clients, SCB will check the following and interview the responsible management:   * The sequence and interactions of the organization’s processes; * The criticality of products and services and processes, including special processes; * The risks associated with QMS, product, service, and process maturity (e.g., new product or service introduction, new process equipment or facilities); * Product related safety issues (e.g., airworthiness issues, reporting to customer and/or authorities); * Results of internal audit; * Previous audit findings (e.g., CBs, customers, regulatory authorities); * Performance measures and trends for quality and OTD (e.g., KPIs, scorecards, dashboards); * Previous management review results; * Customer requirements; * Statutory/regulatory requirements; * Customer satisfaction/performance data; * Certification structure [i.e., single site, multiple stie, campus, several sites, complex organization (see 9104/1)] * Integrated and/or combined audits (see 9104/1 clause 8.2.3); * Use of Advanced Surveillance and Recertification Procedures (ASRP) (see 9104/1 Clause 8.9); * Use of ICT (see 9104/1 clause 8.10); * The proportion of aviation, space and defense business each customer represents. |
| Major non-conformances found during a surveillance audit may result in immediate suspension of the Registration Certificate. A re-visit audit may be required to verify implementation of cause and corrective action for Major non-conformances. If suspension is recommended by the Lead Auditor, the audit report (findings) is to be discussed by the Registration Committee. An appeal is allowed.  In the case of minor non-conformances found during a surveillance audit, the client is required to analyze the cause and describe the specific correction and corrective actions taken, to eliminate detected nonconformities, within the specified time period on Form 008 or applicable sections of AS 9101, typically within 30 days, but not more than sixty (60) days. Minor non-conformances are verified on the next surveillance audit. If they are not resolved by the next surveillance audit, SCB shall Schedule a re-visit audit and send an auditor to the client within 30 days, or not more than sixty (60) days to ensure that the minor non-conformances have been corrected. If at this time, the minor non-conformances are not adequately resolved, addressed, or deemed as effective, the client’s Registration Certificate may be suspended. The client is informed in writing of the suspension. An appeal is allowed.  The review, approval and decision to grant continuation of certification are done in accordance with RS-1003 (Review, Approval and Certification).  The surveillance audit will be subject to special provision if a registered organization makes major modifications to its system or if other changes take place which could affect the basis of its registration. |

|  |
| --- |
| **Reissuance / Reassessment / Recertification Audit** |
| Reissuance/Reassessment/Recertification should be planned and conducted 3-months before expiration date and performed at client’s site once every 3 years or prior the expiration of the certificate. All clauses (of the standard) and customer defined processes shall be verified during this audit.  As part of the audit planning process for recertification audits a review of previous surveillance audit reports and consideration of the performance of the management system over the most recent certification cycle is completed by a staff member of SCB  The auditing days are reviewed and reflect according to the client’s size and conditions. In the case of multiple sites or certification to multiple management system standards, the planning for the reassessment audit shall ensure adequate on-site audit coverage to provide confidence in the certification (please see IAF MD1 and RS-1005 for more details on multi-site audits).  Similar process as the registration audit, Stage 2, process applies. Please see RS-9191 (Conducting the Audit) procedure for details.  SCB will check the following and interview the responsible management:   * Review of any changes in the organization’s management system; (Note: Stage 1 audit may need to be conducted where there have been significant changes to the management system, the client, or the context in which the management system is operating (i.e. changes to legislation) * 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; * Demonstration of commitment to maintain the effectiveness and improvement of the management system in order to enhance overall performance; * The effectiveness of the management system operation with regard to achieving the organization’s objective and policy, including the continuing operational control; * The functioning procedures for notifying management of any breaches; * Progress of planned activities aimed at continual improvement of system performance; * Internal Audits and management review, including follow-up by management * Use of marks and/or any other reference to certification; * Records of appeals, complaints and disputes brought before SCB, and where failure to meet the requirement of registration is revealed, that the organization has investigated its own systems and procedures and taken appropriate corrective action; * Verification that each non-conformity previously revealed has been addressed in a satisfactory manner and its effectiveness has been verified. * Review of the management system performances over the period of certification (for the past 3 years - Past Performance Report). |
| Major non-conformances found during the re-assessment audit may result in immediate suspension of the Registration Certificate. If suspension is recommended by the Lead Auditor, the audit report (findings) is to be discussed with the Management System Certification Director. An appeal is allowed.  In the case of Major non-conformances, the Client is required to analyze the cause and describe the specific correction and corrective actions taken, or planned to be taken, to eliminate detected nonconformities, within the specified time period on Form 008 or applicable sections of AS 9101, typically within 30 days, but must be prior to the expiration of the certificate. An on-site re-visit may be required to verify adequate cause, correction, and implementation of corrective action.  In the case of minor non-conformances found during the re-assessment audit, the Client is required to analyze the cause and provide evidence of the correction and corrective actions taken, or planned to be taken, to eliminate detected nonconformities, within the specified time period on Form 008 or applicable sections of AS 9101, typically within 30 days, but must be prior to the expiration of the certificate.  An appeal is allowed.  If a customer’s certificate has expired, SCB may restore certification within 6 months provided that 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 before the recertification decision and the expiration date shall be based on the prior certification cycle.  The review, approval and decision to re-certify are done in accordance with RS-1003 (Review, Approval and Certification). |

|  |  |  |
| --- | --- | --- |
| **Conditions for Maintaining Registration Status** | | |
| Registration services rendered by SCB are available to organizations whose business falls under the scope of services provided (QMSM Section 2). The client must continue to provide objective evidence with high certainty that the requirements of the applicable standard/specification are being met. Information received from applicant or otherwise client organizations are confidential (see QMSM section 19).  SCB maintains client’s certification in accordance with RS-1003 (Review, Approval, and Certification) procedure.  The implemented quality management system of SCB Registration Services have been designed and implemented to the effect of meeting ANAB requirements. | | |
| **Cancellation and Withdrawal of Certificate/Registration** | |
| Registrant clients can terminate the registration with 30 days notice. This notification must be objective through letter, fax or e-mail.  Not conforming to contractual conditions may invoke the cancellation otherwise invalidation. Examples are not allowing a surveillance audit or say failing an audit after more than 3 attempts on the same or very similar non- conformances.  In the event of the registrant appealing, the appeals process comes into effect, RS-1801 (Appeal Procedure) | |
| **Special Audits: Changes in the Client's Scope of Registration, Mergers, Acquisition or Others** | |
| It is the responsibility of the certificate holder (registered organization) to inform SCB of changes in their organization structure or the scope of activities has changed. This may include changes in company name, changing location, change in type of product, transferring certification from one CB to another etc. The Management System Certification Director or designate evaluates the situation and decides on action. Special audits shall be conducted during the certification cycle in response to one of the following situations:   * Scope expansion, revised certification structure, increase of the number of sites, and of change of site location(s) * Transferring form one CB to SCB * A complaint of ethical nature * A complaint or notification regarding a significant AQMS nonconformity.   Special audits in support of a complaint or notification of an ethical nature shall be conducted 30 days of the receipt of the complaint or notification.  Special audits shall be conducted on-site for scope expansions or the addition of sites(s) to an existing certification.  Special audits may be conducted in conjunction with a surveillance audit and had additional time added.  It may be necessary to conduct audits at short or no notice to investigate complaints, on in response to changes, or as a follow up on suspended clients. In such cases: a) SCB shall describe and make known in advance to the certified clients the conditions under which such audits will be conducted; b) SCB shall exercise additional care in the assignment of the audit team because of the lack of opportunity for the client to object to audit team members  Special audits shall be coordinated with the organization prior to the visit. The organization shall be given information about the specific reason and subject of the visit. For special audits, the auditor will be required to provide specific information in the audit report documents about the verification of the reasoning of the special audit | |
| Registrant/Client | Informs SCB of change(s) and submits documents as necessary. |
| Management System Registration Coordinator | Informs registrant of the acceptability of the change. |
|  | Prepares an amendment to the agreement if applicable. |
| Management System Certification Director | Reviews the request for the change due to changes on its scope. |
|  | Decides the action to take. It may require a Lead Auditor to visit the site (Special Audit). This may be conducted in conjunction with a surveillance audit. |
|  | If the request is approved, the Management System Registration Coordinator is notified, and issuance of new certificate may be required. |
|  | If the request is not approved, for change of, or to amend, the scope, the registrant is notified of this decision in writing of the decision and reason for denial. Also, the right to appeal decision is informed. |
| Management System Registration Coordinator | Issues new certificate and updates the Registration Directory on the website. |
| **Use of Mark and Certificates** | |
| The SCB Registration mark and Management System Certificate are the property of SCB Registration Services and are made available to the registrant for use according to contractual requirements and guidelines.  The registrant is responsible for ensuring that no unauthorized use is made of the Mark and Certificate of Registration. The registrant must identify an individual (e.g., MR) to ensure conformance with procedures for application, reproduction, display or otherwise use for their display. | |
| The use of the Mark and Certificate is strictly limited to the scope of the registration granted by SCB Registration Services. The registrant may display it in publications, communications, advertisement and promotions. The registrant may use the accreditation mark(s) in accordance with the requirements outlined by the ANAB (provided to the registrant by SCB Registration Services) and this procedure.  The Mark or Certificate must not be used with the advertisement for a product, on any product packaging or container, nor imply or infer product endorsement by SCB Registration Services. The certificate and mark represents that the Management System is being registered and certified, not the organization’s product/service.  Please see RS-1004 for more details. | |
| **Complaints** | |
| Person, persons or groups who feel that there is cause for complaint may file with SCB Registration Services. Complaints may be against SCB Registration Services, registrant's of SCB Registration Services or both. Complaints are reviewed (as described in procedure RS-1701, Complaint) for validity and if necessary corrective action is taken by the MOR. Complaints are sent to SCB Office in California.  Complaints are entered into the Directory of Complaint Log (FORM 025), and the status of the complaint and pertinent information is filed.  Complaints against registrants may result in an SCB short-notice audit to investigate the complaint. | |
| **Documents, Retention of Records, and Register Companies Directory** | |
| SCB Registration Services keeps and protect records of third party audits and related activities (e.g. re-certification activity).  SCB Registration Services keep letters and communications with client in a manner consistent with procedure RS-1501 (Control of Quality Records) and the QMSM.  A Directory of Registered Clients is maintained by the Management System Certification Director in ICMD and SCB’ website. Suspended or withdrawn certificates are withdrawn from the Directory and publications (e.g., SCB's web site). The Directory on the website is available for review to clients, government regulatory entities. | |
| **Audit Report** | |
| If the report authorized by SCB differs from the report submitted by the lead auditor to the client, then SCB will provide explanation to the client of any differences from the previous report.  The report will consider a) the qualification, experience and authority of the staff encountered, b) the adequacy of the internal organization and procedures adopted by the applicant body to give confidence in the quality system, and c) the actions taken to correct non-conformities including, where applicable, those identified at previous assessments. | |
| **Voluntary Suspension** | |
| During a financial crisis, some organizations may be faced with a tough decision whether to maintain or to drop their management system registration. At times, delaying a surveillance visit may be found beneficial for such organization having financial crisis. In an effort to assist a client during a financial crisis, the client will have an option for a voluntary suspension which allows the client to delay a surveillance audit for up to six months. This option is only available during surveillance time. Should the client choose the option of a voluntary suspension due to financial hardship; the client will not continue to represent its certified status during the suspension period. A surveillance audit shall take place within the 6 months suspension period or the registration will be permanently dropped. If the registration is dropped, the client shall re-apply and will have to start over the registration process. Such request for voluntary suspension may be received in the form of an e-mail, letter, fax, or phone. Any decision for voluntary suspension will be documented in the client’s file. For additional details related to financial crisis, please refer to ANAB Heads Up 146. | |

|  |
| --- |
| **Transfer Audits** |
| SCB will follow the following process for transferring clients from an existing CB to SCB. SCB will request in writing, from the existing CB, for the following documents to conduct a transfer review.  AS 91xx Transfers   1. Current certification is valid and eligible for transfer 2. the initial certification or most recent recertification audit reports, and the latest surveillance audit report and supporting documents (i.e., audit program) 3. status of any outstanding nonconformities 4. any additional relevant documentation regarding the certification process 5. any NCR's from their last audit 6. any complaints related to this client. 7. confirmation that the documentation in OASIS (For AS transfers) is complete and identical to the CB’s records and there is no other supporting documentation available.   In accordance with ANAB Heads Up 463, if the documents are provided by the client OR obtained by SCB through OASIS (for aerospace transfers), the existing CB must confirm in writing that the information is OASIS (for Aerospace transfers) is complete and identical to the CB’s records and there is not other supporting documentation available; if there is other supporting documentation, it must be provided by the issuing CB to the accepting CB.  In accordance with MD 2, SCB will be required to report the lack of cooperation if the documentation is not provided are question 7 is not answered  ISO 9001/14001 Transfers   1. Current certification is valid and eligible for transfer 2. the initial certification or most recent recertification audit reports, and the latest surveillance audit report and supporting documents (i.e., audit program) 3. status of any outstanding nonconformities 4. any additional relevant documentation regarding the certification process 5. any NCR's from their last audit 6. any complaints related to this client.   If the reports are obtained from the client they will be attached to the email communication with the following statement:  “*The required documents have been obtained from the client. Please confirm the documents are complete and identical to the CB’s records and there is no other supporting documentation available.”*  *In accordance with MD 2, SCB will be required to report the lack of cooperation if the documentation is not provided are question 7 is not answered*  In the event the existing CB fails to communicate with SCB regarding the transfer, SCB will record the reasons and make every effort to obtain necessary information from other sources. If the existing CB fails to provide the requested information, SCB will notify ANAB.  SCB will use the Form 071 Transfer Review Report to document the transfer review in accordance with MD2 and related documents.  SCB will process the ballot decision and issue the client the SCB certification before any surveillance or recertification audits are initiated.  SCB will use the Risk Mitigation Plan for Transfer of Certification between Accredited Certification Bodies to evaluate the risk confidentiality and “soft grading” between auditors and clients. This document is used only for AS 91xx transfers and only for clients that have used the SCB auditor in the past 3-years with another CB.  For any open NCRs from the previous CB that are noted during the transfer, SCB will recommend the existing CB to close any open NCR’s prior to the transfer.  For AS 91xx certifications expiring within the 12-months of the transfer, SCB will conduct a stage 1 audit along with the recertification audit.  When a Stage 1 audit is determined to be necessary during recertification, additional audit days (minimum of .25 day) shall be added to the required audit duration defined in Table 2 of AS9104/1. This added time may be either on-site or offsite time. |

Appendix A

Appendix B



**ISO 9001/14001 Audit Documentation Requirements**

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
|  |  | Required Documentation | | | | | |
| Audit Type | Audit Confirmation | Audit Plan | Stage 1 Report | Stage 2 Report | Pre-Planning | Addendum | Transfer Checklist |
| Initial Certification | x | x | x | x |  |  |  |
| Surveillance | x | x |  | x |  |  |  |
| Re-Certification | x | x |  | x |  |  |  |
| Special “Site Addition” | x | x | x | x |  |  |  |
| Special “Site Reduction” | x | x |  | x |  |  |  |
| Special “Scope Change” | x | x |  | x |  |  |  |
| Special “Transfer” | x |  |  |  |  |  | x |
| Special “Address Change” | x | x |  | x |  |  |  |
| Audit Follow Up | x |  |  | x |  |  |  |

Address change

Audit follow up

**AS 91xx Audit Documentation Requirements**

|  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
|  |  | Required Documentation | | | | |  | OASIS Forms | | | | |
| Audit Type | Audit Confirmation | Audit Plan | Stage 1 Report | Stage 2 Report | Pre-Planning | Addendum | Transfer Checklist | Form 1 | Form 2 | Form 3 | Form 4 | Form 5 |
| Initial Certification | x | x |  |  | x | x |  | x | x | x | x | x |
| Surveillance | x | x |  |  | x | X |  |  | X | X | X | X |
| Re-Certification | x | x |  |  | X | X |  |  | X | x | x | x |
| Special “Site Addition” | x | x |  |  | x | x |  | x | x | x | x | x |
| Special “Site Reduction” | x | x |  |  | x | x |  |  |  |  | x | x |
| Special “Scope Change” | x | x |  |  | x | x |  |  |  |  | x | x |
| Special “Transfer” | x | x |  |  | x | x | x |  |  |  |  | x |
| Re-Certification with Stage 1 | x | x |  |  | x | x |  | x | x | x | x | X |
| Special “Address Change” | x | x |  |  | x | x |  |  |  |  |  | x |
| Audit Follow Up | x | x |  |  |  |  |  |  |  |  | x | X |
|  |  |  |  |  |  |  |  |  |  |  | As Applicable |  |

NOTE: For audits that are attached with special audits, only 1 copy of the required documents is required. For example, Surveillance audit attached with Special “Site Addition” audit only requires 1/each; Audit confirmation, Audit Plan, Pre-Planning, Addendum, Form1, Form 2, Form 3, Form 4 and Form 5.

NOTE: For SPECIAL SITE ADDITION audits the added location requires a complete QMS audit for the applicable clauses at that location. For example, if we are adding just a production location the MOST LIKELY clauses would be; clause 7 and applicable sections of clause 8. Other clauses COULD apply depending on the customer defined processes.

Additional requirements related to AS 91xx client only.

Certification Audit Program

1. Definitions in IAF MD 1 shall be used for selecting the appropriate certification structure.
2. A single site certification structure shall have one address documented on the certificate and in the OASIS database. A single site may have additional buildings and addresses at the same geographical location; however, these buildings and addresses will not be listed in the OASIS database.
3. For a multi-site certification structure, the central function and all applicable sites shall be listed on the certificate and in the OASIS database.
4. Considerations for a single or multi-site structure can include additional buildings such as a warehouse, test facility, or other structures.

NOTE 2: If additional addresses are needed to define the business locations or sites to support customer interactions, then a multi-site structure may be appropriate.

NOTE 3: The central function may be a virtual site or part of a site (e.g., the organization’s headquarters).

1. Sampling per IAF MD 1 of a multi-site structure for all AQMS certification, recertification, or surveillance audits is not permitted.
2. In addition to IAF MD 1, the audit program for multi-site organizations shall include the following:
   1. All sites and the entire scope of certification shall be audited during initial certification and recertification; and
   2. During surveillance audits, the central function and approximately 50% of the sites shall be audited in year 1; the central function and all remaining sites shall be audited in year 2.
3. The determination and justification of the certification structure and audit program shall be retained as documented information in ICMD.
4. Stage 1 and stage 2 audits shall not be performed on the same day or on consecutive days. If the time between stage 1 and stage 2 exceeds six months, an additional stage 1 shall be conducted.
5. Initial stage 2 audit shall be conducted by auditing each site included in the scope of certification to the complete, applicable AQMS standard. In addition, all processes as defined by the organization, shall be audited before a certification decision being made.
6. When auditing an organization with an existing ISO 9001/14001 certification, that the client is upgrading to an AQMS standard, a full initial audit (stage 1 and stage 2) of all requirements for the applicable AQMS standard is required.
7. Audit plans shall address any risk identified in the risk analysis process (OCAP) including a focus on organizational change, organizational performance, OASIS feedback, and contractual requirements.
8. When audit plans include activities that occur on multiple shifts, the time used shall be justified and proportional to the level of activity for each shift.
9. Audit plans shall include time for verification of corrective actions from previous audit results.
10. Audit duration for the addition of a site(s) using a special audit shall be calculated using the initial audit duration for the site(s). The audit duration may be modified based on the results of an updated OCAP that includes the additional site(s).
11. A special audit used for adding a site(s) to an existing AQMS certificate using PBS/RP shall require a certificate decision. The site(s) added to the PBS/RP program shall be audited using recertification criteria during surveillance, prior to the next recertification decision.

Additional Requirements related to AS 91xx transfers.

1. Only valid certifications from a CB with an AQMS accreditation from an ICOP scheme approved AB shall be eligible for transfer.
2. SCB shall generate a new OCAP and perform a special audit as part of the pre-transfer review.
3. When the OCAP risk analysis is high risk or an outstanding major nonconformance exists, then a special audit shall be performed on-site.
4. For organizations with PBS/RP, SCB shall assure conformance to the requirements as defined AS 9104/1, prior to transfer.
5. SCB shall not issue certification to the transferring client unless:
   1. All nonconformities have corrections, corrective action, and verification accepted by the current CB; or
   2. SCB assures that nonconformities are accepted and associated corrective actions are effective; and
   3. The client’s AQMS shall be returned to conformity, prior to the certification decision.
6. SCB shall not use the initial certification process to avoid resolving outstanding nonconformities.