

## Annex 1: Checklist for assessing consistency with ISO Guide 59: Code of Good Practice for Standardisation and the ISEAL Code of Good Practice for Setting Social and Environmental Standards

### Guide 59 Requirements

Note – this checklist should be used in conjunction with ISO Guide 59:1994 *Code of good practice for standardisation*.

<b>1</b>	<b>General provisions</b>	
1.1	Standardising bodies adopting the code may notify the ISO or IEC member in their country.  Regional or international standardising bodies may notify ISO/IEC directly	
1.2	Members of ISO shall make every effort to become members of ISONET.  Other standardising bodies shall make every effort to associate themselves with ISONET.	
1.3	The standardising body shall consider and consult regarding representations by other standardising bodies.  The standardising body shall make an objective effort to resolve any complaints.	
<b>2</b>	<b>Procedures for the development of standards</b>	
2.1	Written procedures based on consensus principle should govern methods.  Copies of procedures to be available upon request.	
2.2	Written procedures to contain appeals mechanism.	
2.3	Notification of standardisation activity shall be made to allow opportunity for contributions.	
2.4	Copies of standards available to any interested party.	
2.5	Approval of standards based on evidence of consensus.	
2.6	Standards to be reviewed on a periodic basis and revised in a timely manner.	
2.7	Approved standards to be published promptly.	
2.8	Records of standards development activity prepared and maintained.	
<b>3</b>	<b>Advancement of international trade</b>	
3.1	Standards written to meet needs of the market and contribute to free trade. Standards shall not be written to impede or inhibit international trade.	

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3.2	Standards not written to fix prices, exclude competition, or inhibit commerce.	
3.3	When international standards exist they shall be used as the basis for national or regional standards.	
3.4	Standards written to avoid them being used to mislead consumers.	
3.5	Standards not written to discriminate among products on the basis of place of origin.	
3.6	Wherever possible standards to be expressed in terms of performance.	
3.7	Separation of technical and/or performance requirements from non-technical or administrative requirements.	
3.8	Standards drafted to avoid use of patented items.	
<b>4</b>	<b>Participation in the standards development process</b>	
4.1	Participation accessible to materially and directly interested persons and organisations.	
4.2	Standardising body plays full part in preparation of relevant international standards by international standardisation bodies.	
4.3	At international level national participation organised by relevant national body which is member of the relevant international standards organisation.  National members shall ensure their participation reflects a balance of national interests.	
4.4	At regional level participation should always reflect balance of national and regional interests.	
4.5	At national level participation organised according to consensus-building procedures which should provide for balanced representation of interest categories. Opportunities for effective and meaningful contributions from other countries should be organised by the standardising body.	
<b>5</b>	<b>Coordination and information</b>	
5.1	Standardisation activities should be actively, but voluntarily coordinated at and between international and regional levels, and within each country.	
5.2	Coordination responsibility at international level should rest with each international standards organisation.	
5.3	Coordination responsibility at regional level should rest with each regional standards body.	
5.4	Coordination responsibility at national level should rest with the national standards body.	
5.5	Coordination between regional and international bodies should	

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	rest with the bodies concerned.	
5.6	Coordination between regional and national bodies outside the region in question should be organised under the responsibility of these bodies in consultation with the international standards organisation in which membership is common.	
5.7	All information referred to in Clause 4 should be made available through ISONET.	

### ISEAL Code of Good Practice for Social and Environmental Standards

Note – this checklist should be used in conjunction with ISEAL P005 *Code of Good Practice for Social and Environmental Standards*.

<b>1</b>	<b>General provisions</b>	
1.1	Code to be applied in its entirety. Standard setting organisation to include a statement to this effect both in proposal to establish and final text of standard. ISEAL to be informed of intention to apply code.	
1.2	Standard setting organisation must have publicly documented complaints resolution mechanism. Objective and documented effort to resolve complaints regarding compliance with this code.	
<b>2</b>	<b>Procedures for the development of standards</b>	
2.1	Documented procedures available to all interested parties on standards development process. Procedures developed with active involvement of a balance of interested parties. Procedures to include complaints resolution mechanism.	
2.2	On commencement of process, interested parties given opportunity to comment on terms of reference for proposed standard. Regular review process which allows participants to comment on process.	
2.3	Standard setting organisation shall publish a work programme at least annually containing: <ul style="list-style-type: none"> <li>• Name, address and contact point</li> </ul>	

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	<ul style="list-style-type: none"> <li>Standards it is currently preparing, amending or revising</li> <li>Standards adopted in the preceding period</li> </ul> <p>For each standard listed in the work programme a brief description shall be included of the scope of the standard.</p>	
2.4	Public review phase for development or revision to include at least 2 rounds of comment submissions by interested parties, each round to include at least 60 day comment period.	
2.5	The standard setting organisation to take into account comments received. Written synopsis of comments to be compiled and made publicly available.	
2.6	<p>Standard setting process to strive for consensus among a balance of interested parties.</p> <p>Documented procedures to guide decision making in the absence of consensus to be developed.</p> <p>These procedures ensure that no group of interested parties can dominate or be dominated in the decision making process.</p> <p>Interested parties to be made aware of these procedures.</p>	
2.7	<p>All approved standards to be published promptly.</p> <p>Standards to be publicly available.</p> <p>Standard setting procedures, work programmes and draft standards to be publicly available.</p>	
2.8	Records of standards development setting to be prepared and maintained by the standard setting organisation.	
2.9	<p>Standards to be reviewed on a periodic basis and revised in a timely manner.</p> <p>Review process shall occur at least every 5 years, date to be noted in the standard.</p> <p>Process to receive comments from any interested party and deal with them through a consistent and transparent manner to be established.</p>	
2.10	Focal point for standard related enquiries to be established.	
2.11	Administrative requirements relating to conformity assessment and marks of conformity to be presented separately from technical, process or management requirements.	
<b>3</b>	<b>Effectiveness, relevance and international harmonisation</b>	
3.1	<p>Social, environmental and/or economic objectives of a standard to be clearly and explicitly specified.</p> <p>Standards to be no more trade restrictive than necessary.</p>	
3.2	Standard setting organisation shall take account of relevant regulatory and market needs as well as scientific and	

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	technological developments.	
3.3	<p>International standards to be used as the basis for corresponding national or regional standards.</p> <p>Clear guidance given for use at national or regional levels including criteria to judge the acceptability of proposed local variations in the standard.</p>	
3.4	<p>International standards shall avoid language or structure that may create ambiguities.</p> <p>Standards for direct implementation shall include criteria, indicators and benchmarks.</p>	
3.5	<p>Standards shall be expressed in terms of a combination of process, management and performance criteria rather than design or descriptive characteristics.</p> <p>Standards shall not favour particular technology or patent.</p>	
3.6	Standard setting organisations shall participate in the preparation of international standards.	
3.7	Standard setting organisations to pursue harmonisation between standards.	
<b>4</b>	<b>Participation in the standards development process</b>	
4.1	<p>Standard setting organisations shall ensure participation that reflects a balance of interests among interested parties.</p> <p>Participants to have expertise relevant to subject matter.</p>	
4.2	<p>Interested parties shall be provided with meaningful opportunities to contribute.</p> <p>Standard setting organisations shall identify parties that will be directly affected by the standard and proactively seek contributions.</p> <p>Impartiality accorded throughout process so that no single interest predominates.</p> <p>Standard setting organisations shall include a balance of interested parties in their governance structures that are responsible for setting social and environmental standards.</p>	
4.3	Where a standard setting organisation has members, membership criteria and application procedures shall be transparent and non-discriminatory.	
4.4	Constraints on disadvantaged groups to participate shall be addressed.	

## Annex 2: Checklists for assessing consistency with ISO Guides 62, 65 and 66

### Guide 62 Requirements

Note – this checklist should be used in conjunction with ISO Guide 62:1996 *General requirements for bodies operating assessment and certification/registration of quality systems*.

<b>1</b>	<b>Requirements for certification/registration bodies</b>	
<b>1.1</b>	<b>Certification/registration body</b>	
<b>1.1.1</b>	<b>General provisions</b>	
1.1.1.1	Certification body's policies and procedures non-discriminatory. Procedures not used to impede access by applicants.	
1.1.1.2	Certification body services accessible to all applicants. No undue financial or other conditions. Access not conditional upon size of supplier or membership of any association.	
1.1.1.3	Criteria for certification outlined in specified standards.	
1.1.1.4	Certification body confines its requirements, evaluation and decision on certification to scope of certification.	
<b>1.1.2</b>	<b>Organisation</b>	
	The structure of the certification body shall:	
a	Be impartial.	
b	Be responsible for decisions relating to certification.	
c	Identify management responsibility for:	
1	Performance of certification.	
2	Formulation of operating policies	
3	Decisions on certification.	
4	Supervision of policy implementation.	
5	Supervision of finances.	
6	Delegation of authority.	
d	Demonstrate documented legal entity.	
e	Documented structure to safeguard impartiality, which enables participation of all parties significantly concerned in the development of policies and principles of the certification system/scheme.	
f	Separate evaluation from certification decision making.	

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g	Have rights and responsibilities relevant to certification.	
h	Have adequate arrangements to cover liabilities.	
i	Have financial stability.	
j	Employ sufficient number of trained personnel.	
k	Have a quality system giving confidence to certification.	
l	Separate supplier certification from any other activities.	
m	Free from influencing pressures.	
n	Have formal rules for appointment of any certification committees.  Committees free from influencing pressures.  Note: Committees structured to have a balance of interests where no single interest predominates will be deemed to satisfy this provision.	
o	Activities do not affect confidentiality, objectivity, impartiality and shall not offer or provide:	
1	Those services it certifies others to perform.	
2	Consulting services to obtain or maintain certification.	
3	Services to design, implement, or maintain quality systems.  Note: Other products and services may be provided they do not compromise confidentiality, objectivity or impartiality.	
p	Have policy for resolution of complaints appeals and disputes.	
<b>1.1.3</b>	<b>Subcontracting</b>	
	Documented agreement for subcontracting including conflict of interest and confidentiality:	
a	CB takes full responsibility for subcontracting and maintains certification responsibility.	
b	Subcontractor is competent and meets applicable requirements of this standard, and other guides.  Subcontractor's impartiality not compromised.	
c	CB obtains applicant's consent.	
	Note: Requirements a) and b) also relevant when subcontracting to another CB	
<b>1.1.4</b>	<b>Quality system</b>	
1.1.4.1	CB has documented quality system, implemented and understood.	
1.1.4.2	Quality system appropriate to type range and volume of certification work.  CB designates a person with authority for:	

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a	Establishment, implementation and maintenance of quality system.	
b	Reporting on performance.	
1.1.4.3	Documented quality manual and associated procedures including:	
a	A quality statement.	
b	Brief description of legal status and owners.	
c	Details of senior executive and other certification personnel.	
d	Organisation chart.	
e	Description of organisation.	
f	Policy and procedures for management review	
g	Administrative procedures including document control.	
h	Operational and functional duties of personnel.	
i	Recruitment, selection, training and monitoring performance of personnel.	
j	List of approved subcontractors.	
k	Procedures for handling nonconformities.	
l	Procedures for evaluating products and implementing the certification process:	
1	Conditions for issue, retention and withdrawal of certification documents.	
2	Checks of the use and application of documents used in certification.	
3	The procedures for assessing and certifying suppliers	
4	The procedures for surveillance and reassessment	
m	Appeals, complaints and disputes policy and procedure.	
n	Internal audits based on ISO 10011-1 or equivalent.	
<b>1.1.5</b>	<b>Conditions and procedures for granting, maintaining, extending, suspending and withdrawing certificates</b>	
1.1.5.1	Conditions for granting, maintaining, extending, suspending and withdrawing specified. CB shall require the supplier to notify CB of changes which may affect conformity.	
1.1.5.2	CB shall require supplier to have documented quality system which conforms to applicable standards.	
1.1.5.3	CB shall have procedures to:	
a	Granting, maintaining, suspending and withdrawing certificate.	

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b	Extending or reducing scope.	
c	Conduct reassessment.	
1.1.5.4	The CB shall have documented procedures for	
a)	Initial assessment of supplier in accordance with ISO 10011-1 or equivalent	
b)	Surveillance and reassessment in accordance with ISO 10011-1 or equivalent on a periodic basis	
c)	Identifying and recording nonconformities and the need for corrective action for such items as incorrect references to certification.	
<b>1.1.6 Internal audits and management review</b>		
1.1.6.1	CB conducts periodic internal audits, and ensures that	
a	Personnel informed of outcome.	
b	Corrective action taken.	
c	Audit results are recorded.	
1.1.6.2	Management review of quality system carried out and records maintained.	
<b>1.1.7 Documentation</b>		
1.1.7.1	CB documents and makes available:	
a	Information about the authority under which the CB operates.	
b	Documented statement of its certification system.	
c	Information about certification process.	
d	Description of financial support and applicable fees.	
e	Description of rights and responsibilities of applicants and certificate holders, including use of CB logo and claims.	
f	Information about procedures for complaints, appeals, and disputes.	
g	Directory of certified suppliers including locations and scope	
<b>1.1.8 Records</b>		
1.1.8.1	CB maintains a record system, retention period at least one certification cycle.	
1.1.8.2	CB has policy and procedures for retaining records.	
<b>1.1.9 Confidentiality</b>		
1.1.9.1	Adequate arrangements to safeguard confidentiality.	
1.1.9.2	Non-disclosure of information without prior agreement.	
<b>1.2 Certification/registration body personnel</b>		

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<b>1.2.1</b>	<b>General</b>	
1.2.1.1	CB personnel competent for functions they perform.	
1.2.1.2	Information on relevant qualifications, training and experience maintained. Records kept up to date.	
1.2.1.3	Documented instructions, duties and responsibilities available to CB personnel.	
<b>1.2.2</b>	<b>Qualification criteria for auditors and technical experts</b>	
1.2.2.1	Minimum competence criteria defined by CB	
1.2.2.2	Auditors shall meet the requirements of appropriate international documentation. ISO 10011-1 (or equivalent) guidelines for auditing, ISO 10011-2 (or equivalent) criteria for auditors.	
1.2.2.3	Technical experts attributes obtained from ISO 10011-2:1991, clause 7 or equivalent.	
<b>1.2.3</b>	<b>Selection procedure</b>	
1.2.3.1	Selection of auditors and technical experts, in general	
	CB has procedure for:	
a	Selecting auditors and technical specialists on basis of competence, training, qualifications and experience	
b	Initially assessing and subsequent monitoring performance	
1.2.3.2	Assignment for a specific assessment	
	When appointing team the CB shall ensure appropriate skills. The team shall:	
a	Be familiar with legal regulations, certification procedures and requirements	
b	Have thorough knowledge of assessment methodology and documents	
c	Have appropriate technical knowledge of the specific activities	
d	Have a sufficient understanding to assess competence of supplier	
e	Be able to communicate effectively	
f	Be free from interests that may affect impartiality or non-discrimination for example:	
1	Audit team have not provided consulting to applicant	
2	Audit team inform CB of any link with applicant	
<b>1.2.4</b>	<b>Contracting of assessment personnel</b>	
	CB shall require personnel to sign contract which commits them to comply with CB rules including confidentiality and conflict of interest.	
<b>1.2.5</b>	<b>Assessment personnel records</b>	

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1.2.5.1	CB maintains training and experience records including:	
a	Name and address.	
b	Organisational affiliation and position held.	
c	Education and professional status.	
d	Experience and training.	
e	Date of record update.	
f	Performance appraisal.	
1.2.5.2	CB shall ensure and verify any subcontracted body maintains records.	
<b>1.2.6</b>	<b>Procedures for audit teams</b>	
	Audit teams shall be provided with up to date instructions and relevant information on certification arrangements and procedures.	
<b>1.3</b>	<b>Changes in the certification/registration requirements</b>	
	CB to give due notice of changes in requirements for certification.	
<b>1.4</b>	<b>Appeals, complaints and disputes</b>	
1.4.1	Appeals, complaints and disputes brought before the CB subject to CB's procedures.	
1.4.2	CB shall:	
a	Keep a record of all appeals, complaints and disputes and remedial actions.	
b	Take appropriate action.	
c	Document the action taken and its effectiveness.	
<b>2</b>	<b>Requirements for certification/registration</b>	
<b>2.1</b>	<b>Application for certification/registration</b>	
<b>2.1.1</b>	<b>Information on the procedure</b>	
2.1.1.1	Applicants provided with details of certification process.	
2.1.1.2	CB requires supplier to:	
a	Comply with certification requirements.	
b	Make arrangements for certification audits.	
c	Make claims in line with scope of certification.	
d	Does not make misleading statements regarding its certification.	
e	Discontinues claims and returns certification documents if certificate suspended or withdrawn.	
f	Uses certification only to indicate that the quality system is in conformity with specified standards and does not imply that a	

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	product or service is approved by the CB.	
g	Ensure certificates or reports are not used in misleading manner.	
h	Ensure references to certification in documents meet CB requirements.	
2.1.1.3	When certification is related to a specific programme operated by the CB, the CB provides necessary explanation.	
2.1.1.4	If requested the CB provides additional information as necessary.	
<b>2.1.2 The application</b>		
2.1.2.1	Application through signed application form including:	
a	The scope of the certification.	
b	A statement that the applicant agrees to comply with requirements.	
2.1.2.2	Applicant provide details prior to site visit including:	
a	Corporate entity, name, address and legal status.	
b	General information concerning the quality system	
c	Description of the systems to be certified and the standards applicable	
d	A copy of the quality manual and associated documents	
<b>2.2 Preparation for evaluation</b>		
2.2.1	CB conducts review and maintains records to ensure that:	
a	Certification requirements clearly defined, documented and understood	
b	Differences of understanding are resolved.	
c	<i>[NOTE c) is continuation of sentence in b)]</i>	
d	The CB has capability to perform the certification.	
2.2.2	CB prepares a plan for certification.	
2.2.3	CB assigns appropriately qualified personnel.	
2.2.4	Supplier informed of the names of the team members with notice of appeal	
2.2.5	CB personnel provided with appropriate working documents.	
<b>2.3 Assessment</b>		
	The CB shall assess the quality system of the supplier covered by the defined scope against all applicable certification requirements.	
<b>2.4 Assessment report</b>		
2.4.1	The CB may adopt reporting procedures that suits its needs but as a minimum these will ensure that:	

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a	A meeting takes place between audit team and supplier prior to leaving the premises.	
b	The audit team provides the CB with a report of its findings	
c	Report on the outcome of the assessment promptly provided to applicant identifying non-conformances	
d	CB shall invite supplier to comment on the report and describe the actions taken to remedy nonconformity	
e	The report shall contain as a minimum:	
1	The date of the audit	
2	The name of the person responsible for the report	
3	The names and addresses of all sites audited	
4	The assessed scope of certification including reference to the standard	
5	Comments on the conformity of the suppliers quality system	
6	An explanation to any differences from the information presented at the closing meeting.	
2.4.2	If the report authorised by the CB differs from the 2.4.1 c) and e) it shall be submitted to the supplier with explanation of differences. It shall take into consideration:	
a	The qualification, experience and authority of the staff encountered	
b	The adequacy of the internal organisation and procedures of the applicant	
c	The actions taken to correct identified nonconformities	
<b>2.5</b>	<b>Decision on certification</b>	
2.5.1	The decision to certify is taken by the CB on the basis of information gathered during the evaluation and any other relevant information. Those who make the certification decision shall not have participated in the audit.	
2.5.2	The CB shall not delegate responsibility for granting, maintaining, extending, suspending or withdrawing certification.	
2.5.3	The CB shall provide certified suppliers formal certification documents which identify for the supplier and each of the sites covered by the certification:	
a)	The name and address	
b)	The scope of the certification granted including	
1	The quality standard to which quality systems are certified	
2	The product, process or service categories	
3	If appropriate regulatory requirements or product standards	

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	against which products are supplied	
c)	The effective date of certification and the term if applicable	
2.5.4	Any application for amendment to scope shall be processed by the CB.	
<b>2.6</b>	<b>Surveillance and reassessment procedures</b>	
2.6.1	The CB shall carry out periodic surveillance and reassessment to verify continued compliance with certification requirements. Note: In most cases unlikely period greater than 1 year.	
2.6.2	Surveillance and reassessment procedures shall be consistent with those concerning assessment.	
<b>2.7</b>	<b>Use of certificates and logos</b>	
2.7.1	The CB shall exercise proper control over ownership, use and display of licences, certificates and marks.	
2.7.2	If certification confers the right to use a logo the supplier may use only as authorised in writing by the CB. It shall not be used on a product or in any way that may be interpreted as denoting product conformity.	
2.7.3	The CB shall take action to deal with incorrect references or misleading use.	
<b>2.8</b>	<b>Access to records of complaints to suppliers</b>	
	The CB shall require the supplier whose quality system is certified to make available the CB records of all complaints and corrective action taken.	

### Guide 65 Requirements

Note – this checklist should be used in conjunction with ISO Guide 65:1996 *General requirements for bodies operating product certification schemes*.

<b>1</b>	<b>Certification Body</b>	
<b>1.1</b>	<b>General provisions</b>	
1.1.1	Certification body's policies and procedures non-discriminatory. Procedures not used to impede access by applicants.	
1.1.2	Certification body services accessible to all applicants. No undue financial or other conditions. Access not conditional upon size of supplier or membership of any association.	
1.1.3	Criteria for certification outlined in specified standards.	
1.1.4	Certification body confines its requirements, evaluation and	

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	decision on certification to scope of certification.	
<b>1.2</b>	<b>Organisation</b>	
	The structure of the certification body shall:	
a	Be impartial.	
b	Be responsible for decisions relating to certification.	
c	Identify management responsibility for:	
1	Performance of certification.	
2	Formulation of operating policies	
3	Decisions on certification.	
4	Supervision of policy implementation.	
5	Supervision of finances.	
6	Delegation of authority.	
7	Technical basis for certification.	
d	Demonstrate documented legal entity.	
e	Documented structure to safeguard impartiality, which enables participation of all parties significantly concerned in the development of policies and principles of the certification system/scheme.	
f	Separate evaluation from certification decision making.	
g	Have rights and responsibilities relevant to certification.	
h	Have adequate arrangements to cover liabilities.	
i	Have financial stability.	
j	Employ sufficient number of trained personnel.	
k	Have a quality system giving confidence to certification.	
l	Separate product certification from any other activities.	
m	Free from influencing pressures.	
n	Have formal rules for appointment of any certification committees. Committees free from influencing pressures. Committees structured to have a balance of interests.	
o	Activities do not affect confidentiality, objectivity, impartiality and shall not:	
1	Supply or design products of the type it certifies.	
2	Give advice or provide consultancy to the applicant.	
3	Provide any other products or services that would compromise decisions.	

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p	Have policy for resolution of complaints appeals and disputes.	
<b>1.3</b>	<b>Operations</b>	
	The CB shall take all steps necessary to evaluate conformance with the relevant standards.  The CB shall observe suitability and competence requirements for bodies and people carrying out certification specified in ISO Guides 25, 39, 62.	
<b>1.4</b>	<b>Subcontracting</b>	
	Documented agreement for subcontracting including conflict of interest and confidentiality:	
a	CB takes full responsibility for subcontracting and maintains certification responsibility.	
b	Subcontractor is competent and meets applicable requirements of this standard, and other guides.  Subcontractor's impartiality not compromised.	
c	CB obtains applicant's consent.	
<b>1.5</b>	<b>Quality system</b>	
1.5.1	CB has documented quality system, implemented and understood.	
1.5.2	Quality system appropriate to type range and volume of certification work.  CB designates a person with authority for:	
a	Establishment, implementation and maintenance of quality system.	
b	Reporting on performance.	
1.5.3	Documented quality manual and associated procedures including:	
a	A quality statement.	
b	Brief description of legal status and owners.	
c	Details of senior executive and other certification personnel.	
d	Organisation chart.	
e	Description of organisation.	
f	Policy and procedures for management review	
g	Administrative procedures including document control.	
h	Operational and functional duties of personnel.	
i	Recruitment, selection, training and monitoring performance of personnel.	
j	List of approved subcontractors.	

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k	Procedures for handling nonconformities.	
l	Procedures for evaluating products and implementing the certification process:	
1	Conditions for issue, retention and withdrawal of certification documents.	
2	Control of use and application of certification documents.	
m	Appeals, complaints and disputes policy and procedure.	
n	Internal audits based on ISO 10011-1.	
<b>1.6</b>	<b>Conditions and procedures for granting, maintaining, extending, suspending and withdrawing certificates</b>	
1.6.1	Conditions for granting, maintaining, extending, suspending and withdrawing specified.	
1.6.2	Procedures available for:	
a	Granting, maintaining, suspending and withdrawing certificate.	
b	Extending or reducing scope.	
c	Re-evaluation.	
<b>1.7</b>	<b>Internal audits and management review</b>	
1.7.1	CB conducts periodic internal audits, and ensures that	
a	Personnel informed of outcome.	
b	Corrective action taken.	
c	Audit results are documented.	
1.7.2	Management review of quality system carried out and records maintained.	
<b>1.8</b>	<b>Documentation</b>	
1.8.1	CB makes available:	
a	Information about the authority under which the CB operates.	
b	Documented statement of its product certification system.	
c	Information about certification process.	
d	Description of financial support and applicable fees.	
e	Description of rights and responsibilities of applicants and certificate holders, including use of CB logo and claims.	
f	Information about procedures for complaints, appeals, and disputes.	
g	Directory of certified products and certificate holders.	
1.8.2	CB establishes, and maintains document control procedures.	
<b>1.9</b>	<b>Records</b>	

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1.9.1	CB maintains a record system, retention period at least one certification cycle.	
1.9.2	CB has policy and procedures for retaining records.	
<b>1.10</b>	<b>Confidentiality</b>	
1.10.1	Adequate arrangements to safeguard confidentiality.	
1.10.2	Non-disclosure of information without prior agreement.	
<b>2</b>	<b>Certification body personnel</b>	
<b>2.1</b>	<b>General</b>	
2.1.1	CB personnel competent for functions they perform.	
2.1.2	Documented instructions, duties and responsibilities available to CB personnel.	
<b>2.2</b>	<b>Qualification criteria</b>	
2.2.1	Minimum competence criteria defined by CB	
2.2.2	CB personnel required to sign contract which commits them to:	
a	Comply with CB rules including confidentiality and conflict of interest.	
b	Declare any prior or present association with applicants of certificate holders.	
2.2.3	CB maintains training and experience records including:	
a	Name and address.	
b	Organisational affiliation and position held.	
c	Education and professional status.	
d	Experience and training.	
e	Date of record update.	
f	Performance appraisal.	
<b>3</b>	<b>Changes in the certification requirements</b>	
	CB to give due notice of changes in requirements for certification.	
<b>4</b>	<b>Appeals, complaints and disputes</b>	
4.1	Appeals, complaints and disputes brought before the CB handled through procedures.	
4.2	CB shall:	
a	Keep a record of all appeals, complaints and disputes and remedial actions.	
b	Take appropriate action.	
c	Document the action taken and its effectiveness.	
<b>5</b>	<b>Application procedure</b>	

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<b>5.1</b>	<b>Information on the procedure</b>	
5.1.1	Applicants provided with details of certification process.	
5.1.2	CB requires certificate holders to:	
a	Comply with certification requirement.	
b	Make arrangements for certification audits.	
c	Make claims in line with scope of certification.	
d	Does not make misleading statements regarding its certification.	
e	Discontinues claims and returns certification documents if certificate suspended or withdrawn.	
f	Uses certification only to indicate that products are certified as being in compliance with certification standard.	
g	Ensure certificates or reports are not used in misleading manner.	
h	Ensure references to certification in documents meet CB requirements.	
5.1.3	When certification is related to a specific system operated by the CB, the CB provides necessary explanation.	
5.1.4	If requested the CB provides additional information as necessary.	
<b>5.2</b>	<b>The application</b>	
5.2.1	Application through signed application form including:	
a	The scope of the certification.	
b	A statement that the applicant agrees to comply with requirements.	
5.2.2	Applicant details include:	
a	Corporate entity, name, address and legal status.	
b	Definition of products to be certified, certification system and certification standards.	
<b>6</b>	<b>Preparation for evaluation</b>	
6.1	CB conducts review and maintains records to ensure that:	
a	Certification requirements clearly defined, documented and understood	
b	Differences of understanding are resolved.	
c	The CB has capability to perform the certification.	
6.2	CB prepares a plan for certification.	
6.3	CB assigns appropriately qualified personnel.	
6.4	CB personnel provided with appropriate working documents.	
<b>7</b>	<b>Evaluation</b>	

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	The CB shall evaluate the products of the applicant against the standards covered by the scope defined in its application against all certification criteria specified in the rules of the scheme.	
<b>8</b>	<b>Evaluation report</b>	
	The CB shall adopt reporting procedures that suits its needs but as a minimum these will ensure that:	
a)	CB personnel report of findings as to conformity with all the certification requirements	
b)	Full report on the outcome of the evaluation promptly provided to applicant identifying non-conformances	
<b>9</b>	<b>Decision on certification</b>	
9.1	The decision to certify is taken by the CB on the basis of information gathered during the evaluation and any other relevant information.	
9.2	The CB shall not delegate responsibility for granting, maintaining, extending, suspending or withdrawing certification.	
9.3	The CB shall provide certified suppliers formal certification documents permitting identification of the following:	
a)	The name and address of the supplier	
b)	The scope of the certification granted including as appropriate	
1	The products certified	
2	The standards to which products are certified	
3	The applicable certification system	
c)	The effective date of certification and the term if applicable	
<b>10</b>	<b>Surveillance</b>	
10.1	The CB shall have documented procedures to enable surveillance to be carried out in accordance with the requirements of the certification system.	
10.2	The CB shall require the supplier to inform it about changes cited in 4.6.2c. The CB shall determine whether announced changes require further investigation, including suspending release of certified products.	
10.3	The CB shall document its surveillance activities.	
10.4	Where the CB authorises use of its mark, the CB shall periodically evaluate the marked products to confirm continued conformance.	
<b>11</b>	<b>Use of licences, certificates and marks of conformity</b>	
11.1	The CB shall exercise proper control over ownership, use and display of licences, certificates and marks.	
11.2	Guidance on certificates and marks permitted included in ISO	

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	Guide 23 or equivalent.	
11.3	Incorrect or misleading use shall be dealt with by suitable action.	
<b>12</b>	<b>Complaints to suppliers</b>	
	The CB shall require the supplier of certified goods to:	
a)	Keep a record of all complaints relating to the requirements of the standard and make these available to the CB.	
b)	Take appropriate action with respect to such complaints.	
c)	Document the actions taken.	

**Guide 66 Requirements**

Note – this checklist should be used in conjunction with ISO Guide 66:1999 *General requirements for bodies operating assessment and certification/registration of environmental management systems (EMS)*

<b>1</b>	<b>Requirements for certification/registration bodies</b>	
<b>1.1</b>	<b>Certification/registration body</b>	
<b>1.1.1</b>	<b>General provisions</b>	
1.1.1.1	Certification body's (CB) policies and procedures non-discriminatory. Procedures not used to impede access by applicants.	
1.1.1.2	CB services accessible to all applicants. No undue financial or other conditions. Access not conditional upon size of supplier or membership of any association.	
1.1.1.3	Criteria for certification outlined in specified standards.	
1.1.1.4	CB confines its requirements, evaluation and decision on certification to scope of certification.	
1.1.1.5	Maintenance and evaluation of legal compliance is the responsibility of the organization. CB restricted to checks and samples required in order to establish confidence with compliance. CB will check organization has evaluated legal and regulatory compliance and can show that action has been taken in cases of non-compliance.	
<b>1.1.2</b>	<b>Organisation</b>	
	The structure of the certification body shall:	
a	Be impartial.	
b	Be responsible for decisions relating to certification.	
c	Identify management responsibility for:	
1	Performance of certification.	
2	Formulation of operating policies	
3	Decisions on certification.	
4	Supervision of policy implementation.	

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5	Supervision of finances.	
6	Delegation of authority.	
d	Demonstrate documented legal entity.	
e	Documented structure to safeguard impartiality, which enables participation of all parties significantly concerned in the development of policies and principles of the certification system/scheme.	
f	Separate evaluation from certification decision making.	
g	Have rights and responsibilities relevant to certification.	
h	Have adequate arrangements to cover liabilities.	
i	Have financial stability.	
j	Employ sufficient number of trained personnel.	
k	Have a environmental management system (EMS) giving confidence to certification.	
l	Separate supplier certification from any other activities.	
m	Free from influencing pressures.	
n	Have formal rules for appointment of any certification committees. Committees free from influencing pressures. Note 1: Committees structured to have a balance of interests where no single interest predominates will be deemed to satisfy this provision.	
o	Activities do not affect confidentiality, objectivity, impartiality and shall not offer or provide:	
1	Those services it certifies others to perform.	
2	Consulting services to obtain or maintain certification.	
3	Services to design, implement or maintain EMSs. Note 2: Other products and services may be provided they do not compromise confidentiality, objectivity or impartiality.	
p	Have policy for resolution of complaints appeals and disputes.	
<b>1.1.3</b>	<b>Subcontracting</b>	
	Documented agreement for subcontracting including conflict of interest and confidentiality:	
a	CB takes full responsibility for subcontracting and maintains certification responsibility.	
b	Subcontractor is competent and meets applicable requirements of this checklist and other guides. Subcontractor's impartiality not compromised.	
c	CB obtains applicant's consent.	
	Note 3 Requirements a) and b) also relevant when subcontracting to another CB	
<b>1.1.4</b>	<b>Quality system</b>	
1.1.4.1	CB has documented quality system, implemented and understood.	
1.1.4.2	Quality system appropriate to type range and volume of certification work.	

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	CB designates a person with authority for:	
a	Establishment, implementation and maintenance of quality system.	
b	Reporting on performance.	
1.1.4.3	Documented quality manual and associated procedures including:	
a	A quality statement.	
b	Brief description of legal status and owners.	
c	Details of senior executive and other certification personnel.	
d	Organisation chart.	
e	Description of organisation.	
f	Policy and procedures for management review	
g	Administrative procedures including document control.	
h	Operational and functional duties of personnel.	
i	Recruitment, selection, training and monitoring performance of personnel.	
j	List of approved subcontractors.	
k	Procedures for handling nonconformities.	
l	Procedures for evaluating products and implementing the certification process:	
1	Conditions for issue, retention and withdrawal of certification documents.	
2	Checks of the use and application of documents used in certification.	
3	The procedures for assessing and certifying suppliers	
4	The procedures for surveillance and reassessment	
m	Appeals, complaints and disputes policy and procedure.	
n	Internal audits based on ISO 10011-1 or equivalent.	
<b>1.1.5</b>	<b>Conditions and procedures for granting, maintaining, extending, suspending and withdrawing certificates</b>	
1.1.5.1	Conditions for granting, maintaining, extending, suspending and withdrawing specified. CB shall require the supplier to notify CB of changes which may affect conformity.	
1.1.5.2	CB shall require supplier to have documented EMS which conforms to applicable standards.	
1.1.5.3	CB shall have procedures to:	
a	Granting, maintaining, suspending and withdrawing certificate.	
b	Extending or reducing scope.	
c	Conduct reassessment.	
1.1.5.4	The CB shall have documented procedures for	
a)	Initial assessment of supplier in accordance with ISO 10011-1 or equivalent	
b)	Surveillance and reassessment in accordance with ISO 10011-1 or equivalent on a periodic basis	

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c)	Identifying and recording nonconformities and the need for corrective action for such items as incorrect references to certification.	
<b>1.1.6 Internal audits and management review</b>		
1.1.6.1	CB conducts periodic internal audits, and ensures that	
a	Personnel informed of outcome.	
b	Corrective action taken.	
c	Audit results are recorded.	
1.1.6.2	Management review of quality system carried out and records maintained.	
<b>1.1.7 Documentation</b>		
1.1.7.1	CB documents and makes available:	
a	Information about the authority under which the CB operates.	
B	Documented statement of its certification system.	
C	Information about certification process.	
D	Description of financial support and applicable fees.	
E	Description of rights and responsibilities of applicants and certificate holders, including use of CB logo and claims.	
F	Information about procedures for complaints, appeals, and disputes.	
G	Directory of certified suppliers including locations and scope	
1.1.7.2	CB establishes and maintains procedures to control documents related to its certification.  Documents approved prior to issuing following initial development or changes. CB maintains list of documents with issue and/or amendment status.  Distribution of documents shall be controlled and made available to the CB or organization when required.	
<b>1.1.8 Records</b>		
1.1.8.1	CB maintains a record system, retention period at least one certification cycle.	
1.1.8.2	CB has policy and procedures for retaining records.	
<b>1.1.9 Confidentiality</b>		
1.1.9.1	Adequate arrangements to safeguard confidentiality.	
1.1.9.2	Non-disclosure of information without prior agreement.	
<b>1.2 Certification/registration body personnel</b>		
<b>1.2.1 General</b>		
1.2.1.1	CB personnel competent for functions they perform.	
1.2.1.2	Information on relevant qualifications, training and experience maintained. Records kept up to date.	
1.2.1.3	Documented instructions, duties and responsibilities available to CB personnel.	
<b>1.2.2 Qualification criteria for auditors and technical experts</b>		
1.2.2.1	Minimum competence criteria defined by CB	
1.2.2.2	Auditors shall meet the requirements of appropriate international	

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	documentation. ISO 10011-1 guidelines for auditing or equivalent, ISO 10011-2 criteria for auditors or equivalent.	
1.2.2.3	Technical experts attributes obtained from ISO 10011-2:1991, clause 7 or equivalent	
<b>1.2.3</b>	<b>Selection procedure</b>	
1.2.3.1	Selection of auditors and technical experts, in general	
	CB has procedure for:	
a	Selecting auditors and technical specialists on basis of competence, training, qualifications and experience	
b	Initially assessing and subsequent monitoring performance	
1.2.3.2	Assignment for a specific assessment	
	When appointing team the CB shall ensure appropriate skills. The team shall:	
a	Be familiar with legal regulations, certification procedures and requirements	
b	Have thorough knowledge of assessment methodology and documents	
c	Have appropriate technical knowledge of the specific activities	
d	Have a sufficient understanding to assess competence of supplier	
e	Be able to communicate effectively	
f	Be free from interests that may affect impartiality or non-discrimination. Audit team members shall inform CB of existing, former or envisaged conflicts of interest.	
<b>1.2.4</b>	<b>Contracting of assessment personnel</b>	
	CB shall require personnel to sign contract which commits them to comply with CB rules including confidentiality and conflict of interest.	
<b>1.2.5</b>	<b>Assessment personnel records</b>	
1.2.5.1	CB maintains training and experience records including:	
a	Name and address.	
b	Organisational affiliation and position held.	
c	Education and professional status.	
d	Experience and training.	
e	Date of record update.	
f	Performance appraisal.	
1.2.5.2	CB shall ensure and verify any subcontracted body maintains records.	
<b>1.2.6</b>	<b>Procedures for audit teams</b>	
	Audit teams shall be provided with up to date instructions and relevant information on certification arrangements and procedures.	
<b>1.3</b>	<b>Changes in the certification/registration requirements</b>	
	CB to give due notice of changes in requirements for certification.	
<b>1.4</b>	<b>Appeals, complaints and disputes</b>	
1.4.1	Appeals, complaints and disputes brought before the CB subject to CB's procedures.	

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1.4.2	CB shall:	
a	Keep a record of all appeals, complaints and disputes and remedial actions.	
b	Take appropriate action.	
c	Document the action taken and its effectiveness.	
<b>2</b>	<b>Requirements for certification/registration</b>	
<b>2.1</b>	<b>Application for certification/registration</b>	
<b>2.1.1</b>	<b>Information on the procedure</b>	
2.1.1.1	Applicants provided with details of certification process.	
2.1.1.2	CB requires supplier to:	
a	Comply with certification requirements.	
b	Make arrangements for certification audits.	
c	Make claims in line with scope of certification.	
d	Does not make misleading statements regarding its certification.	
e	Discontinues claims and returns certification documents if certificate suspended or withdrawn.	
f	Uses certification only to indicate that the EMS is in conformity with specified standards and does not imply that a product or service is approved by the CB.	
g	Ensure certificates or reports are not used in misleading manner.	
h	Ensure references to certification in documents meet CB requirements.	
2.1.1.3	When certification is related to a specific programme operated by the CB, the CB provides necessary explanation.	
2.1.1.4	If requested the CB provides additional information as necessary.	
<b>2.1.2</b>	<b>The application</b>	
2.1.2.1	Application through signed application form including:	
a	The scope of the certification.	
b	A statement that the applicant agrees to comply with requirements.	
2.1.2.2	Applicant provide details prior to site visit including:	
a	Corporate entity, name, address and legal status.	
b	General information concerning the EMS	
c	Description of the systems to be certified and the standards applicable	
d	A copy of the quality manual and associated documents	
<b>2.2</b>	<b>Preparation for evaluation</b>	
2.2.1	CB conducts review and maintains records to ensure that:	
a	Certification requirements clearly defined, documented and understood	
b	Differences of understanding are resolved.	
c	The CB has capability to perform the certification.	
2.2.2	CB prepares a plan for certification.	
2.2.3	CB assigns appropriately qualified personnel.	

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2.2.4	Supplier informed of the names of the team members with notice of appeal	
2.2.5	CB personnel provided with appropriate working documents.	
<b>2.3 Assessment</b>		
2.3.1	The CB shall assess the EMS of the supplier covered by the defined scope against all applicable certification requirements.	
2.3.2	The audit includes two stages	
1	Planning and understanding based on document review	
2	Auditing of implementation at the location of the organization	
<b>2.4 Assessment report</b>		
2.4.1	The CB may adopt reporting procedures that suits its needs but as a minimum these will ensure that:	
a	A meeting takes place between audit team and supplier prior to leaving the premises.	
b	The audit team provides the CB with a report of its findings	
c	Report on the outcome of the assessment promptly provided to applicant identifying non-conformances	
d	CB shall invite supplier to comment on the report and describe the actions taken to remedy nonconformity	
e	The report shall contain as a minimum:	
1	The date of the audit	
2	The name of the person responsible for the report	
3	The names and addresses of all sites audited	
4	The assessed scope of certification including reference to the standard	
5	Comments on the conformity of the suppliers EMS	
6	An explanation to any differences from the information presented at the closing meeting.	
2.4.2	If the report authorised by the CB differs from the 2.4.1 c) and e) it shall be submitted to the supplier with explanation of differences. It shall take into consideration:	
a	The qualification, experience and authority of the staff encountered	
b	The adequacy of the internal organisation and procedures of the applicant	
c	The actions taken to correct identified nonconformities	
<b>2.5 Decision on certification</b>		
2.5.1	The decision to certify is taken by the CB on the basis of information gathered during the evaluation and any other relevant information. Those who make the certification decision shall not have participated in the audit.	
2.5.2	The CB shall not delegate responsibility for granting, maintaining, extending, suspending or withdrawing certification.	
2.5.3	The CB shall provide certified suppliers formal certification documents which identify for the supplier and each of the sites covered by the certification:	
a)	The name and address	

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b)	The scope of the certification granted including	
1	The quality standard to which EMSs are certified	
2	The product, process or service categories	
c)	The effective date of certification and the term if applicable	
2.5.4	Any application for amendment to scope shall be processed by the CB.	
<b>2.6</b>	<b>Surveillance and reassessment procedures</b>	
2.6.1	The CB shall carry out periodic surveillance and reassessment to verify continued compliance with certification requirements. Note: In most cases unlikely period greater than 1 year.	
2.6.2	Surveillance and reassessment procedures shall be consistent with those concerning assessment.	
<b>2.7</b>	<b>Use of certificates and logos</b>	
2.7.1	The CB shall exercise proper control over ownership, use and display of licences, certificates and marks.	
2.7.2	If certification confers the right to use a logo the supplier may use only as authorised in writing by the CB. It shall not be used on a product or in any way that may be interpreted as denoting product conformity.	
2.7.3	The CB shall take action to deal with incorrect references or misleading use. Note: Could include corrective action, withdrawal of certificate, publication of the transgression and other legal action.	
<b>2.8</b>	<b>Access to records of complaints to suppliers</b>	
	The CB shall require the supplier whose EMS is certified to make available the CB records of all complaints and corrective action taken.	

**Annex 3****Checklist for assessing consistency with ISO Guide 17011****ISO 17011 Requirements**

Note: this checklist should be used in conjunction with ISO17011 *Conformity assessment – General requirements for accreditation bodies accrediting conformity assessment bodies*

**Glossary of abbreviations**

AB Accreditation body

CAB Conformity assessment body

<b>1</b>	<b>Accreditation Body</b>	
<b>1.1</b>	<b>Legal Responsibility</b>	
	Demonstrate documented legal entity.	
<b>1.2</b>	<b>1. Structure</b>	
	The structure of the AB shall:	
1.2.1	Give confidence in its accreditations.	
1.2.2	Be responsible for decisions relating to granting, maintaining etc. accreditation.	
1.2.3	Description of legal status and owners.	
1.2.4	Details of senior executive and other certification personnel.	
1.2.5	Identify management responsibility for:	
a	Formulation of operating policies	
b	Supervision of policy implementation.	
c	Supervision of finances.	
d	Decisions on accreditation.	
e	Contractual arrangements	
f	Delegation of authority.	
1.2.6	AB accesses necessary expertise NOTE : May be obtained through advisory committees (either ad-hoc or permanent)	
1.2.7	Formal rules for the appointment, terms of reference and operation of committees that are involved. Identify the parties participating.	
1.2.8	Document its entire structure	
<b>1.3</b>	<b>Impartiality</b>	

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1.3.1	AB shall organized to safeguard impartiality	
1.3.2	Documented structure to safeguard impartiality, which enables participation of all parties significantly concerned in the development of policies and principles of the certification system/scheme.	
1.3.3	AB's policies and procedures non-discriminatory. Procedures not used to impede access by applicants.	
1.3.4	Personnel and committee free from any undue commercial, financial and other pressures that could compromise impartially.	
1.3.5	Accreditation decision taken by person (s) or committee (s) different from those who carried out the assessment.	
1.3.6	AB shall not provide service that affects its impartiality:	
a	Conformity assessment that CAB performs	
b	Consultancy	
	AB's activities shall not be presented as linked with consultancy. Nothing shall be said or implied that would suggest that accreditation would be simpler, easier, faster or less expensive if any specified person(s) or consultancy were used.	
1.3.7	Activities of related bodies do not compromise confidentiality, objectivity and impartiality. A related body can offer consultancy or conformity assessment if it has:	
a	Different top management for the activities described in 1.2.5	
b	Personnel different from accreditation decision making	
c	Not possible to influence the outcome of accreditation assessment	
d	Different names, logos and symbols	
	The accreditation body shall identify, analyse and document the potential conflict of interest with related bodies as described in 1.3.2. Where conflicts are identified, appropriate action shall be taken.	
<b>1.4</b>	<b>Confidentiality</b>	
	AB has adequate arrangements to safeguard confidentiality. Non-disclosure of confidential information without written consent.	
<b>1.5</b>	<b>Liability and financing</b>	
1.5.1	AB have adequate arrangements to cover liabilities	
1.5.2	AB has financial resources demonstrated by records and/ or documents. AB shall have a description of its income source(s).	
<b>1.6</b>	<b>Accreditation activity</b>	
1.6.1	AB shall describe accreditation activities, referring to relevant	

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	International Standards or Guides or other normative documents.	
1.6.2	AB may adopt or develop application or guidance documents. AB shall ensure that such documents have been formulated by competence committees or persons and with participation of interested parties where appropriate.	
1.63.	AB shall establish procedures for extending activities, elements to be included are:	
a	Analysis of present competence, suitability of extension, resources etc in the new field.	
b	Accessing and employing expertise.	
c	Evaluating the need for application or guidance documents.	
d	Selection and training of assessors.	
e	Staff training.	
<b>2</b>	<b>Management</b>	
<b>2.1</b>	<b>General</b>	
2.1.1	AB shall establish, implement and maintain a management system with and continually improve effectiveness in accordance with the requirement in this International Standard.	
2.1.2	Procedures shall be documented, implemented and maintained.	
<b>2.2</b>	<b>Management system</b>	
2.2.1	AB top management shall define and document policies and objectives for its activities. It shall provide evidence of commitment to quality and to compliance. AB shall ensure the policies are understood, implemented and maintained at all levels.  Note: AB which are signatories to a mutual recognition arrangement may refer to the obligations of such arrangement.	
2.2.2	AB shall operate a management system appropriate to the type, range and volume of work. It shall be addressed in documents and these documents are accessible to personnel.	
2.2.3	AB top management shall appoint a member of management whose have responsibility and authority:	
a	Ensure procedures for management system are established	
b	Report on the performance of management system	
<b>2.3</b>	<b>Document control</b>	
	AB shall establish procedures to control all documents, which shall define the controls needed:	
a	To approve documents.	
b	To review and update documents.	
c	To ensure changes and current revision status are identified.	

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d	To ensure relevant versions are available.	
e	To ensure documents are legible and identifiable.	
f	To prevent unintended use, and apply identification if they are retained for any purpose.	
g	To safeguard confidentiality.	
<b>2.4</b>	<b>Records</b>	
2.4.1	AB has procedures for identification, collection, indexing, accessing, filing, storage, maintenance and disposal	
2.4.2	AB has procedures for retaining records	
<b>2.5</b>	<b>Nonconformities and corrective actions</b>	
	AB shall establish procedures to identify and manage nonconformities. AB shall take actions to eliminate the causes of nonconformity. The procedures shall cover:	
a	Identify nonconformities.	
b	Determine the causes of nonconformity.	
c	Correct nonconformities.	
d	Evaluate the need for actions.	
e	Determine the actions and implement them.	
f	Record the results of action.	
g	Review the effectiveness of corrective actions.	
<b>2.6</b>	<b>Preventive actions</b>	
	AB shall establish procedures to take preventive actions to eliminate nonconformities:	
a	Identify potential nonconformities and their causes.	
b	Determine and implement the preventive actions.	
c	Record results of action.	
d	Review the effectiveness of preventive actions.	
<b>2.7</b>	<b>Internal audits</b>	
2.7.1	AB shall establish procedures for internal audits. Note: ISO 19011 provides guidelines for internal audits	
2.7.2	Internal audits shall be performed at least once a year. AB can reduce the frequency if it can demonstrate that its management system has been effectively implemented.	
2.7.3	AB shall ensure that:	
a	Internal audits are conducted by qualified personnel.	
b	Personnel who conduct internal audits are different from those being audited.	

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c	Personnel informed of outcome	
d	Corrective action taken.	
e	Identify opportunities for improvement.	
<b>2.8</b>	<b>Management reviews</b>	
2.8.1	AB top management shall establish procedures to review management systems. These reviews should be conducted at least once a year.	
2.8.2	Inputs to management reviews include:	
a	Audit results.	
b	Results of peer evaluation.	
c	Participation in international activities.	
d	Feedback from interested parties.	
e	New areas of accreditation.	
f	Trends in nonconformities.	
g	Status of preventive and corrective actions.	
h	Follow-up actions from earlier review.	
i	Fulfilment of objectives.	
j	Changes that could affect management system.	
k	Appeals.	
l	Analysis of complaints.	
2.8.3	Outputs from management reviews include:	
a	Management system improvement and processes.	
b	Improvement of services and accreditation process.	
c	Need for resources.	
d	Defining policies, goals and objectives.	
<b>2.9</b>	<b>Complaints</b>	
	AB shall establish procedures for dealing with complaints. It shall:	
a	Decide on the validity.	
b	Ensure that complaints concerning a CAB are first addressed by the CAB.	
c	Take appropriate actions and assess the effectiveness.	
d	Record complaints and actions taken.	
e	Respond to complainant.	
<b>3</b>	<b>Human resources</b>	

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<b>3.1</b>	<b>Personnel associated with the accreditation body</b>	
3.1.1	AB shall have sufficient number of competent personnel.	
3.1.2	AB shall have access to a sufficient number of assessors.	
3.1.3	AB shall make clear to personnel the extent and the limits of their duties, responsibilities and authorities.	
3.1.4	AB shall require all personnel to sign commitment relating to confidentiality, independence from commercial and other interests, and any association with CAB to be assessed.	
<b>3.2</b>	<b>Personnel involved in the accreditation process</b>	
3.2.1	AB shall describe:	
a	The qualifications, experience and competence.	
b	Initial and ongoing training.	
3.2.2	AB shall establish procedures for selecting, training and approving assessors.	
3.2.3	AB shall identify the scopes of assessors.	
3.2.4	AB shall ensure assessors:	
a	Are familiar with accreditation procedures, accreditation criteria and other relevant requirements.	
b	Have undergone accreditation assessor training.	
c	Have knowledge of assessment methods.	
d	Are able to communicate effectively.	
e	Have appropriate personal attributes.  NOTE: Guidance on personal attributes may be found in ISO19011.	
<b>3.3</b>	<b>Monitoring</b>	
3.3.1	AB shall establish procedures for monitoring and reviewing performance and competence of personnel.	
3.3.3	AB shall conduct monitoring to evaluate assessor's performance and to recommend follow-up actions. Each assessor shall be observed on-site every three years, unless there is sufficient evidence to show continuing competence.	
<b>3.4</b>	<b>Personnel records</b>	
3.4.1	AB shall maintain up-to-date records of qualifications, training, experience and competence.	
3.4.2	AB shall maintain records including the following:	
a	Name and address	
b	Organisation affiliation and position held	
c	Education and professional status	

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d	Work experience	
e	Training in management systems, assessment and conformity assessment	
f	Competence	
g	Experience in assessment and results of monitoring	
<b>4</b>	<b>Accreditation process</b>	
<b>4.1</b>	<b>Accreditation criteria and information</b>	
4.1.1	Criteria for accreditation of CAB shall be those set out in relevant documents such as International Standards and Guides	
4.1.2	AB shall make the following information publicly available:	
a	Assessment and accreditation processes	
b	Requirements for accreditation	
c	Accreditation fees	
d	Rights and obligations of CABs	
e	Information as described in 5.2.1	
f	Procedures for lodging and handling complaints and appeals	
g	Authority of the accreditation programme	
h	Rights and duties of AB	
i	Means of financial support	
j	Activities and limitations	
k	Information on related bodies as described in 1.3.7	
<b>4.2</b>	<b>Application for accreditation</b>	
4.2.1	AB shall require an authorised representative of the applicant CB to make formal application includes	
a	Corporate entity, name, addresses, legal status and human and technical resources.	
b	General information concerning the CAB such as activities and relationship in larger corporate entity.	
c	Clearly defined, requested, scope of accreditation.	
d	An agreement to fulfil the requirements and other obligations as described in 5.	
4.2.2	AB shall require the applicant CAB to provide the following information prior to assessment:	
a	Description of the conformity assessment services and a list of standards that the CAB seeks accreditation.	
b	A copy of quality manual and relevant documents such as proficiency testing.	

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4.2.3	AB shall review the adequacy of information.	
<b>4.3</b>	<b>Resource review</b>	
4.3.1	AB shall review its ability to conduct assessment of the applicant CAB.	
4.3.2	The review shall include the ability to carry out assessment in a timely manner.	
<b>4.4</b>	<b>Subcontracting the assessment</b>	
4.4.1	AB shall not subcontract decision making. Documented agreement for subcontracting including conflict of interest and confidentiality.  Note: contracting of external assessors is not to be considered as subcontracting	
4.4.2	AB shall:	
a	Takes full responsibility for subcontracting and maintains accreditation responsibility.	
b	Maintain its responsibility for granting, maintaining, extending, reducing, suspending or withdrawing accreditation.	
c	Ensures subcontractor is competent and meets applicable requirements of this standard.	
d	Obtain applicant CAB's consent.	
4.4.3	AB shall list the subcontractors it uses and have means to assessing and monitoring their competence and recording the results.	
<b>4.5</b>	<b>Preparation for assessment</b>	
4.5.1	AB shall have clear rules to avoid consultancy during preliminary visit prior to initial assessment.	
4.5.2	AB shall appoint an assessment team including lead assessor and suitable number of assessors. AB shall ensure the appropriateness of expertise. The team shall:	
a	Have appropriate knowledge for which accreditation is sought.	
b	Have understanding sufficient to make assessment.	
4.5.3	AB shall ensure the team members act in an impartial and non-discriminatory manner:	
a	Team members shall not provided consultancy to the CAB.	
b	Team members shall inform the AB, prior to assessment, about link or competitive position between themselves or organisation and the CAB to be assessed.	
4.5.4	AB shall inform CB the names of the team members sufficiently in advance to allow CAB to object to the appointment.	
4.5.5	AB shall define the assignment to the assessment team, which	

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	include documentation review and on-site assessment.	
4.5.6	AB shall establish procedures for sampling and ensure the assessment team witness a representative number of examples.	
4.5.7	<p>Visits shall be made to head office and other premises of the CAB from which key activities are performed and are covered by the scope of accreditation.</p> <p>NOTE Key activities include: policy formulation, process and/or procedure development, contract review, planning conformity assessments, review, approval and decision on the results of conformity assessments.</p>	
4.5.8	<p>AB shall establish procedures for sampling for surveillance and reassessment, where the CAB works from various premises.</p> <p>Premises where key activities are performed are assessed within a defined timeframe.</p>	
4.5.9	AB, CAB and assessment team shall agree to the date and schedule for the assessment. AB responsible for pursuing a date that in accordance with the surveillance and reassessment plan.	
4.5.10	AB shall ensure that the assessment team is provided with the appropriate documentation of the CAB.	
<b>4.6</b>	<b>Document and record review</b>	
4.6.1	The assessment shall review all documents and records supplied by CAB for conformity with the relevant standard(s) and other requirements for accreditation.	
4.6.2	AB may decide not to proceed based on the nonconformities found during review. Nonconformities shall be reported in writing to the CAB.	
<b>4.7</b>	<b>2. On-site assessment</b>	
4.7.1	Assessment team shall commence the on-site assessment with opening meeting at which the purpose, schedule and scope for the assessment are confirmed.	
4.7.2	Assessment team shall conduct the assessment at the premises of the CAB and shall perform witnessing at other selected locations to gather objective evidence that the applicable scope the CAB is competent and conforms.	
4.7.3	Assessment team shall witness the performance of a representative number of staff to provide assurance of the competence of the CAB.	
<b>4.8</b>	<b>Analysis of findings and assessment report</b>	
4.8.1	Assessment team shall analyze information and evidence gathered sufficient to allow the team to determine competence and conformity. Observations on areas for possible improvement may be presented, but consultancy shall not be provided.	

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4.8.2	Where assessment team cannot reach a conclusion, the team should refer back to the AB.	
4.8.3	AB reporting procedures ensure following requirements fulfilled:	
a	A meeting takes place between assessment team and CAB prior to leaving the premises.	
b	The assessment team provides the CAB with a report of its findings, including comments on competence and conformity, and nonconformities to be resolved in order to conform to all of the requirements.	
c	The CAB shall be invited to respond to the report and to describe the actions taken or planned to resolve any identified nonconformities.	
4.8.4	AB shall be responsible for the content of the assessment report, including nonconformities.	
4.8.5	AB shall ensure that the actions of CAB to resolve nonconformities are sufficient and effective. Further information, evidence of effective implementation of actions taken may be requested, or a follow-up assessment may be carried out.	
4.8.6	The information provided to the accreditation decision-maker(s) shall include the following, as a minimum:	
a	Unique identification of the CAB;	
b	Date(s) of the on-site assessment;	
c	Name(s) of the assessor(s) involved in the assessment;	
d	Unique identification of all premises assessed;	
e	Proposed scope of accreditation that was assessed;	
f	The assessment report;	
g	A statement on the adequacy of the internal organization and procedures adopted by the CAB	
h	Information on the resolution of all nonconformities;	
i	Any information that may assist in determining fulfilment of requirements and the competence of the CAB;	
j	Where applicable, a summary of the results of proficiency testing or other comparisons conducted by the CAB and any actions taken as a consequence of the results;	
k	Where appropriate, a recommendation as to granting, reducing or extending accreditation for the proposed scope.	
<b>4.9</b>	<b>3. Decision-making and granting accreditation</b>	
4.9.1	Prior to making a decision AB shall be satisfied that the information (see 4.8.6) is adequate.	

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4.9.2	AB shall, without undue delay, make the decision on whether to grant or extend accreditation on the basis of an evaluation of all information received (see 4.8.6) and any other relevant information.	
4.9.3	Where the AB uses the results of an assessment performed by another AB, it shall have assurance that the other AB was operating in accordance with the requirements of this International Standard.	
4.9.4	AB shall provide an accreditation certificate to the accredited CAB which shall identify (on the front page, if possible) the following:	
a	Identity and logo of the AB;	
b	Identity of the accredited CAB;	
c	Premises from which key activities are performed and covered by the accreditation;	
d	Accreditation number of CAB;	
e	Date of granting of accreditation and expiry date;	
f	Scope of accreditation	
g	Statement of conformity and reference to the standard(s), including issue or revision used for assessment of the CAB.	
4.9.5	Accreditation certificate shall identify :	
a	For certification bodies:	
1	the type of certification,	
2	the standards or regulatory requirements which products, personnel, services or management systems are certified,	
3	industry sectors	
4	product categories	
5	personnel categories	
b	For inspection bodies:	
1	the type of inspection body	
2	the field and range of inspection for which accreditation has been granted,	
3	the regulations, standards or specifications containing requirements against the inspection is performed	
c	For calibration laboratories:	
1	the calibrations, including the types of measurements performed, the measurement ranges and the best measurement capability (BMC) or equivalent ;	
d	For testing laboratories:	
1	the tests or types of tests performed and materials or products	

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	tested and, where appropriate, the methods used.	
<b>4.10</b>	<b>4. Appeals</b>	
4.10.1	AB shall establish procedures to address appeals by CABs.	
4.10.2	AB shall:	
a	Appoint a person or group who are competent and independent of the subject to investigate	
b	Decide on the validity	
c	Advise the CAB of the final decision(s).	
d	Take follow-up action	
e	Keep records of all appeals, final decisions, and follow-up actions.	
<b>4.11</b>	<b>Reassessment and surveillance</b>	
4.11.1	Reassessment is similar to an initial assessment. Previous experience shall be taken into account. Surveillance on-site assessments are less comprehensive than reassessments.	
4.11.2	AB shall establish procedures and plans for periodic surveillance on-site assessments, other surveillance activities and reassessments at sufficiently close intervals	
4.11.3	Reassessment and surveillance of accredited CAB includes representative samples of the scope of accreditation, assessed on a regular basis.  The interval between on-site assessments depends on the proven stability that the services of the CAB have reached.  ABs shall rely on either reassessment alone or a combination of reassessment and surveillance, as follows:	
a	if based on reassessment alone, then the reassessment shall take place at intervals not exceeding 2 years; or	
b	if the combination of reassessment and surveillance is relied upon, then the AB shall undertake a reassessment at least every 5 years. However, the interval between the surveillance on-site assessments should not exceed 2 years.	
	It is recommended that the first surveillance on-site assessment be carried out no later than 12 months from the date of initial accreditation.	
4.11.4	Surveillance on-site assessments shall be planned taking into account other surveillance activities.	
4.11.5	AB shall define strict time limits for corrective actions to be implemented for nonconformities.	
4.11.6	AB shall confirm the continuation of accreditation, or decide on the renewal of accreditation, based on the results of surveillance	

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	and reassessments described above.	
4.11.7	AB may conduct extraordinary assessments as a result of complaints or changes (see 5.1.2), etc. AB shall advise CABs of this possibility.	
<b>4.12</b>	<b>Extending accreditation</b>	
	AB shall, in response to an application for an extension of scope of an accreditation already granted, undertake activities to determine whether or not the extension may be granted.  Where appropriate, assessment and granting procedures shall be as in defined in 4.5 to 4.9.	
<b>4.13</b>	<b>Suspending, withdrawing or reducing accreditation</b>	
4.13.1	AB shall establish procedures for the suspension, withdrawal or reduction of the scope of accreditation.  NOTE The rules set by AB may differ with the type of conformity assessment.	
4.13.2	AB shall make decisions to suspend and/or withdraw accreditation when an accredited CAB has persistently failed to meet the requirements or to abide by the rules of accreditation.  NOTE The CAB may ask for suspension or withdrawal of accreditation.	
4.13.3	AB shall make decisions to reduce the scope of accreditation of the CAB to exclude those parts where the CAB has persistently failed to meet the requirements.  NOTE The CAB may ask for reduction of its scope of accreditation.	
<b>4.14</b>	<b>Records on CABS</b>	
4.14.1	AB shall maintain records on CABs to demonstrate that requirements for accreditation have been fulfilled.	
4.14.2	AB shall keep the records on CABs secure to ensure confidentiality. The records on CABs shall be managed as described in 2.4.	
4.14.3	Records on CABs shall include:	
a	Relevant correspondence,	
b	Assessment records and reports,	
c	Records of committee deliberations, if applicable, and accreditation decisions, and	
d	Copies of accreditation certificates.	
<b>4.15</b>	<b>Proficiency testing and other comparisons for laboratories</b>	
4.15.1	AB shall establish procedures to take into account, during the assessment and the decision-making process, the laboratory's participation and performance in proficiency testing.	

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4.15.2	<p>AB may organize proficiency testing or other comparisons itself, or may involve another body judged to be competent. AB shall maintain a list of appropriate proficiency testing and other comparison programmes.</p> <p>NOTE Guidelines on operation and selection of proficiency testing and related definitions exist in ISO/IEC Guide 43-1 and ISO/IEC Guide 43-2.</p>	
4.15.3	<p>AB shall ensure that its accredited laboratories participate in proficiency testing or other comparison programmes, where available and appropriate, and that corrective actions are carried out when necessary. The minimum amount of proficiency testing and the frequency of participation shall be specified in cooperation with interested parties and shall be appropriate in relation to other surveillance activities.</p> <p>NOTE 1 It is recognized that there are particular areas where proficiency testing is impractical.</p> <p>NOTE 2 Proficiency testing may also be used in many types of inspection. Clause 7.15 should be read in this sense.</p>	
<b>5</b>	<b>Responsibilities of the accreditation and the CAB</b>	
<b>5.1</b>	<b>Obligations of the CAB</b>	
5.1.1	AB shall require the CAB to conform to the following:	
a	Fulfil the accreditation requirements for the areas where accreditation is sought or granted, including agreement to adapt to changes in the requirements.	
b	Enable AB to verify fulfilment of accreditation requirements. This applies to all premises where the conformity assessment services take place.	
c	Provide access to information, documents and records for the assessment and maintenance of the accreditation.	
d	Access to documents that provide insight into the level of independence and impartiality of the CAB from its related bodies.	
e	Arrange the witnessing of CAB services when requested	
f	Claim accreditation only with respect to the scope granted.	
g	Not use its accreditation to bring AB into disrepute.	
h	Pay fees determined by AB.	
5.1.2	AB shall require the CAB to inform of significant changes relating to:	
a	Legal, commercial, ownership or organizational status,	
b	Organisation, top management and key personnel,	
c	Main policies,	

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d	Resources and premises,	
e	Scope of accreditation, and	
f	Other matters that may affect ability of the CAB to fulfil accreditation requirements.	
<b>5.2</b>	<b>Obligations of the accreditation body</b>	
5.2.1	Make information publicly available about the current status of the accreditations that it has granted. Information shall be updated regularly and include:	
a	Name and address of each accredited CAB;	
b	Dates of granting accreditation and expiry dates;	
c	Scopes of accreditation. If condensed scopes provided, information given on how to obtain full scopes.	
5.2.2	Provide the CAB with information about ways to obtain traceability of measurement results in relation to the scope.	
5.2.3	Provide information about international arrangements in which it is involved.	
5.2.4	Give due notice of any changes to its requirements for accreditation. Take account views expressed by interested parties. Verify each accredited body carries out adjustments in relation to the changed requirements.	
<b>5.3</b>	<b>Reference to accreditation and use of symbols</b>	
5.3.1	AB shall have a policy governing use of accreditation symbol. Accreditation symbol shall have a clear indication as to which activity the accreditation is related. An accredited CAB is allowed to use this symbol on its reports or certificates issued within the scope of its accreditation.	
5.3.2	AB shall take effective measures to ensure that the accredited CAB:	
a	Conforms to requirements for claiming accreditation status, when making reference to it in communication media.	
b	Only uses the accreditation symbols for premises of the CAB that are specifically included in the accreditation,	
c	Does not make any misleading or unauthorized statement regarding its accreditation	
d	Takes due care that no report or certificate or any part is used in a misleading manner,	
e	Upon suspension or withdrawal of its accreditation, discontinues its use of all advertising matter that contains reference to accredited status, and	
f	Does not allow the accreditation to be used to imply that a product, process, system or person is approved by the AB.	

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5.3.3	<p>AB shall take action to deal with incorrect references to accreditation status or misleading use of symbols in advertisements, catalogues, etc.</p> <p>NOTE: Actions include request for corrective action, withdrawal of accreditation, publication of the transgression and, other legal action.</p>	
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