



المجلس العالمي للاعتماد
Global Accreditation Bureau



Accreditation Procedure for Conformity Assessment Bodies for Management System Certification

Issue 2.3 – 08/23

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Global Accreditation Bureau (GAB)

1. Introduction

This document defines the procedure that must be followed by the organizations seeking accreditation or are accredited by GAB based on ISO/IEC 17021-1 for offering certification services to organizations for the management systems (QMS, EMS, etc.). The general information of accreditation process is contained in this procedure. GAB, on request, will provide any specific information required by the organizations seeking accreditation. GAB policies procedures and processes are applied in a non-discriminatory way. Accreditation services of GAB are accessible to all applicants whose application for accreditation falls within the scope of its accreditation activities as defined within its policies and rules. Access shall not be conditional upon the size of the applicant conformity assessment body or membership of any association or group, nor shall accreditation be conditional upon the number of conformity assessment bodies already accredited.

The other applicable procedures and information that are mandatory for the new applicant and the accredited organizations like Use of Logo, Appeals procedures, Fee schedule etc. are also to be considered. These documents can be referred or downloaded from GAB website www.gab.qa.

2. Criteria for Accreditation

2.1 Adoption of Criteria

2.1.1 GAB shall adopt and document the accreditation criteria for Conformity Assessment Bodies (CABs) undertaking certification of management systems based on international standards and guidelines, supported by the mandatory/any other relevant documents prescribed by the International Accreditation Forum (IAF)/Asia Pacific Accreditation Cooperation (APAC).

2.1.2 Accreditation Criteria documents, ISO/IEC 17021-1 and other related standards such as ISO/IEC TS 17021-3, ISO/IEC 17021-2 etc. have been adopted directly from international standards and are covered by copyright laws. Therefore, these are not available as part of the application pack. For such documents, only the reference number and issue level are given. The applicant/accredited bodies need to procure such documents either from the national standards body or the International Organization for Standardization (ISO) directly or through their authorized sources.

2.2 Amendment to the Criteria

The Criteria for accreditation and the related documents may be amended and shall be taken up for amendment based on following conditions individually or severally:

- Any change in the International standards and guidelines;
- Any change in the IAF/APAC documents for implementation of international standards and guidelines;
- Feedback from the Peer Review assessment team that warrants amendment;
- Feedback from the implementation of the criteria;

- Any other reason as deemed fit by GAB;
- GAB shall approve the amended criteria after completion of any one or more of the consultative processes;
- Seek the advice of the appropriate Committee and/or personnel, if any;
- Views of the Conformity Assessment Bodies undertaking certification of management systems before approval of the amendment and;
- Seek public comments on the proposed changes through the Members of Advisory Board of GAB and other representative bodies as GAB may deem fit.

The issue status of the Criteria documents shall be identified by month and/or year of the issue.

2.3 Communication of changes to the Criteria

2.3.1 Any change in the accreditation criteria shall be notified to the accredited/applicant CABs within a suitable time frame for implementing the modified criteria. Any transition policy announced by IAF/APAC would be adopted by GAB and communicated to the CABs. The accredited CABs shall communicate their objection, if any, in writing within (30) thirty days of the receipt of the amended criteria. If the communication is not received within (30) thirty days, it will be presumed that the accredited CABs are willing to adopt the changed criteria.

2.3.2 The implementation of the changed criteria shall be verified during the subsequent onsite assessment of each CAB. In the event of any major change in the criteria, GAB reserves the right to carry out an additional assessment or add additional man-days with the scheduled onsite assessment and the fee of such assessment visit/additional man-days as per published rates shall be borne by CABs.

2.3.3 If an accredited CAB is not willing to adopt the changed criteria, it can opt out of the accreditation scheme and the accreditation is withdrawn with effect from the date of the implementation of revised criteria. The accredited CAB in such cases shall forfeit their right to get the refund of the paid fees and shall clear all its outstanding payment before opting for withdrawal of accreditation.

3. Accreditation Process

3.1 General

GAB has decided to provide accreditation services to Conformity Assessment Bodies (CABs) established as legal entities and providing certification of management systems in accordance with the international standards. It is expected that the bodies applying for accreditation would be registered legal entities as per applicable laws within their economies and can be sued

in their own names. Any exception made regarding legal status would be only by a specific decision of GAB, keeping in view the legal provisions in the economy in which the CAB is established as a legal entity.

3.2 Scope of accreditation

3.2.1 The scope of accreditation for the CABs followed by GAB are adopted as defined in the document IAF-ID-1:2014. An extract of the scope is included in Annex 1. The scopes for QMS, EMS & OHSMS shall be used as in Annex 1. However, the scopes of accreditation for other management systems like FSMS, EnMS etc. shall be defined based on the applicable standards and shall be communicated when such accreditation services are made available.

3.2.2 To apply for accreditation as per ISO/IEC 17021-1, applicant CAB shall demonstrate competence and knowledge of the specific management system and for each scope sector applied for. Where the competence requirements of specific sector standard such as, QMS, EMS, FSMS, EnMS etc. the applicable competence standard shall be used as defined in the accreditation criteria document. Applicant CAB shall ensure that the competence requirements and other specific requirements are built in its management system standard in line with ISO/IEC 17021-1, applicable standards and IAF/APAC documents.

3.2.3 Any additional explanation needed by the applicant is provided by the Director, GAB, or nominated person on behalf of GAB, on receipt of a specific request for the same, including necessary explanations on the specific certification programmes and scopes of accreditation.

3.3 Application for Accreditation

3.3.1 CABs interested in getting accredited by GAB for their certification programmes can apply for accreditation in the prescribed application form for the specific certification programme that can be downloaded, from GAB website.

3.3.2 The following documents that form part of the application package are available on the website of GAB:

- Application Form
- Fee Schedule
- Accreditation Criteria
- Accreditation Procedure
- Use of Accreditation Symbol
- Copy of the accreditation agreement
- Blank copy of the Cross-Reference Matrix

3.3.3 Before applying for accreditation, the applicant body must have met the following conditions:

- Has operated the certification system and process for at least (6) six months as a minimum;
- Has completed one Internal Audit against the applicable criteria for Management System Accreditation;
- Has completed one Management Review and;
- Has certified at least two clients for each certification programme.

3.3.4 The completed application form for accreditation must be duly signed by the authorized representative/s of the organization seeking accreditation and forwarded to GAB along with the following;

- a. Application fee (refer to Page 10);
- b. A completed Cross Reference matrix for the specific certification programmes indicating clearly the clause numbers and the reference number/name of the document that addresses the requirement of the applicable standard;
- c. Complete documented management system for which accreditation is being sought. The documented system must include all documents that have been referred by CAB in the Cross-Reference Matrix. (The documents may include quality manual, procedures, work instructions, guidance documents, formats etc.) and;
- d. Evidence of the documents and records relating to the completion of internal audit and Management review are to be submitted along with the application package or are made available electronically.

GAB reserves the right to seek information on the antecedents of the owners/those managing activities of CAB, including previous adverse reputation or sanctions by other ABs before deciding to accept the application for further processing.

If any adverse decision is made on the acceptance of application, GAB will communicate the reason for the adverse decision of non-acceptance of the application. The applicant can appeal against such decision.

The application fee is non-refundable except when the application is rejected by GAB. Once the application is accepted the application fee is non-refundable. Normally, the acknowledgement of the receipt of the application would be communicated within a week of receipt.

3.3.5 The applicant must also enclose the required information and documents as specified in the application form and submit the same with its application. CABs operating in multiple countries to declare about their plans to issue GAB accredited certificates in countries other than Qatar. In such cases information as per IAF-MD-12 will be sought from applicant CAB.

3.3.6 The application is reviewed by GAB secretariat for completeness, clarity of accreditation requirements and the capability of GAB to provide the services. Any mismatch is clarified, and the outcome of the review is communicated to the applicant regarding acceptance of the application for further processing, or to complete any further requirements identified during the review.

3.3.7 In case the application is accepted for further processing, a formal quotation is sent for carrying out the assessment of the applicant body based on the fee schedule. GAB would publish on its website, information about new applications for accreditation, for information and feedback from the industry/other stakeholders. In case any feedback from industry/individuals or stakeholders calls for a review by GAB, the required formalities shall be completed before further processing of the application.

Note: At the request of the CAB, applying for initial accreditation, that has been accredited for the same scheme by another accreditation body (AB), MRA member of APAC, IAF or ILAC, Director, GAB, may consider the accreditation granted by other AB and reduce the extent of assessments subject to the following conditions:

- a. The CAB shall pay the application fee;
- b. The CAB shall submit its complete documented system;
- c. The CAB shall submit the previous assessment reports of the last accreditation cycle that consist of Document review, initial accreditation/reaccreditation, surveillance assessment (if any), and witness assessments (if any) and;
- d. Record the justification of reduction in the assessment in the contract review and reflect the reduced assessment in the assessment plan.

The decision of extent of reduction in assessment GAB shall be final.

3.3.8 Further processing of application shall be taken up on receipt of acceptance of the quotation and confirmation by the applicant CAB that the “agreement for accreditation” is acceptable.

3.3.9 If a preliminary visit is requested by the applicant CAB or deemed necessary to effectively ascertain the readiness of the applicant, GAB organizes the same after obtaining the acceptance of the preliminary visit fee by the applicant CAB. Such a visit would solely be for the purpose of gaining a better understanding of the operations of the CAB and for the CAB to better understand the accreditation process and clarify the expectations of GAB as regards the requirements of the standard. The visit may result in communication of findings to the CAB. Such a visit would not result in any decrease in the man-days for the initial assessment.

3.3.10 Any scopes that are added following the start of initial assessment process can be included in the assessment, depending upon the stage of initial assessment process and scope applied. Additional assessment time beyond the normal assessment time (refer Annex 2) may be required in such situations. For assessment at foreign locations, GAB shall reserve the right to take the assistance of local IAF/APAC members, preferably MRA members, for assessments at foreign locations. The fee for such assessments shall depend on the fee structure of the local accreditation body. The applicant/accredited CAB shall have the opportunity to object to inclusion of specific assessor in the GAB assessment team (GAB-AT) for reasons of conflict of interest. If the certification body does not prefer to involve such local accreditation body, then the reasons for the same would have to be clearly indicated in writing. GAB reserves the right to share such information with the concerned accreditation body/APAC/IAF.

4. Preparation for Assessment

4.1 Assessment Programme:

GAB prepares a draft assessment programme for the Initial Assessment as below:

- Review of the documented system of the CAB offsite;
- Assessment of office of the applicant including any critical location/other branch offices/sub-contractors as per its policy based on risk and;
- Witnessing of on-site audits being carried out by the applicant CAB for the applied scopes.(Refer *Annex 1* for details)

4.2 Assessment Time:

The normal assessment time for each stage of assessment is given in the Annex 2. The draft assessment programme may be prepared in stages as mentioned above depending on the information supplied and number of scopes applied. The clarifications regarding the scopes applied for, competence of CAB auditors available with applicant, etc. shall be provided in advance for finalizing assessment programme; if necessary, the same shall be further verified and confirmed as part of the office assessment.

4.3 Assessment of Branch/Subcontractor:

The central office and some of the branch/sub-contractor's offices shall be covered for the initial assessment based on risk analysis by GAB. These may include all or some of the offices/sub contractor's offices from where critical activities are performed.

Critical activities shall include:

- Policy formulation and approval;
- Certification process and/or procedure development necessary for operations;
- Pre-engagement activities, including contract review and approval of the audit request received.
- Initial approval of auditing personnel or control of their training and personnel records which would also include their selection and appointment for specific audits;
- On-going monitoring of auditors and follow-up;
- Application review, and approval of the contract;
- Final audit report review prior to certification decision;
- Development of policies and procedures and;
- Resolution of appeals and complaints received by CAB.

The inputs for the assessment programme shall be discussed with the authorized personnel of the applicant CAB to ensure an effective assessment plan at each stage.

4.4 Appointment of the GAB assessment team (GAB-AT)

4.4.1 The GAB-AT, consisting of a Team Leader, member(s) and technical expert(s), if needed, is identified by the Director, GAB, from the pool of assessors and technical experts maintained by GAB. The GAB-AT for each stage of the initial assessment normally consists of two members. The team for Witness Assessment will normally have as many members in the team as the number of auditors of the applicant CAB. GAB-ATs may include Observers and/or Trainee Assessors.

4.4.2 The names of the members of GAB-AT, along with their CVs and details of any past/current affiliations/relationships, shall be communicated to the applicant CAB giving them enough time, to raise any objection against the appointment of any of the team members. Any objection by the applicant CAB against any of the team members must be accompanied in writing with adequate grounds for the objection. The Director, GAB, will evaluate the objection and decide whether to change the team member or to overrule the objection raised by the applicant body.

4.4.3 The decision of GAB on the team members and the number of team members for any stage of accreditation assessment shall be final.

4.4.4 After acceptance of the GAB-AT by the applicant CAB, the GAB-AT is formally appointed. GAB-AT is provided appropriate documents of GAB and documents of the CAB including the previous assessment reports as applicable.

4.4.5 Efforts are made to ensure that the team leader is not changed throughout the initial assessment process. If there is any change in the composition of the team members, the same shall be communicated to the applicant CAB for their acceptance.

4.4.6 The assessors/experts of GAB are bound by confidentiality and declared absence of conflict of interest with the CAB.

4.5 Assessment Plan

4.5.1 An Assessment Plan for the onsite office assessment shall be prepared by the Team Leader of the GAB-AT based on the draft assessment programme agreed by the Director, GAB, and the applicant/CAB.

4.5.2 For initial accreditation of CAB, the minimum number of witness assessments required to be undertaken shall be in accordance with the *Annex 1* on Witness assessments.

4.5.3 For witness of CAB personnel, the Team Leader of the GAB-AT may identify the applicant CAB's auditors that GAB-AT would wish to observe during the witness of audit of the management system by the audit team of applicant CAB, as per *Annex 1*.

4.6 Document Review

4.6.1 The applicant CAB's documents shall be reviewed by the GAB-AT for compliance to the accreditation criteria including the specific requirements of the management system for which the CAB has applied. GAB may advise the applicant CAB to submit the required set of the documentation for the assessors, in electronic form. The documentation includes manual, procedures, formats, checklists, guidance/guides, instructions, or any other documentation which demonstrates compliance to the accreditation requirements.

4.6.2 A Document Review Report (DRR) in the Cross-reference matrix indicating the level of compliance and deficiencies in the documentation against the accreditation criteria is forwarded by the Team Leader to the applicant CAB for its comments and corrective actions to achieve compliance. If substantial changes in CAB's documentation are required based on the first review, a decision regarding a 'second review' of documents shall be taken by the Director, GAB.

4.6.3 The applicant CAB shall be informed if a 'second review' is needed in view of the substantial changes and the time period for submission of documents for the second review. The second review shall be charged to the CAB.

4.6.4 GAB secretariat may decide to conduct preliminary visit in case the need is felt instead of conducting a second review.

4.6.5 After document review, GAB would decide about the onsite visit and total time required in terms of man-days which would also include time required to review the outstanding documentation issues. Alternately, where required a preliminary visit would be planned as referred in Clause 3.3.9.

4.6.6 The Applicant CAB shall ensure that the corrective actions for deviations observed during document review exercise are completed in a maximum time of (90) ninety days. Any extension of this time limit would need a justification and be approved by the Director, GAB.

4.6.7 In case the above condition is not met with, the application shall be liable to be rejected.

4.6.8 Applicant CAB shall pay for document review charges.

4.6.9 At any point in the application or initial assessment process, if there is evidence of fraudulent behavior, including intentionally providing false information, concealing information by the CAB, GAB assessment team will inform GAB. After review of the information made available to GAB along with the response of the CAB. GAB shall have the option to reject the application of CAB.

4.7 Onsite Office Assessment

4.7.1 The assessment plan for the onsite office assessment shall be agreed to between GAB-AT and applicant CAB.

4.7.2 The head office of the CAB shall be assessed by GAB. In addition, assessments shall be conducted at other office sites/sub-contractors and any other locations based on risk analysis conducted by GAB.

4.7.3 During the office assessment, GAB-AT shall evaluate the implementation of CAB's

management system as per requirements of ISO/IEC 17021-1 along with the related standards and documents as mentioned in the accreditation criteria.

4.7.4 In cases where the CAB seeks accreditation to specific Management system standards, requirements of that standard shall be additional to above requirements.

4.7.5 Wherever needed, to demonstrate the competence of the applicant CAB, the applicant CAB may submit documents and records of audits conducted by the applicant CAB with accreditation from other accreditation bodies who are IAF or any regional MRA signatories.

4.7.6 During the office assessment, the Team leader shall confirm that applicant CAB's declarations are correct including their declared branch offices and sub-contractors for confirming critical activities involved. In case information collected during the office assessment requires inclusion of other locations in the assessment programme, including any foreign location, the applicant shall be informed, and the assessment programme shall be modified to cover such locations. Subsequent monitoring at these offices/new locations shall depend on the nature of activities carried out by them and the extent of control demonstrated by the applicant CAB.

4.7.7 During the assessment or on demand at any time, the applicant/CAB shall provide unrestricted access to the locations and documents that pertain and/or relate to the audit process and the scope applied for.

4.7.8 GAB-AT shall explain the non-conformities/concerns observed during the office assessment at the end of assessment in the closing meeting. The non-conformities/concerns shall be provided electronically, in the prescribed format in writing, to the applicant CAB for corrective action plan and further action. The applicant CAB shall respond within stipulated timeline with the root cause analysis, and corrective action plan in response to the NCs. The time required for the closure of the non-conformities and concerns would be as per requirement as specified in this procedure. GAB-AT also provides an opportunity for the applicant CAB to ask any question about the findings and its basis during the closing meeting.

4.7.9 In case of any disagreement on the non-conformities/concerns, the CAB may escalate the matter to Director, GAB. The decision by Director, GAB, in such a case shall be final.

4.7.10 The Team leader shall send a draft report to the applicant CAB, including details of the recommended witness assessments, as per the guidelines of GAB.

4.7.11 Based on the Office Assessment report and the nature and type of non-conformities/ concerns issued, GAB shall advise, at this stage, whether to await completion of the corrective actions to the non-conformities/concerns or to proceed with the witness assessment of audit scheduled to be carried out by the applicant.

4.8 Onsite Witness Assessment

4.8.1 Witness assessment selection and planning shall be as per *Annex 1* for each certification scheme. The number of required witness assessments is determined by the scope of the accreditation applied. The witness assessment team, nominated by GAB, shall carry out the witness assessment of the audit as per the CAB's plan.

4.8.2 Witness Assessments are required for all certification schemes. GAB may consider undertaking an integrated management systems audit for more than one certification scheme.

Note 1: For all witness assessments, the applicant CAB shall provide, before proceeding for the audit, as a minimum, details of client and audit team that will include, a) Application from client, b) Review of the application, contract review, calculation of the audit time with justification of any reduction made as per IAF-MD5 and signed contract with the client, c) Audit team nomination, d) Evidence of evaluation of demonstrated competence of the auditors in the team, including a copy of the CV of auditors e) Copies of the previous audit report f) audit plan, g) auditing procedure and h) any other document requested by GAB-AT.

Note 2: GAB-AT may request for additional documents for review on case to case basis, for offsite review.

Note 3: In addition, applicant CAB shall provide details of the location and means of reaching the site(s) for effective planning and preparation of witnessing the audit.

4.8.3 All witness related documentations should be received by GAB-AT at least a week before the scheduled onsite dates, to enable GAB-AT to do the offsite review and prepare itself. Specific certification scheme requirements shall be assessed by GAB-AT during witness assessment(s).

4.8.4 The applicant/CAB shall include all organization facilities and the relevant processes specific to the sector under audit in the audit plan. All the witness assessments, collectively, shall demonstrate the ability of the applicant/CAB to audit all the requirements of the applicable standard and the specific scheme and sector for which the witness assessment is planned/ conducted.

4.8.5 A physical or virtual closing meeting may be held on completion of witness assessments where the applicant/CAB shall be explained and communicated the non-conformities/ concerns observed in writing for corrective action as per the guidelines established by GAB. The team also provides an opportunity for CAB to ask any question about the findings and its basis during the meeting.

4.8.6 CAB shall provide the audit report of the client to GAB-AT within a week. Witness assessment report by GAB-AT will be prepared. GAB-AT may raise additional NC/Concern based on the audit report from CAB. The timeline for closing of NCs will be as per section 8 of this procedure.

4.8.7 In case of any disagreement on the non-conformities/concerns, the CAB may escalate the matter to the Director, GAB. The decision of Director, GAB, in such a case shall be final. Applicant/CAB shall submit its audit report along with the findings raised within (7) seven days to GAB-AT.

4.9 Assessment Report

4.9.1 The GAB-AT shall prepare a report at each stage of the assessment – document review, office assessment, branch office assessment, and witness assessments. Non-conformities and concerns, if any, shall be communicated to the CAB representative(s) at the end of each assessment, in writing.

The draft assessment report for each assessment shall be sent by GAB-AT within 10 days of the assessment to the CAB. If no comments are received within (7) seven days of sending the report, then the report is considered as acceptable to the CAB and is deemed final. For any comments received on the report, GAB-AT shall try to resolve them within (10) ten days. GAB-AT shall submit the report at the end of this period along with unresolved comments from CAB to GAB, who would review and/or coordinate, as needed.

4.9.2 For initial accreditation, after completion of various stages of assessments, GAB-AT Leader shall prepare Final Assessment Report based on the Document Review report, Office Assessment(s) and Witness assessment(s) with the recommendations to GAB.

4.9.3 The assessment report shall be prepared and include the following:

- details indicating the level of conformity of the certification body's management
- system against GAB accreditation requirements;
- the non-conformities observed during various stages of the assessment and actions taken by the certification body on the non-conformities;
- Recommendations of GAB-AT and;
- The scope of accreditation recommended based on the assessments

4.9.4 The report shall be prepared as per the laid down guidelines and criteria by the team leader/team members in the prescribed formats.

4.9.5 This draft report would be sent to CAB for review and comments. In case the report sent to the applicant CAB contains any difference from the information presented to the applicant CAB by the GAB-AT at the closing meeting (of each stage of assessment), the same is highlighted and the explanation of the differences shall be provided.

4.9.6 In case of initial assessment, reassessment, or scope extension, the final assessment report, before presentation to Accreditation Committee for review and decision making, will be checked for completeness, errors, omissions, and inconsistency by a qualified team leader of GAB, who was not involved in the assessment. The team leader will be nominated by Director, Technical. The comments will be sent to the team leader of the assessment team to agree and incorporate changes as appropriate in the report. If any changes are made in the report, the modified report is shared with the CAB.

4.9.7 Applicant CAB may support its case with the assessments undertaken on the applicant by other accreditation bodies especially IAF MRA Members. Director, GAB, shall ensure a detailed review, on a case-to-case basis, and place a report on the same to the Accreditation Committee. Annex 3 provides norms for using other Accreditation Body's reports for the grant of scopes based on such reports.

4.9.8 In the event of delay in getting witness assessment scheduled for different scope sectors applied for, the applicant CAB may apply in writing to the Director, GAB, for “Partial Assessment of available scopes”. The Director, GAB, shall have the right to accept or reject the request.

4.10 Time Period for Assessment Process

4.10.1 A typical assessment time for various assessments of the accreditation process is given in Annex 2. Accreditation process for initial assessment should be completed within one year from the date of acceptance of application failing which the application is liable to be rejected.

4.10.2 In the event that the process is not completed within one year, due to delays/deficiencies on the part of the applicant, an extension of one year may be given depending on the results of past assessments and/or applicant body’s assessment experience in other certification schemes and/or if the applicant/CAB is accredited by other accreditation body.

4.10.3 The process of closing the non-conformities/concerns and verification of corrective actions shall be completed in the specified time. If the applicant CAB delays the process of satisfactory submission of corrective actions beyond the limits specified, GAB shall have the right to reject the application. The fees paid by such applicant is non-refundable.

4.10.4 Applications pending over 2 years shall be reviewed by GAB for appropriate action including closure. Any extension of time shall be an exception.

4.11 Accreditation Decision

4.11.1 GAB shall submit a summary of assessments and its recommendation for each applicant CAB to the Accreditation Committee. The conclusions shall be based on the final assessment report including closed status of non-conformities and concerns as well as any unresolved issues.

4.11.2 The Accreditation Committee is responsible for taking decisions on granting, maintaining, suspending, reducing or withdrawing of Accreditation.

4.11.3 The decisions of the Accreditation Committee shall be based on the assessment report and other relevant information placed before it. The Accreditation Committee in its capacity shall have the right to ask for any further clarifications on the report and information submitted on the applicant’s system and the applicant shall not refuse to provide such information.

4.11.4 Based on the available competence and/or the recommendation of the GAB-AT/secretariat, the Accreditation Committee may decide to restrict grant of accreditation to a part of the scope applied for by the applicant.

5. Conditions for Accreditation

5.1 Granting of Accreditation

5.1.1 The accreditation is granted to an applicant after the following conditions have been met by the applicant body:

- a. The applicant meets the criteria of accreditation and all non-conformities/concerns found against the criteria of accreditation during assessment have been closed to the satisfaction of GAB-AT;
- b. There are no adverse reports/information/complaints with GAB about the applicant regarding the quality and effectiveness of implementation of audit system as per the criteria of GAB and;
- c. The clients of the applicant/CAB are satisfied by the conduct of the applicant body and its audit system.

Note: GAB on regular basis, shall obtain through appropriate mechanism, feedback from a few of the clients of the CABs and other stakeholders to assess the integrity and compliance aspects of the CABs.

- d. The applicant CAB has paid all the outstanding dues.

5.1.2 The accreditation shall be granted for a maximum period of 4 years and will be subject to continued satisfactory operation of accredited Management System Certification programme and reasonable number of GAB accredited certificates being issued by the CAB. Accreditation period may be reduced based on any exceptional circumstances that will be recorded as part of accreditation decision.

5.1.3 In the event of any adverse issue arising from the reasons specified at points b., c. and d. of clause 5.1.1 above, the applicant body will be given an opportunity to explain its position in writing to GAB and present its case in person to the Accreditation Committee. The final decision shall be taken in respect of granting of accreditation based on facts and the results of such presentation.

5.1.4 GAB would publish on its website, the list of accredited CABs with details of address, scope of accreditation etc., for information and feedback from the industry/stakeholders.

6. Accreditation Documents

6.1 Accreditation Agreement:

On being informed about the grant of accreditation, two copies of the accreditation agreements shall be signed by the applicant and the applicant shall ensure that the relevant fees are paid. The agreement will include date of its effectiveness. The date of effectiveness will be on or after the date of decision of accreditation by accreditation committee.

6.2 Accreditation Documents:

On receipt of the signed agreement and the fee as per the invoice, a set of accreditation documents shall be issued to the applicant body along with the accreditation mark of GAB.

6.3 Accreditation Certificate:

The accreditation certificate in the standard template shall include GAB logo, the name of CAB, address of the premises of CAB, unique identification as an accreditation number, the scope of accreditation, and statement of conformity & reference to the accreditation standard.

6.4 Validity of Accreditation Certificate:

The accreditation certificate shall be valid for (4) four years from the date of accreditation decision and the date of granting and validity of accreditation will be indicated on the certificate.

6.5 Maintaining Accreditation

6.5.1 The accreditation granted to a CAB shall be maintained for (4) four years under the following conditions:

- a. The accredited body continues to meet the criteria of accreditation and all non-conformities/concerns found against the criteria of accreditation during annual surveillance assessment have been closed to the satisfaction of GAB-AT as per this procedure;
- b. There are no adverse reports/information/complaint with GAB about the CAB regarding the implementation of certification system as per the accreditation criteria;
- c. The organizations who have received certification services of the accredited CAB are satisfied by the conduct of the CAB and its audits and;
- d. The accredited CAB has paid all the outstanding dues.

6.5.2 In the event of any adverse issue arising from the reasons specified at clause 6.5.1 b. c. and d. above, during its accreditation period, the accredited CAB shall be given an opportunity to explain its position in writing to GAB and present its case in person to the Accreditation Committee. The final decision shall be taken in respect of maintenance of the accreditation based on facts and the results of such presentation.

6.6 Surveillance Assessment

6.6.1 To ensure that each of the CAB accredited by GAB continues to comply with the accreditation requirements, a surveillance assessment of the office of CAB shall be carried out annually.

6.6.2 The surveillance assessment shall be consistent with the initial assessment and includes office assessment at head office every year and some of the locations performing critical activities based on risk analysis.

6.6.3 All the branch offices/sub-contractors performing critical activities will generally be covered under assessment during one accreditation cycle as per the assessment programme but may be reduced based on risk analysis. Offices other than those performing critical activities may also be assessed.

6.6.4 All groups of scopes for which the CAB has been accredited shall be witnessed during each accreditation cycle. CAB shall provide GAB with complete information on its forthcoming audits, to enable GAB to choose and plan the witness assessment. Witness assessment planning shall be based on complexity, number of certificates issued per sector/scope, number of multi-sites, integrated management systems, amongst other things as described in Annex 1.

6.6.5 Assessment programme shall be updated annually based on risk analysis, surveillances and witness assessments planned, and scopes witnessed.

6.6.6 The request of other accreditation bodies for Cross-frontier assessments may be clubbed with GAB assessments as requested as per given scope of activities. Assessment plan shall be made accordingly.

6.6.7 Witness assessments, as part of the surveillance, shall be conducted separately based on number of audits performed by CAB.

6.6.8 The witness assessment programme shall be based on:

- resources available with the accredited CAB;
- number of accredited certificates issued by CAB with GAB accreditation;
- spread of locations;
- single or group facility/projects, complexity and risks involved;
- stakeholders concern and the extent of control demonstrated by the CAB and observations of the office assessment;
- Complexity of the scope (refer to Annex 1) and;
- specific organizations or auditors may be chosen for witnessing.

6.6.9 A plan for witness assessments shall be communicated to the accredited CAB. The decision of GAB related to number of witness assessments shall be binding.

6.6.10 The number of GAB assessors/experts in the witness assessment team would be generally same as in CAB audit team but decided on case to case basis by GAB.

6.6.11 In selection of the client of CAB to be witnessed, besides Annex 1, GAB will consider the following:

- a. Will normally not witness the same auditors that have been witnessed earlier for the given standard and type and;
- b. Will normally not witness a client facility under audit, which has been witnessed earlier.

6.6.12 The first surveillance assessment shall be conducted within (9) nine months from the date of initial accreditation. However, the accredited CAB, for valid reasons, may seek a postponement of the assessment for a maximum period of (3) three months. Further surveillance assessments would be carried out every (12) twelve months.

6.6.13 For deferring the surveillance, the accredited CAB shall give a written justification and obtain the approval of Director, GAB. It shall be ensured that the gap between two consecutive assessments shall not exceed (15) fifteen months.

6.6.14 The Surveillance Assessment Report and non-conformity reports of each of the surveillance assessment shall be forwarded to the accredited CAB by GAB-AT for taking corrective action as per the laid down criteria for the maintenance of accreditation.

6.6.15 In the event of any critical and or major non-conformity that can affect the CAB process, the Director, GAB, shall inform the accredited CAB and shall call for a time bound corrective action plan. CAB shall be liable to suspension of accreditation keeping in view the seriousness of the non-conformities. The decision for an additional follow up visit to verify the implementation of the corrective action plan as committed by the accredited CAB shall be taken by the Director, GAB, in consultation with the Team leader of the GAB-AT. Such decision shall be binding on the accredited CAB. The cost of the additional visit shall be borne by the accredited CAB. If the accredited CAB has not demonstrated evidence of completion of the corrective action agreed as per committed time period, Director, GAB, shall prepare a status report and submit it along with the summary of the assessment report to the Accreditation Committee for further decision on suspension or reduction or withdrawal of accreditation.

6.6.16 If no critical or major non-conformity is observed during surveillance assessment, the surveillance assessment report shall be reviewed at GAB secretariat and decision of continuation of accreditation shall be communicated to CAB as part of the surveillance assessment report.

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

6.7 Other Surveillance Activities

6.7.1 GAB Secretariat may call for information on accredited certificates issued on a quarterly basis and then may decide to seek audit reports on a random basis. The Secretariat would have the reports reviewed and seek any clarification. If a clear deviation from the requirement of the standard is established, then such findings would be raised as non-conformities requiring the accredited CAB to respond. CAB would bear the cost of such reviews.

6.7.2 If the visits indicate satisfactory operation of accredited CAB, then a reduction in normal witnessing could be considered. If, however, the visits reveal unsatisfactory operation of the accredited certification scheme, then GAB Secretariat would advise actions to be taken

which could include a special office assessment, intensified witnessing, witnessing at specific organization which revealed unsatisfactory operation etc.

6.7.3 CAB may opt for such interactions/validation visits in lieu of witnessing on their own. In such cases the number of validation visits required, duration and charges to be levied would be communicated to the CAB by GAB secretariat in advance for acceptance. Selection of samples would be done by GAB Secretariat.

6.7.4 GAB may undertake extraordinary assessments on a short notice as a result of complaints, changes, or other matters that may affect the ability of the CAB to continue to meet the accreditation requirements. In such case, GAB will inform CAB in advance so that arrangements can be made by CAB. Any costs associated with such assessments will be borne by the CAB under-assessment.

6.8 Extension / Reduction of the scope

6.8.1 Extension of the scope shall be allowed under the following situations:

- a. Type A Extension of Scope is requested by CAB, for a complete new or part of new group for which CAB is not accredited and hence makes it necessary to process the application in a manner similar to the initial assessment which includes document review, office assessment, and witness assessment. In this case assessment for same shall be carried out as part of the surveillance visit, by increasing the number of assessor man-days as necessary. Alternatively, GAB or the applicant may ask for a special assessment and;
- a. Type B Extension of Scope is requested for sector, which is within the same group, for which the applicant has already been assessed/accredited for part of the scopes in that group. In this case applicant CAB is required to provide initial competence analysis and availability of competent resources to carry out audit at the organization and/or project level, like initial assessment. Applicant CAB may support its competence claim by supporting its activities under other accreditation body for similar scope and sectors. An office assessment along with the surveillance assessment for the same shall be conducted by GAB. Additional Witness assessment will not be required in such cases.

6.8.2 Where scope extension is requested for during the initial/re-accreditation stage, the request should be made well in advance of the office assessment. Alternatively, GAB may advise the applicant CAB to undertake the assessment separately. GAB will undertake the Scope Extension Assessment off-site/on-site review, as decided on case to case basis.

6.8.3 Scope Extension assessment quotation shall be agreed prior to undertaking the assessment and shall be charged as per prevailing fee structure. The invoice for Scope Extension assessments is sent to the accredited CAB. Further action related to fresh certificate of accreditation, website update, etc. shall be initiated only on timely payment of fee for the extension visit. The procedure followed for the assessment and decision for extension of the scope is similar to the initial assessment as described in this document.

6.8.4 GAB will undertake the reduction of the scopes based on following situations;

- The accredited CAB may like to reduce their scope of accreditation voluntarily;
- In case of inadequate resources and competence as observed during assessments or otherwise;
- In case accredited CAB is placed under partial suspension on account of inadequate resources or due to inadequate competence and;

- The cases for extension and reduction of scope shall be submitted to the Accreditation Committee for decision.

6.8.5 GAB would publish information about any reduction in the scope and sector of accreditation on its website for information of the industry/other stakeholders.

6.9 Re-accreditation

6.9.1 The accredited CAB are encouraged to apply for re-accreditation (6) six months prior to expiry of accreditation.

6.9.2 The re-accreditation process followed shall be as per Initial Assessment including Document Review in accordance with the relevant sections described in this procedure.

6.9.3 The office assessment should be organized at least (3) months prior to expiry of accreditation. If the assessment is not organized by the accredited CAB timely to be able to resolve the non-conformities/concerns, it could result in withholding re-accreditation till the date of reaccreditation decision.

6.9.4 The accredited CAB shall also be required to complete the minimum witness assessments as per GAB guidelines and scope during the previous accreditation cycle. In case of non-availability of witness assessments due to shortage/no client in that scope, GAB may decide to maintain accreditation for such scopes based on competence evaluation.

6.9.5 On completion of the re-assessment, the accredited CAB shall initiate the root cause analysis and take corrective actions on the identified non-conformities and concerns, if any, and complete all actions within defined timeline as per GAB criteria to ensure closure of all such non-conformities and concerns. The GAB-AT shall prepare a report of all the aspects of the assessment of the office and witness assessments with recommendations. The assessment report is made in the following parts stating:

- Changes in the accredited CAB and its system;
- Non-conformities/concerns observed during various stages of the assessment, including witness assessments and;
- Level of conformity as assessed for the CAB's management system against
- accreditation requirement.

6.9.6 The re-accreditation assessment report shall be prepared by the team leader as per accreditation criteria in the requisite format. The Director, GAB, presents the report of the reaccreditation assessment with the corrective actions proposed and taken by the accredited CAB to the Accreditation Committee for a decision. In case of minor NCs, acceptance of the proposed corrective action shall be adequate for making a recommendation for maintaining accreditation by GAB-AT.

6.9.7 If the decision by the Accreditation Committee is to grant re-accreditation, a fresh set of accreditation documents shall be issued to the accredited CAB.

6.9.8 The renewal shall be for a period of (4) four years subject to satisfactory operation of accredited Management System Certification programme by the body and reasonable number of GAB accredited certificates being issued by the CAB.

6.9.9 If the decision of the Accreditation Committee is not favorable, it shall be communicated to the accredited CAB for initiating appropriate actions including any corrective action. GAB reserves the right to suspend/withdraw accreditation based on the decision of the Accreditation Committee.

6.9.10 All reassessment activities shall be completed prior to the expiry of accreditation. In case there is a delay in decision-making, the accreditation may be continued, if the report of the GAB-AT is satisfactory. The decision of the Accreditation Committee shall be binding on the accredited CAB in such cases.

6.9.11 The re-accreditation may be withheld if there are unresolved issues from the re-accreditation assessments and especially if implementation of corrective actions for major/ critical non-conformities are incomplete. The withholding of reaccreditation will generally not be for more than (6) six months. If issues are not resolved by CAB within this timeline, the accreditation would be allowed to expire. In such case if CAB wants accreditation from GAB after the lapse of (6) six months period, CAB shall apply as a fresh applicant. If, however, re-accreditation is granted within (6) six months of expiry, the re-accreditation shall be from the due date and the period from the expiry date to the decision for reaccreditation shall be treated as suspension.

7. Suspension and Withdrawal of Accreditation

7.1 Decision on Suspension and Withdrawal of Accreditation

Accreditation Committee is authorized for taking decisions on suspension, withdrawal of accreditation or revocation of decision of suspension. (Reference IAF-MD7)

7.2 Suspension of Accreditation (Partial or Full)

7.2.1 The CAB shall be subject to suspension either fully or partially based on the following conditions (individually or severally):

- a. No/ineffective corrective action in response to the major/critical non-conformities observed during surveillance assessment or reassessment;
- b. Non-payment of outstanding dues;
- c. Any major change has taken place in the legal status, ownership, impartiality etc. without information to GAB;
- d. Any willful misuse of the logo of GAB;
- e. Any willful mis-declaration in the application form;

- f. Any willful non-compliance with the accreditation agreement;
- g. Any non-compliance with the terms and conditions of accreditation including not undergoing GAB assessments within timelines prescribed;
- h. Inability or unwillingness of accredited CAB, to ensure compliance to the applicable certification standards of the organizations certified by the CAB;
- i. Excessive and/or serious complaints against the certification system of the accredited CAB;
- j. Evidence of lack of control over the Audit process and or willful non-compliance of its auditing procedures;
- k. Evidence of unethical audit practices including providing incorrect information to GAB, faking of audit records;
- l. Non-availability of resources in some of the scopes/technical areas covered under accreditation;
- m. Non-compliance to the revised requirements of the standards before deadline set as per GAB policy and;
- n. Any other situation deemed appropriate by the Accreditation Committee..

7.2.2 A notice citing reasons and intention to suspend shall be sent to the CAB inviting response within (15) fifteen days.

7.2.3 The accredited CAB shall be given an opportunity to explain its position in writing to GAB and present its case in person to the Accreditation Committee. The final decision by accreditation committee shall be taken in respect of suspension of accreditation (Partial or full) on the basis or facts and the results of such presentation.

7.2.4 Notwithstanding the above provision for a representation by the CAB, the Accreditation Committee may decide to suspend accreditation without any notice if there is sufficient evidence of willful misrepresentation of facts or willful non-compliance to accreditation criteria. The period of suspension shall be formally communicated as per the criteria laid down by GAB.

7.2.5 The information about suspension of the accreditation of the audit body (partially or full); would be published on GAB website for information of industry/other stakeholders.

7.2.6 CAB may seek suspension citing its own reasons on voluntary basis.

7.2.7 The suspension would normally not exceed (6) six months. GAB shall have the right to withdraw the accreditation if the accredited CAB does not take suitable corrective action to the satisfaction of GAB-AT appointed to verify the corrective actions, within (6) six months.

7.2.8 For revoking suspension, the accredited CAB shall formally communicate to GAB regarding the corrective actions implemented. The suspension shall be revoked after an assessment has been carried out by GAB-AT to verify that the corrective action has been implemented and is effective in eliminating the reasons for suspension.

7.2.9 In the event of part/full suspension of the accreditation, the accredited CAB shall be informed and shall be barred from issuing accredited certifications for the scopes for which the accreditation has been suspended.

7.3 Withdrawal of Accreditation

7.3.1 CAB shall be subject to withdrawal of accreditation based on the following conditions individually or severally:

- a. If an accredited body voluntarily relinquishes its accredited status;
- b. If the non-conformities are not appropriately addressed despite suspension for a period of (6) six months;
- c. If no action is taken by the accredited body in response to the suspension on any other grounds;
- d. Complaints are received about the audit process/certified organizations and established to be based on facts;
- e. If there is any evidence of unethical conduct or fraudulent behavior and;
- f. Any situation which is serious enough to warrant withdrawal.

7.3.2 A notice of the intention to withdraw accreditation and citing reasons shall be sent to CAB. The CAB shall respond within (15) fifteen days.

7.3.3 The accredited CAB shall be given an opportunity to explain its position in writing to GAB and present its case in person to the Accreditation Committee. The final decision shall be taken in respect of withdrawal of accreditation based on facts and the results of such presentation.

7.3.4 The withdrawal of accreditation shall be formally communicated to CAB by GAB.

7.3.5 GAB would publish information about withdrawal of accreditation on its website for information of the industry/other stakeholders.

7.3.6 In the event of decision to withdraw accreditation, CAB shall return the original of accreditation certificate and the enclosure of scopes to GAB and to stop using the accreditation mark of GAB forthwith. The Director, GAB, shall also notify the legal course for initiating any penalty of such misuse if it is reported and found supported by facts and evidences.

7.3.7 Withdrawal of accreditation may have consequences for clients of CAB having valid certificates. CAB shall inform all its clients appropriately regarding the consequences on the accredited certificates issued by the CAB.

7.3.8 Following withdrawal of accreditation, CAB would be eligible to seek fresh accreditation as a new applicant only after a lay off period of minimum (1) one year.

7.4 Public Information of Suspension or Withdrawal of Accreditation or Withholding of reaccreditation or reduction of scope.

7.4.1 The information about reduction of scope, suspension (partial or full), withdrawal or withholding of reaccreditation shall be placed on GAB website in the list of accredited bodies. GAB may also make a public declaration by other means, like newspapers, if required. The charges for making the information public through newspapers shall be recovered from CAB involved before revoking the suspension or renewal of accreditation.

7.4.2 The information so published in public media will be open for the feedback from the industry/other stakeholders. Any feedback so obtained at any stage of accreditation, shall be addressed by GAB appropriately.

7.4.3 GAB shall notify IAF secretariat on decisions of suspension and withdrawal as per IAF MD-7.

8. Non-Conformities and Corrective Actions

8.1 The Non-conformities observed shall be classified in three categories:

8.1.1 Critical:

- Any evidence that indicates that the certification issued by the CAB may not be based on sound judgment, objective evidences and may not be a true reflection of the compliance with certification requirements.
- Any failure of implementation of certification rules as per accreditation criteria and raises doubts on the operation and practice of certification and the results of the certification system being operated by the CAB.
- Any evidence that indicate possibility of fraudulent/irregular behavior by the CAB, such as issuance of accredited certification without verifying the objective evidences, violation of impartiality requirements indicating an unacceptable threat to impartiality, issuance of certification based on inadequate evidences, or willful overlooking of objective evidences, etc.
- Critical non-conformities shall call for immediate correction and corrective actions by CAB based on appropriate root cause analysis. Such actions shall be completed, and non-conformities addressed within (30) thirty days of the date these have been raised by GAB-AT. Critical NC shall be brought to the immediate notice of Director, GAB, by the Team Leader of GAB-AT. CAB may be liable for suspension/withdrawal of accreditation with due notice if such NCs are raised even as it takes action to address them. In case the corrective action is not completed within the stipulated time frame, the accreditation may be liable for suspension partially or completely or withdrawal based on the nature of non- conformity.

8.1.2 Major Non-conformities:

- Any evidence that casts doubt on the system of certification and is less severe than in case of the critical (which bring into question the validity of certification issued) and is evident in failure of certain elements of the criteria individually (e.g. absence of liability insurance or internal audit system not working). It may have less direct impact on the certification system and its results or any minor non- conformities that have not been acted upon within the stipulated time frame. Several minor non-conformities associated with the same requirements or issue may be considered as major non-conformity if it indicates a systemic failure.
- Major non-conformities shall call for the early correction and corrective actions based on appropriate root cause analysis. Such actions shall be completed, and non-conformities addressed within (60) sixty days of the date these have been raised by GAB-AT. In case the non-conformity is not addressed within the stipulated time frame, the accreditation may be liable for suspension partially or completely based on the nature of the non-conformity.

8.1.3 Minor Non-conformities:

- Any evidence that indicates a non-compliance to the accreditation criteria and the application documents, which has limited or negligible impact on the certification system and its results.
- Minor non-conformities shall be addressed and corrected as early as possible and normally in (3) three months (90 days) from the date these have been raised by GAB-AT.

In case of NCs (Critical, Major & Minor), CABs will be required to undertake appropriate rootcause analysis before deciding the corrective action.

Note 1: Multiple Minor NCs with related impact on the system of CAB shall result in a Major non-conformity based on the judgement of the GAB-AT.

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

8.1.4 Concerns:

GAB-ATs may also raise concerns under the following circumstances:

- Minor gaps/inadequacies observed, in CAB documented system or practices, which do not directly amount to non-compliance. However, if no action is taken, they are likely to result in non-conformities;
- Issues observed during witness assessments, which may require further review and assessment of the systems of the CAB in the office;
- Findings of minor nature where, in the judgement of the GAB-AT, root cause analysis is not required;
- Issues from documentation review, minor in nature, which have remained unresolved subsequent to office assessment, where the practice of the CAB was observed to be complying with the requirements of the standard and;
- Concerns are findings which do not require the CAB to carry out any root cause analysis. It can directly inform the correction/corrective actions it has taken or intends to take (where it would take time). In certain cases, where these are unresolved issues from documentation review, GAB AT may ask the CAB to submit the evidence of Corrective actions for the resolution of the concerns.

8.1.5 GAB-AT Team Leader with the support of the respective team member shall review and accept the proposed and implemented corrective actions. The CAB shall be given two chances/iterations each for review of corrective actions by GAB-AT at proposal stage and implementation stage for closure of non-conformities/concerns. From third chance/iteration onwards, every iteration would be charged for the additional review accordingly (minimum 0.5 man-day as decided on case-to-case basis).

8.1.6 The time for addressing the NCs/Concerns shall be reckoned from the day the non-conformities are handed over to the CAB.

8.1.7 Non-conformities of critical or major nature shall normally call for a follow up visit either to the office or on-site as per recommendation of the GAB-AT. Such a follow up visit shall be charged as per prevailing fee structure.

8.1.8 During the onsite office assessment, if it is observed that the corrective actions in response to any previous minor non-conformity or concerns, is not effective, the same issue will be raised again by upgrading concern to minor non-conformity and minor non-conformity to major non-conformity.

Note: GAB-AT may also identify opportunities for improvement and include the same in the assessment report for the benefit of CAB.

9. Changes in the Accredited CAB

9.1 As part of application for accreditation applicant/accredited CAB undertakes to inform GAB within (30) thirty days if any change takes place in its status or operation that affects its:

- a. Legal, commercial or organizational status;
 - b. Organization and management, for example key managerial staff;
 - c. Policies or procedures, where appropriate;
 - d. Premises;
 - e. Personnel, equipment, facilities, working environment or other resources, where significant;
 - f. Capability to undertake certification activities;
 - g. Scope/sectors of accredited activities;
 - h. Conformance with the requirements of the accreditation criteria;
 - i. Addition/Closure/Cancellation of any new branches/sub-contractors, in local or foreign locations where clients are located, or operations related to audit are performed;
 - j. Any complaint/feedback of serious nature received from intended user/ stakeholders on its performance as a CAB and;
 - k. Any other force majeure condition rendering accredited CAB incapable and unable to discharge its normal functioning.
- 9.2 On receipt of the information of change in any of the above parameters, the Director, GAB, decides whether a special assessment is necessary, or the change will not affect the operation of the audit system within the accredited scope and sector. If the Director, GAB, recommends a special assessment, such special assessment shall be charged as per prevailing fee structure. The invoice for such special assessment is sent to the accredited CAB. The procedure of surveillance assessment is followed for such assessments.
- 9.3 During regular surveillance the accredited CAB shall be required to confirm if there are any changes in its status or operation as mentioned in clause 9.1 above or any other aspect that will affect the ability and capability of CAB to perform its certification activities, since the last assessment. This shall be verified by GAB-AT and included in the surveillance report.
- 9.4 In case an accredited CAB is found to have given willful wrong/incomplete declaration, GAB shall initiate suitable action and shall reserve the right to suspend/withdraw accreditation.

10. Fee Payable for the Accreditation Process

- 10.1 The approved fee structure of GAB shall apply for ‘Management System Certification’ accreditation programme. The current approved fee structure is available on the website of GAB.
- 10.2 The total fee shall depend on the actual assessment days and other parameters as specified in the fee schedule. Appropriate invoices with payment terms shall be raised by GAB.
- 10.3 Each accredited CAB shall pay annual fee as identified in the current approved schedule. Appropriate invoices will be generated by GAB at the beginning of the financial year.
- 10.4 GAB shall have the comprehensive rights to revise the fee schedule at the end of every financial year.
- 10.5 Travel expenses and local travel shall be paid/arranged by the CAB directly. If GAB incurs the travel and local travel costs, a service charge of 10% shall be included as indicated in fee schedule.
- 10.6 GAB shall take the following actions if any applicant or accredited CAB fails to pay the fee and charges as invoiced.
- Stop further processing of the application;
 - Does not offer accreditation;
 - Suspend and/or withdraw the accreditation and;
 - Initiate legal action as appropriate to recover the outstanding invoice.
- 10.7 If the applicant CAB fails to pay the invoiced fee within (30) thirty days, the application for accreditation will be rejected. In the event of the rejection of the application on account of non-payment of fee, any partial fee paid till date shall not be refunded.
- 10.8 Fees for any assessment on foreign locations carried out by the local accreditation body shall be charged at the current rates of the local accreditation body.
- 10.9 Additional charges may be levied on the applicant CAB on account of following and as described in their relevant sections:
- Corrective Actions Review resulting from Document Review;
 - Corrective Actions and Implementation Review resulting from non-conformities beyond two attempts;
 - Scope Extension Reviews and Assessments;
 - Providing GAB accreditation application documents for the accreditation programme for management system certification on specific request, where they are available on GAB’s website as well;
 - Unscheduled visits or assessments resulting from changes in the accredited system of CAB;
 - Market surveillance/feedback or complaint/dispute/appeal analysis;
 - Foreign location assessment of the client or office of accredited CAB and;

- Any other reason upon the discretion of GAB after consultation with the applicant/CAB.

11. Complaints

- 11.1 Any person or body has the right to send a complaint on the activities and actions of GAB and its procedures.
- 11.2 The complaint must be made in writing to GAB with complete details of the complainant and description of the complaint. The complaint shall be handled as per the Complaints procedure.
- 11.3 If the complaint has no details of the complainant or the description is not adequate, GAB shall have the right of dealing with such complaint as deemed appropriate.
- 11.3.1 If the complaint is against the non-compliance of accreditation criteria by any applicant/CAB, then GAB shall encourage the complainant to utilize the procedure for complaints of the respective applicant/CAB. GAB may carry out an investigation in accordance with the procedure. If the complaint is resolved without undertaking any travel or additional assessment, no financing shall be needed for such resolutions. If the resolution calls for undertaking travel and assessment, the cost shall be borne by the defaulting party.
- 11.4 The report of the analysis is sent to both the parties along with the invoice as applicable to recover the cost of such complaint analysis.
- 11.5 The Director, GAB, or nominated person shall follow each complaint to conclusion and initiate possible corrective actions.
- 11.6 The Director, GAB, shall maintain record of complaints and corrective actions taken.

12. Appeals

- 12.1 The applicant/CAB may file an appeal against the decision of GAB to the President of GAB through the Director. The appeal will be handled as per the appeals procedure. Appeals procedure is made available to the applicant/CAB on request.
- 12.2 The Director, GAB, shall keep all the records pertaining to appeals and corrective actions taken by GAB.

13. Public Information & Availability

- 13.1 GAB shall make public announcement of the accreditation scheme, criteria of accreditation, application for accreditation, fee schedule, cross-reference matrix and other related documents on its website and make them available on specific request on chargeable basis.
- 13.2 GAB shall maintain a list of the accredited CAB and the applicants on its website. It also makes this information available on request.
- 13.3 This accreditation scheme is open to all applicants within the capability and scope of GAB.
- 13.4 GAB shall make public information about suspension and withdrawal of accreditation

14. Confidentiality and Disclosure

- 14.1 The information obtained regarding the CAB system of the applicant bodies and accredited bodies that are not of the nature of public information shall be kept confidential by all the staff, members of GAB, panel of assessors, experts and the committee members.
- 14.2 If GAB has to share any confidential information due to the law of the land, the concerned CAB body shall be informed (if not prohibited by law) of the extent of disclosure and the body to whom the disclosure has been made.

15. OBLIGATION OF APPLICANT/ACCREDITED CAB AND GAB

- 15.1 The obligations of the applicant/accredited CABs and GAB are specified in detail in Annex 4.

ANNEX 1

ACCREDITATION SCOPES AND WITNESS ASSESSMENTS

1. OBJECTIVE:

To provide guidance on the classification of Scope/Sectors for the purpose of accreditation and planning for witness assessments.

(This annexure takes into account the requirements of IAF MD-17 and on the information related to scopes of accreditation in IAF ID-1)

2 SCOPE:

This Annex applies to the Accreditation of CABs by GAB.

3 RESPONSIBILITY:

Director, GAB, or the nominated person is responsible for ensuring compliance.

4 DESCRIPTION:

4.1 Scope Classification

GAB shall accredit the Certification Bodies based on the scope sectors for QMS and EMS as listed in the document IAF ID-1 except economic sector/activity at Sl. No. 11, Nuclear fuel.

For sampling of scopes for witness assessment and grant of accreditation for specific scopes, the scope sectors have been classified into technical clusters in accordance with IAF-MD-17 section 5 for QMS and Section 6 for EMS. The selection for witness assessment will be followed as defined in section 4 of IAF-MD-17.

4.2 Witness assessment for initial accreditation

4.2.1 A minimum of two clients will be witnessed with audit spread over (2) two days before granting initial accreditation. (In case of granting of accreditation based on accreditation granted by another accreditation body that is signatory to MRA of APAC/IAF, reports of at least two clients will be reviewed.

4.2.2 In case there are no clients available for a particular scope/sector, the scope(s) may still be considered for accreditation based on the available competence with the CAB. In such cases, GAB reserves the option to witness the audit of first client in that scope/sector. It would be the responsibility of the CAB to keep GAB informed prior to undertaking audit in such scopes/sector.

4.2.3 Each group shall require one witness from critical sectors to grant accreditation for the whole group. (If Critical sector is not available, CAB can offer one witness from non-critical scopes for seeking accreditation for all scopes that are non-critical in that group). Extension of non-critical scopes within the same group shall be granted without any witness based on document review/office assessment.

4.3 Restrictions in Scopes

Based on the available competence and/or the recommendation of GAB-AT, the Accreditation Committee may decide to restrict grant of accreditation to a part of the scope described in IAF-ID-1. The accreditation schedule would indicate the actual coverage in terms of scopes.

4.4 Witness assessments for surveillance

4.4.1 Witnessing is a part of the surveillance and shall be conducted for each of the certification scheme separately (Integrated management system audits offered for witness will consider as 1 witness completed for all management system covered in the Integrated management system audit.

4.4.2 GAB may demand to witness a specific client or specific auditor of the CAB.

4.4.3 The normal plan for witnessing based on the number of certifications as well as the number of auditors employed/empanelled by the CAB would be as follows.

Sr. No.	No. of Certification (including Recertification issued in past (6) six months under GAB accreditation	No. of audits to be witnessed every (6) six months
1	0-50	1
2	50-150	2
3	151- and above	3

Sr. No.	No. of auditors employed / empanelled by CAB	No. of auditors to be witnessed annually
2	1-10	1
4	11-50	2
6	51 and above	3

Note: The number of witnesses determined based on the above two tables are not to be added. The higher number determined by each of the above two tables decides the number of witnesses to be undertaken every year.

4.5 Other Witness assessment requirements

4.5.1 The GAB-AT for witness assessment shall normally have the same number of assessors as the number of auditors from the CAB. GAB will inform the CAB of the nominated team for witness. The nominated team will have a briefing meeting with CAB audit team members before the start of audit, and a feedback meeting at the end of audit by CAB team.

4.5.2 In case of multi-sites or facilities for organization audited and certified, all sites/facilities covered by CAB, shall be covered by GAB-AT.

4.5.3 The GAB-AT may include technical experts, on chargeable basis.

4.5.4 Minimum man-days required for witness assessment shall be decided by Director, GAB, or the nominated person on case-to-case basis.

4.5.5 Documentations supporting audit activities, competence of personnel with approvals, and basis for approval, procedures, etc. should be sent for offsite review prior to conducting witness assessment.

4.5.6 GAB-AT shall assess CABs process of qualifying and approval of its auditors involved in the audit.

4.5.7 Where witness assessment is considered unsatisfactory, during any stage of assessment, additional witness assessment shall be conducted in addition to the evidencing closure of findings, where applicable.

ANNEX 2

ASSESSMENT DURATION AND MAN-DAYS

The normal assessment duration would be as follows:

- Document review (Manuals, procedures, other documents as needed) – (2) two man-days;
- Review of corrective actions and revised documents – to be estimated by GAB Secretariat;
- Office assessment initial – Normally, four(4) man-days for one certification scheme, one (1) man-day would be added for each additional certification scheme covered in assessment. Need for any additional man-days for specific situations would be estimated by GAB Secretariat and informed to the CAB in advance;
- Office assessment reaccreditation - Normally three (3) man-days for one certification scheme and one man-day for every additional scheme
- Witness assessments – normally two (2) man-days;
- Follow up assessments – To be estimated by GAB secretariat;
- In case of initial accreditation assessment, the preparation of final report by team leader - 1.5 man-day;
- In case of re-accreditation assessment (if witnessing and number of offices are part of the process) - preparation of final report by team leader and virtual closing meeting, if needed - 1.0 man-day;
- Review of response to NCs – as per document on timelines for assessment process
- Surveillance assessments – At least (2) two man-days for one certification scheme with (1) one man-day added for every additional certification scheme;
- Any extension of scope assessment – May require both office assessment and witnessing an estimation of which would be informed by GAB secretariat;
- Branch office/sub-contractor assessment – generally one(1) man-day depending on the activities carried out in the branch.

Note: The number of man-days given above are for indication and can be increased or decreased based on individual applicants at the discretion of GAB ensuring that the assessment activity is not compromised.

ANNEX 3

NORMS FOR USING REPORTS FROM OTHER ACCREDITATION BODIES

a) Background:

GAB, as a member of APAC & IAF, is obliged to recognize accreditations issued by other MRA signatory accreditation bodies. A provision exists in the document "IAF ML 1: Guidance for the Exchange of Documentation among MLA Signatories for the Assessment of Conformity Assessment Bodies" to recognize the work done by each other. GAB procedure for accreditation includes a provision for using reports issued by other accreditation bodies who are MRA signatories.

Therefore, GAB would consider reports of other ABs who are signatory to IAF/APAC MRA for the applicable standard.

b) Framework for use of reports from other ABs for initial assessments:

1. GAB would consider use of reports of Document review, onsite office assessment or onsite witness assessment from other ABs.
2. GAB would carry out at least document review to confirm the compliance of CAB system in accordance with GAB criteria of accreditation for certification audits before conforming accreditation granted on the basis of the review of the reports provided by the accredited CAB of other accreditation bodies who are MRA signatories.
3. GAB would consider witness assessment reports of other MRA signatories and shall treat them at par with assessment reports of GAB.
4. Reports of witness assessments should be reasonably current – not older than (2) years on the date of GAB assessment. The scope of the witness assessment should be the same as applied by CAB.
5. GAB would follow the IAF Guidance on exchange of documents among IAF MRA signatories. The reports would be sought from the AB directly based on the information provided by the CAB. It shall be the responsibility of the CAB to ensure that the AB concerned releases the reports.
6. The CAB shall also confirm that there had been no issues raised by the other accreditation body on auditor competency requirements during their previous assessment.
7. Accreditation Committee will be presented with the assessment reports of GAB and the MRA signatory body that would be considered as basis for accreditation in lieu of some of the GAB assessment reports. Accreditation Committee will take into account the validity of the accreditation granted by the MRA signatory whose reports have been considered. The duration of accreditation granted by Accreditation Committee of GAB will not be more than the balance validity of accreditation of the other MRA signatory or 4 years, whichever is less.
8. GAB/Accreditation Committee may decide not to use such reports citing clear reasons.

ANNEX 4

OBLIGATIONS OF THE APPLICANT/ACCREDITED CABs

The obligations of the applicant/accredited Certification body are:

- a. The CAB shall commit to fulfil continually the requirements for accreditation set by GAB for the scopes for which accreditation is sought or granted including adapting to changes in the requirements for accreditation as and when communicated and shall also commit to provide evidence of fulfilment;
- b. When requested, the CAB shall provide such access and cooperation as is necessary to enable the accreditation body to verify fulfilment of requirements for accreditation. This applies to all locations where the activities of CAB take place;
- c. The CAB shall provide access to its personnel, locations, equipment, information, documents and records as necessary to verify fulfilment of requirements for accreditation;
- d. The CAB shall provide access to those documents that provide insight into the level of independence and impartiality of the CAB from its related bodies, where applicable;
- e. The CAB shall arrange the witnessing of their activities when requested by GAB;
- f. The CAB shall have, where applicable, legally enforceable arrangements with their clients that commit the clients to provide, on request, access to GAB-ATs, with or without the CB representative, to assess the CAB's performance when carrying out certification activities at the client's site;
- g. The CAB shall claim accreditation only with respect to the scope for which it has been granted accreditation;
- h. The CAB shall commit to follow GAB's policy for the use of the accreditation symbol;
- i. The CAB shall not use its accreditation in such a manner as to bring GAB into disrepute;
- j. The CAB shall pay fees by the due dates as determined by GAB and;
- k. The CAB shall inform without delay, any significant changes relevant to its accreditation, in any aspect of its status or operation relating to:
 - Its legal, commercial, ownership or organizational status;
 - The organization, top management and key personnel;
 - Main policies;
 - Resources and locations;
 - Scope of accreditation and;
 - Other such matters that can affect the ability of the CB to fulfil requirements for accreditation.
- l. Accredited CAB shall provide the following information by country and by certification standard annually to GAB in accordance with IAF MD15 before end of January.
 - Number of accredited certificates valid at the end of December
 - Number of auditors
 - Number of transfers (of certificates) accepted
 - Number of overdue audits

- Number of auditor days delivered in the previous year.
- m. The CAB shall assist in the investigation and resolution of any accreditation related complaints about itself, referred to it by GAB.

Obligations of GAB

- a. GAB shall provide information on accreditation to the accredited CAB that shall identify the following:
- i. the identity and where relevant, GAB logo
 - ii. the names of the accredited CAB and the name of the legal entity, if different
 - iii. scope of accreditation
 - iv. locations of the accredited CAB and as applicable the certification activities performed at each location and covered by the scope of accreditation
 - v. the unique accreditation identification of the accredited CAB
 - vi. the effective date of accreditation and, if applicable, its expiry or renewal date, and;
 - vii. a statement of conformity and a reference to the international standard(s) and or other normative document(s) including issue or revision used for assessment of the CAB

GAB shall make all the above information publicly available. GAB shall also make publicly available, where applicable, information on withholding of reaccreditation, extension of validity of accreditation and suspension or withdrawal of accreditation, including dates and scopes.

- b. GAB shall, where applicable, provide information about international arrangements in which it is involved.
- c. GAB shall give due notice of any changes to its requirements for accreditation. It shall take account of views expressed by interested parties before deciding on the precise form and effective date of the changes. Following a decision on, and publication of, the changed requirements, it shall verify that each accredited body conforms to the changed requirements.



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