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| --- | --- |
| Instructions on filling this document  CB should fill this form completely and send it back to PNAC. CB shall provide detail with cross reference of its quality manual/ procedures/ processes/forms/format etc clause wise in the application form. Please note that providing only cross reference to a particular requirement may not be sufficient in most of the cases.  PNAC’s Assessors Verification & remarks column will be filled in by the concerned officer/assessor of PNAC.  **Accreditation/Assessment Criteria:**  ISO/IEC 17021-1:2015, CB’s own policies and procedures/documents and PNAC, APAC and IAF policies, procedures and guidelines  The specific requirements of IAF sub scope level 4 will be applied as appropriate;  a) ISO/IEC 17021-2 for Environmental Management System  b) ISO/IEC 17021-3 for Quality Management System  c) ISO/IEC TS 17021-10 for Occupational Health & Safety Management System  d) ISO 22003-1 for Food Safety Management System | |
| Name of the Certification Body (CB): | Name of PNAC’s Team Leader/TA/TE |
| Address |
| Scope Applied for Accreditation (Schemes and IAF Code) |

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| **CLAUSE No. of ISO 17021-1: 2015**  **Requirements** | **CB’s Reference to its QSD** | **PNAC’s Assessor verification & remarks** |
| **5 General requirements** |  |  |
| **5.1 Legal and contractual matters** |
| **5.1 General**  **The requirements of ISO/IEC 17021, clause 5, shall apply, except for an additional requirements stated in clause 5.2 for ISO 22003** |
| 5.1.1 Legal responsibility  Is the certification body a legal entity, or a defined part of a legal entity, that can be held legally responsible for all its certification activities? (*A governmental certification body is deemed to be a legal entity on the basis of its governmental*  *status*) |  |  |
| 5.1.2 Certification agreement  Does the certification body have a legally enforceable agreement with **each client** for the provision of certification **activities in accordance with the relevant requirements of this part of *ISO/IEC 17021-1*?** |  |  |
| Where there are multiple offices of a certification body or multiple sites of a client, does the certification body ensure that there is a legally enforceable agreement between the certification body granting certification, and the client that covers all the sites within the scope of the  certification? Does the CB apply **IAF MD1:2007** & **MD19:2016** requirements appropriately? |  |  |
| 5.1.3 Responsibility for certification decisions  Is the certification body responsible for, and does it retain authority for, its decisions relating to certification, including the granting, **refusing, maintaining of certification, expanding or reducing the scope of certification, renewing, suspending** or restoring following suspension, or withdrawing of certification? |  |  |
| **5.2 Management of impartiality** |  |  |
| 5.2.1 Is the certification body responsible for the impartiality of its conformity assessment activities? Does the certification body allow commercial, financial or other pressures to compromise impartiality or ensure that conformity assessment activities are undertaken impartially? |  |  |
| 5.2.2 Does the certification body have a policy demonstrating that it understands the importance of impartiality in carrying out its management system certification activities and managing conflicts of interest thus ensuring the objectivity of its management system certification activities? |  |  |
| 5.2.3 Does the certification body have a process to identify, analyse, evaluate, treat, monitor and document the risks related to conflict of interests arising from the provision of certification including any conflicts arising from its relationships on an **ongoing basis**? |  |  |
| 5.2.4 Is there any evidence of the certification body certifying another certification body for its **quality** management system? |  |  |
| 5.2.5 Does the certification body or any part of the same legal entity and **any entity under the organizational control of the certification body**  **(*9.5.1.2b*)** offer or provide management system consultancy? This also applies to that part of government identified as the certification body?  FSMS consultancy shall not be provided by CB or any part of same legal entity. |  |  |
| 5.2.6 Does the certification body **or any part of the**  **same legal entity and any entity under the organisational control of the certification body (*9.5.1.2b*)** offer or provide internal audits to its certified clients? **The carrying out of internal audits by the certification body and any part of the same legal entity to its certified clients is a significant threat to impartially.** Does the certification body certify a management system on which the certification body completed the internal audits less than two years ago? |  |  |
| **5.3 Liability and financing** |  |  |
| 5.3.1 Can the certification body demonstrate that it has evaluated the risks arising from its certification activities? |  |  |
| Does the certification body have adequate arrangements (e.g. insurance or reserves) to cover liabilities arising from its operations in each of its fields of activities and the geographic areas in which it operates? |  |  |
| 5.3.2 Does the certification body evaluate its finances and sources of income and demonstrate that initially, and on an ongoing basis, commercial, financial or other pressures do not compromise its impartiality |  |  |
| **6 Structural requirements**  **6.1 Organizational structure and top management** |  |  |
| 6.1.1 Has the certification body documented its organizational structure, duties, responsibilities and authorities of management and other personnel **involved in certification** and any committees? |  |  |
| When the certification body is a defined part of a legal entity, does the structure include the line of authority and the relationship to other parts within  the same legal entity? |  |  |
| 6.1.2 Are the certification activities structured and managed so as to safeguard impartiality? |  |  |
| 6.1.3 Has the certification body identified the top management (board, group of persons, or person) having overall authority and responsibility for each of the main functions |  |  |
| 6.1.4 Does the certification body have formal rules for the appointment, terms of reference and operation of committees involved in the certification activities? |  |  |
| **6.2 Committee for safeguarding impartiality** |  |  |
| 6.2.1 Does the certification body have a process for effective control of certification activities delivered by branch offices, partnerships agents, franchisees, etc., irrespective of their legal status, relationship or geographical location? |  |  |
| Does the certification body consider the risk that the certification activities pose to the competence, consistency and impartiality of the certification body? |  |  |
| 6.2.2 Does the certification body consider the appropriate level and method of control of activities undertaken including its processes, technical areas of certification bodies’ operations, competence of personnel, lines of management control, reporting and remote access to operations including records? |  |  |
| **7 Resource requirements**  **7.1 Competence of management and personnel** |  |  |
| 7.1.1 Does the certification body have processes to ensure that personnel have appropriate knowledge **and skills** relevant to the types of management systems (**e.g. environmental management systems, quality management systems, information security management systems)** and geographic areas in which it operates?   * The requirements of ISO/IEC 17021-1-2015, 7.1.1, apply.   The technical areas referred to in ISO/IEC 17021- 1, 7.1.1, shall be those categories identified in Annex A (of ISO 22003). The functions of certification for which competence shall be identified are those given in Annex C (of ISO 22003). |  |  |
| 7.1.2 Does the certification body have a process for determining the competence criteria for personnel involved in the management and performance of audits **and other certification activities**? |  |  |
| Has the certification body determined the competence criteria for each type of management system standard or specification, for each technical area, and for each function in the certification process? |  |  |
| Does the certification body apply the knowledge and skills for specific functions defined in AnnexA? |  |  |
| Does the certification body apply any additional specific competence criteria where they have been established for a specific standard or certification scheme? For example:  - ISO/IEC TS 17021-2 (EMS),  - ISO/IEC TS 17021-3 (QMS),  - ISO 22003-1 (FSMS)   * The competence criteria included in Annex C of ISO 22003 shall form the basis for the criteria developed for each category. Competence criteria can be generic or specific. The competence criteria in ISO/IEC 17021:2011, Annex A, shall be considered to be generic.   *NOTE 1 The competence criteria identified in Annex C are food safety related criteria for CB. The CB can identify specific competences required for the identified categories and for each certification function.*  *NOTE 2 Annex D (of ISO 22003) provides guidance to the CB on many of the generic certification functions identified in ISO 17021-1, Annex A, for which competence criteria need to be determined for personnel involved in audit & certification of FSMS.*  *NOTE 3 Qualification(s) and experience can be used as part of the criteria; however, competence is not based on these alone, as it is important to ensure that a person can demonstrate the ability to apply the specific knowledge and skills that one would expect a person to have after completing a qualification or having a certain amount of industry experience.* |  |  |
| 7.1.3 **Evaluation processes**  Does the certification body have documented processes for the initial competence evaluation, and on-going monitoring of competence and performance of all personnel involved in the management and performance of audits **and other certification activities**, applying the determined competence criteria?   * Evaluation processes shall evaluate, in particular, the individual’s knowledge relating to food safety, including knowledge of specific prerequisite programmes (PRP) and food safety hazards related to the categories within which the CB personnel operate. These shall have been identified for these categories (Technical Areas) under the requirements of 7.1.2 * NOTE ISO/IEC 17021-1, 7.1.3, requires the certification body to demonstrate the effectiveness of the evaluation methods used to evaluate personnel against identified competence criteria. ISO/IEC 17021:2011, Annex B, contains five examples of methods of evaluation. |  |  |
| **7.1.4 Other considerations**  Does the certification body have access to the necessary technical expertise for advice on matters directly relating to certification for technical areas, types of management system and geographic areas in which the certification body operates? |  |  |
| **7.2 Personnel involved in the certification**  **Activities** |  |  |
| 7.2.1 Does the certification body have sufficient, **competent personnel** for managing and **supporting** the type and range of audit programmes and other certification work performed? |  |  |
| 7.2.8 Does the group or individual that takes the decision on granting, **refusing**, maintaining, renewing, **suspending, restoring, or withdrawing certification, or on expanding or reducing the scope of certification** shall understand the applicable standard and certification requirements, and have demonstrated competence to evaluate the **outcomes** of the audit processes including related **recommendations** of the audit team? |  |  |
| 7.2.9 Does the certification body ensure the satisfactory performance of all personnel involved in the audit and **other** certification activities? |  |  |
| Is there a **documented process for monitoring competence** and performance of all persons involved, based on the frequency of their usage and the level of risk linked to their activities? |  |  |
| 7.2.10 Does the certification body monitor each auditor considering each type of management system to which the auditor is deemed competent? |  |  |
| **7.2.11** Does the certification body periodically **evaluate** the performance of each auditor on-site? |  |  |
| **7.3 Use of individual external auditors and external technical experts** |  |  |
| Does the certification body require external auditors and external technical experts to have a written agreement by which they commit themselves to comply with applicable policies and implement processes as defined by the certification body? |  |  |
| **7.4 Personnel records** |  |  |
| Does the certification body maintain up-to-date personnel records, including relevant qualifications, training, experience, affiliations, professional status and competence? |  |  |
| **7.5 Outsourcing** |  |  |
| 7.5.1 Does the certification body have a process in which it describes the conditions under which outsourcing (which is subcontracting to another organization to provide part of the certification activities on behalf of the certification body) may take place? |  |  |
| Does the certification body have a legally enforceable agreement covering the arrangements, including confidentiality and conflict of interests, with each body that provides outsourced services? |  |  |
| 7.5.2 How does the certification body ensure that the decisions for granting, refusing, maintaining of certification, expanding or reducing the scope of  certification, renewing, suspending or restoring or withdrawing of certification are not outsourced? |  |  |
| 7.5.3 Does the CB: |  |  |
| a) Take responsibility for all activities outsourced to another body? |  |  |
| **8 Information requirements**  **8.1 Publicly information** |  |  |
| 8.1.1 Does the certification body maintain (**through**  **publications, electronic media or other means**), and make public, **without** request, **in all the geographical areas in which it operates**, information about policies, schemes, scope and processes  **The certification documents shall identify in detail what activity is certified, referring to categories and subcategories (see Table A.1) of ISO 22003** |  |  |
| **8.2 Certification documents** |  |  |
| 8.2.1 How does the certification body provide **by any means it chooses** certification documents to the certified client? |  |  |
| 8.2.2 Do the certification document(s) identify the requirements? |  |  |
| **8.3 Directory of certified customers** |  |  |
| 8.3.1 Does the certification body have **rules** governing any **management system certification** mark that it authorizes certified clients to use? |  |  |
| **8.4 Confidentiality** |  |  |
| 8.4.1 Does the certification body be responsible, through legally enforceable agreements, **for the management of all** information obtained or created during the performance of certification activities at all levels of its structure, including committees and external bodies or individuals acting on its behalf? |  |  |
| **8.5 Information exchange between a CB and its client** |  |  |
| **8.5.1 Information on the certification activity and Requirements** |  |  |
| Does the certification body provide **information**  and update clients on the following: |  |  |
| a) a detailed description of the initial and continuing certification activity, including the application, initial audits, surveillance audits, and the process for granting**, refusing**, maintaining of certification, **expanding, or reducing the scope of**  **certification, renewing, suspending or restoring**, or withdrawing of certification and recertification; |  |  |
| f) information on procedures for handling complaints and appeals. |  |  |
| 8.5.2 **Notice of changes by a certification body**?  Does the certification body give its certified clients due notice of any changes to its requirements for certification? |  |  |
| **8.5.3 Notice of changes by a certified client**  Does the certification body have legally enforceable arrangements to ensure that the certified client informs the certification body, without delay, of matters that may affect the capability of the management system to continue to fulfil the requirements of the standard used for certification? |  |  |
| **9 Process requirements** |  |  |
| **9.1 Pre-certification activities** |  |  |
| 9.1.1 **Application**  Does the certification body require an authorized representative of the applicant organization to provide the necessary information to enable it to establish the following:  a) the desired scope of the certification;  b) relevant details of the applicant organization as required by the specific certification scheme, including its name and the address(es) of its site(s), its processes and operations, human and technical resources, functions, relationships and any relevant legal obligations;  c) identification of outsourced processes used by the organization that will affect conformity to requirements;  d) the standards or other requirements for which the applicant organization is seeking certification;  e) whether consultancy relating to the management system to be certified has been provided and, if so, by whom.  **f) The certification body shall use Annex A of ISO 220003 to define the relevant scope for the organization applying for certification.**  **The certification body shall not exclude activities, processes, products or services from the scope of certification when those activities, processes, products or services can have an influence on the food safety of the end products as defined in the scope of certification** |  |  |
| 9.1.2 **Application review** |  |  |
| 9.1.2.1  Does the certification body conduct a review of the application and supplementary information for certification to ensure that:  a) the information about the applicant organization and its management system is sufficient to develop an audit programme (see 9.1.3);  b) any known difference in understanding between the certification body and the applicant organization is resolved;  c) the certification body has the competence and ability to perform the certification activity;  d) the scope of certification sought, the site(s) of the applicant organization’s operations, time required to complete audits and any other points inf luencing the certification activity are taken into account (language, safety conditions, threats to impartiality, etc.). |  |  |
| **9.1.3 Audit programme** |  |  |
| 9.1.3.1  Does an audit programme for the full certification cycle is developed to clearly identify the audit activity/activities required to demonstrate that the client’s management system fulfils the requirements for certification to the selected standard(s) or other normative document(s). The audit programme for the certification cycle shall cover the complete management system requirements. |  |  |
| 9.1.3.3  Are surveillance audits being conducted at least once a calendar year, except in recertification years. The date of the first surveillance audit following initial certification shall not be more than 12 months from the certification decision date. |  |  |
| **9.1.4 Determining audit time** |  |  |
| 9.1.4.1  Does the certification body has documented procedures for determining audit time. For each client the certification body shall determine the time needed to plan and accomplish a complete and effective audit of the client’s management system.   * CB shall have documented procedures for determining audit time, and for each client, the CB shall determine the time needed to plan and accomplish a complete and effective audit of the client’s FSMS. The audit time determined by the CB, and the justification for the determination, shall be recorded. * Please also see the details given in normative Annex B to ISO/TS 22003: 2013 |  |  |
| 9.1.5 Multi-site sampling  Where multi-site sampling is used for the audit of a client’s management system covering the same activity in various geographical locations, the certification body shall develop a sampling programme to ensure proper audit of the management system. The rationale for the sampling plan shall be documented for each client. Sampling is not allowed for some specific certification schemes, and where specific criteria have been established for a specific certification scheme, e.g. ISO/TS 22003, these shall be applied.    *NOTE This subclause (9.1.5) is intended to apply only to operations directly*  *affecting food safety, and not to exclusively administrative sites* |  |  |
| **9.1.5.1** A multi-site organization is an organization having an identified central function (hereafter referred to as a central office – but not necessarily the HQs of the organization) at which certain FSMS activities are planned, controlled or managed, and a network of sites at which such activities are fully or partially carried out. Examples of possible multi-site organizations are:   * + organizations operating with franchises;   + a manufacturing company with one or more production sites and a network of sales offices;   + service organizations with multiple sites offering a similar service;   organizations with multiple branches. |  |  |
| **9.1.5.2** The certification body can certify a multi-site organization under one management system,  providing that the following conditions apply:  a) all sites are operating under one centrally controlled and administered FSMS as defined in  ISO 22000, Clause 4, or equivalent for other FSMS;  b) an internal audit has been conducted on each site within one year prior to certification;  c) audit findings of the individual sites shall be considered indicative of the entire system and  correction shall be implemented accordingly. |  |  |
| **9.1.5.3** The use of multi-site sampling is only possible for categories A, B, E, F and G (see Table A.1) and for organizations with more than 20 sites operating similar processes within these categories.  This applies to the initial certification, to surveillance and to recertification audits.  CB shall justify its decision on sampling for multi-site certification.  Where multi-site sampling is permitted, following certification, the annual internal audit programme shall include all sites of the organization.  *NOTE Risk is a consideration when determining sampling & can increase the level of sample indicated in Table 1.* |  |  |
| **9.1.5.4** Where the certification body offers multi-site sampling, the certification body shall utilize a sampling programme to ensure an effective audit of the FSMS where the following apply.  a) For organizations with 20 sites or less, all sites shall be audited. The sampling for more than 20 sites shall be at the ratio of 1 site per 5 sites. All sites shall be randomly selected and, after the audit, no sampled sites may be nonconforming (i.e. not meeting certification thresholds for ISO 22000).  b) At least annually, an audit of the central office for the FSMS shall be performed by the CB  c) At least annually, surveillance audits shall be performed by the CB on the required number of sampled sites.  d) Audit findings of the sampled sites shall be considered indicative of the entire system and correction shall be implemented accordingly.  Table 1 gives examples of the number of sites to audit when sampling is used. |  |  |
| **9.2 Planning audits** |  |  |
| **9.2.1 Determining audit objectives, scope and criteria** |  |  |
| 9.2.1 The certification body shall require the applicant organization to provide detailed information concerning process lines, HACCP studies and the number of shifts |  |  |
| 9.2.1.1  Have the audit objectives been determined by the certification body. The audit scope and criteria, including any changes, shall be established by the certification body after discussion with the client. |  |  |
| **9.2.2 Audit team selection and assignments** |  |  |
| **9.2.2.1 General** |  |  |
| 9.2.2.1.1  Has the certification body have a process for selecting and appointing the audit team, including the audit team leader and technical experts as necessary, taking into account the competence needed to achieve the objectives of the audit and requirements for impartiality. If there is only one auditor, the auditor shall have the competence to perform the duties of an audit team leader applicable for that audit. The audit team shall have the totality of the competences identified by the certification body as set out in 9.1.2.3 for the audit. |  |  |
| **9.2.2.2 Observers, technical experts and guides** |  |  |
| 9.2.2.2.1 Observers  Is the presence and justification of observers during an audit activity being agreed by the certification body and client prior to the conduct of the audit. The audit team shall ensure that observers do not unduly influence or interfere in the audit process or outcome of the audit. |  |  |
| **9.2.2.2.2 Technical experts**  Is the role of technical experts during an audit activity being agreed to by the certification body and client prior to the conduct of the audit. A technical expert shall not act as an auditor in the audit team. The technical experts shall be accompanied by an auditor. |  |  |
| **9.2.2.2.3 Guides**  Each auditor shall be accompanied by a guide, unless otherwise agreed to by the audit team leader and the client. Guide(s) are assigned to the audit team to facilitate the audit. The audit team shall ensure that guides do not influence or interfere in the audit process or outcome of the audit. |  |  |
| **9.2.3 Audit Plan** |  |  |
| **9.2.3 Initial certification audit**  **The initial certification audit of an FSMS shall be conducted in two stages: stage 1 and stage 2.** |  |  |
| **9.2.3.1.2 The additional objectives of the stage 1 for FSMS are to provide a focus for planning the stage 2 audit by gaining an understanding of the organization’s FSMS and the organization’s state of preparedness for stage 2 by reviewing the extent to which:**  **a) the organization has identified PRP that are appropriate to the business (e.g. regulatory, statutory, customer & certification requirements),**  **b) the FSMS includes adequate processes and methods for the identification and assessment of the organization’s food safety hazards, and subsequent selection and categorization of control measures (combinations)**  **c) relevant food safety legislation is implemented,**  **d) the FSMS is designed to achieve the organization’s food safety policy,**  **e) the FSMS implementation programme justifies proceeding to the audit (stage 2),**  **f) the validation of control measures, verification of activities & improvement programmes conform to the requirements of the FSMS standard,**  **g) the FSMS documents & arrangements are in place to communicate internally & with relevant suppliers, customers and interested parties, and**  **h) there is any additional documentation which needs to be reviewed and/or information which needs to be obtained in advance**  **Where an organization has implemented an externally developed combination of control measures, the stage 1 shall review the documentation included in the FSMS to determine if the combination of control measures**   * + **— is suitable for the organization,**   + **— was developed in compliance with the requirements of ISO 22000, and**   + **— is kept up to date.**   **The availability of relevant authorizations shall be checked when collecting the information regarding the compliance to regulatory aspects.** |  |  |
| **9.2.3.1 General**  The certification body shall ensure that an audit plan is established prior to each audit identified in the audit programme to provide the basis for agreement regarding the conduct and scheduling of the audit activities.  NOTE It is not expected that a certification body will develop an audit plan for each audit at the time that the audit programme is developed. |  |  |
| **9.2.3.1.3 For FSMS, the stage 1 shall be carried out at the client’s premises in order to achieve the objectives stated above.**  **In exceptional circumstances, part of stage 1 can take place off-site and shall be fully justified. The evidence demonstrating that stage 1 objectives are fully achieved shall be provided. Exceptional circumstances can include very remote location, short seasonal production.** |  |  |
| **9.2.3.1.4 Client shall be informed that the results of stage 1 may lead to postponement or cancellation of the stage 2.**  **9.2.3.1.5 Any part of the FSMS that is audited during the stage 1 audit, and determined to be fully implemented, effective and in conformity with requirements, may not need to be re-audited during the stage 2 audit.**  **However, the CB shall ensure that the already audited parts of the FSMS continue to conform to the certification requirements.**  **In this case, the audit report shall include these findings and shall clearly state that conformity has been established during the stage 1 audit.** |  |  |
| **9.2.3.1.6 The interval between stage 1 and stage 2 shall not be longer than 6 months. Stage 1 shall be repeated if a longer interval is needed.** |  |  |
| **9.3 Initial certification** |  |  |
| **9.3.1 Initial certification audit** |  |  |
| **9.3.1.1 General**  The initial certification audit of a management system shall be conducted in two stages: stage 1 and stage 2. |  |  |
| **9.3.1.2 Stage 1** |  |  |
| **9.3.1.2.1**  Planning shall ensure that the objectives of stage 1 can be met and the client shall be informed  of any “on site” activities during stage 1.  NOTE Stage 1 does not require a formal audit plan (see 9. 2.3). |  |  |
| **9.3.1.3 Stage 2**  The purpose of stage 2 is to evaluate the implementation, including effectiveness, of the client’s management system. The stage 2 shall take place at the site(s) of the client. It shall include the auditing of at least the following:  a) information and evidence about conformity to all requirements of the applicable management system standard or other normative documents;  b) performance monitoring, measuring, reporting and reviewing against key performance objectives and targets (consistent with the expectations in the applicable management system standard or other normative document);  c) the client’s management system ability and its performance regarding meeting of applicable statutory, regulatory and contractual requirements;  d) operational control of the client’s processes;  e) internal auditing and management review;  f) management responsibility for the client’s policies. |  |  |
| **9.4 Conducting audits** |  |  |
| **9.4.1 General**  The certification body shall have a process for conducting on-site audits. This process shall include an opening meeting at the start of the audit and a closing meeting at the conclusion of the audit.  Where any part of the audit is made by electronic means or where the site to be audited is virtual, the certification body shall ensure that such activities are conducted by personnel with appropriate competence. The evidence obtained during such an audit shall be sufficient to enable the auditor to take an informed decision on the conformity of the requirement in question.  NOTE “On-site” audits can include remote access to electronic site(s) that contain(s) information that is relevant to the audit of the management system. Consideration can also be given to the use of electronic means for conducting audits. |  |  |
| **9.5 Certification decision** |  |  |
| **9.5.1 General** |  |  |
| **9.5.1.1**  The certification body shall ensure that the persons or committees that make the decisions for granting or refusing certification, expanding or reducing the scope of certification, suspending or restoring certification, withdrawing certification or renewing certification are different from those who carried out the audits. The individual(s) appointed to conduct the certification decision shall have appropriate competence. |  |  |
| **9.6 Maintaining certification** |  |  |
| **9.6.1 General**  The certification body shall maintain certification based on demonstration that the client continues to satisfy the requirements of the management system standard. It may maintain a client’s certification based on a positive conclusion by the audit team leader without further independent review and decision, provided that:  a) for any major nonconformity or other situation that may lead to suspension or withdrawal of certification, the certification body has a system that requires the audit team leader to report to the certification body the need to initiate a review by competent personnel (see 7.2.8), different from those who carried out the audit, to determine whether certification can be maintained;  b) competent personnel of the certification body monitor its surveillance activities, including monitoring the reporting by its auditors, to confirm that the certification activity is operating effectively. |  |  |
| 9.6.5 **Suspending, withdrawing or reducing scope**  **of certification** |  |  |
| 9.6.5.1 Does the certification body have a policy and documented procedure(s) for suspension, withdrawal or reduction of the scope of certification? |  |  |
| 9.6.5.2 Does the certification body suspend certification in cases when, for example: |  |  |
| - the client's certified management system has persistently or seriously failed to meet certification requirements, including  requirements for the effectiveness of the management system, |  |  |
| - the certified client does not allow surveillance or recertification audits to be conducted at  the required frequencies, or |  |  |
| - the certified client has voluntarily requested a suspension. |  |  |
| **9.7 Appeals** |  |  |
| **9.7.1**  The certification body shall have a documented process to receive, evaluate and make decisions on appeals. |  |  |
| **9.8 Complaints** |  |  |
| **9.8.1**  The certification body shall be responsible for all decisions at all levels of the complaints-handling process. |  |  |
| **9.9 Client records** |  |  |
| **9.9.1**  The certification body shall maintain records on the audit and other certification activities for all clients, including all organizations that submitted applications, and all organizations audited, certified, or with certification suspended or withdrawn. |  |  |
| **10 Management system requirements for**  **certification bodies**  **10.1 Options** |  |  |
| Does the certification body establish, **document, implement** and maintain a management system that is capable of supporting and demonstrating the consistent achievement of the requirements of this part of ISO/IEC 17021? |  |  |
| In addition to meeting the requirements of Clause 5 to 9, does the certification body implement a management system in accordance with either:  a) general management system requirements  (10.2) or |  |  |
| b) Management system requirements in accordance with ISO 9001 (see 10.3)? |  |  |
| **10.2 Option A: Management system requirements**  **10.2.1 General** |  |  |
| Has the certification body's top management established and documented policies and objectives for its activities? |  |  |
| Does the top management provide evidence of its commitment to the development and implementation of the management system in accordance with the requirements of this  International Standard? |  |  |
| **10.2.2 Management system manual** |  |  |
| Have all applicable requirements of this International Standard been addressed either in a manual or in associated documents? |  |  |
| Does the certification body ensure that the manual and relevant associated documents are accessible to all relevant personnel?  **In case of FSMS, additional requirements of ISO 22003 become applicable** |  |  |
| **10.2.3 Control of documents** |  |  |
| Has the certification body established procedures to control the documents (internal and external)  that relate to the fulfilment of this International  Standard? |  |  |
| **10.2.4 Control of records** |  |  |
| Has the certification body established procedures to define the controls needed for the identification, storage, protection, retrieval, retention time and disposition of its records related to the fulfilment of this part of ISO/IEC 17021? |  |  |
| **10.2.5 Management review** |  |  |
| **10.2.5.1 General** |  |  |
| Has the certification body's top management established procedures to review its management system at planned intervals to ensure its continuing suitability, adequacy and effectiveness, including the stated policies and objectives related to the fulfilment of this International Standard? |  |  |
| Are these reviews conducted at least once a year? |  |  |
| **10.2.6 Internal Audits** |  |  |
| 10.2.6.1 Has the certification body established procedures for internal audits to verify that it fulfils the requirements of this International Standard and that the management system is effectively implemented and maintained? |  |  |
| 10.2.6.2 Is the audit programme planned, taking into consideration the importance of the processes and areas to be audited, as well as the results of previous audits? |  |  |
| 10.2.6.3 Are internal audits performed at least once every  12 months? |  |  |
| **10.2.7 Corrective action** |  |  |
| Has the certification body established procedures for identification and management of nonconformities in its operations? |  |  |
| Does the certification body also, where necessary, take actions to eliminate the causes of  nonconformities in order to prevent recurrence? |  |  |
| Are corrective actions appropriate to the impact of the problems encountered? |  |  |
| **10.3 Option B: General management**  **system requirements**  **10.3.1 General** |  |  |
| Has the certification body established and maintained a management system, in accordance with the requirements of ISO 9001 that is capable of supporting and demonstrating the consistent achievement of the requirements of this International Standard, amplified by 10.3.2 to 10.3.4? |  |  |
| **10.3.2 Scope** |  |  |
| Does the scope of the management system include the design and development requirements for its certification services? |  |  |
| **10.3.3 Customer focus** |  |  |
| When developing its management system, has the certification body considered the credibility of certification? |  |  |
| Has the certification body addressed the needs of all parties (as set out in 4.1.2) that rely upon its audit and certification services, not just its clients? |  |  |
| **10.3.4 Management review** |  |  |
| Does the certification body include as input for management review, information on relevant appeals and complaints from users of certification activities and a review of impartiality for application of the requirements of ISO 9001? |  |  |

**To be filled in during pre-assessment (onsite visit) by PNAC Assessor**

|  |  |
| --- | --- |
| **Brief history of the CB and its legal status** | |
|  | |
| **Status of implementation of the standard w.r.t records** | |
|  | |
| **Is the CB having sufficient and trained human resources to carry out its activities?** | |
|  | |
| **Recommendation on its preparation for full assessment?** | |
|  | |
| **Are there any major gaps that need to be addressed before initial assessment?** | |
|  | |
| **Suggestion on no of man days/ type of team and scope to be assessed** | |
|  | |
| **PNAC’s Assessor name & signature** | **CB’s representative** |
| **Date** | **Date** |