Procedure

For

Audit Planning, Conducting and Reporting

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Issued to	*TECHNICAL MANAGER, AUDIT TEAM, CDC*
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1.0 Purpose

To describe a procedure for audit planning, conducting the audit at client premises, preparation of reports and submitting the reposts

2.0 Scope

This procedure covers audit planning, execution of audit and reporting for all types of audits

as listed below.

- Documentation or Stage 1 audit
- certification or stage 2 audit
- Follow up audit
- Surveillance audit
- Recertification audit
- Transfer audit

3.0 Responsibility

3.1 **The Quality Manager** is responsible for Planning the audit and ensuring the audit reports are received timely in the office and review of the audit reports.

3.2 **Audit Team Leaders/Auditors** are responsible for the execution of the audit and preparation of the audit and submitting the audit reports.

4.0 Description of Activity

4.1 Introduction

The objective is to provide consistent service delivery norms. Audit Team leaders and auditors are responsible for ensuring the objectives of their assigned audits are fully met. The various activities needed to be carried out are –

- Document review / Adequacy Audit - Stage 1 Audit
- Certification Audit - Stage 2 Audit
- Follow- Up Audit
- Surveillance Audit
- Recertification Audit
- Special Visit

The term quality management system as applied in this procedure includes a management system in accordance with ISO 9001, ISO 45001, ISO 27001 and/or ISO 14001 standard(s).

4.2 Audit Visit

4.2.1 The purposes of the audit visits are to provide reasonable assurance that the auditee organization's management system conforms to the requirements of the standard applied, as stated in the Certification Contract, and to verify that the documented system has been implemented. The audit also serves to verify that the management system is appropriate to the auditee organization's activities.

The Quality Manager or his designee is responsible for the selection of the audit team, using the Auditor qualification summary. Unless required for technical reasons and logistics, care shall be taken to ensure that the same auditor does not visit the client for more than three consecutive visits. This shall ensure "no bias" and a fresh look at the system. All auditors/subcontractors are responsible for identifying any conflict of interest with the specified client and report to Q.M. Quality Manager shall review the same and take a necessary decision which may include replacing the person with some other auditor.

4.2.2 The team leader leads the audit in accordance with the referenced instructions. A set of updated documents about the audit like client details, open non-conformances, surveillance plan and comments from prior visits as applicable) is provided to every audit team. Core Quality has a legal counsel for consultation if required for ISO 14001. Activities include the opening meeting with the auditee organization, team briefings, audit interviews,

nonconformance issuance, auditee organization briefings, and the closing meeting with the auditee organisation. The team leader issues an audit report reflecting the recommendation concerning certification based on the team findings.

If a nonconformance is found, the recommendation will be on hold until suitable corrective action has been taken and evidenced.

4.2.3 During the audit if the auditor finds a breach of legislation i.e., legal/regulatory/ statutory requirement not having been followed, the auditor will communicate his finding to the team leader who in turn will notify the auditee organization's management of the violation. The auditor will further investigate the same and check as to why the auditee organization's management has failed to detect and address the same. If and when after proper investigation, it is clear that the auditee organization's management system has shortcomings /the infringement of ISO standards is established, a major/minor nonconformance as appropriate will be raised. Follow-up visits are made to verify that major nonconformance(s) are effectively remedied before certification is granted. In case of legal/statutory/regulatory requirements by the auditee organisation, the following policy shall apply -

In the event of the auditee organisation conducting a violation of the legal requirement, the auditee organisation, as a part of the rules and regulations of Core Quality Certification, will inform Core Quality on its own proactively and voluntarily. This proactive information communication by the auditee organisation is not to be confined to onsite-audit activity but applies to the complete certification period which the auditee organisation is entitled by way of Core Quality certification. In case of violation of legal requirements that are observed during the course of a certification Audit (Stage 2 Audit) or Surveillance Audit(s), the Core Quality audit team will notify the auditee organization's management about the observation. Further, the audit team will conduct a proper investigation into the issue and check as to why the auditee organization's management system has failed to detect and address the same. Based on the investigation of the audit team, if it is established that the management system has shortcomings / an infringement of ISO standards is observed, a major or minor non-conformance note will be issued.

Additionally, the auditee organisation has to ensure and provide evidence to that effect to Core Quality that the appropriate authorities have been notified of the violation of legal requirements, as per the prescribed procedure instituted by the relevant authorities.

Work instructions for ISO 9001 audit guidelines are also available for the audit team. During the audit, the audit shall be so planned that about 60 % of the time is spent auditing the critical processes.

4.3 Document at Audit (AA) (Stage 1 audit)

Stage 1 Audit is a part of the certification process and not an optional activity. Stage 1 is carried out onsite.

4.3.1 Objectives of Stage 1 audit:

During the Stage 1 audit, it is to be established that the requirements of the standard(s) are being met by the auditee organisation. This can be done by review of the available evidence. This evidence may take many forms and some cases need not be "documented". However, this does not alter the need to adhere to the requirements for documentation contained in the Standards.

- The objective of the Stage 1 audit is to provide

- To audit the client's management system documentation
- a focus for the planning of the Stage 2 Audit (e.g. resources, time allocation) by reviewing the client's status and understanding regarding the standard w.r.t objectives and operations of the management system, site activities, identification of environmental aspects and associated impacts (for ISO 14001), identification of occupational health and safety hazards and associated impacts (for ISO 45001), identification of applicable legislation and licenses matching with site and activities of auditee organization, discussions with client personnel regarding policy, objectives and the state of preparedness of the auditee organisation,
- To evaluate the client's location and site-specific conditions and to undertake discussions with the client's personnel to determine the preparedness for the stage 2 audit
- To collect necessary information regarding the scope of the management system, processes and location(s) of the client, and related statutory and regulatory aspects and compliance (e.g., quality, environmental, occupational health and safety, information security, legal aspects of the client's operation, associated risks etc)
- To review the allocation of resources for the stage 2 audit and agree with the client on the details of the stage 2 audit.
- To provide a focus for planning the stage 2 audit by gaining a sufficient understanding of the client's management system and site operations in the context of possible significant aspects.
- To evaluate if the internal audits and management system substantiates that the client is ready for the stage 2 audit.

For Companies requiring transferring from another certification body -

- If the company has an accredited certificate from another body, then the auditors need only carry out a partial (brief) Document Review in the Core Quality office. However, all of the paperwork still needs to be completed using the combined Stage 1 Review and Audit Schedule form.
- If the company has a non-accredited certificate, then Core Quality's normal procedures must apply in full.

4.3.2 Stage 1 audit is intended to -

- Assess that the auditee has a documented management system, which is compliant with the applied standard.
- Ensure that the EMS includes an adequate process for the identification of environmental aspects, impacts and determination of their significance.
- Ensure that the OHSMS include an adequate process for the identification of OH&S hazards, impacts and assessment.
- Ensure that the system includes a procedure for the identification of applicable regulatory requirements and that all the required environmental licenses, permits and approvals are in place.
- Ensure that the management system is designed to achieve defined policies, objectives and targets.

- Establish that internal audits conform to the requirements of the respective standard and that the internal audits are effective and relied upon. Seeking evidence for competence, experience, training & independence of internal auditors (ISO 19011); auditing procedure & methodology; reference & standards; resource availability; organization & planning of audits; checks & reports; timeliness & effectiveness of corrective action and management of audit follow-up.
- Establish that management reviews are conducted and cover continuing suitability, adequacy and effectiveness of the management system.
- Establish that relevant communication from customers / external interested parties is documented and responded
- Establish that the management system is designed to realize the concept of continual improvement.
- Establish that the proposed scope of certification is appropriate to the auditee organization's business activities.
- Confirm the auditee organization's readiness for the certification audit.
- Obtain information about the auditee organization's operations which might have an impact on the stage 2 audit including:
  - Work hours and schedules
  - Size and complexity of the organization
  - Special safety requirements
  - Applicable statutory requirements & licenses
  - Security clearance requirements
  - Technology expertise necessary
  - Logistics
- Prepare a detailed program including audit trails for the upcoming Stage 2 audit.
- Review the adequacy of audit time for the Stage 2 audit. Increase the time duration if required based on the findings of the audit; complexity/volume of processes; variation found from the data provided by the client in the F080 Questionnaire.

4.3.3 When carrying out a review the auditor shall note his/her findings in the Stage 1 audit report and record this against the relevant topic if such fails to satisfy the requirement of the standard. Special requirements are listed in the Stage 1 audit report for that company i.e. guidance documents, legislation etc. for reference at the audit.

The Document reviews are a part of the stage 1 audit and include at least the following:

- Documentation including procedures with links to related requirements of respective standards. If the client has integrated systems (e.g., QMS, OHSMS), the documentation shall be reviewed w.r.t. interfaces with other systems.
- The documentation must have been issued and would normally have been in place for a minimum of three months.
- Description of the organization and its on-site processes
- Environmental aspects, impacts and determination of significant aspects (for EMS).
- OH&S hazards, impacts and determination of significant hazards.
- Means and system for realizing continual improvement.
- An overview of applicable regulations and agreements with authorities.
- An internal audit program identified nonconformities and records.

- Records of incidents, breach of regulation and relevant correspondence and EMS, OHSMS, ISMS related communications with action taken.
- Records for management review
- Details of identified non-conformities and corrective action taken in the last 12 months

4.3.4 Process steps for Stage 1 audit

The assigned team leader is responsible for managing and documenting the results of the adequacy audit. However, responsibilities for conducting the document review may be delegated to the other audit team member. The process for the stage 1 audit can be briefly described as follows:

1. AE advises the concerned auditor / TL of the assignment.
2. TL prepares the audit schedule and intimates to the client normally a week before the planned audit date. The audit Schedule contains the auditor's name. Auditor background details are provided to the client on request.
3. An opening meeting is held to put the auditee organisation at ease, advise him/ her on the objectives of the document review and obtain the auditee organization's cooperation.
4. Generally, only one person is needed to perform the documentation audit, but where a team is used or an auditor under training is present, then a team briefing may be necessary.
5. To prepare a detailed program for the audit, a tour of the facility to provide familiarization with the auditee's organization is essential.
6. The main objective is to review the auditee organization's readiness for the points listed above. Documents are reviewed only to the level necessary to establish compliance with the relevant standard. A record of the documents reviewed is made.
7. The auditor shall review for any discrepancy in any information provided in the questionnaire and contract review. This shall be reviewed by Quality Manager and may result in a change in man-days assigned for the contract.
8. An Auditee organisation debrief meeting is held to discuss the audit findings and obtain any further information necessary to program the audit and decide on further action.
9. The findings are collated, and an audit report is prepared for handing over at the closing meeting. Based on the findings, a recommendation is made to proceed/defer/ cancel the certification. The auditor shall explain the reason for considering the documentation or system unsatisfactory. In case of many or larger issues, the stage 1 audit may need to be carried out again. This shall be discussed with the auditee and a suitable date decided. This may require working out an amendment to the contract.
10. The visit ends with a closing meeting where points agreed with the auditee organisation are confirmed. The Scope of certification for audit is confirmed. The audit report is handed to the auditee organisation and a copy is forwarded to head office for review and processing. The report will also include the audit program detailing the expected times and duration for the audit of each activity.
11. The client will be informed by the auditor that any discrepancies not closed out before the audit will result in automatic non-conformance notices being raised. The discrepancies include the non-completion of scheduled internal audit programmes and management reviews.

12. The Stage 2 audit shall be conducted within 3 months of the stage 1 audit. Any further delay shall require a stage 1 audit to be carried out again. There is no restriction on minimum time duration; however, the general practice is at least 7 days, depending on the findings of the stage 1 audit and client readiness.

4.3.5 Non-Conformity and Sentencing of major and minor nonconformances – QMS, EMS, OHSMS and ISMS.

Non-conformity is defined as failure to fulfil one or more requirements of the management system standard or a situation that arises serious doubts about a client's management system to achieve its intended output. Nonconformities will be classified into two categories – Minor and Major

4.3.5.1 During an audit a minor non-conformity shall be deemed present when any activity is not undertaken, which is stipulated in the client's management system as a requirement or which was undertaken and is relevant but is not controlled within the system and is deemed to be minor (of little importance to the quality of the firm's product or service). Several non-conformities in any one section, or procedure, shall constitute a major breakdown of the system.

4.3.5.2 A major non-conformance shall be declared when a system or procedure is not working at all, where there is a complete failure to fulfil one or more requirements of the management system, or where there is significant doubt that the client's system can achieve the intended output, or where a serious cumulative number of minor non-conformities are found overall, or when there is a complete lack of system control. Several non-conformities may be grouped as one major non-conformity.

4.3.5.3 If all non-conformities have been rectified within three months of the audit, then the award will be recommended. If not, a complete re-audit is to be carried out at the discretion of the Managing Director. If on a follow-up visit, it is found that the major nonconformity has not been satisfactorily addressed, then another visit is to be made within two weeks. If this fails, then a full re-audit must take place. All visits will be charged at the standard rate and the client invoice. The Quality Manager will confirm the time and auditors for the close-out visit and will advise the AE about the invoicing.

4.3.5.4 In all cases of "follow-up" the auditor must complete a continuation sheet indicating the areas covered. Head the sheet "Closeout Visit". Any small points not fully closed out may be re-raised as minor discrepancies at the discretion of the Lead Auditor. After a "follow-up" visit the audit report will be completed again by the auditor. Clients whose systems are rejected on initial audit and are accepted on "follow up" partial audit may have surveillance visits set at one extra to that stated on the Contract Review for the first year of certification, if considered necessary by the Lead Auditor i.e. depending on the severity of the major non-conformance. The time (half a day minimum) for a 'follow-up' partial re-audit is indicated by the Lead Auditor on the audit report along with the suggested re-audit date.

4.4 Certification Audit (RA) (Stage 2 Audit)

The objective of the certification Audit (Stage 2 Audit) is:

(a) To confirm that the auditee organisation adheres to its policies, objectives and procedures.

(b) To confirm that the management system of the auditee organisation conforms to all the requirements of the current version of the respective standard(s), normative document and achieving the organization's policy & objectives.

(c) To evaluate compliance with applicable legal and regulatory requirements.

4.4.1 The following activities will be carried out to meet the objectives of Stage 2 Audit:

- Assess that the auditee organization's quality management system has been implemented and objective evidence is available to demonstrate its effective implementation in line with its policies, objectives and procedures.
- Establish that all requirements of the standard are addressed where they apply to the activities covered by the scope of certification.
- Confirm that the quality management system is appropriate to the product, process or service provided by the auditee, with the capability of managing and improving performance.
- Encourage auditee organizations to improve their management system on an ongoing basis.

While accomplishing this, the certification audit must be conducted to satisfy the needs of the auditee organisation and maintain the integrity of the certification process as a whole. The team leader is responsible for managing and documenting the results of the certification audit. He may delegate specific responsibilities for the conduct of audit activities to assigned audit team members.

4.4.2 The certification audit (Stage 2 audit) addresses the implementation of all the elements in the standard and focuses on –

- identification of environmental aspects & their effectiveness, defined criteria/procedure for significance and subsequent determination of their significance (for ISO 14001)
- identification of OH&S hazards & their effectiveness, defined criteria/procedure for significance and subsequent determination of their significance (for ISO 45001)
- Procedures to ensure compliance with legal & other requirements.
- Inconsistencies between the organization's policy, objectives & targets and its procedures to achieve them or the results of their application. The certification audit team shall appreciate that it is for the organization to define how its policy commitment to continual improvement, customer satisfaction and prevention of pollution is achieved and to develop processes for achieving/measuring performance.
- Auditee's procedure & application for investigation/development of opportunities for improvement and programs for improvement.
- Auditee's process for achieving continual improvement and its effectiveness.
- Operational control to maintain consistent performance and compliance with procedures.
- Performance monitoring, measuring, reporting & reviewing against the legislative requirement, objectives and targets.
- Internal auditing, identification/evaluation of non-conformities and completion of effective corrective actions.
- Management review and management responsibility for the management system.
- Interfaces and links between policy, aspects & impacts, objectives & targets, responsibilities, programs & procedures, performance data, internal audit and management review.
- Register of regulatory requirements (for ISO 14001)

- Seeking evidence for competence, experience, training & independence of internal auditors; auditing procedure & methodology; reference & standards; resource availability; organization & planning of audits; checks & reports; timeliness & effectiveness of corrective action and management of audit follow-up.
- Staff awareness of the environmental requirement

If there are combined systems in place, e.g. QMS and EMS, then emphasis must be placed to ensure that both standards are adequately addressed and monitored. Records and auditor notes must demonstrate that adequate time has been given to each standard.

4.4.3 Process steps for Stage 2 Audit

1) The Quality Manager or designee schedules the audit and informs the Audit team leader(TL). A set of necessary documents like client details, Stage 1 audit report etc is given to TL. On receiving the audit schedule from the QA, TL discusses the logistics and audit plan with the auditee organisation. TL prepares the audit Plan and intimates the client normally a week before the planned audit date and the same is agreed upon before the audit. In case of any changes required by the client, the same is captured as part of the Incident Report and necessary actions taken. In case of any changes in the audit plan during the audit the same is captured as part of the audit report. Auditor background details are provided to the client on request.
2) During the audit planning, the EAC sector-specific guidelines and audit trails are used to identify critical processes. At least 60% of audit time shall be used for auditing critical processes.
3) Where the assignment is complex (multi-site, has specific technological requirements, and/or utilizes a large audit team etc.), a team briefing may be planned before the scheduled audit date to coordinate details.
4) An opening meeting is held to advise the auditee organisation of the objectives of the certification audit, details of the audit and schedule and obtain for the auditee organization's cooperation.
5) Where more than one person has been assigned, a daily team meeting may be scheduled after the auditee organisation meeting/site visit to plan the day's strategy and cover any points not included in the pre-visit team meeting.
6) Changes to the auditee organization's documentation since the previous visit are reviewed and outstanding non-conformance(s) are followed up. The auditee organization's management system is assessed according to the schedule and audit trails identified during the adequacy audit. Documents reviewed, personnel interviewed, and other pertinent data are recorded in the auditor's notepads. Non-conformances are raised after the proper investigation against activities found non-compliant. The Observations are issued identifying areas of improvement only. The caution will be observed in recording the Observations so that the issues pertaining to non-conformance are not reflected as observations and vice versa. The recording of observations will be strictly confined to areas of improvement only.
7) When the audit is for more than a day, a daily team debrief meeting is used to discuss findings, followed by an auditee organisation debrief to present the findings of the day.
8) On the final day of the audit, the team discusses overall performance during the audit, reviews of stage 1 report and prepares the audit report (F32). The team's decision to approve or defer certification is recorded in the report. A program for the next visit is

also prepared (follow-up visit/surveillance plan). An organization can be recommended only if no major non-conformance is found. In case of a major non-conformance complete/limited audit is necessary and the audit time requirement is estimated by the auditor in discussion with Managing Director. The audit schedule for the special audit is detailed and agreed upon with the client.

9) The visit ends with a Closing Meeting where the recorded findings and team recommendations are formally presented to the auditee organisation and any follow-up actions are agreed upon. Auditee submits the corrective action plan for all non-conformances issued. Also, during the Closing Meeting, the Team Leader informs the Client for submitting the evidence of Corrective Action taken for review and closure of the Minor Non-Conformances identified. In case of major non-conformances identified the client is informed whether an additional full audit or an additional limited audit is necessary depending on the impact of the major non-conformance identified.

10) The report (F32) is handed to the auditee organisation and a copy is forwarded to the Core Quality Office for review and processing. The program for the next visit and auditor notes is forwarded to Quality Manager with the report. The adequacy audit report issued is also returned to the Quality Manager. The audit trails are exclusive notes strictly for use of auditors to carry out the audit and the team leader shall ensure that they are never given out to the auditee.

11) The report is submitted only after satisfactory verification of corrective actions taken for the non-conformance(s). The client shall submit the evidence of corrective actions taken within 3 months of the audit. Failure to satisfactory closure shall result in a complete re-audit.

4.5 Follow-up Audit (FA)

4.5.1 The purpose of follow-up audits is to conduct the follow-up of non-conformance(s) of an auditee organization's management system (QMS, EMS, OHSMS, ISMS), identified during a visit, that was determined to require corrective action. A follow-up audit is required where a major non-conformity is raised. Minor non-conformity does not require a formal follow-up visit and may be closed off-site based on evidence submitted. The time required for a follow-up audit shall be determined based on the number and nature of major non-conformities issued.

4.5.2 The team leader will plan and determine the type of follow-up that is required. An off-site follow-up may only be conducted when the corrective action can be objectively evaluated based on documented evidence sent to Core Quality by the auditee organisation. If the follow-up audit is not performed within three months of the certification audit, a partial Re-audit has to be performed (the time required shall be about 50% of that of the stage 2 audit). A complete Re-audit will be carried out if the follow-up audit is not performed within 6 months.

4.5.3 The non-conformances should be updated to reflect the new status, where the corrective actions are verified. These are reviewed by the team leader and then the certification Committee. The Quality Manager initiates withdrawal/suspension procedures, if the auditee organisation fails to effectively respond to a corrective action request or if the corrective action is not satisfactory. The audit report for the Follow-up audit shall be the same as for the certification Audit.

4.6 Surveillance Audit (SA)

The registered quality management system should continue to meet the requirements of a

specific standard and should be managed effectively by the auditee organisation. SA is intended to verify the continued effective maintenance of the auditee organization's quality management system, satisfy the needs of the auditee organisation and maintain the integrity of the certification process as a whole.

4.6.1 SA is intended to:

- Assess that the auditee organization's registered quality management system has been maintained.
- Verify that changes to the quality management system after the previous visit are in compliance with respective standards and that objective evidence is available to substantiate implementation.
- Re-confirm that the management system is appropriate to the auditee organization's product, process or service provided, with the capability of managing and improving performance.
- Promote the effectiveness of the management system.
- Assess major changes in the auditee organization's operations and technology that could affect the certification/certification.

4.6.2 The various mandatory elements to be audited at every surveillance are –

- Changes to a documented system
- Legal regulatory compliance
- Internal audits
- Document control
- Management responsibility & review
- Use of certificate and logo
- Corrective action
- achievement of objectives and Continual improvements

- Appeals / Complaints/communication from external interested parties.
- Effectiveness of quality management system to achieve auditee organization's policy, objectives & targets.
- Progress of the planned activities and continuing operational
- Follow-up on identified non-conformities (internal/certifying body)
- Appeals/complaints received by Core Quality

The surveillance audit may be combined with the audits of other management systems. The report should indicate the aspects relevant to each management system.

4.6.3 Process steps for Surveillance Audit

The team leader is responsible for managing and documenting the results of SA. The team leader may delegate specific responsibilities for the conduct of audit activities to assigned audit team members. The Quality Manager is responsible for reviewing the audit report to assess effectiveness. The process steps for the Surveillance Audit are -

1) The Quality Manager or designee schedules the audit and informs the Audit team leader (TL). Care is taken that the audit is scheduled within 12 months interval – the date being the last day of the Certification Audit. A set of necessary documents like client details, earlier audit reports etc is given to TL. On receiving the audit schedule from the Quality Manager, TL discusses the logistics and audit plan with the auditee organisation.

2) TL shall review the functions/processes audited in the earlier surveillances before finalizing the audit plan. TL shall ensure that all critical processes are audited at least twice and rest at least once in the three years.

3) Where an assignment is particularly complex (i.e. begins at several different locations, has particular technological requirements, and/or utilizes a large number of team members, etc.), it may be beneficial to call a team briefing sometime before the scheduled surveillance date to coordinate details.

4) An opening meeting is held to advise the auditee organisation of the objectives of the audit, details of the audit and schedule and obtain the auditee organization's cooperation. An auditee organisation brief may be conducted if the audit extends beyond a day.

5) Where more than one person has been assigned, a daily team meeting is scheduled immediately following the auditee organisation meeting to plan the day's strategy and cover any points not included in the pre-visit team meeting. Changes to the auditee organization's documentation since the previous visit are reviewed and outstanding non-conformances are followed-up. The scope of the certificate will be checked against the scope of activities being carried out by the company. If these are not the same, the auditor will discuss this with the company and inform the Quality Manager or appointed person for further consideration.

6) The auditee organization's quality management system is assessed using the Audit Program. Documents reviewed, personnel interviewed, and other pertinent data are recorded in the auditor's notepads. This information is confidential and not part of the formal audit report. Non-conformances are raised after the proper investigation against activities found non-compliant. The observations are issued identifying areas of improvement only. The caution will be observed in recording the observations so that the issues pertaining to non-conformance are not reflected as observations and vice versa. The observations will be strictly confined to areas of improvement only.

7) On the final day of the surveillance, the team discusses the overall auditee organisation performance and determines the recommendation (certification to continue or follow-up is required). The team prepares the audit report (F32). The team's decision is recorded on the Audit Report. Areas to be reviewed at the next visit are also detailed.

8) The visit ends with a Closing Meeting where the findings and team recommendation are formally presented to the auditee organisation and any follow-up actions are agreed upon. The Record of Findings is handed to the auditee organisation and a copy is forwarded to Quality Manager for review and processing.

9) At least one-third of the management system will be checked by the auditor at each surveillance visit. It is essential to ensure that the full system (as a minimum) is covered over three years by surveillance. At each visit complaints, audits, certification marks, documentation charges, and evidence of improvement will be reviewed.

Any auditee organization has to notify Core Quality in writing of any major change in the management system and/or the scope of activities. Quality Manager decides if the verification of changes can be assessed during the next surveillance audit or if a special visit has to be scheduled. The performance of the special visit shall be similar to normal surveillance and Quality Manager shall inform the assigned auditor to audit the required changes in the system.

4.6.4 Maintaining Certificates

Certificates will be maintained provided that the certified clients continue to satisfy the

management system standard and based on a positive recommendation from the audit team leader during routine surveillance audits provided that any non-conformity or any other situations may lead to withdrawal/suspension of certification. In such cases, the audit team leader reports to the Certification Committee to initiate a review by competent personnel, independent of those who carried out the audit.

4.7 Recertification (Triennial Audits)

4.7.1 The purpose of the recertification audit is to confirm the continued and effective management system as a whole is followed and the continued relevance and applicability of the scope of certification, the commitment to enhance and maintain overall effectiveness and improvement of the management system and whether the operations of a certified client contributes to the achievement of the client's policy and objective.

4.7.2 The following steps should be followed when planning three-year re-approval visits:

- The planning and extent of the visit are in accordance with the accreditation board requirements and determined at the last surveillance visit. The triennial visit is planned based on the client's performance during the certification period, previous surveillance audit reports, trends in NC raised, complaints received during the period and corresponding investigation reports etc.
- Recertification audit may include stage 1 if there is considerable internal/external change in QMS, activities, location and scope of certification.
- **During recertification audit planning Quality Manager shall ensure auditor rotation in case the complete cycle is carried out by the same auditor as Team Leader.**
- The recertification audit shall include a review of effectiveness and improvements in the MS performance.
- The triennial audit is a full audit of the auditee organization's quality management system and generally follows the same process as the Stage 2 Audit.
- Triennial audits and reviews follow the same instructions as those for initial audits. Care should be taken for the review of the changed scope or activities of the client.

4.7.3 Decision on renewing the certificate will be made by Core Quality based on the results of the recertification audit (review of the report), review of the certified client's system over the period of certification and any complaints received against the certified client over the certification period.

4.7.4 In accordance with ISO/IEC 17021–1:2015, the triennial audit, closure of all issues and certification committee decision need to be completed before the expiry date of the current certificate. The new certificate shall then be considered a continuation of certification. "Certified since…." date shall be the initial certification date. (The triennial audit should be completed about 2 months before certificate expiry). In case of a situation where corrective action is not submitted in time to complete the certification decision, additional surveillance shall be planned after 6 months (for 12 months surveillance schedule) or 1 day is added to the first surveillance (for 6 / 9 months surveillance schedule).

4.7.5 Where the activity cannot be completed before certificate expiry, the client shall be considered as a fresh case and man-days for stage 1, stage 2 and surveillance audit shall be given. Also if the surveillance is not done as per schedule, the client shall be considered a fresh case.

4.8 Special Purpose Visits

4.8.1 Registered management systems must continue to comply with the current version of a specific standard and any changes to the system must also continue to comply. Also, the scope of certification must continue to be appropriate to the auditee organization's objectives and appropriate for the auditee organization's products and services. On the other hand, complaints, appeals, requests for change in scope, additional accreditation, audit visits, or surveillance visits may disclose reasons for undertaking an additional visit.

- If there are grounds for undertaking a special purpose visit, Quality Manager determines what level of review will be required to maintain or extend certification, including but not limited to normal surveillance, unplanned surveillance, partial re-audit, or full re-audit.
- Before undertaking any visit, which is not under any contractual agreement, the auditee organization must agree in writing to the new terms.
- The scope of the audit shall be pre-determined and shall depend on the reason for the visit. In case of any complaint/appeal / any information resulting in doubt on the effectiveness of the system, the audit of the concerned and other related activity may be carried out.
- The visit/audit report shall be recorded similarly to the initial audit. The report shall also be reviewed for risk by the Core Quality Certification committee may also discuss the findings with the audit team.

4.8.2 Extensions to scope change in management for clients already registered with Core Quality

- The questionnaire should be completed by the client and returned to Core Quality
- Contract Review will always be carried out by the Quality Manager or appointed person to determine whether a full or partial Stage 1 is required.
- An off-site Stage 1 must be completed and sent to the Quality Manager or appointed person for review. Under exceptional circumstances, an on-site Stage 1 may be required.
- Under no circumstances must the above visit be carried out at the same time as surveillance unless extra time or an extra auditor has been allocated. However, Stage 1 shall be completed before the on-site audit.

Audits for the above reasons will be carried out in the same way as the initial audit. An Audit Report must be completed in the normal way and submitted to the Certification Committee for approval.

If successful, a new certificate will be issued by Core Quality

Note: After certification, if the client changes anything which significantly affects the certification, then Core Quality must be informed. Core Quality reserves the right to re-assess.

4.8.3 A special visit may be carried out on request of the client for additional accreditation. The client may request additional accreditation at any time before the certification audit or during the three years. In case the request is before stage 2 audits, the request shall be reviewed by Quality Manager and verified if the client's activities are within the Core Quality scope of accreditation. Stage 2 audit is carried out as described above. If the request is within three years, an additional visit may be required to verify compliance. The commercials shall be communicated with the client. The visit may be merged with planned surveillance. Additional accreditation shall be affected only after the successful completion of the audit.

The certificate shall be accordingly amended; however, the expiry date shall be the same. Fees may be charged towards additional accreditation and new certificate issue.

4.8.4 Short Notice audits for clients registered with Core Quality

These audits are necessary to investigate any complaints, and changes in management systems, and follow up on suspended clients. Requirements of short notice audits are informed to the client at the time of contract finalization through F 082 Client Agreement.

Special care will be taken in assigning the audit team for short-notice audits.

4.9 Transfers

4.9.1 This applies only to transfers from other accredited certification bodies. Only transfers from companies which have certificates covered by an accreditation of an IAF signatory should be eligible for transfer. Certificates which are not accredited as below shall be treated as new clients.

4.9.2 Pre-transfer review

- Carry out the normal contract review procedure, Quotation Preparation and Staff Allocation, and possibly visit the client. There is no need for a document review unless an extension is involved.
- Check that the client's scope on their certificate is as stated on the questionnaire.
- Confirm the client's certificated activities are compatible with that of Core Quality
- Try to establish the reason for the client wanting to transfer.
- Check that all of the sites that the client wants to transfer are covered by their current certification and not just Head Office.
- Check that the certificate is VALID and has not expired and that it is accredited. Certificates that have been suspended or withdrawn or are out of date shall not be considered for transfer. (Note: If the certification body has ceased trading or had its accreditation withdrawn then the transfer can still go ahead based on this review procedure).
- Check the status of their current certificate cycle, i.e., are we to take over the surveillance programme or are they due for a triennial re-audit etc. If a triennial is due we must carry out a full triennial audit including planning and site visits. Any extensions to scope will result in visits.
- Request reports/checklists, non-conformances etc. from the previous certification body. The status of any outstanding non-conformance notices must be known. Non-conformances must be closed out by the previous certification body or sent to Core Quality with evidence of corrective actions taken for Core Quality to close out.
- Request verbal confirmation of the effectiveness of the complaint system. Request details of any major problems.
- For EMS only – request details of any legal engagement with statutory bodies.

If no further outstanding problems from the above review are identified, then a certificate may be issued after authorisation by the Certification Committee.

4.9.3 The programme of surveillance visits/triennials is to be adopted from the previous certification body if applicable. The appendix Document is signed by the Chairman of the Certification Committee, Chief Executive and Technical Expert (if applicable) to authorise

the issue of the certificate.

Note: If, as a result of the review, some of the criteria are not met, then a site audit will be required to give the confidence to certify by Core Quality

4.10 Opening and Closing Meetings

4.10.1 The Opening and closing meetings are a critical part of the audit process. Opening meeting ensures that all parties understand what is going to happen and how best they can cooperate and coordinate their efforts. The closing meeting ensures that all parties understand the relevance of the findings, what they need to do and what happens next. The meeting agenda contains some essential requirements which must be advised to the auditee organisation in addition to other useful items which make for a clearer understanding of what is expected from both parties. It is hence essential that all the agenda items covered in this instruction, as appropriate and applicable to the situation.

		Opening	Closing
A	Thank the client for selecting Core Quality, Mutual Introduction of auditors and auditee	•	
B	Thank the auditee for your hospitality. Thank the guides for their support.		•
C	Circulate attendance sheet	•	•
D	State and confirm the contracted scope for certification and objectives of the audit.	•	•
E	State that TL represents the audit team. Determine auditee representatives and guides	•	
F	Confirm the audit plan and verify no conflicts with the plan. Reconfirm the time and location for the closing meeting. Make necessary amendments on request	•	
G	Explain the terms non-conformance (major & minor) and observation	•	•
H	Communicate the policy of notification by the auditee for legal/statutory violations.	•	•
I	Request sufficient sets of documentation, suitable room and office support	•	
J	Explain the auditor's responsibility to comply with the code of conduct and confidentiality	•	•
K	Explain that audits are sampling exercises and that other issues may exist. Refer to the need for ongoing internal audit and ongoing surveillance. For PA stress that the audit does not guarantee to identify all areas of non-conformance	•	•
L	Request advice on safety requirements and availability of safety equipment.	•	
M	Explain the findings. Highlight strengths. State non-conformances and observations. Explain the expectation of corrective action for non-conformances, including how lack of corrective action will impact certification.		•

N	State the conclusion and recommendation of the audit team. Explain that the team can only make a recommendation. Explain the concept of the Certification committee. Explain that the appeals process exists and is available on request.		•
O	Obtain the auditee organization's signature on the audit report. Request the auditee to state the corrective action plan. Explain the auditee's responsibility of submission of evidence for non-conformances identified. Request for safekeeping of audit reports		•
P	Invite questions	•	•

4.11 Multi-site audits (QMS only) (refer to IAF Guide 62 Annex 3)

4.11.1 This procedure only applies in certain circumstances, e.g., distribution companies, recruitment companies etc and it is the responsibility of the Contract Review process and the person planning the audit to determine its use. The program is particularly suited to those organizations:

- Engaged in distribution, having a number of strategically placed geographic distribution centres; or
- Operating a multi-outlet wholesale business; or
- Performing simple, repetitive processing at a number of different sites.

4.11.2 The program may be applied to the whole of the organization under an initial certification, or only part of the total number of sites may be registered initially, with others to be added later at the client's convenience.

Be particularly careful when planning audits on multi-site companies to take into consideration the working shifts and those that may require particular expertise. Ensure that the programme caters for a representative sample of the activities undertaken. Follow work instructions WI 08

It is usual to audit the company Head Office and a sample of sites if all sites are working with the same management system and if activities on each site are the same (e.g. a recruitment agency). (Company Head Office is usually where most of the system records are kept but this is not always the case, each job is to be judged individually.)

4.11.3 There may be situations where sampling is not permitted due to the nature of the work or because the activities on each site are not common to each other. In this situation, the programme would need to allow for visiting each site and would determine the need for a full audit with resulting documentation at each site visited.

If the activities are common and a sample is taken initially, a rolling programme of surveillance visits must be established.

If additional sites need to be added, the client must be able to demonstrate that the new sites are included in a controlled manner. These will normally be treated as an extension of scope. They must be added to the rolling programme, increasing the amount of surveillance time and costs as appropriate.

4.11.4 With large, multi-site companies it is usual to appoint a Project Leader who will be responsible for ongoing liaison with the client, arranging dates for surveillances, co-ordinating the rolling programme, dealing with any day-to-day queries and sorting out extensions to scope. This ensures continuity with the client and that correct sites are visited on the rolling programme.

It is not necessary to raise opening and closing meetings for every site visited, but a schedule is to be available for each auditor.

4.12 Multi-site audits (EMS only)

4.12.1 Multiple site audits under the control of a single EMS are carried out in accordance with the following.

All sites will be audited or the Head Office and a representative number of sites may be sampled by the audit team providing:

a) All sites have been audited in accordance with the internal audit procedures

b) A central management review has been carried out.

4.12.2 The sampling of the sites must include a representative number. The selection of the sites takes into account:

- the results of central and internal audits
- the results of the management review
- variations in the size of the sites
- maturity of the system
- existing knowledge of the organisation
- shift patterns
- personnel involved
- repetitiveness of the work
- complexity of the EMS
- complexity of the sites
- variations in working practices
- variations in activities undertaken
- the significance of the aspects
- potential interaction with sensitive environments
- differing legal requirements
- communications from interested parties

These requirements will be considered by the Certification Committee before awarding certificates.

4.13 Joint QMS/EMS audits

4.13.1 Where there is a combined documented system the audits are carried out in accordance with this procedure with the completion of the auditor's reports showing that they have looked at the requirements of ISO 14001, ISO 9001, ISO 45001, and ISO 27001 in the areas allotted to them. The auditors assigned to the areas are trained in the requirements of the relevant standard(s) and if necessary two auditors cover one area to ensure all requirements are addressed.

4.13.2 The audit is carried out according to the audit plan produced at Stage 1 / Document Review, with the Lead Auditor ensuring that the appropriately trained auditors are used for each area and part of the individual standards. Care is taken to ensure that the appropriate amount of time is spent on each area in the company and for ensuring full coverage of the standard requirements. The areas covered are reported on with details of the time spent in the key areas and indications of non-conformances. Where the auditors cover the requirements of more than one standard in one area at the same time during the audit, then the report should indicate this and examples recorded should show evidence of this.

A plan for surveillance visits is produced at the end of the audit taking into account the time needed for each standard and the expertise for the various surveillance visits as well as the areas to be looked at.

4.13.3 Where a non-conformance applies to both standards, only one report is raised and referenced to both standards if appropriate.

4.13.4 If the recommendation is positive for both standards then one audit report (F31 or F32) is raised. Similarly, if the recommendation is negative for both standards then one audit report

is raised. If the recommendation is positive for one standard and negative for the other, two audit reports will be completed separately.

4.13.5 This procedure is followed for surveillance audits with the additional EMS sections being completed in the audit report. The auditor must ensure that sufficient time is allowed in each area to cover the requirements of both standards adequately. The auditor's report must show clearly that the requirements of both standards have been subjected to audit and evidence of compliance recorded.

4.14 Sampling plan and auditing time

4.14.1 As such there is no statistical or mathematical formula to establish the right number of samples to be taken during an audit. Defining the number of samples to be taken to confirm conformity to the requirements of the standard is not efficient and does not ensure conformity. Adequate sampling would refer to a level of sampling taken during on-site interviews and record reviews that give sufficient confidence that the auditee's QMS is implemented and maintained.

4.14.2 The auditor needs to perform interviews and check records and evidence during the interview. The number of samples to be taken depends on the complexity of the processes being audited and the quality of the information received from the auditee during the interview. It is also important that the auditor maintains the schedule outlined in the audit plan. At the end of the day, the auditor needs to feel comfortable that the samples and the objective evidence seen are representative, to draw appropriate conclusions regarding the implementation of MS.

Core Quality auditors will spend about 60% of the audit time on critical process audits.