

IOAS Inc.



**General Operating Manual
for Provision of Accreditation and Assessment Services**

Updated June 1, 2020

1. Background and scope

IOAS Inc. is an independent, non-profit organisation that works with the world food and farming sector to ensure trust in products labelled as organic, sustainable and with related environmental and social claims.

IOAS provides expert assessment, accreditation and surveillance of the competence of certification bodies (CB) on an international level which forms the basis for trust across borders. These bodies in turn inspect and verify that production units and enterprises throughout the chain of custody follow the standards set down by both private organisations and under many national and supranational laws. Combined, these assessments provide for the trust that consumers expect and a basis for purchasing decisions that contribute to a more sustainable and fairer world.

2. Purpose and structure of this document

This General Operating Manual provides an overall guide to the structure and function of IOAS and the accreditation and assessment services it provides. It is compiled with the same structure as the ISO/IEC 17011: 2017 - 'Conformity assessment - General requirements for accreditation bodies accrediting conformity assessment bodies' to allow easy reference and provides references to relevant policy and procedural documents that make up IOAS Quality Management System documentation that govern how IOAS operates.

This manual is primarily directed at certification bodies (CBs) seeking accreditation or assessment services from IOAS to provide clarity on its structure and mode of operation, the generic procedures of accreditation and assessment that are applied to all schemes and the rights and obligations of both parties. It is IOAS policy that before application, each CB has available this operating manual to ensure it fully understands the nature of the accreditation or assessment process and the demands and obligations on them, both during the process of assessment and the continuing surveillance afterwards.

In collaboration with a number of scheme owners IOAS operates an increasing range of different schemes of accreditation and assessment, each of which is further explained in a short additional manual available from IOAS web site. To simplify the process and reduce cost and bureaucracy, IOAS applies the same broad policies and procedures to all schemes and these are the ones described in this document. Specific information relevant to individual schemes is available in the individual scheme manuals.

IOAS is also involved in other activities such as training and short projects all related to the field of organic and sustainable agriculture and food safety, but these are not further discussed here. Please visit IOAS web site for details.

3. Terms and definitions

Accreditation: Third party attestation related to a certification body (also called conformity assessment body, CAB) conveying a formal demonstration of its competence to carry out specific conformity assessment tasks.

Accreditation activity: Individual operational task of the accreditation process.

Accreditation Body: Authoritative body that performs accreditation. Also called conformity assessment body under the CFIA Canada Organic Regime (COR).

Accreditation body logo: Logo used by an accreditation body to identify itself.

Accreditation body personnel: Internal or external individuals carrying out activities on behalf of IOAS.

Accreditation decision: Decision on **granting** (awarding accreditation for a defined accreditation scope), **maintaining** (confirming the continuance of accreditation for a defined scope), **extending** (adding activities to the accreditation scope), **reducing** (cancelling part of the accreditation scope), **suspending** (restrict temporarily all or part of the accreditation scope) and **withdrawing** accreditation (cancelling accreditation for the full scope) based on all IOAS documents of mandatory compliance to (policies, procedures, official notices, etc) and the applicable ones from corresponding schemes.

Accreditation contract: A formal agreement between IOAS and an accredited body or body under surveillance which lays out the rights and responsibilities of the CB. The contract permits the body to use and refer to its status subject to the limitations stated in the contract.

Accredited Certification Body: A certification body that has been accredited.

Accreditation process: Activities from application through to granting and maintenance of accreditation as defined by the Accreditation Scheme.

Accreditation Scheme: System operated by IOAS with its own specific rules and procedures for carrying out accreditation against a unique set of requirements.

Accreditation scope: Specific activities of a Certification Body for which accreditation is sought or has been granted.

Accreditation symbol: Symbol issued by IOAS to be used by accredited CBs to indicate they are accredited.

Annual update report: Report(s) filed by accredited certification bodies in all years. The precise content of the annual report is determined each year and supplied to the accredited certification bodies in the document Annual Update Report document [FR0505](#).

Assessment: Process undertaken by IOAS to determine the competence of a CB (CAB), based on particular standard/s and or other normative documents and for a defined accreditation scope.

Assessor: Person appointed by IOAS to perform, alone or as part of an assessment team, an assessment visit. The assessor can be a member of the staff, in-house (internal) assessor or contracted, external assessor (freelance).

Assessment technique: Method used by IOAS to perform an assessment.

Assessment plan: Description of the activities and arrangements for an assessment. Also called a Visit Plan.

Assessment programme: All the assessments activities that IOAS performs on a specific CB consistent with a specific accreditation scheme during the accreditation cycle.

Assessment visit: The visit to the premises of the certification body and subcontracted parties and to the premises of the operators certified under the relevant certification programme/s as part of the assessment.

Appeal: Request by a CB for reconsideration of any adverse decision made by IOAS related to its desired accreditation status.

Applicant Body: A certification body that has applied for accreditation.

Categories: Different areas of a single set of standards or regulations which may or may not be included within the certification body's field of activity. In the case of organic standards this can be different types of production for example crops or livestock or different types of certification activity such as group certification.

Category of Certification: A field of certification activity such as crop production, input manufacturing, or aquaculture.

Certificate of Accreditation: Formal document or set of documents issued by IOAS or another Accreditation Body, declaring that a certification body meets the requirements of a specified accreditation programme.

Certification: The procedure by which a third party gives written assurance that a clearly identified process is methodically assessed such that adequate confidence is provided that specified products conform to specified requirements.

Certification body (CB) or Conformity Assessment Body (CAB): The body that performs certification activities that can be object of accreditation.

Certification (conformity assessment) activity: activity performed by a Certification Body (conformity assessment body) when assessing conformity, such as (but not limited to) testing, inspection, certification, etc.

Certification Programme: System operated by a certification body with its own rules and procedures and management for carrying out certification of conformity.

Certification transference: The formal recognition by a certification body of another certification body as operating an equivalent certification programme for the purpose of permitting its own certified operators to further process, under the certification body's own certification mark, the products certified by the other body.

Complainant: A person or body who files a complaint. See also the definition of Subject below.

Complaint: Expression of dissatisfaction other than appeal by a person or organization relating to the activities of IOAS or to an accredited certification body lodged with IOAS by a third party, where a response is expected.

Consultancy: Participation in any of the activities of a CB subject to accreditation, such as preparing manuals or procedure, participating in the management, giving specific advice or training towards the implementation of the management system, operational procedures and or competence of a CB, etc.

Deficiency: A failing on the part of the certification body to comply with reference standards and criteria but of a lesser grade than a non-conformity. Generally, this will mean that while the procedure or policy is in place, the details of the criteria or standards have not been fulfilled.

External Observer: observer peer reviewing IOAS work on-site. The result of this review may be included in the assessor's annual performance review.

Impartiality: Presence of objectivity, meaning that conflict of interests does not exist or is resolved so as not to adversely influence activities of IOAS.

Inspection: CB visit on site to verify that the performance of an operation is in accordance with the production or processing standards. In some schemes the word “inspection” is replaced by “audit”.

Inspector: Person appointed by a certification body or by an inspection body to undertake the inspection of an operator. In some schemes the word “inspector” is replaced by “auditor”.

Interested parties: Parties with a direct or indirect interest in accreditation.

Internal audit: The systematic investigation of the intent, implementation and effectiveness of selected aspects of the systems of an organization or one or more of its departments.

IOAS Observer: Experienced assessor who will be assigned to observe and evaluate an assessor in the frame of IOAS performance monitoring. He/she will not participate in the assessment.

Management review: An assessment of the objectives and performance of a body that is undertaken by the body itself.

Mock audit: IOAS witness audit of CB inspector/auditor to verify the fulfilment of the competence requirements of certain accreditation scheme even though the operator inspected may not have applied for that scheme.

Non-compliance: A failing on the part of the certification body to comply with reference to standards and criteria. A non-compliance may be either a non-conformity or a deficiency.

Non-conformity: The absence of, or the failure to implement and maintain, a required system element of the reference standards and criteria, or a situation which would raise significant doubt as to the credibility of the certification.

Observation: An aspect of the certification body’s structure, policies, procedures, standards or operation that is noted to be deficient in a way not prescribed by the accreditation standards and criteria.

Operator: An individual or business enterprise.

Programme Manager: The person appointed by IOAS to administer the accreditation programme.

Promotional material: All material including web sites and electronic communications other than packaging of product.

Re-assessment: The process by which accredited certification bodies are subject to a full review of compliance with the relevant Norms to renew the accreditation cycle.

Remote assessment: Assessment of the physical location or virtual site of a CB, using electronic means.

Review Audit: A review operator inspection conducted by IOAS assessor during the assessment visit in which the accuracy of a previously conducted inspection is assessed (see also witness audit).

Sanction: An action taken by IOAS in response to a failure by the certification body to meet the requirements of accreditation.

Screening: An initial process whereby IOAS, as part of the assessment, assesses the conformity of an applicant body based on its documentation.

Standards: The set of requirements used by a certification body, to which certified operators must adhere.

Subject: A person or body who is being investigated in relation to a complaint. See also the definition of Complainant above.

Surveillance: Set of activities, except re-assessment, to monitor the continued fulfilment by accredited bodies or bodies of requirements for accreditation.

Team leader: Assessor who is given the overall responsibility for the management of an assessment.

Technical expert: Person assigned by IOAS working under the responsibility of an assessor who provides specific knowledge or expertise with respect to the accreditation scope to be assessed and does not assess independently.

Trainee assessor: Candidate in training to become an assessor. Will accompany other assessors during his/her apprenticeship period. Can help if asked by the assessor.

Trainer assessor: IOAS experienced assessor who is assigned to observe and evaluate a trainee assessor to complete his/her apprenticeship period. He/she can participate in case of need.

Voluntary withdrawal: Cancellation of accreditation or accreditation scope by the certification body.

Warning: A letter resulting after the occurrence of a CB non-compliance, clarifying that continued failure to comply may lead to suspension.

Withdrawal of accreditation: Process of cancelling accreditation in full initiated by IOAS.

Witness Audit: An operator inspection performed under normal certification body procedures within the scope of accreditation in the presence of IOAS assessor (see also review audit).

Acronyms:

AC: Accreditation Committee

AMC: Accreditation Management Committee.

CB: Certification body.

CAB: Conformity assessment body. Synonym to CB.

CM: Client Manager.

Comms Manager: Communications Manager.

ED: Executive Director.

OA: Office Administrator.

PM: Programme Manager.

4. IOAS Inc.

4.1 a) IOAS is registered as a legal entity in the state of North Dakota, USA.

It is a non-profit corporation, founded in 1997 with the sole member being the International Federation of Organic Agriculture Movements (IFOAM) based in Germany. IOAS is governed by a Board of Directors which is appointed by IFOAM. Otherwise IFOAM has no influence or involvement in the work of IOAS.

The aims of IOAS are set out in the Articles of Incorporation document [PL0101](#) and are as follows:

- To inform the general public about organic and other ecologically-sound methods of production which respect the environment and the rights and welfare of all participants;
- To assist in the development of such organic and other ecologically-sound methods of production by contributing to the development of credible standards for producers and requirements for their certification;
- To provide internationally recognised mechanisms for the assessment and accreditation of organisations which certify such products and activities meeting respected standards;
- To contribute to the work of both private sector organisations and government organisations to regulate the trade in certified products and services;
- To provide other technical and training services related to conformity assessment systems which contribute to the above goals.
- To be a member of other nonprofit corporations whose purpose contributes to the above goals;
- To establish for-profit or nonprofit organizations where appropriate whose purpose contributes to the above goals.

4.1 b) IOAS Structure

IOAS structure and operations are designed to provide confidence in its work to outside parties, not only to clients but to government authorities, the trade and to consumers. IOAS is itself supervised by the Canadian Food Inspection Agency, it is full member of the APAC (Asia Pacific Accreditation Cooperation, a regional group of the International Accreditation Forum) and consequently is a signatory to the Multilateral Recognition Arrangement for Product Certification signed with both APAC and [IAF](#).

IOAS provides assessment and accreditation services under a number of private and public schemes which have either designated authority to IOAS to do so or which are open schemes.

4.2 Accreditation agreement

IOAS is involved in full accreditation schemes in which it takes the accreditation decision and also in assessment and surveillance schemes in which another body (government authority or private scheme owner) will make the accreditation or approval decision. In both cases, accreditation and surveillance, IOAS establishes a Contract with each CB ([PL0502](#)) to conform to all applicable requirements.

4.3 Use of accreditation symbols and other claims of accreditation

4.3.1 IOAS has measures in place to ensure that the CBs claiming accreditation status in any sense fully conforms to the applicable accreditation requirements, do not make misleading statements about the scope of its accreditation ([PL0503](#)), discontinues any reference to accreditation upon suspension or withdrawal of its accreditation, does not refer to its accreditation in an improper way and in case of

withdrawal discontinues its use of all materials bearing the accreditation or scheme owner name or logo and inform affected clients of any change on its accreditation status without undue delay. When still an applicant, the CB may refer to the fact of application to IOAS with restrictions ([PL0517](#)).

4.3.2 IOAS mark is registered at the United States Patent and Trademark Office (Reg. 5,193,968).

4.3.3 IOAS has set out rules for use and monitoring of IOAS name and IOAS accreditation symbol. IOAS also has a role in policing the scheme owners' symbols. Accredited CBs may use IOAS accreditation symbol on its certificates issued within the scope of the accreditation and, with certain limitations, on their web site ([PL0515](#)). IOAS logo may not be used to imply that a product, process, system or person is approved by IOAS.

4.3.4 IOAS accreditation symbol is based on IOAS company logo with the addition of the words 'Product Certification' which denotes the activity to which the accreditation refers along with the contract number of the certification body allocated by IOAS ([PL0515](#)).

4.3.5 IOAS shall take action in case of incorrect or unauthorized claims of accreditation or misleading or unauthorized use of IOAS accreditation logo following [PL0503](#), [PL0505](#) and [PL0507](#).

4.4 Impartiality

4.4.1 IOAS structure and operation is designed to undertake accreditation in an impartial manner.

4.4.2 IOAS is responsible for the impartiality of its accreditation activities and shall not allow commercial, financial or other pressures to compromise impartiality.

The organisation chart of IOAS indicates its Board of Directors as overseeing its work and development. The composition of the Board and appointment of members to that body is governed by policy document PL0211 which requires representation from a range of defined interested sectors. This ensures a balance of interests with no sector predominating.

IOAS has one related body, IFOAM, and has reviewed and documented this relationship to ensure that the activities of IFOAM do not compromise the confidentiality, objectivity and impartiality of IOAS work. The relationship between IFOAM and IOAS is described in a license agreement.

4.4.3 IOAS top management is committed to impartiality. IOAS makes public its Quality and Impartiality Management Policy, [PL0105](#), which includes the importance of impartiality in carrying out its accreditation activities, managing conflict of interest and ensuring objectivity of its accreditation activities.

4.4.4 IOAS has a policy on Management of Conflict of Interest for Board and committees' members, staff and externals that ensures that no undue commercial or financial pressure can compromise impartiality ([PL0210](#)).

4.4.5 IOAS has established an Impartiality Committee (IC) for effective involvement of interested parties for safeguarding impartiality. IOAS ensures a balanced representation of interested parties with no single party predominating ([PL0209](#)).

4.4.6 IOAS has developed a procedure on management of the risk to impartiality ([PR0517](#)) and maintains an Impartiality Matrix to identify, analyse, monitor and document the risks to impartiality arising from its activities including any conflicts arising from its relationships or from the relationships of its personnel. The process includes identification of and consultation with the IC to advise on matters affecting impartiality.

4.4.7 [PR0517](#) describes the process performed by the management to identify potential threats to impartiality and precaution or action taken to minimise or eradicate the threat.

4.4.8 [PR0517](#) requires management to consider residual risk and in this way likelihood of occurrence may change with time.

4.4.9 [PR0517](#) describes that situations of unacceptable risk to impartiality may arise in which case management shall remove that risk which may involve not proceeding with an accreditation, activity or collaboration.

4.4.10 The Quality Management System documentation of IOAS is made up of policies and procedures which define how the organisation, its committees and staff should conduct the activities. As well as conforming to ISO/IEC 17011 some of these documents are also informed by requirements of scheme owners. IOAS is committed to non-discrimination in all its activities and makes its services accessible to all applicants, despite their size, who fall within the scope of the mission and competence of IOAS. This scope includes accreditation and assessment services related to the following areas:

- Organic agriculture and related activity
- Sustainable agriculture and related activity
- Environmental management
- Social responsibility and fair trade
- Prevention of child labour
- Food safety

Membership of IFOAM or any other of any organisation is not a prerequisite for applications for accreditation. Some scheme owners may however require a pre-application before IOAS can proceed with assessment. IOAS reserves the right to reject an application where IOAS believes it lacks competence to perform the role, if proven evidence of fraudulent behaviour of a CB, falsification of information or deliberate violation of accreditation requirements.

4.4.11 IOAS is not involved in the provision of services that may affect its impartiality. Although IOAS may be involved in projects from time to time, these are carefully reviewed beforehand to identify any possible conflicts of interest. IOAS is not involved in services that CBs perform.

4.4.12 IOAS does not offer consultancy but (as at February 2019) it is establishing a separate charitable entity, Alliance for Organic Integrity (AOI), which will work with many partners to support development of more effective conformity assessment systems. Some of this work may be considered design and appropriate analysis of risks and relevant precautions shall be documented and implemented as the entity begins its work.

4.4.13 IOAS does not suggest to CBs that accreditation would be simpler, easier, faster or less expensive if they were involved with any other activity of IOAS (for example training) or if any specific person/s or consultancy were used.

4.5. Financing and liability

4.5.1 IOAS receives income only from the services it provides. The major part of this income is from accreditation and assessment services with a minor income also from occasional projects and training services. As a non-profit organisation, IOAS prepares budgets and sets its fees to ensure stability and independence and to ensure sufficient surplus to reinvest in the development of the organisation and the services it provides and to maintain a reserve.

4.5.2 IOAS maintains insurance to cover errors and omissions.

The BoD evaluates the risk arising from IOAS activities through the oversight of finance and the Impartiality Matrix also considers the impact of activities and structures on finance.

4.6 Establishing accreditation schemes

4.6.1 IOAS provides the following accreditation services and has developed or adopted specific steps and requirements particular to each specific scheme which are described in the operating manuals:

- Accreditation against IFOAM Norms 2017 (www.ifoam.org)
- Accreditation against ISO/IEC 17065: 2012 (www.iso.ch) – covering various organic and sustainability standards and good agricultural practice as GLOBALG.A.P, Rainforest Alliance, Mexican law for organic products -LPO-, Australian National Standard for Organic and Bio-Dynamic and Freshcare Standards and a number of private standards owned by certification bodies.
- Accreditation against the Global Organic Textiles Standard Approval Procedures and Requirements for Certification Bodies (www.global-standard.org)
- Accreditation against Accreditation and Certification Procedures for Textile Exchange Standards. (www.textileexchange.org)
- Accreditation against the approval procedures and requirements for certification bodies of COSMOS Standard AISBL (www.cosmos-standard.org)
- Accreditation against the NATRUE criteria and accreditation requirements for certification bodies (www.natrue.org)

In addition, IOAS provides the following assessment services in collaboration with other accreditation bodies or government authorities:

- Assessment of equivalence against (EC) 834/2007 ([European Commission web site](#))
- Assessment for accreditation under the Canada Organic Regime by the Canadian Food Inspection Agency ([Canada Organic Regime web site](#))
- Assessment against ISO/IEC 17065: 2012 and the Goodweave International – Generic International Standard for Rug Producers

4.6.2 All IOAS documents related to schemes requirements have been developed by IOAS staff ([PL0108](#)) or supplied by the scheme owner.

IOAS contributes its expertise to the development of guidance documents and scheme manuals of scheme owners and from time to time brings together groups of experts to develop guidance documents where it sees the need.

4.6.3 IOAS assesses the suitability of any new conformity assessment scheme and standards for accreditation following doc [PR0518](#). The intention is to ensure that the scheme owner structure and scheme rules and requirements are established and operated in a manner that abides by international guidelines and provide for clarity, integrity and impartiality. It complements IOAS policy [PL0111](#) which describes a process for extension of activity which considers factors such as whether the scheme fits with IOAS mission and issues relating to IOAS competence, resources, training, market and views of current clients and the sector in general.

4.6.4 When IOAS is asked to extend its activities outside of its current range of activity or decides itself to do so it follows the Extension and Discontinuation of Activities policy ([PL0111](#)). Before taking on

new work areas an analysis is performed of its own competence to take on the new area along with a review of resource and personnel implications, the need for guidance documents and an assessment of impact on existing schemes. Records are kept of this process.

4.6.5 [PL0111](#) contains all considerations and previous actions before discontinuation of accreditation schemes.

5. Structural requirements

5.1 IOAS is structured and managed so as to safeguard impartiality ([PL0102 Bylaws](#), [PL0211 NomPol-BoD-AC](#), [PL0205 Terms of Reference-AC](#)).

5.2 IOAS documents its organizational structure through [PL0104](#), which includes lines of authority and responsibility.

5.3 IOAS Inc is the accreditation body.

5.4 IOAS structure and governance is as stated in this document and illustrated in the organisation chart ([PL0104](#)).

5.5 Where IOAS has responsibility for the accreditation decision, that decision is made by the Accreditation Committee (AC). The AC is made up of experts who have not been involved in the assessment process. The accreditation decisions are not subject to approval by any other body ([PL0205](#)).

5.6 IOAS documents the duties, responsibilities and authorities of top management and all staff in the correspondent job description: Executive Director (ED) [PL0307](#), Assistant Executive Director (AED) [PL0320](#), Quality Manager (QM) [PL0315](#), Programme Manager (PM) [PL0308](#), Client Manager [PL0309](#), Assistant Programme Manager (APM) [PL0310](#), Scheme Liaison (SL) [PL0311](#).

5.7 IOAS Quality Management System documentation documents the duties, responsibilities and authorities of all personnel and committees with key roles in IOAS that could affect the quality and integrity of the work that is performed.

The committees or personnel that have authority and responsibility for the main functions of IOAS are identified below:

- Development of policies - Board of Directors and ED
- Supervision of implementation of policies and procedures - ED and Board
- Supervision of finances - ED and Board
- Development of activities for the schemes for which IOAS provides accreditation-ED, PM, QM.
- Decisions on accreditation - Accreditation Committee
- Performance of assessments and accreditation processes – PM
- Responding to complaints and appeals in a timely manner – QM, ED
- Contractual arrangements - ED
- Delegation of authority to committees or individuals - ED and Board
- Safeguarding of impartiality – Impartiality Committee

5.8 IOAS maintains formal rules for the appointment ([PL0211](#)), terms of reference and operation of committees that are involved in the accreditation process ([PL0205](#)). IOAS Board of Directors appoints Accreditation Committee members to provide expertise and representation to advise IOAS ([PL0205](#)).

Lists of participants on these committees are maintained and are publicly available on IOAS web site with a reference to the interested parties they represent. In addition to the accreditation committees IOAS works with an internal committee, the Accreditation Management Committee (AMC), that deals with administrative decisions throughout the accreditation process ([PL0304](#)).

6. Human resources

6.1 Competence of personnel

6.1.1 General

IOAS employs and contracts individuals from all over the world with knowledge and skills relevant to the schemes it operates, to provide competence which is at the core of IOAS' commitment to integrity and quality of work.

6.1.2 Determination of competence criteria

6.1.2.1 IOAS documents the competence criteria of personnel involved in management, assessments and any other accreditation activities in the job descriptions referred to at 5.6 and [PL0402](#) and maintains records of assessors and technical experts' competence to indicate which assessors and technical experts are qualified for which schemes and scopes. IOAS CMs and more senior staff perform all work related to accreditation including the majority of on-site visits. IOAS contracts freelance individuals for specific assignments but they operate under IOAS management system.

The qualifications and experience required and initial and on-going training for accreditation tasks are described in doc [PL0306](#) as well as the recruitment and training of assessors and technical experts ([PL0402](#)).

6.1.2.2 Through careful selection, on-going training and performance monitoring, IOAS ensures that staff who review CB documents, assessment reports and the AC members who make accreditation decisions have appropriate knowledge of assessment principles, practices and techniques and general management system principles and tools (docs [PL0306](#), Job descriptions, [PL0402](#), [PL0211](#), [PL0302](#)).

6.1.2.3 Through careful selection, on-going training and performance monitoring, IOAS ensures that staff who review applications, select assessment team members, review documents and assessment reports, makes accreditation decisions and manage accreditation schemes, have the appropriate knowledge of IOAS policies and procedures, official notices, accreditation and accreditation schemes requirements, relevant documents from the scheme and from CBs and have the personal attributes to perform effective assessment work .

6.1.2.4 IOAS ensures that the assessment team and the people who make accreditation decisions and manage accreditation schemes have the appropriate knowledge of risk-based assessment principles.

6.1.2.5 IOAS trains the assessment team and the staff who review documents, assessment reports, make accreditation decisions and manages accreditation schemes in general regulatory requirements related to the assessment of conformity.

6.1.2.6 Knowledge and skills related to auditing and communication (oral and written) is a prerequisite to join IOAS as described in [PL0402](#). IOAS ensures assessment staff keep these skills through training, monitoring and assessing this at performance reviews.

6.1.2.7 IOAS personnel who review documents have note-taking and report-writing skills.

6.1.2.8 The AC members have deep knowledge of the accreditation schemes requirements and the competence to evaluate the outcomes of the assessment.

6.1.2.9 If requested by an accreditation scheme, IOAS will establish specific competence criteria for the involved staff.

6.1.3 Competence management

6.1.3.1 IOAS establishes and implements policies and procedures for initial training and evaluation of all personnel involved in the accreditation process (PL0301).

Newly hired personnel complete a 6 months introductory period to give them the opportunity to demonstrate the ability to achieve a satisfactory level of performance and to determine whether the new position meets their expectations. IOAS uses this period to evaluate employee capabilities, work habits, and overall performance. A formal performance review is conducted at the end of the period either to confirm the person in the position or end the relationship.

6.1.3.2 Assessment visits are carried out by CMs and other senior staff (in-house assessors) and external assessors. Technical experts may be also contracted from time to time.

The qualifications and experience required, and initial and on-going training and approval of assessors and technical experts are described in PL0402 and PL0306.

New assessors shall undergo an apprenticeship period as trainee assessors and subsequently to be observed by an experienced IOAS assessor and follow several steps prior to providing any services on behalf of IOAS (PL0402).

6.1.3.3 Assessors appointed by IOAS will receive a confirmation letter of the schemes for which they are qualified, and this will be updated as necessary or at least once per year. The determination of qualification will be made at the performance review including any training needs (PL0402). Training for assessors are ruled by PL0402 and for the staff in general, by PL0306.

6.1.3.4 IOAS has procedures for monitoring the performance of all staff and external assessors and technical experts as described in PL0302. All full-time staff receive a formal annual performance review (PL0302). Poor performance of an assessor in any one scheme may also result in that scheme qualification to be removed (PL0402).

6.1.3.5 Performance of assessors and technical experts is assessed through occasional on site witnessing of performance, review of reports by PM, CMs and the AC, the complaints process and feedback from CBs (doc FR0408).

6.1.3.6 Each assessor shall be observed on-site by another assessor at least once every 3 years (PL0402).

6.2 Personnel involved in the accreditation process

6.2.1 IOAS operates with a sufficient number of competent personnel to manage and support all its accreditation activities for all accreditation schemes.

6.2.2 Core staff are required to commit to IOAS policies and procedures (doc FR0204). Commitments to confidentiality and declaration of conflict of interest are signed by all staff and contracted assessors and experts (docs FR0201 and FR0205) in the frame of the Confidentiality Policy (doc PL0203) and the Management of Conflict of Interest Policy (PL0210).

6.2.3 Assessors and technical experts are updated regularly on policies and procedures relevant to IOAS work assignment. This is achieved either through joining training sessions, individual training/briefings before assignments or by receiving mailings.

6.3 Personnel records

IOAS maintains records of qualifications, professional status, training, experience, competence and performance reviews results of each person involved in the accreditation process.

6.4 Outsourcing

6.4.1 On-site assessments are carried out by external assessors and/or technical experts that are contracted for specific assignments, recruited and trained as stated in [PL0402](#). They operate under IOAS management system, therefore not considered outsourcing. They are selected, trained and monitored in the same way as in-house assessors.

6.4.2 Accreditation decisions are made by IOAS Accreditation Committee (AC). AC members sign an agreement ([FR0204](#)) to comply to IOAS policies and procedures.

6.4.3 To date IOAS does not outsource any of the accreditation activities.

6.4.4 In case of outsourcing, IOAS will develop an enforceable arrangement.

7. Process requirements

7.1 Accreditation requirements

IOAS has developed separate documents describing the process and requirements particular to the specific schemes.

7.2 Application for accreditation

7.2.1 IOAS welcomes enquiries from CBs considering application for any of the schemes offered. The Application Information, doc [FR0503](#), provides a summary of the general steps that CBs must follow for application as well as general information.

The process starts when IOAS receives the application form ([FR0501](#)) complete and signed by an authorised representative of the CB. The application describes general details of the CB, the scheme(s) applied for with clear scope information and a declaration that the CB understands and will commit to the accreditation requirements.

For some schemes the CB must apply first to the scheme owner before they may apply to IOAS.

7.2.2 The application requests important information that will allow IOAS assess if the main accreditation requirements are addressed prior to the commencement of the assessment.

7.2.3 Once the CB application is received, it is reviewed and determined if it is within IOAS scope of expertise, it is suitable for accreditation and if no reason to reject it (see 4.1.10), then it is accepted and the applicant is offered a Contract with IOAS ([PL0502](#)). The application process is described in the Application procedure ([PR0501](#)).

7.2.4 IOAS shall reject the application or terminate the assessment process at any point in the application or initial assessment process if there is evidence of fraudulent behaviour, the CB

intentionally provides false information or conceals information. In case the application is not accepted, Policy on termination of application shall be followed ([PL0519](#)).

7.2.5 IOAS has provision for a preliminary visit called “explanatory visit” ([PL0520](#)) to a CB office to clarify and explain requirements of accreditation.

7.3 Resource review

7.3.1 IOAS reviews the application to assure itself of its ability to carry out the assessment of the CB including specific consideration of the availability of competent assessors or technical experts, decision makers and the ability to perform the assessment in a timely manner.

7.3.2 In case IOAS determines that it will not be able to carry out the assessment in a timely manner, this is communicated to the CB ([PR0501](#)).

7.4 Preparation for assessment

7.4.1 Each CB is assigned a client manager (CM) from IOAS core staff that will manage the process of assessment and is the CB’s main point of contact for all matters with IOAS. This person is assigned based on competence and familiarity with the relevant norms. CMs are also assessors. IOAS can assign the CM holding the CB file for the on-site visit, any other CM or an external assessor, following competence requirements as described in [PR0503](#). IOAS can assign a single assessor or a team of assessors depending on the case. The assessor/s may be assisted (particularly at on-site visits) by technical experts where required. The assessor/s may also be accompanied by an IOAS observer who is assessing the assessor’s work or an assessor apprentice.

7.4.2 IOAS notifies the CB in advance of the name/s of the assessor/s and any observer/s if applicable at the time of sending the Assessment Plan to the CB with the details of the upcoming visit (doc [FR0507](#)). The CB has 7 days to object any part of the visit plan ([FR0507](#)), including any of staff that will visit them. IOAS deals with such objections through [PR0503](#). If no objection is received within 7 days IOAS proceeds as per the visit plan.

7.4.3 The assessor is informed of the duration and the necessary number of file checks and operator visits. If an external assessor is used, he/she is sent an assessment contract containing the terms of the visit to be carried out and he/she is required to return one signed copy of the contract (doc [FR0401](#)). The assessor also receives a copy of the visit plan with all details of the visit ([FR0507](#)).

7.4.4 IOAS assesses the competence of the CB irrespective of where in the world these activities are performed ([PL0508](#)). The assessment consists on an initial desk audit (screening of the CB documents following [PR0501](#)) and on-site visits to CB office/s and operators, following the Assessment visit procedures, [PR0504](#).

7.4.5 At least one witnessed inspection will be conducted during which IOAS observes a normal scheduled inspection. The number of operator visits will be calculated based on the number of operators in the various schemes and the scope categories involved ([PL0508](#), [PL0529](#), [FR0582](#) and [FR0583](#)).

7.4.6 For scheduling the on-site assessment, IOAS considers the risk associated with the activities, location and personnel covered by the scope of accreditation ([PL0508](#)).

7.4.7 The Assessment Plan (doc [FR0507](#)) includes the length of the visit, the scope of the assessment, the premises to be visited, the activities for each day, the assessment techniques to be used as

operator file checks, witness audits, review audits, the personnel to be present and the estimate cost. The on-site visits (witness and review audits) are previously selected from the CB operators lists following IOAS Sampling policy [PL0508](#).

7.4.8 The date of the visit is scheduled beforehand with the agreement of the CB and included in the Assessment plan that the CB can object within a week as mentioned in 7.4.2.

7.4.9 IOAS provides the assessor/s with the appropriate supporting documents to carry out an effective assessment detailed in [PR0504](#).

7.5 Review of documented information

7.5.1 IOAS (Re)-assessment procedure, [PR0501](#), describes the review of documented information. IOAS conducts a review (screening) of the CB's documents, as a starting point of the assessment. The CM conducts a detailed review of the documents submitted by the CB according to the checklist issued by IOAS. The CMs are responsible for obtaining the relevant documents from the CB, ensuring that the appropriate screening databases are set up. The review is performed in IOAS database which forms a permanent and searchable record of compliance. Where necessary, nonconformities are raised in the database and issued to the CB and required to take corrective actions before the on-site visit takes place. Such requests must include substantive reasons why the condition imposed is considered inappropriate or unjustified. Once the submitted information and policy/procedure amendments have been accepted by IOAS, to the effect that there are no outstanding non-conformities, the on-site visit is carried out.

7.5.2 In case IOAS considers the application/screening process has failed the CB shall be informed of the decision and the reasons, following [PL0519](#).

7.6 Assessment

7.6.1 IOAS sampling policy [PL0508](#) assists in determining the offices of a CB that must be visited based on assessment of whether key activities take place at such offices. In addition to visiting the main CB office, visits may also be made to other offices of the CB from which key activities are performed and which are relevant to the scope of the accreditation.

Note: Key activities include policy formulation, process and/or procedure development, and decision-making.

IOAS sampling policy (PL0508), Compilation of sampling requirements for scheme owners and IOAS ([PL0529](#)), Visit length calculation for (re) assessments and annual surveillance (FR0582 and FR0583)- allow a clear determination of the duration of the on-site visit, the number of operators visits to perform and the number of file checks. Scheme owners' requirements on sampling may also need to be taken into account.

During surveillance and re-assessment, it is required that all premises of a CB involved in key activities are visited within defined time frames.

The CB is informed on how IOAS will report the findings if applicable and the timelines they will be given to submit the corrective actions following Assessment visit organisation procedure [PR0503](#).

7.6.2 IOAS assessor shall commence the assessment (on-site or remotely) with an opening meeting. Key personnel are requested to attend. The assessor shall specify the purpose of the assessment, confirm the activities stated on the Assessment plan as well the scopes and scope categories that will be assessed at that particular visit, following the Assessment visit procedure & Instructions, [PR0504](#).

7.6.3 IOAS assessor shall conduct the assessment based on the Visit/remote assessment plan and timetable (FR0507) he/she receives before the visit. All instructions for the assessor on how to conduct the visits are contained in [PR0504](#) and in the visit report format.

7.6.4 IOAS assessor shall determine the competence of the CB based on all relevant information he/she receives for preparation of the visit and during the visit through company and operators' files check and on-site visits, in the frame of [PR0504](#).

7.6.5 In the event that the assessor is unable to reach a conclusion about a finding he/she may refer back to the main office for guidance, as stated by [PR0504](#).

7.6.6 IOAS Assessment visit procedure [PR0504](#) requires that:

a) The assessor compiles his/her findings in a written exit meeting format and provide it to the CB staff prior to the exit meeting (exit interview). This document includes the non-conformities and deficiencies being raised, the relevant norm references and an explanation of the issue and source of evidence. The main findings of the visit should be outlined by the assessor in order that the CB may point out any misunderstandings.

b) A written report on the outcome of the assessment and the non-compliance form [FR0532](#) including the non-conformities and/or deficiencies will be provided to the CB within a month with a timeline for corrective action submission after being reviewed by IOAS office, following [PR0501](#).

c) In case any of the non-conformities or deficiencies differ from that presented by the assessor in the exit meeting, a full explanation shall be provided.

7.6.7 IOAS is responsible for the content of the assessment report and noncompliances raised regardless of whether the assessor is contracted or a member of staff.

7.6.8 The CB shall be required to supply evidence of corrective action to all More Information questions (MIs), nonconformities (NCs) and deficiencies (Ds) within 6 weeks. CBs will be required to identify (and subsequently correct) causes of all non-conformities (NCs) and deficiencies (Ds) identified during all on-site and remote visits, including witness and review audits ([PL0527](#)).

7.6.9 Following receipt of the post visit corrective actions the CM shall review the evidence and update FMP accordingly. In case the CB has not submitted any corrective actions by the due date, the CM will send form letter [FR0548](#) allowing one more week and if the submission is not yet received a Notification of Intent to Suspend will be issued, according to IOAS Sanctions policy ([PL0505](#)).

A summary prepared by the CM shall be reviewed by the AMC. The AMC may decide to recommend to the AC (re)accreditation of the CB or, in cases where nonconformities remain unresolved, permit the CB a further period for corrective action ([PR0501](#)).

7.7 Accreditation decision-making

7.7.1 Once the CM is satisfied that the CB has taken all necessary corrective actions according to document [PR0506](#), the Accreditation Committee (AC) will receive a summary of the whole assessment process and make a decision on accreditation. The periods of time allowed to the CB to resolve any outstanding issues are limited according to procedure [PR0501](#). The AC may decide that there is insufficient evidence of the competence of the CB and may either deny accreditation or require a further on-site visit.

The conditions for granting accreditation are described in [PR0511](#). IOAS will only grant accreditation if

- All identified non-conformities have been adequately addressed by the applicant body.
- IOAS is satisfied that the functional operation of the certification body is effective.

7.7.2 The authority for granting, maintaining, extending, reducing, suspending, or withdrawing accreditation remains solely the responsibility of IOAS and taken by the AC or the AMC as corresponds. Delegation outside of the organisation is prohibited (PL0205).

AC members involved in the assessment or having any conflict of interest shall be excluded (PL0205). The AC is responsible for granting accreditation of a new scheme (PR0512) and renewing accreditation (PR0511), imposing suspension measures, withdrawing or terminating accreditation status in accordance with the procedures outlined in IOAS suspension, withdrawal and termination policies PL0506, PL0507 & PL0519. Withdrawal and suspension decisions shall be ratified by IOAS BoD.

AMC members that carried out any part of the assessment as being the assessor at the Assessment visit or being the CM in charge of the CB file at IOAS may be invited to provide information but are excluded from decision making (PL0304).

AMC makes decisions on continuation of accreditation (PR0511) and on extension and reduction of scope categories (PR0512). Geographic scope extensions are handled by the Client Managers (CMs) (PR0512).

7.7.3 The AC members are provided with the following information to make the accreditation decision:

- A summary with general and background information of the CB, including how the CB resolved the non-conformities and additional information that helps the AC to determine its competence
- Latest visit report (including date, type of assessment, locations visited, scope of accreditation)
- CM recommendation to the AC

7.7.4 The AC shall check that all the information gathered is adequate to decide that the requirements for accreditation have been fulfilled.

7.7.5 The AC members gather almost every month to evaluate CB cases for accreditation decision. The CBs are notified in writing of the decision, including a justification if applicable.

7.7.6 IOAS may use the results of assessment work performed by other accreditation bodies in a limited way to allow transfer of an accreditation (see procedure PR0519).

7.8 Accreditation information

7.8.1 IOAS shall provide the accredited CB IOAS logo to use if applicable (PL0515).

IOAS issues an accreditation certificate for schemes where it makes the accreditation decision (those accreditation services listed at 4.6.1).

The certificate includes IOAS logo, the name and address of the accredited CB (and the name of the legal entity if different a reference to the standard that the CB is in compliance with, the unique CB accreditation identification which is the contract number, the year first accredited, certificate issue date, the effective date of accreditation and the accreditation renewal date. Scopes, scope categories and further information on the accreditation of CBs is provided at www.ioas.org/accreditation/accredited-bodies.

For assessment services either the collaborating accreditation body issues an accreditation certificate or where the service is part of government supervision system a letter of accreditation may be issued, or recognition of 'approval' is through being listed publicly by the government authority.

7.8.2 The effective date of accreditation is the date of the accreditation decision and it is indicated on IOAS web site.

7.8.3 The scope of accreditation identifies the type of certification, the certification scheme and the standard to which the products are certified.

7.8.4 IOAS does not use flexible scopes of accreditation.

7.9 Accreditation cycle

7.9.1 IOAS accreditation cycle is of 5 years, starting the date after the initial accreditation or re-accreditation was granted. Through the accreditation contract, doc [PL0502](#), the CB agrees to a periodic full re-assessment.

7.9.2 IOAS applies an assessment programme following its Sampling Policy [PL0508](#) to ensure that all relevant premises are assessed during the CB accreditation cycle. IOAS also follows all the schemes requirements, compiled in [PL0529](#).

7.9.3 IOAS Sampling policy [PL0508](#) takes risk into consideration. IOAS cycle starts with an assessment (or re-assessment) followed with annual surveillance, where a sample of the scope of accreditation is assessed. On-site annual surveillance may be replaced by a remote assessment as appropriate and if the scheme owner permits ([PL0508](#)).

Plans for surveillance and re-assessment for each CB follow the procedures [PR0508](#) and [PR0501](#) and are influenced by performance and stability of the CB as well as the overall structure and operations. Key sub-offices or sub-contracted inspection bodies will be sampled over time. In addition, IOAS ensures that a representative sample of CB operators are visited as witness or review audits in line with the schemes that are under surveillance as well as the categories of production.

7.9.4 Before the end of the accreditation cycle, a re-assessment is planned and performed following the procedure described in document [PR0501](#).

7.9.5 Polices [PL0508](#), [PL0511b](#) and [PL0523](#) refer to IOAS right to perform additional visits/assessments in case of need of investigation of complaints, changes or other matters that may affect the CB fulfillment of the accreditation requirements.

7.10 Extending accreditation

7.10.1 IOAS has defined procedures and fees for extension of the accreditation to other scopes or to other scope categories or other countries as required detailed in [PR0512](#) and doc [LS0503](#).

7.10.2 Extensions of accreditation granted are taken into account to plan subsequent assessments to the CB.

7.11 Suspending, withdrawing or reducing accreditation

7.11.1 IOAS has defined procedures for suspension ([PL0506](#)), withdrawal ([PL0507](#)) and reducing the scope of accreditation ([PR0512](#)).

Suspension and withdrawal of accreditation are sanctions resulting from the most serious infringements as described in [PL0506](#) and applied when CBs persistently fail to abide by the rules of accreditation. CBs may also decide to voluntarily withdraw from accreditation, and this is not considered a sanction.

Suspension and withdrawal may also be applied, not to whole schemes but, to scope categories where the failings are related only to one area of a CBs activity. As the requirements of the various schemes differ it is possible that accreditation of one scheme may be suspended or withdrawn whilst another remains in place.

7.11.2 IOAS shall initiate the process for withdrawal of accreditation in the following circumstances, as detailed in Withdrawal Policy, [PL0507](#): a) There is proven evidence of fraudulent behaviour, b) The CB intentionally provides false information, c) The CB deliberately violates accreditation rules.

7.11.3 IOAS Suspension Policy ([PL0506](#)) includes the procedure and criteria for lifting the suspensions according to the stage the CB is in.

7.12 Complaints

7.12.1 IOAS has defined procedures for handling complaints both against itself ([PL0511a](#)) and against CBs that are accredited or under surveillance of IOAS ([PL0511b](#)). Complaints regarding applicant and assessed/accredited CBs should, in the first instance, be directed to the certification body.

IOAS views complaints as a useful source of information and a potential indication of opportunities for improvement. Conclusions of the investigation of a complaint are always communicated to the complainant subject to confidentiality requirements.

7.12.2 IOAS procedure for handling complaints about accredited CBs is included in [PL0511b](#) and available on IOAS web site.

7.12.3 Upon receiving a complaint concerning an accredited CB, IOAS first studies the case and if it is considered that it falls under the activities it is responsible for, IOAS deals with it.

7.12.4 IOAS Complaints policy doc [PL0511b](#) describes how the complaint is received, validated, investigated and decided what action to take, ensuring it is taken in the stated timelines. Complaints are recorded at doc [FR0519](#) Complaints register.

7.12.5 IOAS shall acknowledge receipt of the complaint and keep the complainant updated on the progress and the outcome.

7.12.6 IOAS is responsible for gathering and verifying all the information to validate the complaint.

7.12.7 IOAS is responsible for all the decisions made at all levels of the handling process of the complaint.

7.12.8 The decision shall be made, reviewed and approved by members of IOAS BoD not involved in the case in question.

7.12.9 IOAS Quality Manager shall give formal notice of the end of the complaint handling process to the complainant.

7.12.10 IOAS ensures that investigation and decision on complaints shall not result in any discriminatory actions against the complainant.

7.13 Appeals

7.13.1 IOAS has an Appeals procedure ([PL0504](#)). Certain schemes may have specific requirements for appeals which require appeal to the scheme owner.

7.13.2 IOAS Appeals procedure ([PL0504](#)) is available on IOAS website.

7.13.3 IOAS is responsible for all decisions at all levels of the handling process for appeals.

7.13.4 Investigation and decision on appeals shall not result in any discriminatory actions.

7.13.5 IOAS Appeals procedures includes the process for receiving, validating, investigating the complaint and deciding what actions shall be taken in response to it.

IOAS ensures that the follow up of the appeals and the actions are taken in the stated timelines and are recorded ([FR0543](#)).

7.13.6 IOAS shall be responsible to gather and verifying all the necessary information to validate the appeal.

7.13.7 IOAS shall acknowledge receipt of the appeal and provide the appellant with progress reports of the outcome.

7.13.8 [PL0504](#) allows for various levels of appeal within IOAS. The highest level of appeal is to an ad hoc Appeals Committee. These persons must not have been involved previously in the decision being appealed. Records are maintained of the appeal and IOAS considers if the appeal raises any opportunities for improvement in its own management system.

7.13.9 IOAS shall give formal notice of the appeals handling process to the appellant.

7.14 Records on CBs

7.14.1 To demonstrate that CBs have been assessed and all the applicable accreditation requirements have been fulfilled, IOAS maintains fully traceable records on a central server which is backed up as part of the service contract. IOAS data on CBs includes key correspondence, assessment records and reports, minutes of committee meetings and accreditation decisions and copies of accreditation certificates.

7.14.2 The manner in which these records are maintained is governed by various policies and procedures ([PL0107](#), [PL0108](#), [PRO5XX](#) series). Various databases are used to store and manage the bulk of these records. All records are retained for a minimum of five years according to [PL0108](#). After that time period they are archived on IOAS server.

8. Information requirements

8.1.1 IOAS maintains a policy on confidentiality ([PL0203](#)) which defines what information obtained in the process of conducting any of the services must be held confidential.

8.1.2 Assessment and surveillance contracts ([PL0502](#)) signed between the CBs and IOAS define what information about a particular CB may be disclosed especially where the service forms part of a government supervision system or where the private scheme owner expects to have access to certain information.

8.1.3 Information obtained from third parties shall be disclosed only if it has been authorized in writing by or on behalf of IOAS, or the CB or company to which it pertains ([PL0203](#)).

8.1.4 IOAS confidentiality policy applies to all personnel, committees and contracted assessors who shall keep confidential all information obtained or created during the accreditation process, except as required by law ([PL0203](#)).

8.2 Publicly available information

8.2.1 a IOAS makes publicly available on its web site at www.ioas.org information about the authorities under which it operates, a description of CBs rights and duties, information about how IOAS obtains financial support, information about all IOAS activities, apart from accreditation and information about international recognition arrangements in which it is involved.

8.2.1 b IOAS makes publicly available on its web site at www.ioas.org detailed information about accreditation schemes, including assessment and accreditation processes, reference to the documents containing the requirements for accreditation, accreditation fees, a description of obligations and rights of the CBs, information on procedures for lodging and handling complaints and appeals and information on the use of the accreditation symbol and other claims of accreditation.

8.2.2 IOAS makes publicly available on its web site at www.ioas.org information about the current status of CBs which have been granted accreditation or are under surveillance. IOAS also publishes on the web site information about suspensions and withdrawals including dates and scopes.

8.2.3 Any changes to accreditation requirements may be directly informed to CBs via the scheme owner or via IOAS. Any significant changes directly under IOAS control are notified to CBs before they are adopted so that CBs have the opportunity to comment.

8.2.4 Once any changes have been published IOAS shall verify that CBs have adapted to the changed requirements.

9. Management system requirements

9.1 General

9.1.1 IOAS has established and maintains a management system which includes various measures for self-assessment and continuous improvement.

9.1.2 IOAS management has established and implemented policies and objectives related to competence, consistency of operation and impartiality. The management ensures that policies are understood, implemented and maintained at all levels of the organisation.

IOAS management is committed to implement and improve the management system ensuring that all policies are understood, implemented and maintained at all levels, which is achieved by training and monitoring of the daily work.

9.1.3 IOAS BoD assigned the Executive Director the responsibility and authority for ensuring that policies and processes needed for the management system are established implemented and maintained and reporting to them on the performance of the management system and any need for improvement.

9.1.4 IOAS operates a management system that fulfils ISO/IEC 17011. This Operating Manual is designed to demonstrate compliance with that norm. Effective implementation is reviewed through internal audit.

The management system includes document control, records control, non-conformities and corrective actions, improvement, internal audits and management reviews.

9.2 Management system

9.2.1 This Operating Manual and all documents representing IOAS Quality Management System documentation are maintained on a central server and are accessible to all personnel to ensure effective implementation.

9.2.2 IOAS continuously improves effectiveness of the management system in the frame of its quality system in compliance to ISO/IEC 17011.

9.3 Document control

IOAS maintains a procedure on Document Control [PL0108](#) which describes IOAS measures to approve new documents and amend existing ones as necessary. The policy applies to both internal and relevant external documents.

9.4 Records control

9.4.1 Document Control [PL0108](#) establishes IOAS management of the records.

9.4.2 Document [PL0108](#) establishes how IOAS retains records in the frame of its confidentiality arrangements.

9.5 Nonconformities and corrective actions

Nonconformities are normally identified in IOAS management system through internal audit, review of complaints, disputes and appeals and through management review but may also arise through day to day activity. The procedures for identification and management of nonconformities are contained in the relevant procedural documents ([PL0106](#), [PL0504](#), [PL0511](#)). All nonconformities are recorded in a database along with the actions taken to resolve them and prevent recurrence. The effectiveness of corrective actions is assessed at the following internal audit.

9.6 Improvement

Opportunities for improvement are also identified through the measures described above and through day to day activity, particularly management and Board meetings. Preventive actions are also recorded in the database indicating the origin, cause and action taken. The effectiveness of preventive actions is assessed at the following internal audit.

9.7 Internal audits

9.7.1 Policy [PL0106](#) describes policy and procedure for internal audits which have the aim of verifying continued compliance of IOAS with ISO/IEC 17011 and that the described management system is implemented and maintained.

9.7.2 Internal audits are normally performed annually according to a plan that ensures coverage of the whole management system over the course of four years. The focus of annual audits is influenced by the importance of the various processes and areas of activity and the results of previous audits.

9.7.3 Some flexibility is allowed in frequency depending on the intensity of external audits that may have been conducted by scheme owners.

9.7.4 The internal audit policy requires that internal auditors are suitably qualified and ensures that personnel are not involved in audit of processes or areas for which they are responsible. IOAS may use both internal and external personnel from time to time to gain maximum benefit from the process. The results of the internal audits are recorded in a database and all relevant personnel are informed of the results and actions taken as necessary and tracked in the database. Actions are taken in a timely and appropriate manner. Opportunities for improvement are also identified and tracked in the same way.

9.8 Management review

9.8.1 Document [PL0106](#) describes procedures for IOAS management to perform a review of the management system on an annual basis. The purpose of this review is to assess continuing adequacy and effectiveness in satisfying IOAS policies and objectives and compliance with ISO/IEC 17011. The review is conducted by the Executive Director and presented for discussion by the Board of Directors who have the opportunity to define or redefine policies, goals and objectives. The format FR0102 is used to ensure coverage of that anticipated by ISO/IEC 17011.

9.8.2 Inputs to IOAS management review include the following aspects: results of audits and peer review evaluation, participation in international activities, impartiality safeguarding, feedback from interested parties, new areas of accreditation, trends in nonconformities, status of corrective actions, the status of actions to address risks and opportunities, follow-up actions from previous management reviews, fulfilment of objectives, changes that could affect the management system, analysis of appeals, analysis of complaints.

9.8.3 Outputs from IOAS management review shall include actions related but not limited to:

- Improvement of the management system and its processes;
- Improvement of services and accreditation processes in line with international guidelines, license agreements and client and interested party expectations;
- Resource needs;
- New or amendment of policies and management objectives.

For any specific questions on IOAS accreditation and assessment services please contact your assigned Client Manager or Iris Rendon on rendon@ioas.org

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