IOAS Inc.

General Operating Manual for Provision of Accreditation and Assessment Services

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1. Background and scope

The 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.

The 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 farms 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 the IOAS and the accreditation and assessment services it provides. It is compiled with the same structure as the International Standards Organisation (ISO) 17011: 2004 - '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 the IOAS Quality Manual that, in more detail, govern how the IOAS operates.

This manual is primarily directed at certification bodies (CBs) seeking accreditation or assessment services from the IOAS to provide clarity on its structure and mode of operation, the generic procedures of accreditation and assessment that are applied to all programmes 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 the IOAS operates an increasing range of different programmes of accreditation and assessment, each of which is further explained in a short additional manual available from the IOAS web site. To simplify the process and reduce cost and bureaucracy the IOAS applies the same broad policies and procedures to all programmes and these are the ones described in this document. Specific information relevant to individual programmes is available in the individual programme manuals.

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

3. IOAS accreditation and assessment

Accreditation is an assessment of the competence of certification bodies (CBs) or conformity assessment bodies to perform specific tasks. It is used by government authorities and private scheme owners to ensure that certification bodies perform their inspections of producers and traders to a similar standard thereby upholding the integrity of their label claim, whether it be organic, sustainable, social responsibility, fair trade etc.

The IOAS is involved in full accreditation programmes 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.

The IOAS applies the same overall procedure of assessment to all schemes with which it works in order to harmonise and simplify the process. This procedure, and the precautions and measures that the IOAS takes to ensure it is both rigorous and objective, is described in detail in this manual. For a quick insight however the following is an overview of the assessment process.

- ✓ CB makes enquiries;
- ✓ For some schemes the CB must be directed to apply to the scheme owner for initial acceptance before the following steps can proceed;
- ✓ IOAS responds with an application form and provides this and other relevant operating manuals and a fee schedule;
- ✓ Inter-change to clarify programme needs and scope;
- ✓ CB submits generic application form in which it commits to comply with the rules of the programme(s);
- ✓ IOAS initial review and confirmation of programmes and scopes;
- ✓ For certain schemes the CB signs a surveillance contract;
- ✓ IOAS issues document checklist;
- ✓ CB completes document checklist and relevant documents, CB profile document and submits the application fee;
- ✓ IOAS performs complete document review against relevant norms;
- ✓ CB takes corrective actions on issues raised from document review;
- ✓ IOAS reviews the CB corrective actions;
- ✓ Once all important issues resolved an on-site visit is arranged;
- ✓ The on-site visit includes visits to both key CB offices and a sample of operator sites;
- ✓ IOAS prepares a report from the visit and provides to the CB;
- ✓ The CB is given time to take any necessary further corrective actions;

- ✓ Once all important issues are resolved the relevant IOAS accreditation committee takes a decision on accreditation or the recommendation to accredit or approve is forwarded to the decision maker;
- ✓ Where relevant the CB signs the accreditation contract and arbitration agreement and pays the annual fee;
- ✓ Where relevant the IOAS issues the accreditation certificate and adds the CB to the IOAS public listing.

This process, from application to issue of certificate, takes on average 12 months. Once the CB is accredited or under surveillance, the IOAS applies a five year cycle of re-assessment with on-site surveillance. For full details of procedures see section 7 of this document and the referenced policies and procedures therein.

4. IOAS

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

The aims of the 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.

4.2 IOAS Structure

4.2.1 The 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. The IOAS is itself supervised by the Canadian Food Inspection Agency, having signed the PAC (Pacific Accreditation Cooperation, a regional group of the International Accreditation Forum) multilateral-agreement (MLA) for product certification in June 2016 (http://apec-pac.org/content/home). The IOAS is also a founder member of the ISEAL Alliance (www.isealalliance.org).

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

4.2.3 The IOAS is a non-profit corporation. It was founded in 1997 with the sole member being the International Federation of Organic Agriculture Movements (IFOAM) based in Germany. The IOAS is governed by a Board of Directors which is appointed by IFOAM. Otherwise IFOAM has no influence or involvement in the work of the IOAS (see PL0902).

4.2.4 The IOAS Quality Manual documents the duties, responsibilities and authorities of all personnel and committees with key roles in the IOAS that could affect the quality and integrity of the work that is performed.

4.2.5 The committees or personnel that have authority and responsibility for the main functions of the IOAS are identified below:
◎ Policy development - Board of Directors and Executive Directors
◎ Supervision of policy implementation - Executive Directors and Board
◎ Supervision of finances - Finance Manager, Executive Directors and Board
◎ Decisions on accreditation - Accreditation Committees
◎ Contractual arrangements - Executive Directors
◎ Delegation of authority to committees or individuals - Executive Directors and Board

4.2.6 The IOAS Board of Directors appoints Accreditation Committees to provide expertise and representation to advise the IOAS (PL0205)

4.2.7 The IOAS maintains formal rules for the appointment, terms of reference and operation of committees that are involved in the accreditation process. Lists of participants on these committees are maintained and are publicly available on the IOAS web site. In addition to the accreditation committees the IOAS works with an Accreditation Management Committee to deal with administrative decisions throughout the accreditation process (PL0304).

4.2.8 IOAS document PL0104 is the organisation chart which shows lines of authority and responsibility.

4.3 Impartiality

4.3.1 The IOAS structure and operation is designed to safeguard objectivity and impartiality in all its activities.

4.3.2 The organisation chart of the 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 PL0204 which requires representation from a range of defined interested sectors. This ensures a balance of interests with no sector predominating.

4.3.3 The Quality Manual of the 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. The IOAS is committed to non-discrimination in all its activities and makes its services accessible to all who fall within the scope of the mission and competence of the 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

Membership of IFOAM or any other organisation is not a prerequisite for applications for accreditation. Some scheme owners may however require a pre-application before the IOAS can proceed with assessment. The IOAS reserves the right to reject an application where the IOAS believes it lacks competence to perform the role.

4.3.4 The IOAS has documented policies and procedures on conflict of interest for all personnel that ensure that no undue commercial or financial pressure can compromise impartiality (PL0202, PL0305, PL0401).

4.3.5 Where the IOAS has responsibility for the accreditation decision that decision is taken by the relevant Accreditation Committee. Each committee 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)

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

that accreditation would be simpler or faster if they were involved with any other activity of the IOAS (for example training).

4.3.7 The IOAS has one related body, IFOAM, and has reviewed and documented this relationship as document PL0902 to ensure that the activities of IFOAM do not compromise the confidentiality, objectivity and impartiality of IOAS work. The relationship between IFOAM and the IOAS is described in a license agreement, document PL0103.

4.4 Confidentiality

The 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. This applies to all personnel, committees and contracted evaluators. Assessment and accreditation contracts signed by CBs 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.

4.5 Liability and financing

4.5.1 The IOAS maintains insurance to cover errors and omissions.

4.5.2 The 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 the 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.

4.6 Accreditation activities

4.6.1 The IOAS provides the following accreditation services:

◎ Accreditation against IFOAM Norms 2005 (www.ifoam.org)
◎ Accreditation against ISO/IEC 17065: 2012 (www.iso.ch)
◎ Accreditation against the approval procedures and requirements for certification bodies of the International Working Group on Global Organic Textiles Standard (www.global-standard.org)
◎ Accreditation against the approval procedures and requirements for certification bodies of the Content Claim Standard, Organic Content Standard, the Recycled Claim Standard, Global Recycled Standard and Responsible Down Standard of Textile Exchange. (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 the 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 for accreditation against ISO/IEC 17065 with scope of various food safety schemes (GlobalGAP, British Retail Consortium, Safe Quality Food, International Featured Standards, PrimusGFS, CanadaGAP, Global Aquaculture Alliance) by the American National Standards Institute (www.ansi.org)
- Assessment against ISO/IEC 17065: 2012 and the Goodweave International – Generic International Stand for Rug Producers

4.6.2 The IOAS contributes its expertise to the development of guidance documents and programme 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 When the IOAS is asked to extend its activities outside of its current range of activity or decides itself to do so it follows the procedure developed as document 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 programmes. Records are kept of this process.

Reference documents:
PL0101: Articles of incorporation
PL0102: Byelaws
PL0103: License agreement with IFOAM
PL0104: Organisation chart
PL0109: Aims and objectives policy
PL0110: Financial policy
PL0111: Extension of activity
PL0202: Conflict of interest policy - Board and Committees
PL0203: Confidentiality policy
PL0204: Nomination of Board of Directors

PL0205: Terms of reference of Accreditation Committee
PL0208: Executive terms of reference
PL0304: AMC terms of reference
PL0305: Conflict of interest policy - staff
PL0307: EDs job description
PL0308: Programme Manager job description
PL0309: Client Manager job description
PL0310: Assistant Programme Manager job description
PL0311: Scheme Liaison job description
PL0315: Quality Manager job description
PL0317: Finance & Business Manager job description
PL0318: Assessor job description
PL0319: Technical expert job description
PL0320: Assistant Executive Director job description
PL0401: Conflict of interest policy - evaluators
PL0902: IOAS independence from IFOAM
FR0103: Analysis of extension of activity

5 Management

5.1 General

5.1.1 The IOAS maintains a management system which is described in a Quality Manual which includes various measures for self-assessment and continuous improvement.

5.1.2 Policies and procedures of the IOAS are documented and maintained centrally in electronic form on the main server. All personnel have controlled access to these documents to ensure correct implementation.

5.2 Management system

5.2.1 The IOAS quality policy is defined in document PL0105 which describes the principles by which the IOAS assesses its own performance. Understanding and effective implementation of this policy is achieved through training, internal audit and performance review (PR0101). Compliance with ISO/IEC 17011 is independently assessed on an on-going basis by the National Institute of Standards and Technology under the Organic Program of the NVCASE scheme between 2004 and 2015 and since 2009 to date by the Canadian Food Inspection Agency and IOAS is currently undergoing peer review by the Pacific Accreditation Cooperation. Scheme owners with which the IOAS works also demand compliance with this norm and conduct their own oversight in some cases.

5.2.2 The IOAS operates a management system that fulfils ISO/IEC 17011. This Operating Manual is designed to demonstrate compliance with that norm. The IOAS Quality Manual is maintained on a central server and is accessible to all personnel. Effective implementation is reviewed through internal audit.

5.2.3 The IOAS assigns responsibility for quality management to a Quality manager. (PL0315)

5.3 Document control

The IOAS maintains a procedure on document control as document 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.

5.4 Records

5.4.1 The IOAS maintains records on a central server located in its head office and the manner in which these are maintained is governed by various procedures and work instructions (PL0107, PL0108, PR05XX series, WK series). Various databases are used to store and manage the bulk of these records.

5.4.2 All records are retained for a minimum of five years according to document PL0107. Conditions for access to information are described in the Confidentiality policy document PL0203.

5.5 Nonconformities and corrective actions

Nonconformities are normally identified in the 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.

5.6 Preventive actions

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.

5.7 Internal audits

5.7.1 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.

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

5.7.3 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. The 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. Opportunities for improvement are also identified and tracked in the same way.

5.8 Management review

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 Directors 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.

5.9 Complaints

The IOAS has defined procedures for handling complaints both against itself (PL0511a) and against certification bodies that are accredited or under surveillance of the IOAS (PL0511b). The 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.

Reference documents:
PL0105: Quality policy
PL0106: Quality improvement
PL0107: Security policy
PL0108: Document control policy
PL0203: Confidentiality policy
PL0504: Appeals policy

PL0511: Complaints policy
PR0101: Procedure to ensure quality policy is understood

6 Human resources

6.1 Personnel associated with the IOAS

6.1.1 The IOAS is a mission driven accreditation body with relatively narrow focus on organic and sustainable agriculture and related activity and employs and contracts individuals from all over the world to provide the necessary skills and competence which is at the core of IOAS' commitment to integrity and quality of work.

6.1.2 Assessments are mainly performed by core staff but the IOAS does maintain a list of contracted qualified assessors that may be called upon from time to time. Technical experts may be used where the IOAS has deemed that IOAS core staff do not have the necessary level of expertise or where scheme owners have specific requirements for assessors that is not met.

6.1.3 Each core staff member has a job description. Whenever an outside person is contracted for a specific job an agreement is drawn up describing the task(s) required and expectations of the IOAS. Some regularly used contracted assessors may be contracted on an annual basis.

6.1.4 Core staff are required to sign an agreement to commit to the rules defined by the IOAS Contracted staff also sign an agreement limited by time which also commits them to the rules of the IOAS. Separate commitments are signed for confidentiality and declaration of interests.

6.2 Personnel involved in the accreditation process

6.2.1 The qualifications and experience required and initial and on-going training for accreditation tasks are described in document PL0402 and PL0306. IOAS client managers and more senior staff perform all work related to accreditation including the majority of on-site visits.

6.2.2 Recruitment and training of assessors and experts is described in documents PL0402 and PL0306.

6.2.3 The areas of activity and programmes for which each person is qualified is maintained in the database and a spreadsheet

6.2.4 Through careful selection and on-going training the IOAS ensures that staff assessors and external experts are familiar with accreditation procedures and all

relevant requirements and have the personal attributes to perform effective assessment work.

6.3 Monitoring

6.3.1 The IOAS has procedures for monitoring the performance of all staff and external experts as described in PL0302. All full time staff receive a formal annual performance review and feedback is provided to all contract assessors or experts after each assignment.

6.3.2 Performance of assessors and experts is additionally assessed through occasional on site witnessing of performance, review of reports by peers and the relevant Accreditation Committee, the complaints process and feedback from CBs (PL0402).

6.4 Personnel records

The IOAS maintains records of qualifications, training, experience and competence of each person involved in the accreditation process.

Reference documents:
PL0302: Performance review
PL0306: Training policy
PL0307: EDs job description
PL0309: Client Manager job description
PL0317: Finance and Development Manager
FR0305: Employee contract
FR0306: Term contract staff
FR0401: Evaluators contract
FR0404: Evaluators contract-period

7. Accreditation process

7.1 Accreditation criteria and information

7.1.1 The requirements for accreditation of CBs are specific to each scheme and are referenced in the additional manuals for each scheme.

7.1.2 The IOAS makes publicly available through the IOAS web site and maintains up to date this document, additional scheme specific manuals and related documents which provide information about the IOAS, the accreditation process and requirements.

7.2 Application for accreditation

7.2.1 The IOAS welcomes enquiries from CBs considering application for any of the schemes offered. Document FR0503 provides a summary of the general steps that CBs must follow for application. Steps and requirements particular to specific schemes are described in the additional manual for each scheme. The process always starts with an application form signed by an authorised representative of the CB which describes general details of the CB, the programme(s) applied for with clear scope information. Document PR0513 is a flowchart of the steps in the assessment process.

The CB must provide all required information and must be operational prior to the evaluation visit. For a newly established certification organisation, 'operational' means that the certification body (CB) has an established quality system and supporting documentation relevant to the scheme. The IOAS will conduct an on-site audit, including visits to clients of the CB, only when the CB can guarantee the availability of at least one operator that can be the subject of a witness audit during the on-site visit. Accreditation shall not be awarded until at least one operator has been certified under the programme.

Where scheme owners prescribe, the number of operators at the time of the initial assessment visit may be more than that stated above or require certified operators under all scope categories. Whether this is the case is indicated in the relevant IOAS Operating Manual for the programme.
 (see document PR0501).

The scope of accreditation only extends to certification of categories of production and processing which are covered by the required or nominated organic standard. The applicant may restrict the scope of the accreditation to categories of activity narrower than the specified norms and this will be clearly stated on the accreditation certificate and on the IOAS public listing. However, IOAS will not accept applications that limit themselves to categories that are clearly dependent on other categories of activity (eg. An application that includes handling and processing but does not include the raw materials being handled and processed will not be accepted).

Certification bodies that contract out part of their services may apply for accreditation providing the certification body takes full responsibility for subcontracted work and provided the certification decision itself is not subcontracted. This is relevant to certification bodies that subcontract their inspection service and those that operate a regional structure. Where there is uncertainty on which body should apply for accreditation, it is the decision making body that should apply.

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

7.2.2 Once the application scope is clear, the IOAS provides a document checklist for completion and requests further detailed operation on the mode of operation of the

CB through the CB profile (FR0502). The document checklist is customised to cover the requirements of the programme(s) applied for.

7.2.3 The application and document submission is reviewed for completeness by the assigned client manager.

7.2.4 For certain schemes a surveillance contract establishing the rights and obligations of both parties is signed by both the CB and IOAS at this stage.

7.3 Resource review

The 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 experts and the ability to perform the assessment in a timely manner.

The operating language of the IOAS is English. Although the IOAS does have staff competent in various languages the application and the majority of the required documentation must be submitted in English. A guide to what must be translated is provided as part of the application pack (document FR0503)

7.4 Subcontracting the assessment

To date the IOAS does not subcontract the assessment although it may contract individual assessors and experts from time to time.

7.5 Preparation for assessment

7.5.1 IOAS has provision for an explanatory visit (PL0520) to a CB office to clarify and explain requirements of accreditation. The visit can only take place after application and can either be requested by the CB or suggested by the IOAS (subject to the CB agreement).

7.5.2 Each CB is assigned a client manager from the IOAS core staff that will manage the process of assessment and is the CB's main point of contact for all matters with the IOAS. This person is assigned based on competence and familiarity with the relevant norms but may be assisted (particularly at on-site visits) by technical experts where required.

7.5.3 The IOAS has strict requirements for staff, assessors and experts which are described in document PL0205 and which require that any assessor may not have had any involvement with a CB during the last five years. This is controlled primarily through an annual process of declaring interests which are assessed by the IOAS Board. In addition all assessors are obliged to notify the IOAS on assignment of an assessment of any not previously foreseen conflict.

7.5.4 Through the provision of a visit plan (FR0507), the CB is informed of the name of the proposed assessor and informed that they may object to any such appointment. Procedures for handling such objections are described in document PR0503. The length of the visit, the nature of the activities and the cost are also included in the visit plan.

7.5.5 Through the application process the scope of the assessment is clearly defined which enables clear instructions to be given to the client manager and the supporting team where appropriate.

7.5.6 The IOAS has defined a sampling policy and guidance documents (PL0508, PL0508a and FR0547) to allow a clear determination of the duration of the on-site visit, the number of operator visits to perform and the number of file checks. Scheme owners requirements on sampling may also need to be taken into account.

7.5.7 The IOAS sampling procedures 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. For initial evaluations, 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.

7.5.8 During surveillance and reassessment it is required that all premises of a CB involved in key activities are visited within defined time frames.

7.5.9 After the application has been accepted the IOAS prepares a schedule for the assessment which is provided to and agreed by the CB.

7.5.10 The client manager is responsible for obtaining the relevant documents from the CB, ensuring that the appropriate screening databases are set up and for informing any assessors or experts of the necessary requirements.

7.6 Document review

7.6.1 The Client Manager conducts a detailed review of the documents submitted by the CB according to the checklist issued by the IOAS. The review is performed in the 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. Applicant CBs may wish to seek review of specific nonconformities without officially appealing the overall decision. 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 the IOAS, to the effect that

there are no outstanding non-conformities and the deficiencies have been reduced to a defined number, an evaluation visit is arranged.

7.6.2 The IOAS may decide not to proceed with the on-site visit subject to procedures described in document PL0519

7.7 On-site assessment

7.7.1 The IOAS defines detailed procedures for conducting the on-site visit to CBs and applies a similar approach for all programmes. Specific requirements of scheme owners may apply and are detailed in the additional scheme specific manuals. The document PR0504 describes the visit procedures. The on-site visit is generally made up of the following stages:
- Meeting with officers of the applicant body at the central office
- A detailed inspection of the certification office files
- Physical review audits of operators
- At least one witness audit
- Exit interview held in the central office

7.7.2 The on-site visit includes interviews, general file reviews, checks on operator files and visits to operator premises.

7.7.3 At least one witnessed inspection will be conducted during which the IOAS assessor observes a normal scheduled inspection. The number of operator visits will be calculated based on the number of operators in the various programmes and the scope categories involved (PL0508, PL0508a and FR0547).

7.8 Assessment report

7.8.1 It is the job of the assessor(s) to analyse all information gathered during the on-site visit to assess the competence of the CB and highlight any areas of non-conformity. Opportunities for improvement may also be expressed as observations.

7.8.2 The assessor may refer back to the IOAS office where assistance is needed on interpretation or where a conclusion cannot be reached on a finding.

7.8.3 The conclusions of the assessor(s) is presented verbally to the CB in a closing meeting at the end of the on-site visit. The CB is given the opportunity to ask questions about any nonconformities raised. A written report is provided to the CB within one month of the visit along with any nonconformities raised. The CB is required to respond within a set time with proposed corrective actions.

7.8.4 The IOAS is responsible for the content of all reports even if the assessor is not a core staff member of the IOAS.

7.8.5 On submission of the corrective actions by the CB, the IOAS reviews those actions to ensure that they resolve the issue and are effective. If not resolved the IOAS will request further actions. If resolved, the IOAS may earmark the issue to verify effective implementation during future surveillance activities.

7.8.6 After compilation of the on-site visit report, it is reviewed by the appropriate accreditation committee which has the power to question findings of the assessor or, based on the information in the report, to raise additional issues that may have been omitted.

7.9 Granting accreditation

7.9.1/2 Once the client manager is satisfied that the CB has taken all necessary corrective actions according to document PR0506, the accreditation committee will receive a summary of the whole assessment process and take a decision on accreditation. The periods of time allowed to the CB to resolve any outstanding issues are limited according to document PR0506. The accreditation committee 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 document PR0511. The IOAS will only grant accreditation if
• All identified non-conformities have been adequately addressed by the applicant body.
• Identified deficiencies have been reduced to a specified number.
• The certification body has agreed to take the necessary corrective actions regarding the remaining deficiencies within a set time period not to exceed 2 years.
• The IOAS is satisfied that the functional operation of the certification body is effective.

C3.2 Deficiencies remaining to be rectified following accreditation are included in the accreditation contract as conditions of accreditation together with the deadlines for associated corrective actions. Where open ended contracts are signed, a separate commitment to resolve the issues in the agreed timeline is required.

7.9.3 The IOAS may use the results of assessment work performed by other accreditation bodies in a limited way to allow transfer of an accreditation (see document PR0501).

7.9.4/5 The IOAS issues an accreditation certificate for programmes where it takes the accreditation decision (those accreditation services listed at 4.6.1). The effective date of accreditation is the date indicated on the accreditation certificate. For assessment services either the collaborating accreditation body issues an accreditation certificate or where the service is part of government supervision system no accreditation certificate is issued. In the latter case, recognition of 'approval' is through being listed publicly by the government authority.

7.9.6 At the time of granting accreditation the CB is required to sign an accreditation contract that sets out the rights and obligations of both parties and an arbitration agreement that describes an arbitration process in the event of disputes that cannot be solved through normal procedures.

7.10 Appeals

7.10.1 The IOAS has an appeals procedure (PL0504). Certain schemes may have specific requirements for appeals which require appeal to the scheme owner.

7.10.2 Document PL0504 allows for various levels of appeal within the IOAS. The highest level of appeal is to an ad hoc Appeals Committee whose composition is described in document PL0504. These persons must not have been involved previously in the decision being appealed. Records are maintained of the appeal and the IOAS considers if the appeal raises any opportunities for improvement in its own management system.

7.11 Reassessment and surveillance

7.11.1 Within limitations imposed by scheme owners and collaborators the IOAS operates all programmes of accreditation and surveillance in the same way so that all procedures can be harmonised and efficient. Any differences are explained in the specific scheme manual. The IOAS operates a five year cycle of accreditation which means that reassessment takes place every five years. In between reassessments an annual surveillance process takes place which involves office visits every year. Operator visits are also conducted every year.

7.11.2 The reassessment procedure is described in document PR0510. The surveillance procedure is described in PR0508.

7.11.3 Plans for surveillance and re-assessment for each CB follow the procedures PR0508 and PR0510 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 the IOAS ensures that a representative

sample of CB operators are visited as witness or review audits in line with the programmes that are under surveillance as well as the categories of production.

7.11.4 The IOAS applies a standard timetable according to document PR0508 for the resolution of nonconformities. Penalties may apply according to the IOAS sanctions policy PL0506 when CBs fail to fulfil these deadlines.

7.11.5 The relevant accreditation committee has oversight over all surveillance and reassessment processes and takes the decision to continue or renew accreditation.

7.11.6 As a result of complaints or significant changes in the structure of a CB, the IOAS may require additional surveillance visits or that the re-assessment process be brought forward (PL0511 and PL0523)

7.12 Extending accreditation

CBs may extend their accreditation to other programmes or to other scope categories as required. The IOAS has defined procedures and fees for such extensions according to documents PR0512 and LS503.

7.13 Suspending, withdrawing and reducing accreditation

7.13.1 The IOAS has defined procedures for suspension (PL0506), withdrawal (PL0507) and reducing the scope of accreditation (PR0512).

7.13.2 Suspension and withdrawal of accreditation are sanctions resulting from the most serious infringements as described in document 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.

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

7.14 CB records

7.14.1 The IOAS maintains fully traceable records on CBs to demonstrate the process of assessment and surveillance and that accredited bodies are competent.

7.14.2 IOAS policy on data security (PL0107) ensures that all records are maintained secure and confidential. This includes data held in satellite offices and on mobile devices.

7.14.3 IOAS data on CBs includes key correspondence, assessment records and reports, minutes of committee meetings and accreditation decisions and copies of accreditation certificates. Most data is held in electronic form and backed up daily to an off-site provider.

7.15 Proficiency testing
The IOAS is not involved in accreditation of laboratories.

References:
PL0107: Security policy
PL0305: Conflict policy-staff
PL0511: Complaints
PL0515: Use of IOAS logo and name
PL0519: Policy on termination of evaluation
PL0520: Explanatory visits
PL0523: Policy on handling CB major changes
PR0501: Application
PR0502: Screening to visit procedures
PR0503: Visit organisation
PR0504: Visit procedures
PR0506: Visit to contract
PR0508: Surveillance procedures
PR0510: Re-evaluation procedures
PR0511: Procedures for granting accreditation
PR0512 : Multiple scopes and scope changes
PR0513: Evaluation flow chart
PR0514: Surveillance flow chart
LS503: Fee schedule

8. Responsibilities of the IOAS and CBs

8.1 Obligations of the CB

8.1.1 When a CB applies for surveillance by the IOAS or on being granted accreditation the IOAS requires the CB to sign a contract (PL0502 series) which makes clear the obligations of both parties. The obligations of the CB include:
a) a commitment to continuous fulfilment of the requirements of accreditation and to adapt to changes in any requirements of accreditation from time to time;
b) to cooperate fully with the IOAS to enable it full access to both CB and operator premises in order to verify the requirements of accreditation;
c) to provide full access to all relevant documents and records;
d) to provide access to all documents that enable verification of independence from any related bodies;

e) to cooperate with the IOAS in arranging on-site audits of operators;

f) to claim accreditation only with respect to the scope for which it has been granted;

g) to not use its accreditation in such a manner as to bring the IOAS into disrepute;

h) to pay fees as determined and amended from time to time by the IOAS.

8.1.2 The CB is obliged to inform the IOAS without delay of significant changes relevant to its accreditation with regard to its status or any aspect of its operation including:

a) its legal, commercial, ownership or organisation status;

b) the organisation top management and key personnel;

c) main policies;

d) resource and premises;

e) scope of accreditation;

f) other matters that may affect the ability of the CB to fulfil requirements of accreditation,

The annual update format that the IOAS provides to all CBs to complete assists with this process but important changes should be communicated immediately they are made and if the CB has any doubts whether such changes might take them out of compliance then prior consultation with IOAS is advisable.

8.2 Obligations of the IOAS

8.2.1 The 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.

8.2.2 The IOAS, through information services and reports, provides CBs with information on tracking results of the accreditation process.

8.2.3 The IOAS provides information on its links and work with international bodies through its web site and through information services.

8.2.4 Any changes to accreditation requirements may be directly informed to CBs via the scheme owner or via the IOAS. Any significant changes directly under the IOAS control are notified to CBs before they are adopted so that CBs have the opportunity to comment. Once any changes have been published the IOAS amends assessment and surveillance documents to ensure verification that CBs have adapted to the changes.

8.3 Reference to accreditation and use of symbols

8.3.1 The IOAS has set out rules for use of the IOAS name and the IOAS accreditation symbol in document PL0515. Guidance for use of applicant and accreditation status and procedures for protection of these symbols is set out in documents PL0503, PL0517 and PL0516. The IOAS also has a role in policing the scheme owners' symbols. Accredited CBs may use the IOAS accreditation symbol on its certificates issued within the scope of the accreditation and, with certain limitations, on their web site.

8.3.2 Through surveillance, random market checks and via information from the public the IOAS monitors accredited CBs use of the IOAS name and logo and scheme owner logos to ensure that it fully conforms with these requirements and conforms to the scope of the accreditation without making misleading references. The IOAS logo may not be used to imply that a product, process, system or person is approved by the IOAS. On suspension or withdrawal of accreditation the CB is required to discontinue its use of all materials bearing the accreditation or scheme owner name or logo.

References:
PL0502: Accreditation contract
PL0503: Use of accreditation status
PL0515: Use of IOAS logo and name
PL0516: 3rd party trade mark violation
PL0517: Use of applicant status

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

Annex 1
Terms and definitions

Accreditation: Third party attestation related to a certification Body (CB) conveying a formal demonstration of its competence to carry out specific conformity assessment tasks.

Accreditation Body: Authoritative body that performs accreditation.

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

Accreditation certificate: Formal document or set of documents stating that accreditation has been granted for the defined scope.

Accreditation/Surveillance Contract: A formal agreement between the 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 symbol: Symbol issued by an accreditation body to be used by accredited CBs to indicate their accredited status.

AMC: Acronym for Accreditation Management Committee.

Annual Update Report: A report submitted annually to the IOAS by certification bodies as part of the Annual Surveillance procedure.

Assessment: process undertaken by an accreditation body to assess the competence of a CB, based on particular standards and or other normative documents and for a defined scope of accreditation.

Assessment Report: The written findings of the assessor, following the assessment visit.

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 as part of the assessment.

Assessor: Person assigned by IOAS to perform, alone or as part of an assessment team, an assessment of a CB.

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

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

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

Certificate of Accreditation: Document issued by an accreditation body, declaring that a certification body meets the requirements of a specified accreditation scheme.

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): Third-party conformity assessment body operating certification schemes. Also called conformity assessment body (CAB).

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.

Complaint: Expression of dissatisfaction, other than appeal, by any person or organization, to an accreditation body, relating to the activities of that accreditation body or of an accredited CB, where a response is expected.

Deferred non-conformity: A deferred non-conformity is a non-conformity, the enforcement of which cannot be applied according to the timelines stated in this document. A deferred status usually applies when identification of the non-compliance occurs prior to the effective implementation date of the norm.

Deficiency: A failing on the part of the certification body to comply with reference standards and criteria but of a lessor 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.

Expert: Person assigned by an accreditation body to provide specific knowledge or expertise with respect to the scope of accreditation to be assessed.

Executive Committee ratification: Confirmation by the Board of the Accreditation Committee (AC) suspension decision based on verification of compliance with all applicable IOAS procedures and specifically this document.

IFOAM OGS (Organic Guarantee System): Global non-profit, independent, evaluation programme containing the following components: the Services based on the IFOAM Norms

(IFOAM Family of standards, IFOAM Standard and IFOAM accreditation) and additional services. See https://www.ifoam.bio/en/organic-guarantee-system-ifoam-organics-international for more information.

IFOAM trademark: The IFOAM acronym, logo and seal are legally protected by registered trademarks. The IFOAM acronym: consists of the five letters "I" "F" "O" "A" "M". The IFOAM logo: is the logo of the International Federation of Organic Agriculture Movements. The IFOAM seal: consists of the IFOAM logo together with the tagline "ACCREDITED".

Input Manufacturing: Manufacturing of production (eg. fertilisers) or processing inputs (eg. Processing aids) suitable for use in organic agriculture and manufacture.

Inspection: Visit on site to verify that the performance of an operation is in accordance with the production or processing standards.

Inspector: Person appointed by a certification body or by an inspection body to undertake the inspection of an operator. Also called 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.

ISO17065 scope: The standards against which the generic set of accreditation requirements known as ISO/IEC 17065 are applied. These will usually be unique sets of standards with significantly different areas of application

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

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

Notice of additional 4 week period: Time given by the AMC (Accreditation Management Committee) to the CB   during the annual surveillance process to resolve still unresolved issues in the following circumstances i) a CB failing to resolve deficiencies due at the on-site visit and still not resolved by the 6-week post visit submission and ii) a CB failing to resolve nonconformities (NCs) raised at the AS visit and not resolved by the 6-week post visit submission. The CB shall be warned that if the issues are not resolved the case will be addressed to the AC who can either grant the CB 4 extra weeks to resolve them before considering suspension, directly suspend the CB or withdraw accreditation as corresponds.

Notice of intent to suspend: Notification to the CB informing of the AC decision of an intention to suspend. The CB is given a further 4-week period to resolve or submit a proposal with clear timelines to resolve the deficiencies and/or non-conformities or face a decision to suspend.

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

Operator: An individual or business enterprise. Equivalent terms: CB client, Supplier, Licensee, Certificate holder.

Post-accreditation conditions: A requirement for change to correct a deficiency following accreditation or re-accreditation.

Pre-accreditation conditions: A requirement for change to correct a non-conformity or deficiency prior to accreditation or re-accreditation.

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

Promotional material: For the purposes of PL0503 promotional material is defined as 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.

Quality Management System (QMS): Formalized system that documents policies, procedures and responsibilities for achieving quality objectives.

Quality Management System documentation: Set of policies, procedures, work instructions, records and suporting documents developed by the IOAS to demonstrate the effective planning, operation and control of its processes and the implementation and continual improvement of the effectiveness of its QMS.

Recommendation: A recommended improvement with which the certification body is not required to comply. Recommendations generally result from observations.

Related schemes: For the purpose of qualification of assessors the following groups are considered related schemes:
        1. Canada Organic Regime, European Union Recognition Scheme, IFOAM
        2. Global Organic Textile Standards, Textile Exchange
        3. COSMOS, NATRUE
        4. Safety schemes (GLOBALG.A.P)

Remote assessment: An assessment of a CB without visiting its physical location.

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

Review Assessment: The process of re-assessing an accredited certification body to ascertain whether it continues to be in compliance with the accreditation scheme's requirements.

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

Scheduled meetings: With regard to the Board this refers to the physical meeting in October/November and the teleconference in April/May. Dates for these meetings are set at the previous physical meeting. With regard to the Executive Committee this refers to the meetings in January/February, in April and in July. Dates for these meetings are set at the physical Board meeting in October/November. With regard to the Accreditation Committee this refers to the one physical meeting in October/November and the periodic electronic 'meetings' as needed, AC teleconferences that may need to follow an 'electronic' meeting are considered unscheduled unless they have been set at the physical meeting of October/November.

Scheme: Documented and publicly available set of requirements against which conformity is to be assessed.

Scheme owner: organization that is responsible for the development and maintenance of the scheme and owns the intellectual property, copyright, trademarks and other rights to a certification scheme.

Scope of accreditation: Specific conformity assessment services for which accreditation is sought or has been granted.

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

Standard: A document established by consensus and approved by a recognized body that provides for common and repeated use, rules, guidelines or characteristics for activities or their results, aimed at the achievement of the optimum degree of order in a given context.

Subject: A person or body who is being investigated in relation to a complaint.

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

Suspending accreditation: Process of temporarily making accreditation invalid.

Suspension: Temporary invalidation of the statement of conformity for all or part of the specified scope of attestation.

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

Warning: A letter signed by the Assistant Programme Manager (APM) or Programme Manager (PM) on their decision or that of the AC or Board (as appropriate to the case) caused by the Certification Body's (CB) non-compliance with the accreditation contract in its broadest sense. The letter shall make clear that it is a warning and continued failure to comply may lead to suspension.

Withdrawing accreditation: Process of cancelling accreditation in full initiated by the accreditation body.

Witness Audit: Observation of the CB carrying out conformity assessment services within its scope of accreditation.

Acronyms:
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.

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