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## Procedure PR0501 - Assessment and Re-Assessment Procedures

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## A. Preamble

### A.1 Introduction and purpose of the policy

The purpose of this document is to describe all procedural steps to determine whether an applicant or re-applicant Certification Body (CB) complies and continues to comply with IOAS requirements and those of the relevant scheme owner(s).

### A.2 Scope

This procedure covers assessment and re-assessment processes only and does not refer to surveillance, which is documented in [PR0508](#) Surveillance Procedures. Assessment organisation and assessment procedures are treated separately in [PR0503](#) and [PR0504](#). For transfers of accreditation see [PR0519](#).

### A.3 Definitions

Reference is made to the relevant IOAS Operating Manuals for general definitions.

### A.4 Distribution and Access

This policy is distributed to all Board members, Accreditation Committee (AC) members and staff. It is available to all interested parties, including applicant and accredited certification bodies, on request.

### A.5 Authority and revision

This policy is approved by the IOAS Executive Director (ED). It is the responsibility of the ED to review the appropriateness of the procedure from time to time. It may be revised when the need arises. Revisions must be approved by the ED. Its effectiveness in meeting the quality policy of IOAS will be assessed during Internal Audit and any measures for improvement will be communicated to the ED and the Board.

## B. Access to Accreditation

B.1 IOAS works with a number of scheme owners relevant to the fields of organic and sustainable agriculture, environmental management, fair trade and social justice.

B.2 Application for accreditation or assessment is open to all certification bodies whose activities fall within these areas of interest. Current schemes and accepted scopes of activity offered by IOAS are described on IOAS website at [www.ioas.org](http://www.ioas.org).

B.3 IOAS is willing to discuss applications relating to programmes and scopes that are not currently covered and will assess whether they contribute to the IOAS mission and whether sufficient expertise and resources are available before proceeding.

B.4 Access is not conditional upon membership of any association or group, the size of the applicant or the number of CBs already accredited. Some scheme owners with which IOAS works have their own application procedure and requirements (including application fees) which must be observed before IOAS can proceed with the assessment. When this is the case, it is indicated in the relevant IOAS Operating Manual for the scheme.



## C. Language of Operation

C.1 The operating language of IOAS is English and all formal written communication between parties is conducted in this language. For this reason, CBs need to have one staff member (preferably) or at least one other individual available with full command of English.

## D. Status of Certification Body (CB)

D.1 Applicant CBs shall have access to and have read all relevant scheme owner documents, IOAS procedures for accreditation and the IOAS contract of service and shall have understood the requirements and adapted their certification programme(s) to comply with such requirements before application.

D.2 Applicants shall have a fully-developed certification programme at the time of application in order that the IOAS assessment is meaningful. This means that the CB has an established quality system and supporting documentation relevant to the scheme(s) applied for.

D.3 IOAS shall conduct an assessment, including audits of clients of the CB (i.e. operators), only when the CB can guarantee the availability of at least one operator that can be the subject of a witness audit during assessment.

D.4 Accreditation shall not be awarded until a certification decision has been made for at least one operator under the scheme. Where necessary, both the witness audit and the certification decision can be mock processes.

D.5 Where scheme owners prescribe, the number of operator audits at the time of the initial assessment may be more than that stated above. The relevant IOAS Operating Manual for each scheme indicates whether this is the case.

D.6 Unless scheme owner rules state otherwise, CBs must have at least one operator in the scheme before the first anniversary of their initial accreditation decision and must maintain at least one client in the programme; otherwise, the accreditation shall be withdrawn.

D.7 CBs that are already accredited by another ISO/IEC 17011-compliant entity and that wish to transfer accreditation to IOAS for the same scope may do so without undergoing a full assessment process. See the IOAS transfer procedure ([PR0519](#)).

## E. Application

E.1 For those schemes that require approval by the scheme owner and/or ISO/IEC 17065 accreditation as a pre-requisite, the IOAS application review will only commence once confirmation of acceptance has been received from the scheme owner and/or a copy of the ISO/IEC 17065 accreditation certificate is supplied.

E.2 On initial enquiry, IOAS will send the CB the application ([FR0501](#)) and all the referenced documents.



- E.3 The CB is asked to complete and return the application form ([FR0501](#)). Any CB documents referenced in the application must be also submitted.
- E.4 Upon receipt of the completed documents, the CB is sent an application acknowledgement ([FR0580](#)).
- E.5 At the same time, the responsible staff will communicate receipt of the completed application to IOAS management and to the CSM to conduct the review of the application.

## F. Acceptance of Application, Invoicing and Sending the Contract

- F.1 The application review is conducted to verify scope and IOAS resources in terms of competence and staff availability to ensure that the application can be handled in a timely manner. The review also includes an evaluation of the CB's understanding of the accreditation requirements and the overall suitability of the application. The results are documented on the application review record ([FR0500](#)).
- F.2 If the review process deems the application unsatisfactory, the CSM sends out the application rejection letter ([FR0581](#)), providing the reason for the rejection and information on what the CB needs to do before they can resubmit.
- F.3 If the review process deems the application satisfactory, the CSM will enter the CB data into the database and will send the application acceptance letter ([FR0520](#)), including the list of CB documents to be submitted by the applicant for the document review.
- F.4 In the case of new applicants only, the Finance Administrator (FA) will, together with the invoice, send to the CB the Contract for Provision of IOAS Assessment and Surveillance ([PL0502](#)).
- F.5 In the event that IOAS is willing to accept a CB's initial application but is not able to conduct the initial assessment in a timely manner, this will be communicated to the applicant CB for their consideration (this is not applicable to re-applications).
- F.6 If needed, an explanatory meeting with the CB is scheduled to discuss the assessment and accreditation process in more detail.

## G. Receipt of CB Documents, Document Review and Issue of Reports

- G.1 The CB returns the completed list and supporting documents, including the signed contract (for new applicants only), and pays the application fee within the timeframe indicated in the application acceptance letter ([FR0520](#)).
- G.2 Once the signed contract (for new applicants only) and payment are received by the FA, s/he will notify the Communications Manager (ComM) to post the new application/re-application on IOAS website.



## Document Review

G.3 Once all requested documents are received, a document review is conducted against the accreditation requirements and the requirements of the applied scheme. When deviations are identified, corresponding findings shall be issued.

G.4 Once the document review is complete, the findings are compiled by the assigned assessor. At this point, related findings may be combined into a single non-conformity and related OFIs may be combined into a non-conformity.

G.5 In addition, the strengths and weaknesses form is initiated, using [FR0508](#), and a preliminary assessment plan is drafted.

## Peer Review

G.6 Following completion of the document review, it shall be peer reviewed by another staff member if the original reviewer has been employed by IOAS for less than 18 months OR on request by the original reviewer.

## Technical Director (TD) Review

G.7 If Critical non-conformities (CNCs) (see Section J for definition of CNCs) are identified by the assessor at document review, the results of the document review are sent to the Technical Director (TD) for their review. The TD makes a decision on whether:

G.7.1 There is sufficient compliance to move forward to the assessment; or

G.7.2 The entire process should be discontinued due to the existence of critical non-conformities (CNCs) that prevent the application from going any further.

G.8 In the event of G.7.1 above, the TD will inform the CSM and assessor of the decision to proceed with the assessment.

G.9 In the event of G.7.2 above, the report of findings is provided to the CB and, in the case of new applicants, the application termination policy (PL0519) is applied. In the case of re-accreditation application, proceed to Section J.

## H. Assessment Arrangements

H.1 Upon completion of the document review, the initial assessment arrangements may be undertaken in accordance with PR0503 and a draft assessment plan is prepared by the CSM in consultation with the assigned assessor.



H.2 Once the assessment plan is confirmed and finalized, the assessor is contacted and the assignment is confirmed. The FA is alerted to issue the visit invoice.

H.3 If the assessor is freelance (i.e., not an IOAS staff member), confirmation of his/her acceptance of the assignment is retained on record. The CSM ensure that management is notified if the assigned assessor is also a member of the IOAS Accreditation Committee (AC).

H.4 The CB is asked to supply information on the operator audit(s) that will be conducted as part of the assessment process.

H.5 An assessment report format is provided to the assessor.

**[For assessment organisation and assessment procedures, see PR0503 and PR0504.](#)**

## I. Assessment Report Review and Issuance of NC Report

I.1 Following completion of the assessment, the assessor shall send to the CSM a copy of the exit interview that was provided to the CB at the end of the assessment.

I.2 If any Critical Non-Conformities (CNCs) were cited, Section J below is followed.

I.3 If no CNCs were cited, the assessor completes the report within the allotted time and the CSM reviews the full report for completeness, spelling, etc. and seeks clarification or further explanation from the assessor, if necessary. The CSM shall complete form [FR0591](#) to assess the quality of the assessment report.

I.4 After the Scope is confirmed and the narrative reports are reviewed by the CSM, the technical review of the NCs is completed. The review ensures that all required data fields are complete, evidence is sensible, NC categorisation is correct and references line up. NCs from prior assessments are reviewed in the event that a current NC should be pointed out as a repeated issue. Repeat OFIs may be recategorized as an NC and repeat NCs may be recategorized as a CNC. The reviewer shall bear in mind that any changes compared to the original exit interview must be justifiable and shall be reported and explained in the final report.

I.5 The assessment and NC reports are sent to the CB together with the cover letter [FR0511](#). At this point, no additional NCs or CNCs can be added to the report. The CB shall be required to supply evidence of corrective action to all NCs within the timeline defined.

## J. Review of Critical Non-Conformities (CNCs)

J.1 A CNC is defined as a serious failing of the CB to comply with the applicable standard(s) and/or accreditation requirements, which raises significant doubt as to the credibility of the certification and/or which may jeopardise the integrity of the certified product or CB management system. Examples of CNCs include fraud on the part of the CB, breakdown of the CB functions, doubts about



certificate integrity, repetition of NCs and sanctions on similar topics, serious weaknesses in competence and/or management of the CB.

J.2 If CNCs are cited, they are submitted to the TD for review immediately after the assessment.

J.2.1 For all cases of confirmed CNCs, the TD will issue to the CB a notification with a due date of 4 weeks to resolve the CNCs. In the case of a new applicant, the notice is issued with a warning of application termination and, in the case of re-accreditation or surveillance, the notification is issued with intent to suspend.

J.2.2 In the case of a new applicant, or for a COR re-accreditation, the CB may request additional time to resolve the CNC. For a new applicant, the maximum time to resolve any NC is 3 months and, for re-accreditation, the expiration date of the CB's current accreditation certificate must also be considered. Such request must be received prior to the original due date.

J.2.3 If the issue is not resolved within the stipulated timeframe (including a thorough root cause analysis), the matter will be sent to the Accreditation Committee (AC) for a decision.

J.3 The AC shall take into account any comments submitted by the CB and decide whether to:

J.3.1 Require an additional assessment to verify implementation of corrective actions before either accreditation or re-accreditation;

J.3.2 Immediately suspend or withdraw accreditation or terminate the process in the event of a new application.

J.4 If the AC requires an additional assessment, this will be scheduled at the earliest availability of the CB and IOAS assessor. Submissions of corrective actions will be reviewed by the assessor who completes the additional assessment. This must be the same assessor who completed the initial assessment.

J.5 In case of suspension or withdrawal of accreditation, these shall be implemented according to policies [PL0506](#) or [PL0507](#), as appropriate. Termination of assessment shall be implemented according to [PL0519](#).

J.6 The CB shall be informed of the AC decisions within one week, together with the amended non-compliance form.

## K. Review of Non-Conformities (NCs) and Opportunities for Improvement (OFIs)

K.1 A non-conformity (NC) is the absence of or systemic failure to implement and maintain a required system element of the reference standards and/or accreditation requirements. Examples include the absence of a required policy or procedure, routine failure to implement a documented policy or procedure, or other non-conformity that does not warrant being raised to the level of a CNC.



- K.2 In order to resolve NCs, the CB shall submit (as appropriate) corrections that include an adequate root cause analysis, corrective action plan and/or corrective action(s), within the stipulated timeframe.
- K.3 OFIs are issues identified by the assessor that highlight areas where the CB could improve the quality of its work but that do not constitute a systemic breach to the applicable requirements. Examples include minor errors in documentation or one-off errors in implementation, a management system that is cumbersome, redundant or overly complicated that may, in the opinion of the assessor, offer an opportunity to improve current performance of the CB.
- K.4 OFIs need not be responded to but shall be reviewed at the next assessment/surveillance. If errors remain during future assessments, OFIs may be elevated to NCs.
- K.5 Following receipt of the post-assessment corrective actions, the assessor shall review the evidence and update the database accordingly.
- K.6 If the CB does not submit any corrective actions after the stipulated time, the system will send an alert.
- K.7 If the NCs are not considered resolved by the assessor by the due date, the CSM will issue a warning letter with a final due date of 4 weeks to resolve all issues. In the case of a new applicant, the notice is issued with a warning of application termination and, in the case of re-accreditation or surveillance, the notification is issued with an intent to suspend. At the end of this time period, the file will go to the AC for decision.
- K.8 In the case of a new applicant, or for a COR re-accreditation, the CB may request additional time to resolve the NCs. For a new applicant, the maximum time to resolve any NC is 3 months and, for a re-accreditation, the expiration date of the CB's current accreditation certificate must also be considered. Such request must be received prior to the original due date.
- K.9 When all NCs are closed by the assessor, or at the end of the stipulated time period, the final report is issued, including recommendation(s) prepared by the assessor and any additional information noted by the CSM.
- K.10 The AC shall decide whether to proceed with granting (re)accreditation, or to suspend or withdraw the CB, or to terminate the process in the case of a new applicant.
- K.11 If the decision is to suspend, the process in PL0505 and PL0506 is followed. In the case of termination of application, PL0519 is followed.
- K.12 If the decision is to accredit, the CSM will update the database and notify all staff and Scheme Owners accordingly. The FA is informed to issue the First Annual Fee Invoice
- K.13 For COR accreditation, the assessment report and (re)accreditation recommendation letter is sent to CFIA. For COR re-accreditation, the recommendation is sent to CFIA two-to-three weeks before the expiry date of accreditation.





K.14 The CSM will issue a certificate, if appropriate.

K.15 The IOAS website CB listing is updated (in the case of COR, the update will not take place until a COR accreditation letter has been issued, at which time the CSM will notify the Communication Manager of the need to update the website).

## L. Re-Application

L.1 Every 5 years, by the date indicated in the database, the assigned staff shall send the CB the application form together with the re-application pack, which includes the document list, IOAS [General Operating Manual](#) and corresponding scheme operating manual(s).

L.2 In preparation of the re-application pack, IOAS staff will ensure that a new quote and schedule are generated for the CB in the database.

L.3 The CB is required to send the completed re-application form within a specified period of time, so that IOAS can proceed with the re-application review. Pre-approval of re-applications by scheme owners is not required, unless new scopes are added.

L.4 If the CB has not submitted the completed application form by the due date and has not negotiated any alternative date, the CSM will send a warning with the indication that failure to submit will result in a sanction, according to the IOAS sanctions policy [PL0505](#).

L.5 Once the re-application form is received, the CSM will prepare the application review form ([FR0500](#)) for OD approval and the same process as described above for assessments will be followed.

(End)