



Procedure PR0501 - Assessment and Re-assessment procedures

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A Preamble

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 CB complies and continues to comply with IOAS requirements and those of the relevant scheme owner(s).

2 Scope

This procedure covers assessment and re-assessment processes only and do not refer to surveillance which is documented in **doc PR0508** Surveillance Procedures. Visit organisation and visit procedures are treated separately in PR0503 and PR0504. For transfers of accreditation see PR0519.

3 Definitions

Reference is made to IOAS Quality Manual and relevant Operating Manuals for general definitions.

4 Distribution and Access

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

5 Authority and revision

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

B. Access to accreditation

1. IOAS works with a number of scheme owners relevant to the field of organic and sustainable agriculture, environmental management, fair trade and social justice.
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 web site at www.ioas.org
3. IOAS is willing to discuss applications relating to programmes and scopes that are not currently covered and will assess whether they contribute to IOAS mission and whether sufficient expertise and resources are available before proceeding.
4. Access is not conditional upon membership of any association or group, the size of the applicant or the number of certification bodies (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

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 (preferably), or available, at least one person with full command of English.

D. Status of certification body

1. Applicant CBs shall have access to and have read all relevant scheme owner documents, IOAS procedures for accreditation and IOAS contract of service and have understood the requirements and adapted their certification programme(s) to comply with such requirements before application.
2. Applicants shall have a fully developed certification programme at the time of application in order that IOAS assessment is meaningful. This means that the certification body (CB) has an established quality system and supporting documentation relevant to the scheme(s) applied for.
3. IOAS shall 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.
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.
5. Where scheme owners prescribe, the number of operators visits at the time of the initial assessment visit may be more than that stated above. Whether this is the case is indicated in the relevant IOAS Operating Manual for the scheme.
6. Unless scheme owner rules state otherwise, CBs must have at least one operator in the scheme before the first anniversary of first accreditation decision and maintain at least one client in the programme otherwise the accreditation shall be withdrawn.
7. CBs that are already accredited by another entity that works in compliance with ISO/IEC 17011 and that wish to transfer accreditation to IOAS for the same scope may do so without undergoing a full assessment process. See Transfer procedure.

E. Application

1. For those schemes that require approval by the scheme owner and/or ISO/IEC17065 accreditation as a pre-requisite, IOAS application procedure will only commence once confirmation of acceptance has been received from the scheme owner and/or copy of the ISO17065 accreditation certificate is supplied;
2. On initial enquiry IOAS will send the CB the Application cover letter (FR0501a) and all the referred documents.
3. The CB is requested to complete and return the Application form (FR0501). Any documents referenced in the Application must be attached.
4. Upon reception of the completed documents the CB is sent an Application acknowledgement (FR0580).
5. At the same time, the responsible staff will communicate receipt of the completed application to the PM and the assigned person to initiate the application review and acceptance.



F. Acceptance of application, invoicing, sending the checklist and contract

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 results are documented on the Application review record ([FR0500](#)).
2. If the review of the application is not satisfactory, the assigned staff sends out the letter Application rejection [FR0581](#), providing the reason for the rejection and information on what the CB needs to do to resubmit.
3. If the application review is satisfactory, the responsible staff will enter the CB data in Main and Application databases and will generate the corresponding document checklist ([WK0201](#)) and CB schedule. The assigned staff will send the Application acceptance letter ([FR0520](#)). At the same time the Office Administrator (OA) will be requested to issue an application fee invoice.
4. Together with the invoice, the OA will send the CB the Contract for provision of IOAS assessment and surveillance (PL0502), only in case of new applicants.
5. In case IOAS is willing to accept the 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 (not for re-applications).

G. Receipt of CB document checklist, document review, screening and issue of reports

1. The CB returns the completed checklist and supporting documentation including the signed contract (not for re-applications) and pays the application fee within the timeframe indicated in Application acceptance letter [FR0520](#).
2. Once the signed contract (not for re-applications) and the payment are received by the OA she/he will notify the Comms Manager to post the new application/re-application on IOAS website.
3. As soon as the document checklist and payment are received, the CM reviews the checklist to ensure that no fields are blank or obvious documents are missing. Once this first check is done, the CM proceeds with the screening as per [WK0302](#).

Document review

4. A document review is conducted before proceeding to assess the compliance of the CB to the requirements of the applied scheme. When deviations are identified, the corresponding non-compliances shall be issued.
5. The review of documentation shall be completed within the time frame indicated in the CB schedule.
6. The document review is done by the reviewer entering information directly into FileMaker Applications database following the detailed instructions in [WK0207](#).

Peer review

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



original screener. The reviewer's comments shall be entered directly into the peer review tab of the database.

Preparing the NC report

8. Once agreement has been reached, the designated staff member shall finalise the document review, number all non-compliances as set out in [WK0205](#) and export the noncompliance records in line with [WK0207](#). The output includes a Non-compliance report containing non-conformities, deficiencies and requests for more Information. If requested by the CB, a document review report can be printed using the instructions in [WK0207](#).
9. The time period from receipt of the complete checklist until completion of the non-compliance report shall not exceed the period indicated in the CB schedule.
10. In line with the Terms of Reference of the Accreditation Management Committee (AMC) [PL0304](#), the file shall be referred to the AMC if requested by the CM, due to high number of non-compliances and/or requests for more information or seriousness of issues being raised at the screening. The decision options are i) send a warning letter informing the applicant of possible implications in case the issues identified are not addressed during the allotted submission period; ii) in the case of re-applicants, inform them that the decision to proceed to visit shall be conditional on resolution of non-conformities informing the CB that this may delay their scheduled on-site visit; iii) recommend/require an explanatory visit in line with policy [PL0520](#).
11. The Non-compliance and More Information report shall be sent to the certification body together with cover letter [FR0528](#).
12. The certification body shall be given a timeline as defined in the CB schedule to respond to all non-compliances and requests for more information.
13. In the case of re-applicants, as soon as the initial Non-compliance and More information report is sent out, the file will go to the AMC with a draft visit plan for consideration of whether a re-assessment visit decision can be made. The CB is still required to make subsequent submissions to resolve as many nonconformities as possible before the visit.

H. Receipt and review of the corrective actions made by the certification body.

First round of submissions

1. On receipt of the corrective actions and additional documentation and responses to more information questions, the assigned staff member shall review the submission following [WK0207](#).
2. Additional non-conformities and deficiencies resulting from the review of more information questions shall be added as appropriate with the same deadline as any non-compliances that have not been considered resolved after the review.
3. The reviewer will assess the extent to which the required nonconformities and deficiencies have been addressed according to the following criteria. For new applications all nonconformities and deficiencies shall be resolved prior to the visit. Exceptions may be allowed providing each of any unresolved noncompliances meets one of the following criteria:
 - a. Satisfactory resolution is not possible without further investigation on site. This includes complex issues where documentation alone does not verify compliance and issues where it is clear that the CB responses indicate that they have not understood the requirement.



- b. Resolution is not possible for some time as the organ of the certification body responsible for making decisions on the issue at hand is not able to meet sooner (example an Annual General Meeting is required) and the certification body has supplied the draft motions which meet the requirements.
 - c. Exceptions may also be made where the number of nonconformities remaining does not exceed two without reference to the above criteria.
 - d. Exceptions shall not be made where the nature of any nonconformity is such that the ability of the certification body to resolve the condition is seriously in doubt.
4. The assessment against these criteria shall determine whether the noncompliance form is returned to the certification body for further corrective actions or whether the AMC is consulted for authorisation to proceed with a visit.

Subsequent rounds of submissions

- 5. When an updated non-compliance form is returned to the certification body IOAS will give an additional period as defined in the CB schedule, to supply evidence of the additional corrective actions. The certification body shall be informed that failure to do so may warrant the stopping of the procedure and the (re)application process being considered terminated. The cover letter [FR0529](#) is used for this purpose.
- 6. When the second submission is returned, regardless of the degree of fulfilment of requirements, the reviewer shall prepare a summary with the results of the review and forward it to the AMC for decision.

Visit arrangements

- 7. Where the staff person responsible is confident that the AMC will decide in favour of proceeding with the visit, the initial visit arrangements may be undertaken, and a draft visit plan prepared.

Accreditation Management Committee Review

- 8. The AMC shall receive a CM summary of progress in a standard format [FR0542](#) together with a draft visit plan [FR0507](#). They shall meet either by telephone conference or in person and determine whether to proceed with the visit. For new applicants, the decision shall be based upon the criteria outlined above. The AMC may also determine additional items for checking during the visit or additional nonconformities and deficiencies that may have been overlooked by the staff. Any such additional requirements shall be added to the non-compliances in the NCs and decisions sections of the Application database or in the visit report format and the CB informed.
- 9. If an unanimous decision to proceed with the visit is made, the visit will be organised according to the procedures in Doc [PR0503](#). The CB shall have been informed previously of likely dates to facilitate this process.
- 10. If the AMC determines that the visit should not proceed, they shall allow an additional period for the CB to take corrective actions and similar procedures to those above shall be followed in the review. This will include a new summary and a new AMC meeting to decide whether the visit should go ahead.



11. If at this stage the AMC cannot unanimously agree to proceed to a visit, the decision must be referred to the Accreditation Committee.
12. An AC meeting is called and the members sent the CM summary and the relevant NC reports (initial and current).
13. The AC may decide to 1) proceed to the visit, 2) allow extra time for corrective actions, 3) offer the CB to make an explanatory visit according to [PL0520](#) or 4) stop the process.
14. If the AC decide to allow a further period for corrective action, similar procedures to those above shall be followed in the review and the result must again be considered by the AC. At the second consideration, the AC may decide to 1) proceed to visit OR 2) stop the process. No further periods of corrective action will be considered.
15. If the application is considered to have failed the CB shall be informed of the decision and the reasons. The policy for failure of application (Termination) prior to the visit set out in [PL0519](#) shall be followed.

For visit organisation and visit procedures see PR0503 and PR0504.

I. Visit report review and issuance of NC report

1. Following completion of the visit, the assessor shall send a copy of the exit interview provided to the Certification Body (CB) at the end of the visit to the PM, APM and CM.
2. If no serious issues are detected, the CM reviews the full report once finalised by the assessor for completeness and seeks clarification or further explanation on certain points from the assessor if necessary. The CM shall bear in mind that any changes compared to the exit interview must be justifiable and shall be reported and explained to the CB. If the CM was the assessor, the review of the report is done by another CM. The CM shall fill in the form [FR0591](#) to assess the quality of the visit report.
3. After the report is reviewed, the non-compliances raised in the report are entered into the application database in accordance with [WK0207](#). NCs & Decisions database in FileMaker shall be consulted to review previous decisions in case the finding may need to be pointed out as a repeated issue (re-opened condition).
4. The visit report and the non-compliance form [FR0532](#) shall be sent to the CB. The cover letter [FR0511](#) is also sent to the CB. The certification body shall be required to supply evidence of corrective action to all More Information questions (MIs), nonconformities (NCs) and deficiencies (Ds) within the timeline defined in the CB schedule.

J. Review of visit results: potential CB failing (special case)

1. When the assessor and/or CM considers that the exit interview reveals serious noncompliance by the CB, the visit report shall be reviewed right away and a summary of issues for discussion is sent to the AMC for decision on whether to refer the file to the AC. If this is the case, the visit report is sent to the CB without the updated noncompliance report. The CB is informed of the reasons for holding up the progress of the file using form letter [FR0511](#), invited to comment on the issues raised in the visit report and informed of the date of the next AC meeting.
2. The AC, in event of serious functional failings of the CB referred by the AMC, shall take into account any comments submitted by the CB and decide whether to



- a) proceed,
 - b) require an additional visit before either accreditation or re-accreditation or
 - c) suspend or withdraw accreditation or terminate the process in the event of a new application.
3. If the AC requires an additional visit, the CB will be permitted a total of 10 weeks (shared before and after the additional visit) and only one 4-week contingency period which must be granted by the AC. Where CBs voluntarily shorten their submission periods, further rounds of submission may be allowed up to the total 14 weeks shared before and after the additional visit. Submissions of corrective actions will be reviewed by the CM. The visit will only take place when all nonconformities are resolved.
 4. In case of suspension or withdrawal of accreditation, they shall be implemented according to policies [PL0506](#) or [PL0507](#) as appropriate. Termination of assessment shall be implemented according to [PL0519](#).
 5. The CB shall be informed of the AC decisions within one week together with the amended noncompliance form.

K. Corrective actions review and AC decision.

1. Following receipt of the post visit corrective actions the CM shall review the evidence and update FMP accordingly following [WK0207](#).
2. In case the CB has not submitted any corrective actions after the allocated time, the CM will send form letter [FR0548](#).
3. 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 noncompliances remain unresolved, permit the CB an extra time for corrective actions.
4. When this final submission is received by the CM, he/she prepares a summary for consideration directly by the AC.
5. The AC shall consider the report at their next meeting either in person or by electronic meeting. The AC shall decide whether to proceed with granting accreditation or to allow extra time to the CB to provide final corrective actions for the still outstanding noncompliances. The corrective actions are again reviewed by the staff person responsible and a summary prepared for consideration directly by the AC.
6. No further submission rounds shall be permitted. The decision of the AC at this stage is either to (re)accredit, withdraw or terminate the process.
If the decision is to accredit, the CM will update FMP databases and notify all staff and Scheme Owners accordingly.
7. For COR accreditation, the visit report and (re) accreditation recommendation letter will be sent to CFIA.
8. The responsible staff person will issue a certificate, if appropriate.
9. IOAS web-page CB listing is updated (in the case of COR the update will not take place until COR accreditation letter has been issued, the CM will notify the Comms Manager of this).

L. Re-Application

Re-application process is the same as described above for first applications, with the following differences:



1. Every 5 years, by the date indicated in FileMaker Decisions Database as task “Notification of re-application”, the assigned staff shall send the CB the Application form cover letter [FR0501a](#) together with re-application pack (Application form [FR0501](#), Application Information [FR0503](#), IOAS fee schedule [LS0503](#), IOAS [General Operating Manual](#) and corresponding scheme operating manual/s).
2. In preparation of the re-application pack, IOAS staff will ensure that a new Application record and schedule are generated for the CB in Applications Database.
3. The CB is required to send the application form completed within a restricted 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.
4. If the certification body has not submitted the completed application form by the due date and has not negotiated any alternative date, the CM will send a Warning (form letter [FR0548](#)) allowing a further period for submission with the indication that failure to submit will result in a sanction according to IOAS sanctions policy [PL0505](#).
5. Once the re-application form is received, the CM will prepare the application review form ([FR0500](#)) for PM approval and the same process as described for assessments will be followed.

End