IOAS Inc.

General Operating Manual
for Provision of Accreditation and Assessment Services

Updated May 31, 2024

1. Background and scope

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

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

2. Purpose and structure of this document

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

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

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

3. Terms and definitions

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

Accreditation activity: Individual operational task of the accreditation process.

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

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

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

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

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

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

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

Accreditation renewal date: The date (always the end of the month) when the IOAS accreditation certificate expires which is 5 years after the 'effective date' OR the last day of the month before the month in which the effective date falls.

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

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

Accreditation symbol: Symbol issued by IOAS to be used by accredited CBs to indicate they are accredited. It is based on the IOAS company logo with the addition of the words 'Product Certification' which denotes the activity to which the accreditation refers along with the contract number allocated by the IOAS to the CB.

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

Assessment: Process undertaken by IOAS to determine the competence of a CB (CAB), based on particular standard/s and or other normative documents, and for a defined accreditation scope. Depending on the scheme and/or the service requested by the CB, assessment may lead to an accreditation decision by IOAS which is sometimes also the basis for an approval or licensing decision by a scheme owner. Alternatively, a recommendation by IOAS may lead to a scheme owner taking a formal accreditation decision. Lastly assessment activities may be performed in full or in part without a formal accreditation decision being taken. See 'Assessment without public declaration' definition below.

Assessor: Person appointed by IOAS to perform, alone or as part of an assessment team, an assessment visit. The assessor can be a member of full-time personnel or a freelancer.

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

Assessment without public declaration: When requested, IOAS may conduct 'assessment without public declaration' which may consist of a full assessment of all scheme requirements or may consist

of specific assessment activities. Assessment is as defined above and as described in this operating manual but, in this case, does not result in the issue of an accreditation certificate or a public listing on the IOAS web site. Letters to specific interested parties confirming the CB's status and the assessment activities undertaken by IOAS may be issued if required.

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

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

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

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

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

Audit: Process for obtaining relevant information about an object of conformity assessment and evaluating it objectively to determine the extent to which specified requirements are fulfilled. (See also: "Inspection")

Auditor: Person who conducts an audit. (See also: "Inspector")

> *Note: Various schemes that IOAS works with may use the terms audit/auditor or inspection/inspector in varying ways. Although IOAS documentation will always refer to audit/auditor as the most appropriate terms for the schemes that we work with, the other terms may appear in reports and other records and can be considered interchangeable. As a point of clarification, IOAS services only include accreditation of certification bodies and not inspection bodies.*

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

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

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

Certificate issue date: The exact date on which the current accreditation certificate was issued. This will be the same date as the 'effective date' or later if there has been an update to the certificate of any kind during the cycle.

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

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

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

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

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

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

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

Conformity assessment: Demonstration that specified requirements are fulfilled.

Conformity assessment schemes: Set of rules and procedures that describe the objects of conformity assessment, identify specified requirements, and provides the methodology for performing conformity assessment.

Conformity assessment system: Set of rules and procedures for the management of similar or related conformity assessment schemes.

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

Critical NC (CNC): Serious failing of the CB in complying with the applicable standard/s and/or accreditation requirements which raise significant doubt as to the credibility of the certification and/or jeopardise the integrity of the certified product or CB management system.

Document review: An initial process whereby IOAS, as part of the assessment, assesses the conformity of an (re)applicant body based on its documentation.

Effective date of accreditation: The exact date when the decision was made to accredit or re-accredit the CB in the current cycle.

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

Impartiality: Presence of objectivity, meaning that conflict of interests does not exist or is resolved so as not to adversely influence activities of IOAS. Also, objectivity regarding the outcome of a conformity assessment activity.

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

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

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

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

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

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

Mock inspection: Specific Inspection where the CB visit on site is to an operation who is not a "real" applicant or certified operator of that CB or for the specific scope of that inspection. Mock inspections are required and witnessed by IOAS in cases where the CB is not yet accredited for the specific scope.

Non-conformity (NC): The absence of, or the systemic failure to implement and maintain, a required system element of the reference standards and/or accreditation requirements.

Objection: Formal disagreement by the CB with a non-conformity cited by IOAS assessor during any assessment activity.

Object of conformity assessment: Entity to which specified requirements apply.

Operator: An individual or business enterprise.

Opportunity for improvement (OFI): Issues identified by the assessor on which the CB could improve the quality of its work but do not constitute a systemic breach to the applicable requirements.

Procedure: Specified way to carry out an activity or a process.

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

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

Remote assessment (by the CB): Inspection/audit of the physical location or virtual site of an operator, using electronic means. See also Remote (Virtual) inspection/audit.

Remote assessment (by IOAS): Assessment of the physical location or virtual site of a CB, using ICT (Information and Communication Technology) for document and system review and/or interviews. IOAS shall also conduct witness audits which shall be in presence or remote (virtual).

Remote (virtual) inspection/audit (by the CB): An inspection/audit carried out by a CB with live interaction of the CB inspector/auditor with the operator, using ICT. This type of inspection/audits will be specific for interviewing staff on their working places, and/or touring farms, processing plants,

facilities, or any other premises where the operator carries out any activity. In case only documents are to be reviewed, the CB shall do a remote inspection/audit.

Remote (virtual) witness audit (by IOAS): An on-site inspection/audit carried out by a CB and IOAS assessor using ICT, or a remote (virtual) inspection/audit conducted by the CB also being virtually attended by IOAS assessor.

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

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

Scheme (system) owner: Person or organization that is involved in the development and maintenance of a conformity assessment system or conformity assessment scheme though not necessarily operating the scheme.

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

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

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

Suspension: Temporary restriction determined by IOAS for all or part of the scope of the CB's accreditation.

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

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

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

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

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

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

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

Witness Audit: An operator inspection/audit performed under normal certification body procedures within the scope of accreditation in on-site or remote (virtual) presence of IOAS assessor. See also Remote (remote/virtual witness audit).

Year first accredited: The year in which IOAS first accredited the CB for the main scope.

Acronyms:

AC: Accreditation Committee.
BD: Business Director.
BoD: Board of Directors.
CB: Certification body.
CAB: Conformity assessment body. Synonym to CB.
CSM: Client Service Manager.
ED: Executive Director.
IC: Impartiality Committee.
OD: Operations Director.
QD: Quality Director.
TD: Technical Director.

4. IOAS Inc.

4.1 a) IOAS is registered as a legal entity in the state of North Dakota, USA. It is a non-profit corporation, founded in 1997 with the sole member being IFOAM Organics International based in Germany. IOAS is governed by a Board of Directors which is appointed by IFOAM Organics International. Otherwise IFOAM Organics International has no influence or involvement in the work of IOAS.

The aims of IOAS are set out in the Articles of Incorporation document PL0101 and are as follows:

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

4.1 b) IOAS Structure

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

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

IOAS performs its work according to ISO/IEC 17011:2017 and wishes to make clear that it is not a national accreditation body and does not perform accreditation in Europe in the meaning of Regulation (EC) No 765/2008. CBs accredited by IOAS may not claim that their accreditation falls under the jurisdiction of Regulation (EC) 765/2008.

4.2 Accreditation/Surveillance contract

IOAS is involved in full accreditation schemes in which it takes the accreditation decision and in assessment and surveillance schemes in which another body (government authority or private scheme owner) will make the accreditation or approval decision. IOAS also offers a service of assessment which may or may not include decision-making without formal and publicly declared accreditation (hereinafter referred to as 'assessment without public declaration'. In all cases, IOAS establishes a Contract with each CB (PL0502) to conform to all applicable requirements.

4.3 Use of accreditation symbols and other claims of accreditation

4.3.1 IOAS has measures in place to ensure that the CBs claiming accreditation status in any sense fully conform to the applicable accreditation requirements (when making reference to accreditation in communication media), do not make misleading or unauthorized statements about the scope of its accreditation (PL0515), discontinue any reference to accreditation upon suspension or withdrawal of its accreditation, do not refer to its accreditation in an improper way so as to imply that a product, process, service, management system or person is approved by the accreditation body and, in case of withdrawal, discontinue use of all materials bearing the accreditation or scheme owner name or logo and inform affected clients of any change on its accreditation status without undue delay. When still an applicant, the CB may refer to the fact of application to IOAS with restrictions (PL0517).

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

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

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

4.3.5 IOAS shall take action in case of incorrect or unauthorized claims of accreditation or misleading or unauthorized use of IOAS logo or name or IOAS accreditation symbol following PL0505, PL0507 and PL0515.

4.4 Impartiality

4.4.1 IOAS structure and operation is designed to undertake accreditation in an impartial manner.
4.4.2 IOAS is responsible for the impartiality of its accreditation activities and shall not allow commercial, financial, or other pressures to compromise impartiality. The organization chart of IOAS indicates its Board of Directors as overseeing its work and development. The composition of the Board

and appointment of members to that body is governed by policy document PL0211 which requires representation from a range of defined interested sectors. This ensures a balance of interests with no sector predominating. IOAS has one related body, IFOAM, and has reviewed and documented this relationship to ensure that the activities of IFOAM do not compromise the confidentiality, objectivity, and impartiality of IOAS work. The relationship between IFOAM and IOAS is described in a license agreement.

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

4.4.4 IOAS has a policy on Management of Conflict of Interest for Board and committee members, and personnel that ensures that no undue commercial or financial pressure can compromise impartiality (PL0210).

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

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

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

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

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

4.4.10 The Quality Management System documentation of IOAS is made up of policies and procedures which define how the organization, its committees and personnel should conduct the activities. As well as conforming to ISO/IEC 17011:2017 some of these documents are also informed by requirements of scheme owners. IOAS is committed to non-discrimination in all its activities and makes its services accessible to all applicants, despite their size, who fall within the scope of the mission and competence of IOAS. This scope includes accreditation and assessment services related to the following areas:

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

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

4.4.11 IOAS is not involved in the provision of services that may affect its impartiality.

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

4.4.13 IOAS does not suggest to CBs that accreditation would be simpler, easier, faster, or less expensive if they were involved with any related body of IOAS or if any specific person/s or consultancy were used.

4.5. Financing and liability

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

4.5.2 IOAS maintains insurance to cover errors and omissions. The BoD evaluates the risk arising from IOAS activities through the oversight of finance and the Impartiality Matrix also considers the impact of activities and structures on finance.

4.6 Establishing accreditation schemes

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

- Accreditation against IFOAM Organics International Norms 2017 (www.ifoam.org)
- Accreditation against ISO/IEC 17065: 2012 (www.iso.ch) – covering various organic and sustainability standards and good agricultural practice such as Regulation (EU) 2018/848 of the European Parliament and of the Council, GLOBALG.A.P, Mexican law for organic products LPO, Chilean National Certification System for Organic Agricultural Products, National Standard for Organic and Bio-Dynamic - Australia and Freshcare Standards and a number of private standards owned by certification bodies.
- Accreditation against the Global Organic Textiles Standard Approval Procedures and Requirements for Certification Bodies (www.global-standard.org)
- Accreditation against Accreditation and Certification Procedures for Textile Exchange Standards. (www.textileexchange.org)
- Accreditation against the approval procedures and requirements for certification bodies of COSMOS Standard AISBL (www.cosmos-standard.org)
- Accreditation against the NATRUE criteria and accreditation requirements for certification bodies (www.natrue.org)

In addition, IOAS provides the following assessment services either in collaboration with other bodies or government authorities or as a service of 'assessment without public declaration':

- Assessment for accreditation under the Canada Organic Regime by the Canadian Food Inspection Agency (Canada Organic Regime web site),
- Assessment against ISO/IEC 17065:2012 and any scheme requirements including an IOAS decision on compliance but without formal and publicly declared accreditation. Individual letters on status may be issued to enquirers,
- Assessment against ISO/IEC 17065:2012 and any scheme requirements which may or may not lead to a recommendation to another entity on compliance. Other entities may use such work as a basis for their decision of compliance or approval.

4.6.2 All IOAS documents related to schemes requirements have been developed by IOAS personnel (PL0108) or supplied by the scheme owner. IOAS contributes its expertise to the development of guidance documents and scheme manuals of scheme owners and from time to time brings together groups of experts to develop guidance documents where it sees the need.

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

4.6.4 When IOAS is asked to extend its activities outside of its current range of activity or decides itself to do so it follows the Extension and Discontinuation of Activities policy (PL0111). Before taking on new work areas an analysis is performed of its own competence to take on the new area along with a review of resource and personnel implications, the need for guidance documents and an assessment of impact on existing schemes. Records are kept of this process. This process refers to and complies with IAF document MD25: Evaluation of Conformity Assessment Systems.

4.6.5 PL0111 contains all considerations and previous actions before discontinuation of accreditation schemes.

5. Structural requirements

5.1 IOAS is structured and managed so as to safeguard impartiality (PL0102 Bylaws, PL0211 BoD & Com Nomination Policy, PL0205 Terms of Reference-AC, PL0209 Terms of Reference-IC, PL0208 Terms of Reference-Executive).

5.2 IOAS documents its organizational structure through PL0104, which includes lines of authority and responsibility.

5.3 IOAS Inc is the accreditation body.

5.4 IOAS structure and governance is as stated in this document and illustrated in the organization chart (PL0104).

5.5 Where IOAS has responsibility for the accreditation decision, that decision is made by the Accreditation Committee (AC). The AC is made up of experts who have not been involved in the

assessment process. The accreditation decisions are not subject to approval by any other body (PL0205).

5.6 IOAS documents the duties, responsibilities and authorities of top management and all personnel in the correspondent job description: Executive Director (ED) PL0307, Business Director (BD) PL0320, Technical Director (TD) PL318, Quality Director (QD) PL0315, Operations Director (OD) PL0317, Client Service Manager (CSM) PL0322, Textiles Scheme Manager (TSM) PL0308, Agriculture Scheme Manager (ASM) PL0330, Assessor and Scheme Liaison (SL) PL0311. Job descriptions for all support and administrative personnel are also in place.

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

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

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

5.8 IOAS maintains formal rules for the appointment (PL0211), terms of reference and operation of committees that are involved in the accreditation process (PL0205). IOAS Board of Directors appoints Accreditation Committee members to provide expertise and representation to advise IOAS (PL0205). Lists of participants on these committees are maintained and are publicly available on IOAS web site with a reference to the interested parties they represent.

6. Human resources

6.1 Competence of personnel

6.1.1 General

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

6.1.2 Determination of competence criteria

6.1.2.1 IOAS documents the competence criteria of personnel involved in management, assessments and any other accreditation activities in the job descriptions referred to at 5.6 and PL0402 and maintains records of assessors and technical experts' competence to indicate which assessors and technical experts are qualified for which schemes and scopes. IOAS assessors perform all work related to accreditation including most on-site visits. IOAS contracts freelance individuals for specific

assignments, but they operate under IOAS management system. The qualifications and experience required and initial and on-going training for accreditation tasks are described in PL0306 as well as the recruitment and training of assessors and technical experts (PL0402).

6.1.2.2 Through careful selection, on-going training, and performance monitoring, IOAS ensures that personnel who review CB documents, assessment reports and the AC members who make accreditation decisions have appropriate knowledge of assessment principles, practices and techniques and general management system principles and tools (docs PL0306, Job descriptions, PL0402, PL0211, PL0301).

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

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

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

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

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

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

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

6.1.3 Competence management

6.1.3.1 IOAS establishes and implements policies and procedures for initial training and evaluation of all personnel involved in the accreditation process (PL0301). Newly hired personnel complete a 6-month introductory period to give them the opportunity to demonstrate the ability to achieve a satisfactory level of performance and to determine whether the new position meets their expectations. IOAS uses this period to evaluate employee capabilities, work habits, and overall performance. A formal performance review is conducted after 3 months and at the end of the period either to confirm the person in the position or end the relationship.

6.1.3.2 Assessment visits are carried out by assessors (in-house assessors and external assessors). Technical experts may be also contracted from time to time. The qualifications and experience required, and initial and on-going training and approval of assessors and technical experts are described in PL0402 and PL0306. New assessors shall undergo an apprenticeship period as trainee assessors and subsequently to be observed by an experienced IOAS assessor and follow several steps prior to providing any services on behalf of IOAS (PL0402).

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

6.1.3.4 IOAS has procedures for monitoring the performance of all personnel as described in PL0301. All full-time personnel receive a formal annual performance review (PL0301). Poor performance of an assessor in any one scheme may also result in that scheme qualification to be removed (PL0402).

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

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

6.2 Personnel involved in the accreditation process

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

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

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

6.3 Personnel records

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

6.4 Outsourcing

6.4.1 On-site assessments are normally carried out by individual assessors and/or technical experts that are contracted for specific assignments, recruited and trained as stated in PL0402.

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

6.4.3 In the event that IOAS engages with an outsourced AB the requirements in PL0524 shall be followed.

6.4.4 The Letter of Engagement FR0104 shall be used to define the terms between IOAS and the outsourced AB, including the fact that:

> 6.4.4a. IOAS takes responsibility for the assessment and accreditation decision-making.

6.4.4b IOAS will verify that the outsourced AB meets IOAS requirements as per PL0524, Section B.6.

6.4.5 Prior to engaging the outsourced AB, IOAS will obtain consent from the affected CB(s).

6.4.6 IOAS will ensure that outsourced ABs are IAF MLA signatories and shall maintain records of competence of the outsourced AB assessors. The required records are defined in the letter of engagement. If any additional training is required (such as scheme specific and/or IOAS process training) this shall also be recorded accordingly. Upon completion of the assessment, feedback shall be provided by IOAS. IAF regional body peer reviews shall constitute ongoing monitoring of the outsourced AB's compliance with ISO/IEC 17011:2017.

7. Process requirements

7.1 Accreditation requirements

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

7.2 Application for accreditation

7.2.1 IOAS welcomes enquiries from CBs considering application for any of the schemes offered. The Applicant Information (FR0503), provides a summary of the general steps that CBs must follow for application as well as general information. The process starts when IOAS receives the application form (FR0501) complete and signed by an authorised representative of the CB. The application describes general details of the CB, the scheme(s) applied for with clear scope information and a declaration that the CB understands and will commit to the accreditation requirements. For some schemes the CB must apply first to the scheme owner before they may apply to IOAS.

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

7.2.3 Once the CB application is received, it is reviewed and determined if it is within IOAS scope of expertise, it is suitable for accreditation and if no reason to reject it (see 4.4.10), then it is accepted, and the applicant is offered a Contract with IOAS (PL0502). The application process is described in the Assessment and Reassessment Procedures (PR0501).

7.2.4 IOAS shall reject the application or terminate the assessment process at any point in the application or initial assessment process if there is evidence of fraudulent behaviour or if the CB intentionally provides false information or conceals information or deliberately violates accreditation rules. In case the application is not accepted, Policy on termination of application shall be followed (PL0519).

7.2.5 IOAS has provision for a preliminary visit to a CB office to clarify and explain requirements of accreditation (PL0520).

7.3 Resource review

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

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

7.4 Preparation for assessment

7.4.1 Each CB is assigned a Client Service Manager (CSM) that will manage the process of assessment and is the CB's main point of contact for all matters with IOAS. IOAS can assign a single assessor or a team of assessors depending on the case. The assessor/s may be assisted (particularly at on-site visits) by technical experts where required. The assessor/s may also be accompanied by an IOAS observer who is assessing the assessor's work or an assessor apprentice. Representatives from scheme owners or APAC may also attend.

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

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

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

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

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

7.4.7 The Visit Plan (doc FR0507) includes the length of the visit, the scope of the assessment, the premises to be visited, the activities for each day, the assessment techniques to be used as operator file checks, witness audits, review audits, the personnel to be present and the estimate cost. The operator visits (witness and review audits) are previously selected from the CB operators lists following IOAS Sampling policy PL0508.

7.4.8 The date of the visit is scheduled beforehand with the agreement of the CB and included in the visit plan that the CB can object within a week as mentioned in 7.4.2. If for any reason the applicant CB cannot accommodate IOAS' assessment to the office and/or to operators' sites, IOAS will maintain the application acceptance as valid for 9 months from the date the document review results are sent to the CB, unless otherwise required by the scheme owner. After that period, termination will be recommended, in accordance with Policy on Termination of Application (PL0519).

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

7.5 Review of documented information

7.5.1 IOAS (Re)-assessment procedure (PR0501), describes the review of documented information. IOAS conducts a review of the CB's documents, as a starting point of the assessment. The assigned assessor(s) conducts a detailed review of the documents submitted by the CB according to the checklist issued by IOAS. The review is performed in IOAS database which forms a permanent and searchable record of compliance. Where necessary, nonconformities (NCs) are identified and communicated to the CB. Where Critical Nonconformities (CNCs) are identified at the document review the Technical Director determines whether the case is serious to terminate the application or proceed to the visit.

7.5.2 In case IOAS considers the application/document review process has failed the CB shall be informed of the decision and the reasons, following PL0519.

7.6 Assessment

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

Note: Key activities include policy/procedure/technical requirements development and approval; decisions on offering certification activity in new technical areas; and decisions on certification including technical review of evaluation tasks.

IOAS sampling policy (PL0508), Compilation of sampling requirements for scheme owners and IOAS (PL0529), Visit length calculation for (re) assessments and annual surveillance (FR0582 and FR0583)- allow a clear determination of the duration of the on-site visit, the number of operators visits to perform and the number of file checks. Scheme owners' requirements on sampling may also need to be taken into account. The CB is informed on how IOAS will report the findings if applicable and the timelines they will be given to submit the corrective actions.

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

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

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

7.6.5 In the event that the assessor is unable to reach a conclusion about a finding he/she may refer back to the IOAS personnel for guidance, as stated by PR0504.

7.6.6 IOAS Assessment visit procedure PR0504 requires that:

a) The assessor compiles his/her findings in a written exit meeting format and provides it to the CB staff prior to the exit meeting (exit interview). This document includes the NCs being raised, the relevant norm references and an explanation of the issue and source of evidence.

b) The assessor emails the final exit meeting report (with any edits made during the exit meeting) immediately to the CB with a copy to the CSM and the Technical Director, with a timeline for corrective action submission, following PR0501.

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

7.6.8 The CB shall be required to supply evidence of corrective action to all NCs within a defined period. CNCs require more immediate responses. CBs will be required to identify (and subsequently correct) causes of all NCs identified during all on-site and remote visits, including witness and review audits (PL0527).

7.6.9 Following receipt of the post visit corrective actions the assessor shall review the evidence and update the IOAS database accordingly. In case the CB has not submitted any corrective actions by the due date, a warning of termination will be sent to the CB. The assessor may decide to recommend to the AC (re)accreditation of the CB or, in cases where NCs remain unresolved, permit the CB a further period for corrective action (PR0501).

7.7 Accreditation decision-making

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

IOAS will only grant accreditation if:

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

7.7.2 The authority for granting, maintaining, extending, reducing, suspending, or withdrawing accreditation remains solely the responsibility of IOAS and taken by the AC or the TD as corresponds. Delegation outside of the organization is prohibited (PL0205). AC members involved in the assessment or having any conflict of interest shall be excluded (PL0205). The AC is responsible for granting accreditation of a new scheme and/or standard (PR0512) and renewing accreditation (PR0501), imposing suspension measures, withdrawing or terminating accreditation status in accordance with the procedures outlined in IOAS suspension, withdrawal, and termination policies PL0506, PL0507 & PL0519. The TD makes decisions on continuation of accreditation (PR0508) and on extension and reduction of scope categories (PR0512). Geographic scope extensions are handled by CSMs and Assessors (PR0512).

7.7.3 The AC members have access to the following information to make the accreditation decision:

- General and background information of the CB, including how the CB resolved the NCs and additional information that helps the AC to determine its competence.

- Latest visit reports (including date, type of assessment, locations visited, scope of accreditation).
- Assessor recommendation to the AC.

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

7.7.5 AC members are invited to evaluate CB cases for accreditation decision as needed. The CBs are notified in writing of the decision, including a justification if applicable.

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

7.8 Accreditation information

7.8.1 Where CBs apply for formal accreditation and the IOAS is responsible for granting accreditation, IOAS shall provide the accredited CB with the IOAS accreditation symbol to use if applicable (PL0515). IOAS issues an accreditation certificate for schemes where it makes the accreditation decision (those accreditation services listed at 4.6.1). The certificate includes the IOAS logo, the name and address of the accredited CB (and the name of the legal entity if different), a reference to the standard that the CB is in compliance with, the unique CB accreditation identification which is the contract number, the year first accredited, the effective date of accreditation, certificate issue date, and the accreditation renewal date. Updated information on scopes, scope categories and further information on the accreditation of CBs is provided at www.ioas.org/accreditation/accredited-bodies. For assessment services either the collaborating accreditation body issues an accreditation certificate where the service is part of government supervision system a letter of accreditation may be issued, or recognition of 'approval' through being listed publicly by the government authority. For cases of 'assessment without public notification' no accreditation certificates are issued but letters confirming status may be provided to specific enquirers on request.

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

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

7.8.4 IOAS does not use flexible scopes of accreditation.

7.9 Accreditation cycle

7.9.1 IOAS accreditation cycle is 5 years in length, starting the date after the initial accreditation or re-accreditation was granted. Through the accreditation contract PL0502, the CB agrees to a periodic full re-assessment.

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

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

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

7.9.4 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 program; otherwise, the accreditation will be withdrawn (PR0501).

7.9.5 Before the end of the accreditation cycle, a re-assessment is planned and performed following the procedure described in document PR0501.

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

7.10 Extending accreditation

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

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

7.11 Suspending, withdrawing, or reducing accreditation

7.11.1 IOAS has defined procedures for suspension (PL0506), withdrawal (PL0507) and reducing the scope of accreditation (PR0512). Suspension and withdrawal of accreditation are sanctions resulting from the most serious infringements as described in PL0506/PL0507 and applied when CBs persistently fail to abide by the rules of accreditation. CBs may also decide to voluntarily withdraw from accreditation, and this is not considered a sanction. Suspension and withdrawal may also be applied not only to whole schemes but also to scope standards, categories, or geographic areas where the failings are related only to one area of a CB's activity. As the requirements of the various schemes differ it is possible that accreditation of one scheme may be suspended or withdrawn whilst another remains in place.

7.11.2 IOAS shall initiate the process for withdrawal of accreditation in the event of circumstances detailed in Withdrawal Policy PL0507.

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

7.12 Complaints

7.12.1 IOAS has defined procedures for handling complaints both against itself (PL0511a) and against CBs that are accredited or under surveillance of IOAS (PL0511b). Complaints regarding applicant and assessed/accredited CBs should, in the first instance, be directed to the certification body. IOAS views complaints as a useful source of information and a potential indication of opportunities for improvement. Conclusions of the investigation of a complaint are always communicated to the complainant and, as appropriate, to relevant interested parties (including, but not limited to relevant IAF member ABs) subject to confidentiality requirements.

7.12.2 IOAS procedure for handling complaints about accredited CBs is included in PL0511b and is available on IOAS web site.

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

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

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

7.12.6 IOAS is responsible for gathering and verifying all the information to validate the complaint, including complaints related to allegations of fraudulent behaviour against an applicant or accredited CB, and the CB's failure to adequately deal with allegations of fraudulent behaviour by its clients.

7.12.7 The IOAS Quality Director (in consultation with the ED, TD, OD, as necessary) is responsible for all decisions made at all levels of the handling process of the complaint.

7.12.8 The register of all complaints is reviewed by members of IOAS BoD and IC not involved in the cases in question.

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

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

7.13 Appeals

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

7.13.2 The IOAS Objections & Appeals procedure (PL0504) is available on IOAS website.

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

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

7.13.5 The IOAS Appeals procedure includes the process for receiving, validating and investigating the appeal and deciding what actions shall be taken in response to it. IOAS ensures that the follow up of the appeals and the actions are taken in the stated timelines and are recorded (FR0543).

7.13.6 IOAS shall be responsible for gathering and verifying all the necessary information related to the appeal.

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

7.13.8 PL0504 allows for various levels of appeal within IOAS. The highest level of appeal is to an ad hoc Appeals Committee. These persons must not have been involved previously in the decision being

appealed. Records are maintained of the appeal and IOAS considers if the appeal raises any opportunities for improvement in its own management system.

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

7.14 Records on CBs

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

7.14.2 The manner in which these records are maintained is governed by various policies and procedures (PL0107, PL0108, PR05XX series). Various databases are used to store and manage the bulk of these records. All records are retained for a minimum of five years according to PL0108. After that time period they are archived on IOAS server.

8. Information requirements

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

8.1.2 The contract for provision of IOAS assessment and surveillance (PL0502) signed between the CBs and IOAS defines what information about a particular CB may be disclosed especially where the service forms part of a government supervision system or where the private scheme owner expects to have access to certain information.

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

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

8.2 Publicly available information

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

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

8.2.3 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, the exception being where CBs have requested assessment without public declaration. IOAS also publishes on the web site information about suspensions and withdrawals including dates and scopes.

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

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

9. Management system requirements

9.1 General

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

9.1.2 IOAS management has established and implemented policies and objectives related to competence, consistency of operation and impartiality. The management ensures that policies are understood, implemented, and maintained at all levels of the organization. IOAS management is committed to implement and improve the management system ensuring that all policies are understood, implemented, and maintained at all levels, which is achieved by training and monitoring of the daily work.

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

9.1.4 IOAS operates a management system that fulfils ISO/IEC 17011:2017. This Operating Manual is designed to demonstrate compliance with that norm. Effective implementation is reviewed through internal audit. The management system includes document control, records control, non-conformities and corrective actions, improvement, internal audits, and management reviews.

9.2 Management system

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

9.2.2 IOAS continuously improves effectiveness of the management system in the frame of its quality system in compliance to ISO/IEC 17011:2017.

9.3 Document control

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

9.4 Records control

9.4.1 Document Control PL0108 establishes IOAS management of the records.

9.4.2 Document PL0108 establishes how IOAS retains records in the frame of its confidentiality arrangements.

9.5 Nonconformities and corrective actions

Nonconformities are normally identified in IOAS management system through internal audit, review of complaints, disputes and appeals and through management review but may also arise through day-to-day activity. The procedures for identification and management of nonconformities are contained in the relevant procedural documents (PL0106, PL0114, PL0504, PL0511). All nonconformities are recorded along with the actions taken to resolve them and prevent recurrence. The effectiveness of corrective actions is assessed at the following internal audit.

9.6 Improvement

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

9.7 Internal audits

9.7.1 Policy PL0106 describes policy and procedure for internal audits which have the aim of verifying continued compliance of IOAS with ISO/IEC 17011:2017 and that the described management system is implemented and maintained.

9.7.2 Internal audits are normally performed annually. The focus of annual audits is influenced by the importance of the various processes and areas of activity and the results of previous audits.

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

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

9.8 Management review

9.8.1 Document PL0106 describes procedures for IOAS management to perform a review of the management system on an annual basis. The purpose of this review is to assess continuing adequacy and effectiveness in satisfying IOAS policies and objectives and compliance with ISO/IEC 17011:2017. The review is conducted by the Quality Director and the senior management team and presented for discussion by the Board of Directors who have the opportunity to define or redefine policies, goals, and objectives.

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

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

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

For any specific questions on IOAS accreditation and assessment services please contact your assigned Client Service Manager or the IOAS Operations Director, Mafalda Carneiro, at carneiro@ioas.org

IOAS Contact details:

Office address:
IOAS Inc.
3523 45th Street Suite 100
Fargo, North Dakota 58104
USA
Email: info@ioas.org
Web site: www.ioas.org