MP 9 CERTIFICATION PROCESS

Revisions

Revision	Changes	Date
Ed. 1 Rev. 0	Change of Company Name: logo update	13.12.2023
4	Edited section 7. TRANSFER OF CERTIFICATE, section 8. UNSCHEDULED (SPECIAL) AUDITS and section 9. SUSPENSION, TERMINATION AND LIMITATION OF THE SCOPE OF CERTIFICATION, following Assessment Findings from IAS (1st Surv in 1st AC)	12.06.2023
3	Harmonization to scope expansion accreditation and general revision	12.12.2022
2	Added references to ISO 37001	05.04.2022
1	Added rules about ISO 45001 closing meeting (p. 6) Edited the paragraph about special audits (p. 12)	07.02.2022
0	First issue	20.07.2021

1. SCOPE OF APPLICATION

The procedure purpose is giving rules to perform management systems certification according to ISO standards to ensure the performance of the process in compliance with the principles of impartiality, competence, responsibility, transparency, professional secrecy, involvement in handling complaints and risk-based approach.

2. TERMS AND DEFINITIONS

Closure: review of the corrections, identified causes and corrective actions submitted by the client to determine if these are acceptable and verification of effectiveness of corrective actions of nonconformities found. If the evaluator considers the corrections and corrective actions to be efficient, the client's nonconformity is closed.

Others terms and definitions used in the procedure are those in accordance with:

- ISO/IEC 17000:2020;
- ISO/IEC 17021-1:2015;
- ISO/IEC 27006:2015;
- IAF MD 2:2017;
- IAF MD 22:2019.

3. DESCRIPTION OF ACTIVITY

The process of certification of the management system begins after the written confirmation offer by the client and it includes the following stages:

- initial certification audit carried out in two stages;
- conclusion of the initial certification audit:
- information about success or failure of the certification process;

The audits types carried out by the certification body are:

- initial certification audit;
- surveillance audit;

- recertification audit;
- audit transfer of accredited certification;
- special audits (extension audits; short notice audits).

To do the initial assessment, the Certification Manager helps the client to fill the application module for collecting all the necessary data (F 8.5-01 Certification application query).
Once all the data are collected, another Certification Manager or the Head of Certification Body reviews the application and he/she can approve or deny the application (F 8.5-02 Certification application review), then the client is informed of the results.
In case of denial of the application review, it is possible for the client to apply again.

The man-days required audit certification would not be reduced by any pre-audits.

After a positive assessment an offer / contract it's prepared, and the calculation of the man-days required for the audits is carried out.

When the offer is accepted and the contract is signed by the client, the audit team will be selected and the Audit programme will be arranged.

For the selection of the audit team, the requirements of competence, described in the Human Resources Management, are respected (MP 7).

The audits are prepared with the help of external means by the Certification Manager and he/she decides the Lead Auditor and the Veto auditor.

The audit is led by the Lead Auditor who is responsible for the report preparation.

The audit report stage 2 shows the deadline for the next audit.

The Certification Manager prepares the Audit programme F 8.5-06 every year recording the information on external means and he/she confirms or changes the Audit programme according to the information of the previous audits.

When the certification / renewal or continuation decision is made, the Certification Manager updates the Audit programme, according to relevant information like nonconformities / improvement opportunities based on documented evidence.

The three-year management programme includes the initial certification audit, surveillance audits during the first and second year after the certification issue and the recertification audit at the end of the first three-year certification cycle.

In developing the Audit programme it's considered:
- the size of the client organization;
- the presence of multiple shifts regarding the distribution of the processes;
- the scope and complexity of the management of the client;

- processes, and level of efficiency of the control system;
- determined information security controls (points 8.1, 8.2, 8.3; applies only for ISO/IEC 27001:2022);
- the results of previous audits (already available certifications or other audits of client);
- information about complaints;
- changes in the organization and processes;
- changes in the certification requirements;
- changes in legal and other requirements;
- resources required and deadlines for implementation of the process of certification.

The changes in the Audit programme can be made at any stage of the certification cycle.

4. CERTIFICATION AUDIT

The initial certification audit of management is carried out for the sustained-two stages: Stage 1 and Stage 2.

The Certification Manager chooses the audit team and he/she prepares the F 8.5-04 Audit team which is approved by another Certification Manager or by the Head of the Certification Body.

In determining the composition of the audit team it's considered:

- the types (combined, joint or integrated), objectives, scope, criteria and estimated time of conducting the audit;
- all the necessary competence of auditors of the team to achieve the objectives of the audit;
- the stated requirements for certification;
- the languages used during the audit;
- the knowledge of the host country's legal framework by the audit team (the auditors abroad audit with the help of a qualified technical expert familiar with the legal and regulatory framework of the industry in the respective country).

When choosing the audit team it's mandatory that:

- the Lead Auditor is appointed by the Certification manager;
- for an audit that last less than four days, two auditors are optional;
- for an audit that last for more than 4 days, two auditors are mandatory (for each site);
- at least one member of the audit team must have technical competence related to the scope of the audit (this requirement also applies to Stage 1 of the audit);
- for simultaneous audit of more than one management system by the same team competence is required for each standard.

The auditors in training may participate in the audit teams under the guidance of a competent auditor for learning and they are not participating as auditor/technical experts. The participation of trainee auditors and technical experts shall be agreed with the client.

When conducting the audit requiring specific knowledge and experience in terms of organization, process or activity that will be audited, and knowledge associated with the language and culture of

the organization the audit team includes technical expert/s, interpreters and translators. They work under the supervision of the auditors. When the audit duration is calculated no time is considered for the participation of technical expert(s) and auditor in training. Appropriate additional time is calculated for translators (due to translation time used).

The changes in the Audit team can be made as the audit progresses to ensure achievement of the audit objectives.

The Lead Auditor can audit the same organization in three consecutive years (full cycle of certification), after this period, the Certification manager shall appoint another auditor.

All the staff involved in the auditing processes have signed declarations of independence, impartiality and professional secrecy and the certification body provides all the necessary documents, forms and information on the assessment team in preparation for an audit.
Furthermore, each member of the audit team must sign a nominal document “F 9.0-03 impartiality” prior each single audit about the absence/presence of conflict of interest regarding of the specific client.

The applicant provides information relating to the equipment, the location of the sites included in the audit, personnel, subcontractors and other specific standards.

The Lead Auditor during the preparation of stage 1 audit contacts the client management to confirm the details of the organization and in case of differences in client data referred to in the application for certification, he/she has to inform the Head of the Certification Body to clarify these differences.

The audit plan is established, filling in the proper form “F 9.0-02 Audit plan”.

The audit plan is being developed by the Lead Auditor and includes:

- the objectives of the audit;
- the audit criteria;
- the scope of the audit;
- the dates and locations (sites), including temporary sites and remote auditing;
- the scheduled time that is the duration of the activity of the audit on-site;
- determined information security controls (points 8.1, 8.2, 8.3; applies only for ISO/IEC 27001:2022);
- the roles and responsibilities of the audit team and accompanying persons (if applicable);
- the information about the languages that will be used during the audit and others. Certification authority requires the applicant in writing to coordinate the team and the period subscribing the proposed by the Lead Auditor.

The client is notified by e-mail about the dates of the audit with “F 9.0-02 Audit plan Stage 1” form, prior the auditing. If the client agrees, he/she must sign the form and send it back for acceptance. The e-mail also includes the “F 8.5-04 Audit team” form with details of the audit team.

The client may object in writing about:

- the auditor involvement (in terms of competence, independence, impartiality) - in this case, the Certification Body (if requested) will make available background information on each member of the audit team; also, the person in charge carries a new certification auditor selection and coordination with the client;
- the planning of the activities.

The audits are done under instruction WI 9: during the stage 1 audit, the certification body assesses the compliance of the implemented management system with the requirements of the proposed standard for certification.

The terms and specific requirements for assessing compliance with a particular standard and the applicable requirements are specified in:

- WI 9 Rules for performing the audit;
- WP 9.0-1 Certification according to ISO 9001:2015;
- WP 9.0-2 Certification according to ISO 14001:2015;
- WP 9.0-3 Certification according to ISO 45001:2018;
- WP 9.0-4 Certification according to ISO 37001:2016;
- WP 9.0-5 Certification according to ISO 27001:2022.

The Stage 1 audit is performed to:

- check the management system documentation of the client;
- check the specific conditions of location at the client and an exchange of information with the client staff to determine the level of preparation for Stage 2 audit;
- review the status of the client organization;
- understand the requirements of the standard especially for the identification of characteristics or aspects, processes and objectives, risks of substantial importance for the functioning of the management system;
- review and gather the necessary information related to the scope of the management system, processes and locations of the client organization, the applicable regulations, which the client must comply;
- allow for the planning of Stage 2 of the audit after achieving a sufficient understanding of the management and functioning of place;
- review the allocation of resources for Stage 2 audit and agree with the client details of the audit of Stage 2;
- check the planning, implementation and documentation of internal audits and management review.

If the client organization does not have at least one management review and one internal ISMS audit covering the scope of certification, it cannot be certified by the Certification Body, according to ISO/IEC 27006:2015.

Considering an Initial certification audit, the audit team competence related to the scope of the management system reviewed during Stage 1 (or pre-audit stage) may not be necessary complete.

During this audit determined the readiness of the organization to perform an audit of Stage 2 based on the degree of implementation of the management system.

The stage 1 audit can be performed without on-site audit (remote auditing) which must be previously approved by the Head of the Certification Body.

The information on readiness for transition to the stage 2 are collected by the audit team and within 3 days after the audit, the Lead Auditor prepares F 9.0-04.1 report stage 1 audit, which documents the results of the audit, including the problems identified (if applicable).

All problems of the management system of the clients are identified for inspection at stage 2 certification audit and the stage 1 report is sent to the client.

To conduct the stage 2 audit, it's necessary to solve all the client problems identified in stage 1 and if the organization does not show readiness to conduct the stage 2 audit, the Lead Auditor may propose the end of the certification process.
All the records created from Stage 1 audit are part of the certification audit documentation.

After the proposal of the Lead Auditor for conducting stage 2 audit, the Certification Manager reviews it and the Lead Auditor prepares and sends the client the audit plan of stage 2, which has to be performed in 6 months after stage 1 audit. Between stage 1 audit and stage 2 audit there must be at least 1 working day. The interval can be expanded taking into consideration the needs of the client to resolve areas of concern identified during stage 1. If necessary, whole or part of stage 1 can be repeated and the client must be informed of the postponement or cancellation of stage 2.

In preparing the plan it's considered:
- time for independent and collaborative work of the audit team, consistent with their competence and their roles;
- the presence of multiple shifts regarding the distribution of the processes;
- the use of electronic-based audit techniques;
- the availability of temporary sites.

The number of sites audited and audit time will depend on the number, size and complexity of the activities at the site and the sites choice is performed considering the audit programme.

The Lead Auditor coordinates the plan with the audit team and the manager of the client.
The audit Stage 2 purpose is to gather evidences about the implementation and effectiveness of the client management system.

The stage 2 audit takes place at the site(s) of the client and includes at least the following elements:
- information and evidences collection of the management system with the requirements of the standards;

- monitoring, measuring, reporting and review of achievements of the client;
- compliance of the management system and applicable regulations;
- operational control of the client processes;
- internal audits and management review and improvements of the management system;
- responsibility and commitment of the management to implement the policy of the organization;
- the relationship between requirements, policies and objectives in accordance with the applicable standards;
- all applicable legal requirements;
- responsibilities, competence of personnel, operations, procedures, data on achievements and results of internal audits.

The audit team competence related to the scope of the management system reviewed during Stage 2 must be necessary complete.

The audit process is described in “WI 9 Rules for performing the audit”.

Before the closing meeting, the audit team reviewed the evidences obtained during the audit, analyze them and compiles them in terms of achieving the objectives audit compliance with the audit criteria and the implementation of the audit plan.

The audit team prepares the conclusions of the audit, taking in consideration the uncertainty of the process and it determines the necessary follow-up.
The audit findings are documented and reported under “WI 9 Rules for performing the audit”.

The audit at the client ends with a closing meeting in which the audit team meets the company top management and discusses the compliance level with the standards.

In case of ISO 45001:2018 it is necessary that the management legally responsible for occupational health and safety, personnel responsible for monitoring employees’ health and safety and the employees’ representative(s) with responsibility for occupational health and safety to attend the closing meeting.
Justification in case of absence shall be recorded.

During the closing meeting, the audited client provides its proposals for corrections, identified causes and corrective actions, that it believes will close the previously identified nonconformities. The audit team checks the objective evidences and verify the effectiveness of the corrections and corrective actions, in order to establish if the client’s nonconformities can be closed, and communicates the result to the client.

Depending on the nonconformities gravity (NC1 or NC2) and number, the check is done:

- by reviewing the documentation in the next 3 months and checking the effectiveness of corrective actions during the next planned audit;
- on site during the next planned audit;
- on site during a special audit (in this case, the Lead Auditor can propose the approval of the certification for the organization only after the approval of corrective action and the additional

audit may be conducted within 6 months after the certification audit and if this deadline is not met the certification process is terminated).

The difference between NC1 and NC2 is stated in the procedure “WI 9 Rules for performing the audit” (see under “Nonconformities classification”.

The opportunities for improvement and the management of nonconformities are completely documented respectively in “F 9.0-07 Strengths and opportunities for improvement” form and in “F 9.0-06 Nonconformity form”.

The certificate can be issued only for checked and approved scope by the audit team.

The auditors and experts keep records of inspections during the audit using an online checklist on external means.

The Lead Auditor analyze and summarize the evidences preparing the “Audit report stage 2” (F 9.0-04.2) and within 7 days from the conclusion of the audit or approval of the corrective actions taken (if applicable), the Lead Auditor makes a proposal and he/she prepares F 9.0-10 Proposal for certification.

In preparing the Audit report stage 2 it’s considered:

- identification of the Certification Body;
- the name and address of the client and the client's representative;
- the dates and places where the audit activities (on site or offsite, permanent or temporary sites) were conducted;
- the audit scope, units or processes audited and the time of the audit;
- the type of audit (e.g. initial, surveillance or recertification audit or special audits) and, where applicable, whether the audit is combined, joint or integrated;
- the audit criteria and objectives;
- audit findings;
- verification of effectiveness of taken corrective actions regarding previously identified nonconformities, if applicable;
- recommendation from the audit team;
- the audited client is effectively controlling the use of the certification documents and marks (if applicable);
- any unresolved issues (if identified);
- identification of the audit team leader, audit team members and any accompanying persons;
- any deviation from the audit plan and their reasons and any significant issues impacting on the audit programme (if any);
- significant changes (if any) that affect the management system of the client since the last audit took place;
- a disclaimer statement indicating that auditing is based on a sampling process of the available information.

The Audit report stage 2 shall contain also the following information:

- a statement on the conformity and the effectiveness of the management system;
- evidences relating to the capability of the management system to meet applicable requirements and expected outcomes;
- evidences relating to the internal audit and management review process;
- a conclusion on the appropriateness of the certification scope;
- confirmation that the audit objectives have been fulfilled;
- a summary of the most important observations, positive as well as negative, regarding the implementation and effectiveness of the ISMS requirements and IS controls (it applies only for ISO/IEC 27001:2022);
- the audit team's recommendation as to whether the client's ISMS should be certified or not, with information to substantiate this recommendation (it applies only for ISO/IEC 27001:2022).

The audit report is sent to the customer by e-mail and they are stored on external means in the specific section.

The Certification Manager collects all documents and records on external means which must contain:

- F 8.5-02 Certification application review;
- records relating to the performance of the contract;
- correspondence with the client, including the selection and coordination of the audit plan as dates and auditors;
- Audit programme
- Audit team
- Stage 1 and Stage 2 audit plans;
- Stage 1 report;
- The assessment of the documentation of the audited management system;
- The evaluation of previous certification audits (for the re-certification audits);
- The nonconformities and the opportunities for improvement (if applicable);
- Stage 2 report, which includes the confirmation that the audit objections have been achieved;
- Proposal of certification.

The records storage is managed according MP 10.2.3.

The records of the audited organization are then transmitted to the Veto auditor within **7** days after the proposal.

In reviewing the documentation it’s checked the completeness and comprehensiveness in accordance with ISO 17021:2015, procedures of certification bodies technical examination relating to the scope of certification.

If it's necessary, the Veto auditor can be helped by technical experts who are independent from the audited company and who are not involved in the certification process and in different geographical areas, the Veto auditor is assisted by auditors or technical experts competent under the local law of the audited organization.

In case of omissions or ambiguity, the evidences are returned to the Lead Auditor to be fixed.
When the documentation is correct, the Veto auditor certifies it with his/her approval on external means in F 9.0-12 Certification decision.

The certification decision is taken by the Head of the Certification Body, based on the evaluation of the results and conclusions of the Lead Auditor's opinion of Veto auditor and other relevant information and the certification decision is taken within 30 days after the veto auditor's check.

In positive case documented in the certification decision, the certificates are issued for each audited management system. The issued certificates are checked by the Veto auditor to verify the correct use/representation of accreditation and certification symbols.

In case of denial of a certificate the client is notified in written form within 14 days after the decision by the Head of the Certification Body and the client may object in written form against the decision within 14 days from the notification.

Upon successful certification, the organizations receive a certificate in pdf format, signed by the Head of the Certification Body.
The validity of certificate is 3 years from the date of the decision, if issued for a first certification. Otherwise, e.g. if the client is a transfer, the validity of certificate is established according to the previous certification cycle.

The certificates (F 9.0-13) are provided as single certificate for every standard management system and there can be some attachments to the certificate in case of long list of certificates sites.

Each certificate has a unique number that is generated by an alphabet (Q for ISO 9001, E for ISO 14001, OHS for ISO 45001, AB for ISO 37001, IS for ISO 27001 followed by a dash followed by the unique client's number.

Each customer has a unique number that is reported in the certificate number (and in the Contract number) for quick and accurate traceability. The unique customer number is generated by taking the number of the day the customer was registered under the Gregorian calendar, followed by two numbers starting from 01 that follow the order if there are more than one customer registered the same day.

For example:
the first client registered on 09.01.2021 will have a unique number 21009-01, the first client registered on 10.01.2021 will have a unique number 21010-01, the second client registered on 10.01.2021 will have a unique number 21010-02, e21.

If the certificate is reprinted (for scope reduction / extension for example), 1 (and subsequently 2, 3 etc.) is added to the end of the original certificate number.

Issued certificates contain the following information:

- name and address of the certified organization;
- the certification scope;
- unique certificate number;
- date of issue of the certificate the date of decision of certification;
- the date by which the certificate is valid;
- date of initial certification (if applicable);
- locations certificated;
- certification mark (brand);
- information about the certification body;
- the version of the Statement of Applicability (applies only for ISO/IEC 27001:2022).

The certificate is owned by the Certification Body and it operated under the procedure “WP 8.3 Rules for use of certification symbols and certificate”.

Upon receipt of the certificate, the client top management sign the “F 8.3-01 Declaration of compliance with requirements of certification and certification symbols”, these declarations must be stored. The storage is managed by external means.
The certificate is transmitted to the client by mail.
In granting the certification outside the scope of accreditation of certification body issuing the certificate is placed only certification mark that is not in combination with the accreditation symbol.

5 SURVEILLANCE AUDIT

The certification body performs audits for the period of validity (three years) on each certificate.
The surveillance audits are carried out at least once a year in order to preserve confidence and assessment of continued compliance with the applicable requirements for the specific certification standard. This monitoring regards representative areas and functions covered by the scope of the management system and relative changes (if any).

The surveillance activities include:

- on-site audits;
- enquiries on aspects of certification;
- review of client’s operations (e.g. promotional material, website);
- other means of monitoring.

For a certification cycle all requirements are audited, in the surveillance scope audits shall be included:

- internal audits and management review;
- review of actions taken on nonconformities identified during the previous audit;
- review of complaints in the management systems;

- effectiveness of the audited management systems regarding the achievement of objectives and the intended results of the respective management system(s);
- development of planned activities aimed at continual improvement;
- operational control;
- review of any changes;
- use of the certification mark and/or other form of reference to certification.

The audit team competence related to the scope of the management system reviewed during Surveillance must be necessary complete.

The period within which the surveillance audit must be carried out is twelve months from the date of the certification decision.
The annual surveillance audit can be planned from three months before the expiry date of twelve months.
Delays after the intended date are undesirable, require approval by the Head of the Certification Body and may lead to suspension of the validity of the certificate.

If the surveillance audit is not completed within the planned date of the audit, the certificate will be suspended for 6 months.

Within six months after the surveillance deadline, the audit can be performed to restore the certificate and the Head of the Certification Body can decide to include additional tasks to the audit.
If within six months after the audit is not carried out a successful audit, the certificate will be withdrawn.
An exception to these rules in exceptional circumstances at the discretion of the Head of the Certification Body.

The surveillance audit is conducted by the Lead Auditor and the audit team has the necessary competences in all the system.

In preparing the audit, the Lead Auditor examines client in terms of changes in the structure and procedures, the size of the company / organization and its activities, including a review of the valid documentation of the audited management system and other materials.
The results of the study could lead to the updating of the audit programme, in the event of nonconformities found during the surveillance audit.

The surveillance audit is documented in audit report (F 9.0-04.2).

After the end of the surveillance audit, Veto auditor reviews the audit documents submitted by the Lead Auditor:

- the conclusion of the audit team and the duration of the audit;
- audit programme;
- audit plan;
- records of the implementation of the requirements of the standard;

- audit report (including nonconformities forms, strengths and opportunities forms, and the closure of previous nonconformities);
- application for certificates.

In case of omissions or ambiguity, the evidences are returned to the Lead Auditor to be fixed.
When the documentation is correct, the Veto auditor certifies it with his/her approval on external means in F 9.0-12 Certification decision.

Lastly, the “F 9.0-14 Certified companies records” form is updated.

6 RECERTIFICATION AUDIT

The recertification audits are performed to check the conformity and effectiveness of the certified management system, and its applicability for providing coverage and continued fulfilment of all applicable requirements of the specific standard.

The recertification audits are planned and carried out at least 3 months before the expiry of the validity of the certificate.
This time includes the stage of review of the corrective actions, the recommendations of the about the certification and review for approval and decision to renew certification.

The recertification activities include a review of previous surveillance audit reports of the client over the most recent cycle of certification.

In the event that there are previous certifications performed by an accredited certification body under a multilateral agreement (IAF MLA), a review of the previous certificate and audit reports is done.

It is possible to carry out special audit (including Stage 1, if needed), in case of significant changes to the management system or organization (e.g. changes to legislation).

The competence requirements for the auditors are the same as initial certification.

The recertification audit includes a review of the documentation of the certified management system and an audit on-site.

The audit at the client covers all applicable requirements and it includes the check of:

- the effectiveness of the interaction between all the elements of the certified management system;
- the integrity in case of internal and external changes related to the certification scope;
- the check of the continuous improvement of the management system in order to increase efficiency;
- the effectiveness of the management system related to the achievement of the objectives and policies of the certified organization and its performance.

The recertification audit is documented in audit report (F 9.0-04.2).

The audit team competence related to the scope of the management system reviewed during Recertification must be necessary complete.

Upon successful conclusion of the audit prior to the expiry date of the existing certification, the date of validity of the recertification shall be after the date of expiry of the existing certification.
The issue date on a new certificate shall be on or after the recertification decision.

Within 6 months after the recertification deadline the audit can be performed to restore the certificate, provided that the outstanding recertification activities are completed. If outstanding recertification activities are not completed, it shall be carried out at least a Stage 2. On the Certificate, the date of issue ("Current issue") corresponds to the date of Recertification decision, while the effective date ("Valid from") corresponds to the next day of the expiry date of the prior certification cycle. The new expiry date ("Valid to") is based on prior certification cycle. The date of issue and the effective date can correspond.

The recertification is not provided if the certification body fails to complete the audit or it's unable to verify that adjustments and corrective actions of previously found significant nonconformities before the expiry date of the certificate.

7. TRANSFER OF CERTIFICATE

The Transfer certification process is carried out according to IAF MD 2:2017 *IAF Mandatory Document for the Transfer of Accredited Certification of Management Systems*.
All the personnel involved in the transfer certification process must have knowledge of IAF MD 2.

The transfer of certification is performed only if the minimum criteria for the transfer of accredited certification are respected, according to IAF MD 2, concerning:

1) Eligibility of a Certification for Transfer
2) Pre-Transfer Review
3) Transfer of Certification
4) Cooperation Between the Issuing and Accepting Certification Bodies

The transfer is only valid for certifications covered by an accreditation of an IAF or Regional MLA signatory at level 3, and where applicable level 4 and 5. It is not possible to transfer suspended or terminated certificate.

When an organization wishes to make a certification transfer to another certification body, it must first submit a transfer application. The application and application's review for transfer are performed as well as for the application and application's review for certification written in section 3. DESCRIPTION OF ACTIVITY of this procedure. The client shall fill in the module for application "F 8.5-01 Certification application query", completing the proper fields dedicated to the transfer process. Follows the review of the application "F 8.5-02 Certification application review" to establish if the CB can treat the client as transfer or new client (see the bottom of Section 7 in case of treating as a new client).

When the information in the “F 8.5-01 Certification application query” proved to be not sufficient, the Certification Manager will ask the issuing CB via mail or obtain it from other sources (e.g. the Accreditation Body accrediting the issuing Certification Body). The Certification Body must immediately contact the issuing Certification Body if it suspends or withdraws the transferring client’s certification without cause.

Additional doubts about the application examination shall be deferred to the Head of the Certification Body, who takes the final decision.

When the client is approved to be a transfer, an offer / contract it’s prepared (F 8.5-05).

All personnel involved in the pre-transfer process must sign a nominal document “F 9.0-03 impartiality” about the absence/presence of conflict of interest regarding of the specific client.

The Certification manager who deals with the practice communicates with the issuing CB to inform it about the ongoing transfer certification process via mail and asks for the documents (e.g. reports, plans, old certificate(s), etc.) needed to make a pre-transfer review and obtain sufficient information to take a decision on certification. This information shall as a minimum include arrangements regarding the latest certification cycle.

The Certification manager appoints the pre-transfer review team (usually a PreReviewer and a Lead Auditor, and a technical expert when needed) in order to make a pre-transfer review of the documents. Both forms “F 9.0-01 participants list Pre-Transfer Review” and “F 8.5-04 audit team Pre-Transfer Review” are filled in.

The Lead Auditor develops the plan for the documents review “F 9.0-02 audit plan Pre-Transfer Review” and sends it to the client for acceptance (see section 4. CERTIFICATION AUDIT of this procedure).

The pre-transfer review has to include the check of:

- evidences to confirm that the client's certified activities are compatible with the accredited scope of the certification body;
- evidenced to confirm that the issuing certification body’s accredited scope falls within its accreditation body’s MLA scope;
- the reasons for the transfer;
- evidences that the sites of clients are included in the scope of the valid certificate;
- confirmation that the certificate is valid;
- audit reports of the certification cycle (or the last certification cycle in case of recertification) and of the latest surveillance of the previous certification body;
- the status of all outstanding nonconformities that may arise from initial certification / most recent recertification audit and latest surveillance reports and any other available, relevant documentation regarding the certification process;
- complaints received and action taken;
- considerations relevant to establishing an audit plan and an audit programme;

- any current engagement by the transferring client with regulatory bodies relevant to the scope of the certification in respect of legal compliance.

All the information is collected by the pre-transfer review team in the form “F 9.0-04.3 Pre-Transfer Review Report”.

The minimum criteria 1) and 2) are checked by the “F 9.0-04.3 Pre-Transfer Review Report”.

The pre-transfer review shall last at least 1 man-day.

In case of outstanding major nonconformities arisen from the pre-transfer review, a pre-transfer visit to the client is arranged in order to confirm or not the validity of the certification.
The visit is not an audit, but the team who will carry out the visit must have the same competence of an audit team. The latter is documented (F 8.5-04).

In the event of major nonconformities from previous audits, the team has to check the closure activities (corrections and corrective actions) and their effectiveness, paying attention to the agreement the customer made with the previous certification body, based on the documentation provided. Also, the transferring client’s plans for correction and corrective action for all outstanding minor nonconformities shall be accepted by the team, otherwise the CB shall not issue certification.

After a positive decision by the pre-transfer team, the Lead Auditor can make a proposal by “F 9.0-10 Proposal for certification” to the Veto team. The latter shall be different from the Certification Manager and the pre-transfer review team.

When the documentation is correct, the Veto auditor decides for the validity of the certification by “F 9.0-12 Certification decision”. The Head of the Certification Body always takes the final decision. The pre-transfer review, the proposal and the decision can be performed on the same day.

The certificate of transfer (F 9.0-13) is issued in the same way as described in section 4. CERTIFICATION AUDIT of this procedure.

Once the CB has issued the certification it informs the issuing CB via email.

The transfer shall be completed within 6 months (or on expiration of the certification whichever is sooner), when certification has been granted by a certification body which has ceased trading or whose accreditation has expired, been suspended or withdrawn. In such cases, the CB must inform via email the accreditation body (under whose accreditation it intends to issue the certification) prior to the transfer.

Once the transfer process is completed, the normal certification process can be carried out.

The following surveillance / recertification audits are carried out as written in section 4. CERTIFICATION AUDIT of this procedure.

The transferring client shall be treated as new client in the following cases:

- Organizations holding certification that is not covered by an accreditation of an IAF or Regional MLA signatory at level 3 and where applicable level 4 and 5;
- If audit reports needed for the pre-transfer documentation review are not made available or if the surveillance audit or recertification audit has not been completed as required by the issuing Certification Body's Audit programme;
- Where the pre-transfer review (document review and/or pre-transfer visit) identifies issues that prevent the completion of transfer.

In case a transferring client becomes a new client, the certification cycle shall begin with the certification decision and the client must be informed by the CB. The justification for the decision is documented in "F 9.0-04.3 Pre-Transfer Review Report".

The certification process for new clients is carried out as written in section 4. CERTIFICATION AUDIT of this procedure.

When a customer decides to transfer his certification from Our Body to another Certification Body and we receive the transfer notice from the latter, the Authority is obliged to respond by confirming or not the validity of the certificate. Once received the news of the issuance of the transfer certificate from the other Certification Body, The Agency must proceed with the withdrawal of the aforementioned certificate and notify the customer that he can no longer use the certification logos because the certificate is no longer valid.

8. UNSCHEDULED (SPECIAL) AUDITS

This group includes all audits that do not belong to the ordinary audits of the certification cycle (Certification Audit (Stage 1, Stage 2), Surveillance Audit (1 and 2), Recertification audit).
The audit team competence related to the scope of the management system reviewed during Special audits must be necessary complete.
Special audits can be of the following types:

8.1. EXTENSION AUDITS

The extension audit is done on the application for extension of the certificate already granted.
The extension of the scope, activities and / or sites can also be performed at any time during the cycle of a valid certification, including during surveillance audit and recertification audit.

The implementation of the audit, including approval processes and decision-making follows the procedure of the certification audit, considering all the requirements related to the requested extension.
After the successful extension, the period of validity of the certificate remains unchanged, but it will be reissued with updated date and scope.

8.2 SHORT-NOTICE AUDITS

The short-notice audits are conducted at short notice or unannounced in the case of:

- received complaints including those relating to violation of "WP 8.3 Rules for use of certification marks and certificate";

- received information about significant changes in the structure, processes of the client or the specific requirements of the standard;
- need to close a NC1 identified during a past audit;
- the Certification Body becomes aware of the existence of a serious occupational health and safety incident (examples: a serious accident or a serious breach of the regulations), in order to investigate whether the management system was not been compromised and did function effectively, according to IAF MD 22:2019. Also, the Certification Body shall document the outcome of its investigation.

The audit process follows the previous process (see section 4. CERTIFICATION AUDIT) except that the client cannot refuse the selection of the audit team.
The client's refusal to carry out this audit type will bring to the withdrawal of the certificate.

9. SUSPENSION, TERMINATION AND LIMITATION OF THE SCOPE OF CERTIFICATION

The certification body suspends the certification in the case of:

- repeated or serious violations identified during surveillance audit or inconsistencies with the requirements for certification which are not undertaken with corrective actions;
- misleading use of the certificate or logo of the certification body;
- the client does not perform recertification / surveillance audits in the planned timeframe;
- not paid amounts due for certification services;
- written request of the client;
- significant changes of client business activities;
- information on serious incidents (such as serious accidents or serious breach of regulation) requiring the involvement of the competent regulatory authority, provided by the certified client or collected directly by the audit team during the special audit justify the decision of the Certification Body on the actions to be taken, in cases where it can be demonstrated that the system has seriously failed to meet the OH&S certification requirements. In such cases, the Certification Body can decide also for the withdrawal of the certification. The OH&S certification requirements are part of the contractual arrangements between the CAB and the organisation (F 8.5-05 Offer - Contract).

The suspension of certification is performed by the Head of the Certification Body for a period not exceeding six (6) months and the decision shall specify the actions necessary to terminate the suspension and reinstatement of certification in accordance with the requirements of the certification scheme.

In this case, the certificate is temporarily invalid, the suspension period starts from the date of the decision and the certificate is restored after a written request by the client within the period of suspension.

After resolving the question that led to the suspension action, the Certification Body shall restore the certification. Failing to resolve the causes that led to the suspension, the Certification Body shall take action to revoke or limit the scope of certification. If during the audit recovery of certification, on-site re-establish inconsistencies with the requirements or the client does not request to restore the suspended action certification for its withdrawal.

The certification body limits the scope of certification, excluding the areas / processes that do not comply with repeated or significant violations of the requirements of a particular scheme.

The decision to limit and restore the certification is taken by the Head of the Certification Body. The certificate is reissued and provided to the client with the modifications.

A decision for termination of the certification shall be taken in case of:

- end of client activity;
- expiry of the provided certification and not requested by the client to renew certification;
- uncovered discrepancies after the deadline for suspension of certification / absence of a stated desire to restore the suspended certification;
- inability to implement new requirements for changes in the certification scheme;
- identified during the audit significant or repeated failure to conform with the requirements for certification;
- written request by the client to interruption the certification;
- missing of financial payment;
- incorrect and misleading use of the certification logo.

Depending on the causes, the withdrawal period starts from the date of the decision or the date of expiration of the certification.

The decision to revoke the certification shall be taken by the Head of the Certification Body and the decision is motivated and notified the client in writing within 3 days from the date of withdrawal.

Upon termination, limiting and stopping the client has to stop using the certificate and the logos of the Certification Body.

Against the decision to limit, suspend and terminate the certification client may open an objection, which is manage according MP 9.7.

Following the previous changes, the “F 9.0-14 Certified companies records” form is periodically updated.