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Amendment Record

This procedure is reviewed to ensure its continuing relevance to the systems and process that it describes. A record of contextual additions or omissions is given below:

SNo.	Page(s)	Revision Date	Revision Details	Authorized By: (Sign/ Date)
01	1 – 25	01.04.18	First Issue	

The signatures below certify that this procedure has been reviewed and accepted and demonstrates that the signatories are aware of all the requirements contained herein and are committed to ensuring their provision.

Prepared by: _____
Operations Manager

Date:

Reviewed by: _____
Certification Manager

Date:

Approved by: _____
CEO

Date:

Distribution List

Master Copy (Original) - CEO

Controlled Copy 1 - OPERATION MANAGER

Controlled Copy 2 - CERTIFICATION MANAGER

Controlled Copy 3 - AUDIT MANAGER

1. Purpose/ Scope

This procedure documents FQC's certification process and explains how to plan and carry out external audits to clients.

Third party external audit provides reasonable assurance regarding the achievement of the following:

- effectiveness and efficiency of procedures
- compliance with the established internal policies and procedures
- quality assurance improvement

Other related documented procedures are as follows:

Procedure for Determination of Audit Time, QPR-013-EAC-03

Procedure for Multi-site Auditing, QPR-013-EAC-04

Procedure for Integrated Management System Auditing, QPR-013-EAC-05

Procedure for Audit Programme, QPR-013-EAC-06

Issuing Certificates Based on Other CB, QPR-013-EAC-07

Transfer of Accredited Certifications, QPR-013-EAC-08

Issue of FQC Mark & Accreditation Logo, QPR-013-EAC-02

2. References

ISO 17021-1:2015 – Conformity assessment – Requirements for bodies providing audit and certification of management systems

ISO 9001:2015 – Quality management systems – Requirements

ISO 19011:2018 – Guidelines for auditing management systems

3. Terms and Abbreviations

FQC – the company First Quality Certification

QMS – Quality management system

CEO – Chief Executive Officer

MM – Marketing Manager

External audit – also known as Third-party audit; an independent auditing organization hired to compare and verify that the management system (e.g. QMS) meets all the requirements of the chosen standard and continues to meet the requirements on an ongoing basis.

Audit Client - organization or person requesting an audit; Requests for external audit can come from sources such as regulators, contracting parties or potential or existing clients

Lead Auditor - responsible for ensuring the efficient and effective conduct and completion of the audit within the audit scope and approved plan and managing all aspects of the audit

Auditor – the person who conducts the audit; supports the Lead Auditor; planning, and carrying out assigned tasks objectively, effectively, and efficiently within the scope of the audit; document audit findings, safeguard information, and assist in writing the audit report(s)

Auditee – organization as a whole or parts thereof being audited

Audit Team - one or more persons or group of auditors conducting an audit, supported if needed by technical experts; audit team may also include auditors-in-training

Technical Expert - person who provides specific knowledge or expertise to the audit team; Specific knowledge or expertise relates to the organization, the activity, process, product, service, discipline to be audited, or language or culture;

Observer - individual who accompanies the audit team but does not act as an auditor

Audit Criteria – set of policies, procedures or requirements used as a reference against which objective evidence is compared

Objective Evidence – data supporting the existence or verity of something

Audit Evidence – verifiable qualitative or quantitative records, statements of fact or other information which are relevant to the audit criteria

Audit Findings – results of the evaluation of the collected audit evidence against audit criteria

Conformity – fulfillment of a requirement

Nonconformity – non-fulfillment of a requirement

Audit scope – extent and boundaries of an audit

Audit Plan – description of the activities and arrangements for an audit

Audit Report – specified means determined by the company to protect its document for being corrupted

Audit Conclusion - outcome of an audit after consideration of the audit objectives and all audit findings

Competence - ability to apply knowledge and skills to achieve intended results

Requirement - need or expectation that is stated, generally implied or obligatory

Performance - measurable result

Effectiveness - extent to which planned activities are realized and planned results achieved

4. Roles & Responsibility

Certification Manager – responsible for the effective implementation of this procedure; evaluating and selecting of Lead Auditor/ Audit Team; review and final decision for all certification-related matters

Audit Manager - responsible for preparing the audit schedule and notify the client auditee

Lead Auditors/ Audit Team - responsible for auditing clients' management systems' performance; keeping the company informed of the audit's progress and report audit findings and results to the company; and recommend improvement as deemed necessary

Client Auditee – often designated as company Management Representative; responsible for conformity with the audit criteria

Other roles and responsibilities are discussed below.

5. Methods

5.1 External Audit

A. Three Types of Audit

1. **Product audit** – an examination of a particular product or service (hardware, processed material, software) to evaluate whether it conforms to requirements (that is, specifications, performance standards, and customer requirements).

2. **Process audit** – a verification that processes are working within established limits. It evaluates an operation or method against predetermined instructions or standards to measure conformance to these standards and the effectiveness of the instructions. Such an audit may:

   - Check conformance to defined requirements such as time, accuracy, temperature, pressure, composition, responsiveness, amperage, and component mixture

   - Examine the resources (equipment, materials, people) applied to transform the inputs into outputs, the environment, the methods (procedures, instructions) followed, and the measures collected to determine process performance

   - Check the adequacy and effectiveness of the process controls established by procedures, work instructions, flowcharts, and training and process specifications.

3. **System audit** – An audit conducted on a management system. It can be described as a documented activity performed to verify, by examination and evaluation of objective evidence, that applicable elements of the system are appropriate and effective and have been developed, documented, and implemented in accordance and in conjunction with specified requirements.

   - A quality management system audit evaluates an existing quality program to determine its conformance to company policies, contract commitments, and regulatory requirements.

   - Similarly, an environmental system audit examines an environmental management system, a food safety system audit examines a food safety management system, and safety system audits examine the safety management system, etc.

The external audit procedure will take into consideration the status and importance of the system, processes and areas to be audited, as well as the results of previous audits.

Lead Auditor will establish a checklist, if necessary, in accordance with standards established for the audit program. (See Annexure 1- Process Flow for management of an Audit Program).

Lead auditor conduct audit, consultation and investigation activities as planned.

Lead Auditor discusses audit matters of concern to the Auditee/MR and provides the formal reports to the Auditee after the audit. (See Annexure 2 - FQC Audit and Certification Process Flow).

B. Phases of Audit

1. Audit preparation

Audit preparation consists of everything that is done in advance by the interested parties, such as the auditor team and the client, to ensure that the audit complies with the client's objective. The preparation stage of an audit begins with the decision to conduct the audit. Preparation ends when the audit itself begins.

2. Audit performance

The performance phase of an audit is often called the fieldwork. It is the data-gathering portion of the audit and covers the time period from arrival at the audit location up to the exit meeting. It consists of activities including on-site audit management, meeting with the auditee, understanding the process and system controls and verifying that these controls work, communicating among team members, and communicating with the auditee.

3. Audit reporting

The purpose of the audit report is to communicate the results of the audit. The report should provide correct and clear data that will be effective as a management aid in addressing important organizational issues. The audit process may end when the report is issued by the Lead Auditor or after follow-up actions are completed.

4. Audit closure

According to ISO 19011, clause 6.6, "The audit is completed when all the planned audit activities have been carried out, or otherwise agreed with the audit client." Clause 6.7 of ISO 19011 continues by stating that verification of follow-up actions may be part of a subsequent audit.

5. Audit Follow-up activities

A product, process, or system audit may have findings that require correction and corrective action. Since most corrective actions cannot be performed at the time of the audit, the auditor may require a follow-up audit to verify that corrections were made, and corrective actions were taken.

Verification and validation of actions taken, and results reporting will be done by the Auditor upon receipt of the closure of Nonconformity reported. However, due to the high cost of a single-purpose follow-up audit and/or based on the importance and risk of the audit finding/s, it is normally combined with the next scheduled audit (1st surveillance audit) of the area.

C. When product, process or system complied against the audit criteria, FQC recommends for the client/ auditee for

certification. However, during the audit process, FQC may issue a letter of registration (under a limited period only) to the client/auditee, which connotes an on-going audit, if so requires. However, the letter does not absolve the client/ auditee of their compliance obligations and therefore, maybe revoked once the original certificate has been issued to the client/auditee.

D. Audit records are maintained by the assigned Lead Auditor, while registration records are maintained by the Operations Manager.

5.2 FQC Certification process

1. The FQC certification procedure consists of the following key stages;
   a. Application Review & Contract Review
   b. Initial Certification Audit: Stage-1 & Stage 2 Audit)
   c. Certification Decision
   d. Continual assessment (Surveillance Audit)
   e. Renewal Audit
   f. Suspending, Withdrawing, Extending or Reducing Scope of Certification

2. Application Review & Contract Review:

a. **Application Receipt:**

Enquiries may be received in several forms, by telephone, letter, e-mail or facsimile. FQC, on its own may also approach prospective clients.

b. **Applicant Information:**

Marketing Assistant or Office Manager requests to complete an application form, from organizations to provide the necessary information to enable FQC to establish the following:

- the desired scope of the certification;

- the general features of the applicant organization, including its name and the address (es) of its physical location(s), significant aspects of its process and operations, and any relevant legal obligations';

- general information, relevant for the field of certification applied for, concerning the applicant organization, such as its activities, human and technical resources, functions and relationship in a larger corporation, if any;

- information concerning all outsourced processes used by the organization that will affect conformity to requirements;

- the standards or other requirements for which the applicant organization is seeking certification;

- information concerning the use of consultancy relating to the management system

c. **Application Review**

On the receipt of application, the details received are reviewed by CM against NACE Codes and the accredited codes of

IAF and check FQC's capability for processing the certification. The review is conducted in accordance with procedures, "*Application Review Procedure, QPR-014-SMK-01*". If the same is found to be within FQC's scope of accreditation either by FQC, application is forwarded to Marketing Manager for Certification Agreement issuance process.

d. **Contract Review:**

1. Sales Executives or Marketing Assistant/ Manager prepares a quotation (certification agreement) after the application review based on requirements of man-days, multi-site activities and other considerations. Estimation of man days are as per procedure, "*Procedure for Determination of Audit Time*, QPR-013-EAC-03". After obtaining approval from MM, submits the same to the client. The matter is followed with the client for securing business. If the client decides not to award the work to FQC, the matter is treated closed and the offer and other details filed in general file folder, "CANCELLED CLIENTS".

2. If the client accepts the quotation of FQC, MM logs the information to monthly Sales Report and verify the relevant details of the client's application and fees, thereby reconfirming the contract.

   It is then forwarded to CM, to carry out an accurate review. Including allocation of the scope sector of the client's activities coming under the applied scope of registration with the original Questionnaire to check that there is no discrepancy. Any discrepancy is taken up with the client and differences resolved prior to acceptance of work.

   Upon verification, a copy of signed documents is forwarded to Accounts for Invoicing.

3. Based on the contract review, FQC determines the competences needed to be included in its audit team and for the certification decision.

4. CM in consultation with OM proceeds for finalizing the audit programme including audit team or the assigned auditor. The audit team is appointed and composed of auditors (and technical experts, as necessary) who, between them, have the totality of the competences identified by FQC in application review for the certification of the applicant organization.

5. The selection of the team is selected with reference to the designations of competence of auditors and technical experts and may include the use of both internal and external human resources. The selection of the team comprising of Auditors/ Auditor Team including Technical Expert are selected as per procedures, "*Selection & Control of External Personnel, QPR-011-TRC-02 and Selection & Appointment of Auditors, QPR-011-TRC-03*".

6. Audit team leader or the assigned auditor to prepare and send audit plan as per the schedule provided by the Office Manager.

3. AUDIT PROGRAMME

1. An audit programme will be prepared by the CM which can include audits addressing one or more management system standards or other requirements, conducted either separately or combined.

2. Audit programme should be based on the size and nature of the auditee, the nature, functionality, complexity (such as when most of the important functions are outsourced and managed under the leadership of other organization), type of risks and opportunities and the level of maturity of the management system to be audited.

3. Attention should be made on the design, planning and validation of the audit programme, in cases of:

   a. multiple locations or sites. or;
   b. where important functions are outsourced and managed under the leadership of another organization

4. In case of a less complex organizations, the audit programme can be scaled appropriately.

5. For better understanding of the context of the auditee, audit programme takes into account the following;

   a. organizational objectives
   b. relevant external and internal issues
   c. needs and expectations of relevant interested parties
   d. information security and confidentiality requirements

6. CM should ensure that the integrity of the audit is maintained and that there is no undue influence. Priority should be given to allocating resources and methods to matters in the management system with higher inherent risk and lower level of performance.

7. Audit programme should include information and identify resources to enable the audits to be conducted effectively and efficiently within the specified time frame.

   Information should include;

   a. objectives for the audit programme
   b. external and internal issues, and risk and opportunities associated with the audit programme and actions to address them
   c. scope (extent, boundaries, locations) of each audit within the audit programme, according to relevant objectives and any known constraints
   d. schedule (number/ duration/ frequency) of the audits

e. audit types (internal or externa)
f. audit criteria
g. audit methods to be employed
h. criteria for selecting audit team members
i. relevant documented information

The above information though may not be immediately available until more detailed audit planning is complete.

8. Implementation of audit programme is monitored and measured on an ongoing basis to ensure its objectives have been achieved.

9. Audit programme are reviewed in order to identify needs for changes and possible opportunities for improvements.

10. Process flow for the management of Audit Programme (See Annexure 1).

4. INITIAL CERTIFICATION AUDIT (Stage 1 Audit):

1. Stage 1 Audit:

FQC proceeds with the initial certification audit (Stage-1) audit activity on acceptance of FQC certification agreements and confirmation on proposed audit schedule and audit plan.

Stage 1 audit which is conducted before the Certification audit at client's option to provide a macro level assessment of the status of implementation and identification of any major deficiencies in the compliance of the documented quality system with the requirements of the certification standards, for corrective actions to be taken in advance of the certification audit. It provides valuable inputs to give confidence to the clients and saves time for taking necessary corrective action, later. Stage 1 audit is done in all cases and it is also ensured that the auditor signs the conflict of interest before every visit.

Stage I audit is intended to;

a. ensure that the clients management system documentation meets the requirements of the applicable standard/specification;

b. to collect information for planning of stage II audit and determine the client's readiness for Stage 2 audit, including interval between stage I and Stage II audits.

2. Stage I audit has an audit plan as per format. Normally the Stage I audit is performed at client's site. In exceptional cases stage I could be carried out without a visit (off site). Such decision is justified in audit report, which may be based on the client's size, location, risk consideration, previous knowledge, etc. In such situation the client's management is informed that the planning of Stage 2 audit might not be accurate.

The stage 1 audit is conducted on site as per the man-days defined in the Contract Review. Audit starts with opening meeting and is concluded with closing meeting in which client is informed about the readiness for Stage 2 audit.

The audit is performed:

b. to audit the client's management system documentation;

c. to evaluate the client's location and site-specific conditions and to undertake discussions with the client's personnel to determine the preparedness for the stage 2 audit and a) verify quotation Information;

d. to review the client's status and understanding regarding requirements of the standard, in particular with respect to the identification of key performance or significant aspects, processes, objectives and operation of the management system;

e. to collect necessary information regarding the scope of the management system, processes and location(s) of the client, and related statutory and regulatory aspects and compliance (e.g. quality, environmental, legal aspects of the client's operation, associated risks, etc.);

f. to review the allocation of resources for stage 2 audit and agree with the client on the details of the stage 2 audit;

g. to provide a focus for planning the stage 2 audit by gaining a sufficient understanding of the client's management system and site operations in the context of possible significant aspects;

h. to evaluate if the internal audits and management review are being planned and performed, and that the level of implementation of the management system substantiates that the client is ready for the stage 2 audit;

i. the OHSAS management system includes adequate processes to identify the organizations OHS hazards and determine their significances as well.

j. the OHS management system provides an adequate description of the organization and its on-site processes.

k. an overview of the applicable regulations, agreement with approving authorities has been included in the OHSAS management system, also if there is any OHS license requirement in application the relevant activities of the organization are in place.

l. the OHSAS management system is designed to achieve the organization's OHS policy.

m. to verify that at least one cycle of Internal Audit & Management Review has been conducted and the OHSAS management system programme is implemented properly and the preparedness for the conduction of Stage 2 audit. To collect necessary information for on-site audit of temporary sites considering the sites as per the complexity category.

n. to verify that the information derived from the Contract Review is complete and appropriate in all the terms for the OHS management system and verify the multisite sampling plan if applicable;

o. to collect necessary information and identify the issues which will need special attention during the Stage 2 audit;

p. the organization has identified PRPs appropriate to the business (e.g. regulatory and statutory requirements);

q. the FSMS includes adequate processes and methods for the identification and assessment of the organization's food safety hazards, and subsequent selection and categorization of control measures (combinations);

i. Food safety legislation is in place for the relevant sector(s) of the organization;

ii. Food safety legislation is in place for the relevant sector(s) of the organization;

iii. FSMS implementation programme justifies proceeding to the Stage 2 audit;

iv. The validation, verification and improvement programmes conform to the requirements of the FSMS standard;

v. The FSMS documents and arrangements are in place to communicate internally and with relevant suppliers, customers and interested parties;

vi. Additional documentation needs to be reviewed and/or what knowledge needs to be obtained in advance;

vii. Where an organization has implemented an externally developed combination of control measures, the stage 1 audit, review the documentation included in the FSMS to determine if the combination of control measures is suitable for the organization, was developed in compliance with the requirements of ISO 22000, and is kept up to date. The availability of relevant authorizations is checked when collecting the information regarding the compliance to regulatory aspects.

r. For combined audits the information gathered during Stage 1 must include the following points (in addition to the above objectives);

i. The level of integration of the organization's management system(s);

ii. The ability of the organizations personnel (at the time of the audit) to respond to questions relating to each management system standard covered by the combined audit.

3. At the end of audit, the team leader prepares an audit report declaring:

a. client's status regarding readiness for stage 2 audit

b. identified areas preventing the client being deemed ready

c. Areas of concern, which could be classified as non-conformity during Stage 2 audit

d. During Stage I audit no non-conformities are identified

e. In case it is concluded that the client is not ready for Stage 2 audit then stage I audit is performed again

f. Team leader or assigned auditor then prepares an audit plan for Stage 2 audit based on defined processes of the client

g. Stage 1 audit findings documented and communicated to the client by the Team Leader

4. For most management systems, it is recommended that most part of the Stage 1 audit be carried out at the client's premises in order to achieve the objectives stated above.

5. Stage 1 audit findings are documented and communicated to the client, including identification of any areas of concern that could be classified as nonconformity during the stage 2 audit.

6. In determining the interval between Stage 1 and Stage 2 audits, consideration is given to the needs of the client to resolve areas of concern identified during the Stage 1 audit. FQC may also need to revise its arrangements for Stage 2, if needed.

7. A detailed report is prepared by the Team Leader or the assigned auditor and a copy is given to the client. The report is evaluated by CM and any plan for the subsequent audits of the organization is discussed with the client.

8. It is expected that the generally, the management system has been in place for at least about three months before the pre-Audit is considered. However, the time can be decided by CM.

9. Any part of management system audited at Stage I audit and determined to be fully implemented, effective, and in conformity with requirements of FSMS can be left during the Stage 2 audit.

10. In case Stage 1 & Stage 2 audit is carried out by different auditor, the auditor needs to take a copy of the report from FQC. OM is responsible for confirming from the auditor.

5. INITIAL CERTIFICATION AUDIT (Stage 2 Audit):

1. Stage II audit is intended to:

a. ensure that the client's management system conforms to the requirements of the applicable standard(s)/ specification including its effectiveness;

b. to provide guidelines for associated follow up audits/ surveillance audit and recertification audit

The purpose of the Stage 2 audit is to evaluate the implementation, including effectiveness, of the client's management system. The stage 2 audit plan is verified to ensure that the majority of the audit time is given to verify the effective implementation of the management system in the locations where the organization's activities takes place including on-site audits of temporary sites (in Management System Audit, 80% of the audit time is given onsite).

FQC ensures Stage 2 audit meets the following requirement;

a. Stage 2 Audit takes place at the site (s) of client

b. Stage 2 audit is conducted within maximum 90 days of completion of Stage 1 audit

c. Team leader prepares an audit plan to communicate with the client after completion of Stage 1 audit

d. Stage 2 audit is included the following:

i. information and evidence about conformity to all requirements of the applicable management system standard or other normative document

ii. performance monitoring, measuring, reporting and reviewing against key, performance objectives and targets (consistent with the expectations in the applicable management system standard or other normative document)

iii. the client's management system and performance as regards to legal and other requirements

iv. operational control procedures of the client's processes

Internal auditing and management review:

a. management commitment and responsibility for the client's policies;

b. links between the normative requirements, policy, performance objectives and targets (consistent with the expectations in the applicable management system standard or other normative document), any applicable legal and other requirements, responsibilities, competence of personnel, operations procedures, performance data and internal audit findings and conclusions;

c. various mandatory records to ensure that the management system is operational;

d. evidence of the monitoring of customer satisfaction;

e. the organization adheres to its own policies, objectives and procedures

f. the management system conforms to all the requirements of the standard and is achieving the organization's policy objectives for providing a safe and healthy working environment;

g. verify effective implementation including temporary sites

4.6 Audit begins with an opening meeting followed by a site visit. If the audit is for more than one calendar day duration, a meeting is conducted to apprise the client on findings of the day including any non- conformities, progress of audit, any problem faced and modification to the audit plan, if required.

4.7 Before meeting the client/ closing meeting, the team leader/ assigned auditor meets with the team members who exchanges findings and review the audit progress and system implementation status till that time.

4.8 Each team member/ assigned auditor ensures that the Auditor's notes are legible, containing name of main auditee, date and area/ process audited, what and where was seen, reference of documents/ records reviewed, any nonconformity identified with objective evidence, category of non- conformity, observations etc.

4.9 As far as possible at least one member in the team/ assigned auditor possesses the relevant code, who is assigned to audit core processes of the management system. In case team members doesn't have competency, in such case a specialist with appropriate code are arranged.

4.10 It is the responsibility of the team leader/ assigned auditor to ensure that the audit is completed for areas/ processes by the team and all requirements are covered and that the team members have provided necessary inputs to him for completing the report.

4.11 If audit is to be conducted in a language not known by any team member or the assigned auditor including team leader, a suitable interpreter should be arranged, ensuring impartiality.

4.12 If any nonconformity is identified, the auditor explains the same to auditee to his satisfaction. In case of a major nonconformity, the team leader or the assigned auditor will inform the management about the same and give them option either to terminate further audit or to continue.

4.13 While recording nonconformity, sufficient objective evidence, standard/ specification clause number, client documents. Reference number (if any) in addition to area where it was found is recorded in clear terms so that the auditee or any other person reading it can easily understand.

4.14 In addition to nonconformity, any observation for improvement, positive issues should also be recorded, in the report.

4.15 While deciding on recommendation, the issues like number and category of nonconformities, any concentration of nonconformities against any clause(s), view of team members are considered.

4.16 At the end of the assessment, a written report, duly signed by the team leader/ assigned auditor and client representative is prepared and handed over to the client which includes non-conformities identified if any, recommendation for certification or otherwise.

4.17 It is advisable to request client to have a close look at the "certification detail" in the report for any possible error in name, address, scope, spelling mistake etc.

4.18 When recommendation is made for certification the audit reports, confirmation of the information provided to the FQC used in the

application review, a recommendation whether or not to grant certification, together with any conditions or observations, the need for takingcorrective action and need of verification of the corrective action taken (i.e. when there is nil or few minor nonconformities), by site visit or otherwise must be take into account & explained.

The client should complete the corrective action within maximum 90 days from the date closing meeting.

4.19 A copy of the report should be given to the client and one copy with attendance record and auditors notes to be sent to FQC Head office.

4.20 For multi-site certification *"Procedure for Multi-site Auditing, QPR-013-EAC-04"* is followed.

4.21 Lead Auditor/ assigned auditor need to submit a copy of report to the client and accepted report to FQC Head Office, Abu Dhabi, United Arab Emirates.

4.22 Lead Auditor/ assigned auditor clearly identifies the recommendations conditions with nonconformity or without nonconformity, the observations are well communicated in the report.

4.23 Nonconformities are classified as Major or Minor according to their potential effects on the management system. The consequences of these are termed as follows:

Type of NC	Pre- Audit	Certification Audit	Surveillance or Recertification Audit
Major	No certification Completion time scale open Full certification audit	✓ No certification until completion within 60 days or new full audit verification based on objective evidence (on documents or on site) ✓ Next surveillance audit within 6/9 months	✓ Completion within 15 days ✓ Verification based on objective evidence (on documents or on site) ✓ Certification suspended: Information to the customers. ✓ New verification based on objective evidence ✓ Next surveillance audit within 6/9 months
Minor	No certification	✓ Certification completion effective or effectively planned within 30 days ✓ Verification based on objective evidence (on documents or on site)	✓ Completion effective or effectively planned within 30 days ✓ Verification based on objective evidence (on documents or in site) ✓ Certification suspended: information to customers

6. INFORMATION FOR GRANTING INITIAL CERTIFICATION

1. The information provided by the audit team to FQC for the certification decision includes, as a minimum:

   a. the audit reports;
   b. comments on the nonconformities and, where applicable, the correction and corrective actions taken by the client;
   c. confirmation of the information provided to FQC used in the application review, and;
   d. a recommendation whether or not to grant certification, together with any conditions or observations.

FQC makes the certification decision on the basis of an evaluation of the audit findings and conclusions and any other relevant information (e.g. public information, comments on the audit report from the client).

2. Certification Committee analyzes all information and audit evidence gathered during the Stage 1 and Stage 2 audits to review the audit findings and agree on the audit conclusions.

7. SURVEILLANCE AUDIT

1. Surveillance Planning

Surveillance audit is identified 3 months prior to the due date by Office Manager, the client must be communicated about the due date and proposed date of Surveillance audit. OM monitors the effectiveness of Surveillance audits on monthly basis.

If the client does not confirm the Surveillance Audit date latest within 14 days of due date, letter of suspension is issued to the client. After the issuance of the Suspension letter, letter of cancellation is issued to the client on the next date of due date.

Any justification provided by the client for the postponement of the audit is recorded and has to be approved by CM/OM and recorded in the client file

2. Surveillance audits are on-site audits but are not necessarily full system audits. Surveillance audits planned together with the other surveillance activities so that the certification body can maintain confidence that the certified management system continues to fulfill requirements between recertification audits. The assigned team leader or auditor is responsible for conducting and managing the assessment along with another team member, if any. The team leader/ assigned auditor also ensures that any technical expert/ specialist is not allowed to function independently and are always accompanied by Auditor/ Lead Auditor.

3. The surveillance audits conducted at least once a year and the date of the first surveillance audit following initial certification is not more than 12 months from the last day of the Stage 2 audit.

4. The of surveillance audit is to ensure following:

a. ensure that the client's management system which was basis of grant of certificate has been maintained on continuous basis;

b. verify and ensure that any changes to management system which might have taken place since last audit meet the requirement of the standard/ specification and implemented effectively;

c. ensure on-site audits assessing the certified client's management system's fulfillment of specified requirements with respect to the standard to which the certification is granted;

d. ensure that the management system continues to be appropriate to the product/ process/ service offered by client, with the capability of managing and improving performance;

e. assess continual Improvement is client's management system;

f. additionally, client's statements with respect to its operations is also reviewed during each surveillance audit;

g. enquiries from the certification body to the certified client on aspects of certification;

h. requests to the client to provide documents and records (on paper or electronic media);

i. other means of monitoring the certified client's performance;

j. Internal audits and management review;

k. a review of actions taken on nonconformities identified during the previous audit;

l. actions taken on customer complaints;

m. effectiveness. Of the management system with regard to achieving the objectives;

n. progress of planned activities aimed at continual improvement;

o. continuing operational control;

p. review of use of CB & AB marks;

q. verify the OHS for the respective objectives and targets;

r. hazard identification & assessment controls;

s. compliance towards legal & other requirement including customer requirements;

t. verify the OHS management systems at the temporary site

u. verify the OHS management at the multisite based on the Audit Program

5. The team leader or the assigned auditor reviews the client file, specially the last audit report to make note of any issues to be followed up, including the nonconformities and corrective action plan. Audit plan is sent to clients in advance so that they can seek any changes with respect to timing etc., if found inconvenient due to administrative reasons.

6. The audit is conducted as per Surveillance audit plan given in the last audit report but if there is any change due to any justified reasons, the same is recorded in auditor notes and surveillance audit plan is updated in the report.

7. During opening and closing meeting, the attendance record sheet is circulated for recording name and designation of the client representative present. Either each person can

record their name & designation, or one person can do so for all present.

8. The corrective action taken on nonconformities identified during last audit should be verified for its effectiveness. If the corrective action taken is not satisfactory/ non-taken, the severity of the minor NC is re-issued escalated to Major and client is advised accordingly.

9. Nonconformity reporting, report preparation, report distribution, requirement of corrective action plan (in case NC is raised) is similar to certification audit procedure.

10. If due to change in site address/ scope required re-issue of certificate, the "Certification Details" in the report is completed and client date base is updated.

11. Any significant changes like change in manpower, process necessitating change in subsequent audit duration is recorded and post contract review is done by the Office Manager.

12. Other changes like change in contact number/ person etc. is also recorded in the report for updating client data base.

13. The multi-site client is audited the same way except that instead of auditing all sites, sampling of sites is followed as per the contract review.

14. In case major NC is found at any site the entire certificate of all sites is at risk.

15. The surveillance report is submitted by the Lead Auditor or the assigned auditor in FQC Head Office, and is approved by the CM or the OM.

8. RENEWAL/RE-CERTIFICATION AUDIT

1. The process of recertification would include a reassessment of the organization's documented management system including a review of the Management System implementation, to be conducted before the expiry of three years term of validity.

The recertification audits are planned and conducted to evaluate the continued fulfillment of all of the requirements of the relevant management system standard or other normative document.

The renewal audit plan is verified to ensure that the majority of the audit time is given to verify the effective implementation of the management system in the locations where the organization's activities takes place including on-site audits of temporary sites for OHSAS (OHSAS (In Management System Audit 80% of the audit time is given onsite).

2. The reassessment provides for a review of the past performance of the quality management system over the period of previous certification, including examination of the documents/records relating to the internal audits, management review and effectiveness of corrective and preventive actions, etc.

3. It is the responsibility of the person assigned (of Lead Auditor status) to conduct the Reassessment and submit the report. The team leader also ensures that any Technical Expert / Specialist are not allowed to function

independently and are always accompanied by auditor/ lead auditor.

4. Re-certification audit is planned and conducted three months prior to the validity of the certificate to ensure continuity of certification in the likely event of any nonconformance found during the audit. In the case of 9/6 monthly surveillance frequency, the Re-certification audit can be clubbed with the Surveillance Audit.

5. The process of Re-certification is planned by the Office Manager. An advance notice is sent to the client. If the client agrees for the recertification the sending Questionnaire, quotation and application review is done as per procedure. If there are changes like addition of new processes/services, regulatory requirement or new product/ services addition or change of location or change of top management, Stage 1 audit is required to be conducted.

6. Before proceeding to client site, the team leader or the assigned auditor reviews all the previous reports since certification audit/ last reassessment by Performance Review and make a note of relevant points. The re-assessment programme ensures the following:

a. the effective interaction between all elements of system & audit activities have a Stage 1 audit in situations where there have been significant changes to the management system, the client, or the context in which the management system is operating (e.g. changes to legislation) as identified in the Application Questionnaire;

b. overall effectiveness of the system in its entirety in the light of changes in operations;

c. demonstrated commitment to maintain the effectiveness of the system;

d. summary of previous Audit Reports;

e. whether all areas/ processes/ clauses have been audited at least once in the last three-year cycle;

f. any concentration of nonconformities against particular clauses/areas and effectiveness of corrective actions taken on nonconformities identified by FQC shall be closed within 15 days of recertification audit;

g. objectives and Continual Improvement;

h. whether the operation of the certified management system contributes to the achievement of the organization's policy and objectives;

i. in the case of multiple sites or certification to multiple management system standards being provided by the FQC, the planning for the audit ensure adequate on-site audit coverage to provide confidence in the certification;

j. verify the OHS for the respective objectives and targets;

k. hazard identification & assessment controls;

l. compliance towards Legal & Other requirement including customer requirements;

m. verify the OHS management systems at the temporary site;

n. verify the OHS management at the Multisite based on the Audit Program

7. Recertification audit is conducted, if the client applies for recertification prior to expiry of certificate and there is no major change in client organization (legal, scope etc.). However, if the client applies for recertification after expiry date then Stage I will also be conducted.

8. If NC is identified the Recertification audit, the team leader or the assigned auditor ensures and communicates the client that the corrective actions and the evidences are provided before the expiry of the certificate.

9. SHORT NOTICE AUDIT

As a result of a complaint, by any party, any adverse publicity or contravention of the conditions of certification or other information received and suspended client. The special visits will be undertaken after due notice has been given and details agreed between FQC and visits will be undertaken after due notice has been given and details agreed between the certified company. Due care is taken on the following;

a. information is given to the client in advance regarding the re-source of the visit with details;

b. due care is taken to select the auditor to safeguard lack of reason to client for objection to the auditor.

10. SUSPENSION, WITHDRAWAL, EXTENSION AND REDUCTION OF CERTIFICATION:

FQC is responsible and retains authority for the decisions relating to certification, including granting, maintaining, renewing, extending/ reducing of scope, suspending and withdrawing of certification.

1. SUSPENSION

The grounds for suspending the certificate are as follows:

a. If the certified organization is not proceeding with the surveillance or recertification audits to be conducted at the required frequencies and as per the certification agreement;

b. If the client is found to misuse the logo of the Certification Body or is using any kind of misleading statement which might affect the reputation of the certification body and the accreditation board;

c. If there is any complaint from client's customer; FQC needs to verify the complaint and in case if the certified organization is found guilty the certificate will be suspended and will remain

suspended until the complaint is not resolved;

d. In case of non-payment of the fee as per the contractual agreement;

e. If client's circumstances change in such a way as to invalidate the scope of certification;

f. If during the surveillance audit, system is found not complying with standard(s) requirement;

g. If client has not successfully submitted a Corrective Action Plan and/ or objective evidence within 90 days after audit;

h. If client otherwise contravenes the terms and conditions of the certification agreement and certification regulations;

i. If the certified client has voluntarily requested for the suspension

1.1 Under suspension the client's management system certification is temporarily invalid.

a. In the event that it may be necessary to suspend certification, the case is referred to the CEO or OM in his absence or the delegated representative. The CEO/ OM will consider all available evidence, including audit reports, certification reviews, examples of misuse of marks/logos etc., and prepare a written report on the situation and/or identify the actions within the certification review record. The person reviewing the information is competent for the EA/IAF code applicable to the scope of certification;

b. If the decision has been made to suspend certification, the CEO or in his absence, the OM or nominated representative writes to inform the client that the certificate has been suspended, detailing any actions that are to be completed as necessary;

c. During suspension, the client will not make any claims that the system is certified. FQC logo/ certification mark will not be used on any marketing literature of documentation during the period of suspension. The client certification status is updated in the FQC website for public access and FQC takes any further measures, as deemed appropriate;

d. The CEO or the OM in his absence or delegated representative will review any information submitted, record the review and inform the customer in writing as to whether or not it has been accepted and if there are any follow-up requirements such as a special visit/audit;

e. The suspension status does not exceed 6 months and the certificate is withdrawn after that period;

f. In the event that the client does not complete the activities set out in the letter, the certificate is withdrawn. With immediate effect, the customer is required to return the certificate to FQC, cease all further use of the FQC logo and certification marks, and will not make any claim to certification of

systems, services or products. The withdrawal status of the certification is shown on FQC website;

g. FQC will endeavor to obtain all withdrawn certificates;

h. All records relating to the suspension and/or withdrawal of certification is kept in the customer's file. Returned certificates is marked as "returned" and kept in the customer's file;

Note: The evidences can be verified onsite or offsite depending upon the nature of the reason for the suspension.

2. WITHDRAWAL

Any certificate issued by FQC may be withdrawn in the event of any of following defaults by the certificate holder:

a. Client's certified management system has persistently or seriously failed to meet certification requirements, including requirements for the effectiveness of the management system;

b. if a surveillance audit is not arranged within 90 days of the due date in response to notice issued by FQC;

c. major lack of effective implementation of corrective of actions within agreed time limits in respect of nonconformities identified during surveillance audits;

d. failure to pay appropriate fees;

e. continued misuse of Accreditation mark/logo e.g. misleading publications, advertisement or contravention of the stipulated conditions for the use of marks/logo;

f. in case the certified organization is not able to resolve the issue of suspension within 90 days from the date of suspension;

g. the evidences submitted by the organization for the reason of suspension as defined above are not found satisfactory;

h. If the certified client has voluntarily requested for the withdrawal.

Upon withdrawal, the certificate will be surrendered from the client, the FQC web site will be updated that the organization's certificate is suspended or temporarily invalid.

After withdrawal of the certificate if the organization is found using the certificate or certification information in any manner, legal action will be taken against the client as per the contractual agreement.

Upon cancellation of certificate of registration, the name of the organization is deleted from the FQC's directory of certified companies.

3. EXTENSION OR REDUCTION

Upon the request of the client at any point or during the surveillance audit as identified/verified by the audit team or the assigned auditor, the scope of certification can be extended or reduced after the verifications

conducted as per the FQC's certification process.

Certification Process Phases:

Date	Time	Process	Remarks
	09:30 – 13:30	Gap Analysis	GA will be conducted by CBs' Auditor
	09:30 – 13:30	Document Review	DR will be conducted by CBs' Auditor
	09:30 – 17:00	Stage 1 Assessment	Each standard, min. 1 to 2 days, depending on the scheme & number of employees
		Follow Up (If req.)	-
		NCRs (If any)	-
		Corrective Action (If any)	Depending on the NCRs, for CAs 1 - 2 weeks can be given
		Follow Up (If Req.)	Time required by the client
		Stage 2 Assessment	Each standard, 1 to 2/3 days, or depending on the scheme and number of employees
		Preparing the Report	The client will receive the audit report same day of audit, or latest within 2 -3 days
		Issue Certificate	The certificate will be Issued within 30 working days

a. The scope of certification issued to a Client may need to be reduced or extended in response to changes to clients' operations and business. When a client has persistently or seriously failed to meet the certification requirements the parts of the scope affected is excluded. Any such reduction is in line with the requirements of the standard used for certification.

b. Requests for changes to scopes received from Clients are reviewed by FQC and, in the case of an extension to scope; a decision is taken on whether any additional on-site audit activity is required before a revised certificate is issued. The information and review are recorded using the contract review form, *Pre-certification Review/ Decision checklist, QPR-013-EAC-F006*.

c. A request to reduce the scope of certification is reviewed to ensure that it will not affect the frequency and duration of on-site audits. This information and review will be recorded.

d. The need for change may also be identified during on-site audit activity and this is recorded on the Audit Report and any recommendation for change is subject to confirmation in accordance with relevant procedure(s).

e. Upon successful changes to scopes of certification, the current certificate is requested for return by the client, and Client record will be updated with the new.

6. Records

Audit Notification Schedule, QPR-013-PME-F001

Audit Plan, QPR-013-PME-F002

Audit Report, QPR-013-PME-F003

Letter of Registration (Client), QPR-013-PME-F004

Requirement Checklist and Pre-Audit Assessment Report, QPR-013-PME-F005

MR Letter Format, QPR-013-PME-F006

List of Auditors, QPR-013-PME-F007

Pre-certification Review/ Decision checklist, QPR-013-EAC-F006

Process Flow for the management of an audit program, QPR-013-PME_Annexure 1

FQC Audit and Certification Process Flow, Annexure 2