

**SOP for Certification - QA-P-SYS-07****1.0. PURPOSE**

This process explain the certification process of QACS.

**2.0. SCOPE**

This procedure is applicable to all types of certification activities carried down by QACS.

**3.0. RESPONSIBILITIES**

Director operation and Certification Manager

**4.0 Innitial certification:-**

**4.1 Enquiry:-** Received the generic enquiry through mail, phone, associates etc..

**4.2 Application:-** based on the enquiry, application form is send for further information.

**4.3 Reveiw of Applcation:-** Application reviewed for specific requirement of client and QACS's ability to provide such services, competent resources are also identified based on SOP for defining certification personnel QA-P-HRD-02, for critical code list as per QA-OP-28 the application will be reviewed by an approved auditor for such codes and/or approved technical expert will be part of team responsible for review for such code.

**4.4 Audit program and team identification:-** As the innitial certification require two stage of auditing the competent audit team is identified based on scope of client (For FSMS CATEGORY SCOPE IS IDENTIFIED BASED ON Iso Ts 22003 ANNEXURE A AND IDENTIFICATION APPROPRIATE PART OF Iso /Ts 22002 SERIES), standard/s for certification, type of audit (single/combined).

**4.5 Quotation:-** Quotation enlisting all services and charges as applicable is sent for confirmation.

**4.6 Selection and appointment of stage 1 team:- the competent audit team is selected for conducting stage 1 of client.**

**4.7 planning for stage 1:-** The audit plan along with the information of audit team and dates is sent to client and confirmation received along with any other issues like traveling or other arrangement of audit team.

**4.8 Conduct stage1:-** Stage 1 is conducted as per the procedure for auditing and procedure for stage1.

**4.9 Resolving stage 1 area of concern / non conformity:-** Based on the report and recommendation of audit team any/all area of concern are resolved with the client. The area of concern may be modification in scope or may result in replanning of innitial certification including reconduction of stage 1.

**4.10 planning for stage 2:-** The audit plan along with the information of audit team and dates is sent to client and confirmation received along with any other issues like traveling or other arrangement of audit team. The time interval between stage 1 and stage 2 shall never be less than 1 day and may be upto 2 months (for FSMS not more then 6 month) based on the needs of client.

**4.11 Conduct stage2:-** Stage 2 is conducted as per the procedure for auditing and procedure for stage2

**4.12 Resolving stage 2 area of concern / non conformity:-** Based on the report and recommendation of audit team any/all area of concern are resolved with the client.

The lead auditor/ audit team leader raise the mnon conformity as Major, Minor or area for improvement. In case of major NC / area of concern may be modification in scope or will result in special audits(followup). If special audit is not conducted within 6 month from the last day of last audit to verify CCA then stage 2 will be recoducted.

**4.13 Innitial certification audit conclusion:-** The report of audit team along with the evidences of effective implimentation of corective action is checked for completeness by certification manager and then sent to the tempary committee diffent from the audit team who conduct technical review of the report and recommend for certification award.

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4.14 Initial certification decision:- The certification committee review the decision of temporary committee and payment status of client and take final decision on the grant of certificate.

4.15 Grant of certification and issuance of certification document:- after the final decision soft and hard copy of certificate document has been send to client. (for QMS, EMS and OHSMS certificate EA Code and FSMS scope subcategory is defined as per ISO/TS 22003-2013 annexure A) Some time committee may approved sending the certification document to client even when all payment of services is not received but promised in some time.

4.16 The certificate is issued for a maximum period of three years. The subject to successful surveillance audit. In case surveillance is not conducted certificate would be suspended/ withdrawn.

### 5.0 Surveillance and ongoing monitoring of clients:

**QACS Also conduct Post certification activities to check it use of logo and certificate and may also check the website of client if available.**

**QACS Also conduct Remote/market feedback based surveillance activities other then regular surveillance audits. The information of such activities are noted in application review format QA-OP-22.**

**5.1 Surveillance audit:- The surveillance audit is conducted atleast once in the calender year and date of first surveillance should not be more then after 12 months from the date of certification decision.**

**5.2 Exchange of information:- The information regarding changes in system, processes or scope of operation is exchange bet client and QACS.**

**5.3 Audit program:- The audit program is sent for confirmation, It also include any changes or modification as per the exchange of information.**

**5.4 Confirm/ Appoint audit team:- Audit team is selected based on the scope and standard of client and confirmation of audit team is taken from the client.**

**5.5 planning for surveillance audit:-** The audit plan along with the information of audit team and dates is sent to client and confirmation received along with any other issues like traveling or other arrangement of audit team

**5.6 Conduct surveillance audit:- surveillance audit** is conducted as per the procedure for auditing and procedure for **surveillance audit**

**5.7 Resolving surveillance audit** area of concern / non conformity :- Based on the report and recommendation of audit team any all area of concern are resolved with the client.

The lead auditor/ audit team leader raise the non conformity as Major, Minor or area for improvement. In case of major NC / area of concern may be modification in scope or will result in special audits(followup).

**5.8 Surveillance audit conclusion:** The audit team provide a written report of audit along with any/all implimentation of corrective action taken.

**5.9 Independent review of certification:-** The report of surveillance audit is reviewed and decision to maintain the certification is taken.

### 6.0 Recertification:-

**6.1 Recertification audit:- The recertification activity is conducted before the expiry of certification.**

**6.2 Exchange of information:- The information regarding changes in system, processes or scope of operation is exchange bet client and QACS.**

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**SOP for Certification - QA-P-SYS-07****6.3**

**6.3.1 recertification audit planning:-** The plan for next three year cycle is prepared keeping in view the performance of the client in last cycle and effectiveness of corrective action taken and cureent scope of certification.

**6.3.2 Audit program:-** The audit program is sent for confirmation, It also include any changes or modification as per the exchange of information.

**6.4 Confirm/ Appoint audit team:-** Audit team is selected based on the scope and standard of client and confirmation of audit team is taken from the client.

**6.5 planning for recertification audit:-** The audit plan along with the information of audit team and dates is sent to client and confirmation received along with any other issues like traveling or other arrangement of audit team

**6.6 Conduct recertification audit:-** recertification audit is conducted as per the procedure for auditing and procedure for recertificationaudit

**6.7 Resolving recertification audit area of concern/ Non Conformity :-** Based on the report and recommendation of audit team any/all area of concern are resolved with the client.

The lead auditor/ audit team leader raise the mnon conformity as Major, Minor or area for improvement. In case of major NC / area of concern may be modification in scope or will result in special audits(followup).

**6.8 Recertification audit conclusion:** The audit team provide a written report of audit along with any/all implimentation of corrective action taken.

**6.9 Recertification decision:**

**6.9.1**The report of audit team along with the evidences of effective implimentation of orective action is check for completeness by certification manager and then sent to the temporary committee who conduct technical review of the report and recommend for certification award.

**6.9.2** The certification committee review the decision of temporary committee and payment status of client and take final decision on the grant of certificate.

**6.10 Grant of certification and issuance of certification document.:-** after the final decision soft and hard copy of certificate document has been send to client. Some time committee may approved sending the certification document to client even when all payment of services is not received but promised in some time.

**7.0 Special audits (Follow up /short notice audit/ unannounced visit) :-** the Special audit may be conducted to verify the the implimentation of correective action taken on nonconformamnce within 6 month or to verify any complaint by regulatory authority or to verify compliance against any new requirement for certification or if required by accreditation board or client for modification in scope.

**Related documents**

Quotation Form QA-MKT-03  
 Application Form QA-MKT-04  
 Application review form QA-OP-22  
 Audit Programs  
 Opening & closing meeting Record QA-SYS-06  
 Stage1 report: - QA-SYS-04, QA-SYS-25, QA-SYS-35  
 Stage 2 reports QA-SYS-05, QA-SYS-26, QA-SYS-36  
 LA/A/TE evaluation form QA-HRD-14  
 Feedback form:- QA-MKT-08

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**SOP for Certification - QA-P-SYS-07**

Certificate draft copy:- QA-SYS-09  
Surveillance reminder letter- QA-SYS-14  
Suspension letter: - QA-SYS-15  
Termination letter - QA-SYS-16  
Continuation letter: - QA-SYS-20  
LA/A/TE appointment letter:- QA-SYS-10

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