

**EGAC Accreditation Process
for Certification Bodies
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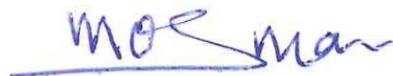
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Table of Modification

Mod. No./Date	Proposed by	Page No.	Modification in brief (old/new, added, cancelled)
6.1/Aug 2016	Quality Manager	2/9	Reference to EGAC requirement beside the used standards
6.2/Feb 2014	Quality Manager	2/9 & 5/9	- Updating the appropriate documents for applicant - Reference to IAF mandatory document to witnessing assessment
6.3/Aug 2016	Quality Manager	4/11 & 6/11	Adding ISO 17024 to CABs accreditation standards
6.4/Mar 2017	Quality Manager	7/11, 8/11 & 10/11	- Explaining the period of Surveillance visits. - Changing IAF Guidelines to IAF relevant document.
6.5/Jul 2017	Quality Manager	4/11	Emphasizing on familiarity the applicants of The IAF MD 16 for the scope of accreditation of FSMS systems

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EGAC Accreditation Process for Certification Bodies

1. INTRODUCTION

The following notes will help organizations seeking accreditation for assessment and certification to recognized international standards and to EGAC requirements to understand the steps involved in EGAC's assessment of their management systems and competence.

Before applying formally to EGAC the applicant should be familiar with the requirements of the following documents as appropriate:

- ISO/IEC 17021-1 Latest version Certification bodies for Management Systems.
- ISO/IEC 17065 Latest version Certification bodies for Products.
- ISO/IEC 17024 Latest version Certification bodies for Persons.
- ISO 9001 Latest version as appropriate for Quality Management Systems (QMS).
- ISO 14001 Latest version & for Environmental Management Systems (EMS).
- ISO 22000 & ISO 22003 Latest version for Food Safety Management Systems (FSMS).
- OHSAS 18001 Latest version Occupational Health & Safety Management Systems.
- All mandatory documents of IAF, the MD series.
- The IAF MD 16 for the scope of accreditation of FSMS systems.

All timings for the accreditation activities are governed by EGAC's regulation (R05G).

2. APPLICATION FOR ACCREDITATION

Applicants will be supplied with an information pack containing the following:

- Application form.
- EGAC scope of accreditation (Certification).
- Current fee structure.
- Description of the accreditation scheme (this document)
- EGAC – CAB Agreement.
- List of Publications

A preliminary meeting at the EGAC office is recommended for the purposes of clarifying initial questions.

The application form is to be completed and signed by the applicant, and returned together with:

- The current application fee
- Company documentation, Articles of Association, or equivalent, for review by EGAC
- Signed agreement.

After the Articles have been approved the applicant shall prepare and submit for the initial assessment and review the documents describing the quality system comprising the quality manual and all associated procedures and documents covering the requirements of the relevant clauses of ISO/IEC 17021-1/.ISO/IES 17021-2.ISO/IEC17021-3, ISO/IEC 17065or ISO/IEC 17024and IAF guidance, together with the application form. This should be done when:

- The applicant is satisfied with his quality management system.
- The applicant has produced the quality manual and believes that it meets accreditation requirements.

In All stages of the accreditation process, only applicant CAB staff members are allowed to attend, participate, and/or communicate with EGAC. By CAB staff members we mean: CAB employees who occupy positions in the CAB organizational structure and its parent organizational structure. These CAB staff employees will participate in the activities that match with their Job Description documented in their management system.

3. APPOINTMENT OF THE ASSESSMENT TEAM

The applicant's application will be handled by a dedicated Accreditation Manager, who will study the documentation that has been submitted. The Accreditation Manager will contact the applicant to discuss the composition of the assessment team, and to make arrangements for the assessment process to commence.

The assessment will be conducted by as many independent technical assessors as the scope of the accreditation requires.

EGAC shall notify the applicant in writing of the names and affiliations of the nominated assessors. The notification shall seek the approval of the applicant to the nominated team. Objection to any nominated team members shall be in writing, include a detailed justification from the CAB to his objection, and shall be lodged with EGAC within seven working days of receipt of the nominations. Failure by the applicant to object to any of the nominated team members shall be considered as acceptance of the team as a whole.

Objections from the CAB to any of the nominated assessors will be investigated by the relevant accreditation manager. If the accreditation manager is satisfied with the CAB's justification to his objection, he will change this nominated assessors, other wise he shall inform the CAB that his objection is not accepted and EGAC will keep the nominated assessors. Accreditation manager's decision shall be final.

The applicant will be advised of the fees for full assessment and annual surveillance visits before the visits take place, and it will be asked to confirm acceptance of these fees.

If the applicant wishes to be assessed at some later date, he will have to re-apply to EGAC for accreditation and pay a further Application fee.

4. ASSESSMENT PROGRAM

The assessment process will consist of the following key stages:

- Review of the applicant's documentation.
- Assessment of the applicant's management systems at Head Office, possibly in two parts
- Witness of assessments undertaken by the applicant certification body which reflect the services offered.
- Where necessary, confirmation of completion of corrective actions to address non conformities raised
- EGAC review and decision-making process.
- Granting accreditation to the applicant and issuing a certificate with a definition of scope for accreditation.

The number of assessor man-days required to complete the accreditation process will depend on various factors including:

- The size of the applicant organization.
- The range and complexity of scope.
- The length of each assessment witnessed, or post assessment audit.
- The ability of the applicant to correct nonconformity and the consequent number of follow-up meetings required.

The applicant will be given a quotation for assessment work before assessment takes place.

5. REVIEW OF DOCUMENTS

The applicant will prepare the documentation to be provided for review by the Assessment Team prior to Head Office assessment. The documentation required includes as a minimum:

- Those documents listed in relevant Clauses of ISO/IEC 17065, ISO/IEC 17024 or ISO/IEC

17021-1.ISO/IEC 17021-2.ISO/IEC 17021-3;

- Procedures for carrying out competence analysis, in particular for gathering information related to client activities, and the relevant experience and qualifications of assessors;
- Criteria for determining appropriate levels of competence in all relevant areas;
- Procedures and methodologies used for assessment.

The EGAC assessment team Leader will review these documents to make a preliminary assessment of conformity with the relevant standards & IAF Guidelines, and to gain an understanding of the applicant's organization and management system.

6. PRE-ASSESSMENT

If the need for a pre-assessment visit is indicated by the Document Review or requested by the CB, the CB Accreditation Manager will make the arrangements for the visit, including a quotation for the fee. EGAC assessors are also permitted to convert the initial assessment visit to a pre-assessment visit when the lead assessor finds major gaps in the certification body quality manual and operating procedures. A pre-assessment visit is made to the certification body to:

- Discuss observations and non-conformity in documentation
- Check understanding of the organization structure and delegated powers
- Confirm the list of locations and activities is complete
- Agree the scope of accreditation to be assessed
- Obtain any additional information necessary to develop the assessment plan

The pre-assessment visit, is normally carried out by the Lead Assessor (may be accompanied by CB Accreditation Manager and/or an expert where appropriate), and is usually completed in one day. The pre-assessment visit allows the Lead Assessor to discuss with the CB management the extent to which the CB's quality system, quality manual and operating procedures appear to comply, or not, with the requirement of the relevant standard and the requirements of EGAC, and whether the CB has a stated policy for defined responsibilities and means to implement each of the requirements of the relevant standard. Also, to ensure that the CB management fully understands the purpose of a quality system audit and the importance of a periodic review of the quality system to check the effectiveness of the system.

- Any actions that appear to be necessary to comply with the EGAC requirements for accreditation may be suggested.
- The pre-assessment visit is not a full assessment.
- The findings of the pre-assessment visit shall be reported briefly to the CB where they will facilitate the preparations for the initial assessment visit and shall indicate:
- If a further pre-assessment visit is recommended.
- Whether plans for initial assessment of the CB can proceed.
- Specific reasons why plans cannot proceed.
- A copy of the Pre-Assessment Visit Report will be send to the CB.

7. HEAD OFFICE ASSESSMENT

When the applicant body is ready for the initial assessment from EGAC point of view, the Accreditation Manager or his representative will meet with the Lead Assessor, Technical Assessors, and Experts in an initial meeting for preparation of assessment program for the initial assessment. This program shall be discussed with the CB. This program shall indicate the section/ activities in the Head office to be assessed. This program may specify the applicant's certified companies to be witnessed and by which assessor if possible or this may done later according to the CB audit plan.

The purpose of the Head Office Assessment is to:

- Determine whether the applicant's documented system meets the relevant standards; assess the applicant's Head Office competence to carry out competence analysis, and to provide and manage the assessment resources;
- Agree the scope area which will be considered.

The Head Office assessment takes place after the review of documentation, and is carried out by the Lead Assessor and a technical assessor, as appropriate. It will cover:

- A presentation by the applicant about his business, organization, resources, management systems, and plans for these;
- An assessment of the applicant's management system;
- Key clauses of the relevant standard/relevant IAF documents.

The Assessment Team needs to be assured that the applicant has the essential competence to undertake certification and/or verification work. Non conformities will be raised as appropriate. The Assessment Team will explain those non conformities that must be corrected before EGAC will undertake to witness assessments.

The Head office assessment starts with an opening meeting. The EGAC Lead Assessor shall chair the opening meeting. This opening meeting sets the scene, and its purpose is to ensure that the Certification body management and staff understand what is going to happen during the assessment. It may be appropriate for the Lead Assessor to request that a representative from the certification body presents a brief overview of the certification body's operations.

The assessment team shall sign Confidentiality and Impartiality Agreement before starting the assessment.

EGAC assessors shall seek objective evidence of the implementation of the certification body's policies and procedures. The assessment shall be conducted generally in accordance with (ISO 19011).

The assessment will contain a revision of auditing records, contracts, process assessment, interviews, validation and assessment of performance measures. Particular emphasis will be placed on the critical areas identified during the desk top review.

Time will be allowed each day for a review of the documented procedures and instructions for the areas to be audited including any changes made since the desk top review.

Should the EGAC assessors identify non-conformities with the relevant criteria then they shall record them. The extent and direction of the EGAC assessors' questions should be such that the certification body representative clearly understands where procedures and practice do not meet the assessment criteria.

Lead Assessor shall chair the closing meeting and present the non-conformities and requests that a representative from the certification body accepts and signs each form. The certification body shall then be presented with a copy of the non-conformity reports.

The EGAC Lead Assessor shall then ask for confirmation from the certification body that details of root cause analysis and the proposed corrective actions with the date of completion will be provided to EGAC office for review, just after receiving the assessment report from EGAC.

The EGAC assessment team shall discuss the audits and surveillances, which it wishes to witness, according to the number of existing scopes, technology levels within scopes, the range of scopes and volume of business within scopes.

Where possible a date shall be determined for the final closing meeting.

8. WITNESSED ASSESSMENTS

The purpose of witnessed assessment is for the applicant to demonstrate his competence and his ability of assessment according to the relevant standards/relevant IAF documents/EGAC requirements.

In normal circumstances EGAC would expect to witness two assessments with separate organizations. Variations to this requirement will depend on the scope proposed for accreditation.

All scopes applied for, will be subject to an office assessment and technical review during the complete accreditation cycle. The minimum and maximum number of witnessed scopes during initial assessment will be according to EGAC's sampling procedure and IAF MD 16 & IAF MD 17. Special measures may be taken in case of complaints about the certification body's performance.

Upon receipt of the information about the audited organization the Lead Assessor shall confirm the arrangements for the witnessed assessment to the certification body.

At the certification body's opening meeting with its client, the EGAC Lead Assessor should request the opportunity to thank the client for permitting EGAC attendance, give an assurance of confidentiality and briefly describe the EGAC role. The EGAC Lead Assessor should also advise that the EGAC assessment team will necessarily make extensive notes.

The EGAC assessors shall play a silent role in the audit, and shall exercise great care to avoid influencing the audit in any way.

The EGAC team shall monitor all the activities performed by the certification body auditors and will record their observations.

At the end of each day's audit activity the EGAC assessors will also attend any private discussions between the auditors concerning the progress of the audit.

The EGAC assessors will discuss, in private, the on-going performance of the auditors.

The team performance of the auditors shall be assessed, as well as their individual performance.

After the Closing Meeting, the EGAC assessors will discuss, in private with the auditors, their findings with regard to the auditors' performance during the audit.

One copy of each non-conformity report (if any) may be given to the Lead Auditor of the Certification Body at the meeting.

The Certification Body's auditors shall be requested to acknowledge the factual basis of the non-conformity, and to sign the appropriate section of the form before they leave the audited organization if possible. If not, this may be carried out on later day before the assessment closing meeting.

The Certification Body's auditors are not required, at this stage, to propose corrective actions or to estimate a timescale for completion. Those points will be dealt with at the Closing Meeting of EGAC's assessment.

In the event that significant problems are encountered which may prevent the progress of the overall assessment, then EGAC's Lead Assessor shall seek guidance from the Accreditation Manager to determine the way forward.

9. FINAL CLOSING MEETING

When all witnessed assessments have been completed, EGAC's Lead Assessor in consultation with EGAC's Accreditation Manager shall arrange to hold a final closing meeting with the certification body. The EGAC Lead Assessor shall chair the final closing meeting. The purpose of the final meeting is to enable the EGAC Lead Assessor to present the certification body management with a brief summary of the overall assessment.

10. POST ASSESSMENT

Based on the assessment team's summary report, EGAC shall provide the Certification Body, within two weeks of the witnessed assessment, with the Assessment Report. The report will include the non-conformities, observations and a recommendation regarding accreditation.

On receipt of evidence of corrective action for any outstanding nonconformities, the Accreditation Manager shall consult with the Lead Assessor/Assessors who will confirm within two weeks, whether the nonconformities have been satisfactorily discharged.

When a follow-up visit is required, the assessors shall return to look specifically at the clearance of the nonconformities. If an assessor observes a new potential nonconformity during the visit, the assessor should bring the matter to the attention of management and report this, in writing, to EGAC.

A recommendation for accreditation cannot be made in the decision-making process until all corrective actions have been completed satisfactorily. This may require follow up visits by the Assessment Team.

Once the assessment process is completed and the Assessment Team ensures that the applicant CB organization conforms to the relevant standard/ IAF Guidelines, a report is submitted to the decision makers, who will then decide whether to make a recommendation for accreditation.

11. THE PROCESS FOR GRANTING ACCREDITATION

11.1 Appointing the members of the Technical Advisory Committee (TAC)

TAC is formed for each applicant according to its specific discipline or scope. Each TAC shall consist of at least three members. All these members shall be not involved in the assessment process in any way. EGAC has TAC members covering the main disciplines and sectors within which it operates, who are drawn from experts in the field as appropriate.

11.2 Conducting the Technical Advisory Committee meeting.

After the TAC members are appointed, they shall sign Confidentiality and Impartiality Agreement before their meeting. TAC members with the relevant Accreditation Manager shall review the CAB assessment file to verify its harmony with the relevant international standard and EGAC requirements. The assessment file shall include the proposed scope of accreditation assessed, the assessment report, the resolution of all nonconformities and the recommendation of the assessment team. The decision of the TAC is taken by consensus. The TAC may decide that further actions or information are required. When satisfied, the TAC shall recommend the accreditation of the CAB on the specified scope. This shall be recorded on the TAC Report.

11.3 Conducting the Accreditation Committee (AC) meeting.

EGAC AC is headed by the Executive Director of EGAC. It has 7 members representing the stakeholders. In case that the TAC recommends the accreditation of the conformity assessment body, the AC meeting shall be invited to meet by EGAC Executive Director. The AC shall meet as needed typically every two months.

Meeting papers shall include Summary reports for the assessment activities and the TAC Reports. The AC may invite to the attendance of its meeting whoever it sees fit for help with experience in the field of accreditation activities without having a vote to be counted in the proceedings. When setting up a meeting, the AC members shall be required to sign a Confidentiality and Impartiality Agreement. The Accreditation Director shall attend the meeting to provide any required information about accreditation subjects and to be responsible for the administrative work of the meeting.

11.4 Decision making and granting accreditation

The AC meeting shall be considered legal if more than 50% of its members attend. Resolutions shall be based on the majority of votes of the attending members, with the executive director vote as casting vote. Members involved with the CAB being discussed, will neither participate nor attend the voting process. The AC can decide granting the accreditation to the CAB directly or require further actions to be taken or information to be provided. This shall be recorded on the AC Minutes of Meeting. In case that the AC decides granting the accreditation to the CAB, EGAC shall inform the CAB and ask for its representative to receive the Accreditation Certificate with the approved scope of accreditation.

12. FEEDBACK, COMPLAINTS AND APPEALS

After receiving the Accreditation Certificate the accredited body will be asked to fill a feedback report about EGAC's performance during the accreditation process which shall be used for improvement of assessors' performance and/or accreditation process. If the CAB has any complaint it can file this complaint at EGAC or by phone. Also, if the AC did not grant the accreditation to the CAB, the CAB has the right to appeal. If the CAB decides to appeal, it can file an appeal at EGAC. Complaints and Appeals shall be handled by EGAC's Quality Department and according to EGAC's procedure (P16G-Dealing with Complaints and Appeals) which is available on demand. A neutral Appeal Committee shall be appointed to resolve this appeal according to the mentioned procedure.

13. POST ACCREDITATION

EGAC publishes a Directory of Accredited Certification Bodies, which contains details of the accredited scope of each accredited organization. The Directory, which is updated regularly, is published on EGAC's website.

14. EGAC SURVEILLANCE

EGAC surveillance will take place annually to reflect the range of activity of the accredited body.

It will normally cover a review of the records associated with assessment activity to determine continued conformity of the organization's management system. Witnessed assessments or post-assessment audits will also be programmed.

EGAC will make its plans to have a first surveillance within the first 12 months after granting accreditation, and the following one not exceeding 18 months from the previous surveillance,. The EGAC shall inform the accredited certification body at least three months before the annual date of accreditation for conducting the surveillance visit and the certification body shall confirm its readiness within 15 days.

The purpose of surveillance visit is to:

- confirm the accredited CB's continued conformity with relevant criteria, and,
- confirm that a CB is operating within its accredited scope and in accordance with EGAC Conditions

Performance, size and complexity of the organization will be key considerations. The anticipated minimum would be annual visits to HQ, one witnessed assessment per year, and each "critical elements" location will be visited at least once during the validity period of the accreditation certificate. One witnessed assessment will be conducted for each scope during the accreditation cycle. A judgment will be made on the level of sampling possible for subsequent surveillance cycles according to the sampling procedure.

Any revisions to the documented system will be reviewed during these visits. Where the changes are extensive additional time may need to be scheduled.

15. RE-ASSESSMENT AND RENEWAL OF ACCREDITATION

Re-assessment visit will take place in four-year intervals. A re-assessment visit will involve a comprehensive re-examination of the certification body's quality management system. Assessment activities will be similar in format and in detail to the initial assessment.

The Certification Body must apply for renewal of accreditation at least six months before the expiry of the validity of accreditation. If the Certification Body doesn't apply for renewal of accreditation, three months before the expiry of accreditation it shall be presumed that the Certification Body is no longer interested in accreditation and the accreditation status of the Certification Body shall expire on the validity date mentioned in the certificate. Time frame will be as mentioned in EGAC's regulation (R05G).

At each re-assessment, the accredited body current Schedule of Accreditation shall be considered in advance of the visit. Following the re-assessment visit, which will follow the same general procedure as the initial assessment, and the receipt of evidence of clearance of nonconformities, the report and recommendations will be considered, (for a recommendation by the Advisory Technical Committee and a decision by the EGAC Accreditation Committee), for re-accreditation for a further four year period. A new certificate of accreditation is issued on the renewal; however the certificate number remains the same.

16. EXTENSIONS TO ACCREDITED SCOPE

Accredited organizations may be able to extend the scope of their operation into activities beyond those covered by their accredited scope. Extensions to scope require formal application using the form provided by EGAC, and will be dealt with on a case by case basis. The application will need to be accompanied by documentary evidence of competence in relation to the relevant industrial and technical activities.

When an accredited body applies for an extension of its schedule of accreditation, including the addition of new specified staff, it may be combined with the assessment visit of an imminent scheduled visit, or an extra visit is arranged in the normal way. It is helpful in visit planning if the application for extension of scope is submitted to EGAC at least three months before the next scheduled visit.

If the extension is assessed during a scheduled visit it shall not be allowed to reduce the effectiveness and coverage of the normal surveillance/re-assessment visits.