1. THE MANAGEMENT SYSTEMS CERTIFICATION PROCESS

1.1 **Purpose**: The purpose of this procedure is to ensure that the Certification process of management systems and subsequent surveillance audits of organizations are done consistently as per attached flow diagrams QA/FD/1, QA/FD/2 in accordance with: - **ZWS ISO/IEC 17021**.

1.2 **Scope** : This procedure covers the whole Certification process, i.e. from the inquiry stage through to actual Certification and the ongoing surveillance audits of organizations' management systems as per QA/FD/1, QA/FD/2 (attached).

1.3 **Responsibility**: The Director CS is responsible for implementing, maintaining, improving and revising this procedure.

1.4 **Relevant Documents**:

Forms
QA F/1, QA F/2, QA F/3, QA F/4, QA F/5, QA F/6, QA F/7, QA F/8, QA F/10, QA F/11, QA F/16, QA F/32, QA F/34, QA F/35, QA F/37, QA F/44, QA F49, EMS/32, QA F/11a, QA F/60 or 60a, QA F/70, **QA F/71**, EMS/35(a), EMS/35(b), EMS/35(c), QA F/50, QA F/51,QAF 57, EMS 34(a), **OHS/35(a), OHS/35(b), OHS/35(c)**

Standards
ZWS ISO 9001, ZWS ISO 14001
ZWS ISO 22000, ZWS 22003, ZWS OHSAS 18001
ZWS ISO 19011, ZWS ISO 17021

IAF DOCUMENTS
IAF MD 5: IAF MD 1: IAF MD 2: IAF MD 3: IAF MD 4

Procedures
PR/20 PR/21, PR/32 and PR/44

Attachments/Appendix/Table
Attachments D & E

Flow Charts
QA FD/1, QA/FD/2

Other Documents
Audit Program
Invoice
Credit Application Form

1.5 **Activity Description**: The description of the management system certification process is in the form of a flow diagram QA FD/1 and QA FD/2 (attached). In order to clarify what happens at some of the stages during the Certification process, an outline of those chosen activities is given below; therefore this document should be read together with QA/FD/1 and QA/FD/2, Certification process flow charts.

1.5.1 **General Guidance**

1.5.1.1 The Director CS, Manager CS, Management Systems Auditors or any delegated personnel to offer general guidance on the requirements of the various standards on offer for certification and the certification process.

1.5.1.2 An information pack(FD1, Certification process questionnaire, Guidance to certification process and PM 31) on the Certification process and the series of standards on offer is given to those prospective applicants who express their serious wish to implement any or a combination of the management systems.

1.5.1.3 It is important to note that CS does not offer consultancy services to organizations implementing management system standards.

1.5.1.4 It is necessary that at enquiry stage, the organization furnishes the Sector Leader with adequate information for the auditor time to be determined. This information is used to complete the Determination of Auditor Time Form QA F/57. Enquiries shall be captured on form QAF 14 or Certification questionnaire by the client or by anyone who receives enquiry from a client. The enquiry shall be forwarded to the relevant Lead auditor who shall ensure that audit time has been determined. The audit time calculations shall be approved by the Manager CS

1.5.2 Quotation For Certification

1.5.2.1 When an organization makes an enquiry for a quotation for certification, the auditor goes through with the prospective client organization, the Determination of Auditor Time Form QA F/57, following procedure PR38 and PR 39 in order to determine the auditor days for the Stage 1 and Stage 2 audits. The audit time shall

be conducted with a person with competence as approved by the CS Manager. The CS Manager shall approve the audit time forms and ensure a quotation is prepared is sent to the client by the respective Lead auditor.

1.5.2.2 A quotation is then drawn up according to the auditor days determined. In some cases, it is possible to do a quotation after receiving application forms from the potential client.

1.5.2.3 If the quotation is accepted, the organization completes an application form QAF/01 which is reviewed as in Section 1.5.3 of this procedure. On acceptance of the application, the client and the CS Director or CS Manager sign a legally binding agreement/contract, QA F/02.

1.5.2.4 Quotations must be processed as per Certification Services' turnaround timeframes.

1.5.2.5 The processing of the organization's application can only commence after they have formally confirmed by completing and submitting the application form, QA F/1, which the Director CS has to either accept or reject.

1.5.2.6 Quotations shall be revised on request, whenever there are changes in operating charges.

1.5.3 Application Review

1.5.3.1 The organization shall fill in the application form i.e. QA F/1 preferably when their documentation is ready for evaluation.

1.5.3.2 On receipt of the application form, the Auditor shall review the application and propose an audit team; and a technical advisor where such competence is not available in the Registration Approval Board (RAB). The latter are informed through circulation of the application form and they acknowledge by signing. If competency is available or if it can be made available within 12 months, the Manager CS accepts the application. If there is no competency and it can not be made available within 12 months, the application is rejected and the client is made aware of the reasons. When the application has been reviewed, the Executive Secretary opens an RaQ, RaE, RaH, RaIT and/or RaOHS file for the organization with a unique identification and forwards the file to the Manager CS.

1.5.3.3 The Manager CS shall assess the application form and confirm acceptance or rejection.

1.5.3.4 The **Manager CS** shall also verify whether the **IAF Code** on the application form is already covered on the **Southern African Development Accreditation Services (SADCAS)** or South African National Accreditation System (SANAS) accreditation schedule.

1.5.3.5 If the **IAF** Code is not covered, the Manager CS shall formally make an application to the accreditation body for the relevant scope. For critical scopes, the accreditation body shall be invited to witness the stage 2 audit followed by office file assessment. A certificate with the accreditation body shall only be issued to the client after the accreditation body has formally communicated to SAZ CS that the extension of scope has been granted. This shall also have been communicated to the applicant that their scope is not yet under the scope of accreditation and that the accreditation body will have to witness their stage 2 audit. For noncritical scopes, the CS Manager shall make application to the accreditation body for scope extension and either invite the accreditation body assessment of the file or the file can be send to the accreditation body for scope extension consideration.

SAZ CS can alternatively accept the application for non-accredited scopes and proceed to certify the client but they will be issued with a certificate that does not bear the accreditation body symbol and the client will have been informed of this at application review. **The CS Manager shall write to the Director Certification Services and Executive Secretary notifying applications accepted by SAZ but whose IAF scopes are not yet accredited. The Director Certification Services and Executive Secretary shall always refer to the list whenever certificates are being prepared to avoid issuing of certificates that bear the SADCAS/SANAS accreditation logos**. **The Executive Secretary shall always copy the Director Certification whenever draft copies are sent to clients for their approval**. The CS Manager shall apply to the accreditation body for scope extension where witnessing (for critical scopes) assessment of the file may be carried during scheduled surveillance assessments.

1.5.3.6 The organization reserves the right to object to an audit team member(s) and Procedure PR34 shall be followed.

1.5.3.7 In the event that a client requests for a Preliminary audit / Gap analysis audit, this shall be carried out in line with procedure PR 48**.**

1.5.4 Stage 1 Audit

1.5.4.1 **Purpose**

- To verify the physical address and Certification status of organization;
- To check from discussions, the organization's status and understanding of the standard requirements (system documentation, planning, operational control, management reviews, internal audits, corrective and risk assessment processes); status concerning the identification of key performance or significant aspects, processes, objectives, and operation of the management system;
- To determine the scope of the management system and related statutory and regulatory requirements and compliance;
- To verify whether the documented management system complies with the requirements of the relevant standard;
- To assess the organization's preparedness for stage 2/certification or recertification audit
- To verify and confirm adequacy of information supplied on the application form.

1.5.4.2 The Lead auditor shall contact the organization to agree on the date for the audit and the audit shall be conducted on site or offsite upon approval by CS Manager or CS Director. The auditor who undertakes the stage 1 shall have the necessary NACE code for the sector and in the event that they do not possess the NACE code, they shall be accompanied by a Technical Expert.

1.5.4.3 The auditors shall assess the documentation and interview a representative sample of personnel throughout the structure of the organization to assess the level of awareness of the standard to which certification is being sought. The level of preparedness for the Stage 2 audit is determined from the findings raised in the documentation and the concerns raised from the interviews, as well as from the capacity within the SAZ to provide the certification service. The lead auditor shall prepare and audit programme if stage 2 has been recommended. A report is prepared on the relevant form, QA F/60a on which the organization and the auditor also agree on the estimated time the organization and CS need to prepare for the Stage 2 audit. The applicant shall be required to institute corrective action on issues of concern raised during stage 1 and request SAZ CS to come for stage 2 when they are satisfied that the issues have been addressed. Where the document evaluation does not meet the minimum requirements, a re-audit of the full documentation shall be done at the client's expense.

1.5.4.5 The **audit team leader** shall return the Stage I audit report, QA F/60a, to the Lead auditor responsible for Ra files for review and to the Manager CS for approval. The report is passed on to the Auditor to review the requirements of CS for readiness for the Stage II audit. The review shall include (i) availability of competent auditors, (ii) the actual auditor time required for Stage II and (iii) decision on how much time **CS** needs to prepare for this audit and (iv) availability of competence within the RAB to make the certification decision.

1.5.4.6 For environmental management systems, aspects identification and legal and other requirements verification shall be done by the Auditor or Technical Experts during the Stage I audit. The same is done for hazard and risk identification and analysis in occupational health and safety and food safety management systems. The auditor shall capture the activities and scope of the organization (organization) on QA F/1. The form shall be reviewed by the Lead auditor and approved for acceptance or rejection by the Manager CS or Director CS . Where an application has been rejected, the Manager CS shall formally write to the applicant stating the reasons.

1.5.4.7 The time spent by the auditor at the organization's premises for the audit will be charged for, using the costing form QA F/11 which is completed by the relevant Team leader. A proforma invoice shall be raised and approved by the Manager Cs and forwarded to Accounts.

1.5.4.8 The output of the Stage 1 audit is a completed Stage 1 audit report, QA F/60a for the management system and an invoice for the audit. Relevant checklists shall be used for each system. Within QA F/60 and/or 60a and the follow-up there is a declaration by the organization of any consultants that may have been used in between audits. Both the organization and the auditor are also supposed to declare any gifts that may have been issued to the auditor(s) after the audit to ensure the impartiality of the auditor during the audit process. An auditor shall not accept any gift whose price exceeds US$20,00

1.5.4.9 For multi-site organizations, the same audit team should be maintained as much as possible throughout the audit period and where this is not possible, the audit team leader shall at least be maintained throughout the audit of all sites. The team leader shall consolidate the audit findings and the report from his/her team and any other teams involved. The audit findings including issues of concern and comments shall be made on the audit report (QAF/60) as appropriate.

1.5.4.10 The Stage I audit results shall be recorded on QA F/60(a). If the organization requests a typed audit report, the respective Team Leader shall ensure

that such a report has been provided within 2 weeks of audit date. However, for onsite stage 1 audits, a draft hand written report shall always be left at the client after the closing meeting.

1.6 **Preparation for the Stage 2/Certification/Recertification/Surveillance Audit**

1.6.1 As part of preparation for the Stage 2 audit ensure that:

- The Determination of Auditor Time Form QA F/57 was completed
- A quotation was issued to organization.
- Application form was completed in full.
- Certification Contract, QA F/02 is signed by both parties, C S Director or C S Manager & the Organization
- All Stage I/IDE & aspects/hazards/impact/legal & other requirements identification were done and report issued.
- Scope and boundaries were determined (QA F/01, QA F/57, and/or QA F/50) form.
- The client has confirmed that IDE issues of concern were addressed.
- Competent auditors were identified.
- All invoices were paid for, and
- Record the above on the relevant checklist, QA F/71, Qualification for Stage II audit checklist.
- Submit the IDE report and the above together with the initial audit programme, agenda etc to the Manager CS for approval.

NOTE 1: It must be noted that preparation for an audit is a very essential stage during the Certification process and it determines the quality of the output of an audit.

NOTE 2: The Stage II audit shall not proceed until the applicant has confirmed that all findings and areas of concern from the Stage I audit have been addressed. Stage 2 audit shall be done within 7 months of stage 1 audit. The Manager CS may waiver this period by a further one month provided there is reasonably justification from the applicant. This applies to initial certification of an organisation. Re-certifications are covered in PR32**.**

1.6.2 Using the Auditor's Competency Matrix, QA F/37, the Lead auditor shall appoint the audit team members according to their competences. The policy of the department is to ensure that appropriately qualified personnel comprise an audit team, but there could be exceptions due to non-availability of expertise in which case a technical expert shall be appointed to the audit team. The terms of reference for the technical expert are as in the policy document, PM19.1.

1.6.3 Audits shall be planned by the permanent staff of C S with assistance from subcontracted auditors in areas where the permanent staff do not have competence for the respective clients i.e. the Lead auditor or Management Systems Auditors. The auditor shall determine the audit time and the competent audit team and have this approved by the Manager CS before notifying the organization to be audited and the audit team on the audit dates.

1.6.4 The Lead auditor shall prepare an audit plan and have it approved by the CS Manager. The audit plan shall also indicate the need to review IDE issues of concern.

1.6.5 The Lead auditor shall send a notification together with the audit plan to the organization at least 2 weeks before the audit date.

1.6.6 The Lead auditor shall also forward the following documents together with the notification:

1.6.7 **The Organization - at least 2 weeks before the audit date**

- Provisional Audit Plan
- Opening Meeting Agenda - QA F/5
- Closing Meeting Agenda - QA F/6
- A letter informing the organization of the audit date and time and requesting that senior management be present during the opening and closing meetings and that the organization's consultant(s) be absent for the time of the audit to uphold the principle of impartiality.

1.6.8 **The Team Leader within 2 weeks of the audit date**

- Audit Plan
- Attendance List - QA F/4
- Audit Observation Report - QA F/7
- Relevant Audit Observation Summary – QA F/44, EMS/32
- Audit report QA F/60 or 60a as appropriate
- Audit Opening and Closing Meeting Aid Memoires - Attachments D & E (for new auditors under observation/assessment)
- Relevant Generic System Audit Checklist – QA F/35c, QA F /49, EMS/35(a), EMS/35(b), OHS checklist

1.6.9 **Other Audit Team members within 2 weeks of the audit date**

- Shall be informed of audit date and time by phone or any other convenient means
- Audit Plan
- Opening Meeting Agenda QA F/5
- Closing Meeting Agenda QA F/6
- Relevant Generic Audit checklist QA F/35c, QA F/49, EMS/35(a), EMS/35(b)

1.6.10 In addition to the mentioned documents, all audit team members shall have a copy of the standard for relevant audits they are carrying out:
- ZWS ISO standard i.e. ISO 9001, ISO 14001 etc.

1.6.11 The Lead auditor shall make necessary transport arrangements after approval by Manager CS for the audit team in writing in the audit notification to allow the organization time to prepare. If there is a serious problem regarding availability of resources, the Director CS shall assist.

1.6.12 The notification letter shall contain all the necessary information including:

1.6.12.1 the names of the audit team members to allow sufficient time for the organization to exercise their right to formally object, with valid reasons to the appointment of any of the audit team as soon as they receive the audit notification. The auditor who planned the audit, in consultation with the Manager CS shall ensure that the audit team is reconstituted in response.

1.6.12.2 A request to the organization to send the Quality Policy and Procedures Manuals, where practicable, and hand them to the audit team members participating in an audit to prepare two weeks before the audit date.

1.6.12.3 The objectives for the audit

1.6.12.4 Attached, shall be the agendas for the opening and closing meeting, with guidelines on the classification of nonconformities on the opening meeting agenda.

1.6.13 The audit Team leader shall ensure that the team members meet before the audit to prepare for it by familiarizing themselves with the relevant sections of the manuals that they will be auditing by preparing an additional checklist apart from the Generic Audit Systems Checklist. The auditors shall ensure that the management system documentation from the organizations are looked after and returned before or on the day of the audit. The audit team shall also go through the previous audit

records to check on past performance as part of their preparations. Records of the preparatory meeting shall be maintained in the form of additional checklists.

1.6.14 The management system auditors conduct on-site audits in accordance with the requirements of ZWS ISO 17021 and CS procedures.

1.6.15 In addition to visiting physical locations (e.g. factory and/or offices), on-site audits can include remote access to electronic site(s) which contain(s) information that is relevant to the audit of the management system. Such audits shall be conducted, where appropriate, according to the requirements in the IAF Mandatory Document MD 4

1.7 Terms of Reference for the Audit Team

1.7.1 The mandate of an audit team shall be to examine objectively and impartially the structure, policies and procedures of the organization.

- the audit team shall assess and confirm whether the above meet the requirements of the relevant standard applicable to the scope of Certification;
- that the system is implemented and is effective by verifying enough records generated during the implementation process;
- the degree of reliance that can be placed on the internal audit process;
- the qualification, authority and experience of the staff encountered;
- the adequacy of the internal structure;
- the actions taken to correct identified non-conformities including those identified in previous audits;

NOTE: The audit team shall assess and comment on the above during the auditors' meeting, closing meeting and in the audit report.

1.8 The Opening Meeting

1.8.1 The audit shall begin with the opening meeting between organization's management and the audit team. The agenda for the opening meeting shall be as outlined in Form QA F/5.

1.8.2 The meeting shall be chaired by the audit team leader making use **of QAF/5**. The rules and the tone of the audit are set during this meeting.

1.9 Conducting the Audit/Collecting Evidence

1.9.1 Auditors are to ensure that all the audit checklists are filled in adequately in

order to create an audit trail. "Yes" and "No" answers without the supporting evidence are not acceptable.

1.9.2 The auditors shall submit all the audit records to the full time auditors who shall review whether all the audit records are completed in full and raise any observations on them to the auditors' attention. The reports are handed over to the Manager CS for approval.

1.9.3 Auditors should at all times be critical of issues with the intention to add value during the audit and be careful not to consult.

1.9.4 The audit shall always be based on a representative sampling basis, so that the auditors can have a good appreciation of the management system and draw representative, logical conclusions. The auditor shall write nonconformities on QA F/7, which shall be signed by a representative of the company or the interviewee; this is just to confirm the finding at the particular time and does not mean that they are responsible for the nonconformity. The audit teams shall be briefing each other on progress as they proceed with the audit.

NOTE: It is important to note that the auditors will audit the system and not the individuals.

1.10 Audit Findings

There are three types of audit findings that auditors can come across during an audit:

a) Nonconformity
b) Conformity
c) Opportunities for Improvements (OFIs)

The nonconformities shall be classified into "Major" and "Minor" according to the following guidelines:

CLASSIFICATION OF AUDIT FINDINGS CRITERIA

1. Evidence of violation of a requirement specified by the relevant management system standard – for example
    a. Evidence of breach of relevant legal and/or statutory requirement i.e. Acts of Parliament and Statutory Instruments, including local authority by-laws
    b. Breach of relevant regulatory requirements i.e. Industry codes of practice, International Protocols/Directives
    c. Failure to set and measure objectives and targets
    d. Failure to conduct management reviews and failure to implement resolutions made

e. Failure to conduct Internal audits
f. Failure to take Corrective action, including customer complaints
g. Failure to take action on matter relating to risks and opportunities
h. Violation of control of nonconforming outputs
i. Violation relating to competence of personnel
j. Violations resulting in injury or posing health and safety risks
k. Violations resulting in adverse effects to the environment

NB The above examples are not exhaustive

2. A minor nonconformity which is occurring throughout the organization thereby indicating a system problem
3. A nonconformity which may lead to shipment/delivery of a nonconforming product or service to a customer

MINOR NCS

1. Minor lapses which are isolated cases that have no significant impact to conformity to the relevant management system standard
2. Violation of the organization's own requirements which are not necessarily requirements specified in the relevant management system standard

OPPORTUNITIES FOR IMPROVEMENT(OFIs) or OBSERVATIONS

1. Areas where the organization is not violating the audit criteria but has room to improve
2. Areas where the organization is violating requirements which are not part of the audit criteria

From the above guideline, the Audit Team should then be able to decide what constitutes System Failure/System Breakdown

For certification, surveillance or recertification audits, the Team Leader must make a recommendation with guidance from the Audit Report form QAF 60.

Where The audit team note that there is a system breakdown, action may include but not limited to:

a) Premature termination of the audit
b) Recommendation to the RAB for suspension or withdrawal in case of an already certified organisation

For certification audits, "system failure" or "system breakdown" will result in recommendation for a re-audit. The re-audit in such a case must be done within 6 months, failure of which the client will be required to apply for new certification from stage 1.

1.10.1 In cases where the audit team identify nonconformities and OFIs, they shall not recommend specific solutions as this is regarded as providing consultancy during an audit. Nonconformities and opportunities for improvement shall be recorded on form QA F/7.

1.11 The Auditors' Meeting

1.11.1 The auditors' meeting is basically to summarise the audit findings to be presented to management in the closing meeting by the team leader. The Team Leader shall chair this meeting.

1.11.2 During the auditors' meeting the team leader shall be required to generate a composite picture in order to reach an informed judgment of the degree to which the management system complies with the documented system and the standard. The Team Leader shall also ensure that all findings are documented properly, containing the 3 main elements of a nonconformity i.e. **(i)** the Statement of the nonconformity, **(ii)** the audit evidence and **(iii)** the requirement that has been violated. This shall be done to ensure no repetition of the same NCs between auditors, there are no suggestions of correction and corrective/preventive action within the NCs, there is consensus among the auditors before the closing meeting.

1.11.2 The information to provide this composite picture comes from the findings of the audit. An Audit Observation Summary with the clauses of the standard indicating nonconformities against each clause of the standard shall be drawn-up re: Audit observation summary QA F/44 for QMS audits and relevant ones for other management systems.

1.11.4 The audit team shall discuss and make their recommendations and observations to the audit team leader who shall take note and make his/her remarks to this effect in the closing meeting. The team encourages and solicits for input from the team members in order to have a balanced view on the status of the management system.

NOTE: The audit team shall recommend or not an organization for Certification to the Registration Approval Board (RAB); the RAB shall, however, have the final approval. Refer to PR/21 clause 21.4.3. The audit findings and any other observations constitute the objective evidence the

auditors shall use to make the recommendation to the **Manager CS forward** the organization's **file** to the RAB for granting or not to grant the certification.

1.12. **The Closing Meeting**

1.12.1 The Closing Meeting is the concluding meeting of the audit and is the formal presentation by the team leader of the findings and conclusion of the audit to the organization's management. The audit team leader chairs the meeting and shall work through the Closing Meeting Agenda, Form QA F/6.

1.12.2. The team leader or any of the auditors circulates around the Attendance register, QA F/4 to be filled in by each attendee.

1.12.3 The team leader shall ensure that the organization is represented by senior management at the closing meeting.

1.12.4 The audit team shall inform the organization of the requirement to analyze the cause(s) of nonconformities and describe in a corrective action report, the specific correction(s) and corrective action(s) taken or planned to be taken, to eliminate the detected nonconformities. The deadlines for submission of corrective action reports are as set in 1.14.5.

1.12.5 The team leader may request the auditee to make copies of the Audit Observation reports which shall be given to at least the organisation's contact Representative. In the case that the organization may request a typed version of the QA F/60 or 60a, and QA F/7, it should be availed to the organization within two weeks of the audit but a hand written copy of audit report shall be left on the last day of the audit, which they can use to initiate corrective action.

1.12.6 Following submission of the corrective action report by the client, the Lead auditor shall go through the corrective action report to check if the causes of all nonconformities have been determined. If not the organization is informed in writing and the corrective action report shall not be cleared. The organization shall be required to re-submit the corrective action report with root causes within a week of being informed of the state of the corrective action report.

1.12.7 For an initial audit stage 2, if major NCs are not verified for implementation of corrections and corrective actions cleared within 6 months of the audit, the stage 2 audit shall be repeated at the organization's expense.

1.13 **The Audit Report**

1.13.1 The audit report shall provide a clear record of the products, audit purpose, findings (if needed) and conclusions. It is the major output of the audit process and shall be read and used by some people who were not at the audit and have no other information about the audit.

1.13.2 It is therefore important that the audit report gives a balanced view of the whole audit byway of general comments. Suggestions or recommendations on how to improve the system shall not be made with the comments as this constitutes provision of consultancy by the audit team.

1.13.3 The audit report comprises of a typed version (if needed) of, the findings on Forms QA F/7, and the invoice. The audit report shall bear the name of the organization and the physical address of the entities, which were audited, and the audited elements shall be on the audit programme and confirmed on the audit observation summary (QA F/44 for QMS audits for example).

1.13.4.1.1 The audit report shall be confirmed and dated by the signature of the audit team leader. The report shall refer to the assessed **NACE Code** and the relevant standard or other normative documents applied.

1.13.5 The organization shall declare on the audit report, if they have used a Consultant for training and/or system development since the last audit.

1.13.6 Both the audit team and the organization's representative shall declare gifts given to the audit team for CS to monitor impartiality of the auditors.

1.13.7 The client shall make a copy of the audit report and return the original to the auditors at the end of the audit. If a client requires a typed report, the Team Leader and relevant Lead auditor responsible for the file shall ensure the typed the report gets to the customer within 2 weeks of audit date.

1.13.8 The Team leader shall return the client's file to the CS Executive Secretary for onward transmission to the Lead auditor (full-time) responsible for the file. The lead auditor shall review the audit records and sign as "checked by". Any

observations made on the audit records should be noted for the Manager CS's attention. The performance of the audit team shall be recorded on QAF 36c. The Manager CS shall make conclusions and approve the audit report. Communication shall be made with the client in cases where immediate attention is required.

1.14 Conclusions and the Audit Report

1.14.1 A comment on the status of the previous audit report i.e. whether or not all the nonconformities raised in the previous audit were cleared (applies only to surveillance or **recertification audits**) and documentation evaluation findings if it is a Stage 2/Certification/Recertification audit.

1.14.2 The total number of nonconformities raised, including the number of major and minor nonconformities, a summary of these and the clauses of the standard under which they fall shall be stated on the relevant forms.

1.14.3 State that "It is not possible to audit all documentation and activities and therefore where no nonconformities are reported it does not follow that none exist".

1.14.4 State whether the audit covered all the areas on the audit plan and the relevant requirements.

1.14.5 Inform the organization that a corrective action report (with cause(s), distinct correction and corrective action) shall be submitted within one month of the audit date (applies to Stage II, surveillance audits or recertification audit). Clearance of major NCs shall be six months for a Stage II/Certification, re-certification audit, four months for a surveillance audit. For minor nonconformities, an acceptable corrective action plan will be allowed and implementation of corrective actions will be verified during the subsequent audit. Refer to QAF 60 for more detail on conclusion of the various audit types.

1.14.6 The audit Team Leader shall ensure that the audit report is composed of what was reported during the closing meeting. If the report presented during the closing meeting is different from the formal one being sent to the company, the organization's management should be made aware of this fact and the reasons behind it after approval of the report by the Manager CS.

1.14.7 All follow-up audit shall be conducted on site or offsite based on the recommendation by the Team Leader. Refer to the procedure PR44 on Follow-up audits.

1.14.8 After all has been said state whether the management system conforms or not with the requirements of the relevant standard and whether the organization is to be recommended for certification or not and where applicable, any useful comparison with the results of previous audits of the organization. The audit team leader should make it clear to the client that the audit team only recommends but RAB has the final say on the certification decision.

1.15 **Follow-up Audits** : Refer to procedure PR44.

1.16 The Certification Decision

1.16.1 After all the major nonconformities have been cleared and an action plan for minor NCs has been accepted after a Stage II audit, the Manager CS recommends the organization to the RAB for certification and Procedure PR/21 is followed to make this decision.

1.16.2 On certification, the organization is included on the Annual Surveillance Audit schedule and the first surveillance audit shall be conducted not more than 12 months from the date of certification decision (Refer to Procedure PR/32, Surveillance Activities, Surveillance Audits and Re-Certification). An audit programme QAF 90 shall be prepared by the lead auditor responsible for the file

END OF PROCEDURE