

Accreditation Manual

JASANZ

Contents

Conditions of Accreditation	7
Satisfy Accreditation Criteria	7
Surveillance.....	7
Standard of Service.....	7
Access and Cooperation.....	7
Representations Regarding Accreditation Status	8
Competence and Fitness	8
Ethical Conduct	8
Management of Corrective Action.....	8
Fees and Administration	8
JASANZ Accreditation Symbol	9
Accreditation Deed.....	9
Satisfy Accreditation Criteria	9
1. Accreditation Criteria	9
2. Maintain Knowledge	10
3. Directions of the Governing Board	10
Performance Requirements	10
Accreditation Criteria	11
Maintain Knowledge	11
Directions of the Governing Board	11
Surveillance –	11
4. Surveillance	11
Scheduled Surveillance.....	11
Unscheduled Surveillance	12
Performance Requirements	13
Standard of Service.....	13
5. High Standard of Service	13
6. Responsibilities to Scheme Owners.....	13
Performance Requirements	14
High Standard of Service	14
Responsibilities to Scheme Owners	14
Access and Cooperation	14
7. Access and Cooperation	14
8. Information, Documents and Records.....	15
9. Arrangements with its Clients.....	15
Performance Requirements	15
Accreditation Status	16
10. Accurate Statement.....	16
11. Misleading Statements	16
12. Correction of any Statements.....	17

13. Arrangements with Certificate Holders	17
Performance Requirements	17
Accurate Statement	17
Misleading Statements	17
Correction of any Statements	17
Arrangements with Certificate Holders	17
Competence and Fitness	18
14. Competence and Fitness	18
Competence	18
Fitness	18
15. Risk Management	18
16. Fit and Proper Person (FPP)	19
Application by JASANZ	19
Application by Accredited Bodies	19
17. Complaints Handling	20
Performance Requirements	20
Competence and Fitness	21
Risk Management	21
Fit and Proper Person (FPP)	21
Complaints Handling	21
Ethical Conduct	21
18. Collusive or Coercive Practices and Inducements	21
Collusive Practices	21
Coercive Practices	21
Inducements	22
19. Independent Services	22
Performance Requirements	23
Collusive or Coercive Practices and Inducements	23
Independent Services	23
Management of Corrective Action	23
20. Management of Corrective Action	23
Performance Requirements	24
Fees and Administration	24
21. Fees and Expenses	24
22. Record Keeping	24
23. Notification	25
24. Applicable Legislation	26
25. JASANZ Register	26
Performance Requirements	26
Fees and Expenses	26
Record Keeping	26
Notification	26
Applicable Legislation	26
JASANZ Register	26
Accreditation Symbol	27
26. Application of the Symbol	27
27. Licence to Use the Accreditation Symbol	27

<i>Performance Requirements</i>	27
Application of the Symbol	27
Licence to Use the Accreditation Symbol	27
Accreditation Deed	27
28. <i>Comply with the Deed</i>	27
<i>Performance Requirements</i>	28
Application Procedure	28
Pre-application	28
Application	29
Discontinuation and Termination of an Application	31
Assessment Procedure	32
General	32
<i>System Assessment</i>	32
<i>Compliance Assessment</i>	32
Application and Assessment for Other Locations	35
<i>Other Locations in the Same Jurisdiction</i>	35
<i>Foreign Locations</i>	35
Grant of Accreditation	37
Scheduled Surveillance	38
General	38
Surveillance Program	39
Frequency of Office Surveillance	39
Initial Accreditation Cycle	40
Surveillance Cycle	40
Self-Declaration	40
Variations to the Frequency of Surveillance	40
Frequency of Witnessing	42
<i>Initial Accreditation Cycle</i>	42
<i>Standard Witness Requirements</i>	42
Probity Testing	43
Market Surveillance	43
Traceability of Physical Measurements	43
Scope Variation and Re-accreditation	43
Scope Extension	43
Voluntary Scope Reduction	44
Re-accreditation	44
Self-Administered Scope Variation	45
Country Scope Extension Self-Administration	45
<i>Self-Administration</i>	46
Transition arrangements for standards and schemes	49
Managing Corrective Action	51
Unscheduled Surveillance and Audit	53

Unscheduled Office Assessment	53
Unscheduled Witness	54
Peer/Expert Evaluation of Certification Decision	54
Validation Visit.....	54
Forensic Audit	55
Proficiency Testing.....	55
Initiating Unscheduled Surveillance and Audit.....	55
Show Cause	56
Reduction of Scope, Suspension, and Withdrawal	57
<i>Reduction in Scope</i>	58
<i>Reduction in Scope</i>	58
Suspension of Accreditation	60
<i>Suspension of Accreditation</i>	60
Withdrawal of Accreditation	61
<i>Withdrawal of Accreditation</i>	61
Procedural Withdrawal	62
Cancellation of Accreditation	63
Appeals	64
Appeals	64
<i>General Appeal</i>	65
Conduct of General Appeals	65
<i>Formal Appeal</i>	65
Conduct of Formal Appeals	65
<i>No Appeal</i>	66
Transfer of Certification	67
Transfer of Certification from Withdrawn and Cancelled Accredited Body's	68
Transfer of Accreditation	70
Use of the JASANZ Accreditation Symbol	72
<i>About this Guide</i>	72
Applicants.....	72
Accredited Bodies	72
<i>Conditions of Use</i>	72
Accredited Body	72
Accredited Body's Clients.....	73
Reproduction of the Symbol	73
Fees Schedule	74
<i>Terms of Trade</i>	74
<i>Scheduled Surveillance</i>	75
<i>Unscheduled Surveillance</i>	76
<i>Cancellation</i>	76
<i>Personnel certification schemes</i>	77
<i>Product Certification: Level One Schemes</i>	77
<i>Product Certification: Level Two Schemes</i>	78
<i>Product Certification: Level Three Schemes</i>	78

ANNEX A: Traceability of physical measurements	80
Introduction	80
Legal metrology.....	80
Traceability of physical measurement.....	80
Legally traceable measurement.....	81
ANNEX B: Terms and Definitions	82

Conditions of Accreditation

Key Info

Title	Conditions of Accreditation
Status	Approved
Approval authority	Governing Board
Related Documents	Applicant's Deed Accreditation Deed Licence to Use the JASANZ Accreditation Symbol

The conditions of Accreditation set out the most general terms that must be satisfied in order to establish or maintain the basis on which the JASANZ Governing Board is willing to make a grant of accreditation. The conditions of accreditation form a Schedule to the accreditation Deed.

Accreditation is Conditional upon the accredited body satisfying the conditions of accreditation at the time of initial Assessment and during the term that it remains an accredited body. This section of the accreditation manual provides an introduction to the conditions of accreditation on which accreditation is granted, and sets out the general expectations JASANZ has on how these should be satisfied.

To maintain its accreditation the accredited body shall satisfy the conditions of accreditation as follows:

Satisfy Accreditation Criteria

- Meet the Accreditation Criteria applicable as described in the accreditation manual at the time of accreditation, and those approved from time to time subsequent to accreditation.
- Maintain its knowledge of the accreditation criteria applicable to the Scope of Accreditation under which accreditation is granted, to the satisfaction of JASANZ.
- Comply with any Direction the JASANZ Governing Board may issue from time to time.

Surveillance

- Meet its obligations for scheduled surveillance set out in the accredited body's Surveillance plan and any directions in respect of unscheduled surveillance and other audits required by JASANZ.

Standard of Service

- Provide a high standard of service to clients consistent with its status as an accredited body.
- Provide all reports and other deliverables to the Scheme owner and to JASANZ in accordance with scheme rules.

Access and Cooperation

- Provide JASANZ representatives such access and cooperation as is deemed necessary by JASANZ to undertake scheduled surveillance and unscheduled surveillance and audits without harassment.
- Provide access to information, documents and Records as are deemed necessary by JASANZ for JASANZ to:

- verify that a grant of accreditation can be substantiated
 - determine whether the accredited body is acting within the Scope of its accreditation
- Establish arrangements with its clients to provide access for the programmed surveillance and other surveillance and audits of its services as required by JASANZ.

Representations Regarding Accreditation Status

- Accurately state the accredited body's accreditation status at all times.
- Not make any misleading statements regarding the accreditation.
- Comply with any Directions of the JASANZ Governing Board to correct any statement, which the JASANZ Governing Board considers to be inaccurate or misleading.
- Maintain arrangements with certificate holders, to the satisfaction of JASANZ, to ensure that they do not make inaccurate or misleading statements about the status of the Certification or inspection.

Competence and Fitness

- Maintain a high standard of Competence and Fitness appropriate to the effective conduct of the accredited conformity assessment scheme to the satisfaction of JASANZ.
- Maintain and operate a system of Risk management governing the accredited body's operations.
- Comply with the Fit and Proper Person requirements for accredited bodies.
- Operate and maintain a complaints-handling Process for the timely, effective and Impartiality resolution of complaints.

Ethical Conduct

- Not engage in any collusive, coercive or criminal practices or offer any inducements in relation to provision of its services or conduct of its operations.
- Not engage in any conduct which, in the opinion of JASANZ, compromises the ability of the accredited body to provide independent services or services of a high standard.

Management of Corrective Action

- Take prompt action to the satisfaction of JASANZ to correct any non-conformity (accreditation) identified by the surveillance, assessment, Witnessing and audit activities undertaken by JASANZ, or established through any complaint made to JASANZ.

Fees and Administration

- Promptly pay to JASANZ such fees and expenses required to be paid to JASANZ associated with it providing accreditation to the accredited body.
- Comply with all record-keeping and reporting requirements related to accreditation including, but not limited to, records of all the conformance activities, certification audit registers, conformance reports and a register of all auditors/inspectors used.
- Immediately notify JASANZ of any intended, anticipated or actual change in its circumstances that is likely to affect its competence and fitness to carry out accredited certification and inspection.

- Comply with all applicable legislation of its jurisdiction of domicile and all jurisdictions in which conformity assessment activities are conducted.
- Update and maintain details on the JASANZ register of all certificate holders it has certified (and other data as required) within the scope of its accreditation.

JASANZ Accreditation Symbol

- The accredited body must apply the JASANZ Accreditation Symbol to all certificates and inspection reports issued within the scope of accreditation granted by JASANZ, or in accordance with a Direction of the JASANZ Governing Board.
- Only use the accreditation symbol in accordance with the Licence to Use the JASANZ symbol and to comply with all provisions in the accreditation manual for the use and reproduction of the JASANZ accreditation symbol.

Accreditation Deed

- Comply with all the undertakings provided and requirements contained in the Deed Poll signed by the accredited body in favour of JASANZ.

Satisfy Accreditation Criteria

An accredited body will be able to demonstrate documented Process that are designed to maintain proper management and Control over its activities and it must be able to verify control over those processes. For the purpose of satisfying Accreditation Criteria the key processes will include:

- service realisation
- information management
- outsourced processes.

The principal Outcome of these processes will be:

- documentation and application of relevant accreditation criteria
- current and up-to-date knowledge of accreditation criteria
- timely and accurate responses to any Directions of the Governing Board.

1. Accreditation Criteria

The term Accreditation Criteria describes the set of requirements that accredited bodies must satisfy in order to satisfy the conditions for Assessment and Surveillance. Accreditation criteria comprise three basic sets of documents under the direct control of JASANZ:

- the Performance statements identified in the accreditation manual and in this online management system
- Scheme rules
- accreditation amendments.

Other documents under the control of other parties, such as standards, form part of the accreditation criteria when they are referenced under accreditation criteria in the accreditation manual, scheme rules or

accreditation amendments and/or transitions. The body of programs, schemes and standards is identified in this manual according to the programs and schemes that JASANZ offers.

It is always the sole responsibility of the accredited body to identify and apply the accreditation criteria relevant to its Scope of activities. The accredited body is solely responsible for the adherence to accreditation criteria by any and all of its agents, franchisees, partners or contractors engaged in any aspect of the Certification process.

2. Maintain Knowledge

An accredited body must maintain its knowledge of the accreditation criteria applicable to its accreditation schedule throughout an accreditation cycle. It is the responsibility of each accredited body to maintain its systems by incorporating changes in accreditation criteria as they develop.

Where changes are made to the accreditation criteria, JASANZ will issue an accreditation amendment that:

- describes the change
- sets a date of effect
- states any action required of the bodies affected by the change
- states how accredited bodies are to inform JASANZ of implementation of the change.

Implementation of the changes are then verified at the first scheduled surveillance after the date of effect, unless otherwise stated in the accreditation amendment.

3. Directions of the Governing Board

Directions of the Governing Board are statements issued by the Governing Board from time to time that give a direction to be performed:

- by a single accredited body
- by a specific group of accredited bodies
or
- by all accredited bodies.

A Direction of the Governing Board is delivered in writing and identified as such. It may cover any matter the Governing Board determines is necessary for the proper ordering and functioning of the accreditation system. Failure to meet the terms of a Direction from the Governing Board is grounds for suspension.

Performance Requirements

To satisfy the conditions of its accreditation, an accredited body will need to demonstrate throughout its accreditation cycle that it has:

Accreditation Criteria

- systems documentation in place that satisfies the accreditation criteria required by its accreditation schedule
- conducted its operations on terms consistent with the accreditation criteria required by its accreditation schedule
- applied formal controls and surveillance over agencies or franchisees that require them to satisfy the conditions of accreditation

Maintain Knowledge

- implemented all amendments to its systems and practices as required in any accreditation amendments
- maintained its policies and procedures to satisfy the prevailing accreditation criteria

Directions of the Governing Board

- satisfied the terms and conditions contained in any Direction of the Governing Board that may be directed to it.

Surveillance –

An accredited body must undergo scheduled Surveillance as a condition of maintaining its Accreditation. An accredited body may also be liable to unscheduled surveillance and assessment in response to poor Performance. The surveillance regime is performance based, in that the accredited body can have an influence over the frequency of scheduled surveillance and can avoid any unscheduled surveillance by operating within the conditions of accreditation.

4. Surveillance

JASANZ operates surveillance at two levels:

- scheduled surveillance
- unscheduled surveillance.

Scheduled Surveillance

Scheduled surveillance comprises four activities that form the basis on which JASANZ accredits and maintains the accreditation of an accredited body.

Scheduled office Assessment and Witnessing are set out in a surveillance program which is issued to each accredited body annually. Probity tests and market surveillance are not set out in the surveillance plan as these do not directly engage the individual accredited body. The cost associated with the conduct of all programmed surveillance is covered by the Certification fee. All scheduled surveillance activities are governed by accreditation procedures

Activity	Purpose
Office Surveillance	To test the continued performance of the assessed system
Witnessing	To test the capacity of the accredited body to undertake an effective audit To establish that the subsequent certification decision is valid

Activity	Purpose
Probity Tests	To test the ability of the accredited body to work within ethical constraints of conformity assessment
Market Surveillance	To establish a broad survey of performance through data collection and analysis.

Unscheduled Surveillance

Unscheduled surveillance is based on rights that JASANZ may exercise in response to a situation where:

- the accredited body undergoes significant changes judged to have the potential to adversely affect its performance or continuity
- the accredited body fails to satisfy the conditions of accreditation
- specific triggers require a response.

Unscheduled surveillance may be triggered by

- loss of key personnel affecting the governance, management or audit capability
- large increases in the volume of certification activity
- expansion in the Scope of certification activity
- complaints against the accredited body over service or performance
- relationships that present a Conflict of interest
- failure to resolve corrective action
- failure to resolve complaints
- any qualification or limiting of recognition or designation of the accredited body by a Scheme owner
- deceptive or misleading marketing or advertising claims
- recurrence of a Major Non-conformity over two consecutive assessments
- any instance of failure to implement changes to Accreditation Criteria
- an investigation into misconduct by the accredited body that may be initiated by JASANZ.

Unscheduled surveillance comprises the following activities

Activity	Purpose
Unscheduled Office Assessments	To re-evaluate the performance of the assessed system
Unscheduled Witnessing	To evaluate the performance of an accredited body's auditors-
Validation Visits	To establish the validity of a certification audit or inspection
Forensic Audit	To investigate serious breaches of the conditions of accreditation.
Product Reference Group	To provide independent expert technical review of certification files and the basis for certification

The costs of any unscheduled activity are the sole responsibility of the accredited body. All unscheduled surveillance activities are conducted under accreditation procedures. Failure to satisfy the conditions for any unscheduled surveillance, witness, validation visit or forensic audit is grounds for Suspending Accreditation.

JASANZ reserves the right to establish bespoke validation, verification and evaluation activities for unscheduled surveillance as it deems appropriate.

Performance Requirements

In order to satisfy the surveillance conditions, an accredited body will need to demonstrate throughout its accreditation cycle that it has:

- met its obligations for surveillance set out in the surveillance program issued by JASANZ
- satisfied any conditions necessary for JASANZ to complete unscheduled surveillance.

Standard of Service

Monitoring of client satisfaction is a basic precondition for delivery of a high standard of client services, whether to the certified organisation or an extended client such as a Scheme owner. Monitoring client satisfaction brings with it a measure of Risk to the extent that soliciting feedback may create a sense of obligation that can distort impartial dealings. Accredited bodies should ensure that their client-oriented Process are designed and implemented to mitigate this risk.

The accredited body should also be able to demonstrate that it has processes in place to analyse information on its Performance and that the analysis is used in its own improvement projects.

5. High Standard of Service

The requirement for a high standard of service reflects the level of dependence and reliance that clients have on Certification and inspection for important information on systems, product and personnel. A high standard of service is a matter of differentiation between accredited bodies, but will be reflected in the following minimum conditions:

- a set of published performance statements indicating targets for performance and what clients may expect from the services offered
- a mechanism for measuring market perceptions of performance and resolving gaps between performance and perception
- policies and practices which are consistent with supporting improvement in client organisations
- a system for undertaking prompt and respectful transfer of certification.

There can be no presumption in favor of a high standard of service in the absence of these criteria.

6. Responsibilities to Scheme Owners

Scheme owners have legitimate expectations of performance and service when they employ accredited certification to support their Objective.

Acceptance of the role of conformity Assessment by scheme owners is also essential for continuity and growth of the industry. If there is a gap between expectations of scheme owners and performance of certification and inspection, the legitimacy of conformity assessment is open to question.

A key measure of performance is not just the delivery of value to the certified organisation, but also benefit to any scheme owner.

Failure to deliver outputs to scheme owners or formal complaints by scheme owners may give rise to a Show Cause Letter leading to unscheduled Surveillance or suspending accreditation. JASANZ will Cancel Accreditation of an accredited body for a particular scheme or scope of activity, where the accredited body has its recognition or qualification validly cancelled by any scheme owner.

Where a scheme owner publishes its own scheme documentation as a supplement to, or in place of, scheme rules published by JASANZ, then it is the sole responsibility of the accredited body to maintain its knowledge of that documentation and to apply it to its own systems and practice.

Performance Requirements

To satisfy the conditions of its Accreditation an accredited body will need to demonstrate throughout its accreditation cycle that it has:

High Standard of Service

- a clear set of performance statements indicating its targets for performance and what clients may expect from its services
- a system in use for measuring market perception of performance and for resolving gaps between performance statements and market perception
- provided clients with written reports of audits and audit findings that support improvement in client organisations
- undertaken prompt and respectful transfer of certification where required

Responsibilities to Scheme Owners

- provided to scheme owners all reports or other outputs required by scheme rules
- maintained Records of the training of audit personnel in scheme requirements
- updated its systems and understanding to meet any scheme documentation that may be published by scheme owners.

Access and Cooperation

Access and cooperation encompasses:

1. access to premises, personnel and systems to undertake Assessment and Surveillance.
2. access to records necessary to form a view about suitability for Accreditation.
3. access and cooperation by clients of the accredited body for activities such as Witnessing.

Any failure to provide or secure access is a fundamental breakdown of the accreditation relationship. Well-defined information management processes and contract arrangements are essential to satisfying these conditions.

7. Access and Cooperation

Providing access to its personnel, systems, and premises as required by JASANZ is a necessary condition for an accredited body to maintain its accreditation. The obligation to provide access and cooperation extends to:

- all assessment activities
- planning and conduct of any scheduled Surveillance activity or unscheduled surveillance or audit
- any investigation that JASANZ might conduct into any matters of unethical dealings or misconduct
- complaints resolution.

In the absence of access and cooperation there can be no grant or maintenance of accreditation. In any circumstance where an accredited body refuses access or does not cooperate with JASANZ or subjects JASANZ personnel to harassment, the accredited body will be required to show cause as to why its accreditation should not be suspended.

JASANZ assessors may terminate an assessment activity where reasonable requests for access and cooperation are not granted or on grounds of harassment. In the event of an assessment being terminated, the accredited body is liable for the cost of the subsequent reassessment.

8. Information, Documents and Records

The determination of which records are required for the purpose of accreditation assessment is at the sole discretion of JASANZ. The range of information, documents and records legitimately required for the purpose of accreditation assessment includes those related to:

1. audit allocation and auditor performance records
2. certification/inspection decision records and supporting evidence
3. management systems documentation
4. complaints records
5. auditor/inspector training and competency records
6. internal Audits, Management Review
7. statements of financial performance (operational and financial stability)

9. Arrangements with its Clients

An accredited body must have arrangements in place with its clients making it a condition of service that:

- JASANZ Assessor are entitled to attend audits for the purpose of witnessing the application of the accredited body's procedures by its auditors
- JASANZ assessors are entitled to conduct validation visits of the client's system in the event that the accredited body fails to show cause if challenged over its performance against the accreditation criteria.

These arrangements are to be included as conditions of service. Where arrangements with its clients are not in place, or are ineffective in enabling witness or validation visits, then the accredited body will be deemed not to have met its obligations for surveillance and liable to show cause as to why its accreditation should not be suspended.

Performance Requirements

In order to satisfy the access and cooperation conditions, an accredited body will need to demonstrate throughout its accreditation cycle that it has:

- adhered to accreditation process and procedures described in the manual

- provided access to personnel, systems, and premises as required by JASANZ
- provided access to all documents, information and records necessary for any assessment or surveillance activity to be completed
- arrangements in place with its clients to support witnessing and validation visits
- arrangements with its clients that support action to correct any misleading statements made by their clients in connection with their Certification status.

Accreditation Status

An accredited body's information and marketing Process must ensure that any representations that it makes to the market about its Accreditation status are accurate and free of ambiguity. They should focus on prevention of inaccurate or ambiguous statements and be sufficiently strong to direct management to correct any inaccurate or misleading statements. The processes governing client dealings should be structured to require clients to similarly avoid any inaccuracy or misrepresentation in claims related to accreditation whether directly or in connection with claims about their Certification.

10. Accurate Statement

Accurately stating the position with respect to accreditation requires that an accredited body must:

- only ever state or represent that it is authorised to provide accredited certification within the terms of its accreditation schedule as current at the time of any representation
- ensure that it fully informs clients or prospective clients of any changes in its accreditation status, whether:
 - reduction in Scope of Accreditation
 - Suspending Accreditation
 - Withdrawing Accreditation
 - or
 - Cancelling Accreditation.

11. Misleading Statements

Misleading statements are those which convey inaccurate or incorrect statements about the services offered by an accredited body or about JASANZ or about the accreditation system as a whole. Misleading statements include stating or implying that:

- an accredited body can issue accredited certification outside the scope of its accreditation schedule or
- can transfer its accreditation status or function to an overseas agent

or that:

- an accredited certificate means that the product, process or service certified is approved or warranted by the:
 - JASANZ Governing Board
 - or

- the Australian or New Zealand Government
- Certification is guaranteed as a certain Outcome for a client engaging the accredited body.

or when:

- an accredited body knowingly makes a false declaration to JASANZ.

12. Correction of any Statements

The Governing Board is the final arbiter for determining what is inaccurate and misleading in any representation about accreditation. The Governing Board reserves the right to issue any Direction it considers necessary to any accredited body requiring it to correct any inaccurate or misleading representations about accreditation.

13. Arrangements with Certificate Holders

An accredited body must have arrangements in place with its clients making it a condition of service that a client is obliged to correct any misleading statements made in connection with its certification status. Examples of misleading or inaccurate statements made by clients of an accredited body include actions such as representing management systems in word or graphically as certifying a product or vice versa.

These arrangements are to be included as conditions of service. Where arrangements with its clients are not in place or are ineffective in correcting in any misleading claims, then the accredited body will be liable to cancel the registration and show cause as to why its accreditation should not be suspended..

Performance Requirements

To satisfy the conditions of its accreditation an accredited body will need to demonstrate throughout its accreditation cycle that:

Accurate Statement

- all statements it has made about its accredited service accurately reflect the scope of its accreditation
- it has in place Control that ensure accreditation is not represented inaccurately or used in any way that is misleading

Misleading Statements

- it has in place internal Policy and controls for review and management of any statements made about its accreditation status

Correction of any Statements

- it has complied with any Direction of the Governing Board in connection with any representation it has made about accreditation
- it has corrected any inaccurate or misleading representations about accreditation that JASANZ requires it to make

Arrangements with Certificate Holders

- it has in place arrangements with its clients as part of its conditions of service for correction of any inaccurate or misleading claims about its certification status.

Competence and Fitness

14. Competence and Fitness

Competence and Fitness are the primary attributes that the JASANZ Governing Board requires of bodies to which it grants Accreditation. Competence addresses technical skill and fitness addresses conduct. End users of accredited conformity Assessment ultimately rely on both the competence and fitness of the accredited body to support their claims of conformity.

Competence

Competence requires an accredited body to maintain a documented system and demonstrate an effective process and:

- hold records of its personnel and contractors involved in the delivery of accredited Certification and inspection activities, including
 - personnel records of qualifications and experience relevant to the position and function
 - performance management administration
 - its output records for evaluating the competencies of staff
- maintain a system for evaluating the competencies it has determined are required for personnel involved in the delivery of accredited certification and inspection
- demonstrate the application of the competencies it has determined are required for personnel involved in the delivery of accredited certification and inspection.

Fitness

Fitness requires an accredited body to conduct its operations within the conditions governing:

- standard of service
- fit and proper person requirements
- ethical conduct
- representations on its accredited status.

An accredited body is presumed to be fit unless the contrary is established through:

- inadequate handling of complaints
- investigations into misconduct
- failure to meet the conditions of any probity test
- breach of compliance with laws
- breaches of ethical conduct conditions.

In the event that the fitness of an accredited body is called into question, then the accredited body would be required to show cause as to why its accreditation should not be suspended.

15. Risk Management

All accredited bodies must maintain and operate a system of Risk management governing their operations. Certification by its nature involves the transfer of risk from the certified body to the certifier. An effective risk

management system is a measure of organisational competence and fitness. Risk management analysis and mitigation plans are required for all initial applications and for all extensions to scope.

JASANZ does not require that the system of risk management meet ISO 31000. The use of ISO 31000 provides a strong basis of presumption in favour of an effective system of risk management. JASANZ does require that the system of analysis adopted be matched and maintained to the activity and geographic scope of the accredited body's accreditation schedule.

The methods, tools and degree of formality deployed are a matter for each accredited body to consider against its own circumstances and need. Whatever approach is adopted, the process and outputs will demonstrate the capacity to:

- capture and record risks
- assess the adequacy of existing risk Control
- evaluate risks in terms of likelihood and consequences
- rate risk in terms of general response
- generate risk mitigation plans
- demonstrate risk containment
- support management reporting and decision-making.

JASANZ may incorporate a review of risk management processes and its outcomes during assessment activities. The absence or presence of an effective risk management system is one factor that JASANZ will consider when determining any changes to an accredited body's Surveillance frequency.

16. Fit and Proper Person (FPP)

A fit-and-proper-person (FPP) test is applied by JASANZ to the conduct of applicants and accredited bodies. Each accredited body is also required to apply a FPP test as a self-administered framework.

Application by JASANZ

JASANZ applies a FPP test against:

- the acceptance and processing of any applications for accreditation
- the conduct of accredited bodies, their agents, franchisees and contractors.

Failure to satisfy the FPP test will result in termination of an application for accreditation. In the case of an established accredited body, a Show Cause Letter may be issued as to why its accreditation should not be suspended.

Application by Accredited Bodies

The FPP requirements for accredited bodies require that a self-administered framework is in place and able to be demonstrated to JASANZ personnel. The criteria for the test are:

- a set of general criteria for a Fit and Proper Person Test
- any additional criteria the accredited body considers necessary for the circumstances of specific industries
- criteria necessary for the protection of vulnerable persons.

JASANZ will include evaluation of the operation of the test into its surveillance regime with the expectation that an accredited body will be able to demonstrate a company policy and a mechanism for its administration. In the event that an accredited body fails to implement an appropriate test or to correct a breach of its test, then a Show Cause Letter will be issued for breach of conditions of accreditation.

17. Complaints Handling

Under the conditions of accreditation, an accredited body must operate and maintain a complaints handling process for the timely, effective and impartial resolution of complaints.

JASANZ does not prescribe the form of the complaints system other than it comprises:

- a written description of its operation that incorporates:
 - investigation by competent individuals or group who are independent from the complaint
 - a mechanism for advising clients, and any complainants that if they are dissatisfied with the outcome of the complaints handling process, then the Complainant may refer the complaint to JASANZ
 - a process of escalation for all complaints to executive management that are not resolved within the timeframe agreed with the complainant
 - a strict condition that ensures all complaints that are not resolved within three months of the agreed timeframe (aged complaints) are transferred to JASANZ.

The advice must be in written form. It may be presented in a complaints handling procedure, in service agreements or on a website. It should be understandable to the intended client or any complainant. All records of complainants are subject to evaluation during office assessments. Failure to provide records of complaints or access to the complaints manager would result in a Major Non-conformity.

Aged complaints are to be referred to JASANZ as follows:

- original complaint
- records of the review of the complaint
- response to the complainant
- any other records that inform the background to the complaint.

JASANZ may at its discretion deal with any complaint that is referred to it at the level of the secretariat, the Accreditation Review Board or, if the matter is sufficiently grave, the Governing Board.

Failure to refer an aged complaint would result in a major non-conformity. Suspension of accreditation may apply to any accredited body which:

- fails to maintain a complaints system
- suppresses or conceals records of complaints
- fails to abide by any direction arising from a valid referred complaint.

Performance Requirements

To satisfy the conditions of its accreditation, an accredited body will need to demonstrate throughout its accreditation cycle that it has:

Competence and Fitness

- maintained and made available for assessment all records addressing competence
- an effective system for evaluating the competencies for personnel involved in the delivery of its accredited services

Risk Management

- implemented an effective risk management system that covers the range of its operations and activities

Fit and Proper Person (FPP)

- implemented a company policy and FPP framework

Complaints Handling

- a documented complaints system that is fair and impartial
- advised all clients and complainants that they are entitled to refer aged complaints to JASANZ
- met its obligation to refer aged complaints to JASANZ as required.

Ethical Conduct

These conditions are fundamental to the Impartiality of an accredited body. Impartiality is not assured through structures such as an Impartiality Committee, but through Process that support independent decision-making. An accredited body will demonstrate impartiality through internal policies that properly articulate the threats to impartiality and the processes that mitigate those Risk.

18. Collusive or Coercive Practices and Inducements

Collusive Practices

These involve any arrangement between two or more parties designed to achieve an improper purpose, including influencing improperly the actions of another party. In the context of Certification collusive practices include:

- entering into arrangements with Consultancy firms or any other party with a vested interest in the certification
- agreeing to, or proposing, any misstatement or misrepresentation of client information, audit duration, audit activities, audit reports or audit plans
- unjustified award of certification.

Coercive Practices

These involve impairing or harming, or threatening to impair or harm, directly or indirectly, any party or the property of the party to influence improperly the actions of a party. In the context of Accreditation and certification, coercive practices may be directed against:

- certified clients, as in threats to:
 - withdraw or cancel a certification without justification
 - withhold certification in demand for additional previously undisclosed fees
- accreditation Assessment staff, as in threats:

- to unjustly have an Assessor replaced or reported to a supervisor
- relating to issuing of a finding or recommendation
- aggressive behavior to influence Outcome.

An assessor who feels subject to coercion is entitled to terminate an assessment activity, with the accredited body liable to suspension.

Inducements

These seek to encourage a person to buy a particular service by offering incentives outside competitive pricing or innovative services. Undue inducements are those that distort behavior and business practice. Behaviors and practice may be distorted by offering, or accepting some benefit, to:

- reduce audit time
- hasten certification decision-making
- select low-risk and low-complexity activities rather than high-risk or high-complexity ones
- provide guaranteed certification
- allow the client to nominate sites for audit
- provide certification without audit
- select the simplest or cheapest sample of activities for audit without due consideration for the complexity or risk posed by the full Scope of activities undertaken by the client.

Whether offered by certification bodies or to certification bodies, any transaction involving inducements is a breach of the conditions of accreditation (offering or acceptance) and the basis for Suspending Accreditation. Inducements or efforts to influence improperly in any form JASANZ personnel is contrary to the terms of the Deed Poll and subject to cancellation of accreditation.

19. Independent Services

The ability of an accredited body to deliver independent certification services can be affected by Conflict of interest at various levels. Many conflicts of interest can be effectively managed where they are acknowledged and identified. JASANZ views conflicts of interest in the following terms.

An absolute unmanageable conflict of interest exists where an accredited body provides specific advice to a client on the design and implementation of a management system and then certifies that system.

Conflicts of interest that pose serious management problems are those where:

- consulting and conformity assessment activities exist within the same entity
- a Related body provides consulting services within the Scope of Accreditation of the accredited body
- the principals of an accredited body have a pecuniary interest in an organisation that provides consulting services for design and implementation of management systems.

Any accredited body carrying out consulting and conformity assessment activities will need to demonstrate effective functional separation of responsibilities and tasks through internal procedures and contracts as well as through structural separation of personnel and information systems.

Independence may also be compromised by a poorly managed interface with other organisations, arising from:

- financial or commercial pressures
- inter-organisation relationship
- interpersonal relationships or over-familiarity with clients
- stakeholder power, urgency and legitimacy.

Accredited bodies are expected to demonstrate how any interface that threatens independence is managed to mitigate any risk to independence. Independence is tested by a periodic review of audit files selected by JASANZ during assessments. Independence is also tested during probity tests.

Performance Requirements

To satisfy the conditions of its accreditation, an accredited body will need to demonstrate throughout its accreditation cycle that:

Collusive or Coercive Practices and Inducements

- it has internal policies for identifying and managing the risk to its operations of:
 - collusive or coercive conduct
 - offering or accepting inducements in the performance of its services

Independent Services

- it has internal policies and controls aimed at assuring that certification decisions are independent and can be demonstrated to be reasonable and impartial
- its interface with other organisations is adequately managed to control any risk to independence in certification
- it has management analysis of threats to impartial decision making
- it has effective controls to manage internal conflicts between certification decisions and conformity assessment activities.

Management of Corrective Action

20. Management of Corrective Action

The need for corrective action may arise from any breach of the conditions of accreditation or Accreditation Criteria and may be specified in:

- an Assessment report, Witnessing report or re-assessment report
- complaints or market Surveillance
- findings of a probity test, validation visit or forensic audit
- a Show Cause Letter
- direction of the Governing Board.

The corrections and corrective actions in response to non-conformity (accreditation) are the sole responsibility of the applicant or accredited body. JASANZ will not prescribe solutions for any non-conformity. As a matter of course JASANZ expects that any corrective action will address:

- the immediate cause of the non-conformity

- root cause of any non-conformity
- corrective action to limit the Risk of recurrence.

Non-conformities are classified as either:

Classification	Description	Significance
Major Non-conformity	A system failure	Calls into question the credibility of the accredited body to operate within its conformity assessment Process
Minor Non-conformity	A single isolated lapse against an element of the relevant accreditation criteria.	Calls into question the level of effort applied by an accredited body to the maintenance of its conformity assessment process.

The determination of whether a finding is a major non-conformity or a minor non-conformity, or whether a group of minor non-conformities constitutes a major non-conformity, is made by JASANZ.

JASANZ will not carry out any assessments of Scope extension or re-accreditations for any accredited body while there remain open major non-conformities

Performance Requirements

In order to satisfy the management of corrective action requirements an accredited body will need to demonstrate throughout its accreditation cycle that it has addressed all non-conformities within terms required by the accreditation procedure managing corrective action.

Fees and Administration

21. Fees and Expenses

All accredited bodies are obligated to pay promptly any fees due under the fees Policy determined by the Governing Board. The schedule of fees identifies the fees applicable to all activities. The scheduled Surveillance Program is covered by the annual body fee within the limits set out under scheduled surveillance for a standard surveillance program (six months).

Any surveillance required over and above the requirements for the standard Assessment load is chargeable to the accredited body. This includes all visits to both critical and other locations. All costs and expenses associated with any unscheduled surveillance is charged in full to the accredited body according to the Fees Schedule. Where fees are due from accredited bodies outside Australia or New Zealand and any indirect or withholding taxes apply, then the accredited body is liable for those charges.

Any invoice unpaid after 45 days of the invoice date is grounds for Suspending Accreditation without the requirement for show cause. Any invoice overdue by 60 days is grounds for cancellation of accreditation.

An accredited body is required to represent the accreditation charge associated with any attestation it issues according to the charge levied in the fees policy.

22. Record Keeping

The range of Records that an accredited body is required to maintain and make available for Accreditation assessments are those set out in the relevant Accreditation Criteria. In general, these can be taken as consisting of those records dealing with:

Record	Details
Stability	Financial performance Insurances
Governance	Minutes and records of Impartiality committee Internal audit and management review
Competence	Personnel records Training records Qualification register
Conformity Assessment Management	Documented procedures Audit/inspection registers Audit/inspection reports Conformity assessment decisions and reasons.

Failure to retain the necessary records or to provide access during the course of assessment make it impossible for an accreditation decision to be made.

23. Notification

Accredited bodies must immediately notify JASANZ of any intended or anticipated or actual change in its circumstances that is likely to affect its Competence and Fitness to carry out accredited certification and inspection. Those circumstances include, but are not limited to, intended or anticipated changes such as:

- legal, commercial or organisational status
- organisation and management structure
- changes to franchise, agency or partnership arrangements
- policies and Procedure affecting certification decision-making
- changes to the range of conformity assessment services or other business activities

or actual changes such as:

- other policies and procedures
- key managerial staff
- changes to Location/premises
- personnel, equipment, facilities, working environment or other resources
- changes to scope or accredited status from another International Accreditation Forum (IAF) member body.

Failure to notify JASANZ of any of the intended/anticipated or actual changes will be graded as a Major Non-conformity.

Accredited bodies should be alert to other changes within their organisation and assess whether these might affect the accredited body's capabilities, or Scope of accredited activities, or capacity to comply with the accreditation criteria.

24. Applicable Legislation

Accredited bodies are bound to observe legislation and regulations in the country of domicile and in any countries in which they operate. The obligation applies generally, but is specifically relevant to trade law, commercial law, contract law, criminal law and any laws governing conformity assessment.

Accreditation will be cancelled in connection with any of the following:

- a prosecution has been proven against the accredited body in a court or tribunal for a serious breach of laws governing criminal conduct, corporations or companies, competition or consumer protection, or misleading or deceptive conduct
- a prosecution has been proven against a person who has Control of the management of the accredited body in a court or tribunal for a breach of laws governing serious criminal conduct.

A breach of applicable laws or regulation by an accredited body, in any jurisdiction, will result in a challenge to show cause why accreditation should not be suspended.

25. JASANZ Register

An accredited body is obliged to ensure that all licensees who are certified within the Scope of Accreditation are incorporated into the JASANZ register. The register provides an important tool for verification of certification by end users and stakeholders. Any instance of understating or deceptive alteration of register entries is grounds for cancellation of accreditation.

Performance Requirements

In order to satisfy these conditions an accredited body will need to demonstrate throughout its accreditation cycle that it has:

Fees and Expenses

- met its financial obligations as set out in the fees policy

Record Keeping

- maintained its records to a level sufficient to support ongoing accreditation

Notification

- processes in place to ensure prompt and timely notification to JASANZ of intended and actual changes that may have a bearing on its accreditation status

Applicable Legislation

- processes for managing legal compliance Risk throughout its operation
- documented knowledge of legal responsibility and obligations
- maintained adequate professional indemnity insurance for its accredited services

JASANZ Register

- processes in place for ensuring the accurate and timely entry of register data
- maintained details of all JASANZ accredited certifications on the JASANZ register

- new, and variations to, all JASANZ accredited certifications to be updated on the JASANZ register within 5 business days or as otherwise directed by the JASANZ Governing Board, whichever is the sooner.

Accreditation Symbol

26. Application of the Symbol

The Accreditation Symbol is to be applied on all attestations issued within the Scope of Accreditation. The manner for reproduction of the symbol is set out in the Use of the JASANZ Accreditation Symbol Procedure. The Governing Board may at its sole discretion limit the right of any accredited body to apply the accreditation symbol.

27. Licence to Use the Accreditation Symbol

The rights of an accredited body to use the accreditation symbol and to permit its use by its own clients are subject to licence conditions. These rights are affected by any reduction in the scope of accreditation, Suspending Accreditation or Withdrawing Accreditation. An accredited body can preserve its rights to use the JASANZ symbol by:

- adhering to the terms of the Licence to Use the JASANZ Symbol
- following the instructions for the use and reproduction of the JASANZ accreditation symbol.

A breach of the licence conditions will give rise to cancellation of the licence agreement for use of the accreditation symbol. Any breach of the terms of accreditation may result in reduced rights to use the JASANZ symbol through a reduction of scope, suspension or withdrawal of accreditation.

All accredited bodies granted a licence to use the JASANZ symbol have obligations to control and administer the use of that symbol by its certificate holders.

JASANZ acts as licensor for the IAF MLA Mark and the ILAC MRA Mark. JASANZ will administer the IAF MLA Mark and ILAC MRA Mark as its own.

Performance Requirements

In order to satisfy the conditions an accredited body will need to demonstrate throughout its accreditation cycle that it has:

Application of the Symbol

- Process in place for managing use and reproduction of the accreditation symbol

Licence to Use the Accreditation Symbol

- Control over franchisees and agents for their use of accreditation symbol
- Controls over the use of the accreditation symbol by certified organisations.

Accreditation Deed

28. Comply with the Deed

The Deed and licensing agreement set out the intent for the standards of conduct and technical performance that JASANZ requires of accredited bodies.

The central idea is that accreditation is conditional. Accreditation is not achieved until all four parts are completed.

Conversely, accreditation will not be maintained if any part is breached. The Deed Poll creates legally binding obligations on the accredited body which are enforceable by JASANZ

Performance Requirements

In order to satisfy the obligation to comply with the Deed Poll, an accredited body will need to demonstrate throughout its accreditation cycle that it has:

- processes in place for managing compliance with the accreditation deed
- has not breached any of the conditions of accreditation.

Application Procedure

Pre-application

JASANZ will consider an application for Accreditation from any legal entity. The application process is a comprehensive Assessment of the applicant's systems and capabilities. It is demanding of both JASANZ and the applicant. It is therefore in the interests of the applicant to provide pre-application information to ensure that JASANZ is able to give an informed view as to whether the application has a reasonable prospect of succeeding based on:

- whether or not JASANZ has the competence and capacity to provide the accreditation that is sought
- the likely suitability of the applicant for accreditation.

Applicants are advised that JASANZ may make inquiries regarding previous or concurrent accreditations held by the prospective applicant.

The pre-application process is also applicable to any **scope extension** sought by an accredited body.

Responsibility	Steps	Action	Notes
Applicant	1	Submit pre-application	A pre-application must contain the following: • JASANZ Pre-application checklist • JASANZ Applicant's Deed Poll The Applicant's Deed Poll must be completed by a person duly authorised to execute legal contracts on behalf of the applicant. It is the responsibility of the applicant to ensure that the Applicant's Deed Poll has been read and understood by all persons with decision-making authority associated with the applicant. Extension to scope applications are subject to the conditions of the Accreditation Deed Poll and need only address the intended scope in the pre-application checklist. JASANZ will not accept pre-applications that contain errors, omissions or material deficiencies.

Responsibility	Steps	Action	Notes
If the pre-application does not sufficiently demonstrate the pre-applicants suitability and or preparedness to apply for accreditation, JASANZ may invite the pre-applicant to undergo a pre-application assessment.			
JASANZ	2	Pre-application assessment	Pre-applicants are responsible for all costs associated with a pre-application assessment in accordance with JASANZ Fee Schedule. No work will be undertaken until the invoiced pre-application assessment fee has been remitted and received. Assessments are undertaken in accordance with JASANZ Assessment Procedure. See: Assessment Procedure
JASANZ	3	Provide response	A written response will be given stating whether the applicant is suitable for accreditation based on the scope of the pre-application review. Successful pre-applicants will be given estimates of: - the necessary assessment activities - likely assessment duration based on the stated scope - costs of processing the application. Any advice to the effect that JASANZ is able to provide – about the accreditation sought or that the applicant is suitable – is non-binding and does not imply that acceptance of any subsequent application is certain or that it will be successful. All pre-application estimates are subject to change on review of the full application and supporting documentation.

Application

If JASANZ determines that it will accept an application, the applicant will be advised that it may proceed. Any advice in response to a pre-application does not constitute any form of promise that an application will be successful.

An Applicant's Deed Poll must be submitted before JASANZ will consider undertaking a systems review.

JASANZ will process the application under the reasonable presumption that the directors have read and understood the acknowledgments and undertakings expressed in the Applicant's Deed Poll. JASANZ accepts no responsibility or obligations in the event that the application is not accepted, discontinued or terminated for fault and the Applicant's Deed Poll is claimed not to have been read or understood by any person with decision making authority associated with the applicant.

An applicant body wishing to be accredited must provide JASANZ with a completed true and correct application documentation as advised by JASANZ. JASANZ will not carry out any systems assessment until a complete application has been lodged and accepted. Delays in submitting the full application are the applicant's responsibility.

Responsibility	Steps	Action	Notes
If JASANZ advises that it is able to service the intended application and the applicant wishes to proceed, then the following procedure applies.			
Applicant	1	Submit application fee	No work will be undertaken to process the application until the invoiced application fee has been remitted and received.

Responsibility	Steps	Action	Notes
JASANZ	2	Open internet portal	JASANZ will provide new applicants with identification and password access.
Applicant	3	Lodge application	The applicant is solely responsible for the accuracy and correctness of all information submitted as part of the application, including the: • applicable JASANZ scheme application form(s) and associated checklist(s) • system documentation • certificates of currency for professional indemnity insurance. The intended scope of accreditation will form the basis for assessment planning.
JASANZ	4	Confirm completeness	JASANZ will check that all documents identified in the application have been received and acknowledge receipt of the document set and that they are sufficient for assessment.
JASANZ	5	Post notice of application to JASANZ website	JASANZ will post notification of the application to the JASANZ website. The posted application summary will include the following: • name and registered place of business of the applicant • names of the directors and management of the applicant • intended scope of accreditation • status of the application JASANZ may decline to accept the application at this stage, if there emerges any information that calls into question the applicant's fitness, and that information is substantiated to the satisfaction of JASANZ. Application processing can commence 10 business days after the date of publication.
JASANZ	6	Conduct inquiries	JASANZ will conduct such inquiries as it deems necessary to establish the fitness of the applicant for accreditation, including the inquiry of any publicly available information. JASANZ may direct inquiries to: • other Accreditation Bodies • Scheme owners • regulators or public authorities; or • or any other relevant body as deemed necessary by JASANZ
JASANZ	7	Review application	Considerations of the review may include but not be limited to the applicants: • risk

Responsibility	Steps	Action	Notes
			• suitability • fitness • competence • capability; and • preparedness
If the application and/or documentation are not complete or if inquiries reveal a breach of the Applicant's Deed Poll, then the following procedure applies.			
JASANZ	8	Determine response	In the case of: • a breach of Applicant's Deed Poll in the opinion of JASANZ, the application will be rejected • an application which is materially deficient will be rejected • an application which has errors or omissions, the application will be returned for correction or for further information to be included: ○ only general guidance on what is required to correct the error or omission will be given ○ a reasonable date set by which the correction is to be provided. If the correction is not provided as requested the application will be terminated
If the application and documentation are complete and inquiries do not reveal a breach of the Applicant's Deed Poll, then the following procedure applies.			
JASANZ	9	Accept the application for assessment	The applicant is advised in writing when the application can be formally accepted as being sufficiently complete to undergo assessment. The written advice will include an assessment schedule, stating what activities are necessary for the applicant to successfully complete in order to substantiate a recommendation for accreditation by JASANZ.

Discontinuation and Termination of an Application

- An application may be discontinued at the discretion of JASANZ for any failure to follow or satisfy the application procedure, including any of the acknowledgements or undertakings given in the Applicant's Deed Poll.
- An applicant must complete its assessment obligations associated with the application within a maximum period of 12 months from the date of application and it must be active during that time. An application is deemed active only where there is an exchange of communication no older than 12 months from the date of application that is material to a decision on completion of either the systems assessment or the compliance assessment.

- An application may be terminated if it is inactive for 12 months. Terminated applications cannot be resumed; the applicant is obliged to commence a new application and to pay the associated application fee.
- Where an application is unable to be completed within 12 months through no fault, then JASANZ may at its sole discretion extend the application for a maximum of 90 days.
- If an application is discontinued or terminated, the application fee is forfeit.
- The applicant of a terminated application may be subject to exclusion, or a period of exclusion, from reapplying at the discretion of JASANZ.

Assessment Procedure

General

Assessment of the applicant is in three stages.

- Stage 1 - System assessment
- Stage 2 - Compliance (office) assessment
- Stage 3 - Compliance (witness) assessment

The conditions for assessments are set out in an assessment schedule prepared by JASANZ.

System Assessment

- The system assessment involves a review of the system documentation submitted with the application.
- An initial system assessment may take up to 20 working days to complete.
- The cost is covered by a combination of the application fee and day rate charges for each assessment day over the first two days.
- A precondition for the system assessment is a complete, true and correct application.
- JASANZ does not accept any obligation to proceed with the system assessment until it has determined that the application is complete.
- An application which is shown to be incomplete, untrue or incorrect will not be assessed until corrected and may be rejected.
- A successful system assessment does not in itself ensure a successful compliance assessment.

Compliance Assessment

- The compliance assessment is conducted in two parts reflected in this procedure as stages 2 and 3 of the assessment of the application. Each requires JASANZ Assessor to observe the applicant body putting its documented procedures into practice in the following settings:

- The applicant's locations as determined by JASANZ (office assessment)
- The conduct of conformity assessment activities (Witnessing). This needs to take into account the witnessing requirements in the IAF MDs, such as IAF MD 17 for QMS, EMS and OHSMS, IAF MD 16 for
 - FSMS and IAF MD 8, as well as any scheme owner requirements.
- The compliance assessment is essential to ensure that Accreditation is not authorised solely on the basis of a document-based system review.
- It is an obligation of the applicant to ensure that it has at least one client (per Scheme) that has completed the conformity assessment process and that it is in a position to undertake the required witnessing specified in the assessment schedule.
- An initial accreditation assessment is normally four assessment days comprising two assessors for two days, but this will vary depending on the number of Program or schemes applied for. It may also vary according to JASANZ's determination of the sites requiring assessment.
- The compliance assessments will not be conducted until all actions required by the findings at the systems assessment are implemented and accepted by JASANZ.

Responsibility	Steps	Action	Notes
JASANZ	1	Undertake systems assessment	A written report is provided to the applicant identifying the outcomes of the assessment.
Applicant	2	Review report and complete any revisions required by the findings	The stage 2 and 3 (office and witness) compliance assessments will not commence until all revisions to system documentation are acted upon by the applicant and accepted by JASANZ.
If the lead assessor accepts the actions implemented by the applicant in response to the findings of the systems assessment then the following procedure applies.			
JASANZ	3	Appoint assessment team	The selection and appointment of the assessment team is the sole responsibility of JASANZ. The applicant will be advised about members of the assessment team.
Applicant	4	Advise of any legitimate conflict of interest	The applicant is entitled to submit a written request for a change in an assessment team member on the basis of a legitimate conflict of interest. A legitimate conflict of interest only exists where it is supported by a verifiable reason which would reasonably lead to the conclusion that the assessment could not be undertaken without bias. JASANZ reserves the right to determine the legitimacy of any claimed conflict of interest.
If a legitimate conflict of interest is established then JASANZ will appoint an alternate assessment team member.			
Applicant	5	Cooperate with JASANZ in setting dates and times for	JASANZ will endeavor to coordinate arrangements with the applicant to the extent that it is feasible to do so. Any applicant who does not cooperate in setting dates and times for

Responsibility	Steps	Action	Notes
		compliance assessments	compliance assessments risks having its application terminated.
Applicant	6	Confirm stage 2 Compliance Assessment - Witnessing	The applicant must ensure that it has agreement from a client organisation for the stage 3 (witness) assessment(s) to be carried out during an audit of its system by the applicant. The applicant must ensure: - JASANZ is advised immediately that arrangements are set in place - arrangements are set in place and all requested documentation required to facilitate completion of witnessing are provided to JASANZ at least 14 working days prior to the witness assessment unless agreed otherwise by JASANZ in writing - where applicable, its client understands the reason for JASANZ's presence at the conformity assessment activity
JASANZ	7	Prepare an assessment plan for stage 2 Compliance Assessment - Office Assessment	The terms of the assessment plan are determined by JASANZ as to what is necessary and sufficient to establish confidence in the applicant including what locations will be assessed. Subject to the cooperation of the applicant, JASANZ will provide the assessment plan a minimum of 10 working days before the scheduled date of the stage 2 (office) assessment.
If a scheduled assessment is cancelled by an applicant, cancellation charges may apply. See Fees Schedule.			
Applicant	8	Complete stage 2 Compliance Assessment - Office Assessment obligations	Applicants adherence to the Conditions of Accreditation - Access and cooperation is essential to facilitating completion of the stage 2 (office) assessment.
JASANZ	9	Advise applicant of findings	JASANZ will give preliminary notification to the applicant of any findings and non-conformity (accreditation) from the stage 2 (office) assessment at the closing meeting. Corrective actions may be implemented as soon as the non-conformity is made known to the applicant. Prompt action on non-conformities may have a significant influence over the recommendations made in the written assessment report. Full notification of any findings from the stage 2 (office) assessment will be provided in a written report.
If any of the findings from the assessment are non-conformities, then the applicant should revert to the managing corrective action procedure			
Applicant	10	Undergo stage 3 Compliance Assessment - Witnessing	Stage 3 (witness) assessment will only be undertaken when any corrective actions implemented to address non-conformity raised in stage 2 are resolved as required by JASANZ. The witnessing will be in accordance with relevant scheme requirements and IAF requirements.

Responsibility	Steps	Action	Notes
JASANZ	11	Advise applicant of findings	JASANZ will give preliminary notification to the applicant of any findings and non-conformities from the stage 3 (witness) assessment at a closing meeting. Corrective actions may be implemented as soon as the non-conformity is made known to the applicant. Prompt action on non-conformities may have a significant influence over the recommendations made in the final assessment report. Full notification of all findings from the System and Compliance (office and witness) assessments will be provided in a written report following review of the audit report. See: Managing Corrective Action
JASANZ	12	Provide a final assessment report	A report covering the assessment activities of all stages of the assessment of the application and the respective findings will be provided to the applicant body for comment on the factual content. See: Managing Corrective Action

Application and Assessment for Other Locations

Any location which contributes activity towards a Certification decision is liable for some assessment and Surveillance activity. These locations may be within the same national jurisdiction or they may include foreign locations that are outside the national jurisdiction in which the accredited body is registered as a legal entity.

Other Locations in the Same Jurisdiction

In the case of other locations operating within the same jurisdiction as the applicant body, JASANZ may determine the extent to which the above steps and criteria are to be applied.

Foreign Locations

Foreign locations are significant when accredited bodies:

- issue certificates into those locations; or
- establish some form of representation in the location, such as opening an office, engaging contractors or entering into partnership or agencies arrangements that play some role in issuing JASANZ accredited certificates in the location.

Foreign locations represent a significant risk to the reputation and standing of the accreditation system, particularly where they are inadequately supervised.

An accredited body is entirely responsible for the competence and fitness of any foreign location or for any agency that it operates. Any breach of the accreditation criteria by a foreign location or agency of an accredited body is deemed to be a breach of the accreditation criteria by the accredited body.

JASANZ will conduct its own formal assessment of the risk posed by foreign locations and incorporate surveillance requirements for those locations into the surveillance program issued to the accredited body.

Factors taken into account when determining the assessment requirements for foreign locations include:

- reports of misconduct by foreign accreditation bodies

- changes in the level of activity in the foreign location
- ratio of activity in the foreign location
- complaints against the foreign location by certified organisations
- market surveillance
- probity tests.

The accredited body is liable for the full costs of the surveillance plan for its foreign locations. Requirements for surveillance of foreign locations may be offset by evidence of:

- effective contractual arrangements between the accredited body and its foreign location or agency
- effective management control over the foreign location or agency.

No certificate may be issued, either directly from the foreign location or as a result of conformity assessment work carried out in the foreign location until the following procedure has been met.

Responsibility	Steps	Action	Notes
Applicant and JASANZ	1	Carry out risk assessment	Undertake a risk management assessment for extending the conformity assessment body's geographical presence under JASANZ accreditation.
JASANZ	2	Determine assessment required	JASANZ will determine the assessment activities necessary to establish the basis for granting the scope extension taking into account scheme owner and IAF requirements such as IAF MD 17 for QMS, EMS, OHSMS
Applicant	3	Apply for scope extension	The application should demonstrate that the accredited body has in place sufficient controls to ensure that the location or agency meet JASANZ conditions of accreditation. <u>See Scope Variation and Re-accreditation</u>
If the scope extension involves issuing JASANZ accredited certificates on the basis of any level of participation from either an overseas location of the accredited body or through an agent or partner of the accredited body then the following procedure applies.			
Applicant	4	Identify sites and personnel	The applicant must provide details of all the locations and personnel where activities are to be conducted by its agents, franchisees, contractors: • composition (office, person) • legal relationship to the applicant (office, contractor, agent or franchisee) • activities undertaken at those sites • mechanism for control of activities at the site • documented procedures that demonstrate how operation of the location, agent or partner will remain within the conditions of accreditation.
Applicant and JASANZ	5	Conduct risk evaluation	Both the applicant and JASANZ will conduct their own risk evaluation of the proposed arrangements.

Responsibility	Steps	Action	Notes
If JASANZ determines that the likelihood and consequences of the identified risks are not adequately managed by the mitigation strategies offered by the applicant, then the scope extension will be declined.			
JASANZ	6	Issue assessment and surveillance schedule	JASANZ will issue an indicative assessment schedule and surveillance program for all overseas locations, taking account of the application, procedures and the results of the joint risk evaluation.
Applicant	7	Apply for scope extension	On the basis of the likely costs associated with the indicative assessment schedule and surveillance program the applicant may make an informed decision on whether to proceed with the scope extension. The application should demonstrate that the accredited body has in place sufficient controls to ensure that the location or agency meet JASANZ conditions of accreditation. <u>Scope Variation and Re-accreditation</u>

Grant of Accreditation

The grant of Accreditation involves review of Assessment findings leading to a decision. Accreditation is formalised when the completed Accreditation Deed Poll and Licence Agreement are submitted to JASANZ.

The grant of accreditation may be delayed or declined if any of the conditions of the Applicant's Deed Poll are breached or if any material element of the application is found to be incorrect, untrue or inaccurate.

Responsibility	Steps	Action	Notes
Applicant	1	No pre-emptive action	Any statement about recommendations during or following the compliance assessment by a <u>Lead Assessor</u> or by any other JASANZ representative is insufficient basis for making a claim of accreditation.
JASANZ	2	Present findings to <u>Accreditation Review Board</u>	The <u>Accreditation Review Board</u> (ARB) may advise JASANZ that accreditation: • may be granted as recommended • may be granted on stated conditions being satisfied • should not be granted as recommended or • the recommendation for accreditation be rejected. The ARB may defer a decision and request either additional information from the applicant or additional assessment of the applicant.
If the decision is in favour of a grant of accreditation then the following procedure applies.			
JASANZ	3	Management review	JASANZ management will review all dealings and determine whether there is any impediment to offering the

Responsibility	Steps	Action	Notes
			Accreditation Deed Poll and entering into a Licence Agreement with the applicant.
If no reason is identified why JASANZ should not enter into an accreditation relationship then the following procedure applies.			
JASANZ	4	Advise client that accreditation may be granted	A letter will be provided to the applicant advising that accreditation may be granted with a final invoice for the applicant's assessment.
Applicant	5	Settle assessment invoice	Settlement of the assessment invoice in full is required.
JASANZ	6	Provide Accreditation Deed Poll and Licence	A copy of the Accreditation Deed Poll and Licence Agreement will be provided to the applicant on settlement of the assessment invoice.
Applicant	7	Complete Accreditation Deed Poll and Licence Agreement	The applicant should execute the Accreditation Deed Poll and Licence Agreement for use of the JASANZ symbol and return the completed documents to JASANZ.
JASANZ	8	Issue accreditation certificate and schedule	On return of the completed Accreditation Deed Poll and Licence Agreement JASANZ will: • execute the Licence Agreement • issue a certificate of accreditation • issue the accreditation schedule • list the accredited body on the JASANZ website • advise interested parties.

If a decision is made that accreditation should not be granted, then the applicant may appeal to the Governing Board.

See: [Appeals](#)

Scheduled Surveillance

General

Scheduled Surveillance is applicable to all accredited bodies and sets out the normal routine of activity necessary to maintain the Accreditation system. The level and Scope of activity covered by programmed surveillance is the prerogative of the Governing Board. It is set out in a surveillance Program issued by JASANZ.

The surveillance program used by JASANZ is generally risk and Performance based. There is a correlation between the frequency and intensity of surveillance and the performance of the accredited body. A minimum level of prescribed activity may be required in some regulated Scheme or by some scheme owners.

Programmed surveillance comprises a number of activities.

Activity	Purpose
Surveillance program	To establish a frequency and intensity of surveillance that is linked to risk and performance
Office surveillance	To test the continued performance of the assessed system
Witnessing	To sample the application of the accredited body's Procedure by its auditors/inspectors
Probity testing	To test the ability of the accredited body to work within ethical constraints of conformity assessment
Market surveillance	To establish a broad-based survey of an accredited body's performance
Self-declaration	To establish through formal attestation by an accredited body that requirements are fulfilled

Surveillance Program

The surveillance program governs the scope of activity and locations that JASANZ will undertake to support the grant of accreditation. The surveillance program covers office Assessment and Witnessing. A surveillance program is issued to each accredited body on an annual basis and sets out:

- the frequency of office surveillance
- reasons for any variations to the frequency of office surveillance
- the sites for surveillance
 - head office
 - other and critical Location
- witnessing requirements as applicable
 - scope
 - personnel
- scope of activity
- summary report of previous 12 months
- any special conditions attached to the surveillance program
- JASANZ personnel responsible for administration and delivery of the scheduled surveillance
- the date on which the next full system re-assessment is due.

A surveillance program will be issued in response to variations to the frequency of surveillance and or witnessing.

Frequency of Office Surveillance

The frequency with which bodies are subject to assessment is determined by JASANZ. It is based on the performance of the accredited body and may range across the following frequency schedule:

Level	Head Office Assessment Frequency	Self-Declaration Frequency
1	3 Months	N/A

Level	Head Office Assessment Frequency	Self-Declaration Frequency
2 (Initial)	6 Months	N/A
3	12 Months	6 Months
4	18 Months	9 Months
5	2 Years	1 Year

Initial Accreditation Cycle

- The surveillance program for the first accreditation cycle is set at six-monthly intervals (from the date of accreditation).
- An Accredited Body's performance history with another Accreditation Body may be considered, at JASANZ discretion, to decrease surveillance frequency within the initial accreditation cycle.
- JASANZ reserves the right to set a quarterly surveillance frequency at the initial intervals as a specific condition imposed on the grant of accreditation for any breach of the Accreditation Criteria and according to the conditions set out in the Fees Schedule.

Surveillance Cycle

- Surveillance visits will be carried out +/- 60 days from the scheduled date.
- Extended surveillance frequencies of 12 months or greater require a periodic Self-Declaration be made to JASANZ, on the provided template, at intervals defined in the above table.

Self-Declaration

Self-declaration is a formal statement, proclamation, or attestation embodied in an instrument issued by JASANZ, made by an authorised representative of an accredited body on its behalf, confirming that the accredited body's system is maintained.

- The self-declaration requires the accredited body to declare:
 - any significant changes in personnel or systems since last assessment (e.g. staff numbers, key personnel, certification processes and procedures)
 - any scheme owner and/or regulator complaints
 - any significant events involving certified clients (e.g. subject of legal action relevant to scope of certification)
 - details of last monitoring activities for location

Failure to submit a self-declaration will result in an increase in surveillance frequency. A declaration, which is not true or cannot be substantiated, is a breach of the Conditions of Accreditation and a Show Cause Letter will be issued .

Variations to the Frequency of Surveillance

The surveillance frequency may be either increased or relaxed as a function of the performance of the accredited body.

Variables that may affect surveillance frequency are:

- scheme requirements – public regulatory schemes may impose a greater or lesser frequency of surveillance
- significant changes in an accredited body's organisation or its level of Certification activity
- the level of confidence that JASANZ has in the accredited body's performance, which may be affected by factors such as:
 - multiple non-conformities and/or complaints in a specific area (for example but not limited to, audit day calculations or an industry-specific program requirement)
 - relationships that cause a real or perceived Conflict of interest
 - inadequate Risk management and mitigation
 - complaints and complaints handling
 - market surveillance and probity tests
 - failure to undertake scheduled assessments
 - outstanding invoices

The criteria used to adjust the surveillance frequency when preparing the surveillance program depend upon both conformity of the accredited body's systems and the standard of its conduct. The frequency of surveillance for office assessment and witnessing is not a sanction, but is set as the level of activity necessary to maintain confidence in the accredited body relative to its demonstrated maturity and performance. Surveillance frequency can be varied at the organisation, program and or scheme level.

Increased Surveillance

Surveillance frequency can be increased by one increment where any of the following apply:

- assessment establishes a Major Non-conformity in two consecutive surveillance assessments
- the accredited body fails to close a major non-conformity between two assessment activities
- any performance deficit is raised against the accredited body by a scheme owner
- any customer complaints are referred to JASANZ due to lack of action by the accredited body
- adverse results against the accredited body are reported from probity testing or market surveillance
- show cause demands are upheld against the accredited body, or any other locations, auditors or agents under its Control
- significant number of non-conformities indicating that the accredited body's system is not in control
- inadequate control of its overseas/foreign locations

Any increase in surveillance frequency does not preclude JASANZ taking further action under either unscheduled surveillance and audit or reduction of scope, suspension, withdrawal and cancellation particularly in relation to any performance deficit identified by scheme owners, customer complaints, probity testing, market surveillance or show cause demands.

Decreased Surveillance

Surveillance frequency can be decreased by one level where an accredited body:

- achieves no major non-conformities in two consecutive surveillance assessments
- achieves positive results from probity testing and market surveillance

- demonstrates effective complaints handling, risk management and Fit and Proper Person (FPP) management.

Frequency of Witnessing

The frequency of witnessing is influenced by the following factors:

- scheme owner requirements that set a specific frequency
- inherent demands of the Program (product certification, personnel certification)
- valid complaints that are raised against the performance of the accredited body's auditors
- major non-conformities are raised against the accredited body's training and Competency evaluation Process
- the results of surveys of certified organisations on audit performance
- demonstrated system performance and maturity
- Scheme Owner and/or relevant IAF requirements such as IAF MD 8, 16 and 17.

Initial Accreditation Cycle

For the first two years of the initial accreditation cycle, the frequency of witnessing will be determined by JASANZ, based on the following structure of certification activity:

Certificates Issued	1 - 250	251 - 500	501- 750	751-1000	> 1000
Annual number of witness assessments per program	2	3	4	5	As determined

Subject to satisfactory performance, as determined by JASANZ, an accredited body may be eligible for a revised witness program after the second year if its initial accreditation program in consideration of the following:

- Outcome of witness assessments in the first two years
- surveys of certified organisations on audit performance
- management and resolution of non-conformities and complaints
- performance in office surveillance
- output of JASANZ internal risk assessment.

Standard Witness Requirements

- For all subsequent accreditation cycles JASANZ applies a standard witnessing frequency of one witness for each scheme within the accredited body's accreditation schedule over the course of an accreditation cycle. This is the essential minimum level of witnessing required to maintain accreditation.
- The selection of auditors for witness and the certified client is entirely at the discretion of JASANZ.
- For JASANZ to identify and make a selection to complete the required witness assessments documented within each CAB surveillance program, CABs are required to upload finalised audit schedules within the JASANZ system on the first working day of each quarter (January, April, July, October).

- Variations to the standard frequency of witnessing may be prescribed in program or scheme conditions set out in the accreditation criteria; if so, then the program or scheme conditions prevail.
- Additional witnessing over and above the standard minimum may be imposed by JASANZ in response to audit performance results and as determined by Scheme owner requirements and relevant IAF MD's such as IAF MD 8, 16 and 17.

Probity Testing

Probity testing forms part of the scheduled surveillance activity that JASANZ undertakes to support standards of behaviour among accredited bodies. Probity tests involve a number of different techniques designed to test an accredited body's compliance with required levels of performance such as audit duration or even audit performance.

They may include requests or invitations for:

- certification services
 - without adequate supporting test data or technical information
 - with reduced audit times
- business partnerships
 - linking certification and consultant services.

Probity testing is conducted by an independent service provider. The results of each probe will be evaluated and where the accredited body has failed the test, a Show Cause Letter will be issued requiring the accredited body to respond to the results of the probe.

Market Surveillance

Market surveillance involves data collection, analysis and reporting. Sources of data from accredited bodies as required under International Accreditation Forum (IAF) obligations as well as the collection of data from certified organisations or scheme owners. Data collected for market surveillance will generally be reported back to accredited bodies to assist in their own performance-monitoring programs. It may also be used to plan probity testing and reported to the IAF. Likewise data may also be collected as a result of complaints to further monitor an accredited body's activities in the market-place.

Traceability of Physical Measurements

For the purpose of harmonisation and promoting mutual acceptance, a standard interpretation of the phrase "traceable to international or national standards", or like phrases, used by accredited bodies is defined in JASANZ Procedure for Traceability of Physical Measurements.

Scope Variation and Re-accreditation

Scope Extension

A Scope extension involves extending the range of an accredited body's Accreditation in one or more of several directions to add:

- Program

- Scheme
- Schemes standards
- Technical scopes
- Location
- Countries.

The scope extension process may build on the existing accreditation in some circumstances so that known capabilities may be taken into account as part of the Assessment. Any decision to utilise what is currently known about an accredited body is at the discretion of JASANZ. There can be no presumption that an existing accreditation will be taken into account in any particular scope extensions, nor does an existing accreditation guarantee that an application for extension to scope will be successful.

The requirements for an extension to scope can vary greatly in the assessment load and the information required to support a successful application. Accredited bodies considering an extension to scope should make use of the pre-application inquiry to determine the most appropriate approach to making a scope extension application.

Each request for an extension of scope will be reviewed individually. The determination of both the assessment load and application details is at the discretion of JASANZ. Stage 2 and or stage 3 compliance assessments may be set aside at the sole discretion of JASANZ where the scope of accreditation and Competency required overlap with an established scope and competencies. Note: Scheme owner requirements and IAF requirements such as IAF MD 17 for QMS, EMS and OHSMS will determine the number/technical scope of witnesses

Responsibility	Steps	Action	Notes
Accredited body	1	Pre-application	Intending applicants for a scope extension should review applicable scope extension information provided in the SharePoint Shared CAB Resources portal. The pre-application steps outlined in the application procedure should be followed. See: Application Procedure
Accredited body	2	Complete application and submit	The following apply to processing of the application: • application procedure • assessment procedure.

Voluntary Scope Reduction

JASANZ recognises that for a range of reasons an accredited body may need to reduce the scope of its accreditation. It is in the interests of the accredited body to ensure that JASANZ is advised of the intention to reduce the scope. JASANZ will ensure that the voluntary reduction of scope is clearly notified as 'voluntary' on its website to distinguish it from any reduction of scope that may be imposed as a sanction.

See: [Reduction of Scope, Suspension, and Withdrawal Procedure](#)

Re-accreditation

A re-assessment is carried out at the end of an accreditation cycle (5 years). At the end of each accreditation cycle JASANZ will review the performance of the accredited body over the cycle to determine whether it will consider renewing the accreditation of the accredited body. The review will be completed and submitted to each accredited body 6 months prior to the end of the accreditation cycle.

Factors to be considered by JASANZ will include, but are not limited to the following:

1. efficiency and effectiveness of responses to:
 - a. assessment findings
 - b. complaints
 - c. show cause matters
2. suspensions and enforced scope reductions
3. feedback from clients
4. scheme owner feedback
5. user feedback

An accredited body suspended more than once in an accreditation cycle is unlikely to be offered renewal of the Accreditation Deed Poll.

JASANZ will not undertake any re-accreditation assessments for an accredited body that has:

- any open Major Non-conformity at the time of application for re-accreditation
- not resolved a demand to show cause
- an outstanding financial debt
- open complaints at the time of application for reassessment.

Self-Administered Scope Variation

Self-administration is a mechanism by which accredited bodies vary scope by formal declaration of fulfillment of a set of requirements. Declarations are made through a Self-Declaration instrument issued by JASANZ and may rely upon additional evidence or information to support the declaration. Performance of an accredited body's self-administration process will be reviewed at scheduled assessment.

Scope, eligibility and approval process for self-administered activities are defined in the respective self-administration procedures and forms part of an accredited body's Accreditation Schedule.

Country Scope Extension Self-Administration

In general JASANZ does not consider geographic scope as critical to accreditation as is the program scope. Accredited bodies are in the best position to determine the geographic scope of their operations, subject to the following:

1. Restrictions on trade with specific countries imposed by autonomous sanctions or UN sanctions must be respected
2. Restrictions on scope imposed by **a specific scheme** must be respected.

Beyond these controls it is a matter for individual accredited bodies to plan and execute effective controls over their business activities.

Where an accredited body fails to observe these conditions then this will be noted as a major non-conformity if established at assessment and as a matter for show cause for ineffective management control. It follows from this that where an accredited body does not apply effective controls over its international operations then the findings will be against the effectiveness of central management control of the accredited body.

The following sets out the conditions for operating a self-administered arrangement for country scope extensions.

Self-Administration

The object of the self-administered arrangement is to ensure that accredited bodies are able to efficiently manage business opportunities while exercising the care and diligence necessary to offer certification outside their domestic market. Self-administration is not automatically available to all accredited bodies and JASANZ reserves the right to refuse or retract any self-administration program where an accredited body does not fulfill the Conditions of Accreditation. Eligibility for operating a self-administered arrangement for country scope extensions is based on the performance of the accredited body with accredited bodies required to demonstrate:

1. No major non-conformities have been raised in the last 2 assessments relating to:
 - a. foreign location/country management
 - b. operational controls in location assessments
2. Compliance with the management of sanction as declared in existing country scopes
3. No complaints have been upheld in respect to:
 - a. certificates issued
 - b. incorrect use of the JASANZ symbol
 - c. foreign location conduct
 - d. undertaking certification in countries/locations not on the schedule
 - e. failure to comply with regulations in existing overseas markets
 - f. failure to adequately protect its Trademark

Any accredited body considering seeking self-administration arrangements should consider its record of performance against these factors before making an application. Self-administration is not available for any intended country extension, where:

1. It involves the establishment of a separate location whether by contract, partnership/franchise or physical presence
2. The country is subject to United Nations trade sanctions or Autonomous Sanctions imposed by Australia or New Zealand

Existing obligations to ensure adequate controls over personal safety, corruption and trademark must be adhered to under any self-administered arrangement.

Responsibility	Steps	Action	Notes
Accredited body	1	Establish the eligibility of the proposed scope extension for self-administration	The following forms of overseas presence are not eligible for self-administered arrangements for country scope extensions: - physical offices or locations - representative offices - franchise arrangements - commercial representative

Responsibility	Steps	Action	Notes
Accredited body	2	Develop an internal procedure for management and approval for self-administered country scope extensions.	The procedure must cover, as a minimum, the following administrative procedures and management controls: • internal approvals for extending geographical scope into other countries. • appointment of personnel to this country (evaluation, training, ongoing training and monitoring, agreements) • managing JASANZ notification of variation to scope • management controls over the activity • management review and internal audit roles • maintaining details of scope extensions
Accredited body	3	Submit the procedure for review	The procedure for self-administered scope extension must be submitted to JASANZ for review. Submission does not constitute acceptance of the proposed procedure.
JASANZ	4	Review procedure	Proposed procedures are reviewed against the following criteria: Eligibility Accredited body's history of performance, factors deemed relevant to whether an accredited body may be considered eligible or not are: • Incidence of major non-conformity in the last 2 assessments in respect to: ○ foreign location/country management ○ operational controls in location assessments • Whether the accredited body has not complied with the management of sanctions as declared in existing country scopes • Whether there have been complaints upheld against the accredited body in respect to: ○ certificates issued by the accredited body ○ incorrect use of the JASANZ symbol ○ foreign location conduct ○ undertaking certification in countries/locations not included on its schedule Adequacy Whether in the opinion of JASANZ the procedure is likely to be adequate for controlling and managing scope extension activity and ensuring accurate and timely transfer of information to JASANZ.

If the procedure is adequate then the following procedure applies.

Responsibility	Steps	Action	Notes
JASANZ	5	Establish records and update schedule	The accredited body's schedule will be revised to reflect approval to operate a self-administered arrangement for country scope extensions and records established to demonstrate: - procedures have been submitted and evaluated for self-administration of country scope extensions - date of effect (when the review was conducted) - signature of reviewer - all country scope extensions undertaken through self-administration
Accredited body	6	Undertake scope extensions	Scope extension should only be undertaken following careful consideration of the risks and opportunities involved. An analysis of these is required to be undertaken and recorded for subsequent review during assessments or as required. Use of a standard JASANZ Country Scope Extension Plan provides a standard framework for undertaking analysis. Otherwise the supporting analysis required at assessments should cover: - market analysis - risk assessment - resource plan - legal, Compliance and regulatory checks - management controls Countries with integrated markets such as the European Member States that offer common regulatory structures may be grouped for the purpose of scope extensions.
Accredited body	7	Retain records	Accredited bodies entitled to use self-administered arrangements for country scope extensions must make available for assessment the records on which the scope extension was determined. Generally this will be a completed JASANZ Country Scope Extension Plan or an internal document(s) providing at least the same level of analysis.
Post scope extension obligations			
JASANZ	8	Assess the application of the procedure at office surveillance	Where an accredited body is entitled to use self-administered arrangements for country scope extensions then these will be identified for periodic review as part of the Annual Surveillance Program planning process.
Accredited body	9	Update details of any changes to activity covered by self-administered scope extension	There is an ongoing obligation to advise JASANZ of any changes to the arrangements used to service overseas activities. Where an accredited body fails to provide any documentation or sufficient documentation to substantiate the scope extension then the accredited body's schedule will be amended to remove the relevant country scope.

Transition arrangements for standards and schemes

Periodic review and revision of standards, schemes and accreditation criteria is vital to ensuring their currency and relevance for those stakeholders that rely upon them at various levels in the accreditation and certification systems. Whilst the frequency in which reviews occur may vary based upon the type of document and who has ownership, wherever they effect a material change to the criteria, verification of their implementation is required.

The transition pathway may be defined by third parties such as scheme owners and the International Accreditation Forum (IAF) or by JASANZ either through the analysis of the changes or the policies defined by third parties.

Transition pathways are determined by the risk, complexity, scope and nature of changes including considerations such transferrable competence. Pathways are categorised as follows:

Category	Transition pathway
Category 1	Transition is such that there are no assessment implications; the next scheduled office assessment will be to the latest version
Category 2	Transition is administered through a self-declaration of conformance. Verification of implementation to occur at next scheduled assessment unless otherwise defined.
Category 3	Transition is administered through remote/desktop assessment and may be supported by a self-declaration of conformance where deemed appropriate. Verification of implementation to occur at next scheduled assessment unless otherwise defined. Assessments may include, but not be limited to: • reviewing the accredited bodies process and plan to administer the transition including any key outputs identified; or • evaluation of system changes made by the accredited body including training of relevant personnel
Category 4 (high risk)	Transition is subject to formal application and or verification of implementation at office and/or witness assessment

Wherever possible, JASANZ will endeavour to assess transitions as part of scheduled surveillance activity. Additional assessment man-days will be charged in accordance with JASANZ fee schedule.

Responsibility	Steps	Action	Notes
JASANZ	1	Publish transition policy / statement	Transition policies are published in a standard format on the JASANZ Transition Register. Information included in policies include, but is not limited to: 1. transition title 2. transition category 3. exit standard 4. entry standard 5. transition path 6. controls on new applications for exit standard 7. expiry date of existing certificates (exit standard) 8. transition stages/key dates and activities

Responsibility	Steps	Action	Notes
			9. self-administered transition declaration due date (as applicable) Transition statements are applicable to category 1 transitions and will acknowledge the publication of the revised standard and or scheme.
Accredited body	2	Implement transition	The specific demands of transition arrangements will vary according to the changes made in the standard or scheme. As a minimum, accredited bodies need to demonstrate that they have examined the revised elements of the new standard or scheme and implemented required changes. These may include: • changes to conformity assessment practices • revision of personnel competence requirements and training • rework of reporting systems. Implementation of transition arrangements is the sole responsibility of each accredited body.
If the transition is self-administered through a declaration, then the following procedure applies.			
Accredited body	3	Make a declaration	Having verified eligibility to self-administer the transition a declaration is made on a standard form and submitted to JASANZ. The declaration is to be signed by an authorised representative with accountability for the accredited body. Declarations must be: • made by the declaration date. • true and correct at the time it was made. A declaration is not correct if the scope of the transition is wrongly referenced or the signatory is not the nominated signatory for the accredited body's self administration declarations or a delegated authority. A declaration is not true if at the time it was made the transition arrangements had not been implemented.
JASANZ	4	Review declaration	Submitted declarations that are identified as being not correct will be rejected and the accredited body advised accordingly. The transition will not be progressed until a correct declaration is submitted.
JASANZ	5	Update schedule	On acceptance of a duly authorised declaration, the accreditation schedule of the accredited body will be updated to reflect the new standard/criteria immediately followed by the text (by self-declaration)
JASANZ	6	Validation of declaration	Declarations are to be verified at the accredited bodies next scheduled head office assessment. The JASANZ assessment reports are to make specific comment on the effectiveness of the accredited bodies transition process and the status of the implementation of transitions, either confirming that the transition has been fully implemented as

Responsibility	Steps	Action	Notes
			declared or report deficiencies in the transition and raise non-conformities according to the following classification: - where a declaration is not made by the Declaration date then a minor non-conformity will apply - where a declaration is not correct then a major non-conformity will apply - where a declaration is not true then it must be reported as 'not true'.
JASANZ	7	Formalise transition	A transition will not be formalised while there are open non-conformities related to the transition. JASANZ reserves the right to withhold formalisation of the transition if there are open findings, active sanctions or other cause. If a declaration is made that is not true, a Show Cause Letter as to why the standard or scheme should remain on the accredited body's schedule and authorisation to transition through self-declarations should not be withdrawn.
If the transition is administered by another transition pathway, then the following procedure applies.			
Accredited body	8	Satisfy obligations and respective timelines defined in transition policy	The transition policy describing the conditions under which the transition arrangement is to be managed and outlining the path to be adopted and the stages in the transition are to be satisfied.
If the accredited body fails to satisfy the transition policy, then the following procedure applies.			
JASANZ	9	Failure to meet transition	Where the terms of a transition are not met, accredited body is liable to show cause as to why the transition scope should not be removed from their scope of accreditation. Where no adequate response to show cause is given then the scope (standard or scheme) will be withdrawn The accredited body will be required to formally re-apply for the scope. Removal of a transition scope may have implications on an accredited bodies eligibility to maintain accreditation at the scheme and or program level.

Managing Corrective Action

An applicant/accredited body is responsible for taking prompt and adequate action to correct any non-conformity (NC) and for formally notifying JASANZ of the corrective action proposed or undertaken.

Responsibility	Steps	Action	Notes
JASANZ	1	Notification	Non-conformity are notified when listed on the accredited body portal by JASANZ or otherwise delivered to the accredited body in writing.
If a non-conformity is classed as major, then the following procedure applies.			

Responsibility	Steps	Action	Notes
Applicant/accredited body	2	Prepare a corrective action plan within the time frame notified	A corrective action plan will address for each non-conformity. Analysis - the immediate cause - the root cause. Response - corrections to remedy the immediate cause - corrective action to remedy the root cause and limit the risk of recurrence. Performance deadlines - corrections within 30 calendar days from the date of notification - corrective action within 60 calendar days from the date of notification.
Applicant/accredited body	3	Enter proposed corrective actions to the portal	All proposed corrective action plans are to be posted to the JASANZ portal by the date set in the notification. Failure to meet deadline for responding to a Major Non-conformity is grounds for Suspension.
JASANZ	4	Assess and report on proposed corrective actions	JASANZ will assess whether the proposed corrections and corrective actions are an adequate response to the non-conformity and will notify the accredited body. JASANZ will also advise whether the non-conformities can be closed out by: - on-site verification or some combination of: - correspondence - telephone conference - or - video conference. A corrective action response to a Major Non-conformity which assessed as inadequate will give rise to a Show Cause Letter as to why accreditation should not be suspended.
JASANZ	5	Verification	The applicant/accredited body is obligated to undergo any verification activity required by JASANZ to establish effective implementation of correction and corrective action for any non-conformity.
If a non-conformity is classed as minor, then the following procedure applies.			
Applicant/accredited body	6	Prepare a corrective action plan	For each Minor Non-conformity, the accredited body will submit a plan within 30 calendar days from notification of the non-conformity. Failure to meet the deadline for responding to a Minor Non-conformity is grounds for reclassification as a Major Non-conformity.

Responsibility	Steps	Action	Notes
JASANZ	7	Assess and report on proposed corrective actions	JASANZ will not prescribe solutions for any non-conformity. It remains the judgment of the Lead Assessor. Adequacy is determined by the extent to which the proposed corrective action is sufficient reason to accept that implementation will address: - the immediate cause - the root cause of any non-conformity - corrective action to limit the risk of recurrence. For any non-conformity which is determined to be inadequate, a written justification for rejecting the response must be made.
If a response is not accepted by JASANZ, then the applicant/accredited body will reconsider the proposed action and enter a revised proposal and/or additional responses and/or supporting documentation as is necessary for it to be determined by JASANZ as adequate.			
Applicant/accredited body	8	Verification	In order to close a Minor Non-conformity, satisfactory evidence of implementation of the agreed corrective action must be posted within 90 calendar days from when the Minor Non-conformity was notified. Failure to close a Minor Non-conformity within 90 days is grounds for it to be reclassified as a Major Non-conformity.

Unscheduled Surveillance and Audit

Sanctions are applied for breaches of any of the Conditions of Accreditation to redress any performance problems on the part of an accredited body.

Remedial sanctions include:

- unscheduled office Surveillance or Witnessing
- validation visits
- forensic audit.

Limiting or removing accreditation status including:

- reduction in scope
- suspending accreditation
- withdrawing accreditation; or
- cancelling accreditation.

The formal process for the use of sanctions is documented in the JASANZ Show Cause Procedure.

Unscheduled Office Assessment

An unscheduled office assessment is a full or partial office assessment undertaken outside the programmed surveillance in response to:

- a Major Non-conformity not being resolved within the specified time for completion of corrective action
- failure to act on complaints
- complaints by Scheme owners
- adverse market surveillance
- denial of access or cooperation to a JASANZ Assessment team by the accredited body.

An unscheduled surveillance visit will be preceded by a Show Cause Letter stating the basis for the surveillance visits. The accredited body is liable for the full cost of the unscheduled surveillance. Refusal to accept unscheduled surveillance will result in suspension of accreditation.

Unscheduled Witness

An unscheduled witness may be undertaken in response to:

- complaints about an auditor's performance
- failure on the part of an accredited body to maintain its system of auditor training and records.

Unscheduled witnessing will be preceded by a Show Cause Letter stating the basis for the surveillance visits. The accredited body is liable for the full cost of the unscheduled witnessing. Refusal to accept unscheduled witnessing will result in suspension of accreditation.

Peer/Expert Evaluation of Certification Decision

A peer / expert evaluation of a certification decision, is a model which will be able to validate certification decisions under peer and external scrutiny. A team of experts will be established, on a case by case basis, to undertake an independent review of the evidence gathered by a certification body and the certificate of conformity, to confirm or otherwise the decision made by the accredited body. The accredited body is liable for the full cost of the unscheduled evaluation activity. The need for a peer / expert evaluation may be triggered by any one or more of the following:

- complaints
- JASANZ investigations
- technical enquiries
- feedback from regulators / scheme owners
- feedback from assessments

Validation Visit

A validation visit is an investigation into the certified system of an accredited body's client to determine the validity of the Certification. A validation visit is undertaken in response to any instance of an accredited body:

- issuing accredited certificates outside the scope of accreditation
- failing to satisfy scheme owner conditions
- granting certification without sufficient technical or procedural justification.

A validation visit will be preceded by a Show Cause Letter stating the basis for the validation visit. The accredited body is liable for the full cost of the validation visit. Refusal to accept or facilitate a validation visit will result in suspension of accreditation.

Forensic Audit

A forensic audit is an investigative audit of an accredited body's system and records. It is conducted by a team comprising JASANZ Assessor and forensic audit specialists. The need for a forensic audit is triggered when there is a need to independently demonstrate validity of a certification process and outcomes or here is evidence of deceptive or misleading conduct such as:

- team substitution
- issuing certificates without audit
- under-reporting certifications

Forensic audit will be preceded by a Show Cause Letter stating the basis for the forensic audit. The accredited body is liable for **the full cost** of the forensic audit. Refusal to accept a forensic audit will result in automatic withdrawal of accreditation.

Proficiency Testing

A proficiency test will be commissioned by JASANZ where the reliability of certification by an accredited body or group of accredited bodies (in a common area) is open to question. A proficiency test involves distribution of a certification file or other artifact to accredited bodies followed by the review and comparison of results against a normalized response or against the responses of other accredited bodies. A proficiency test may be undertaken as a result of:

- complaints
- JASANZ investigations
- technical inquiries
- feedback from regulators / scheme owners
- feedback from assessments; or
- by common agreement between JASANZ and certifiers

Initiating Unscheduled Surveillance and Audit

The following pre-conditions apply to any unscheduled surveillance and audits.

Responsibility	Steps	Action	Notes
JASANZ	1	Issue show cause letter	The Show Cause Letter will: • advise the accredited body of the apparent breach of the conditions of accreditation • set out the action likely to ensue from the breach • present any relevant information known to JASANZ which substantiates the apparent grounds for sanction • invite a response to the information presented

Responsibility	Steps	Action	Notes
			• set a time for the response to be made • inform the accredited body of consequences for failure to respond or to provide an inadequate response.
If the subject of the show cause is a forensic audit then a statement of facts and reasons for the challenge are referred to the <u>Accreditation Review Board</u> prior to the show cause being sent to the accredited body.			
Accredited body	2	Respond to show cause letter	A response must be made within 15 calendar days from when the Show Cause Letter is delivered by registered mail or equivalent means. An adequate response to a show cause letter will: • provide a substantiated and valid correction of facts • reasonable mitigating circumstance • provide a full description of corrective action and preventative action. JASANZ is the sole arbiter of what is adequate.
If the decision is in favour of a grant of accreditation then the following procedure applies.			
JASANZ	3	Review show cause response	The review of the response will take into account the: • relevance and adequacy of the response to the issues raised in the Show Cause Letter • significance of any additional information provided • effectiveness of proposed corrective action.

If the response does not satisfy the conditions of the show cause letter, then a notice will be issued by JASANZ identifying the failures in the response and setting out the obligations for carrying out the unscheduled surveillance or audit as outlined in the show cause letter.

Show Cause

A show cause letter is the standard device that JASANZ employs to present to an accredited body any matter that may justify one of the following actions:

- unscheduled office assessment
- unscheduled witness
- validation visit
- a reduction of scope for accreditation and/or
- suspension of accreditation
- forensic audit; or
- referral of a product certification file to a product reference group.

It will identify the facts of the matter under contention and require the accredited body to respond to the stated facts.

A show-cause letter may be issued against any circumstance where JASANZ is of the opinion that an accredited body has breached any of the conditions of accreditation.

An accredited body is given up to 15 calendar days to respond to a show cause letter. Failure to respond is itself adequate grounds for suspension.

A show-cause letter may be issued under the signature of:

- Chief Executive Officer
- General Manager Services
- General Manager Accreditation

It identifies the facts of the matter under contention and requires the accredited body to respond to the stated facts. A show cause letter may be issued against any circumstance where JASANZ is of the opinion that an accredited body has breached any of the conditions of accreditation. An accredited body is given 10 days to respond to a show cause letter. Failure to respond is itself adequate grounds for suspension.

Typical situations where a show cause may be issued to an accredited body include but are not limited to:

1. failure to settle invoices within the JASANZ Terms of Trade
2. failure to provide information necessary to complete a transfer
3. failure to address non-conformities within defined time periods
4. the accredited body providing a false or incorrect self-declaration
5. the accredited body not providing access to complete assessment obligations.
6. any other breach of the Conditions of Accreditation or failure to comply with the Accreditation Criteria or a Direction of the Governing Board.

For the avoidance of doubt, a show cause may be issued in respect of:

1. a single breach of the Conditions of Accreditation or failure to comply with the Accreditation Criteria or a Direction of the Governing Board which is very serious
2. a number of breaches or failures over a period of time that, when taken together:
 - a. demonstrate a persistent failure to adhere to the Conditions of Accreditation, the Accreditation Criteria or Directions of the Governing Board
 - b. demonstrate a failure of governance and/or
 - c. have caused JASANZ to otherwise lose confidence in the accredited body.

The show cause letter outlines the facts as JASANZ knows them and provides an opportunity for the accredited body to respond. JASANZ reviews the response with one of two outcomes:

1. the response satisfies the show cause and the matter is closed; or
2. further action is taken which may lead to one of the actions as detailed at the beginning of this procedure.

Reduction of Scope, Suspension, and Withdrawal

The following sets out the range of actions that JASANZ will take in circumstances where it is necessary to change or remove the Accreditation status of an accredited body.

This section also sets the range of actions to be followed in the case of voluntary reduction of scope, suspension and withdrawal. The following sets out the range of actions that JASANZ will take in circumstances where it is necessary to change or remove the Accreditation status of an accredited body.

This section also sets the range of actions to be followed in the case of voluntary reduction of scope, suspension and withdrawal.

Reduction in Scope

Reduction in Scope

Reduction in scope involves writing down the range of activities where an accredited body may:

- issue accredited certificates
- represent itself as accredited for carrying out conformity Assessment.

A reduction of scope effectively terminates the right of an accredited body to operate within a specified area of its accreditation schedule.

The range of activities affected by a reduction in scope can include:

- technical scope
- geographical scope.

A reduction in scope will be applied by JASANZ in the following circumstances:

- technical scope, where an accredited body:
 - fails to maintain the knowledge, skills or competence required for a specific scope of activity
 - has its recognition or designation removed by a Scheme owner
- geographic scope, where:
 - an accredited body fails to maintain an adequate Risk management system over any of its operations
 - an accredited body fails to provide adequate Surveillance over foreign Location
 - any foreign location fails to cooperate in surveillance activity
 - sanctions are applied against a foreign location by an International Accreditation Forum (IAF) Member Body or scheme owner.

A reduction in scope is made effective by JASANZ issuing a revised accreditation schedule. A reduction in scope may be authorised by either the Chief Executive Officer or delegate authorised under specific delegations in the Delegations Register, as and when the terms of a Show Cause Letter have not been satisfied.

The general obligations of an accredited body which has its Scope of Accreditation reduced are set out in the Accreditation Deed and specified in each case in a *Notice of Reduction of Scope*

Responsibility	Steps	Action	Notes
If an accredited body does not respond to a show cause letter issued in connection with a prospective reduction in scope or fails to adequately respond, then the following Procedure applies.			

Responsibility	Steps	Action	Notes
JASANZ	1	Issue Notice of Reduction of Scope	A Notice of Reduction in Scope will include: - the extent of reduction of scope - the date of effect - the conditions to be adhered to; and - cautionary advice on escalation of the reduction of scope to a suspension of accreditation.
Accredited body	2	Meet obligations set out in the Notice	An accredited body which has its scope reduced must: - cease to promote its JASANZ accreditation within the reduced scope - not issue any JASANZ accredited certificates within the reduced scope - advise all holders of JASANZ accredited certificates of the scope reduction and of the arrangements for transfer of Certification; and - satisfy any other conditions stated in the Notice.
JASANZ	3	Amend accreditation schedule and JASANZ register	The JASANZ accreditation schedule and JASANZ register will be amended to reflect the reduction in scope.
Voluntary Reduction in Scope			
Accredited body	4	Notify JASANZ of intent	A voluntary reduction in scope is undertaken at the formal request of the accredited body. It may be for any range of activity within the scope of accreditation held by the accredited body (Standard, Scheme or Program). Notification should include: - the scope of the voluntary reduction - what arrangements are being made to ensure no disadvantage to clients - expected resumption of activity.
JASANZ	5	Provide directions	JASANZ will provide directions on the proposed course of action including the conditions to be met in order for accredited activity to be resumed.
Accredited body	6	Inform clients / certificate holders	Inform all clients / certificate holders included in its register by registered letter or equivalent of the intent to reduce its scope of accreditation and provide details of how certification status will be maintained. The advice will also outline the impact withdrawal will have on their ability to maintain accredited certification and any arrangements under which they may transfer their certification to another accredited body.
JASANZ	7	Amend register and schedule	Details of the reduction in the scope of accreditation will be published on the JASANZ website as a voluntary reduction for a period of 30 working days.

Suspension of Accreditation

Suspension of Accreditation

Suspending accreditation occurs where an accredited body fails to meet any of the Conditions of Accreditation or fails to meet the undertakings given in the Applicant's Deed Poll or Accreditation Deed Poll. The general obligations of an accredited body under suspension are set out in the Accreditation Deed and specified in each case in a *Notice of Suspension*. Any suspension is authorised under specific delegations in the Delegations Register.

Responsibility	Steps	Action	Notes
If an accredited body does not respond to a show cause letter issued in connection with a prospective suspension or fails to adequately respond then the following procedure applies.			
JASANZ	1	Issue Notice of Suspension	A Notice of Suspension will include: - the grounds for suspension of accreditation - the date of effect and term of suspension - the conditions to be satisfied for the suspension to be lifted - cautionary advice on escalation of the suspension to withdrawal.
Accredited body	2	Meet obligations under suspension	An accredited body under suspension must: - cease to promote its JASANZ accreditation for the period of the suspension - not issue any JASANZ accredited certificates for the period of the suspension - notify clients / certificate holders of the suspension and its terms - maintain surveillance and re-certification obligations for all holders of JASANZ accredited certificates - satisfy any other conditions stated in the Notice of Suspension.
JASANZ	3	Publish details of suspension	Details of a suspension will be published on the JASANZ website on the date of effect and will include: - name of accredited body - location of accredited body - reason for suspension - term of suspension.
If the conditions for lifting the suspension are not met within the terms of the Notice of Suspension, then a Notice of Withdrawal of Accreditation will be issued under procedural withdrawal.			

Responsibility	Steps	Action	Notes
Accredited body	4	Notify JASANZ of intent	A voluntary suspension is undertaken at the formal request of the accredited body. It may be for any range of activity within the scope of accreditation held by the accredited body (standard, scheme or program). Notification should include: - the scope of the voluntary suspension - what arrangements are being made to ensure no disadvantage to clients - expected resumption of activity.
JASANZ	5	Provide directions	JASANZ will provide directions on the proposed course of action including the conditions to be met in order for accredited activity to be resumed.
Accredited body	6	Inform clients / certificate holders	Inform all clients / certificate holders included in their register by registered letter or equivalent of the intent to suspend and provide details of how certification status will be maintained.
JASANZ	7	Amend Register of Accredited Bodies	Details of the accreditation will be published on the JASANZ website as a voluntary suspension.

Where an accredited body is under suspension, JASANZ executive will provide a report to the Accreditation Review Board giving an evidence-based evaluation of the accredited bodies performance. This will be in addition to any assessment report required as a condition for lifting the suspension. The evaluation report will include an evaluation of the accredited bodies performance over the term of its accreditation and an evaluation of any conditions that management considers appropriate to the remainder of the accreditation cycle.

Management recommendations may include that the suspension remains in force and or that accreditation be withdrawn.

Withdrawal of Accreditation

Withdrawal of Accreditation

Withdrawing accreditation is a measure taken by JASANZ to terminate the accreditation of an accredited body. Withdrawal cancels all benefits of accreditation and removes any right to use JASANZ's Intellectual Property or to represent any beneficial association with JASANZ.

There are two categories of withdrawal:

- procedural withdrawal
- voluntary withdrawal

A procedural withdrawal is authorised by the Chief Executive Officer or delegate under specific delegations in the Delegations Register following a Show Cause Letter and a period of suspension where the accredited body has not undertaken or maintained the conditions required by the show cause letter. The procedural withdrawal of accreditation does not require a Show Cause Letter as the Show Cause Letter issued prior to

suspension and the suspension period itself provide adequate notice and opportunity to correct any cause for withdrawal.

The general obligations of an accredited body that has had its accreditation withdrawn are set out in the Accreditation Deed Poll and specified in each case in a *Notice of Withdrawal*.

Procedural Withdrawal

Responsibility	Steps	Action	Notes
If an accredited body fails to meet the conditions for lifting a suspension, then a withdrawal applies.			
JASANZ	1	Issue Notice of Withdrawal	A Notice of Withdrawal will include: - the grounds for withdrawal of accreditation - the date of effect - advice on any Process of Appeal.
If a Notice of Withdrawal is served, then the following procedure applies.			
Accredited body	2	Inform clients / certificate holders	Inform all clients / certificate holders included in its register by registered letter or equivalent means that - accreditation has been withdrawn and - whether the body intends to appeal or otherwise. The advice will also outline to clients / certificate holders the impact withdrawal will have on their ability to maintain accredited certification and any arrangements under which they may transfer their certification to another accredited body. If an appeal is the lodged the <u>Appeals</u> procedure applies.
If no appeal is to be lodged or if an appeal is dismissed, then the following procedure applies.			
JASANZ	3	Amend register and publish details of withdrawal	Details of a withdrawal of accreditation will be published on the JASANZ website on the date of effect and will include: - name of body - location of body - reason for withdrawal - provisions made for transfer of certification.
Voluntary Withdrawal			
If an accredited body advises JASANZ that it seeks to voluntarily withdraw its accreditation then the following procedure applies.			
Accredited body	4	Notify JASANZ of intent	A minimum period of 30 days notice should be given of the intended date of voluntary withdrawal.
JASANZ	5	JASANZ is not obliged to proceed	JASANZ will not proceed with a voluntary withdrawal where the accredited body has: - findings of Major Non-conformity against it - has unresolved non-conformities against it or is under:

Responsibility	Steps	Action	Notes
			• a Show Cause Letter • notice of suspension or notice of withdrawal • notice of pending validation visit or forensic audit • where there are outstanding debts due to JASANZ.
Accredited body	6	Inform clients / certificate holders	Sufficient evidence should be presented to JASANZ that the accredited body has advised all clients / certificate holders included in its register – by registered letter or equivalent means – of its intent to voluntarily withdraw and the impact withdrawal will have on their ability to maintain accredited certification and any arrangements under which they may transfer their certification to another accredited body.
JASANZ	7	Review advice to clients / certificate holders	JASANZ will vary the time for settlement of the voluntary withdrawal where it is of the opinion that clients / certificate holders have not been adequately informed of the pending withdrawal or given sufficient opportunity to consider their options.
JASANZ	8	Amend register and publish details of voluntary withdrawal	Details of a voluntary withdrawal of accreditation will be published on the JASANZ website on the date of effect and will include: • name of body • location of body • reason for withdrawal • provisions made for transfer of certification.
JASANZ	9	Withdrawal in Good Standing	Where an accredited body has met its obligations to JASANZ it may be issued with a letter indicating that the voluntary withdrawal has been undertaken in good standing, on request.

Cancellation of Accreditation

Cancellation of accreditation has no antecedent steps requiring show cause or a period of suspension. Cancellation terminates all dealings between the accredited body and JASANZ. Cancellation applies in the following relevant circumstances:

- a valid withdrawal of accreditation has been upheld against the accredited body by another International Accreditation Forum (IAF) member body
- a prosecution has been proven against the accredited body in a court or tribunal for a serious breach of laws governing criminal conduct, corporations or companies, competition or consumer protection, or misleading or deceptive conduct
- a prosecution has been proven against a person who has control of the management of the accredited body in a court or tribunal for a breach of laws governing serious criminal conduct
- accreditation or certificates issued by the accredited body are no longer recognized (accepted) by a scheme owner or regulator
- the accredited body has failed to meet its financial obligations to JASANZ for greater than 60 days

- failing to implement a Direction of the Governing Board
- any transaction involving inducements to JASANZ personnel to influence the outcome of an assessment or a decision
- any instance of understating or deceptive alteration of the certificate register

Responsibility	Steps	Action	Notes
JASANZ	1	Notice of Cancellation	A Notice of Cancellation of accreditation will be issued where JASANZ has satisfied itself that one or more of the relevant circumstances apply. A Notice of Cancellation will be issued without the benefit of a Show Cause Letter or a period of suspension. The Notice of Cancellation will include: • the grounds for cancellation • the date of effect • the conditions to be adhered to during the term between notice and effect.
Accredited body	2	Inform clients / certificate holders	Inform all clients / certificate holders included in its register by registered letter or equivalent means: • that accreditation has been cancelled or is pending • what provision has been made to transfer their certification or inspection.
JASANZ	3	Amend register and publish details of cancellation	Details of a cancellation of accreditation will be published on the JASANZ website on the date of effect and will include: • name of body • location of body • reason for cancellation • provisions made for transfer of certification.

Appeals

Appeals

Adverse decisions against an accredited body may be appealed under one of two options provided by JASANZ:

1. a general appeal may be made against matters related to assessment findings or the application of accreditation criteria
2. a formal appeal is available to an accredited body under suspension or withdrawal of accreditation.

Accredited bodies should also ensure they have read and understood the actions giving rise to cancellation of accreditation.

General Appeal

Matters related to assessment findings or the application of accreditation criteria

Conduct of General Appeals

General appeals are to be referred to General Manager Services. General appeals will be conducted as an investigation into the matters raised and a decision will be made with:

- a statement of the relevant facts; and
- a statement of reasons for the decision

An adverse finding in a general appeal may be reviewed by a panel of the Accreditation Review Board only where it can be demonstrated that the facts of the appeal statement of reasons do not support the findings.

Formal Appeal

Matters related to assessment findings or the application of accreditation criteria

Conduct of Formal Appeals

An appeal panel of at least three persons will be appointed by the Chief Executive Officer. .

Panels will comprise a Member of the Accreditation Review Board, member of the Technical Advisory Council and an appeals pool member. All appointments to a panel will be free of any conflict of interest that a reasonable person would consider likely to result in an unfair appeal

An appellant has the right to formally represent its case. Both the appellant and the Panel have the right to avail themselves of assistance from witnesses, provided the names and addresses of the witnesses have been supplied in writing, to the Panel or to the appellant, whatever the case may be, not later than 5 calendar days before the date of any relevant hearing by the Panel.

The Panel will make a decision on the appeal within 14 calendar days of the date the appeal has been heard. The decision of the Panel is considered binding. The Panel may determine that the matter is exceptional and should be referred to the full Accreditation Review Board (ARB) for a final review

Responsibility	Steps	Action	Notes
JASANZ	1	Request for appeal	Any request for appeal is to be treated as a matter of importance and the appellant should be provided with a copy of the internal operating Procedure for the conduct of an appeal. It is always the sole responsibility of the appellant to prepare the appeal. In the event that the appellant does not have available to it copies of any documents necessary to support the appeal, then JASANZ will make the document available where it has access to the requested document.
Appellant	2	Submit a valid appeal	A valid appeal must:

Responsibility	Steps	Action	Notes
			- be lodged within 20 calendar days of the notification of the decision to be appealed - be directed to the <u>Chief Executive Officer</u> - be made in written form, if lodged electronically in both PDF and word format - identify: - the decision to be appealed - the basis for the appeal - any supporting documentation required to substantiate the facts of the appeal - include a deposit of A\$8,000.
JASANZ	3	Determine validity of the lodgement process	Advise appellant of dismissal of the appeal if not valid, or acceptance of the appeal if valid.
JASANZ	4	Appeal Panel	Advise the appellant of proposed panel members and obtain agreement of the appellant of no Conflict of interest with the proposed members.
Appellant	5	Presentation	An appellant may present its case formally to the panel with the assistance of expert advice as needed.

The report of the Panel shall be signed by all members of the Panel, after which the Chief Executive Officer will ensure that a copy is sent to the appellant. The original will be filed in the JASANZ filing system.

The appellant is liable for their own costs in any preparing and participating in any appeal. The cost of conducting an appeal shall be met by the appellant, or where the appeal is successful it shall be met by JASANZ.

No Appeal

Refusal to accept an application or decline to enter into an accreditation relationship with an applicant:

- for commercial reasons
- where an applicant is an unacceptable risk; or
- where any sanctions exist that would prevent JASANZ from offering accreditation

Terminating an existing relationship with an accredited body:

- for commercial and contractual reasons; or
- where the accredited body represents an unacceptable risk to the reputation of the accreditation system

Transfer of Certification

The possibility of transfer between accredited bodies is a matter that is consistent with the basic principles of market economy and with mobility as an important driver for improvement and service. Avoidance of legitimate Certification obligations is no reason for accepting a transfer.

As a general rule, a valid certification under transfer remains intact during the transfer period. In the absence of a breach of the conditions of certification, there is no justification for the issuing accredited body to withdraw the certification from an organisation going through the transfer process. Similarly, there is no justification for an issuing accredited body to immediately remove a certified organisation from its directory of certified clients on notification of its intent to transfer and before the transfer is completed.

While transfers may be acrimonious, it remains essential to the reputation and standing of the certification industry that it can be conducted in an orderly manner with least possible disruption to the certified organisation. There is no justification for an accepting accredited body failing to advise an issuing accredited body of a prospective transfer or for an issuing accredited body refusing cooperation during a transfer.

The following addresses the transfer of certification between JASANZ-accredited bodies. This does not preclude the transfer of organisations that hold accredited certification under another accreditation body that is a signatory to the [International Accreditation Forum \(IAF\)](#) Multilateral Arrangement and corresponding Scope; however, JASANZ cannot require other accreditation bodies or their accredited bodies to follow this Procedure. Therefore some components of this Process may not apply to this transfer situation.

JASANZ will advise other accreditation bodies where their accredited bodies are not complying with IAF MD 2 - IAF Mandatory Document for the Transfer of Accredited Certification of Management Systems.

Responsibility	Steps	Action	Notes
Accepting accredited body	1	Advise the issuing accredited body	The accepting accredited body should advise the issuing accredited body when it receives an application for transfer. The advice should include the following: • a date for completion of the transfer which is no more than one calendar month ahead of the request • the information that is reasonably required to complete the transfer, including ○ last certification audit report ○ any outstanding non-conformity.
Issuing accredited body	2	Provide the information sought by the accepting accredited body	The issuing accredited body is obligated to assist the transfer by providing: • the information reasonably sought by the accepting accredited body • the information within one working week of the advice being made.
Accepting accredited body	3	Establish validity	The accepting accredited body will establish the validity of the certification and the status of outstanding non-conformity with the issuing accredited body.

Responsibility	Steps	Action	Notes
			A certification which is known to have been suspended or under the threat of suspension shall not be accepted for transfer.
Issuing accredited body	4	Register listing of the transferring organisation	The issuing accredited body is obligated to maintain the listing of the transferring organisation in its directory of certified clients until the transfer process is completed and the transferring organisation is listed by the accepting accredited body. The obligation to maintain the register entry expires three working days after the transfer date nominated by the accepting accredited body.
If the certified organisation seeking transfer refuses to agree to the exchange of information necessary to complete the transfer, then the following procedure applies.			
Accepting accredited body	5	Terminate transfer and revert to application process	Where the issuing accredited body does not provide the information reasonably required or has de-registered the transferring client prior to completion of the transfer, then the accepting accredited body should seek assistance from JASANZ to obtain the required information. An issuing accredited body that fails to provide information necessary to complete a transfer is liable to show cause why its Accreditation should not be suspended.
If the issuing accredited body refuses, declines or ignores a request for information within five working days, then the following procedure applies.			
Accepting accredited body	6	Advise JASANZ	The accepting accredited body should advise JASANZ of the circumstances and seek a timeframe within which to complete the transfer.
Accepting accredited body	7	Obtain confirmation	If the accepting accredited body is not able to verify the validity of the certification, a written statement should be obtained from the transferring organisation to the effect that at the time of transfer its certificate had not been suspended.
Accepting accredited body	8	Visit transferring organisation	The visit will establish what is required to complete the transfer and the reasons supporting the decision.
Issuing/accepting body	9	Assessment of transfer	All documents relating to the discharge of transfer obligations by both an issuing and accepting accredited body are subject to Assessment in any subsequent Surveillance activity conducted by JASANZ.

Transfer of Certification from Withdrawn and Cancelled Accredited Body's

Accepting transfer from a withdrawn or cancelled accredited body is a high risk undertaking and the accepting accredited body is entirely liable for the outcomes. Any accredited body seeking to undertake transfer from a withdrawn or cancelled body will have a documented procedure outlining:

- the matters it will take into account when considering accepting a transfer including whether the program/scheme allows transfers.
- the decision criteria it will apply to accepting or rejecting a transfer; and

- who is authorised to make the decision to accept or reject a transfer and responsible for the outcome

The accepting accredited body's procedures will be consistent with this procedure for the transfer of management system certifications from withdrawn and cancelled accredited body's.

Transfer of product, personnel, verification and inspection certificates are to be administered under the direction of JASANZ.

Responsibility	Steps	Action	Notes
Accepting Body	1	Validate the organisation	The identity of the organisation seeking transfer should be validated as follows: 1. confirm the entry on the JASANZ Register. Certificates of withdrawn and cancelled accredited body's will be maintained on the JASANZ register for a maximum of 90 calendar days from date of withdrawal - if the organisation is not registered the transfer must be declined. 2. verify the business registration details - if the business registration details are not valid then the transfer must be declined. 3. verify the physical location and management structure of the organisations - if the organisation fails to provide details or access to its physical location or details of its management structure then the transfer must be declined
	2	Validate and verify the management system(s)	The accepting accredited body shall review and validate the existence and operation of a certified management system(s) that has the features and characteristics consistent with the certifications validated on the JASANZ Register. A management system is validated through the following: • review of documentation including audit reports • review of test reports if applicable • observation of the application of management system procedure If the features and characteristics of a certified management system(s) are not materially consistent with the expected certifications, then the transfer must be declined.
	3	Advise JASANZ	The accepting accredited body should advise JASANZ of its intention to undertake transfer and provide the following details of the entity: • business registration • physical location • management structure
	4	Make a Declaration	The accepting accredited body must make a Declaration to JASANZ that it has undertaken a validation of the management system used by the transferring organisation.

Responsibility	Steps	Action	Notes
			Only when the declaration has been lodged can the formal arrangements for transfer be initiated.
	5	Obtain acknowledgements and undertakings	The accepting accredited body must obtain a written acknowledgment as a strict condition of transfer that where JASANZ has grounds to doubt the implementation of the management system or the transfer process, then JASANZ has the right to: • undertake a validation visit at the cost of the transferring organisation • remove the certification from the JASANZ register The acknowledgements and undertakings will include an indemnification in favour of JASANZ by both the accepting accredited body and the transferring organisation against any claim arising from the failure of the accepting accredited body to undertake the transfer effectively.
	6	Include Declaration review and validation at next assessments	Declarations are subject to review during any surveillance activity undertaken by JASANZ. Accepting accredited body's shall ensure that full records are retained. Records that are not available on demand or which are inadequate to support the transfer are grounds to doubt the implementation of the management system or the transfer process.

Transfer of Accreditation

Where an applicant seeks to transfer Accreditation to JASANZ from another International Accreditation Forum (IAF) member body then JASANZ will make such inquiries as it deems necessary to establish the fitness of the applicant to be accredited under transfer.

No transfer will be accepted where the transfer is related to or coincidental with any valid sanction applied against the applicant for breach of Accreditation Criteria. A transfer will not be granted where the applicant has failed to provide sufficient information for JASANZ to determine that the transfer poses no greater Risk to the accreditation system than an initial application.

When a request for transfer is received the following steps for processing the application will apply.

Responsibility	Steps	Action	Notes
Applicant	1	Sign and return the Applicant's Deed Poll	The Applicant's Deed Poll covers the conduct of the applicant in preparing documentation associated with the proposed transfer of accreditation. The obligations required of applicants are equally applicable to any body seeking to transfer accreditation.
Applicant	2	Application prepared and lodged with JASANZ	Completes the appropriate documents as directed by JASANZ for the scope of accreditation sought. In this application the applicant indicates that it wishes to transfer existing accreditation. The applicant is obliged to provide the following:

Responsibility	Steps	Action	Notes
			- certificates of accreditation, including any related schedules - Assessment reports relating to the accreditation back to the last full assessment, whether that was the initial accreditation or the re-accreditation - details relating to any outstanding non-conformity and their status - details relating to the accreditation assessment Program for the current cycle of accreditation.
JASANZ	3	Acknowledge and review application	JASANZ will acknowledge receipt of the application. The applicant remains obliged to provide any additional information necessary to complete the review as required by JASANZ.
If the applicant is applying for a scheme for which JASANZ has specific criteria, then the following procedure applies.			
JASANZ	4	Determine whether a full assessment will be required for this scheme	JASANZ will determine at its discretion whether the transfer requires a full scope extension assessment in addition to the transfer for that Scheme. This will be processed as a scope extension in the system.
If there are no JASANZ specific criteria related to the schemes applied for, then the following procedure applies.			
JASANZ	5	Establish validity	JASANZ will establish the validity of the accreditation and the status of the outstanding non-conformity with the issuing Accreditation Body. Where an applicant declines consent for an issuing accreditation body to release any documentation, the application for transfer will be terminated.
If the issuing accreditation body cannot validate the information provided, or where the non-conformities are not closed, then the following procedure applies.			
JASANZ	6	Revert to new application procedure	JASANZ will notify the applicant that the information provided cannot be validated in full and that the new applicant Process will be initiated for their application. The applicant will only be accredited as an initial applicant and in accordance with the application Procedure.
JASANZ	7	Undertake a review of the application	JASANZ will undertake a review of the application against: - scope of the application against the scope of the accreditation - status of current accreditation - history of suspending accreditation or withdrawing accreditation or other sanctions applied against the applicant - outstanding non-conformity

Responsibility	Steps	Action	Notes
			other inquiries in connection with the transfer that JASANZ may elect to undertake. During this process further information may be requested from the applicant to supplement the application. A review report is to be completed. This will form the basis for the accreditation decision.
If the applicant's claims can be validated, the following procedure applies.			
JASANZ	8	Notifies applicant that transfer application has been accepted	JASANZ will notify the applicant that the application for transfer can be accepted. The applicant will be sent the Applicant's Deed Poll for signature.
JASANZ	9	Accreditation Decision	The review of documents undertaken by the assessor/assessment team is provided to the decision-maker with a clear recommendation.

Use of the JASANZ Accreditation Symbol

About this Guide

This guide is for the use and reproduction of the JASANZ Accreditation Symbol and forms part of the Licence to Use the JASANZ Accreditation Symbol and should not be relied upon in isolation from the terms and conditions in the Licence. Conditions defined in this guide should not be read in isolation of one another but in totality.

Applicants

Applicants may only use the Accreditation Symbol for the purpose of preparing sample materials that are necessary to complete documentation required under the application Procedure.

Accredited Bodies

An applicant may use the JASANZ Accreditation Symbol on the grant of Accreditation and completion of Licence to Use the JASANZ Accreditation Symbol.

Conditions of Use

Whether it is used by an accredited body or the client of an accredited body, the JASANZ Accreditation Symbol is only to be used in conjunction with the symbol of the accredited body and may not be reproduced in isolation.

Accredited Body

An accredited body shall only use the JASANZ Accreditation Symbol in the following way:

- the Accreditation Symbol and conformity assessment mark are positioned in a manner that ensures the relationship between the Accreditation Symbol and the mark of the accredited body is obvious.
- the physical dimensions of the Accreditation Symbol and the conformity assessment mark are proportionately equal.

Accredited Body's Clients

An accredited body's clients shall only use the Accreditation Symbol in the following way:

- the combination, of the accreditation symbol and the accredited body's mark is placed next to the name and/or logo of the accredited body's client, unless otherwise stated by JASANZ in writing; and
- the dimensions of the Accreditation Symbol and the conformity assessment mark are proportionately equal.

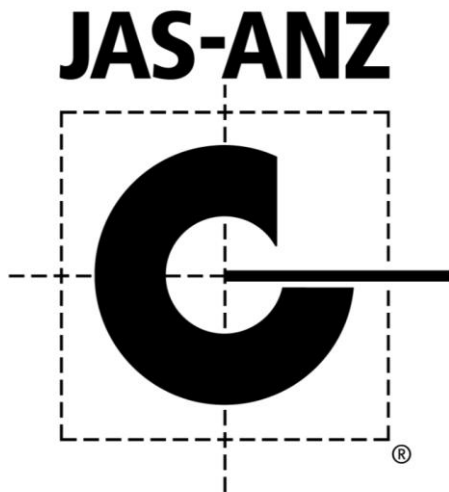
Reproduction of the Symbol

- The Accreditation Symbol is only to be reproduced in the colour combination as shown in Figure 1 [PMS Reflex Blue and PMS 485 (Red)].



WWW.JASANZ.ORG/REGISTER

- The URL for the JASANZ register (www.jasanz.org/register) must be displayed directly beneath the symbol. If the Accreditation Symbol is used more than once in the same document, the URL need only appear in the first instance.
- The Accreditation Symbol may be reproduced in a single colour to conform to existing pre-printed stationery or newspaper and magazine articles (See Figure 2).



WWW.JASANZ.ORG/REGISTER

- The Accreditation Symbol may be uniformly enlarged or reduced but shall be sufficiently large for the wording to be clearly legible.
- The Accreditation Symbol may be stamped, moulded or otherwise incorporated on a certified product.
- The Accreditation Symbol may be embossed or stamped when used on paper.

Electronic copies of the JASANZ symbol may be obtained from the JASANZ Info section of any Accredited Bodies portal.

Fees Schedule

The following conditions are applicable to the schedule:

Terms of Trade

- Any invoice unpaid after 30 days of the invoice date will result in all work on scope extensions, assessment and reporting being stopped
- Any invoice unpaid after 45 days of the invoice date is grounds for suspension without the requirement for Show Cause
- Any invoice unpaid after 60 days of the invoice date is grounds for cancelling accreditation without the requirement for Show Cause

All fees are in Australian dollars and are exclusive of GST or other government taxes. Disbursements will be charged at cost and may include, but not be limited to:

- Travel, transportation, accommodation including associated expenses
- Interpretation and document translation services
- Fees and expenses charged by other accreditation bodies for cross frontier activities.

Scheduled Surveillance

The costs associated with scheduled surveillance are covered by certification fees, except where the frequency of surveillance is set at quarterly intervals or witnessing activities are mandated by a 3rd party that exceed JASANZ witness requirements. See: Scheduled Surveillance Procedure.

For quarterly surveillance full day rates will be charged for two surveillance visits at the per diem rate set for unscheduled office surveillance and unscheduled witnessing.

Description	Fee	Notes
Initial Application		
Application Lodgement	\$9,499.57	The lodgement fee provides portal access and 2 days for document review of the application. Further charges at the document review hourly rate apply for any additional hours required to complete the application document review over and above the allotted 2 days.
Application Assessments	\$1,484.31 per diem per assessment team member	An estimate of the number of days that are required to undertake initial office assessment and witnessing will be issued pre-application.
Extension to Scope and Transitions		
Document Review	\$1,662.43 per diem per assessment team member	An estimate of the time required to assess an application or verify a scheme transition policy will be made based on the completeness and quality of the scope extension documentation.
Office Assessment and Witness Assessment	\$1,484.31 per diem per assessment team member	An estimate of the office and witness assessments necessary to satisfy the scope extension will be given at the pre-application stage
Body Fee		
Annual Body Fee	\$14,249.31	Annual Fee
Certification Fees		
Management System Certification	\$56.94 per certification per annum	Applied over the life of the certification
Verification and Validation Certification		
VV	\$56.94 per certification per annum	Applied over the life of the certification
Product Certification		
Level 1 Scheme	\$15.54 per certification per annum	Applied over the life of the certification
Level 2 Scheme	\$61.04 per certification per annum	Applied over the life of the certification

Description	Fee	Notes
Level 3 Scheme	\$98.71 per certification per annum	Applied over the life of the certification
Personnel Certification		
Level 1 Scheme	\$5.97 per certification per annum	Applied over the life of the certification
Level 2 Scheme	\$10.57 per certification per annum	Applied over the life of the certification
Inspection		
Service Fee	Individual basis	The fee is calculated annually based on the costs of delivering the program including mandated levels of activity required by regulators.

Unscheduled Surveillance

Unscheduled surveillance is charged at the following rates. Unscheduled surveillance is not a budgeted activity. JASANZ does not set targets for levels of activity or revenue for unscheduled surveillance. The costs of any unscheduled office surveillance, witnessing, non-conformity management, validation visits or forensic audits are the sole responsibility of the accredited body. All unscheduled surveillance and assessment activities are initiated under JASANZ accreditation procedures.

Description	Fee	Notes
Unscheduled Office Surveillance	\$1,662.43 per diem per assessment team member	In addition to the per diem fee, any accredited body subject to unscheduled office surveillance is liable for all expenses incurred with carrying out the surveillance.
Unscheduled Witnessing	\$1,662.43 per diem per assessment team member	In addition to the per diem fee, any accredited body subject to unscheduled witness is liable for all expenses incurred with carrying out the witness.
Validation Visit	At cost	Any accredited body subject to validation visits is liable for the full cost and expenses associated with carrying out the validation visit.
Forensic Audit	At cost	Any accredited body subject to forensic audit is liable for the full cost and expenses associated with carrying out the validation visit.

Cancellation

An applicant/accredited body whose actions or inaction results in the cancellation of a scheduled assessment is liable for all costs associated with the cancellation. Cancellation costs may include but not be limited to:

- disbursements incurred by JASANZ in coordinating the assessment, and resulting from its subsequent cancellation;

- assessment fee of \$1,484.31 per diem per assessment team member including time scheduled for planning and onsite/remote, pro-rated as follows:

Business days ahead of scheduled assessment notification of cancellation is received by JASANZ	Percentage of cancellation fee
0 to 5 business days	100%
6 to 10 business days	70%
11 to 15 business days	50%
16 to 20 business days	20%

An estimate of cancellation costs can be provided upon request.

Personnel certification schemes

Level One Schemes

Personnel Provider	Certification Scheme
The Australian Institute for Non-destructive Testing (AINDT)	Personnel Qualification and Certification Scheme
The Australian Institute for Non-destructive Testing (AINDT)	AINDT Condition Monitoring Qualification and Certification Scheme
Certification Board for Inspection Personnel New Zealand	CBIP Certification of Inspection Personnel Scheme
Certification Board for Inspection Personnel New Zealand	CBIP Certification of Non-Destructive Testing (NDT) Personnel Scheme
Mobius Institute Board of Certification (MIBoC)	MIBOC Condition Monitoring and Diagnostics Scheme.
Mobius Institute Board of Certification (MIBoC)	MIBOC Asset Reliability Practitioner

Product Certification: Level One Schemes

Abbreviation	Title
ETT-AGA	AGA Electrical Type Test Scheme
GP-AGA	AGA Gas Product Scheme
TSC-AGA	AGA Test Station Certification Scheme
EPSC-AICAS	AICAS Electrical Equipment Safety Certification Scheme
ANZCS-ULI NZ	ANZ Certification Scheme
ANZEx CE UVP	ANZEx CE UVP
GSC-BSI	BSI Australian Gas Safety Certification Scheme
EPSC-CBA	CBA Electrical Product Safety Certification Scheme
EPSC-CCS	CCS Electrical Product Safety Certification Scheme
PAS-Mark-CSi	CSi Product Assessment Scheme
APAS-CSIRO	CSIRO VS Australian Paint Approval Scheme
GCTSS	Gas Cylinder Test Station Scheme
CGSP-GM	Global-Mark Certified Gas Safety Scheme

Abbreviation	Title
EPSCS-GM	Global-Mark Electrical Product Safety Certification Scheme
CPT-GM	Global-Mark Product Conformance - Certified product type program
FSA-HI	HACCP International Food Safety Assurance Scheme
GMS-IAPMO	IAPMO GasMark Scheme
ICC-ES Mark	ICC-Evaluation Service Mark Scheme
NZFAP	New Zealand Farm Assurance Programme
EPSC-OZC	OzCert Electrical Product Safety Certification Scheme
PCSTT-PS	Pro-Switch Product Conformity Scheme - Type Test
EPSC-SAA	SAA Approvals Electrical Product Safety Certification Scheme
GSC-SAI	SAI Global Gas Safety Certification Scheme
EPSC-SAI	SAI Global Type Examination Scheme for product electrical safety scheme
ETT-SGS	SGS Electrical Type Testing Scheme
TECS	Telecommunications Equipment Certification Scheme
EPSC-TUVR	TUV Rheinland Electrical Product Safety Certification Scheme

Product Certification: Level Two Schemes

Abbreviation	Title
AQAWS	AsureQuality Animal Welfare Scheme
ORG-AQ	AsureQuality Organics Certification Scheme
AWPCS	Australian Wood Packaging Certification Scheme
ORG-BG	BioGro Organics Certifications Scheme
GCoC	GLOBALGAP Chain of Custody Scheme
LEAF	LEAF Marque Certification Scheme
PEFC-CoC	PEFC Chain of Custody Certification Scheme
RW CoC	Responsible Wood Chain of Custody Scheme
Synlait	Synlait Lead With Pride Program

Product Certification: Level Three Schemes

Abbreviation	Title
PROD-ACRS	ACRS Product Certification Scheme
ANZEx CE	ANZEx Certified Equipment Scheme
MP87.1	ANZEx Equipment Certification Scheme
ANZEx RSF	ANZEx Recognised Service Facility Scheme
AMIT5-AMI	ApprovalMark Type 5 Certification Scheme
ACICS	Australian Community Industry Certification Scheme
BRCGS	Brand Reputation through Compliance Global Standards

Abbreviation	Title
BM-BSI	BSI Benchmark Scheme
SMark-BV	BV S Mark Product Certification Scheme
PT-CARES	CARES Supply and Installation of Post Tensioning Systems for Concrete Structures Scheme in Australia
Certifire-Warringtonfire	Certifire Scheme for Certification of Fire Protection Products
PCS-CMI	CMI ProdCert Scheme
CMA	CodeMark Australia Scheme
CM	CodeMark NZ Scheme
IEA	Inclusive Employment Australia (IEA) Scheme (formerly DES/SES)
PM-DNV	DNV ProductMark Scheme
PCS-EWPAA	EWPAA Product Certification Scheme
FTGS	Fonterra Trusted Goodness Scheme
Freshcare	Freshcare Scheme
DWTRT-GC	GC Domestic Wastewater Treatment Units (Septic Tanks) and Rainwater Tanks certification scheme
GGIFA	GLOBALGAP Integrated Farm Assurance Scheme
PCP-GM	Global-Mark Product Conformance Scheme
HSQF	Human Services Quality Framework Scheme
IMS-IAPMO	IAPMOMark Scheme
IFS	International Featured Standards Scheme
OOAP-Cert	MPI Official Organic Assurance Programme - Certification
NDAP & DEAIP	National Disability Advocacy Program & Disability Employment Advocacy and Inclusion Program (NDAP & DEAIP) Scheme
NDIS AQA	National Disability Insurance Scheme (Approved Quality Auditors Scheme)
NPA	National Panel of Assessors Scheme
NSSC	National Structural Steelwork Compliance Scheme
NZEHS	New Zealand Export Halal Scheme
NZGAP-Global	New Zealand GAP - Global
ORG-AUS	Organics scheme (Australia)
PCSFULL-PS	Pro-Switch Product Conformity Scheme - Full
RTAC	Reproductive Technology Accreditation Committee Scheme
SM-SAI	SAI Global StandardsMark Scheme
SQF	SQF Code Scheme
Carbonreduce-prod-Toitu	Toitu carbonreduce-Prod
Toitu-CP-Cert	Toitū Envirocare Carbon Programme – product certification

Abbreviation	Title
net carbonzero-prod-Toitu	Toitu net carbonzero-Prod
UHCS	UAE Halal Certification Scheme
UL-AU-ULI NZ	UL-AU Mark Scheme
WM	WaterMark Certification Scheme
WELD-WA	Weld Australia Quality Requirements for Fusion Welding of Metallic Materials Scheme
WANADA	Western Australian Network of Alcohol and other Drug Agencies WANADA Scheme

ANNEX A: Traceability of physical measurements

Introduction

This procedure is intended to standardise the interpretation for the phrase "traceable to international or national standards", or like phrases, by JASANZ accredited bodies.

This procedure applies to all accredited conformity assessment programmes where the conformity assessment standard or normative document (e.g. ISO 9001, ISO/IEC 80079-34) defines the requirements for the control of monitoring and measuring equipment.

Legal metrology

Whilst this procedure's intention is to standardise interpretations in relation to traceability of physical measurements in the context of certification, it does not apply to traceability in legal metrology as defined in Section 10 of the National Measurement Act of the Commonwealth of Australia (the Act). Although the Act achieves the same practical outcome as the traceability described in this policy, it has important additional requirements in that it:

1. requires that a legally traceable measurement of a physical quantity may only be made by reference to specific standards, reference materials or measuring instruments or combinations thereof;
2. provides for regulations to specify pattern approval of measuring instruments;
3. provides for regulations to specify the issue of particular certificates to demonstrate legal traceability.

Legal metrology is part of metrology relating to activities which result from statutory requirements and concern measurement, units of measurement, measuring instruments and methods of measurement which are performed by competent bodies, such as measurement for traffic control, occupational health and safety, and environment monitoring and trade measurement.

Traceability of physical measurement

An item of measuring equipment shall be deemed to have traceability to internationally or nationally recognised standards of measurement when it has been calibrated by one of the following bodies and is of appropriate accuracy for the measurement in question:

1. National Measurement Institute (NMI), Australia;
2. Measurement Standards Laboratory (MSL), New Zealand;
3. a national measurement standards laboratory whose calibration capability for the measurement in question is listed in Appendix C of the Bureau International des Poids et Mesures (BIPM) database established under the Comité International des Poids et Mesures (CIPM) Mutual Recognition Arrangement (MRA);
4. a metrology or calibration laboratory accredited, for the measurement in question, by one of the following national laboratory accreditation authorities:
 - a. The National Association of Testing Authorities (NATA), Australia
 - b. International Accreditation New Zealand (IANZ), New Zealand
 - c. a national laboratory accreditation authority that is a signatory to the International Laboratory Accreditation Cooperation (ILAC) Mutual Recognition Arrangement (MRA).
To ensure the measurements are covered by the calibration facility's scope of accreditation, the measurements must be reported on a certificate or report that contains the logo of one of the above-mentioned accreditation authorities.
5. a laboratory or facility recognised by the National Measurement Institute (NMI) Australia, as a Verifying Authority (VA) for the particular calibration.

Where calibrations cannot be traced to a recognised national or international standard of measurement through a body listed in (1) to (5) above, accredited bodies shall document their procedures for the validation of such calibrations. This procedure shall include verification that the method of calibration has been approved by an independent expert in the relevant field e.g. the accredited body's auditor or Technical Expert.

Legally traceable measurement

Accredited bodies are advised that within Australia, Section 10 of the National Measurement Act of the Commonwealth of Australia requires that a legally traceable measurement of a physical quantity may only be made by means of, by reference to, by comparison with, or by derivation from:

1. an appropriate Australian primary standard of measurement;
2. an appropriate Australian secondary standard of measurement;
3. an appropriate State primary standard of measurement;
4. an appropriate recognised-value standard of measurement;
5. an appropriate reference standard of measurement;
6. two or more standards of measurement, each of which is a standard of measurement referred to in (1), (2), (3), (4) or (5);
7. a certified reference material;
8. a certified measuring material;
9. one or more standards of measurement, each of which is a standard of measurement referred to in (1), (2), (3), (4) or (5) and a certified reference material;

10. one or more standards of measurement, each of which is a standard of measurement referred to in (1), (2), (3), (4) or (5) and a certified measuring instrument; or
11. one or more standards of measurement, each of which is a standard of measurement referred to in (1), (2), (3), (4) or (5), a certified reference material and a certified measuring instrument.

ANNEX B: Terms and Definitions

Accreditation	Third-party attestation related to a conformity assessment body conveying formal demonstration of its competence to carry out specific conformity assessment tasks (ISO/IEC 17011, ISO/IEC 17000)
Accreditation Criteria	The set of requirements, advice and information that accredited bodies must satisfy in order to meet the conditions for assessment and surveillance activity. Accreditation Criteria are identified according to the Programs and Schemes that JASANZ offers.
Accreditation Review Board	An independent group responsible for considering and making decisions in relation to granting, maintaining, reducing, extending, suspending and withdrawing accreditation.
Accreditation Sanctions	Accreditation sanctions are any action that JASANZ may apply in order limit or constrain an organisations right to represent itself as accredited either in full or for some specified range of activity. Accreditation sanctions include any of the following: Suspension, Withdrawal, Cancellation, Reduction of Scope, Reduction of Accreditation Cycle.
Appeal	Request by an accredited body for reconsideration of any adverse decision related to the desired accreditation status. NOTE: Adverse decisions include refusal to accept an application, refusal to proceed with an assessment, corrective action requests, changes in accreditation scope, decisions to deny, suspend or withdraw accreditation, and any other action that impedes the attainment of accreditation (ISO/IEC 17011)
Applicant	A person who has submitted an application to be admitted into the accreditation system. An applicant may be for: Accreditation as a certification or Inspection body, or for the purpose of developing a certification scheme, or having a scheme endorsed
Assessment	Process undertaken by an accreditation body to assess the competence of an accredited body, based on particular standard(s) and/or other normative documents for a defined scope of accreditation. NOTE: Assessing the competence of an accredited body involves assessing the competence of the entire operations of the accredited body, including the competence of the personnel, the validity of the conformity assessment methodology and the validity of the conformity assessment results (ISO/IEC 17011). Process that evaluates a persons fulfillment of the requirements of the certification scheme (AS/NZS ISO/IEC 17024).
Audit	A systematic, independent, and documented process for obtaining audit evidence and evaluating it objectively to determine the extent to which audit criteria are fulfilled (AS/NZS ISO 9000)
Auditor	A person with the demonstrated personal attributes and competence to conduct an audit (AS/NZS ISO 9000)
Certificate	A document issued by a certification body under the provisions of this International Standard, indicating that the named person has fulfilled the certification requirements (AS/NZS ISO/IEC 17024)
Certification	A third-party attestation related to products, processes, systems or persons. A certification is a formal statement that a proposed decision is acceptable in some

	defined sense; for example, that the proposed decision is legal, or consistent with policy, or safe. A person providing a certification is providing assurance to the approval authority on some aspect of the proposed decision, within the certifiers area of competence. The certifier is not saying that the decision should be approved, only that it is acceptable. The organisations policies may stipulate the certifications required for various types of decision; for example, to specify that contracts over some value or duration must be certified by a lawyer. See Decision Rights.
Conformity Assessment	A demonstration that specified requirements relating to a product, process, system, person, or body are fulfilled (ISO/IEC 17000)
Consultancy	Consultancy is considered to be inconsistent with providing objective assessment of accredited/certified bodies. The reason for this is a general view that providing anything that can be construed as consulting has a high risk of affecting the objectivity of the consultant in assessing the value or correctness of that advice. JASANZ takes consulting to be providing prescriptive single option solutions about any of the following activities: Preparing or producing manuals or procedures for an accredited or certified body; Participating in operation or management of the system of an accredited/certified body; Giving specific advice or specific training for the development and implementation of operational procedures of an accredited/certified body; Participation in design, manufacture, installation, maintenance or distribution of a certified product or a product to be certified, or process or a process to be certified, or service or a service to be certified. Providing options or sets of possibilities where the autonomy and responsibility of the accredited/certified body in final selection does not constitute consultancy.
Control	A measure that is modifying risk, monitoring, comparing and correcting performance
Critical Location	A critical location is a location where one or more key activities are undertaken. Criteria for Critical Location - Management Systems Certification: The receipt and review of applications; The assignment of auditing personnel; The initial qualification, training and ongoing monitoring of auditors and retention of assessment personnel records; The review of final reports and/or certification decision or approval. The formulation of policy, processes or procedures; and the control of surveillance or recertification audits. Product Certification: Contract review including technical review of applications and determining the technical requirements for certification activity in new technical areas or areas of limited sporadic activity; The initial assessment of competence, and approval of technical personnel and subcontractors; control of the monitoring process of competence of personnel and subcontractors and its outcomes; decision on certification including technical review of evaluation tasks (see IAF GD5 G.4.2.26); and Policy formulation and approval; process and/or procedure development and approval. Personnel Certification: The review of applications and of contractual arrangements associated with the assessment and certification of persons; The development and approval of processes and procedures necessary for the operation of the certification of persons systems, including requirements for selection and appointment of examiners; The development, evaluation and maintenance of the examination(s) and of re-certification; The decision on certification of persons, including signing or authorization of certificates; The development and approval of policies, processes and procedures for the resolution of appeals and complaints received from applicants, candidates, certified persons and their employers and other parties about the certification process and criteria; The final decision on appeals and complaints; and Policy formulation and approval
Expert	A person assigned by an accreditation body to provide specific knowledge or expertise with respect to the scope of accreditation to be assessed (ISO/IEC 17011)

Fit and proper person	The concept of a 'fit and proper' person is a fundamental one in many professions, jurisdictions and organisations as it is used to determine a person's honesty, integrity, reputation, skill, knowledge, capability and capacity, in order to confirm that they are 'fit and proper' for the role or activity they are or will be undertaking. There is no single infallible test regarding what constitutes a 'fit and proper' person, rather it takes its meaning from context, from the role or activities in which the person is or will be engaged and the ends to be served. The concept of 'fit and proper' cannot be divorced from the conduct of the person. Depending on the nature of the role or activity, the question may be whether improper conduct has previously occurred, whether it is likely to occur, whether it can be assumed that it will not occur, or whether the general community will have confidence that it will not occur. In certain contexts, character (because it provides indication of likely future conduct) or reputation (because it provides indication of public perception as to likely future conduct) may be sufficient to ground a finding that a person is not 'fit and proper' to undertake the role or activity in question.
Foreign Location	A foreign location is a location outside of the country in which the accredited body's head office is situated.
Geographical Scope	The countries an accredited body is approved to undertake accredited certification and or locations in which the accredited body has a physical presence. Geographical scope of an accredited body is defined on the Accreditation Schedule.
Impartiality	Presence of objectivity. NOTE: Objectivity is understood to mean that conflicts of interest do not exist, or are resolved so as not to adversely influence the activities of the body (AS/NZS ISO/IEC 17065)
Inspection	Conformity evaluation by observation and judgement accompanied as appropriate by measurement, testing, or gauging
Interested Party/Parties	A person or group having an interest in the performance or success of an organisation. An individual, group or organization affected by the performance of a certified person or the certification body
Lead Assessor	An assessor who is given the overall responsibility for specified assessment activities
Location	A location is another office established outside the main operating office (head office). It can be within the same country as the accredited body head office or in another country (foreign location)
Major Non-conformity	Breach(es) of the accreditation criteria that in the judgment of JASANZ constitute a system failure. A major non-conformity may be: an individual non-conformity a number of minor non-conformities, which collectively provide evidence of a wider system failure. The absence of, or the failure to implement and maintain, one or more requirements of the JASANZ accreditation criteria, or a situation, which would, on the basis of available objective evidence raise significant doubt as to the credibility of the certificates issued/inspections undertaken by the applicant body
Minor Non-conformity	A minor non-conformity represents a single failure to comply with JASANZ accreditation criteria, or with the accredited body's own documented quality system, or if a series of minor but related discrepancies are observed, which together are judged to be a quality risk, without constituting an overall system failure in the area concerned
Outcome	Outcomes are what a business wants or needs to achieve
Outputs	Outputs are the actions or items that contribute to achieving an outcome
Peer Evaluation/Assessment	Evaluation of a body against specified requirements by representatives of other bodies in, or candidates for, an agreement group
Performance	JASANZ uses the term performance to signify the effectiveness of any action undertaken by individuals or groups operating under the banner of the

	accreditation system. Performance is a qualitative evaluation. In JASANZ context evaluation encapsulates the following: In each case performance can be described in terms of: the alignment between what is delivered and agreed objectives/expectations (what is delivered aligns with what was agreed/any gap adequately explained); the responsiveness of any action (was the action completed within the time agreed); the soundness of decision-making (is the decision founded on correct premises and valid inferences)
Procedure	A procedure is a set of prescribed steps that are necessary and sufficient for carrying out a task. A procedure is adhered to as stated (AS/NZS ISO 9000, ISO/IEC 17000)
Program	The main conformity assessment disciplines into which schemes are grouped. The five programmes are: Management System Certification; Product Certification; Personnel Certification; Inspection; and Verification and Validation
Quality	The degree to which a set of inherent characteristics fulfill requirements (AS/NZS ISO 9000)
Records	A record is any information in any form which states results or provides evidence of activities performed. Records differ from documents to the extent that they are matters of factual dealings between parties. Records may cover any subject from establishing an assessment date to submission of an annual report. Consequently, records are vital for decision making, accountability and effective service delivery. Importantly if the substance of a record is changed then a new record is created. An uncontrolled record is an informal communication that is not material to decision-making, accountability or effective service delivery. The distinction between controlled and uncontrolled records may not be immediately obvious and may change with circumstances and time. A simple telephone conversation may seem an uncontrolled record but may be controlled when a file note is created (AS/NZS ISO 9000)
Review	An activity undertaken to determine the suitability, adequacy and effectiveness of the subject matter to achieve established objectives (AS/NZS ISO 31000, AS/NZS ISO 9000) The verification of the suitability, adequacy and effectiveness of selection and determination activities, and the results of these activities, with regard to fulfilment of specified requirements by an object of conformity assessment (ISO/IEC 17000)
Risk	An effect of uncertainty on objectives (AS/NZS ISO 31000). A prospective adverse event to be managed or eliminated
Scheme	The application of a conformity assessment program under a specific set of published scheme rules that modify the criteria set out in conformity assessment discipline
Scheme Owner	A person or organisation responsible for developing and maintaining a specific certification scheme. NOTE: The scheme owner can be the certification body itself, a governmental authority, a trade association, a group of certification bodies or others (AS/NZS ISO/IEC 17065, AS/NZS ISO/IEC 17024)
Scope of Accreditation	Specific conformity assessment activities for which accreditation is sought or has been granted (ISO/IEC 17011, 3.6)
Self-Declaration	A formal statement, proclamation, or attestation made by an authorised representative of an accredited body on its behalf, that specified requirements relating to process, system, criteria, persons, or body are fulfilled. A declaration which is false or cannot be substantiated is a breach of the Conditions of Accreditation
Show Cause Letter	A person whose interests could be adversely affected by a decision is notified that the decision is to be made. Sufficient information is given to allow the person to make effective use of the right to respond and present arguments. The nature of the decision and its possible consequences should be described. Details of when, where, and how a submission can be made should be given.

	A reasonable time in the circumstances, is allowed for a response. A show cause letter never implies that a decision has already been made or refers to a provisional or draft decision
Stakeholder	Person or organization that can affect, be affected by, or perceive themselves to be affected by a decision or activity (AS/NZS ISO 31000)
Surveillance	Set of activities, except reassessment, to monitor the continued fulfillment by accredited bodies, of requirements for accreditation. NOTE: Surveillance includes both surveillance on-site assessments and other surveillance activities, such as the following: a) enquiries from the accreditation body to the accredited body on aspects concerning the accreditation; b) reviewing the declarations of the accredited body with respect to what is covered by the accreditation; c) requests to the accredited body to provide documents and records (e.g. audit reports, results of internal quality control for verifying the validity of accredited body services, complaints records, management review records); d) monitoring the performance of the accredited body (such as results of participating in proficiency testing) (ISO/IEC 17011). Systematic iteration of conformity assessment activities as a basis for maintaining a validity of the statement of conformity (ISO/IEC 17000)
Suspension	Temporary invalidation of the statement of conformity for all or part of the specified scope of attestation
Technical Expert	A person who provides specific knowledge or expertise to the audit/assessment team
Technical Scope	Technical scopes are the categories adopted by schemes to classify specific industries, functions, processes, products, or activities. Examples of technical areas include: Food Chain Categories for the Food Safety Management System; Scheme ANZSIC Codes for QMS, EMS and OH-SMS schemes.
Witnessing	An observation of the accredited body carrying out conformity assessment services within its scope of accreditation (ISO/IEC 17011)

JASANZ

Level 2, Building 4,
70 Kent Street
Deakin ACT 2600
Australia

Level 13, 147 Lambton Quay
Wellington Central
Wellington 6011
New Zealand