# Hong Kong Certification Body Accreditation Scheme

## HKCAS 017

Assessment / Reassessment Questionnaire

(for Food Safety Management System Certification only

based on ISO/IEC 17021-1: 2015)

This form should be used for assessments of food safety management system certification only. For assessments of other management system certification, please use other appropriate HKCAS from. For assessments of product certification, form HKCAS 013 should be used.

For an initial application for accreditation and applications for extension of scope of accreditation, this questionnaire should be completed and returned to HKAS Executive together with the application form HKCAS 005 and all relevant documents as listed in the checklist on page 2. HKAS Executive will only process an initial application for accreditation or an application for extension of scope of accreditation when completed forms HKCAS 005, HKCAS 017 and application fee are submitted.

For reassessments, this questionnaire should be completed and returned to HKAS Executive together with all relevant documents at least one month before the scheduled reassessment date.

**Fees payable for assessments are calculated in accordance with:**

HKCAS 006, Schedule of Fees for Accreditation of Certification Bodies and Validation/Verification Bodies in Hong Kong

**You should study carefully the latest versions of the following documents before completing this questionnaire:**

HKAS 002, Regulations for HKAS Accreditation

HKAS Supplementary Criteria No. 6, Code of Conduct

HKCAS Supplementary Criteria No. 4, Accreditation Regulations Specific for HKCAS - Certification Body

HKCAS Supplementary Criteria No. 6, Accreditation Programme for Food Safety Related Management System Certification

ISO/IEC 17021-1, Conformity assessment – Requirements for bodies providing audit and certification of management systems – Part 1: Requirements (HKCAS 003: 2015)

ISO/TS 22003, Food safety management systems – Requirements for bodies providing audit and certification of food safety management systems

HKCAS Supplementary Criteria No. 11, HKAS Policy on Product and Management System Certification Scheme (only for certification body offering service(s) in respect of certification scheme(s), i.e. certification is not to ISO 22000)

**HONG KONG ACCREDITATION SERVICE**

**36/F, Immigration Tower, 7 Gloucester Road, Wanchai, Hong Kong.**

**Tel : 2829 4840** **Fax : 2824 1302** **E-mail : hkas@itc.gov.hk**

Note: 1. The personal data provided by you will be retained and used by HKAS for accreditation purpose only. The personal data may be disclosed to members of the assessment team.

2. You have the rights to obtain a printed copy of your personal data held by HKAS and request correction of the personal data. Please contact HKAS at the above address for access to and correction of your personal data.

## Attachment Checklist

Before sending this completed questionnaire to HKAS Executive, please check that all required documents are attached and tick the appropriate boxes below.

This Questionnaire is related to: (more than one box may be ticked if appropriate)

☐ Initial Application ☐ Extension of Scope ☐ Reassessment

☐ application fee (for an initial application and applications for extension of accreditation only, no application fee is charged for reassessment), in the form of a cheque or e-Cheque payable to **The Government of the Hong Kong Special Administrative Region**. In addition to application fee, assessment fee will be charged. Applicant will be informed of the exact amount when the on-site assessment visit is arranged.

*Application fee can be settled by e-Cheque through "Pay e-Cheque" portal https://www.payecheque.gov.hk. Please contact us if special arrangement is required.

☐ documents authenticating that the applicant certification body is a legal entity

☐ copy(ies) of valid Business Registration Certificate and Branch Registration Certificate of all sites under the same legal entity, where applicable

☐ management manual

☐ operation procedures including documents required in the checklist of this document (refer to Pages 13 to 92), such as audit time determination procedure, procedure for determining scope of certification, procedure for using of HKAS accreditation symbol, etc.

☐ certification scheme document(s) (for the certification body offering certification service(s) in respect of certification scheme(s)) (refer to Pages 93 to 95)

☐ management system documentation including sample application form and sample contract agreement between the applicant certification body and its client; for others, please specify

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☐ latest internal audit schedule (includes internal audit of the FSMS certification process)

☐ record of the latest management review

☐ certification body's organisation charts, with key positions clearly identified

☐ list of competent auditors for each food chain category and subcategory sought for accreditation

☐ sample FSMS audit reports

☐ sample FSMS certificates

☐ completed checklist of this document (refer to Pages 13 to 95)

☐ other documents, please specify

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# SCOPE OF ACCREDITATION

**For application for accreditation and applications for extension of Scope of Accreditation, the activities to be included should be detailed in the "Scope of Accreditation Sought" on page 4 (for certification body offering certification service(s) to ISO 22000) or pages 5 and 6 (for certification body offering certification service(s) in respect of certification scheme(s)).**

***Note: All activities applied will be processed together. When all these activities have met relevant accreditation criteria, a notification letter granting accreditation for them will be issued.***

**For reassessments, the "Scope of Accreditation to be Reassessed" will have been sent to the certification body together with this questionnaire. The certification body should check this scope carefully and minor changes should be annotated on it.**

**This scope should then be signed and returned to HKAS Executive together with this completed questionnaire for confirmation.**

**If major additions to the Scope of Accreditation are requested, the certification body should consult HKAS Executive on whether an application for extension of Scope of Accreditation should be submitted.**

# Scope of Accreditation Sought (For certification to ISO 22000)

**(for application for accreditation or extension of Scope of Accreditation only)**

Certification of Food Safety Management System in the following food chain category(ies) in accordance with ISO/TS 22003.

HKCAS Scope of Accreditation

| Food chain category | Food chain subcategory | No. of organisations certified | No. of application Received[1] |
|---|---|---|---|
| | | | |

1. The number of applications (for certification in this category and subcategory) being processed.

(Photocopy this sheet if required)

## Scope of Accreditation Sought (For certification(s) in respect of certification scheme(s))

**(for application for accreditation or extension of Scope of Accreditation only)**

Please specify as precisely as possible below the scope of accreditation sought. The certification scheme should be described in details. Standard(s) employed by the certification scheme can be published by an international standard writing body, e.g. ISO or developed by the certification scheme owner.

HKCAS Scope of Accreditation

| Name of Certification Scheme | Description of the certification scheme including certification criteria, evaluation and surveillance regime | Standard(s) employed by the certification scheme |
|---|---|---|
| | | |

(Photocopy this sheet if required)

## Scope of Accreditation Sought (For certification(s) in respect of certification scheme(s)) (Cont'd)

| No. of organisations certified | No. of application received[1] | Sample audit report[2] | Sample certificate[3] |
|---|---|---|---|
| | | | |

1. The number of applications being processed.
2. Please provide a sample audit report and state the identification number(s) of the sample audit report(s) provided.
3. Please state the identification number of the sample certificate(s) provided. The sample certificate(s) should match with the sample audit report(s) provided.

(Photocopy this sheet if required)

## General Information

Organisation name
(See Note 1)

Certification body name, if any
(See Note 2)

Address

Hong Kong ☐ Kowloon ☐ N. T. ☐

Telephone | Fax | E-mail

Address
(for correspondence)

Hong Kong ☐ Kowloon ☐ N. T. ☐

Telephone | Fax | E-mail

### Questionnaire completed by

Name

Position

Telephone | Fax | E-mail

### Authorised representative

Name

Position

Address
(if different from the correspondence address)

Telephone | Fax | E-mail

Signature | Date

Note 1 – Organisation is the legal identity of the owner of the certification body. It may be a government department, company, person operating a certification body or other legal entity.
Note 2 – The name used by the organisation to identify the certification body.

## Requirements for Certification Bodies (ISO/IEC 17021-1 Clause 5)

### Legal Status

Please give details of the legal status of your organisation. (The organisation to which accreditation is to be granted).

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### Activities

| | Yes/No | If yes, please describe |
|---|---|---|
| - Does your organisation conduct other activities in addition to food safety management system certification? | | |
| - Does your organisation have any relationship with other organisations or consultants? | | |

### Size of certification body

| | |
|---|---|
| - Total number of staff working for the certification body | |
| - Number of full time auditors | |
| - Number of part time/contract auditors | |

**Management System**

Please provide a copy of the management manual and related management system documents, such as operation procedure manual. Any further comments should be stated below or on separate sheet.

**Internal Audit**

Please provide a copy of the latest audit schedule (including internal audit of FSMS certification process). Any further comments should be stated below.

**Management Review**

Please provide a copy of the latest management review. Any further comments should be stated below.

**Assessment report by other Accreditation Bodyies**

Is your organisation's FSMS certification service accredited by other accreditation body? ☐ Yes ☐ No

If yes, you may like to provide a copy of the latest assessment report by other accreditation bodies. HKAS will take such report into consideration if provided.

## Personnel

**Person(s) responsible for appointing auditor teams** (Attached extra sheet if necessary)

| | | | |
|---|---|---|---|
| Name<br><br>Position | | | |

**Person(s) to whom audit team leaders report** (Attached extra sheet if necessary)

| | | | |
|---|---|---|---|
| Name<br><br>Position | | | |

**Person(s) responsible for reviewing the audit reports** (If different from above and attached extra sheet if necessary)

| | | | |
|---|---|---|---|
| Name<br><br>Position | | | |

**Name of the committee if audit reports are reviewed/approved by committee**

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**Organisation chart**

Please provide a copy of the organisation chart of the certification body. If the certification body is a subsidiary of or controlled by a large organisation, whether local or overseas, the charts should show the position of the certification body within the parent organisation structure. The key positions with respect to the activities to be assessed should be clearly identified. Please provide the names and positions for staff members occupying key positions in the certification body as identified in the organisation charts.

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**Personnel changes (applicable only for reassessments)**

Please give details of any changes to certification body personnel relevant to the activities to be reassessed since the last assessment /reassessment.

## Audit Report

Please provide a copy of representative audit report for each food chain category to be accredited. These should be the certification body's audit reports on applicant organisations. Any further comments on reports should be stated below.

## Certificates

| | |
|---|---|
| For the activities to be assessed, what is the approximate number of certificates issued per year? | |
| What percentage of these certificates are HKCAS accredited? (for reassessment only) | |
| Please specify the countries in which your organization issues HKAS accredited FSMS certificates | |

Please provide copies of representative certificates for the activities to be assessed. These should be copies of certificates issued to certified organisations.

# Checklist

**The applicant certification body or certification body to be assessed must complete the following checklist. It will be used to assess compliance with HKCAS requirements.**

**The checklist consists of questions based on the requirements of HKAS 002, HKAS SC-06, HKCAS SC-04, HKCAS SC-06 and HKCAS SC-11, ISO/IEC 17021-1 and ISO/TS 22003. For further information, refer to the corresponding document and clause as listed in the second and third column.**

**The certification body should indicate in the "QM Clause" column, for every question, the clause(s) in their management manual and operation procedures or other related documentation which cover the requirement.**

**The columns headed "OK" are for HKAS internal use.**

**A softcopy of this checklist should be provided to HKAS Executive through email or other means.**

| ISO/IEC 17021-1:2015 Requirements | Clause | * | OK | QM/ Procedure Clause | Remarks / Questions to be asked at certification body |
|---|---|---|---|---|---|
| **REQUIREMENTS FOR CERTIFICATION BODIES** | | | | | |
| **GENERAL REQUIREMENTS** | **5** | | | | |
| **Legal and contractual matters** | **5.1** | | | | |
| **Legal responsibility** | 5.1.1 | | | | |
| Is the certification body a legal entity, or a defined part of a legal entity, such that it can be held legally responsible for all its certification activities? (A governmental certification body is deemed to be a legal entity on the basis of its governmental status.) | | | ☐ | | |
| **Certification agreement** | 5.1.2 | | | | |
| Does the certification body have a legally enforceable agreement with its client for the provision of certification service in accordance with the relevant requirements of this part of ISO/IEC 17021? In addition, where there are multiple offices of a certification body or multiple sites of a client, the certification body shall ensure there is a legally enforceable agreement between the certification body granting certification and issuing a certificate, and all the sites covered by the scope of the certification. | | | ☐ | | |
| **Responsibility for certification decisions** | 5.1.3 | | | | |
| Is the certification body responsible for, and does it retain authority for, its decisions relating to certification, including the granting, refusing, maintaining of certification, expanding or reducing the scope of certification, renewing, suspending or restoring following suspension, or withdrawing of certification? | | | ☐ | | |

*Assessors for technical portions should concentrate on items marked with a ●; other items will be checked by the assessor for management system portions or the assessment team leader.

| ISO/IEC 17021-1:2015 Requirements | Clause | * | OK | QM/ Procedure Clause | Remarks / Questions to be asked at certification body |
|---|---|---|---|---|---|
| **Management of impartiality** | **5.2** | | | | |
| Does your certification body undertake conformity assessment activities impartially? Is your certification body responsible for the impartiality of its conformity assessment activities? Does your certification body allow commercial, financial or other pressures to compromise impartiality? | 5.2.1 | | ☐ | | |
| Does your certification body have top management commitment to impartiality in management system certification activities? Does your certification body have a policy that it understands the importance of impartiality in carrying out its management system certification activities, manages conflict of interest and ensures the objectivity of its management system certification activities? | 5.2.2 | | ☐ | | |
| Does your certification body have a process to identify, analyse, evaluate, treat, monitor, and document the risks related to conflict of interests arising from provision of certification including any conflicts arising from its relationships on an ongoing basis? | 5.2.3 | | ☐ | | |
| Where there are any threats to impartiality, does your certification body document and demonstrate how to eliminate or minimise such threats and document any residual risk? Does the demonstration cover all potential threats that are identified, whether they arise from within the certification body or from the activities of other persons, bodies or organisations? | | | ☐ | | |
| Does the top management review any residual risk to determine if it is within the level of acceptable risk? Does the risk assessment process include identification of and consultation with appropriate interested parties advising on matters affecting impartiality including openness and public perception? | | | ☐ | | |

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| ISO/IEC 17021-1:2015 Requirements | Clause | * | OK | QM/ Procedure Clause | Remarks / Questions to be asked at certification body |
|---|---|---|---|---|---|
| *NOTE 1 : Sources of threats to impartiality of the certification body can be based on ownership, governance, management, personnel, shared resources, finances, contracts, training, marketing and payment of a sales commission or other inducement for the referral of new clients, etc.*<br>*NOTE 2 : Interested parties can include personnel and clients of the certification body, customers of organisations whose management systems are certified, representatives of industry trade associations, representatives of governmental regulatory bodies or other governmental services, or representatives of non-governmental organizations, including consumer organisations.*<br>*NOTE 3 : One way of fulfilling the consultation requirement of this clause is by the use of a committee of these interested parties.* | | | | | |
| Does your certification body certify another certification body for its management system certification activities?<br>*NOTE : See Note to Clause 5.2.2* | 5.2.4 | | ☐ | | |
| Does your certification body and any part of the same legal entity and any entity under the organisational control of the certification body offer or provide management system consultancy? This also applies to that part of government identified as the certification body.<br>*NOTE : This does not preclude the possibility of exchange of information (e.g. explanation of findings or clarification of requirements) between the certification body and its clients.* | 5.2.5 | | ☐ | | |
| The carrying out of internal audits by the certification body and any part of the same legal entity to its certified clients is a significant threat to impartiality. Does your certification body and any part of the same legal entity and any entity under the organisational control of the certification body offer or provide internal audits to your certified clients?<br>*NOTE : See Note 1 to Clause 5.2.3* | 5.2.6 | | ☐ | | |

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| ISO/IEC 17021-1:2015 Requirements | Clause | * | OK | QM/ Procedure Clause | Remarks / Questions to be asked at certification body |
|---|---|---|---|---|---|
| Where a client has received management systems consultancy from a body that has a relationship with a certification body, this is a significant threat to impartiality. Does your certification body certify the management system for a minimum of two years following the end of the consultancy?<br>*NOTE : See Note 1 to Clause 5.2.3* | 5.2.7 | | ☐ | | |
| Does your certification body outsource audits to a management system consultancy organisation, as this poses and unacceptable threat to the impartiality of the certification body (see Clause 7.5)? This does not apply to individuals contracted as auditors covered in Clause 7.3. | 5.2.8 | | ☐ | | |
| Are the certification body's activities marketed or offered as linked with the activities of an organisation that provides management system consultancy? Does your certification body take action to correct inappropriate links or statements by any consultancy organisation stating or implying that certification would be simpler, easier, faster or less expensive if the certification body were used? Does your certification body not state or imply that certification would be simpler, easier, faster or less expensive if a specified consultancy organisation were used? | 5.2.9 | | ☐ | | |
| Does your certification body use personnel (who have provided management system consultancy, including those acting in a managerial capacity) to take part in an audit or other certification activities if they have been involved in management system consultancy towards the client in question within two years following the end of the consultancy? | 5.2.10 | | ☐ | | |
| Does your certification body take action to respond to any threats to its impartiality arising from the actions of other persons, bodies or organisations? | 5.2.11 | | ☐ | | |

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| ISO/IEC 17021-1:2015 Requirements | Clause | * | OK | QM/ Procedure Clause | Remarks / Questions to be asked at certification body |
|---|---|---|---|---|---|
| Do all certification body personnel, either internal or external, or committees, who could influence the certification activities, act impartially and do not allow commercial, financial or other pressures to compromise impartiality? | 5.2.12 | | ☐ | | |
| Does your certification body require personnel, internal and external, to reveal any situation known to them that may present them or the certification body with a conflict of interests? Does your certification body record and use this information as input to identifying threats to impartiality raised by the activities of such personnel or by the organisations that employ them? Does your certification body use such personnel, internal or external, unless they can demonstrate that there is no conflict of interest? | 5.2.13 | | ☐ | | |
| **Liability and financing** | **5.3** | | | | |
| Can your certification body demonstrate that it has evaluated the risks arising from its certification activities and that it has adequate arrangements (e.g. insurance or reserves) to cover liabilities arising from its operations in each of its fields of activities and the geographic areas in which it operates? | 5.3.1 | | ☐ | | |
| Has your certification body evaluated its finances and sources of income and demonstrated to the committee specified in Clause 6.2 that initially, and on an ongoing basis, commercial, financial or other pressures do not compromise its impartiality? | 5.3.2 | | ☐ | | |

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| ISO/IEC 17021-1:2015 Requirements | Clause | * | OK | QM/ Procedure Clause | Remarks / Questions to be asked at certification body |
|---|---|---|---|---|---|
| **STRUCTURAL REQUIREMENTS** | **6** | | | | |
| **Organisational structure and top management** | **6.1** | | | | |
| Has your certification body documented its organisational structure, showing duties, responsibilities and authorities of management and other certification personnel and any committees? When the certification body is a defined part of a legal entity, does the structure include the line of authority and the relationship to other parts within the same legal entity? | 6.1.1 | | ☐ | | |
| Are your certification activities structured and managed so as to safeguard impartiality? | 6.1.2 | | ☐ | | |
| Has your certification body identified the top management (board, group of persons, or person) having overall authority and responsibility for each of the following : | 6.1.3 | | | | |
| a) development of policies and establishment of processes and procedures relating to its operations; | | | ☐ | | |
| b) supervision of the implementation of the policies, processes and procedures; | | | ☐ | | |
| c) ensuring impartiality;; | | | ☐ | | |
| d) supervision of its finances; | | | ☐ | | |
| e) development of management system certification services and schemes; | | | ☐ | | |
| f) performance of audits and certification, and responsiveness to complaints; | | | ☐ | | |
| g) decisions on certification; | | | ☐ | | |
| h) delegation of authority to committees or individuals, as required, to undertake defined activities on its behalf; | | | ☐ | | |
| i) contractual arrangements; | | | ☐ | | |

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| ISO/IEC 17021-1:2015 Requirements | Clause | * | OK | QM/ Procedure Clause | Remarks / Questions to be asked at certification body |
|---|---|---|---|---|---|
| j) provision of adequate resources for certification activities? | | | ☐ | | |
| Does your certification body have formal rules for the appointment, terms of reference and operation of any committees that are involved in the certification activities? | 6.1.4 | | ☐ | | |
| **Operational control** | **6.2** | | | | |
| Does your certification body have a process for the effective control of certification activities delivered by branch offices, partnerships, agents, franchisees, etc., irrespective of their legal status, relationship or geographical location? Have your certification body considered the risk that these activities pose to the competence, consistency and impartiality of the certification body? | 6.2.1 | | ☐ | | |
| Has your certification body considered the appropriate level and method of control of activities undertaken including its processes, technical areas of certification bodies' operations, competence of personnel, lines of management control, reporting and remote access to operations including records? | 6.2.2 | | ☐ | | |
| **RESOURCE REQUIREMENTS** | **7** | | | | |
| **Competence of personnel** | **7.1** | | | | |
| **General considerations** | 7.1.1 | | | | |
| Does your certification body have processes to ensure that personnel have appropriate knowledge relevant to and geographic areas in which it operates? | | | ☐ | | |

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| ISO/IEC 17021-1:2015 Requirements | Clause | * | OK | QM/ Procedure Clause | Remarks / Questions to be asked at certification body |
|---|---|---|---|---|---|
| **Determination of competence criteria**<br>Does your certification body have a documented process for determining the competence criteria for personnel involved in the management and performance of audits and certification activities? Are competence criteria determined with regard to the requirements of for each technical area, and for each function in the certification process? The output of the process shall be the documented criteria of required knowledge and skills necessary to effectively perform audit and certification tasks to be fulfilled to achieve the intended results. Annex A specifies the knowledge and skills that a certification body shall define for specific functions.<br>*NOTE : The term "technical area" is applied differently depending on the management system standard being considered. For any management system, the term is related to products, processes and services in the context of the scope of the management system standard. The technical area can be defined by a specific certification scheme (e.g. ISO/TS 22003) or can be determined by the certification body. It is used to cover a number of other terms such as "scopes", "categories", "sectors", etc., which are traditionally used in different management system disciplines.* | 7.1.2 | | ☐ | | |
| **Evaluation processes**<br>Does your certification body have documented processes for the initial competence evaluation, and ongoing monitoring of competence and performance of all personnel involved in the management and performance of audits and other certification activities, applying the determined competence criteria? Does your certification body demonstrate that its evaluation methods are effective? The output from these processes shall be to identify personnel who have demonstrated the level of competence required for the different functions of the audit and certification process. | 7.1.3 | | ☐ | | |

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| ISO/IEC 17021-1:2015 Requirements | Clause | * | OK | QM/ Procedure Clause | Remarks / Questions to be asked at certification body |
|---|---|---|---|---|---|
| *NOTE 1 : A number of evaluation methods that can be used to evaluate competence are described in Annex B of ISO/IEC 17021-1:2015.*<br>*NOTE 2 : Annex C of ISO/IEC 17021-1: 2015 shows an example of process flow for determining and maintaining competence.* | | | | | |
| **Other consideration**<br>Does your certification body have access to the necessary technical expertise for advice on matters directly relating to certification activities for all technical areas, types of management systems and geographic areas in which the certification body operates? Such advice may be provided externally or by certification body personnel. | 7.1.4 | | ☐ | | |
| **Personnel involved in the certification activities** | **7.2** | | | | |
| Does your certification body have sufficient, competent personnel for managing and supporting the type and range of audit programmes and other certification work performed? | 7.2.1 | | ☐ | | |
| Does your certification body employ, or have access to, a sufficient number of auditors, including audit team leaders, and technical experts to cover all of its activities and to handle the volume of audit work performed? | 7.2.2 | ● | ☐ | | |
| Does your certification body make clear to each person concerned their duties, responsibilities and authorities? | 7.2.3 | | ☐ | | |
| Does your certification body have processes for selecting, training, formally authorizing auditors and for selecting and familiarizing technical experts used in the certification activity. The initial competence evaluation of an auditor shall include the ability to apply required knowledge and skills during audits, as determined by a competent evaluator observing the auditor conducting an audit? | 7.2.4 | | ☐ | | |

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| ISO/IEC 17021-1:2015 Requirements | Clause | * | OK | QM/ Procedure Clause | Remarks / Questions to be asked at certification body |
|---|---|---|---|---|---|
| *NOTE : During the selection and training process described above desired personal behaviour can be considered. These are characteristics that affect an individual's ability to perform specific functions. Therefore, knowledge about the behaviour of individuals enables a certification body to take advantage of their strengths and to minimize the impact of their weaknesses.* | | | | | |
| Does your certification body have a process to achieve and demonstrate effective auditing, including the use of auditors and audit team leaders possessing generic auditing skills and knowledge, as well as skills and knowledge appropriate for auditing in specific technical areas? | 7.2.5 | ● | ☐ | | |
| Does your certification body ensure that auditors (and, where needed, technical experts) are knowledgeable of its audit processes, certification requirements and other relevant requirements. Does your certification body give auditors and technical experts access to an up-to-date set of documented procedures giving audit instructions and all relevant information on the certification activities? | 7.2.6 | ● | ☐ | | |
| Does your certification body identify training needs and offer or provide access to specific training to ensure its auditors, technical experts and other personnel involved in certification activities are competent for the functions they perform? | 7.2.7 | | ☐ | | |
| Does the group or individual that that takes the decision on granting, refusing, maintaining, renewing, suspending, restoring, or withdrawing certification, or on expanding or reducing the scope of certification, shall understand the applicable standard and certification requirements, and have demonstrated competence to evaluate the outcomes of the audit processes including related recommendations of the audit team? | 7.2.8 | | ☐ | | |

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| ISO/IEC 17021-1:2015 Requirements | Clause | * | OK | QM/ Procedure Clause | Remarks / Questions to be asked at certification body |
|---|---|---|---|---|---|
| Does your certification body ensure the satisfactory performance of all personnel involved in the audit and certification activities? Are there documented process for monitoring competence and performance of all persons involved, based on the frequency of their usage and the level of risk linked to their activities? In particular, does your certification body review and record the competence of its personnel in the light of their performance in order to identify training needs? | 7.2.9 | | ☐ | | |
| Does your certification body monitor each auditor considering each type of management system to which the auditor is deemed competent? Do the documented monitoring procedures for auditors include a combination of on-site observation, review of audit reports and feedback from clients or from the market? Is this monitoring designed in such a way as to minimize disturbance to the normal processes of certification, especially from the client's viewpoint? | 7.2.10 | | ☐ | | |
| Does your certification body periodically evaluate the performance of each auditor on-site? Is the frequency of on-site evaluations based on need determined from all monitoring information available? | 7.2.11 | | ☐ | | |
| **Use of individual external auditors and external technical experts** | **7.3** | | | | |
| Does your certification body require external auditors and external technical experts to have a written agreement by which they commit themselves to comply with applicable policies and implement processes as defined by the certification body? Does the agreement address aspects relating to confidentiality and impartiality and shall require the external auditors and external technical experts to notify the certification body of any existing or prior relationship with any organisation they may be assigned to audit?<br>*NOTE : Use of an individual or employee of another organisation individually contracted to serve as an external auditor or technical expert does not constitute outsourcing.* | | | ☐ | | |

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| ISO/IEC 17021-1:2015 Requirements | Clause | * | OK | QM/ Procedure Clause | Remarks / Questions to be asked at certification body |
|---|---|---|---|---|---|
| **Personnel records** | **7.4** | | | | |
| Does your certification body maintain up-to-date personnel records, including relevant qualifications, training, experience, affiliations, professional status and competence? Does the record include management and administrative personnel in addition to those performing certification activities? | | | ☐ | | |
| **Outsourcing** | **7.5** | | | | |
| Does your certification body have a process in which it describes the conditions under which outsourcing (which is subcontracting to another organisation to provide part of the certification activities on behalf of the certification body) may take place? Does your certification body have a legally enforceable agreement covering the arrangements, including confidentiality and conflict of interests, with each body that provides outsourced services? | 7.5.1 | | ☐ | | |
| Are decisions for granting, refusing, maintaining of certification, expanding or reducing the scope of certification, renewing, suspending or restoring, or withdrawing of certification shall not be outsourced? | 7.5.2 | | ☐ | | |
| Does your certification body | 7.5.3 | | | | |
| a) take responsibility for all activities outsourced to another body, | | | ☐ | | |
| b) ensure that the body that provides outsourced services, and the individuals that it uses, conform to requirements of the certification body and also to the applicable provisions of this part of ISO/IEC 17021, including competence, impartiality and confidentiality, and | | | ☐ | | |
| c) ensure that the body that provides outsourced services, and the individuals that it uses, are not involved, either directly or through any other employer, with an organisation to be audited, in such a way that impartiality could be compromised? | | | ☐ | | |

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| ISO/IEC 17021-1:2015 Requirements | Clause | * | OK | QM/ Procedure Clause | Remarks / Questions to be asked at certification body |
|---|---|---|---|---|---|
| Does your certification body have a process for the approval and monitoring of all bodies that provide outsourced services used for certification activities, and shall ensure that records of the competence of all personnel involved in certification activities are maintained?<br>*NOTE 1: For Clauses 7.5.1 to 7.5.4, where the certification body engages individuals or employees of other organisations to provide additional resources or expertise, these individuals do not constitute outsourcing provided they are individually contracted to operate under the certification body's management system (see Clause 7.3).*<br>*NOTE 2: For Clauses 7.5.1 to 7.5.4, the terms "outsourcing" and "subcontracting" are considered to be synonyms.* | 7.5.4 | | ☐ | | |
| **INFORMATION REQUIREMENTS** | **8** | | | | |
| **Public information** | **8.1** | | | | |
| Does your certification body maintain (through publications, electronic media or other means), and make public, without request, in all the geographical areas in which it operates, information about | 8.1.1 | | ☐ | | |
| a) audit processes; | | | ☐ | | |
| b) processes for granting, refusing, maintaining, renewing, suspending, restoring or withdrawing certification or expanding or reducing the scope of certification; | | | ☐ | | |
| c) types of management systems and certification schemes in which it operates; | | | ☐ | | |
| d) the use of the certification body's name and certification mark or logo; | | | ☐ | | |
| e) processes for handling requests for information, complaints and appeals; and | | | ☐ | | |
| f) policy on impartiality? | | | ☐ | | |

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|---|---|---|---|---|---|
| Does your certification body provide upon request information about | 8.1.2 | | ☐ | | |
| a) geographical areas in which it operates; | | | ☐ | | |
| b) the status of a given certification; and | | | ☐ | | |
| c) the name, related normative document, scope and geographical location (city and country) for a specific certified client? | | | ☐ | | |
| *NOTE 1 : In exceptional cases, access to certain information can be limited on the request of the client (e.g. for security reasons).* | | | | | |
| *NOTE 2 : The certification body can also make the information in Clause 8.1.2 public by any means it chooses without request, e.g. on its internet website.* | | | | | |
| Is information provided by the certification body to any client or to the marketplace, including advertising, accurate and not misleading? | 8.1.3 | | ☐ | | |
| **Certification documents** | **8.2** | | | | |
| Does your certification body provide by any means it chooses certification documents to the certified client? | 8.2.1 | | ☐ | | |
| Does the certification document(s) identify the following : | 8.2.2 | | | | |
| a) the name and geographical location of each certified client (or the geographical location of the headquarters and any sites within the scope of a multi-site certification); | | | ☐ | | |
| b) the effective date of granting, expanding or reducing the scope of certification, or renewing certification which shall not be before the date of the relevant certification decision; | | | ☐ | | |
| *NOTE : The certification body can keep the original certification date on the certificate when a certificate lapses for a period of time provided that:* | | | | | |
| - *the current certification cycle start and expiry date are clearly indicated;* | | | | | |
| - *the last certification cycle expiry date be indicated along with the date of recertification audit* | | | | | |

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| c) the expiry date or recertification due date consistent with the recertification cycle; | | | ☐ | | |
| d) a unique identification code; | | | ☐ | | |
| e) the management system standard and/or other normative document, including indication of issue status (e.g. revision date or number) used for audit of the certified client; | | | ☐ | | |
| f) the scope of certification with respect to the type of activities, products and services as applicable at each site without being misleading or ambiguous; | | | ☐ | | |
| g) the name, address and certification mark of the certification body; other marks (e.g. accreditation symbol, client's logo) may be used provided they are not misleading or ambiguous; | | | ☐ | | |
| h) any other information required by the standard and/or other normative document used for certification; and | | | ☐ | | |
| i) in the event of issuing any revised certification documents, a means to distinguish the revised documents from any prior obsolete documents? | | | ☐ | | |
| **Reference to certification and use of marks** | **8.3** | | | | |
| Does your certification body have rules governing any management systems' third party mark that it authorizes certified clients to use? Do these rules ensure, among other things, traceability back to the certification body? Is there no ambiguity, in the mark or accompanying text, as to what has been certified and which certification body has granted the certification? Is this mark not used on a product or product packaging seen by the consumer or in any other way that may be interpreted as denoting product conformity?<br>*NOTE : ISO/IEC 17030 provides additional information for use of third-party marks.* | 8.3.1 | | ☐ | | |

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|---|---|---|---|---|---|
| Does your certification body not permit its marks to be applied to laboratory test, calibration or inspection reports or certificates? (Such reports are deemed to be products in this context.) | 8.3.2 | | ☐ | | |
| Does your certification body have rules governing the use of any statement on product packaging or in accompanying information that the certified client has a certified management system? | 8.3.3 | | ☐ | | |
| Does your certification body through legally enforceable arrangements require that the certified client: | 8.3.4 | | | | |
| a) conforms to the requirements of the certification body when making reference to its certification status in communication media such as the internet, brochures or advertising, or other documents; | | | ☐ | | |
| b) does not make or permit any misleading statement regarding its certification; | | | ☐ | | |
| c) does not use or permit the use of a certification document or any part thereof in a misleading manner; | | | ☐ | | |
| d) upon withdrawal of its certification, discontinues its use of all advertising matter that contains a reference to certification, as directed by the certification body (see Clause 9.6.5); | | | ☐ | | |
| e) amends all advertising matter when the scope of certification has been reduced; | | | ☐ | | |
| f) does not allow reference to its management system certification to be used in such a way as to imply that the certification body certifies a product (including service) or process; | | | ☐ | | |
| g) does not imply that the certification applies to activities that are outside the scope of certification; and | | | ☐ | | |
| h) does not use its certification in such a manner that would bring the certification body and/or certification system into disrepute and lose public trust? | | | ☐ | | |

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|---|---|---|---|---|---|
| Does your certification body exercise proper control of ownership and take action to deal with incorrect references to certification status or misleading use of certification documents, marks or audit reports?<br>*NOTE : Such action could include requests for correction and corrective action, suspension, withdrawal of certification, publication of the transgression and, if necessary, legal action.* | 8.3.5 | | ☐ | | |
| **Confidentiality** | **8.4** | | | | |
| Is your certification body responsible, through legally enforceable agreements, for the management of all information obtained or created during the performance of certification activities at all levels of its structure, including committees and external bodies or individuals acting on its behalf? | 8.4.1 | | ☐ | | |
| Does your certification body inform the client, in advance, of the information it intends to place in the public domain? Are all other information, except for information that is made publicly accessible by the client, confidential? | 8.4.2 | | ☐ | | |
| Except as required in this part of ISO/IEC 17021, is information about a particular certified client or individual not disclosed to a third party without the written consent of the certified client or individual concerned? | 8.4.3 | | ☐ | | |
| When the certification body is required by law or authorized by contractual arrangements (such as with the accreditation body) to release confidential information, are the client or individual concerned, unless prohibited by law, notified of the information provided? | 8.4.4 | | ☐ | | |

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|---|---|---|---|---|---|
| Is information about the client from sources other than the client (e.g. complainant, regulators) treated as confidential, consistent with the certification body's policy? | 8.4.5 | | ☐ | | |
| Does personnel, including any committee members, contractors, personnel of external bodies or individuals acting on the certification body's behalf, keep confidential all information obtained or created during the performance of the certification body's activities except as required by law? | 8.4.6 | | ☐ | | |
| Does the certification body have processes and where applicable equipment and facilities that ensure the secure handling of confidential information? | 8.4.7 | | ☐ | | |
| **Information exchange between a certification body and its clients** | **8.5** | | | | |
| **Information on the certification activity and requirements** | 8.5.1 | | | | |
| Does your certification body provide and update clients on the following: | | | | | |
| a) a detailed description of the initial and continuing certification activity, including the application, initial audits, surveillance audits, and the process for granting, refusing, maintaining of certification, expanding or reducing the scope of certification, renewing, suspending or restoring, or withdrawing of certification; | | | ☐ | | |
| b) the normative requirements for certification; | | | ☐ | | |
| c) information about the fees for application, initial certification and continuing certification; | | | ☐ | | |
| d) the certification body's requirements for clients to: | | | ☐ | | |
| 1) comply with certification requirements; | | | ☐ | | |

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|---|---|---|---|---|---|
| 2) make all necessary arrangements for the conduct of the audits, including provision for examining documentation and the access to all processes and areas, records and personnel for the purposes of initial certification, surveillance, recertification and resolution of complaints; and | | | ☐ | | |
| 3) make provisions, where applicable, to accommodate the presence of observers (e.g. accreditation assessors or trainee auditor); | | | ☐ | | |
| e) documents describing the rights and duties of certified clients, including requirements, when making reference to its certification in communication of any kind in line with the requirements in Clause 8.3; and | | | ☐ | | |
| f) information on procedures for handling complaints and appeals? | | | ☐ | | |
| **Notice of changes by a certification body** | 8.5.2 | | | | |
| Does your certification body give its certified clients due notice of any changes to its requirements for certification? Does your certification body verify that each certified client complies with the new requirements? | | | ☐ | | |
| **Notice of changes by a certified client** | 8.5.3 | | | | |
| Does your certification body have legally enforceable arrangements to ensure that the certified client informs the certification body, without delay, of matters that may affect the capability of the management system to continue to fulfil the requirements of the standard used for certification? These include, for example, changes relating to: | | | ☐ | | |
| a) the legal, commercial, organisational status or ownership; | | | ☐ | | |
| b) organisation and management (e.g. key managerial, decision-making or technical staff); | | | ☐ | | |
| c) contact address and sites; | | | ☐ | | |
| d) scope of operations under the certified management system; and | | | ☐ | | |

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| e) major changes to the management system and processes? | | | ☐ | | |
| Does your certification body take action as appropriate? | | | ☐ | | |
| **PROCESS REQUIREMENTS** | **9** | | | | |
| **Pre-certification activities** | **9.1** | | | | |
| **Application** | 9.1.1 | | | | |
| Does your certification body require an authorized representative of the applicant organisation to provide the necessary information to enable it to establish the following: | | | ☐ | | |
| a) the desired scope of the certification; | | | ☐ | | |
| b) relevant details of the applicant organisation as required by the specific certification scheme, including its name and the address(es) of its site(s), its processes and operations, human and technical resources, functions, relationships and any relevant legal obligations; | | | ☐ | | |
| c) identification of outsourced processes used by the organisation that will affect conformity to requirements; | | | ☐ | | |
| d) the standards or other requirements for which the applicant organisation is seeking certification; and | | | ☐ | | |
| e) whether consultancy relating to the management system to be certified has been provided and, if so, by whom? | | | ☐ | | |
| **Application review** | 9.1.2 | | | | |
| Does your certification body conduct a review of the application and supplementary information for certification to ensure that: | 9.1.2.1 | | | | |

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| a) the information about the applicant organisation and its management system is sufficient to develop an audit programme (see Clause 9.1.3); | | | ☐ | | |
| b) any known difference in understanding between the certification body and the applicant organisation is resolved; | | | ☐ | | |
| c) the certification body has the competence and ability to perform the certification activity; and | | | ☐ | | |
| d) the scope of certification sought, the site(s) of the applicant organisation's operations, time required to complete audits and any other points influencing the certification activity are taken into account (language, safety conditions, threats to impartiality, etc.). | | | ☐ | | |
| Following the review of the application, the certification body shall either accept or decline an application for certification. When the certification body declines an application for certification as a result of the review of application, are the reasons for declining an application documented and made clear to the client? | 9.1.2.2 | | ☐ | | |
| Based on this review, does your certification body determine the competences it needs to include in its audit team and for the certification decision? | 9.1.2.3 | | ☐ | | |
| **Audit programme** | 9.1.3 | | | | |
| Is an audit programme for the full certification cycle developed to clearly identify the audit activity/activities required to demonstrate that the client's management system fulfils the requirements for certification to the selected standard(s) or other normative document(s)? Does the audit programme for the certification cycle cover the complete management system requirements? | 9.1.3.1 | | ☐ | | |

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| Does the audit programme for the initial certification include a two-stage initial audit, surveillance audits in the first and second years following the certification decision, and a recertification audit in the third year prior to expiration of certification? Does the first three-year certification cycle begin with the certification decision? Do subsequent cycles begin with the recertification decision (see Clause 9.6.3.2.3)? Does the determination of the audit programme and any subsequent adjustments consider the size of the client, the scope and complexity of its management system, products and processes as well as demonstrated level of management system effectiveness and the results of any previous audits?<br>*NOTE 1 : Annex E of ISO/IEC 17021-1:2015 is a flowchart of a typical audit and certification process.*<br>*NOTE 2 : The following list contains additional items that can be considered when developing or revising an audit programme, they might also need to be addressed when determining the audit scope and developing the audit plan:*<br>- *complaints received by the certification body about the client;*<br>- *combined, integrated or joint audit;*<br>- *changes to the certification requirements;*<br>- *changes to legal requirements;*<br>- *changes to accreditation requirements;*<br>- *organisational performance data (e.g. defect levels, key performance indicators data);*<br>- *relevant interested parties' concerns.*<br>*NOTE 3 : If specified by the industry specific certification scheme, the certification cycle can be different from three years.* | 9.1.3.2 | | ☐ | | |
| Are surveillance audits conducted at least once a calendar year, except in recertification years? Is the date of the first surveillance audit following initial certification not more than 12 months from the certification decision date? | 9.1.3.3 | | ☐ | | |

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| *NOTE It can be necessary to adjust the frequency of surveillance audits to accommodate factors such as seasons or management systems certification of a limited duration (e.g. temporary construction site).* | | | | | |
| Where the certification body is taking account of certification already granted to the client and to audits performed by another certification body, does your certification body obtain and retain sufficient evidence, such as reports and documentation on corrective actions, to any nonconformity? Does the documentation support the fulfilling of the requirements in this part of ISO/IEC 17021. Does your certification body, based on the information obtained, justify and record any adjustments to the existing audit programme and follow up the implementation of corrective actions concerning previous nonconformities? | 9.1.3.4 | | ☐ | | |
| Where the client operates shifts, are the activities that take place during shift working considered when developing the audit programme and audit plans? | 9.1.3.5 | | ☐ | | |
| **Determining audit time** | 9.1.4 | | | | |
| Does your certification body have documented procedures for determining audit time? For each client, does your certification body determine the time needed to plan and accomplish a complete and effective audit of the client's ? | 9.1.4.1 | | ☐ | | |
| In determining the audit time, does the certification body consider, among other things, the following aspects: | 9.1.4.2 | | | | |
| a) the requirement of the relevant standards; | | | ☐ | | |
| b) complexity of the client and its management system; | | | ☐ | | |
| c) technological and regulatory context; | | | ☐ | | |
| d) any outsourcing of any activities included in the scope of the ; | | | ☐ | | |

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| e) results of any prior audits; | | | ☐ | | |
| f) size and number of sites, their geographical locations and multi-site considerations; | | | ☐ | | |
| g) the risks associated with the products, processes or activities of the organisation; | | | ☐ | | |
| h) when audits are combined, joint or integrated? | | | ☐ | | |
| *NOTE 1 : Time spent travelling to and from audited sites is not included in the calculation of the duration of the management system audit days.* | | | | | |
| *NOTE 2 : The certification body can use the guidelines established in ISO/IEC TS 17023 for determining the duration of management system audit when documenting these procedures.* | | | | | |
| Are the duration of the management system audit and its justification recorded? | 9.1.4.3 | | ☐ | | |
| Does the time spent by any team member that is not assigned as an auditor (i.e. technical experts, translators, interpreters, observers and auditors-in-training) not count in the above established duration of the management system audit? | 9.1.4.4 | | ☐ | | |
| *NOTE : The use of translators, interpreters can necessitate additional audit time.* | | | | | |
| **Multi-site sampling** | 9.1.5 | ● | ☐ | | |
| Where multi-site sampling is used for the audit of a client's management system covering the same activity in various geographical locations, does your certification body develop a sampling programme to ensure proper audit of the management system? Is the rationale for the sampling plan documented for each client? Sampling is not allowed for some specific certification schemes, and where specific criteria have been established for a specific certification scheme, e.g. ISO/TS 22003, these shall be applied. | | | | | |

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| *NOTE : Where there are multiple sites not covering the same activity sampling is not appropriate.* | | | | | |
| **Multiple management systems standards** | 9.1.6 | | ☐ | | |
| When certification to multiple management system standards is being provided by the certification body, does the planning for the audit ensure adequate on-site auditing to provide confidence in the certification? | | | | | |
| **Planning audits** | **9.2** | | | | |
| **Determining audit objectives, scope and criteria** | 9.2.1 | | | | |
| Are the audit objectives determined by your certification body? Are the audit scope and criteria, including any changes, established by your certification body after discussion with the client? | 9.2.1.1 | | ☐ | | |
| Do the audit objectives describe what is to be accomplished by the audit and include the following: | 9.2.1.2 | | ☐ | | |
| a) determination of the conformity of the client's management system, or parts of it, with audit criteria; | | | ☐ | | |
| b) evaluation of the ability of the management system to ensure the client organisation meets applicable statutory, regulatory and contractual requirements; | | | ☐ | | |
| *NOTE : A management system certification audit is not a legal compliance audit.* | | | | | |
| c) determination of the effectiveness of the management system to ensure the client can reasonably expect to achieving its specified objectives; and | | | ☐ | | |
| d) as applicable, identification of areas for potential improvement of the management system? | | | ☐ | | |

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| Does the audit scope describe the extent and boundaries of the audit, such as physical locations, organisational units, activities and processes to be audited? Where the initial or re-certification process consists of more than one audit (e.g. covering different locations), the scope of an individual audit may not cover the full certification scope, but the totality of audits shall be consistent with the scope in the certification document. | 9.2.1.3 | | ☐ | | |
| Are the audit criteria used as a reference against which conformity is determined and include: | 9.2.1.4 | | | | |
| - the requirements of a defined normative document on management systems; and | | | ☐ | | |
| - the defined processes and documentation of the management system developed by the client? | | | ☐ | | |
| **Audit team selection and assignments** | 9.2.2 | ● | | | |
| **General** | 9.2.2.1.1 | | ☐ | | |
| Does your certification body have a process for selecting and appointing the audit team, including the audit team leader and technical experts as necessary, taking into account the competence needed to achieve the objectives of the audit and requirements for impartiality? If there is only one auditor, does the auditor have the competence to perform the duties of an audit team leader applicable for that audit? Does the audit team have the totality of the competences identified by the certification body as set out in Clause 9.1.2.3 for the audit? | | | | | |
| In deciding the size and composition of the audit team, is consideration given to the following: | 9.2.2.1.2 | | | | |
| a) audit objectives, scope, criteria and estimated audit time; | | | ☐ | | |
| b) whether the audit is a combined, joint or integrated; | | | ☐ | | |

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| c) the overall competence of the audit team needed to achieve the objective of the audit (see Table A.1 of ISO/IEC 17021-1:2015); | | | ☐ | | |
| d) certification requirements (including any applicable statutory, regulatory or contractual requirements); | | | ☐ | | |
| e) language and culture; | | | ☐ | | |
| *NOTE : The team leader of a combined or integrated audit is expected to have in-depth knowledge of at least one of the standards and an awareness of the other standards used for that particular audit.* | | | | | |
| The necessary knowledge and skills of the audit team leader and auditors may be supplemented by technical experts, translators and interpreters who shall operate under the direction of an auditor. Where translators or interpreters are used, are they selected such that they do not unduly influence the audit?<br>*NOTE : The criteria for the selection of technical experts are determined on a case-by-case basis by the needs of the audit team and the scope of the audit.* | 9.2.2.1.3 | | ☐ | | |
| Auditors-in-training may participate in the audit, provided an auditor is appointed as an evaluator. Is the evaluator competent to take over the duties and have final responsibility for the activities and findings of the auditor-in-training? | 9.2.2.1.4 | | ☐ | | |
| The audit team leader, in consultation with the audit team, shall assign to each team member responsibility for auditing specific processes, functions, sites, areas or activities. Do such assignments take into account the need for competence, and the effective and efficient use of the audit team, as well as different roles and responsibilities of auditors, auditors-in-training and technical experts? Changes to the work assignments may be made as the audit progresses to ensure achievement of the audit objectives. | 9.2.2.1.5 | | ☐ | | |

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| **Observers, technical experts and guides** | 9.2.2.2 | | | | |
| Observers | 9.2.2.2.1 | | ☐ | | |
| Is the presence and justification of observers during an audit activity agreed to by your certification body and client prior to the conduct of the audit? Does the audit team ensure that observers do not unduly influence or interfere in the audit process or outcome of the audit?<br>*NOTE Observers can be members of the client's organisation, consultants, witnessing accreditation body personnel, regulators or other justified persons.* | | | | | |
| Technical experts | 9.2.2.2.2 | | ☐ | | |
| Is the role of technical experts during an audit activity agreed to by your certification body and client prior to the conduct of the audit? Does a technical expert not act as an auditor in the audit team? Is the technical experts accompanied by an auditor?<br>*NOTE The technical experts can provide advice to the audit team for the preparation, planning or audit.* | | | | | |
| Guides | 9.2.2.2.3 | | ☐ | | |
| Is each auditor accompanied by a guide, unless otherwise agreed to by the audit team leader and the client? Are guide(s) assigned to the audit team to facilitate the audit? Does the audit team ensure that guides do not influence or interfere in the audit process or outcome of the audit?<br>*NOTE 1 : The responsibilities of a guide can include:*<br>*a) establishing contacts and timing for interviews;*<br>*b) arranging visits to specific parts of the site or organisation;*<br>*c) ensuring that rules concerning site safety and security procedures are known and respected by the audit team members;*<br>*d) witnessing the audit on behalf of the client;*<br>*e) providing clarification or information as requested by an auditor.*<br>*NOTE 2 : Where appropriate, the auditee can also act as the guide.* | | | | | |

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| ISO/IEC 17021-1:2015 Requirements | Clause | * | OK | QM/ Procedure Clause | Remarks / Questions to be asked at certification body |
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| **Audit plan** | 9.2.3 | | | | |
| General | 9.2.3.1 | | ☐ | | |
| Does your certification body ensure that an audit plan is established prior to each audit identified in the audit programme to provide the basis for agreement regarding the conduct and scheduling of the audit activities. | | | | | |
| Preparing the audit plan | 9.2.3.2 | | | | |
| Is the audit plan appropriate to the objectives and the scope of the audit? Does the audit plan at least include or refer to the following: | | | ☐ | | |
| a) the audit objectives; | | | ☐ | | |
| b) the audit criteria; | | | ☐ | | |
| c) the audit scope, including identification of the organisational and functional units or process to be audited; | | | ☐ | | |
| d) the dates and sites where the on-site audit activities are to be conducted, including visits to temporary sites, as appropriate; | | | ☐ | | |
| e) the expected time and duration of on-site audit activities; | | | ☐ | | |
| f) the roles and responsibilities of the audit team members and accompanying persons? | | | ☐ | | |
| *NOTE : The audit plan information can be contained in more than one document.* | | | | | |
| Communication of audit team tasks | 9.2.3.3 | | | | |
| Are the tasks given to the audit team defined? Does your certification body require the audit team to: | | | ☐ | | |
| a) examine and verify the structure, policies, processes, procedures, records and related documents of the client relevant to the management system standard; | | | ☐ | | |

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| b) determine that these meet all the requirements relevant to the intended scope of certification; | | | ☐ | | |
| c) determine that the processes and procedures are established, implemented and maintained effectively, to provide a basis for confidence in the client's management system; and | | | ☐ | | |
| d) communicate to the client, for its action, any inconsistencies between the client's policy, objectives and targets? | | | ☐ | | |
| Communication of audit plan | 9.2.3.4 | | | | |
| Is the audit plan communicated and the dates of the audit agreed upon, in advance, with the client organisation? | | | ☐ | | |
| Communication concerning audit team members | 9.2.3.5 | | | | |
| Does your certification body provide the name of and, when requested, make available background information on each member of the audit team, with sufficient time for the client organisation to object to the appointment of any particular auditor or technical expert and for the certification body to reconstitute the team in response to any valid objection? | | | ☐ | | |
| **Initial certification** | **9.3** | ● | | | |
| **Initial certification audit** | **9.3.1** | | | | |
| General | 9.3.1.1 | | ☐ | | |
| Is the initial certification audit of a management system conducted in two stages: stage 1 and stage 2? | | | | | |
| Stage 1 | 9.3.1.2 | | | | |
| Does planning ensure that the objectives of stage 1 can be met and the client shall be informed of any "on site" activities during stage 1? | 9.3.1.2.1 | | ☐ | | |

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|---|---|---|---|---|---|
| *NOTE Stage 1 does not require a formal audit plan (see clause 9.2.3).* | | | | | |
| Are the objectives of stage 1 to: | 9.3.1.2.2 | | | | |
| a) review the client's management system documented information; | | | ☐ | | |
| b) evaluate the client's site-specific conditions and to undertake discussions with the client's personnel to determine the preparedness for stage 2; | | | ☐ | | |
| c) review the client's status and understanding regarding requirements of the standard, in particular with respect to the identification of key performance or significant aspects, processes, objectives and operation of the management system; | | | ☐ | | |
| d) obtain necessary information regarding the scope of the management system, including:<br>- the client's site(s);<br>- processes and equipment used;<br>- levels of controls established (particularly in case of multisite clients);<br>- applicable statutory and regulatory requirements; | | | ☐ | | |
| e) review the allocation of resources for stage 2 and agree the details of stage 2 with the client; | | | ☐ | | |
| f) provide a focus for planning stage 2 by gaining a sufficient understanding of the client's management system and site operations in the context of the management system standard or other normative document; and | | | ☐ | | |
| g) evaluate if the internal audits and management reviews are being planned and performed, and that the level of implementation of the management system substantiates that the client is ready for stage 2? | | | ☐ | | |
| *NOTE If at least part of stage 1 is carried out at the client's premises, this can help to achieve the objectives stated above.* | | | | | |

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| Are documented conclusions with regard to fulfilment of the stage 1 objectives and the readiness for stage 2 communicated to the client, including identification of any areas of concern that could be classified as a nonconformity during stage 2?<br>*NOTE The stage 1 output does not need to meet the full requirements of a report (see Clause 9.4.8).* | 9.3.1.2.3 | | ☐ | | |
| In determining the interval between stage 1 and stage 2, is consideration given to the needs of the client to resolve areas of concern identified during stage 1? The certification body may also need to revise its arrangements for stage 2. If any significant changes which would impact the management system occur, does your certification body consider the need to repeat all or part of stage 1? Is the client informed that the results of stage 1 may lead to postponement or cancellation of stage 2? | 9.3.1.2.4 | | ☐ | | |
| Stage 2<br>The purpose of stage 2 is to evaluate the implementation, including effectiveness, of the client's management system. Does the stage 2 shall take place at the site(s) of the client? Does it include the auditing of at least the following: | 9.3.1.3 | | | | |
| a) information and evidence about conformity to all requirements of the applicable management system standard or other normative documents; | | | ☐ | | |
| b) performance monitoring, measuring, reporting and reviewing against key performance objectives and targets (consistent with the expectations in the applicable management system standard or other normative document); | | | ☐ | | |
| c) the client's management system ability and its performance regarding meeting of applicable statutory, regulatory and contractual requirements; | | | ☐ | | |
| d) operational control of the client's processes; | | | ☐ | | |

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| e) internal auditing and management review; and | | | ☐ | | |
| f) management responsibility for the client's policies? | | | ☐ | | |
| Initial certification audit conclusions | 9.3.1.4 | | ☐ | | |
| Does the audit team analyse all information and audit evidence gathered during stage 1 and stage 2 to review the audit findings and agree on the audit conclusions? | | | | | |
| **Conducting audits** | **9.4** | ● | | | |
| **General** | 9.4.1 | | | | |
| Does the certification body have a process for conducting on-site audits? Does this process include an opening meeting at the start of the audit and a closing meeting at the conclusion of the audit? | | | ☐ | | |
| Where any part of the audit is made by electronic means or where the site to be audited is virtual, does your certification body ensure that such activities are conducted by personnel with appropriate competence? Is the evidence obtained during such an audit sufficient to enable the auditor to take an informed decision on the conformity of the requirement in question?<br>*NOTE : "On-site" audits can include remote access to electronic site(s) that contain(s) information that is relevant to the audit of the management system. Consideration can also be given to the use of electronic means for conducting audits.* | | | ☐ | | |

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|---|---|---|---|---|---|
| **Conducting the opening meeting** | 9.4.2 | | | | |
| Is a formal opening meeting held with the client's management and, where appropriate, those responsible for the functions or processes to be audited? The purpose of the opening meeting, which shall usually be conducted by the audit team leader, is to provide a short explanation of how the audit activities will be undertaken. Is the degree of details consistent with the familiarity of the client with the audit process? Does the opening meeting include the following: | | | ☐ | | |
| a) introduction of the participants, including an outline of their roles; | | | ☐ | | |
| b) confirmation of the scope of certification; | | | ☐ | | |
| c) confirmation of the audit plan (including type and scope of audit, objectives and criteria), any changes, and other relevant arrangements with the client, such as the date and time for the closing meeting, interim meeting between the audit team and the client's management; | | | ☐ | | |
| d) confirmation of formal communication channels between the audit team and the client; | | | ☐ | | |
| e) confirmation that the resources and facilities needed by the audit team are available; | | | ☐ | | |
| f) confirmation of matters relating to confidentiality; | | | ☐ | | |
| g) confirmation of relevant work safety, emergency and security procedures for the audit team; | | | ☐ | | |
| h) confirmation of the availability, roles and identifies of any guides and observers; | | | ☐ | | |
| i) the method of reporting, including any grading of audit findings; | | | ☐ | | |
| j) information about the conditions under which the audit may be prematurely terminated; | | | ☐ | | |
| k) confirmation that the audit team leader and audit team representing the certification body is responsible for the audit and shall be in control of executing the audit plan including audit activities and audit trails; | | | ☐ | | |

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|---|---|---|---|---|---|
| l) confirmation of the status of findings of the previous review or audit, if applicable; | | | ☐ | | |
| m) methods and procedures to be used to conduct the audit based on sampling; | | | ☐ | | |
| n) confirmation of the language to be used during the audit; | | | ☐ | | |
| o) confirmation that, during the audit, the client will be kept informed of audit progress and any concerns; and | | | ☐ | | |
| p) opportunity for the client to ask questions. | | | ☐ | | |
| **Communication during the audit** | 9.4.3 | | | | |
| During the audit, does the audit team periodically assess audit progress and exchange information? Does the audit team leader reassign work as needed between the audit team members and periodically communicate the progress of the audit and any concerns to the client? | 9.4.3.1 | | ☐ | | |
| Where the available audit evidence indicates that the audit objectives are unattainable or suggests the presence of an immediate and significant risk (e.g. safety), does the audit team leader report this to the client, if possible, to the certification body to determine appropriate action? Such action may include reconfirmation or modification of the audit plan, changes to the audit objectives or audit scope, or termination of the audit. Does the audit team leader report the outcome of the action taken to the certification body? | 9.4.3.2 | | ☐ | | |
| Does the audit team leader review with the client any need for changes to the audit scope which becomes apparent as on-site auditing activities progress and report this to the certification body? | 9.4.3.3 | | ☐ | | |

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|---|---|---|---|---|---|
| **Obtaining and verifying information** | 9.4.4 | | | | |
| During the audit, does the auditor of the certification body collect information relevant to the audit objectives, scope and criteria (including information relating to interfaces between functions, activities and processes) by appropriate sampling and verified to become audit evidence? | 9.4.4.1 | | ☐ | | |
| Does the auditor of the certification body use methods to collect information include, but not limited to: | 9.4.4.2 | | ☐ | | |
| a) interviews; | | | ☐ | | |
| b) observation of processes and activities; | | | ☐ | | |
| c) review of documentation and records? | | | ☐ | | |
| **Identifying and recording audit findings** | 9.4.5 | | | | |
| Are the audit findings summarizing conformity and detailing nonconformity identified, classified and recorded to enable an informed certification decision to be made or the certification to be maintained? | 9.4.5.1 | | ☐ | | |
| Opportunities for improvement may be identified and recorded, unless prohibited by the requirements of a management system certification scheme. Does the auditor of the certification body not to record nonconformities as opportunities for improvement? | 9.4.5.2 | | ☐ | | |
| Does the auditor of your certification body record a finding of nonconformity against requirement of the audit criteria, contain a clear statement of the nonconformity and identify in detail the objective evidence on which the nonconformity is based? Are nonconformities discussed with the client to ensure that the evidence is accurate and that the nonconformities are understood? Does the auditor refrain from suggesting the cause of nonconformities or their solution? | 9.4.5.3 | | ☐ | | |

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|---|---|---|---|---|---|
| Does the audit team leader attempt to resolve any diverging opinions between the audit team and the client concerning audit evidence or findings? Are unresolved points recorded? | 9.4.5.4 | | ☐ | | |
| **Preparing audit conclusions** | 9.4.6 | | | | |
| Under the responsibility of the audit team leader and prior to the closing meeting, does the audit team: | | | ☐ | | |
| a) review the audit findings, and any other appropriate information obtained during the audit, against the audit objectives and audit criteria and classify the nonconformities; | | | ☐ | | |
| b) agree upon the audit conclusions, taking into account the uncertainty inherent in the audit process; | | | ☐ | | |
| c) identify any necessary follow-up actions; and | | | ☐ | | |
| d) confirm the appropriateness of the audit programme or identify any modification required for future audits (e.g. scope of certification, audit time or dates, surveillance frequency, audit team competence)? | | | ☐ | | |
| **Conducting the closing meeting** | 9.4.7 | | | | |
| Does the auditor team of the certification body hold a formal closing meeting with the client's management and, where appropriate, those responsible for the functions or process audited? Is attendance of the closing meeting recorded? The purpose of the closing meeting, which shall normally be conducted by the audit team leader, is to present the audit conclusions, including the recommendation regarding certification. Are all nonconformities presented in such a manner that they are understood, and the timeframe for responding shall be agreed? | 9.4.7.1 | | ☐ | | |
| *NOTE : "Understood" does not necessarily mean that the nonconformities has been accepted by the client.* | | | | | |

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|---|---|---|---|---|---|
| Is the degree of detail consistent with the familiarity of the client with the audit process? Does the closing meeting include the following elements? | 9.4.7.2 | | ☐ | | |
| a) advising the client that the audit evidence collected was based on a sample of the information; thereby introducing an element of uncertainty; | | | ☐ | | |
| b) the method and timeframe of reporting, including any grading of audit findings; | | | ☐ | | |
| c) the certification body's process for handling nonconformities including any consequences relating to the status of the client's certification; | | | ☐ | | |
| d) the timeframe for the client to present a plan for correction and corrective action for any nonconformities identified during the audit; | | | ☐ | | |
| e) the certification body's post audit activities; | | | ☐ | | |
| f) information about the complaint handling and appeal processes? | | | ☐ | | |
| Does the audit team of the certification body give the client opportunity for questions? Any diverging opinions regarding the audit findings or conclusions between the audit team and the client shall be discussed and resolved where possible. Are diverging opinions that are not resolved recorded and referred to the certification body? | 9.4.7.3 | | ☐ | | |
| **Audit report** | 9.4.8 | | | | |
| Does the certification body provide a written report for each audit to the client? The audit team may identify opportunities for improvement but shall not recommend specific solutions. Is the ownership of the audit report maintained by the certification body? | 9.4.8.1 | | ☐ | | |

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| Does the audit team leader ensure that the audit report is prepared and be responsible for its content? Does the audit report provide an accurate, concise and clear record of the audit to enable an informed certification decision to be made and shall include or refer to following: | 9.4.8.2 | | ☐ | | |
| a) identification of the certification body; | | | ☐ | | |
| b) the name and address of the client and the client's management representative; | | | ☐ | | |
| c) the type of audit (e.g. initial, surveillance or recertification audit or special audits); | | | ☐ | | |
| d) the audit criteria; | | | ☐ | | |
| e) the audit objectives; | | | ☐ | | |
| f) the audit scope, particularly identification of the organisation or functional units or processes audited and the time of the audit; | | | ☐ | | |
| g) and deviation from the audit plan and their reasons; | | | ☐ | | |
| h) any significant issues impacting on the audit programme; | | | ☐ | | |
| i) identification of the audit team leader, audit team members and any accompanying persons; | | | ☐ | | |
| j) the dates and places where the audit activities (on site or offsite, permanent or temporary sites) were conducted; | | | ☐ | | |
| k) audit findings (see Clause 9.4.5), reference to evidence and conclusions, consistent with the requirements of the type of audit; | | | ☐ | | |
| l) significant changes, if any, that affect the management system of the client since the last audit took place; | | | ☐ | | |
| m) any unresolved issues, if identified; | | | ☐ | | |
| n) where applicable, whether the audit is combined, joint or integrated; | | | ☐ | | |
| o) a disclaimer statement indicating that auditing is based on a sampling process of the available information; | | | ☐ | | |
| p) recommendation from the audit team; | | | ☐ | | |

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| q) the audited client is effectively controlling the use of the certification documents and marks, if applicable; and | | | ☐ | | |
| r) verification of effectiveness of taken corrective actions regarding previously identified nonconformities, if applicable. | | | ☐ | | |
| Does the report contain: | 9.4.8.3 | | ☐ | | |
| a) a statement on the conformity and the effectiveness of the management system together with a summary of the evidence relating to:<br>- the capability of the management system to meet applicable requirements and expected outcomes;<br>- the internal audit and management review process; | | | | | |
| b) a conclusion on the appropriateness of the certification scope; and | | | | | |
| c) confirmation that the audit objectives have been fulfilled? | | | | | |
| **Cause analysis of nonconformities** | 9.4.9 | | | | |
| Does your certification body require the client to analyse the cause and describe the specific correction and corrective actions taken, or planned to be taken, to eliminate detected nonconformities, within a defined time? | | | ☐ | | |
| **Effectiveness of corrections and corrective actions** | 9.4.10 | | | | |
| Does your certification body review the corrections, identified causes and corrective actions submitted by the client to determine if these are acceptable? Does your certification body verify the effectiveness of any correction and corrective actions taken? Is the evidence obtained to support the resolution of nonconformities recorded? Is the client informed of an additional full audit, an additional limited audit, or documented evidence (to be confirmed during future audits) will be needed to verify effective correction and corrective actions? | | | ☐ | | |

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| *NOTE : Verification of effectiveness of correction and corrective action can be carried out based on a review of documented information provided by the client, or where necessary, through verification on-site. Usually this activity is done by a member of the audit team.* | | | | | |
| **Certification decision** | 9.5 | | | | |
| **General** | 9.5.1 | | | | |
| Does your certification body ensure that the persons or committees that make the decisions for granting certification, expanding or reducing the scope of certification, suspending or restoring certification, withdrawing certification or renewing certification are different from those who carried out the audits? Does the individual(s) appointed to conduct the certification decision have appropriate competence? | 9.5.1.1 | | ☐ | | |
| Is the person(s) [excluding members of committees (see Clause 6.1.4)] assigned by the certification body to make a certification decision employed by, or under legally enforceable arrangement with either the certification body or an entity under the organisational control of the certification body? Does your certification body's organisational control has one of the following: | 9.5.1.2 | | ☐ | | |
| a) whole or majority ownership of another entity by the certification body; | | | ☐ | | |
| b) majority participation by the certification body on the board of directors of another entity; and | | | ☐ | | |
| c) a documented authority by the certification body over another entity in a network of legal entities (in which the certification body resides), linked by ownership or board of director control? | | | ☐ | | |
| *NOTE : For governmental certification bodies, other parts of the same government can be considered to be "linked by ownership" to the certification body* | | | | | |

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|---|---|---|---|---|---|
| Does the persons employed by, or under contract with, entities under organisational control fulfil the same requirements of this part of ISO/IEC 17021 as persons employed by, or under contract with, the certification body? | 9.5.1.3 | | ☐ | | |
| Does your certification body record each certification decision including any additional information or clarification sought from the audit team or other sources? | 9.5.1.4 | | ☐ | | |
| **Actions prior to making a decision** | 9.5.2 | | | | |
| Does your certification body have a process to conduct an effective review prior to making a decision for granting certification, expanding or reducing the scope of certification, renewing, suspending or restoring, or withdrawing of certification, including, that | | | ☐ | | |
| a) the information provided by the audit team is sufficient with respect to the certification requirements and the scope for certification; | | | ☐ | | |
| b) for any major nonconformities, it has reviewed, accepted and verified the correction and corrective actions; and | | | ☐ | | |
| c) for any minor nonconformities it has reviewed and accepted the client's plan for correction and corrective action? | | | ☐ | | |
| **Information for granting initial certification** | 9.5.3 | | | | |
| Does the information provided by the audit team to the certification body for the certification decision include, as a minimum, | 9.5.3.1 | | ☐ | | |
| a) the audit report; | | | ☐ | | |
| b) comments on the nonconformities and, where applicable, the correction and corrective actions taken by the client; | | | ☐ | | |
| c) confirmation of the information provided to the certification body used in the application review (see Clause 9.1.2); | | | ☐ | | |

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|---|---|---|---|---|---|
| d) confirmation that the audit objectives have been achieved; and | | | ☐ | | |
| e) a recommendation whether or not to grant certification, together with any conditions or observations? | | | ☐ | | |
| If your certification body is not able to verify the implementation of corrections and corrective actions of any major nonconformity within 6 months after the last day of stage 2, does your certification body conduct another stage 2 prior to recommending certification? | 9.5.3.2 | | ☐ | | |
| When a transfer of certification is envisaged from one certification body to another, does the accepting certification body have a process for obtaining sufficient information in order to take a decision on certification?<br>*NOTE : Certification schemes can have specific rules regarding the transfer of certification* | 9.5.3.3 | | ☐ | | |
| **Information for granting recertification** | 9.5.4 | | | | |
| Does your certification body make decisions on renewing certification based on the results of the recertification audit, as well as the results of the review of the system over the period of certification and complaints received from users of certification? | | | ☐ | | |
| **Maintaining certification** | **9.6** | | | | |
| **General** | 9.6.1 | | | | |
| Does your certification body maintain certification based on demonstration that the client continues to satisfy the requirements of the standard? It may maintain a client's certification based on a positive conclusion by the audit team leader without further independent review, provided that | | | ☐ | | |

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|---|---|---|---|---|---|
| a) for any major nonconformity or other situation that may lead to suspension or withdrawal of certification, the certification body has a system that requires the audit team leader to report to the certification body the need to initiate a review by competent personnel (see Clause 7.2.8), different from those who carried out the audit, to determine whether certification can be maintained; and | | | ☐ | | |
| b) competent personnel of the certification body monitor its surveillance activities, including monitoring the reporting by its auditors, to confirm that the certification activity is operating effectively. | | | ☐ | | |
| **Surveillance activities** | 9.6.2 | ● | | | |
| **General** | 9.6.2.1 | | | | |
| Does your certification body develop its surveillance activities so that representative areas and functions covered by the scope of the management system are monitored on a regular basis, and take into account changes to its certified client and its management system? | 9.6.2.1.1 | | ☐ | | |
| Do surveillance activities include on-site audits assessing the certified client's fulfilment of specified requirements with respect to the standard to which the certification is granted? Other surveillance activities may include | 9.6.2.1.2 | | ☐ | | |
| a) enquiries from the certification body to the certified client on aspects of certification, | | | ☐ | | |
| b) reviewing any client's statement with respect to its operations (e.g. promotional material, website), | | | ☐ | | |
| c) requests to the client to provide documents and records (on paper or electronic media), and | | | ☐ | | |
| d) other means of monitoring the certified client's performance. | | | ☐ | | |

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| ISO/IEC 17021-1:2015 Requirements | Clause | * | OK | QM/ Procedure Clause | Remarks / Questions to be asked at certification body |
|---|---|---|---|---|---|
| **Surveillance audit** | 9.6.2.2 | | | | |
| Surveillance audits are on-site audits, but are not necessarily full system audits, and shall be planned together with the other surveillance activities so that the certification body can maintain confidence that the certified management system continues to fulfil requirements between recertification audits. Does each surveillance for the relevant management system standard include: | | | ☐ | | |
| a) internal audits and management review; | | | ☐ | | |
| b) a review of actions taken on nonconformities identified during the previous audit; | | | ☐ | | |
| c) complaints handling; | | | ☐ | | |
| d) effectiveness of the management system with regard to achieving the certified client's objectives and the intended results of the respective management system (s); | | | ☐ | | |
| e) progress of planned activities aimed at continual improvement; | | | ☐ | | |
| f) continuing operational control; | | | ☐ | | |
| g) review of any changes; and | | | ☐ | | |
| h) use of marks and/or any other reference to certification? | | | ☐ | | |
| **Recertification** | **9.6.3** | | | | |
| **Recertification audit planning** | 9.6.3.1 | | | | |
| The purpose of the recertification audit is to confirm the continued conformity and effectiveness of the management system as a whole, and its continued relevance and applicability for the scope of certification. Is a recertification audit planned and conducted to evaluate the continued fulfilment of all of the requirements of the relevant management system standard or other normative document? Is this planned and conducted in due time to enable for timely renewal before the certificate expiry date? | 9.6.3.1.1 | | ☐ | | |

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| ISO/IEC 17021-1:2015 Requirements | Clause | * | OK | QM/ Procedure Clause | Remarks / Questions to be asked at certification body |
|---|---|---|---|---|---|
| Does your recertification audit include the review of previous surveillance audit reports and consider the performance of the management system over the most recent certification cycle? | 9.6.3.1.2 | | ☐ | | |
| Would recertification audit activities have a stage 1 audit in situations where there have been significant changes to the management system, the client, or the context in which the management system is operating (e.g. changes to legislation)?<br>*NOTE : Such changes can occur at any time during the certification cycle and the certification body might need to perform a special audit (see Clause 9.6.4), which might or might not be a two-stage audit.* | 9.6.3.1.3 | | ☐ | | |
| **Recertification audit** | 9.6.3.2 | ● | | | |
| Does the recertification audit include an on-site audit that addresses the following: | 9.6.3.2.1 | | ☐ | | |
| a) the effectiveness of the management system in its entirety in the light of internal and external changes and its continued relevance and applicability to the scope of certification; and | | | ☐ | | |
| b) demonstrated commitment to maintain the effectiveness and improvement of the management system in order to enhance overall performance; | | | ☐ | | |
| c) the effectiveness of the management system with regard to achieving the certified client's objectives and the intended results of the respective management system (s)? | | | ☐ | | |
| For any major nonconformity, does your certification body define time limits for correction and corrective actions. Are these actions implemented and verified prior to the expiration of certification? | 9.6.3.2.2 | | ☐ | | |

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| ISO/IEC 17021-1:2015 Requirements | Clause | * | OK | QM/ Procedure Clause | Remarks / Questions to be asked at certification body |
|---|---|---|---|---|---|
| When recertification activities are successfully completed prior to the expiry date of the existing certification, is the expiry date of the new certification based on the expiry date of the existing certification? Is the issue date on a new certificate on or after the recertification decision? | 9.6.3.2.3 | | ☐ | | |
| If the certification body has not completed the recertification audit or the certification body is unable to verify the implementation of corrections and corrective actions for any major nonconformity (see Clause 9.5.2.1) prior to the expiry date of the certification, is recertification not recommended and the validity of the certification not extended? The client shall be informed and the consequences shall be explained? | 9.6.3.2.4 | | ☐ | | |
| Following expiration of certification, your certification body can restore certification within 6 months provided that the outstanding recertification activities are completed, otherwise at least a stage 2 shall be conducted. Is the effective date on the certificate on or after the recertification decision and the expiry date based on prior certification cycle? | 9.6.3.2.5 | | ☐ | | |
| **Special audits** | 9.6.4 | | | | |
| **Expanding scope** | 9.6.4.1 | | | | |
| Does your certification body, in response to an application for expanding the scope of a certification already granted, undertake a review of the application and determine any audit activities necessary to decide whether or not the extension may be granted? (This may be conducted in conjunction with a surveillance audit.) | | | ☐ | | |
| **Short-notice audits** | 9.6.4.2 | | | | |
| It may be necessary for the certification body to conduct audits of certified clients at short notice or unannounced to investigate complaints, or in response to changes, or as follow up on suspended clients. In such cases: | | | ☐ | | |

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| ISO/IEC 17021-1:2015 Requirements | Clause | * | OK | QM/ Procedure Clause | Remarks / Questions to be asked at certification body |
|---|---|---|---|---|---|
| a) does your certification body describe and make known in advance to the certified clients (e.g. in documents as described in 8.5.1) the conditions under which such audits will be conducted, and | | | ☐ | | |
| b) does your certification body exercise additional care in the assignment of the audit team because of the lack of opportunity for the client to object to audit team members? | | | ☐ | | |
| **Suspending, withdrawing or reducing the scope of certification** | 9.6.5 | | | | |
| Does your certification body have a policy and documented procedure(s) for suspension, withdrawal or reduction of the scope of certification, and specify the subsequent actions by the certification body? | 9.6.5.1 | | ☐ | | |
| Does your certification body suspend certification in cases when, for example, | 9.6.5.2 | | ☐ | | |
| - the client's certified management system has persistently or seriously failed to meet certification requirements, including requirements for the effectiveness of the management system; | | | ☐ | | |
| - the certified client does not allow surveillance or recertification audits to be conducted at the required frequencies; or | | | ☐ | | |
| - the certified client has voluntarily requested a suspension? | | | ☐ | | |
| Under suspension, is the client's management system certification temporarily invalid? | 9.6.5.3 | | ☐ | | |
| Does your certification body restore the suspended certification if the issue that has resulted in the suspension has been resolved? Failure to resolve the issues that have resulted in the suspension in a time established by the certification body shall result in withdrawal or reduction of the scope of certification. | 9.6.5.4 | | ☐ | | |
| *NOTE : In most cases the suspension would not exceed 6 months.* | | | | | |

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| ISO/IEC 17021-1:2015 Requirements | Clause | * | OK | QM/ Procedure Clause | Remarks / Questions to be asked at certification body |
|---|---|---|---|---|---|
| Does your certification body reduce the scope of certification to exclude the parts not meeting the requirements, when the certified client has persistently or seriously failed to meet the certification requirements for those parts of the scope of certification? Is any such reduction in line with the requirements of the standard used for certification? | 9.6.5.5 | | ☐ | | |
| **Appeals** | **9.7** | | | | |
| Does your certification body have a documented process to receive, evaluate and make decisions on appeals? | 9.7.1 | | ☐ | | |
| Is your certification body responsible for all decisions at all levels of the appeals-handling process? Does your certification body ensure that the persons engaged in the appeals-handling process are different from those who carried out the audits and made the certification decisions? | 9.7.2 | | ☐ | | |
| Do submission, investigation and decision on appeals not result in any discriminatory actions against the appellant? | 9.7.3 | | ☐ | | |
| Does the appeals-handling process include at least the following elements and methods: | 9.7.4 | | ☐ | | |
| a) an outline of the process for receiving, validating and investigating the appeal, and for deciding what actions need to be taken in response to it, taking into account the results of previous similar appeals; | | | ☐ | | |
| b) tracking and recording appeals, including actions undertaken to resolve them; and | | | ☐ | | |
| c) ensuring that any appropriate correction and corrective action are taken? | | | ☐ | | |

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| ISO/IEC 17021-1:2015 Requirements | Clause | * | OK | QM/ Procedure Clause | Remarks / Questions to be asked at certification body |
|---|---|---|---|---|---|
| Is your certification body receiving the appeal responsible for gathering and verifying all necessary information to validate the appeal? | 9.7.5 | | ☐ | | |
| Does your certification body acknowledge receipt of the appeal and provide the appellant with progress reports and the result of the appeal? | 9.7.6 | | ☐ | | |
| Is the decision to be communicated to the appellant made by, or reviewed and approved by, individual(s) not previously involved in the subject of the appeal? | 9.7.7 | | ☐ | | |
| Does your certification body give formal notice to the appellant of the end of the appeals-handling process? | 9.7.8 | | ☐ | | |
| **Complaints** | **9.8** | | | | |
| Is your certification body responsible for all decisions at all levels of the complaints-handling process? | 9.8.1 | | ☐ | | |
| Does submission, investigation and decision on complaints not result in any discriminatory actions against the complainant? | 9.8.2 | | ☐ | | |
| Upon receipt of a complaint, the certification body shall confirm whether the complaint relates to certification activities that it is responsible for and, if so, does your certification body deal with it? If the complaint relates to a certified client, then does examination of the complaint consider the effectiveness of the certified management system? | 9.8.3 | | ☐ | | |
| Is any valid complaint about a certified client referred by the certification body to the certified client in question at an appropriate time? | 9.8.4 | | ☐ | | |

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| ISO/IEC 17021-1:2015 Requirements | Clause | * | OK | QM/ Procedure Clause | Remarks / Questions to be asked at certification body |
|---|---|---|---|---|---|
| Does your certification body have a documented process to receive, evaluate and make decisions on complaints? Is this process subject to requirements for confidentiality, as it relates to the complainant and to the subject of the complaint? | 9.8.5 | | ☐ | | |
| Does the complaints-handling process include at least the following elements and methods: | 9.8.6 | | ☐ | | |
| a) an outline of the process for receiving, validating, investigating the complaint, and for deciding what actions need to be taken in response to it; | | | ☐ | | |
| b) tracking and recording complaints, including actions undertaken in response to them; | | | ☐ | | |
| c) ensuring that any appropriate correction and corrective action are taken? | | | ☐ | | |
| *NOTE : ISO 10002 provides guidance for complaints handling.* | | | | | |
| Is your certification body receiving the complaint responsible for gathering and verifying all necessary information to validate the complaint? | 9.8.7 | | ☐ | | |
| Whenever possible, does your certification body acknowledge receipt of the complaint, and provide the complainant with progress reports and the result of the complaint? | 9.8.8 | | ☐ | | |
| Is the decision to be communicated to the complainant made by, or reviewed and approved by, individual(s) not previously involved in the subject of the complaint? | 9.8.9 | | ☐ | | |
| Whenever possible, does your certification body give formal notice of the end of the complaints-handling process to the complainant? | 9.8.10 | | ☐ | | |

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| ISO/IEC 17021-1:2015 Requirements | Clause | * | OK | QM/ Procedure Clause | Remarks / Questions to be asked at certification body |
|---|---|---|---|---|---|
| Does your certification body determine, together with the client and the complainant, whether and, if so to what extent, the subject of the complaint and its resolution shall be made public? | 9.8.11 | | ☐ | | |
| **Client records** | **9.9** | | | | |
| Does your certification body maintain records on the audit and other certification activities for all clients, including all organisations that submitted applications, and all organisations audited, certified, or with certification suspended or withdrawn? | 9.9.1 | | ☐ | | |
| Do records on certified clients include the following: | 9.9.2 | | | | |
| a) application information and initial, surveillance and recertification audit reports; | | | ☐ | | |
| b) certification agreement; | | | ☐ | | |
| c) justification of the methodology used for sampling of sites, as appropriate;<br>*NOTE : Methodology of sampling includes the sampling employed to audit the specific management system and/or to select sites in the context of multi-site audit.* | | | ☐ | | |
| d) justification for auditor time determination (see Clause 9.1.4); | | | ☐ | | |
| e) verification of correction and corrective actions; | | | ☐ | | |
| f) records of complaints and appeals, and any subsequent correction or corrective actions; | | | ☐ | | |
| g) committee deliberations and decisions, if applicable; | | | ☐ | | |
| h) documentation of the certification decisions; | | | ☐ | | |
| i) certification documents, including the scope of certification with respect to product, process or service, as applicable; | | | ☐ | | |

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| ISO/IEC 17021-1:2015 Requirements | Clause | * | OK | QM/ Procedure Clause | Remarks / Questions to be asked at certification body |
|---|---|---|---|---|---|
| j) related records necessary to establish the credibility of the certification, such as evidence of the competence of auditors and technical experts; and | | | ☐ | | |
| k) audit programmes? | | | ☐ | | |
| Does your certification body keep the records on applicants and clients secure to ensure that the information is kept confidential? Are records transported, transmitted or transferred in a way that ensures that confidentiality is maintained? | 9.9.3 | | ☐ | | |
| Does the certification body have a documented policy and documented procedures on the retention of records? Are records retained for the duration of the current cycle plus one full certification cycle?<br>*NOTE : In some jurisdictions, the law stipulates that records need to be maintained for a longer time period.* | 9.9.4 | | ☐ | | |
| **MANAGEMENT SYSTEM REQUIREMENTS FOR CERTIFICATION BODIES** | **10** | | | | |
| **Options** | **10.1** | | | | |
| The certification body shall establish and maintain a management system that is capable of supporting and demonstrating the consistent achievement of the requirements of ISO/IEC 17021. In addition to meeting the requirements of Clauses 5 to 9, the certification body shall implement a management system in accordance with either | | | ☐ | | |
| a) general management system requirements (see Clause 10.2), or | | | ☐ | | |
| b) management system requirements in accordance with ISO 9001 (see Clause 10.3). | | | ☐ | | |
| **Which option has the certification body adopted?** | | | | **State Option A or B** | |

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| ISO/IEC 17021-1:2015 Requirements | Clause | * | OK | QM/ Procedure Clause | Remarks / Questions to be asked at certification body |
|---|---|---|---|---|---|
| **Option A: General management system requirements** | **10.2** | | | | |
| **General** | 10.2.1 | | | | |
| Does your certification body establish, document, implement and maintain a management system that is capable of supporting and demonstrating the consistent achievement of the requirements of ISO/IEC 17021-1? | | | ☐ | | |
| Does your certification body's top management establish and document policies and objectives for its activities? Does the top management provide evidence of its commitment to the development and implementation of the management system in accordance with the requirements of ISO/IEC 17021-1? Does the top management ensure that the policies are understood, implemented and maintained at all levels of the certification body's organisation? | | | ☐ | | |
| Does certification body's top management appoint a member of management who, irrespective of other responsibilities, have responsibility and authority that include | | | ☐ | | |
| a) ensuring that processes and procedures needed for the management system are established, implemented and maintained, and | | | ☐ | | |
| b) reporting to top management on the performance of the management system and any need for improvement? | | | ☐ | | |
| **Management system manual** | 10.2.2 | | | | |
| All applicable requirements of ISO/IEC 17021-1 shall be addressed either in a manual or in associated documents. Does the certification body ensure that the manual and relevant associated documents are accessible to all relevant personnel? | | | ☐ | | |

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| ISO/IEC 17021-1:2015 Requirements | Clause | * | OK | QM/ Procedure Clause | Remarks / Questions to be asked at certification body |
|---|---|---|---|---|---|
| **Control of documents** | 10.2.3 | | | | |
| Does your certification body establish procedures to control the documents (internal and external) that relate to the fulfilment of ISO/IEC 17021-1? Do the procedures define the controls needed to: | | | ☐ | | |
| a) approve documents for adequacy prior to issue; | | | ☐ | | |
| b) review and update as necessary and re-approve documents; | | | ☐ | | |
| c) ensure that changes and the current revision status of documents are identified; | | | ☐ | | |
| d) ensure that relevant versions of applicable documents are available at points of use; | | | ☐ | | |
| e) ensure that documents remain legible and readily identifiable; | | | ☐ | | |
| f) ensure that documents of external origin are identified and their distribution controlled; and | | | ☐ | | |
| g) prevent the unintended use of obsolete documents, and to apply suitable identification to them if they are retained for any purpose? | | | ☐ | | |
| *NOTE : Documentation can be in any form or type of medium.* | | | | | |
| **Control of records** | 10.2.4 | | | | |
| Does your certification body establish procedures to define the controls needed for the identification, storage, protection, retrieval, retention time and disposition of its records related to the fulfilment of ISO/IEC 17021-1? | | | ☐ | | |
| Does your certification body establish procedures for retaining records for a period consistent with its contractual and legal obligations? Access to these records shall be consistent with the confidentiality arrangements. | | | ☐ | | |
| *NOTE : For requirements for records on certified clients, see also Clause 9.9.* | | | | | |

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| ISO/IEC 17021-1:2015 Requirements | Clause | * | OK | QM/ Procedure Clause | Remarks / Questions to be asked at certification body |
|---|---|---|---|---|---|
| **Management review** | 10.2.5 | | | | |
| General | 10.2.5.1 | | | | |
| Does your certification body's top management establish procedures to review its management system at planned intervals to ensure its continuing suitability, adequacy and effectiveness, including the stated policies and objectives related to the fulfilment of ISO/IEC 17021-1? These reviews shall be conducted at least once a year. | | | ☐ | | |
| Review inputs | 10.2.5.2 | | | | |
| Does the input to the management review include information related to | | | ☐ | | |
| a) results of internal and external audits; | | | ☐ | | |
| b) feedback from clients and interested parties; | | | ☐ | | |
| c) safeguarding impartiality; | | | ☐ | | |
| d) the status of corrective actions; | | | ☐ | | |
| e) the status of actions to address risks; | | | ☐ | | |
| f) follow-up actions from previous management reviews; | | | ☐ | | |
| g) the fulfilment of objectives, | | | ☐ | | |
| h) changes that could affect the management system, and | | | ☐ | | |
| i) appeals and complaints? | | | ☐ | | |
| Review outputs | 10.2.5.3 | | | | |
| Does the outputs from the management review shall include decisions and actions related to | | | ☐ | | |
| a) improvement of the effectiveness of the management system and its processes; | | | ☐ | | |
| b) improvement of the certification services related to the fulfilment of ISO/IEC 17021-1; | | | ☐ | | |

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| ISO/IEC 17021-1:2015 Requirements | Clause | * | OK | QM/ Procedure Clause | Remarks / Questions to be asked at certification body |
|---|---|---|---|---|---|
| c) resource needs; and | | | ☐ | | |
| d) revisions of the organisation's policy and objectives? | | | ☐ | | |
| **Internal audits** | 10.2.6 | | | | |
| Does your certification body establish procedures for internal audits to verify that it fulfils the requirements of ISO/IEC 17021-1, and that the management system is effectively implemented and maintained? | 10.2.6.1 | | ☐ | | |
| *NOTE : ISO 19011 provides guidelines for conducting internal audits.* | | | | | |
| Is an audit programme planned, taking into consideration the importance of the processes and areas to be audited, as well as the results of previous audits? | 10.2.6.2 | | ☐ | | |
| Are internal audits performed at least once every 12 months? The frequency of internal audits may be reduced if the certification body can demonstrate that its management system continues to be effectively implemented according to ISO/IEC 17021-1 and has proven stability. | 10.2.6.3 | | ☐ | | |
| Does your certification body ensure that | 10.2.6.4 | | | | |
| a) internal audits are conducted by qualified personnel knowledgeable in certification, auditing and the requirements of ISO/IEC 17021-1; | | | ☐ | | |
| b) auditors do not audit their own work; | | | ☐ | | |
| c) personnel responsible for the area audited are informed of the outcome of the audit; | | | ☐ | | |
| d) any actions resulting from internal audits are taken in a timely and appropriate manner; and | | | ☐ | | |
| e) any opportunities for improvement are identified? | | | ☐ | | |

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| ISO/IEC 17021-1:2015 Requirements | Clause | * | OK | QM/ Procedure Clause | Remarks / Questions to be asked at certification body |
|---|---|---|---|---|---|
| **Corrective actions** | 10.2.7 | | | | |
| Does your certification body establish procedures for identification and management of nonconformities in its operations? Does the certification body also, where necessary, take actions to eliminate the cause of nonconformities in order to prevent recurrence? Corrective actions shall be appropriate to the impact of the problems encountered. Do the procedures define requirements for | | | ☐ | | |
| a) identifying nonconformities (e.g. from valid complaints and internal audits); | | | ☐ | | |
| b) determining the causes of nonconformity; | | | ☐ | | |
| c) correcting nonconformities; | | | ☐ | | |
| d) evaluating the need for actions to ensure that nonconformities do not recur; | | | ☐ | | |
| e) determining and implementing in a timely manner, the actions needed; | | | ☐ | | |
| f) recording the results of actions taken; and | | | ☐ | | |
| g) reviewing the effectiveness of corrective actions? | | | ☐ | | |
| **Option B: Management system requirements in accordance with ISO 9001** | **10.3** | | | | |
| **General** | 10.3.1 | | | | |
| Does your certification body establish and maintain a management system, in accordance with the requirements of ISO 9001, which is capable of supporting and demonstrating the consistent achievement of the requirements of ISO/IEC 17021-1, amplified by Clause 10.3.2 to 10.3.4? | | | ☐ | | |

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| ISO/IEC 17021-1:2015 Requirements | Clause | * | OK | QM/ Procedure Clause | Remarks / Questions to be asked at certification body |
|---|---|---|---|---|---|
| **Scope**<br>For application of the requirements of ISO 9001, does the scope of the management system include the design and development requirements for its certification services? | 10.3.2 | | ☐ | | |
| **Customer focus**<br>For application of the requirements of ISO 9001, when developing its management system, does the certification body consider the credibility of certification and address the needs of all parties (as set out in Clause 4.1.2) that reply upon its audit and certification services, not just its clients? | 10.3.3 | | ☐ | | |
| **Management review**<br>For application of the requirements of ISO 9001, does your certification body include as input for management review, information on relevant appeals and complaints from users of certification activities and a review of impartiality? | 10.3.4 | | ☐ | | |

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| ISO/TS 22003:2013 Requirements | Clause | * | OK | QM/ Procedure Clause | Remarks / Questions to be asked at certification body |
|---|---|---|---|---|---|
| **REQUIREMENTS FOR CERTIFICATION BODIES** | | | | | |
| **Determination of competence criteria**<br>Does your certification body include the competence criteria stated in Annex C of the standard as the basis for the specific competence criteria for each category?<br>*NOTE 1 The competence criteria identified in Annex C of the standard are food safety related criteria for certification body personnel. The certification body can identify specific competences required for the identified categories and for each certification function.*<br>*NOTE 2 Annex D of the standard provides guidance to the certification body on many of the generic certification functions identified in*<br>*:2011, Annex A, for which competence criteria need to be determined for personnel involved in the audit and certification of an FSMS.*<br>*NOTE 3 Qualification(s) and experience can be used as part of the criteria; however, competence is not based on these alone, as it is important to ensure that a person can demonstrate the ability to apply the specific knowledge and skills that one would expect a person to have after completing a qualification or having a certain amount of industry experience.* | 7.1.2 | | ☐ | | |
| **Evaluation processes**<br>Do the evaluation processes of your certification body evaluate, in particular, the individual's knowledge relating to food safety, including knowledge of specific prerequisite programmes (PRP) and food safety hazards related to the categories within which the certification body personnel operate? These shall have been identified for these categories under the requirements of 7.1.2 of the standard. | 7.1.3 | | ☐ | | |

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| ISO/TS 22003:2013 Requirements | Clause | * | OK | QM/ Procedure Clause | Remarks / Questions to be asked at certification body |
|---|---|---|---|---|---|
| *NOTE ISO/IEC 17021:2011, 7.1.3, requires the certification body to demonstrate the effectiveness of the evaluation methods used to evaluate personnel against identified competence criteria. ISO/IEC 17021:2011, Annex B, contains five examples of methods of evaluation.* | | | | | |
| **INFORMATION REQUIREMENTS** | **8** | | | | |
| Do the certification documents identify in detail what activity is certified, referring to categories and subcategories as defined in the standard? | | | ☐ | | |
| **PROCESS REQUIREMENTS** | **9** | | | | |
| **General requirements** | **9.1** | | | | |
| Does your certification body use Annex A of the standard to define the relevant scope for the organization applying for certification? Does your certification body not exclude activities, processes, products or services from the scope of certification when those activities, processes, products or services can have an influence on the food safety of the end products as defined in the scope of certification? | 9.1.1 | | ☐ | | |
| Does your certification body have a process for choosing the audit day, time and season, so that the audit team has the opportunity of auditing the organization operating on a representative number of product lines, categories and subcategories covered by the scope of certification? | 9.1.2 | | ☐ | | |
| Does your certification body have documented procedures for determining audit time, and for each client? Does your certification body determine the time needed to plan and accomplish a complete and effective audit of the client's FSMS? The audit time determined by the certification body, and the justification for the determination, shall be recorded. | 9.1.4 | | ☐ | | |

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| ISO/TS 22003:2013 Requirements | Clause | * | OK | QM/ Procedure Clause | Remarks / Questions to be asked at certification body |
|---|---|---|---|---|---|
| Does your certification body only certify a multi-site organization under one management system in the following conditions: | 9.1.5.2 | | | | |
| a) all sites are operating under one centrally controlled and administered FSMS as defined in ISO 22000:2005, Clause 4, or equivalent for other FSMS; | | | ☐ | | |
| b) an internal audit has been conducted on each site within one year prior to certification; | | | ☐ | | |
| c) audit findings of the individual sites shall be considered indicative of the entire system and correction shall be implemented accordingly. | | | ☐ | | |
| Does your certification body only apply multi-site sampling for categories A, B, E, F and G and for organizations with more than 20 sites operating similar processes within these categories? Does this apply to the initial certification, to surveillance and to recertification audits? Does your certification body justify its decision on sampling for multi-site certification? | 9.1.5.3 | | ☐ | | |
| Where multi-site sampling is permitted, following certification, the annual internal audit programme shall include all sites of the organization. | | | | | |
| *NOTE Risk is another consideration when determining sampling and can increase the level of sample indicated in Table 1 of the standard.* | | | | | |
| Where your certification body offers multi-site sampling, does your certification body utilize a sampling programme to ensure an effective audit of the FSMS where the following apply? | 9.1.5.4 | | | | |
| a) For organizations with 20 sites or less, all sites shall be audited. The sampling for more than 20 sites shall be at the ratio of 1 site per 5 sites. All sites shall be randomly selected and, after the audit, no sampled sites may be nonconforming (i.e. not meeting certification thresholds for ISO 22000). | | | ☐ | | |
| b) At least annually, an audit of the central office for the FSMS shall be performed by your certification body. | | | ☐ | | |
| c) At least annually, surveillance audits shall be performed by your certification body on the required number of sampled sites. | | | ☐ | | |

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| ISO/TS 22003:2013 Requirements | Clause | * | OK | QM/ Procedure Clause | Remarks / Questions to be asked at certification body |
|---|---|---|---|---|---|
| d) Audit findings of the sampled sites shall be considered indicative of the entire system and correction shall be implemented accordingly. | | | ☐ | | |
| Does your certification body provide a written report for each audit? The audit team may identify opportunities for improvement, but shall not recommend specific solutions. Does your certification body maintain the ownership of the audit report? | 9.1.8 | | ☐ | | |
| Does the report include information about PRP used by the organization, hazard analysis methodology used, comments on the food safety team, and other issues relevant to the FSMS? | | ● | ☐ | | |
| *NOTE The stage 1 documented conclusions do not need to meet the full requirements of a report (see ISO/IEC 17021:2011, 9.1.10).* | | | | | |
| **Initial audit and certification** | **9.2** | ● | | | |
| **Application** | 9.2.1 | | | | |
| Does your certification body require the applicant organization to provide detailed information concerning process lines, HACCP studies and the number of shifts? | | | ☐ | | |
| **Initial certification audit** | **9.2.3** | | | | |
| Stage 1 | 9.2.3.1 | | | | |
| Do the objectives of the stage 1 are to provide a focus for planning the stage 2 audit by gaining an understanding of the organization's FSMS and the organization's state of preparedness for stage 2 by reviewing the extent to which: | 9.2.3.1.2 | | | | |
| a) the organization has identified PRP that are appropriate to the business (e.g. regulatory, statutory, customer and certification scheme requirements), | | | ☐ | | |

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| ISO/TS 22003:2013 Requirements | Clause | * | OK | QM/ Procedure Clause | Remarks / Questions to be asked at certification body |
|---|---|---|---|---|---|
| b) the FSMS includes adequate processes and methods for the identification and assessment of the organization's food safety hazards, and subsequent selection and categorization of control measures (combinations), | | | ☐ | | |
| c) relevant food safety legislation is implemented, | | | ☐ | | |
| d) the FSMS is designed to achieve the organization's food safety policy, | | | ☐ | | |
| e) the FSMS implementation programme justifies proceeding to the audit (stage 2), | | | ☐ | | |
| f) the validation of control measures, verification of activities and improvement programmes conform to the requirements of the FSMS standard, | | | ☐ | | |
| g) the FSMS documents and arrangements are in place to communicate internally and with relevant suppliers, customers and interested parties, and | | | ☐ | | |
| h) there is any additional documentation which needs to be reviewed and/or information which needs to be obtained in advance? | | | ☐ | | |
| Where an organization has implemented an externally developed combination of control measures, in stage 1 audit, does your certification review the documentation included in the FSMS to determine if the combination of control measures | | | | | |
| — is suitable for the organization, | | | ☐ | | |
| — was developed in compliance with the requirements of ISO 22000, and | | | ☐ | | |
| — is kept up to date? | | | ☐ | | |
| Does your certification body check the availability of relevant authorizations when collecting the information regarding the compliance to regulatory aspects? | | | ☐ | | |
| For FSMS, does your certification body carry out the stage 1 at the client's premises in order to achieve the objectives stated in the standard? | 9.2.3.1.3 | | ☐ | | |
| In exceptional circumstances, when part of stage 1 takes place off-site, does your certification provide fully justification? Are the evidence demonstrating that stage 1 objectives fully achieved? Exceptional circumstances can include very remote location, short seasonal production. | | | ☐ | | |

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| ISO/TS 22003:2013 Requirements | Clause | * | OK | QM/ Procedure Clause | Remarks / Questions to be asked at certification body |
|---|---|---|---|---|---|
| Does your certification body inform clients that the results of the stage 1 may lead to postponement or cancellation of the stage 2? | 9.2.3.1.4 | | ☐ | | |
| Any part of the FSMS that is audited during the stage 1 audit, and determined to be fully implemented, effective and in conformity with requirements, may not need to be re-audited during the stage 2 audit. Does your certification body ensure that the already audited parts of the FSMS continue to conform to the certification requirements? In this case, does the audit report include these findings and clearly state that conformity has been established during the stage 1 audit? | 9.2.3.1.5 | | ☐ | | |
| When the interval between stage 1 and stage 2 is longer than 6 months, does your certification body repeat Stage 1? | 9.2.3.1.6 | | ☐ | | |

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| Regulations for HKAS Accreditation | Clause | * | OK | QM/Procedure Clause | Remarks / Questions to be asked at certification body |
|---|---|---|---|---|---|
| **The obligations of an accredited or applicant organisation** | | | | | |
| After obtaining accreditation, will your certification body at all times :- | 002 5.1 | | | | |
| (a) conform with the accreditation criteria, including accreditation regulations specified in HKAS 002 and HKCAS SC-04, technical and non-technical requirements and other conditions as specified by HKAS Executive under your terms of accreditation; | 002 5.1 a | | ☐ | | |
| (b) represent honestly and truthfully to any person concerned that your certification body is only accredited for activities stated in your scope of accreditation; | 002 5.1 b | | ☐ | | |
| (c) pay such fees and charges as determined by HKAS Executive; | 002 5.1 c | | ☐ | | |
| (d) endeavour to ensure the accreditation granted by HKAS is not used in a misleading manner; | 002 5.1 d | | ☐ | | |
| (e) be a legal entity; and | 002 5.1 e | | ☐ | | |
| (f) conform to the Business Registration Ordinance (Cap 310) and provide a copy-of its business registration certificate to HKAS Executive if such legislation is applicable to the organisation? If your certification body is incorporated or registered outside HKSAR, does your certification body provide a copy of official document showing its name and registered address under the laws of its place of incorporation or registration? For each permanent location where accredited activities are performed, does your certification body provide proof that your certification body has the right to access and perform accredited activities at that permanent location? | 002 5.1 f | | ☐ | | |
| For any customers for which your certification body performs any accredited activity, does your certification body maintain for such activity a quality standard which is in conformity with the accreditation criteria as set by HKAS? | 002 5.2 | | ☐ | | |
| Will your certification body maintain the same quality standard at all times, no matter whether or not the HKAS accreditation symbol is used in the certificate covering the result of such activity? | 002 5.2 | | ☐ | | |

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| Regulations for HKAS Accreditation | Clause | * | OK | QM/Procedure Clause | Remarks / Questions to be asked at certification body |
|---|---|---|---|---|---|
| When making any statement in relation to your certification body's accreditation status in situation where non-accredited activities are mentioned, will your certification body ensure that such a statement is accompanied by a statement indicating which activities are not accredited? | 002 5.3 | | ☐ | | |
| Does your certification body implement the following accreditation regulation :-<br>"Upon termination of accreditation for all activities of an organisation as specified in a certificate of accreditation, the organisation shall return such certificate of accreditation to HKAS Executive forthwith."? | 002 5.4 | | ☐ | | |
| Will your certification body cooperate with HKAS Executive and its assessment teams and provide them with full support during an on-site assessment and in any other situation such as to provide all necessary information for assessment of your certification body's competence and conformity with the accreditation criteria? | 002 5.5 | | ☐ | | |
| Upon the request of HKAS Executive, will your certification body provide HKAS Executive with a copy of the documentary standard for which your certification body seeks HKAS accreditation for use during the assessment? | 002 5.5 | | ☐ | | |
| Does your certification body ensure that you will not use your accreditation status in such a manner that will bring HKAS or any of its accreditation schemes into disputes, and will not make any statement regarding your accreditation status that HKAS Executive may reasonably consider it to be misleading? | 002 5.6 | | ☐ | | |
| Does your certification body maintain complete integrity and impartiality in all circumstances? | 002 5.7 | | ☐ | | |
| Does your certification body issue and implement a pertinent code of conduct for all its directors, officers, employees and other personnel involved in your operation? | 002 5.7 | | ☐ | | |

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| Regulations for HKAS Accreditation | Clause | * | OK | QM/Procedure Clause | Remarks / Questions to be asked at certification body |
|---|---|---|---|---|---|
| Will the authorised representative report any impropriety or unlawful act of your certification body or any iniquitous management and/or staff to HKAS Executive? | 002 5.7 | | ☐ | | |
| Will the authorised representative further report immediately any corrupt practice to the ICAC (or similar authority or the police when outside the jurisdiction of the HKSAR)? | 002 5.7 | | ☐ | | |
| Will your certification body notify HKAS Executive within one calendar month if a new authorised representative has been appointed? | 002 5.8 | | ☐ | | |
| Will the authorised representative or in his absence, other responsible person of your certification body inform HKAS Executive in writing immediately of any changes or intended changes in your certification body's circumstances which may affect your conformity with relevant accreditation criteria? | 002 5.9 | | ☐ | | |
| Does your certification body implement the following HKAS regulation on confidentiality :-<br>"An accredited organisation shall pay due regard to the confidentially of its customer's information and shall make internal rules and guidelines in order to ensure protection of its customer's information. Confidential information about a particular customer shall not be disclosed to a third party without the consent of the customer, except where the law requires such information to be so disclosed. However, an applicant organisation or an accredited organisation shall allow HKAS Executive to examine all its records which are relevant to the scope of accreditation in order to assess its competence and conformity with the relevant accreditation criteria. An applicant organisation and an accredited organisation shall obtain consent from their customers for the disclosure of any relevant information to HKAS."? | 002 5.10 | | ☐ | | |
| Does your certification body ensure that no unofficial contact with assessors, technical experts and/or AAB members will be made on any matter relating to or in connection with the assessment of any activity for the purpose of granting or maintaining accreditation? | 002 5.11 | | ☐ | | |

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| Regulations for HKAS Accreditation | Clause | * | OK | QM/Procedure Clause | Remarks / Questions to be asked at certification body |
|---|---|---|---|---|---|
| Are all communications concerning your certification body's assessment made between the authorised representative or his/her representative or its chief executive or his/her representative and HKAS Executive? | 002 5.11 | | ☐ | | |
| Does your certification body have a clear policy in writing concerning the provision or receipt of advantages by your staff? Does the policy document contain a statement notifying your staff the law under Section 9 of the Prevention of Bribery Ordinance (Cap. 201)? Does your certification body further ensure that the policy is made known to all staff members? | 002 5.12 | | ☐ | | |
| Does your certification body have a policy and procedure in writing for handling and resolving complaints, disputes and appeals from your customers or other parties? | 002 5.13 | | ☐ | | |
| Does your certification body keep records of all complaints, disputes and appeals and actions taken for a minimum of 3 years and make available to HKAS Executive for inspection upon request? | 002 5.13 | | ☐ | | |
| Where a complaint, dispute or appeal received from your customers or other parties raises any doubt on your conformity with your polices or procedures, will your certification body ensure that the relevant areas of your accredited activities are promptly audited? | 002 5.14 | | ☐ | | |
| If a complaint, dispute or appeal received from your customers or other parties relating to any of your accredited activities is not satisfactorily resolved within 60 days from the date of receipt, will your certification body notify HKAS Executive in writing of this matter? | 002 5.15 | | ☐ | | |
| Is your certification body aware that any concerned party may lodge complaints with HKAS on any of your accredited activities? | 002 5.16 | | ☐ | | |

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| Regulations for HKAS Accreditation | Clause | * | OK | QM/Procedure Clause | Remarks / Questions to be asked at certification body |
|---|---|---|---|---|---|
| Upon the request of HKAS Executive, an accredited organisation shall confirm the authenticity or otherwise of a report, certificate or other document purporting to have been issued by it for an accredited activity. Where such a report, certificate or document is found to be a forged document, the organisation shall cooperate with HKAS Executive in the investigation of its cause and taking mutually agreeable steps to prevent recurrence. | 002 5.17 | | ☐ | | |
| An accredited organisation shall not provide certification service to any other party for any standard used by HKAS as accreditation criteria. HKAS Executive will take immediate action to suspend the accreditation of an accredited organisation in violation of this requirement. | 002 5.18 | | ☐ | | |
| **Use of HKAS accreditation symbols and claims of accreditation status** | | | | | |
| Does your certification body implement the following HKAS regulation :- | 002 8.1 | | | | |
| "An accredited organisation may use the relevant HKAS accreditation symbol as described in HKAS Supplementary Criteria No. 1 and claim its accreditation status provided that the following conditions are complied with :- | | | | | |
| (a) all advertising and promotional materials (including letterheads) shall not, in the opinion of HKAS Executive, give a false or misleading impression regarding the accreditation status of the organisation; | 002 8.1 a | | ☐ | | |
| (b) HKAS Supplementary Criteria No. 1 and requirements relevant to the accreditation scheme concerned as described in the relevant specific regulations, are complied with at all times; and | 002 8.1 b | | ☐ | | |
| (c) any statement made by the organisation in connection with its accreditation status shall not, in the opinion of HKAS Executive, give a false or misleading impression to any third party of its accreditation status."? | 002 8.1 c | | ☐ | | |

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| Regulations for HKAS Accreditation | Clause | * | OK | QM/Procedure Clause | Remarks / Questions to be asked at certification body |
|---|---|---|---|---|---|
| Is your certification body aware of that an accredited organisation shall not allow its accreditation be used to imply that any subject of its accredited activities, for example, a product, process, system or person is approved by HKAS or HKAS Executive and shall take suitable actions to stop any incorrect reference to accreditation. | 002 8.2 | | | | |
| **Other HKAS regulation** | | | | | |
| Has your certification body documented the code of conduct within its management system for stating its policies on impartiality, confidentiality, professionalism, integrity, conflict of interest, and the organisation's commitment to complying with the Prevention of Bribery Ordinance (Cap 201) of Hong Kong or applicable laws and regulations of the country where the accredited organisation is located? | HKAS SC-06 2.1 | | ☐ | | |
| Does the code of conduct cover at least the following aspects: | | | | | |
| (a) acceptance of advantage; | HKAS SC-06 2.2a | | ☐ | | |
| (b) offer of advantage; | HKAS SC-06 2.2b | | ☐ | | |
| (c) entertainment; | HKAS SC-06 2.2c | | ☐ | | |
| (d) compliance with laws of Hong Kong or of relevant jurisdictions; | HKAS SC-06 2.2d | | ☐ | | |
| (e) compliance with relevant requirements of applicable professional standards; | HKAS SC-06 2.2e | | ☐ | | |
| (f) conflict of interest; | HKAS SC-06 2.2f | | ☐ | | |
| (g) use of company assets; | HKAS SC-06 2.2g | | ☐ | | |
| (h) confidentiality of company information; | HKAS SC-06 2.2h | | ☐ | | |
| (i) outside employment; | HKAS SC-06 2.2i | | ☐ | | |
| (j) relationship with customers, suppliers and contractors; | HKAS SC-06 2.2j | | ☐ | | |
| (k) procedures for reporting suspected violation and established mechanism for the prompt and fair adjudication of alleged violations; and | HKAS SC-06 2.2k | | ☐ | | |

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| Regulations for HKAS Accreditation | Clause | * | OK | QM/Procedure Clause | Remarks / Questions to be asked at certification body |
|---|---|---|---|---|---|
| (l) disciplinary actions to be taken against violations. | HKAS SC-06 2.21 | | ☐ | | |
| Does your certification body determine the contents of the code of conduct in accordance with its circumstances to ensure that all persons working for it act lawfully, ethically, professionally, and honestly and protect the impartiality, independence and integrity of the organisation? | HKAS SC-06 2.3 | | ☐ | | |
| Does your certification body ensure that all its directors, staff and other personnel working for it understand and practice the code of conduct? | HKAS SC-06 3.1 | | ☐ | | |
| Has your certification body provided training to all personnel as part of the orientation training when they join the organisation and refresher training to all members periodically thereafter? | HKAS SC-06 3.2 | | ☐ | | |
| Does your certification body periodically remind all personnel working for it the code of conduct? | HKAS SC-06 3.3 | | ☐ | | |
| Is the code of conduct accessible to all personnel working for the organisation? | HKAS SC-06 3.4 | | ☐ | | |
| Is the authorised representative aware that he/she shall report any impropriety or unlawful act of the organisation or any iniquitous management and/or staff to HKAS Executive in accordance with HKAS 002 clause 5.7? | HKAS SC-06 3.5 | | ☐ | | |
| Does your certification body periodically review the code's suitability and adequacy; and implement improvement as appropriate? | HKAS SC-06 3.6 | | ☐ | | |
| **Specific regulations for HKCAS** | | | | | |
| An assessment team may, at its discretion, carry out an observation on your certification body while it is performing certification audits for which your certification body is accredited or seeking accreditation. Does your certification body ensure to seek consent from and explain to your customers concerning the presence of the assessment team in such certification audits? | HKCAS SC-04 2.1 | | ☐ | | |

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| Regulations for HKAS Accreditation | Clause | * | OK | QM/Procedure Clause | Remarks / Questions to be asked at certification body |
|---|---|---|---|---|---|
| Does your certification body further assure your customers that the presence of the assessment team during the certification audits will not affect the outcome of the audits? | HKCAS SC-04 2.1 | | ☐ | | |
| Is your certification body aware that HKAS Executive will conduct a reassessment on the accredited activities of your certification body every three years after the accreditation has been granted? | HKCAS SC-04 2.2 | | ☐ | | |
| Is your certification body aware that HKAS Executive may also conduct a surveillance visit to your certification body routinely every six months and HKAS Executive has discretion to vary the period for reassessment and surveillance visit as it sees fit? | HKCAS SC-04 2.3 | | ☐ | | |
| Is your certification body aware that upon granting of the accreditation to your certification body for a type of certification activity, HKAS Executive will issue a certificate of HKCAS accreditation for such certification activity to your certification body? | HKCAS SC-04 2.4 | | ☐ | | |
| Does your certification body at all times conform with the following HKCAS accreditation criteria :-<br>(a) HKAS 002 - Regulations for HKAS Accreditation,<br>(b) Relevant HKCAS Supplementary Criteria,<br>(c) Relevant HKAS Supplementary Criteria, and<br>(d) Relevant IAF Mandatory Documents | HKCAS SC-04 3.1 | | ☐ | | |
| Does your certification body ensure that it shall not use its accreditation status in a way that may be interpreted by any person that any product, process, system or person certified by your certification body has been approved by HKAS or HKAS Executive? Will your certification body further endeavour to ensure that the organisations certified will implement the certified system at all time? | HKCAS SC-04 3.2 | | ☐ | | |

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| Regulations for HKAS Accreditation | Clause | * | OK | QM/Procedure Clause | Remarks / Questions to be asked at certification body |
|---|---|---|---|---|---|
| If your certification body intends to subcontract any part of your accredited activities, does your certification body ensure that the subcontracted certification body is accredited for performing the activities by HKAS or an accreditation body which has concluded a mutual recognition arrangement/agreement with HKAS? | HKCAS SC-04 3.4 | | ☐ | | |
| Does your certification body notify the customer in writing of your intention to subcontract the activities, the extent of such subcontract and the name of the subcontractor? | HKCAS SC-04 3.4 | | ☐ | | |
| Does your certification body further ensure that your customer agrees to such arrangement? | HKCAS SC-04 3.4 | | ☐ | | |
| Does your certification body keep all records of such subcontracted activities? | HKCAS SC-04 3.4 | | ☐ | | |
| Does your certification body have enforceable arrangements with each organisation holding a HKCAS accredited certificate which commit it to allow, on request, HKAS assessment teams to witness the certification body's audit teams performing audits, including access to its premises for doing so? | HKCAS SC-04 3.5 | | ☐ | | |
| Does your certification body provide to HKAS a list of countries that HKAS accredited certificates have been issued by your certification body? (Any change to this list is considered to be circumstances that may affect conformity with relevant accreditation criteria.) | HKCAS SC-04 3.6 | | ☐ | | |
| Does your certification body provide information as specified from time to time by HKAS? | HKCAS SC-04 3.7 | | ☐ | | |
| Will the authorised representative of your certification body, within 14 days from the effective date of any suspension or termination (voluntarily or by HKAS Executive), inform your customers of activities for which the accreditation has been suspended or terminated in writing of such suspension or termination? | HKCAS SC-04 4.1 | | ☐ | | |

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| Regulations for HKAS Accreditation | Clause | * | OK | QM/Procedure Clause | Remarks / Questions to be asked at certification body |
|---|---|---|---|---|---|
| Is your certification body aware that HKAS Executive may report the details of such suspension or termination in the next issue of the HKCAS Directory of Accredited Certification Bodies and the website of HKAS? | 002 2.10 | | ☐ | | |
| Is your certification body aware that every certification body accredited under HKCAS will be awarded with a distinctive HKCAS accreditation symbol? | HKCAS SC-04 5.1 | | ☐ | | |
| Does your certification body implement the following HKAS regulation :-<br>"An organisation which is certified by a certification body accredited by HKAS may use the HKCAS accreditation symbol of such certification body (subject to regulations set out in HKAS 002) to demonstrate to the public that it has been certified by a competent and impartial certification body accredited by HKAS."? | HKCAS SC-04 5.2 | | ☐ | | |
| Does your certification body issue accredited management system certificates for certification services within its scope of accreditation? (If your certification body has obtained more than one accreditation, the certificate shall be issued with at least one accreditation) | HKCAS SC-04 5.3 | | ☐ | | |
| Does your certification body issue accredited management system certificates bearing HKCAS accreditation symbol or statement as specified in 5.3 of HKCAS SC-04? | | | | | |
| Is your certification body aware that a HKAS accredited certification body may use its HKCAS accreditation symbol on its stationery, documents, publications and its advertisements, subject to the regulations set out in HKAS SC-1 and any other relevant requirements as specified from time to time by HKAS? | HKCAS SC-04 5.5 | | ☐ | | |
| Does your certification body ensure that the form, size, colour and usage of the HKCAS accreditation symbol are in accordance with the HKAS Supplementary Criteria No.1? | HKCAS SC-04 5.6 | | ☐ | | |

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| Regulations for HKAS Accreditation | Clause | * | OK | QM/Procedure Clause | Remarks / Questions to be asked at certification body |
|---|---|---|---|---|---|
| Does your certification body use distinctly different certification marks for different certification systems (such as Products, Quality Management System) and shall avoid confusion between the meanings of its marks? | HKCAS SC-04 5.7 | | ☐ | | |
| Does your certification body ensure **NOT** to use the HKCAS accreditation symbol on any document unless such document relates in whole or in part to your accredited activity? | HKCAS SC-04 5.8 | | ☐ | | |
| Does your certification body ensure that where an organisation is certified by your certification body, such certified organisation may use the HKCAS accreditation symbol in conjunction with the certification symbol of your certification body provided that any use of the accreditation symbol is subject to the regulations set out in HKAS SC-01, HKCAS SC-04 and any other relevant HKCAS requirements as specified from time to time by HKAS? | HKCAS SC-04 5.9 | | ☐ | | |
| Does your certification body ensure that organisations certified for management system will NOT use the certification mark on a product, product packaging or a test certificate, or in any way that may be interpreted by any person as suggesting product certification? | HKCAS SC-04 5.10 | | ☐ | | |
| Does your certification body ensure that the HKCAS accreditation symbol will not be used by any of your certified organisations on any stationery, documents, publications and advertisements unless those stationery, documents, publications and advertisements are related in whole or in part to the your scope of accreditation and to the certification scope of the organisation? | HKCAS SC-04 5.11 | | ☐ | | |
| Does your certification body ensure that your certified organisations will only use the HKCAS accreditation symbol together with your certification symbol in such a manner as set down in HKAS Supplementary Criteria No. 1 and any other relevant HKCAS Supplementary Criteria? | HKCAS SC-04 5.12 | | ☐ | | |

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| Regulations for HKAS Accreditation | Clause | * | OK | QM/Procedure Clause | Remarks / Questions to be asked at certification body |
|---|---|---|---|---|---|
| Does your certification body ensure **NOT** to use the HKCAS accreditation symbol in any way that may be interpreted by any person as suggesting that HKAS Executive has certified or approved the activities of your certified organisations, or in any way which may have a misleading effect? Will your certification body also take reasonable steps to ensure that your certified organisations will not use the HKCAS accreditation symbol in such a way? | HKCAS SC-04 5.13 | | ☐ | | |
| Does your certification body ensure that if the accreditation in relation to any activity under your scope of accreditation is suspended or terminated, your certification body will immediately cease to use and to distribute any certificate, stationery, document, publication and advertisement which bear the accreditation symbol? | HKCAS SC-04 5.14 | | ☐ | | |
| If the accreditation for a certification system of your certification body is terminated, will your certification body take all steps to ensure that your certified organisations cease to use the HKCAS accreditation symbol? | HKCAS SC-04 5.15 | | ☐ | | |
| Does your certification body ensure that application for any HKCAS service from HKAS is made in appropriate forms? | HKCAS SC-04 6.1 | | ☐ | | |
| **Specific regulations for FSMS Certification Accreditation Scheme under HKCAS** | | | | | |
| Does your certification body ensure that all lead auditors and auditors have at least an associate degree or higher diploma qualification in an engineering, technology or science discipline from a recognised educational institution in Hong Kong, or equivalent qualification? | HKCAS SC-06 3.1 | | ☐ | | |
| Does your certification body evaluate the performance of every lead auditor and auditor on-site at least once every 3 years? Does the evaluation cover all aspects of the activities that the auditors have been authorised by the certification body to perform? Corrective actions shall be taken if there is any doubt on their competence. | HKCAS SC-06 3.2 | | ☐ | | |

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| Technical experts may be included in the audit team. They provide technical support to the audit team. Technical experts need not be trained on auditing techniques but must have the required qualification, experience and technical knowledge on the technical areas to be audited. During an audit, do technical experts work under the direction and close supervision of an auditor or a lead auditor? | HKCAS SC-06 3.3 | | ☐ | | |
| Certification decisions may be made by a staff member or a committee. In case the certification decision is made by a committee, does your certification body ensure that the committee members who make the decision on granting/withdrawing a certification shall have a level of knowledge and experience sufficient for making a sound decision based on the results or information obtained from the auditing processes? Does your certification body have documented procedures and criteria for the committee to make certification decisions? Are the committee members conversant with the procedures and criteria? It may be necessary to provide appropriate training to committee members for such conversance. You're your certification body keep detailed records of the factors considered by the committee and the deliberation? | HKCAS SC-06 3.4 | | ☐ | | |
| Does your certification body identify and evaluate training needs for its personnel and provide them the necessary training in accordance with ISO/TS 22003: 2013 requirements? After training, does your certification body evaluate the competence of the personnel? Does your certification body keep the training records? | HKCAS SC-06 3.5 | | ☐ | | |
| Does your certification body provide adequate and up-to-date documented work instructions to its lead auditors and auditors to ensure that all processes and activities have been performed according to the requirements of HKCAS 003 and the certification body? | HKCAS SC-06 3.6 | | ☐ | | |
| Does the certification body include all names and geographic locations of a certified organisation covered by the certification in a certification document? Are the activities carried out in each geographic location covered by the certification clearly recorded in the certification documents? | HKCAS SC-06 4.1 | | ☐ | | |

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| Regulations for HKAS Accreditation | Clause | * | OK | QM/Procedure Clause | Remarks / Questions to be asked at certification body |
|---|---|---|---|---|---|
| Does the certification body specify the information to be provided by an applicant organisation which applies for its certification such as relevant information of the applicant organisation, desired scope of the certification, copies of valid appropriate licence(s)/permit(s) issued by the relevant government departments/bureaux, documents describing the process lines (e.g. flow diagram of the production process, detailed process description, operation procedure etc.) and quality assurance measures, all outsourced processes, HACCP studies, the number of shifts and information concerning the use of consultancy relating to the management system? Upon receiving an application, does the certification body review and check whether sufficient information has been provided by the organisation and ask for supplementary information if necessary? To ensure that essential information will not be missed out, does the certification body design an application form which lists all the information required for use by the organisations? | HKCAS SC-06 5.1 | | ☐ | | |
| Is there a contract signed between an applicant or accredited certification body and its applicant organisation to legally bind the latter to the agreed obligations according to relevant HKCAS accreditation criteria? This must be executed before formal certification documentation can be issued. | HKCAS SC-06 5.2 | | ☐ | | |
| Does the certification body determine the interval between stage 1 and stage 2 audits and conduct stage 2 audit after the findings identified in the stage 1 audit have been adequately resolved by the applicant organisation? As in general, applicant organisations may take some time to adequately resolve findings identified in the stage 1 audit, scheduling the stage 1 and stage 2 audits back-to-back is not recommended. Is the interval between stage 1 and stage 2 audits and its justification recorded? Does the certification body repeat stage 1 audit if changes to an applicant organisation's food safety related management system have rendered the information collected in the original stage 1 audit invalid? | HKCAS SC-06 5.3 | | ☐ | | |
| Where an applicant or accredited certification body offers multi-site certification, sampling is allowed in accordance with ISO/TS 22003:2013. Does the certification body perform surveillance audits on the sampled sites which are selected randomly? | HKCAS SC-06 5.4 | | ☐ | | |

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| Regulations for HKAS Accreditation | Clause | * | OK | QM/Procedure Clause | Remarks / Questions to be asked at certification body |
|---|---|---|---|---|---|
| The details of the process in establishing the PRPs and the hazard analysis, identification of critical control points, and the effectiveness of the PRPs, operational PRPs and HACCP plan shall be the major focus of audit for food safety management system certification to ISO 22000. Does the certification body ensure that auditors are competent in these aspects? | HKCAS SC-06 5.5 | ● | ☐ | | |
| For food safety management system certification to ISO 22000, does the certification body include the scope of certification in certification documents and can present the scope of certification in accordance with requirements of HKCAS SC-06? | HKCAS SC-06 5.6 | | ☐ | | |

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| Regulations for HKAS Accreditation | Clause | OK | Supporting Document | Remarks / Questions to be asked at certification body |
|---|---|---|---|---|
| **HKCAS regulations specific for certification(s) in respect of certification scheme(s)** | | | | |
| Does the certification scheme have the following elements:<br>- identification of the type (i.e. management system) and the object of certification;<br>- the requirements, including any interpretations thereof, against which the certification takes place (such as the certification standards, product specifications, legal standards);<br>- the way in which the certification body establishes the conformity (such as audit method, inspection protocol, inspection instruction, test method, etc.) and the process or procedure description required;<br>- if applicable, the way in which surveillance and/or re-certification takes place (such as surveillance frequencies, contents, activities, scopes);<br>- the requirements, including any interpretations thereof, that apply to the certification body with regard to its organisation, mode of operation, personnel, equipment, reporting, certificates, etc.? | HKCAS SC-11 2.1 | ☐ | | |
| Does the certification scheme meet the following criteria:<br>- has been developed with the participation of technically competent representatives of interested parties, or has been subject to formal review by such parties and subsequently revised as appropriate;<br>- is such that it is possible to assess whether a subject product or management system is in compliance;<br>- has credibility with industry, appropriate regulatory authorities and relevant professional groups;<br>- is periodically reviewed with the involvement of representatives of interested parties as far as practicable and updated where necessary;<br>- is publicly available for application without restriction by number of membership or other limitation? | HKCAS SC-11 2.2 | ☐ | | |

| Regulations for HKAS Accreditation | Clause | OK | Supporting Document | Remarks / Questions to be asked at certification body |
|---|---|---|---|---|
| Are the requirements against which the management system are assessed unambiguously specified? Does the elements as described below are present in the certification scheme?<br><br>- Policy<br>- Planning<br>- Implementation and Execution<br>- Assessment of Performance<br>- Improvement<br>- Management Review | HKCAS SC-11 4.2 | ☐ | | |
| An applicant or accredited certification body shall conform to all the requirements of ISO/IEC 17021. If the certification scheme contains additional requirements to a certification body, do these requirements deviate from the requirements of ISO/IEC 17021? | HKCAS SC-11 4.3 | ☐ | | |
| With respect to the certification audit magnitude, HKAS uses the principles as set out in relevant IAF Guidance or Mandatory documents (i.e. IAF MD 5). Is the auditing effort of the certification scheme less extensive than indicated in this IAF document? (This will normally not be accepted for accreditation.) | | ☐ | | |
| Does the certification scheme describe the system of monitoring on certificates issued? Does the monitoring consist of surveillance and recertification audits as stipulated in Clauses 9.3 and 9.4 of ISO/IEC 17021? | HKCAS SC-11 4.4 | ☐ | | |
| Does the certification scheme describe in which manner the results are to be interpreted and the consequences associated with the results? This also means which non-conformities would preclude certification, or would be a cause for suspending or withdrawing the certificate shall be described. | HKCAS SC-11 4.5 | ☐ | | |
| An objective of management system certification may be to ensure compliance with regulatory requirements. If this is the case failure to comply with these requirements, is it considered as reasons for not issuing a certificate or for suspension or withdrawal of a certificate? | | ☐ | | |

| Regulations for HKAS Accreditation | Clause | OK | Supporting Document | Remarks / Questions to be asked at certification body |
|---|---|---|---|---|
| The certificate issued based on the certification audit shall be in line with the audit conducted. Does the certificate shall unambiguously describe the type of management system that was certified? | HKCAS SC-11 4.6 | ☐ | | |