



Hong Kong Certification Body Accreditation Scheme

HKCAS 014

Application for Monitoring Plan B or C

Notes:

1. Application for adopting or maintaining Monitoring Plan B or C for a given scope of activities under a specific technical discipline will be accepted from an accredited certification body or validation/verification body only when a reassessment of such activities is being arranged by HKAS Executive.
2. Both electronic and paper versions of this form shall be completed and returned to HKAS Executive prior to each reassessment or surveillance visit.
3. The applicant shall study HKAS SC-04 carefully prior to completing this form.
4. The applicant shall provide all the information requested in this form. Otherwise, the application will not be processed and accepted.
5. If no application for adopting or maintaining Plan B or C is received by HKAS Executive prior to the reassessment or surveillance visit, Plan A will be adopted.

HONG KONG ACCREDITATION SERVICE

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- Notes:
1. Any personal data provided in this form will be retained and used by HKAS for accreditation purpose only. The personal data may be disclosed to members of the assessment team.
 2. It is obligatory for the applicant to provide all the personal data requested in this form. If the applicant does not provide sufficient information, HKAS may not be able to process the application.
 3. The data subject has the rights to obtain a printed copy of his/her own personal data held by HKAS and to request for correction of the personal data. Please contact HKAS at the above address for access to and correction of the personal data.

On behalf of _____,
(Full name of organisation[#])

at the registered address of _____

I, _____ (full name of the authorised representative),

having read and understood the document HKAS SC_04, hereby apply to HKAS Executive for adopting / maintaining* the Monitoring Plan B / C* described in HKAS SC-04 for the scope of accreditation attached to this application.

I confirm that our Organisation will continue to abide by Chapters 4 to 8 of HKAS 002 and HKCAS SC-04/-09* irrespective of whether HKAS Executive agrees to adopt the above-mentioned Monitoring Plan.

Signed: _____

Date: _____

The legal name of the organisation applying to adopt or maintain Monitoring Plan B or C.

* Delete whichever is not applicable.

(Please tick the appropriate boxes and provide the required information)

Monitoring Plan

1. The current reassessment and surveillance monitoring plan of your organisation is

- Plan A Plan B Plan C

2. Please state the technical discipline covered in this application:

Pre-requisite

3a. *(For Plan B only)* Has your organisation been accredited by HKAS or its MLA partner for the above technical discipline (refer to the attached scope of accreditation) for at least three years?

- Yes _____ *(Please state the number of years since first accreditation for the technical discipline)*

- No

(Please provide justification)

3b. *(For Plan C only)* Has your organisation gone through at least one cycle of reassessment under Monitoring Plan B for the above technical discipline (refer to the attached scope of accreditation)?

- Yes _____ *(Please state the number of cycles of reassessment for the technical discipline completed)*

- No

(Please provide justification)

4a. *(For Plan B only)* Was there any change to organisation structure or ownership of your organisation in the past 12 months?

- Yes *(Please provide details of the change)*

- No

4b. *(For Plan C only)* Was there any drastic change to organisation structure or ownership of your organisation in the past 24 months?

- Yes *(Please provide details of the change)*

- No

5. Was there any major change to the management system of your organisation in the past 24 months?

- Yes *(Please provide details of the change)*

- No

Pre-requisite (Cont'd)

6. *(For Plan C only)* Would you expect any change to the management system, organisation structure or ownership of your organisation in the coming 24 months?

Yes *(Please provide details of the change)*

No

7a. *(For Management System CB - Plan B only)* Has your organisation completed at least one witnessing assessment cycle?

Yes

No

7b. *(For Management System CB - Plan C only)* Has your organisation demonstrated sufficient experience and performance to adopt an enhanced programme for witnessing assessment?

Yes

No

Maturity

8. Has your management system been effectively implemented and is all routine operation handled through a combination of documented procedures and knowledgeable staff?

Yes *(Please list the documented evidence below and attach the documents to this application form)*

No

9a. *(For Plan B only)* Does your management system have provisions in its procedures or documented contingency plans and the required resources to handle all common failures?

Yes *(Please list the documented evidence below and attach the documents to this application form)*

No

9b. *(For Plan C only)* Does your management system have provisions in its procedures or documented contingency plans and the required resources to handle all common failures and the majority of less common failures?

Yes *(Please list the documented evidence below and attach the documents to this application form)*

No

10. Does your management system value experience and lessons learnt?

Yes *(Please list the documented evidence below and attach the documents to this application form)*

No

11. *(For Plan C only)* Is your management system effective in capturing experience and lessons learnt?

Yes *(Please list the documented evidence below and attach the documents to this application form)*

No

Maturity (Cont'd)

12. Does your organisation have strong commitment to improvement?

- Yes *(Please list the documented evidence and briefly describe the preventive actions implemented since the establishment of the management system below, and attach the documents to this application form)*

- No

13. *(For Plan C only)* Has your organisation established a culture valuing quality and was the training and induction system of your organisation effective in inculcating such culture in new recruits?

- Yes *(Please list the documented evidence below and attach the documents to this application form)*

- No

14. What is the annual turnover rate of your organisation's key staff members in the following years?

	This year	Last year	Second last year <i>(For Plan C only)</i>
Number of key staff members departed from your organisation (D)			
Total number of key staff members (E)			
Turnover rate = D / E * 100%			

Criteria on annual turnover rate:

<i>Total number of key staff members</i>	<i>Maximum annual turnover rate in preceding two years (for Plan B) / three years (for Plan C)</i>
<i>< 3</i>	<i>No departure of key staff member</i>
<i>3 to 7</i>	<i>≤ 1 key staff member</i>
<i>> 7</i>	<i>≤ 15%</i>

History of conformity with accreditation criteria (for Product Certification Bodies only)

15. What was the performance of your organisation in past HKCAS assessment visits? *(To fill only when applying for adopting Plan B or C)*

Monitoring activity <i>(Please enter the corresponding Case ID below)</i>	No. of critical NC	Significant NC			
		No. of management system significant NC	No. of activities having significant NC (F)	No. of accredited activities (G)	% of activities having significant NC (F/G*100%)
(i) Current reassessment	<i>To be determined by the current assessment team</i>				
(ii) 2 nd surveillance visit since the last reassessment					
(iii) 1 st surveillance visit since the last reassessment					
(iv) Last reassessment					

Criteria on history of conformity with accreditation criteria :

<i>Current reassessment</i>	<i>Nil</i>	<i>Nil</i>	<i>≤ 10% or 1, whichever is greater (Plan B) / ≤ 7% or 1, whichever is greater (Plan C)</i>
<i>Each surveillance visit</i>	<i>Nil</i>	<i>Nil</i>	<i>≤ 5% or 1, whichever is greater (Plan B) / ≤ 4% or 1, whichever is greater (Plan C)</i>
<i>Last reassessment (for applying for adopting Plan B only)</i>	<i>Nil</i>	<i>≤ 2</i>	<i>≤ 10% or 1, whichever is greater</i>

16. Were corrective actions taken against significant NCs identified since the last reassessment satisfactorily completed within the given period of time?

Yes *(Please list the documented evidence and attach the documents to this application form)*

No

17. Recurrence of significant NCs *(To be completed by the current assessment team)*

Number of recurring significant NCs (H)	
Total number of significant NCs identified since the last reassessment (I)	
Rate of recurrence = H / I * 100%	

Criteria on recurrence of significant NCs:

<i>Plan B</i>	<i>≤ 20% or 1, whichever is greater</i>
<i>Plan C</i>	<i>≤ 15% or 1, whichever is greater</i>

History of conformity with accreditation criteria (for Product Certification Bodies only) (Cont'd)

18. Is the number of minor NCs relatively small when compared with the size of operation of your organisation?

Yes (*Evidence to be listed by the current assessment team below*)

No

* *Delete whichever is not applicable.*

History of conformity with accreditation criteria (for Management System Certification Bodies only)

19. What was the performance of your organisation in past HKCAS assessment visits? *(To fill only when applying for adopting Plan B or C)*

Monitoring activity <i>(Please enter the corresponding Case ID below)</i>	No. of Critical NC	No. of Significant NC	No. of Minor NC (For Plan C only)
(i) Current reassessment	<i>To be determined by the current assessment team</i>		
(ii) 5 th surveillance visit since the last reassessment (if applicable)			
(iii) 4 th surveillance visit since the last reassessment (if applicable)			
(iv) 3 rd surveillance visit since the last reassessment (if applicable)			
(v) 2 nd surveillance visit since the last reassessment			
(vi) 1 st surveillance visit since the last reassessment			
(vii) Witnessing assessments since the last reassessment			
(viii) Last reassessment			

Criteria on history of conformity with accreditation criteria :

<i>Current reassessment</i>	<i>Nil</i>	<i>Nil</i>	≤ 1
<i>Each surveillance visit</i>	<i>Nil</i>	<i>Nil</i>	≤ 1
<i>Each witnessing assessment</i>	<i>Nil</i>	<i>Nil</i>	≤ 1
<i>Last reassessment</i>	<i>Nil</i>	<i>Nil</i>	≤ 1

History of conformity with accreditation criteria (for Validation/Verification Bodies only)

20. What was the performance of your organisation in past HKCAS assessment visits? *(To fill only when applying for adopting Plan B or C)*

Monitoring activity <i>(Please enter the corresponding Case ID below)</i>	No. of Critical NC	No. of Significant NC	No. of Minor NC (For Plan C only)
(i) Current reassessment (both office and witnessing)	<i>To be determined by the current assessment team</i>		
(ii) 5 th surveillance visit since the last reassessment (both office and witnessing) (if applicable)			
(iii) 4 th surveillance visit since the last reassessment (both office and witnessing) (if applicable)			
(iv) 3 rd surveillance visit since the last reassessment (both office and witnessing) (if applicable)			
(v) 2 nd surveillance visit since the last reassessment (both office and witnessing)			
(vi) 1 st surveillance visit since the last reassessment (both office and witnessing)			
(vii) Last reassessment (both office and witnessing)			

Criteria on history of conformity with accreditation criteria :

<i>Current reassessment</i>	<i>Nil</i>	<i>Nil</i>	≤ 1
<i>Each surveillance visit</i>	<i>Nil</i>	<i>Nil</i>	≤ 1
<i>Each witnessing assessment</i>	<i>Nil</i>	<i>Nil</i>	≤ 1
<i>Last reassessment</i>	<i>Nil</i>	<i>Nil</i>	≤ 1