

Accreditation Procedure

for

Inspection Bodies

BCB 201 (IB) – Sep 2005



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Introduction

This document defines the procedure that has to be followed by the Inspection Bodies seeking accreditation and also accredited Inspection Bodies. The general information is contained in this procedure. Any specific information required by the organizations will be provided by the Board on request. NABCB is offering accreditation for inspection bodies on a pilot basis in limited technical areas. Any prospective applicant is advised to seek details from Director, NABCB before applying for accreditation.

The other applicable procedures and information that are mandatory for the new applicant and the accredited organizations like Use of Logo, Appeals procedures, Fee schedule etc. are provided along with the application pack.

1.0 Application for accreditation

1.1 Inspection bodies interested to get accredited by the Board for their inspection system can obtain the application form, BCB:F(IB) 001 (BCB:F (IB) 001a for renewal of accreditation) by sending a request to the Board along with the fee as per schedule. On receipt of the request and the fee for application, NABCB will forward the application package to the applicant. Applications in any other format are not accepted.

1.2 The application package includes the latest copies of the following documents:

- a) Application Form BCB:F (IB) 001
- b) Fee Schedule BCB:F (IB) 002
- c) Criteria for accreditation
- d) Procedures for Accreditation, use of accreditation mark & Complaints, Disputes and Appeals
- e) Cover note offering an optional preliminary visit
- f) A copy of the accreditation agreement BCB:F (IB) 003
- g) A blank copy of the Cross reference matrix for ISO/IEC 17020

1.3 Any additional explanation needed by the applicant is provided by the Board on receipt of a specific request for the same including the necessary explanations on the specific schemes and scopes of accreditation.

1.4 Before applying for accreditation, the applicant body must have met the following conditions:

- a) Completed at least two inspections in each technical area for which it is seeking accreditation.
- b) Should have carried out minimum one internal audit against the applicable criteria of accreditation and one management review.

1.5 The filled application form for accreditation has to be duly signed by the authorized representative/s of the organization seeking accreditation and forwarded to the Board along with the application fee given in the fee schedule. The Board reserves the right to seek information on the antecedents of the owners / those managing inspection activities before deciding to accept the application for further processing. Adverse decision of the Board would be communicated with reasons for rejecting the application. **Once accepted the application fee is non refundable.**

1.6 The applicant must also enclose the required information and documents as specified in the application form.

1.7 The application is reviewed by the Board for completeness, clarity of accreditation requirements and the capability of the Board to provide the services. Any mismatch is clarified and the outcome of the review is communicated to the applicant regarding acceptance of the application for further processing, or to complete any further requirements identified during the review.

1.8 In case the application is accepted for further processing, a formal quotation is sent for carrying out the assessment of the applicant body based on the fee schedule. The fact that the applicant has applied

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for accreditation, NABCB would publish it in its newsletter / website for information and feedback from the industry / other stakeholders.

1.9 On receipt of acceptance of the quotation from the applicant and the assessment fee as per the contract, further processing of application is done.

1.10 If a preliminary visit is requested by the applicant body, the Board organizes the same after obtaining the acceptance of the initial visit fee by the applicant body.

1.11 Any Inspection Body that is registered as a legal entity in India / other SAARC nations can apply for the accreditation. However locations outside the SAARC nations can also be included in the accreditation process depending on the nature of activities carried out in those locations.

1.12 Assessment at foreign locations

NABCB would reserve the right to take the assistance of local IAF MLA members for assessments at foreign locations. The fee for such assessments would depend on the fee structure of the local accreditation body. The applicant / accredited inspection body would have the normal right to appeal against specific assessor for reasons of conflict of interest. If the inspection body does not prefer to involve the local accreditation body, then the reasons for the same would have to be clearly indicated. NABCB would reserve the right to share such information with the concerned accreditation body / IAF.

2.0 Criteria for accreditation

2.1 Adoption of Criteria

2.1.1 The Board has adopted the accreditation criteria for inspection bodies based on international standards and guides, supported by the guidance documents released by the International Accreditation Forum.

2.1.2 The Criteria is communicated to the applicant body as part of the application package. The criteria documents, that have been adopted directly from international standards and are covered by copyright laws, are not given as part of the application package. For such documents only the reference number and issue level is given. The applicant bodies can procure such documents from the national standards body, Bureau of Indian Standards (BIS) or International Organization for Standardization (ISO).

2.2 Amendment to the Criteria

2.2.1 The Criteria of accreditation and the guidance documents may require amendments based on following conditions individually or severally

- a) Change in the International standards and guides
- b) Change in the IAF Guidance documents for implementation of international standards and guides
- c) Feedback from the Peer Review assessment team
- d) Feedback from the implementation of the criteria
- e) Any other reason as deemed fit by the Board

2.2.2 The Board may approve the amended criteria or seek the advice of the Technical Committee or a representation of inspection bodies before approval of the amendment. The Board may also seek for public comments on the proposed changes through the Members of the Board and other representative bodies as the Board may deem fit.

2.2.3 The issue status of the Criteria documents shall be identified by the month and/or year of the issue.

2.3 Communication of amendments to the Criteria

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2.3.1 The amendment in the criteria shall be notified to the accredited bodies by registered (AD) post / other means and a suitable time frame shall be given for implementing the modified criteria. The accredited inspection bodies shall communicate their acceptance by registered post / other means within 60 days of the receipt of the amended criteria. If the communication is not received within 60 days, it will be presumed that the accredited inspection body is not willing to adopt the changed criteria

2.3.2 Normally the assessment with reference to the changed criteria shall be part of the surveillance assessment. In the event of any major change in the criteria, the Board will reserve the right to carryout an additional assessment visit at the cost of the inspection body. The quote for such cost will be given in advance.

2.3.3 In the event that an accredited inspection body is not willing to adopt the changed criteria, it is allowed to opt out of the accreditation scheme and the accreditation is withdrawn with effect from the date of the implementation of revised criteria. No refund of the paid fees is allowed.

3.0 Conditions for Accreditation

3.1 Granting of Accreditation

3.1.1 The accreditation is granted to an applicant after the following conditions have been met by the applicant body

- i) The applicant meets the criteria of accreditation and all non-conformities found against the criteria of accreditation during assessment have been closed to the satisfaction of the Board.
- ii) There are no adverse reports/information/complaints with the Board about the applicant regarding the quality and effectiveness of implementation of inspection system as per the criteria of the Board.
- iii) The certified clients of the applicant body are satisfied by the conduct of the applicant body and its inspection system. NABCB may request feedback from selected clients of the inspection body / publicise receipt of application and seek a feedback from stakeholders
- iv) The applicant body has paid all the outstanding dues.

3.1.2 In the event of any adverse issue arising from the reasons specified at points ii and iii, the applicant body will be given an opportunity to explain its position to the accreditation committee before a decision is taken in respect of granting of the accreditation.

3.2 Maintaining of Accreditation

3.2.1 The accreditation is maintained for three years under the following conditions individually and severally

- i) The accredited body continues to meet the criteria of accreditation and all non-conformities found against the criteria of accreditation during surveillance assessment have been closed to the satisfaction of the Board.
- ii) There are no adverse reports/information/complaint with the Board about the applicant regarding the implementation of inspection system as per the criteria of the Board.
- iii) The certified suppliers of the applicant body are satisfied by the conduct of the applicant body and its inspection system
- iv) The accredited body has paid all the outstanding dues

3.2.2 In the event of any adverse issue arising from the reasons specified at points ii and iii, the applicant body will be given an opportunity to explain its position to the accreditation committee before a decision is taken in respect of maintaining of the accreditation.

3.3 Suspension of Accreditation (Partial or full)

The accreditation is suspended either fully or partially based on the following conditions individually or severally

- i) no/ineffective corrective action in response to the non-conformities observed during surveillance assessment or reassessment.
- ii) non payment of outstanding dues
- iii) Any major change has taken place in the legal status, ownership, impartiality etc. without information to the Board
- iv) Any willful misuse of the logo of the Board
- v) Any willful mis-declaration in the application form
- vi) Willful non-compliance to the accreditation agreement
- vii) Inability or unwillingness to ensure compliance of the organizations, certified by the accredited body, to the applicable standards.
- viii) Excessive and or serious complaints against the inspection system of the accredited inspection body.
- ix) Non availability of resources in some of the technical areas covered under accreditation
- ix) Any other condition deemed appropriate by the accreditation committee

3.4 Withdrawal of Accreditation

The accreditation is withdrawn from the accredited body under the following conditions individually or severally

- i) If an accredited body willfully relinquishes its accredited status
- ii) If the non-conformities are not addressed inspire of suspension for a period more than six months
- iii) If no action is taken by the accredited body in response to the suspension on any other grounds.

4.0 Assessment

4.1 Preparation for the Assessment :

4.1.1 The Director of the Board prepares a draft programme for the assessment of the documents, office of the applicant including any branch office / sub-contractors and to witness on-site audits being carried out by the applicant body based on the scope of the accreditation applied for, the sites to be covered and the scale of the operation of the inspection body. The draft plan may be prepared in stages depending on the information supplied. Part of the clarifications regarding the scopes applied, auditor expertise available with applicant etc. if necessary will be obtained as part of the office assessment.

4.2 Appointment of the Assessment Team :

4.2.1 The assessment team, consisting of a Team Leader and the members, is identified by the Director from the pool of assessors and experts. The assessment team for each stage of the initial assessment normally consists of two members and the team for witness assessment will normally have as many members as the audit team of the applicant body.

4.2.2 The names of the members of the audit team are communicated to the applicant body giving them time of two weeks to raise an objection against the appointment of any of the team members. Any objection by the applicant body against any of the team members must be accompanied with adequate grounds for the objection. The decision of the Board on the number of assessors for witness assessment will be final. The Director of the Board will evaluate the objection and decide whether to change the team member or to over rule the objection raised by the applicant body.

4.2.3 The audit team is then formally appointed. Efforts are made to ensure that the team is kept intact throughout the initial assessment process, however this cannot be guaranteed. The team members are asked to commit that they do not have relationship direct/indirect with the applicant body that can affect the objectivity of the audit. The team members are required to maintain confidentiality of the sensitive information about the operation of the applicant obtained as part of the assessment process.

4.3 Assessment Process:

4.3.1 Assessment Plan

4.3.1.1 Based on the draft assessment programme, Director, NABCB prepares a detailed plan for the following three stages of the assessment

- a) Assessment of the documentation of the inspection body.
- b) Assessment of the office of the inspection body including branch offices / sub-contractors
- c) Witness of the audit being carried out by the inspection body (Please see Annex 1)

4.3.1.2 The programme is agreed by the Director of the Board and by the applicant body. At least two inspections are witnessed for initial accreditation of an inspection body for a particular scope (or set of scopes as applicable) of accreditation. The Leader of the assessment team is authorized to identify the auditors (within the scope of accreditation) of the applicant body that his team would wish to observe during the witness of audit by applicant body.

4.3.2 Initial Assessment

The initial assessment is carried out in three steps as per the assessment programme.

4.3.2.1 The documents are verified by the assessment team leader / a member of the assessment team for compliance to the accreditation criteria as supported by the guidance documents and the scope applied for by the applicant. A summary report of any omissions of the criteria elements is forwarded by the assessor to the Director.

4.3.2.2 The Director reviews the report and forwards a copy of report to the applicant body for their comments and compliance. Depending on the nature of comments and changes made to the documentation, a second review of documents may be necessary. The applicant IB would be informed if a second review is needed.

4.3.2.3 On receipt of confirmation of the compliance, including any evidence of implementation of changes to the system that may be necessary, by the applicant body, the applicant body is requested to forward required number of sets of the manual and procedures for the assessors.

4.3.2.4 The schedule for the office assessment is agreed by the Director with the applicant body and the assessment team carries out the assessment of the implementation of the quality manuals and procedures of the applicant body in the head office of the applicant body and if necessary at other office sites / sub contractors included in the accreditation application / assessment program. In case information collected during the office assessment requires inclusion of other locations in the assessment program, the applicant would be informed and the assessment program would be modified to cover such locations.

The branch offices / sub-contractors would be included in the assessment program depending on the nature of activities carried out by them and the extent of control demonstrated by the applicant IB. Normally branch offices carrying out activities like development of inspection methods and procedures, contract review, inspector qualification / approval, monitoring of inspectors, handling of inspection samples and items, preparation and issue of inspection reports / certificates would be included in the assessment program. The sampling would be based on the square root principle.

The assessment is for generic competence of the body in operating a sound inspection system.

4.3.2.5 During the assessment or on demand at any time, the applicant/accredited body provides unrestricted access to the documents that pertain to the inspection process and the scope applied for. Access is also provided to the records of the complaints, appeals and disputes along with corrective action and the method of verifying the effectiveness of the corrective actions.

4.3.2.6 Any non conformities observed during the office assessment are given to the applicant body for corrective action at the end of the assessment.

4.3.2.7 The team leader decides at this stage to await completion of the corrective action or to proceed with the witness of the site audit scheduled to be carried out by the applicant.

4.3.2.8 The team carries out the witness assessment of the initial audit/s (or surveillance audits) for a given scope (or a set of scopes) as per plan and identifies the non-conformities observed. The audits for witnessing should be so chosen as to demonstrate auditing of the basic industry processes in the scope sector.

4.3.2.9 The applicant is provided with the copy of the non-conformities observed for corrective action at the end of the witness assessment.

4.3.3 Assessment Report

4.3.3.1 The assessment team prepares a summary report of all the aspects of the assessment of the office and on-site. The assessment report is made in the following parts:

- a) The non-conformities observed during various stages of the assessment.
- b) A summary report indicating the level of conformity to the inspection body's management against the particular accreditation requirements. The team also provides an opportunity for the applicant body to ask any question about the findings and its basis during the closing meeting.

4.3.3.2 The team prepares a detailed report in the format listing the level of compliance to the requirement of the accreditation criteria of the Board.

4.3.3.3 The Director reviews the report and sends a formal report to the applicant body for corrective action on the non-conformities if any. The inspection body is invited to give technical comments on the report and agree for the corrective action within a defined time schedule.

4.3.3.4 The need for a full or partial reassessment or a written declaration of compliance in response to the non-conformities observed, is communicated to the applicant body by the Director of the Board after discussions with the Leader of the assessment team.

4.3.3.5 In case that the report sent has any difference from the information presented to the applicant body by the assessment team at the closing meeting, the same is highlighted and the explanation of the differences is enclosed.

4.3.3.6 After all the non-conformities have been closed by the applicant and verified to the satisfaction of the Team leader, a final summary of the assessment report including the details of the corrective actions taken by the applicant body and the recommendation of the team is sent to the Director for forwarding the same to the accreditation committee.

4.3.3.7 The process of closing the non conformities and verification must be completed in the specified time. If the applicant body delays the process of acceptable corrective action beyond the limits specified by the Board, the Board will reserve the right to reject the application. The fees paid by such applicant will be forfeited.

4.3.3.8 The recommendations by NABCB may take into account the results of assessments by other IAF MLA members.

4.3.4 Time Period for assessment process

- a) The assessment process for any applicant must be completed within a maximum of two years. In the event that the process is not completed within two years, the application will then be given a period of one year and one chance to completely restart the assessment process afresh without paying the application fee. In such cases the assessment process must be completed in one additional year.

b) In the event of delay in getting witness assessment scheduled for different scope sectors that the applicant has applied for, the Director of the Board in discussion with the applicant may decide to present the partial assessment results for accreditation decision for part of the scopes. This will be done after all the Non Conformities observed during the earlier office assessment and part of the witness assessments completed, have been closed to the satisfaction of the assessment Team Leader.

5.0 Accreditation Decision

5.1 The Accreditation Committee is responsible for taking decision on granting, maintaining, suspending, reducing or withdrawing of Accreditation. It also ensures that the members of the Accreditation Committee were not involved in the assessment and also have had no relationship for the last two years with the applicant body under consideration that can influence their decision on accreditation.

5.2 The reports are forwarded to the accreditation committee for the decision of accreditation only after receipt of the fee for the activities associated with the assessment process till date.

5.3 The decision of accreditation is taken by the Accreditation Committee unanimously and is not put for voting within the committee. It is the responsibility of the Head of the Committee to address the issues raised by the members. The Head of the committee may call for any other assessor/experts/staff for clarifying any of the issue that is under discussion. The persons so called for clarification do not take part in the decision of the accreditation.

5.4 The decisions of the accreditation committee are based on the assessment report and other relevant information based on interaction with the inspection body and the market reputation *is* given by the Board. The accreditation Committee in its capacity may ask for any further clarifications on the report and information submitted on the applicant's inspection process.

6.0 Accreditation documents

6.1 Once the applicant body has met all the conditions specified by the Board, and the accreditation committee decides to grant accreditation to the applicant body, the decision is communicated to the applicant and the applicant is asked to sign two copies of the accreditation agreement and to pay the accreditation fee.

6.2 On receipt of the signed agreement and the fee as per the invoice, a set of accreditation documents is issued to the applicant body along with the artwork of the accreditation mark of the Board.

6.3 The accreditation certificate in the standard template would include the NBACB logo, the name of the inspection body, address of the premises of the inspection body from where key activities are performed, accreditation number, the scope of accreditation, effective date of grant of accreditation and the date of expiry of the certificate.

6.3 The initial accreditation certificate is valid for three years and the date of issue and validity is indicated on the certificate.

7.0 Maintaining Accreditation

7.1 Surveillance Assessment

7.1.1 To ensure that each of the body accredited by the Board continues to comply with the accreditation requirements, a regular surveillance assessment is carried out annually. The surveillance assessment is consistent with the initial assessment and includes office assessment, critical locations including foreign locations and witness of site audit by the accredited body.

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7.1.2 The witness audit program would take into account the audit resources available to the inspection body, number of accredited certificates issued, spread of locations and the extent of control demonstrated by the inspection body and observations of the office assessment. Specific organizations or auditors may be chosen for witnessing. A plan for witness audits would be communicated to the accredited inspection body.

7.1.3 The surveillance assessment is generally carried out annually from the date of initial accreditation. It is ensured that the gap between surveillance assessments does not exceed 15 months. The non-conformity reports and a summary assessment report of each of the surveillance assessment is forwarded to the accredited body for corrective action if any.

7.1.4 In the event of any major non-conformity that can affect the inspection process, the Director of the Board informs the accredited body and demands a time bound corrective action plan. The decision for an additional surveillance visit to verify the implementation of the corrective action plan as committed by the accredited body is taken by the Director of the Board in consultation with the Team leader of the assessment team. The cost of the additional surveillance is borne by the accredited body. In the event of the corrective action not completed as committed, the assessment report is forwarded to the accreditation committee for further decision on suspension or reduction or withdrawal of accreditation.

7.1.5 The surveillance assessment reports are presented to the accreditation committee for consideration and decision regarding maintaining or suspension (partial/full) of accreditation of the accredited body.

7.1.6 The frequency of surveillance assessments may be increased based on the type of non conformities observed, complaints received, market feedback etc. The inspection body would be informed of the reasons for any change in the frequency.

7.2 Reassessment :

7.2.1 Within six months prior to completion of the accreditation term of three / four years, the accredited body is informed about the reassessment process and the relevant application format is forwarded to them.

7.2.2 The reassessment is carried out in accordance with the clause 4 to clause 6 for the purpose of renewing the accreditation for another three / four years.

7.2.3 After completion of the re-assessment the accredited body is again expected to take corrective action and close all the non-conformities, if any, observed during the re-assessment process. The Director of the Board forwards a summary report of the assessment reports of the surveillance assessments, the re-assessment, and the corrective actions taken by the accredited body to the accreditation committee for a decision.

7.2.4 If the decision by the accredited committee is to continue the accreditation, a fresh set of accreditation documents is issued to the accredited body.

7.2.5 The Initial accreditation would be for a period of 3 years. Subsequent renewals could be for a period of 4 years subject to satisfactory operation of accredited inspection scheme and reasonable number of NABCB accredited certificates being issued by the IB.

7.2.6 If the decision of the accreditation is not favourable, it is communicated to the accredited body and the accreditation is suspended for corrective action. The Board reserves the right to withdraw accreditation without suspension based on the decision of the accreditation committee.

7.2.7 All reassessment activities would be completed prior to the expiry of accreditation. In case there is a delay in decision making, the accreditation would continue, if the report of the assessment team is satisfactory. The inspection body would be advised to abide by the decision of the accreditation committee.

8.0 Suspension & Withdrawal of Accreditation

8.1 Decision on Suspension and Withdrawal of Accreditation

Accreditation Committee is authorized to decide about the suspension or withdrawal of accreditation or revoking of the decision of suspension.

8.2 Suspension of Accreditation (Partial/full)

8.2.1 The period of suspension will not be more than six months. If the accredited body does not take suitable corrective action to the satisfaction of the Board and its assessment team within six months, the Board reserves the right to withdraw the accreditation.

8.2.2 In the event of part/full suspension of the accreditation, the concerned inspection body is informed and barred from issue of accredited inspection reports / certificates till the suspension is in force.

8.2.3 It is allowed to take on surveillance assessment only with the permission of the Director, who will ensure that adequate resources are provided by the inspection body such that the surveillance process is not compromised. Where the director of the Board is not sure of the adequate resources, the inspection body under suspension will be asked to take support of another inspection body accredited by the Board.

8.2.4 The suspension shall be revoked after an assessment has been carried out to verify that the corrective action has been implemented and is effective in eliminating the reasons of suspension.

8.3 Withdrawal of Accreditation

8.3.1 In the event of the decision to withdraw the accreditation, the inspection body is asked to return the original of accreditation certificate and the enclosure of scopes to the Board and to stop using the accreditation mark of the Board with immediate effect.

8.3.2 Following withdrawal of accreditation, the inspection body may seek fresh accreditation as a new applicant.

8.4 Public Information of Suspension or Withdrawal of accreditation

The information of the suspension or withdrawal will be placed on the website in the register of the accredited bodies and/or make a public declaration in the newspapers. The charges for making the information public through news papers will be recovered from the organization involved before revoking the suspension or renewal of the accreditation.

9.0 Non Conformities and Corrective Actions

9.1 The Non conformities observed are classified in three categories

- a) **Critical:** A Critical non-conformity means that the inspection certificate / report issued by the inspection body may not be based on sound judgment and objective evidences and may not be a true reflection of the compliance to the standards. In fact it means failure in implementation of the criteria and raises doubts on the inspection system and the results of the inspection system being operated by the Inspection Body. The corrective action has to be taken immediately and normally within the time period specified by the Board that will not be later than one month. In case the corrective action is not completed within the stipulated time frame, the accreditation may be suspended partially or completely.
- b) **Major:** A major non-conformity means that the doubt raised about the inspection system is less than in case of the critical and is evident in failure of certain element of the criteria individually. It has an isolated and/or small impact on the inspection system and its results. The corrective action has to be taken immediately and normally within the time period specified by the Board that will not

be later than three months. In case the corrective action is not completed within the stipulated time frame, the accreditation may be suspended partially or completely.

- c) **Minor:** A minor non-conformity means that there is a structural non-compliance to the accreditation criteria and the guidance documents that has negligible impact on the inspection system and its results. These non-conformities also need to be addressed on priority and corrected as early as possible but not later than 6 months.

9.2 Multiple Minor NCs with related impact on the inspection system can result in a Major non-conformity.

9.3 The time for corrective action is considered from the day the non conformities are handed over to the inspection body.

9.4 In case of non-conformities of the nature of major or critical, a re-assessment visit either to office or on-site is normally a must. The quote for the reassessment visit shall be forwarded by the Board along with the report of the assessment.

9.5 In case of minor non-conformities a declaration in respect of completion of the corrective action by the authorized person of the inspection body may be accepted. If during surveillance it is found that the Minor non-conformity is not effectively addressed, the non-conformity shall be converted into Major non-conformity.

10.0 Change in the status of the Inspection Body

10.1 As part of the application for accreditation, the applicant body / accredited IB undertakes to inform NABCB within 30 days if any change takes place in any of the aspects of its status or operation that affects its:

- a) Legal, commercial or organizational status
- b) organization and management, for example key managerial staff
- c) policies or procedures, where appropriate
- d) premises
- e) personnel, equipment, facilities, working environment or other resources, where significant.
- f) capability of inspection or scope of accredited activities, or conformance with the requirements of the accreditation criteria.
- g) Addition of any foreign locations where clients are located / operations related to inspection are performed

10.2 On receipt of the information of change in any of the above parameters, the Director decides whether an extraordinary surveillance visit is necessary or the change will not affect the operation of the inspection system within the accredited scope. If a surveillance visit is recommended by the Director, then a quote for the same is sent to the applicant and the procedure of surveillance assessment is followed.

10.3 During regular surveillance the accredited body is asked to confirm that no change in the parameters mentioned above or any other aspect that will affect the inspection has taken place since the last assessment.

10.4 In case an accredited body is found to have given a willful wrong declaration, the Board may take suitable action and also reserves the right to suspend/withdraw the accreditation.

11.0 Extension/Reduction of the Scope

11.1 Extension of the scope is of two types. One where the extension of scope is being asked for a completely new field that makes it necessary to process the application similar to the initial assessment.

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The second is where the extension of scope has been asked for within the field of industry that is part of the same subgroup of the scope that the applicant has already been assessed.

11.2 Normally the extension of the scope will be carried out as part of the surveillance visit by increasing the number of assessor days necessary, or alternatively the Board or the applicant may ask for an additional assessment. In case of extension of the scope of second type, the decision of extension of the scope is done based on the assessment of the office to verify the inspection resources only. No special witness assessment is undertaken for the extended scope.

11.3 The quotation for the application and other fees for extension of the scope shall be forwarded to the applicant body. The procedure followed for the assessment *and decision* for extension of the scope is similar to the initial assessment as described in article 4 to 6.

11.4 The reduction of the scopes is done based on the following

- a) The accredited body may like to reduce their scope of accreditation of their own accord.
- b) The accredited body has been placed under partial suspension on account of inadequate resources for part of the scopes and subsequently agrees for the reduction of scope.

11.5 The decision for extension and reduction of scope is taken by the accreditation committee.

12.0 Fee payable for the accreditation process and Annual Fee

12.1 The latest fee schedule is enclosed with the application package.

12.2 The total fee will depend on the actual assessment days and other parameters as specified in the fee schedule.

12.3 Each accredited body shall pay annual fee as identified in the latest Fee schedule

12.4 The Board reserves the right to revise the fee schedule at the end of every financial year.

12.5 the Board will take the following actions if any applicant or accredited body fails to pay the fee as invoiced

- a) Stop further processing of the application
- b) Do not offer accreditation
- c) Suspend and/or withdraw the accreditation

12.6 If the applicant body does not pay the invoiced fee within 90 days, the application for accreditation will be rejected. In the event of the rejection of the application, the fee paid till date will not be refunded.

12.7 Fees for any assessment on foreign locations carried out by the local accreditation body would be charged at the current rates of the local accreditation body.

13.0 Complaints

13.1 Complaint can be made by any person or body against the Board and its procedures.

13.2 The complaint must be made in writing to the Director with complete details of the complainant and description of the problem. The Director will acknowledge the complaint within one week (excluding postal time) with brief details on the approach and approximate time required for addressing the complaint.

13.3 If the complaint has no details of the complainant or the description is not adequate, the Board will reserve the right of dealing with the complaint as deemed fit.

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13.4 If the complaint is against the non-compliance of accreditation criteria by any inspection body then the Board will encourage the complainant to utilize the procedure for complaints of the respective inspection body. If the complainant insists and the inspection body agrees then the Board can carry out the investigation in accordance with the procedure BCB 203. The report of the analysis is sent to both the parties along with the invoice as applicable.

13.5 The Director will follow each complaint to conclusion and initiate possible corrective and preventive actions if any.

13.6 The Director maintains the record of each complaint, the corrective & preventive actions taken and the effectiveness of such action.

14.0 Disputes and Appeals

14.1 Disputes

14.1.1 Any person or body can raise a dispute against the criteria, accreditation process etc. of the Board. The dispute should be forwarded in writing to the Director along with the information on the issue supported by the documentary evidence.

14.1.2 The Director will acknowledge the Dispute and indicate the approximate time required to resolve the same.

14.1.3 The details of the Dispute are forwarded to either the Accreditation Committee Chairman or the Technical Committee Chairman as appropriate for their comments and decision. The respective committee chairman may consult any of the committee members, experts or assessors.

14.1.4 The decision on the dispute shall be forwarded to the person or body by the Director.

14.2 Appeals

14.2.1 Any person or body can file an appeal against the decision of the Board to the Chairman of the Board through the Director. The appeal against the decision of the Board must be made within 30 days of the notification of that decision.

14.2.2 The appeal must be filed in writing along with all the necessary documents in support of the appeal.

14.2.3 The Director verifies the documents for completeness and may ask for additional documentary support if necessary. Once the documents are complete, the Director acknowledges the receipt of the appeal and forwards the same to the Chairman. The Chairman has the right to either disallow the appeal or to form an Appeals Committee based on the merit of the contents of the appeal.

14.2.4 The Appeals committee is headed by one of the Board Members nominated by the Chairman. The nominated head of the Appeals committee is allowed to take two members out of the assessors, staff or experts of the Board as permanent member and is also allowed to invite other outside members as necessary to discharge the appeal.

14.2.5 The Head of the appeals committee may ask the appellant to present the facts in person to the appeals committee if necessary. The appeals committee may ask any of the staff, committee or empanelled assessors and staff for the facts to help in discharging the appeal based on facts.

14.2.6 The Appeals committee gives its recommendation to the Chairman for necessary action to discharge the appeal to the satisfaction of the appellant and regarding the preventive actions, if any, that must be taken to avoid such recurrences. The Chairman will give the decision on the appeal based on the recommendation by the appeals committee. The decision of the Chairman in this regard will be final.

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14.2.7 The appellant if not satisfied with the decision can then file an appeal to the Chairman, Quality Council of India, through the Secretary General. The Chairman QCI will form an appeals committee having three members, that will go into the merits of the case and the procedure followed to address the appeal.

14.2.8 The Council will then communicate the decision to the appellant and the Board for implementation.

14.2.9 The Director keeps all the records pertaining to the disputes and appeals and the corrective & preventive actions taken by the Board.

15.0 Publishing of the Information for Public & availability of accreditation schemes

15.1 The Board makes public announcement of the accreditation schemes, criteria of accreditation, application for accreditation, fee schedule and other related documents on its website and on specific request.

15.2 The Board maintains a list of the accredited inspection bodies and the applicants on its website. It also makes this information available on request.

15.3 The accreditation schemes are open to all applicants within the capability and scope of the Board.

15.4 The Board would also make public information about suspension and withdrawal of accreditation

16.0 Confidentiality and Disclosure

16.1 The information obtained regarding the inspection system of the applicant bodies and accredited bodies, that is not of the nature of public information, is kept confidential by all the staff, members of the Board, panel of assessors, experts and the committee members.

16.2 If the Board has to share any confidential information due to any legal situation, the concerned inspection body will be informed of the extent of disclosure and the body to whom the disclosure has been made.

17.0 Obligations of the inspection body and NABCB

The general obligations of the applicant / accredited inspection body and NABCB are given in Annexure 2.

Annex 1 (Clause 4.3.1.1 c)

1.0 OBJECTIVE :

To provide Guidance in the classification of Scope Sectors for the purpose of Accreditation

2.0 SCOPE :

This Annex is applicable to both QMS and EMS accreditation programmes

3.0 RESPONSIBILITY :

Director of the Board is responsible to establish, implement, and amend this procedure. The accredited inspection bodies are responsible to comply with the procedure.

4.0 PROCEDURE :

4.1 Scope Classification

NABCB has decided to follow the 39 Scope Sectors recognized by International Accreditation Forum (IAF Guidance to ISO/IEC Guide 62). While the Scope sectors, based on NACE Revision 1 classification of Economic Activities, broadly classify activities, for the purpose of accreditation more specific description of the technical areas would be required.

4.2 Auditor competence

The annex providing the Scope classification used by NABCB for its accreditation program, may serve as a starting point for determining auditor competence. However, it should be recognized that the technical areas in which a IB operates and where competence needs to be demonstrated, is likely to be more specific than the broad descriptors in the annex.

4.3 Restrictions in Scopes

Based on the available competence and / or the recommendation of the assessment team, the accreditation committee may decide to restrict grant of accreditation to a part of the broad scope sectors described in the annex. The accreditation schedule would indicate the actual coverage in terms of NACE classification.

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List of Scopes of accreditation

The list of scope of accreditation by NABCB is based on the statistical nomenclature for economic activities (NACE Rev. 1) 1994, published by the commission of European Communities (official Journal L083 1993), IAF Scope sector classification and sub-grouping approved by the NABCB Board

No.	Description	NACE Code
01a	Agriculture & Fishing	AB
01b	Forestry	A,B
02	Mining and Quarrying	C
03	Food products, beverages and tobacco	DA
04	Textiles and textile products	DB part
05.a	Leather & Leather products	DC minus 19.1
05.b	Tanning & Dressing of Leather	DC 19.1
06	Wood and wood products	DD
07a	Pulp, paper	DE 21
07b	Paper products	DE 21 part
08	Publishing Companies	DE 22.1
09	Printing companies	DE 22.2,3
10	Manufacture of coke and refined petroleum products	DF 23.1,2
11	Nuclear fuel	DF 23.3
12	Chemicals, chemical products and fibres	DG minus 24.4
13	Pharmaceuticals	DG 24.4
14a	Rubber products	DH
14b	Plastic products	DH
15	Non-metallic mineral products	DI minus 26.5,6
16	Concrete, cement, lime, plaster etc.	DI 26.5,6
17a	Basic metals	DJ
17b	Fabricated metal products	DJ
18	Machinery and equipment	DK
19a	Electrical equipment	DL 30,31,32
19b	Optical and precision equipments	DL 33.2, 33.3, 33.4, 33.5
19c	Medical and surgical equipment	DL 33.1
20	Shipbuilding	DM 35.1
21	Aerospace	DM 35.3
22	Other transport equipment	DM 34, 35.2,4,5
23	Manufacturing not elsewhere classified	DN 36
24	Recycling	DN 37
25	Electricity supply	E 40.1
26	Gas supply	E 40.2
27	Water supply	E 41, 40.3
28	Construction	F
29a	Wholesale & retail trade;	G
29b	Repair of motor vehicles, motorcycles and personal and household goods	G
30	Hotels and Restaurant	H
31a	Transport, storage and communication	I
31b	Tele Communication	I 64.2
32a	Financial intermediation	J, K70, K71
32b	Real estate; renting	J, K70, K71
33	Information technology	K 72
34	Engineering services	K73, 74.2
35	Other services	K74 minus K74.2

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36	Public Administration	L
37	Education	M
38	Health and social work	N
39	Other social services	O

Activities covered under Scope sectors 23, 35 and 39 would be on the basis of NACE classification against the respective scopes. Activities not covered under NACE classification would be dealt on a case to case basis.

Groups of the Scopes

Group	Critical Scope	General Scopes
A	03	01, 30
B	-	02, 15
C	-	04, 05, 06
D	11, 13	07, 10, 12, 14
E	-	08, 09
F	21	17, 18, 19, 20, 22, 23
G	-	16, 24
H	28	25, 26, 27
I	33	29, 31, 32, 34, 35
J	38	36, 37, 39

Annexure 2 (Clause 17)

Obligations of the applicant / accredited inspection body

- a) The IB shall commit to fulfil continually the requirements for accreditation set by NABCB for the areas where accreditation is sought or granted including adapting changes in the requirements for accreditation as and when communicated
- b) When requested, the IB shall afford such accommodation and cooperation as is necessary to enable the accreditation body to verify fulfilment of requirements for accreditation. This applies to all premises where the conformity assessment services take place.
- c) The IB shall provide access to information, documents and records as necessary for the assessment and maintenance of the accreditation.
- d) The IB shall provide access to those documents that provide insight into the level of independence and impartiality of the IB from its related bodies, where applicable.
- e) The IB shall arrange the witnessing of IB services when requested by the accreditation body.
- f) The IB shall claim accreditation only with respect to the scope for which it has been granted accreditation.
- g) The IB shall not use its accreditation in such a manner as to bring the accreditation body into disrepute.
- h) The IB shall pay fees as shall be determined by the accreditation body.
- i) The IB shall inform without delay, any significant changes relevant to its accreditation, in any aspect of its status or operation relating to;
 - 1. its legal, commercial, ownership or organizational status,
 - 2. the organization, top management and key personnel,
 - 3. main policies,
 - 4. resources and premises,
 - 5. scope of accreditation, and
 - 6. other such matters that may affect the ability of the IB to fulfil requirements for accreditation.

Obligations of the accreditation body

- a) NABCB shall make publicly available information about the current status of the accreditations that it has granted to IBs. This information shall be updated regularly. The information shall include the following:
 - i) name and address of each accredited IB;
 - ii) dates of granting accreditation and expiry dates, as applicable;
 - iii) scopes of accreditation, condensed and/or in full. If only condensed scopes are provided, information shall be given on how to obtain full scopes.
- b) NABCB shall, where applicable, provide information about international arrangements in which it is involved.
- c) NABCB shall give due notice of any changes to its requirements for accreditation. It shall take account of views expressed by interested parties before deciding on the precise form and effective date of the changes. Following a decision on, and publication of, the changed requirements, it shall verify that each accredited body carries out any necessary adjustments.

Amendment Record

<u>Date</u>	<u>Auth. by</u>	<u>Description of Amendment</u>
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