



NATIONAL ACCREDITATION BOARD FOR CERTIFICATION BODIES (NABCB)

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**NATIONAL ACCREDITATION BOARD FOR
CERTIFICATION BODIES (NABCB), INDIA**

Quality Manual

Issue 6

AUTHORISED BY NABCB BOARD

**QUALITY COUNCIL OF INDIA
National Accreditation Board for Certification Bodies**

QUALITY MANUAL

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Section: A-02

PROFILE

The Quality Council of India (QCI) has established the National Accreditation Board for Certification Bodies (NABCB) to carry out accreditation of certification and inspection bodies. The criteria for accreditation for different schemes are developed based on national and/or international standards or guides.

QCI is an autonomous non-profit organization registered under the Registration of Societies Act. It has been established by joint initiative of Government of India and the Indian Industry. It is administratively and financially independent and is governed by a Council having fair representation of Government of India, Industry (through its associations), and other stakeholders like non-government organizations (NGOs), certification bodies, institutions etc. QCI is governed by its own rules and regulations. The operational expenses of QCI and its Boards are generated through the services offered. The other activities of QCI are indicated by the structure on page 4 of this Manual. Each of the Board works independently and is chaired by a Chairman, identified from among the prominent people related to industry in India.

NABCB (hereafter referred to as 'Board') is managed by 16 honorary members including the Chairman with fair representation from the stakeholders ensuring that no one interest predominates. The Chairman of the Board is an eminent person and an ex-officio member of the Quality Council of India. The Chairman of QCI nominates the Chairman of the Board from the proposed names received from the Council members. The Board is supported by a Secretariat.

The policies and procedures for accreditation by the Board are non discriminatory and are implemented uniformly to all applicants. A uniform reasonable fee is charged from all applicants in lieu of the services of accreditation offered.

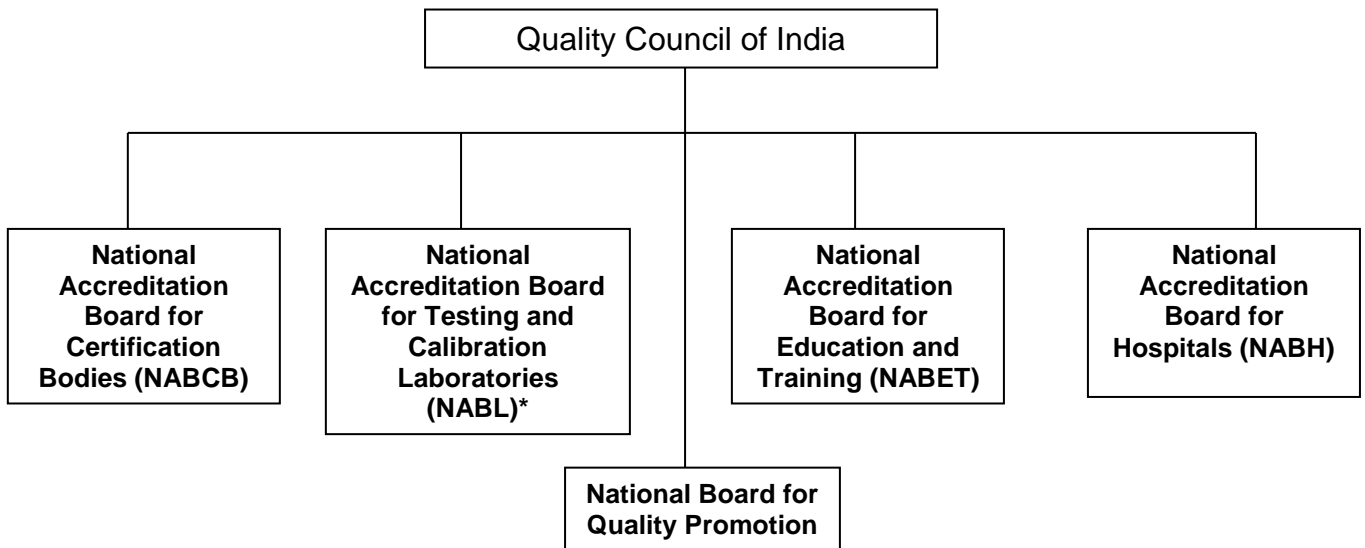
The Board complies with the relevant national and international standards through a quality system established on the lines of applicable standards and guides.

The accreditation of QMS and EMS certification schemes was started in March 2000, accreditation of FSMS certification in 2006, accreditation of Inspection bodies and Product certification bodies was started in 2006, and accreditation for OHSMS, ISMS and EnMS certification bodies was started in 2010, 2011 & 2013 respectively. NABCB started accreditation for ITSMS and Personnel certification bodies in 2014, and for RTSMS certification bodies in 2015. (Please see Annex for a list of current accreditation programmes offered).

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NABCB also applies the relevant documents of International Accreditation Forum (IAF), International Laboratory Accreditation Cooperation (ILAC), Pacific Accreditation Cooperation (PAC) and Asia Pacific Laboratory Accreditation Cooperation (APLAC) in its accreditation schemes.



*currently an independent organization under the Department of Science & Technology

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Section: QM-01 POLICY AND OBJECTIVES

1. Policy:

- 1.1 The National Accreditation Board for Certification Bodies will provide service to the satisfaction of its customers in accordance with the national and international norms. It is committed to provide equal opportunity to all the applicants with highest regard to transparency, integrity, and confidentiality.

The Board has decided to provide accreditation services to Certification / Inspection Bodies established as legal entities within the country, as well as in other nations, the latter to be in accordance with the IAF and the ILAC policies on cross-frontier accreditation, as applicable. In addition, the relevant locations of the certification / inspection body in other countries can be included in the scope of accreditation.

The Board will strive for the international recognition of its accreditation schemes through international and regional forums like IAF, ILAC, PAC, APLAC etc. and through bilateral and multilateral mutual recognition arrangements.

- 1.2 The above said policy is pursued by complying to the ISO/IEC 17011 “Conformity assessment — General requirements for accreditation bodies accrediting conformity assessment bodies” and other relevant international/national standards and applicable IAF/ILAC/PAC/APLAC documents.

2. Objectives:

- 2.1 The objectives of NABCB are:

- a. To be equally accessible to all the certification/inspection body applicants who wish to be accredited to the criteria of the Board within its scope and capability, within the geographical limitations decided by the Board
- b. To upgrade criteria of accreditation in line with the developments in the international standards and to foster improvement in the quality of certification/inspection process with the support of certification/inspection bodies.
- c. To be impartial in its decision on criteria and process of accreditation.
- d. To seek mutual recognition of the accreditation schemes internationally.
- e. To be independent of any undue influence of any stakeholder and to conduct its business professionally.

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Specific measurable objectives would be evolved each year based on the past performance and future goals of the Board. The objectives would be recorded in the proceedings of the Board Meetings and reviewed periodically by the Board.

3. Impartiality:

It is the policy of the Board that the services offered by NABCB would be impartial and NABCB would not offer any services that it accredits. NABCB would also not offer consultancy services for establishing and maintaining certification / inspection systems.

NABCB is a constituent Board of Quality Council of India which is a non-profit society. It has the following other Boards:

1. National Accreditation Board for Education and Training (NABET) which is now a member of PAC.
2. National Accreditation Board for Hospitals & Healthcare Providers (NABH) which is into accreditation of Healthcare Services and is a member of International Society for Quality in Healthcare (ISQua).
3. National Board for Quality Promotion (NBQP) which is primarily into promotional activities and capacity building.

As the QCI is structured, each Board functions independently and is member of corresponding international bodies in its own name, has its own separate logo and income expenditure statement. The CEO of the Board is responsible for the day to day activities and reports to the Board. The Board is the highest decision making body for NABCB, whose membership is decided by the QCI's body, the Council.

NABCB is engaged exclusively in accreditation of CBs/IBs and sometimes undertakes training in accreditation standards.

It has absolutely no interaction with other Boards and their activities nor does it share any resources with other Boards.

Therefore, the activities of other Boards in QCI, whatever they may be, do not affect impartiality and independence of NABCB in performing its activities.”

4. Communication:

The policy of the Board is communicated to the Board members, staff, and related personnel who perform on behalf of the Board and it is ensured that the policy is understood and implemented.

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5. Approval & Review of the Policy and Objectives:

The policy and overall objectives of NABCB are approved by the Board and are reviewed not later than three years.

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Section: QM-02 ORGANISATION STRUCTURE

1. General

- 1.1 The National Accreditation Board for Certification Bodies has been established by Quality Council of India, an autonomous organization established jointly by Government of India and Indian industry.
- 1.2 The organization structure of the Board is shown in this Section of the manual.

2. Terms of Reference of the Board:

The Board is responsible for the accreditation schemes offered by NABCB. This responsibility includes:

- a. Formulation of policy relating to the operation of the accreditation schemes including the procedures of the Board and ensuring that the services offered by NABCB are independent, impartial and free from any bias.
- b. Establishing the criteria for accreditation of certification / inspection bodies offering different certification schemes/inspection services within the scopes of the accreditation.
- c. Review of the performance and implementation and continuous improvement of accreditation schemes of the Board.
- d. Review of the financial status to ensure financial independence of the Board. Review includes approval of the fee structure, compensation to be paid to the external resources of the Board and review of financial statements of the Board.
- e. Establishing various committees and identifying individuals as required to delegate specific activities on its behalf and to advise the Board as per procedures and for entering into any contractual arrangements.
- f. Specifying the conditions of Granting, maintaining, extending, reducing, suspending and withdrawing accreditation and then implementing the same based on the assessment and other relevant information of the applicant certification / inspection body.
- g. Seeking mutual recognition of its accreditation schemes with other countries, international and regional forums and entering into any contractual arrangements.

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- h. Cooperating with the other Boards of QCI to get any possible feedback and to improve the accreditation system.
- i. Constantly upgrading the accreditation schemes in line with international improvements, to meet the needs of the industry on long-term basis.
- j. Identifying the possible liabilities arising out of its operations and/or activities and making arrangements to safeguard against such liabilities.
- k. Ensuring that the Board does not undertake any other activity that conflicts with the impartiality of the accreditation activity. It also ensures that the activities of the related bodies do not affect the confidentiality, objectivity or impartiality of its accreditations and the related bodies do not provide the services and consultancy for the services that it accredits others to perform.
- l. Ensure financial stability and resources required to perform the accreditation services.
- m. Maintaining a system and procedure for resolution of complaints, appeals and disputes received from other parties about the handling of the accreditation and related matters.

The terms of reference is communicated to all the Board members in the Board Meeting. The new members are sent a copy of the terms of reference for their information.

3. ADMINISTRATIVE STRUCTURE:

The Board comprises of 16 members including the Chairman. The members represent different groups of stakeholders to ensure impartiality in decision-making and to ensure that no single interest prevails. The representation on the Board is as per the details below:

- a. **Chairman:** (One): Nominated by the Chairman of Quality Council of India on the basis of recommendations received from the members of Quality Council of India.
- b. **Representative of National Standards Body:** (One): Ex-officio Director General, BIS.
- c. **Representative of Industry Associations:** (Three): One each proposed by Industry Associations ASSOCHAM, CII and FICCI out of their members and accepted by the Chairman.
- d. **Representative of Certification/Inspection Bodies:** (one): To be proposed by the representatives of the certification/inspection bodies through their association or otherwise and accepted by the Chairman of

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the Board. (Preferably should be one of the QCI Governing Council members).

- e. **Consulting Organizations:** (One): To be proposed by the Board members and accepted by the Chairman of the Board.
- f. **Representative of Certification Bodies (Eminent Third Party Auditor):** (One): To be proposed by the representatives of the certification bodies through their association or otherwise and accepted by the Board Chairman.
- g. **Representative of Registered Consumer Organisation:** (One): To be proposed by the Board Members and accepted by the Chairman of the Board. (Preferably should be one of the QCI Governing Council members).
- h. **Representative of Government:** (Two): Ex-officio representative of the level not less than Deputy Secretary, one each from Ministry of Industry (Department of Industrial Development) and Ministry of Commerce.
- i. **Representative of Regulators:** (Two) To be proposed by Board members and accepted by the Chairman of the Board
- j. National accreditation body for laboratories: (One) ex officio Director, NABL
- k. Secretary General of QCI (ex officio)
- l. Chairman, NABCB Accreditation Committee

3.1 The Chairman is nominated for a term of two years. After completion of one term, the Chairman has the option of offering his services or can be requested by the Chairman of the Council to continue for one more term. After completion of two consecutive terms the Chairman is not considered for a third consecutive term.

3.2 The nominated members from c) to i) above are appointed for a term of two years. After completion of one term, the members will have the option to offer their services for one more term. Nominated members who have completed two consecutive terms will not be considered for further nomination. In the event that any nominated member ceases to be a member due to any reason, the vacancy will be filled for balance part of the term as per the procedure indicated against that category.

3.3 The Board shall function notwithstanding that any person who is entitled to be a member by reason of his office is not a member of the Board for the time being and notwithstanding any other vacancy in its body whether by non-appointment or otherwise and no act or precluding of the Board shall be

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invalidated merely by reasons of any defect in the appointment of any of its members.

3.4 The Board can accept invitees (without voting rights) on the Board based on the recommendations of the members of NABCB, members of QCI, or any other institution.

3.5 Each of the interest represented on the Board is allowed to nominate an alternate for the nominated member who can represent the member in the event of his absence due to exigencies and is empowered to take decision on behalf of the member and the interest that he represents. The alternate member should be familiar with the proceedings of the Board activities and with Management standards and certification process. The alternate member should be from the same organization and should represent the interest of the group that he represents.

3.6 The quorum for the meeting of the Board is 5 members including the Chairman. Generally the decision making process of the Board is by consensus and unanimity. In the event that unanimous decision could not be arrived at, then voting could be resorted to. The decision would be taken by simple majority. In case of a tie, the Chairman will have a casting vote.

3.7 The Board is the management in accordance with the requirement of the ISO/IEC 17011 Clause 4.2.5 except for decisions on accreditations. The board has delegated authority to the Chief Executive Officer and support staff to manage the day-to-day activities of the Board. The Chief Executive Officer advises the Board on adequacy of the staff and other resources required for performing the accreditation activities.

4. Committees

The Board appoints various committees as part of its terms of reference to delegate the work of the Board.

The following committees have been formed as part of the Board structure:

a) Accreditation Committee:

The decision of granting, maintaining, extending, reducing, suspending and withdrawing accreditation are taken by this Committee based on the assessment and other reports presented to this committee by the Chief Executive Officer of the Board. It also advises the Board on issues related to their decision of accreditation.

b) Technical Committee(s):

This Committee advises the Board, based on the request of the Board, on the requirement of the standards and their interpretation. This Committee(s)

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would be set up as and when needed and may be general relating to any accreditation standard or sector specific. It may be authorized to finalize any supplementary criteria and supporting technical documentation relating to any accreditation scheme.

c) Appeals Committee:

This committee is formed as and when the need arises as per the procedure BCB 203 and advises the Board Chairman, based on the consideration of the facts of the case, on the appeal made to the Board Chairman.

5. Financial Resources: Quality Council of India initially met the financial needs of the Board from the pool money received from the Government and Industry during formation of the Board. Present needs of the Board are met by the fee received from the certification / inspection bodies in lieu of accreditation service provided by the Board and it operates on a self-sustaining basis.

6. System Documentation of Accreditation Structure: The Chief Executive Officer, and/or any officer designated by him, maintains the master copy and a copy of the latest revision of the Documented Accreditation System including the criteria and procedures for granting accreditation to the certification / inspection bodies.

7. Legal Status: Quality Council of India is an autonomous non-profit society registered under The Societies' Act of India. NABCB is part of Quality Council of India.

8. Responsibility & Authority: The names, qualifications, experience, responsibility and authority of the staff and the committees are maintained with the Chief Executive Officer and/or any officer designated by him.

9. Sub Contracting: The Board does not sub-contract any part of accreditation activity to any other body. If necessitated by the IAF Cross-Frontier policy, NABCB would request other IAF MLA members to carry out assessments on its behalf. However, NABCB would take full responsibility for all such assessments and inform the certification/inspection body of the arrangements, in advance.

10. Cross reference:

Procedure No. BCB 221 : Structure and Role of the Board

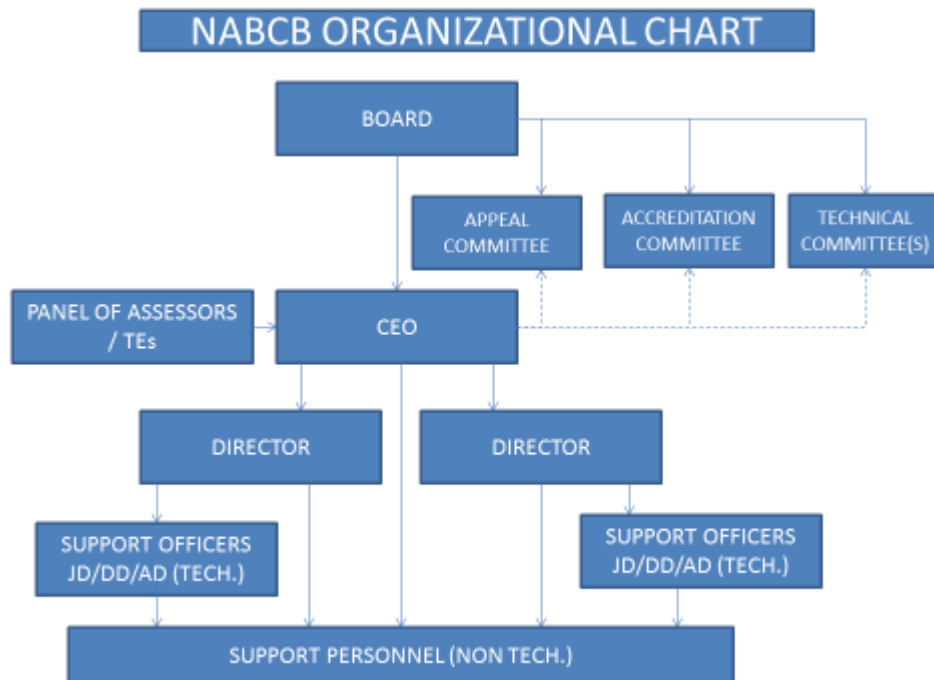
Procedure No. BCB 203 : Complaints, Disputes and Appeals

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Section: QM-03 ACCREDITATION SYSTEM

1. Accreditation System:

1.1 The accreditation system of NABCB is based on ISO/IEC 17011 and documented in a three-tier structure to ensure a consistent and effective accreditation of certification / inspection bodies.

a. **Quality Manual:** This describes the general policies and guidelines for the activities related to accreditation of certification / inspection bodies. The responsibility to amend and issue the quality manual is delegated to the Chief Executive Officer of the Board after the proposed changes have been approved by the Board.

b. **Procedures:** These describe the methods and procedures of the accreditation system followed by the Board members and staff that ensures accreditation of certification/inspection bodies is being done in compliance with the policies & guidelines as specified in Quality Manual.

c. **Standard Formats:** These formats are used to ensure consistency in the information and records of the Board, related to the accreditation of certification bodies.

1.2 The criteria of accreditation of certification bodies for different sectors and inspection bodies adopted by the Board are generally based on the latest issues of the international standards and guides (e.g. ISO/IEC 17021 for certification or ISO/IEC 17020 for inspection) including the mandatory / guidance documents prepared by the International Accreditation Forum (IAF), International Laboratory Accreditation Cooperation (ILAC), Pacific Accreditation Cooperation (PAC) and Asia Pacific Laboratory Accreditation Cooperation (APLAC).

Where international standards do not exist, the Board adopts the National Standards.

In the situation where the National Standards also do not exist, the Chief Executive Officer of the Board prepares a draft criteria and circulates widely to the interested parties like association of certification bodies, Industry associations, national standards body, accredited certification / inspection bodies, Board members etc. Based on the comments received from the various organizations, the Chief Executive Officer prepares a final proposal with a summary of the comments received and places the same for the approval of the Board. Care is taken by the Chief Executive Officer to meet the requirements of the IAF principle of “no more, no less”. The Chief Executive Officer may, if felt necessary, set up a group of experts by whatever name with defined terms of reference and timelines to accomplish this task.

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The Board may authorize the Technical Committee, if one is established, to finalize any supplementary criteria and/or technical documentation for any accreditation scheme. Alternately, the group of experts established by the Chief Executive Officer may finalize the supplementary criteria and/or technical documentation with his approval.

The approved copy of the supplementary criteria and/or technical documentation, and any other clarification so approved are maintained with the Chief Executive Officer.

- 1.3 The Chief Executive Officer, who has direct access to the Chairman of the Board, is the designated person who ensures effective implementation of the accreditation system as defined in this manual through establishing a Procedures Manual. He is responsible to report to the Board on the performance of the accreditation system for review by the Board for improvement of the system.
- 1.4 The Chief Executive Officer controls this documented structure of the accreditation system as per the procedures to ensure that the latest revision of the concerned document is used. The Chief Executive Officer also ensures that the accreditation procedure as documented are implemented. The procedure ensures that the requirements of ISO 17011 are complied with.

2. Amendment to the Documented System

The documented system of accreditation may require modification due to following reasons:

- a) Change in the international standards or guidance documents
- b) Change in the structure of the board
- c) Improvement in the existing process of accreditation
- d) Requirements or improvement in criteria for certification / inspection etc.
- e) Any other reason that may result in amendment in the documentation.

Any of the Board members, staff of the Board, and customers/stakeholders can give an input for bringing out improvement in the existing accreditation and related certification system. All amendments to the documents are as per the Procedure for Control of Documents – BCB 222

- 2.1 The amendment procedure ensures that all the amendments are authorized by the relevant authority that has approved the document and are implemented by the concerned staff.
- 2.2 The procedure ensures that all obsolete documents are removed from use throughout the Board.

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2.3 The procedure also ensures that information regarding amendments in the criteria or issue of an explanatory statement about the applicable standards and guides is given to the concerned persons and organizations, either through direct mailing or a periodic publication.

3. Accreditation:

3.1 The Board specifies the conditions under which accreditation is granted, maintained, extended, renewed, reduced, suspended or withdrawn. The Board demands from the accredited certification/inspection bodies to notify promptly about any intended changes to their quality system or other procedures that may affect their conformity assessment process.

3.2 The Chief Executive Officer, NABCB maintains procedures that define the activities related to accreditation:

- a) Granting, maintaining, reducing or extending of scope, suspending and withdrawing of accreditation.
- b) Conducting of reassessment in the event of changes notified by the certification / inspection body, that significantly affect its activities and operation related to certification / inspection activity, or in the event of complaint or any other information that indicates possible lack of compliance to the accreditation requirements laid down by the Board.

4. Changes in the Requirements of Accreditation:

The Board gives due notice of any changes that it intends to make in the requirements or explanations of the criteria for accreditation. It takes into account the views expressed by the interested parties before deciding the precise form and date of implementation. Following a decision and publication of the changed requirements, the Board verifies that each of the accredited certification / inspection body has implemented changes necessary for compliance either as part of surveillance or by a special assessment but within a reasonable time frame as determined by the Board.

5. Decision on Accreditation:

5.1 The decision on the grant of accreditation is taken by the Accreditation Committee based on the information gathered by the assessors during the assessment of the certification / inspection body and on the other relevant information available with the Board. The Accreditation Committee members shall not have participated in the assessment process. In no situation, the decision on accreditation is delegated to any outside person or body.

5.2 Each of the accredited certification/inspection body is provided with a certificate of accreditation signed by the Chief Executive Officer of the

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Board stating the name of the accredited certification / inspection body, scope of accreditation, validity of accreditation, NABCB logo etc. as per procedure.

- 5.3 Applications for amendment in the scope of accreditation already granted are processed by the Board after deciding the extent of the assessment procedure as appropriate to determine whether change should be granted or not. The Accreditation Committee decides on changes in the scope of accreditation of certification/inspection bodies.

6. References to Accredited Status:

- 6.1 The Board has a procedure in respect of the Accreditation Mark of the Board. It allows the use of this Mark by the certification / inspection bodies as per the rules and procedures that are made known to them.
- 6.2 The Board ensures that the Mark is not used in any way that implies that the Board itself has approved the product, service or system that was certified by one of the accredited certification / inspection body. The Board also ensures that where the supplier is certified for compliance to only quality system, the Mark is not used on the product or in any way that may be interpreted as denoting product conformance.
- 6.3 The Board takes suitable action to deal with incorrect reference to the accreditation system of the Board and wrong or misleading usage of the accreditation Mark in advertisements, catalogues etc.

7. Documentation:

The Board provides the following information and makes them available (with or without any charge) on receipt of specific request. The Board provides this information through at least one of the means e.g. published documents, newsletter, electronic media etc.

- a) Information about the authority under which the Board operates and grants accreditation.
- b) A documented statement of the accreditation system of the Board including the rules and procedures for granting, maintaining, extending, reducing, suspending and withdrawing of accreditation of any certification / inspection body.
- c) Information regarding the accreditation process followed by the Board.
- d) Description of the means by which the Board obtains financial support including the information on the fee charged to the applicants and accredited certification / inspection bodies.

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- e) Descriptions on the rights and duties of the applicants and accredited bodies, as specified, including requirements limitations on the use of Accreditation Board's Mark and on referring to the accreditation granted.
- f) Information on the procedures for handling complaints, appeals and disputes, by the Board.
- g) Directory of the accredited certification/inspection bodies, their location and scope of accreditation granted to each.

8. Records:

- 8.1 The Board maintains the records of every accreditation decision, demonstrating compliance to the documented accreditation system and other local regulation that may exist from time to time. Access to these records is decided based on the confidentiality requirements.
- 8.2 The responsibility and duration of maintaining records is described in the respective procedure. The duration is determined based on the requirements of international standards and local legal requirements.
- 8.3 Chief Executive Officer, NABCB is responsible for the review and disposal of these records at least once in three years.

9. Confidentiality:

- 9.1 The Board ensures adequate confidentiality consistent with applicable laws of the information obtained as part of the accreditation process through a system of oath of secrecy by the staff and Members of the Board.
- 9.2 Information about the certification / inspection bodies is not disclosed to a third party. Where the law of the country requires information to be disclosed to a third party, the respective certification / inspection body is informed about the information provided, as permitted by the law.
- 9.3 The Board takes suitable action in case confidentiality is breached by any of the staff or member of the Board.
- 9.4 The confidentiality requirements apply to the staff of the Board, Board members, empanelled assessors / technical experts and members of various committees constituted by the Board.

10. Liability

The Board ensures that adequate arrangements to cover any possible liabilities are made, based on the risk perception.

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11. Extension of Activities

Any extension of accreditation activities would be need based and would take into account the needed competence and resources. A procedure has been established for establishing new accreditation schemes.

12. Cross-reference:

Procedure No.	BCB-101	: Accreditation Criteria QMS
Procedure No.	BCB-105	: Accreditation Criteria EMS
Procedure No.	BCB-110	: Accreditation Criteria Inspection
Procedure No.	BCB-115	: Accreditation Criteria for FSMS
Procedure No.	BCB-115G	: Guidance for application of ISO 17021 for FSMS
Procedure No.	BCB-120	: Accreditation Criteria for Product Certification
Procedure No.	BCB 125	: Accreditation Criteria for ISMS
Procedure No.	BCB 130	: Accreditation Criteria for OHSAS
Procedure No.	BCB 135	: Accreditation Criteria for MDQMS
Procedure No.	BCB 140	: Accreditation Criteria for EnMS
Procedure No.	BCB 145	: Accreditation Criteria for ITSMS
Procedure No.	BCB 150	: Accreditation Criteria for PrCB
Procedure No.	BCB 155	: Accreditation Criteria for RTSMS
Procedure No.	BCB-201	: Accreditation Procedure (for QMS & EMS)
Procedure No.	BCB-201(IB)	: Accreditation Procedure (for IB)
Procedure No.	BCB 201(FSMS)	: Accreditation procedure for FSMS
Procedure No.	BCB-201(PCB)	: Accreditation procedure for Product Certification
Procedure No.	BCB 201(ISMS)	: Accreditation procedure for ISMS
Procedure No.	BCB 201(OHSAS)	: Accreditation procedure for OHSAS
Procedure No.	BCB 201(EnMS)	: Accreditation procedure for EnMS
Procedure No.	BCB 201(ITSMS)	: Accreditation procedure for ITSMS
Procedure No.	BCB 201(PrCB)	: Accreditation procedure for PrCB
Procedure No.	BCB-202	: Conditions for Use of Accreditation Mark
Procedure No.	BCB-222	: Accreditation system & Document Control
Procedure No.	BCB-224	: Records and Confidentiality
Procedure No.	BCB-228	: Establishing New Accreditation Schemes
Procedure No.	BCB-230	: Assessment reporting

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Section: QM-04 PERSONNEL

1. General:

- 1.1 The staff (regular and part-time) of NABCB is selected based on their qualification and experience and are competent to perform their function and duties as assigned.
- 1.2 The Chief Executive Officer of the Board maintains record of their qualification and experience. The Chief Executive Officer of the Board reviews the performance of all the staff at least once a year and the need for further training is identified based on their performance and job requirement. A record of their additional skills learnt on the job and on training is also maintained.
- 1.3 Awareness of the documented procedures and work instructions is part of their training and appropriate records are kept. These instructions are kept up-to-date as part of the control on the documented system.

2. Assessors and Technical Experts:

The minimum relevant criteria for the qualifications and experience to ensure competence of assessors and technical experts are defined by the Board and are based on international standards available.

3. Selection Procedure of Assessors and Technical Experts:

Selection of assessors and technical experts is done as per the procedure of the Board that ensures that the selected assessors and technical experts meet the required criteria of the Board. The procedure specifies the method to assess conduct of assessors and technical experts during assessment and subsequent monitoring of their performance.

4. Assignment for a Specific Assessment:

The assessment team to be appointed for a specific assignment is selected as per the procedure of the Board to ensure independence of the assessment performed by assessors and experts with adequate competence.

5. Contracting of Assessment Personnel:

The personnel involved in the assessment of any certification / inspection body have to sign a contract with the Board by which they commit themselves to the rules and regulation as defined by the Board.

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6. Assessment Personnel Records:

The Chief Executive Officer of the Board maintains the records of personnel (full time, part-time and external resources) conducting the assessments on behalf of the Board as per procedures of the Board.

7. Procedures for Assessment Teams:

The Chief Executive Officer of the Board arranges to provide the assessment teams with up-to-date assessment instructions, formats and relevant information on accreditation arrangements and procedures as per the procedures manual.

8. Objectivity and impartiality

Chief Executive Officer, NABCB ensures that the staff and contracted assessors act objectively and are free from any commercial, financial and other pressures that could affect impartiality. This is done through the initial evaluation, monitoring, feedbacks and suitable undertakings.

9. Members of the Board and Committees constituted by the Board

The rules for nomination of members on the Board are covered under Section QM 02 of this manual. The rules for nomination on Committees constituted by the Board are covered in procedure BCB-225

Cross Reference:

Procedure No. BCB-225 : Assessors, Experts and other Staff

Procedure No. BCB-201 : Accreditation Procedures (for each scheme)

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Section: QM-05 REQUIREMENTS FOR ASSESSMENT

1.0 Application for accreditation:

1.1 Information on the Procedure:

- 1.1.1 The Board maintains up-to-date documents and procedures for criteria of accreditation, assessment, accreditation process and rights & duties of the accredited certification / inspection bodies. These documents are provided to applicants and the accredited certification / inspection bodies as described in the procedures.
- 1.1.2 The Board requires that the accredited certification / inspection bodies comply with the specific requirements as listed in the legal agreement document.
- 1.1.3 Necessary explanations regarding scope of accreditation are provided to the applicants.
- 1.1.4 Any additional information relevant to application for accreditation is provided by the Chief Executive Officer of NABCB on request.

1.2 The Application:

- 1.2.1 The application for accreditation is made by the applicants in the prescribed format of the Board. The applicant clearly describes the scope for which accreditation is being asked for, agreement to comply with the requirements of the board and willingness to provide all information required for evaluation and assessment.
- 1.2.2 Information to be provided by the applicant before assessment is described in the application pack given to the applicant. The Chief Executive Officer of NABCB ensures that the information so provided is treated with appropriate confidentiality.

2. Preparation for Assessment:

- 2.1 On receipt of an application for accreditation, the Board arranges a review of the completeness of the application against the requirements of accreditation and informs the applicant accordingly.
- 2.2 A proposal for the assessment of the applicant based on the scope applied is sent to the applicant.
- 2.3 A qualified assessment team is identified to evaluate the applicants documented system, and to conduct the assessment on behalf of the Board. Technical experts, if necessary, are attached to the team.

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- 2.4 The applicant certification / inspection body is informed of the members of the assessment team. Sufficient notice is given to the certification / inspection body to verify and accept the assessors and technical experts. In case they have any reservation against any of the team member, they are allowed to contest the same.
- 2.5 The assessment team is formally appointed after obtaining acceptance from the applicant certification / inspection body and provided with the relevant documents. The plan for and schedule of the assessment is agreed with the applicant certification / inspection body. The mandate given to the assessment team is clearly defined and made known to the certification / inspection body. The assessment team is required to assess all aspects of the certification / inspection body as defined in the procedures to give confidence in the certification / inspection system of the certification / inspection body respectively.

3 Assessment:

- 3.1 The appointed assessment team assesses as per plan the quality manual & procedures of all services of the body covered by the scope of the accreditation applied for.
- 3.2 The assessment team then carries out the assessment of the applicant certification / inspection body on site and also witnesses one or more initial/recertification/ surveillance audits or inspections carried out by them respectively before an accreditation is granted for any function and/or scope, requiring on site activity by the applicant certification / inspection body.

4 Assessment Report:

- 4.1 The assessment team prepares a report after each stage of the assessment as per procedures. In the closing meeting, after an assessment, oral or written information is given on the conformity of the applicant certification body with the particular accreditation requirements and opportunity is given to the body to seek clarifications on the findings and their basis.
- 4.2 The assessment reports are sent for technical review to assessors / experts who are not part of the assessment process. If the final report reviewed and authorized by the Chief Executive Officer of the Board is different from the information given in the closing meeting, explanation of the differences is also provided.

The report takes into consideration the qualification, experience and authority of the staff encountered during assessment, the adequacy of the internal organization and procedures adopted by the applicant body

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and the actions taken to correct identified nonconformities including those identified at previous assessments.

5 Surveillance and Reassessment:

- 5.1 The Board does periodic surveillance and reassessment at intervals defined in the procedures, to verify that the accredited certification/inspection bodies continue to comply with the accreditation requirements. The surveillance and reassessment is consistent with the initial assessment procedure.
- 5.2 The Board has an agreement with the accredited certification/inspection bodies that they inform the Board without any delay of changes in any aspect of their status or operation that affects their certification/inspection capability, or any other relevant criteria of competence specified by the Board.

Cross Reference:

- Procedure No. BCB-201 : Accreditation Procedures (for each scheme)
- Procedure No. BCB-226 : Assessment process
- Procedure No. BCB-227 : Witness assessment
- Procedure No. BCB-230 : Assessment reporting

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Section: QM-06 COMPLAINTS, APPEALS & DISPUTES

1. Procedures for handling of Complaints, Appeals and Disputes:

The Board has procedures to redress complaints, appeals and disputes brought before the Board by the certification / inspection bodies, or other parties in respect of the accreditation system of the Board or against the certification / inspection system of the accredited certification / inspection bodies.

The Board also demands that each of the accredited body shall have procedures to handle complaints, appeals and disputes against their certification/inspection system.

2 Records of Complaints, Appeals and Disputes:

The Chief Executive Officer of the Board and/or any officer designated by him maintains the record of all complaints, appeals and disputes and the remedial action relative to the accreditation system operated by the Board.

The Board also takes corrective and preventive actions where necessary and documents the corrective actions taken to monitor effectiveness.

3 Access to Records of Appeals:

The Board demands that each applicant and the accredited body to make available the relevant records of all complaints, appeals and disputes on request and the details of the subsequent actions taken.

Cross Reference:

Procedure No. BCB-203 : Complaints, Disputes & Appeals

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Section: QM-07 INTERNAL AUDIT & MANAGEMENT REVIEW

1. Internal Audits

The Internal audit of the accreditation system, documents and procedure is done at least once in a year. The internal audit is planned by the Chief Executive Officer of the Board or any officer designated by him and carried out by a person other than the ones involved in establishing and maintaining the system.

In the event that an independent person is not available within the organization, the Chief Executive Officer may request a person from outside of NABCB to conduct the audit in accordance with ISO/IEC 17011 and the procedures of the Board.

2. Internal Audit Reports

The internal auditor will prepare the internal audit report and individual non-conformity reports for each of the non-conformity observed. The auditee will accept the non-conformity and also write the corrective action that needs to be taken to overcome the problem.

The internal auditor will bring the non-conformities and the internal audit report to the notice of the Chief Executive Officer, NABCB.

3. Correction and Corrective Action

Based on the internal audit suitable corrections / corrective action will be taken by the auditee and ensured by the Chief Executive Officer that corrections / corrective action have actually been taken as planned. In case any non conformities are brought to the notice of NABCB by any other means/stakeholder, these would appropriately addressed.

4. Management Reviews

The Chief Executive Officer places the report of the internal audit and the corrective actions taken to overcome any shortcoming for the consideration of the Board as part of the Management Review by the Board.

The Board conducts a Management Review at least once a year as part of the Board meeting to ensure the continuing suitability and effectiveness of the accreditation system as implemented is meeting the policy and objectives effectively.

The Board carries out the Management Reviews based on the following information:

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- a) The maturity of the accreditation system as evident from the levels of the non-conformities observed during the internal audits, peer reviews, and the suitability of the corrective and preventive actions.
- b) The status of Complaints, Appeals and disputes received and the corrective and preventive action taken.
- c) Inputs from the peer assessments, IAF/ILAC/PAC/APLAC plenary meetings, technical committee meetings, accreditation committee meetings etc.
- d) Feedback from the accredited certification / inspection bodies.
- e) Any other relevant subject that may reflect on the effectiveness of accreditation system implemented by the Board.

5. Preventive Action and Continual Improvement:

The Board and its Chief Executive Officer review the feedback from the Certification / Inspection Bodies, Internal Audit Reports as part of the Management Review and ensure that based on perceptible trends, preventive actions are initiated to ensure that the accreditation system is not only maintained in accordance with the international guides but is also improved over time.

The Board also ensures that inputs received from the representatives of the Board who attend the international forum are consolidated and are reviewed to bring about improvement in the accreditation process operated by NABCB.

Cross Reference:

Procedure No. BCB-223 : Internal Audit and Management Review

Procedure No. BCB-229 : Preventive Action and Continual Improvement

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Annex

Accreditation programs being offered by NABCB

S. No.	Program	Basic ISO Standard	Other ISO Standards	Being offered from	Remarks
1	QMS	17021-1	17021-2	Mar 2000	
2	EMS	17021-1	17021-3	Mar 2000	
3	FSMS	17021-1	22003	Mar 2006	
4	Product	17065		Jul 2006	
5	Inspection Bodies	17020		Jul 2006	
6	OHSAS	17021-1		Oct 2010	
7	ISMS	17021-1	27006	Apr 2011	
8	EnMS	17021-1	50003	Aug 2013	
9	ITSMS	17021-1	20000-1	Mar 2014	
10	PrCB	17024		Jul 2014	
11	RTSMS	17021-1	39001	Mar 2015	

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Section: QM-08 ISSUE AND REVISION HISTORY

Issue and Revision Record

Issue History of Quality Manual

S. No.	Issue No.	Date	Remarks
1	01	Mar 2000	First issue. Start of accreditation service
2	02	Feb 2002	Number of changes made – peer assessment
3	03	Dec 2005	Change over to ISO 17011:2004
4	04	Jan 2009	In view of restructuring of NABCB & to correct errors
5	05	Jan 2012	To make reference to all accreditation programs being offered by NABCB
6	06	Aug 2013	To make reference to all accreditation programs being offered by NABCB

Revision History of Quality Manual, Issue 06

S. No.	Revision No.	Date	Reasons for Amendment / Revision
1	1	Dec 2015	To make revision in the NABCB structure as well as to align with decisions of NABCB Board taken in the recent past
2	2	May 2016	To update ISO Standards in Annex, to include text on Impartiality as approved by QCI GB, and to use harmoniously word Chief Executive Officer
3	3	May 2016	To include reference to ISO 50003 for EnMS accreditation program in Annex.