UQRS GLOBAL PRIVATE LIMITED

QP 02 Audit and Certification Procedure

OBJECTIVE
To describe the UQRS Audit and Certification process requirements in relation to the requirements of ISO 17021:2015 & ISO 50003:2014

SCOPE
This procedure covers the overall process for management system audit and certification. Input to this process is typically;

a. An enquiry and application (QP-01) from a client seeking certification, or
b. Planned requirements for surveillance, recertification or special audits.

This procedure also details the responsibilities for the activities undertaken consistent with UQRS Regulations.

• Clause numbers in parentheses [] relate to ISO requirements

Administrative activities which support this process are detailed in other UQRS procedures, i.e;

QP-01
- Client application [9.2.1] and application review [9.2.1]
- Selection and appointment of audit team [9.1.3] and team membership [9.1.7]
- Audit time [9.1.4] and sampling requirements [9.1.5]
- Communication of audit plan [9.1.8]

QP-03
- Appeals [9.7] and Complaints [9.8]
- Security, confidentiality [9.9.3]

QP-06
- Records of Applicants and clients [9.9]

PROCESS SUMMARY
1. Audit programme [9.1.1]
2. Audit planning [9.1.2]
3. Conducting on-site audits [9.1.9] i.e.;
   3.1 Initial audit – Stages 1 & 2 [9.2]
   3.2 Surveillance audits [9.3]
   3.3 Recertification audits [9.4]
   3.4 Special audits [9.5]
4. Audit reports [9.1.10]
5. Client corrective action [9.1.11]
8. Suspension, withdrawal or reducing scope of certification [9.6]
9. Impartiality

1. AUDIT PROGRAMME [9.1.1]

The audit programme shall be conducted in stages within a 3-year certification cycle as follows;

- Initial audit: Two stage process
- Surveillance audit: Conducted in the first and second years, and
- Recertification audit: In third year prior to certificate expiry date.

Three-year certification cycle begin with the certification or recertification decision.

In determining the audit programme for a particular client consideration shall be given to;
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- Size of organisation
- Scope and complexity of the management system
- Products and processes
- Demonstrated level of management system effectiveness
- Results of previous audits, including those from other accredited certifications

Where UQSR will take account of certification or other audits already granted to the client, it will collect sufficient, verifiable information to justify and record any adjustments to the audit programme.

2. AUDIT PLANNING
   Defined in QP19

3. CONDUCTING ON-SITE AUDITS
   Defined on QP21

4. AUDIT REPORTS [9.1.10]

Client Manager will:-
   a) Review Audit Report (F-011, F-012) and related documentation received from the Auditor
   b) Progress receipt of the Client’s corrective action plan within the agreed timescale (using diary) as necessary
   c) Review acceptability of Client’s proposed remedial action utilising Auditor and/or Certification Manager as appropriate
   d) Up-date the Client/Site file and database

Original audit reports shall be submitted to the Client with an explanation of any differences from previous report(s). Ownership of the audit report is maintained by UQSR.

Reports shall include the following information as a minimum;
- Date(s) of the audit(s)
- Identification of certification body
- Identification of audit team members
- Name(s) of person(s) responsible for the report
- Names and addresses of all sites audited
- Assessed scope of certification
- any deviation from the audit plan and their reasons;
- any significant issues impacting on the audit programme;
- significant changes, if any, that affect the management system of the client since the last audit took place;
- where applicable, whether the audit is combined, joint or integrated;
- a disclaimer statement indicating that auditing is based on a sampling process of the available information;
- recommendation from the audit team;
- the audited client is effectively controlling the use of the certification documents and marks, if applicable;
- verification of effectiveness of taken corrective actions regarding previously identified nonconformities, if applicable.
- a statement on the conformity and the effectiveness of the management system together with a summary of the evidence relating to:
  — the capability of the management system to meet applicable requirements and expected outcomes;
  — the internal audit and management review process;
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- a conclusion on the appropriateness of the certification scope;

- confirmation that the audit objectives have been fulfilled.

- Summary of overall findings, including
  - Conclusions regarding the client’s capability of meeting agreed requirements for product/service,
  - The degree of reliance that can be placed on the internal audit’
  - Any Observations regarding QMS / EMS / OHSAS / EnMS/ OHSMS implementation
  - Conclusions reached by the audit team,
  - Any useful comparison with the results of previous audits, where applicable.

Consideration must also be given to;

a. The qualification, experience and authority of the Client’s staff encountered,

b. The adequacy of the Client’s QMS/EMS/OHSAS/EnMS/OHSMS, including its organisation and procedures,

c. Any actions taken to correct identified nonconformities, including any nonconformities identified at previous audits.

d. related records necessary to establish the credibility of the certification

Requirements for EnMS audit reports:

An EnMS audit report shall include:

a) scope and boundaries of the EnMS being audited;

b) statement of achievement of continual improvement of the EnMS and energy performance improvement with audit evidence to support the statements.

Information provided by the audit team to UQSR:

- the audit reports
- comments on the nonconformities and, actions taken by the client, where applicable, the correction and corrective
- confirmation of the information provided to the certification body used in the application review (see 9.2.2)
- a recommendation whether or not to grant certification, together with any conditions or observations

5. CLIENT CORRECTIVE ACTION [9.1.11]

Client Manager will:-

- Review Audit Report (F-011, F-012, F-015, F-016) and related documentation received from the Auditor
- Progress receipt of the Client’s corrective action plan within the agreed timescale (using diary) as necessary
- Review acceptability of Client’s proposed remedial action utilising the Auditor and/or Certification Manager as appropriate and resolve any problems by telephone or fax. Details of agreed resolution shall be recorded.
- Acknowledge acceptability of proposed remedial action to the Client in writing.
- Endorse a copy of the Client’s corrective action plan.
- Pass a copy of the report to the Certification Manager or Governing Board representative(s) for review.
- Up-date the Client/Site file and database.


Certification Manager will review the reports and either:-
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• Approve the extension to scope by endorsing request form (F-005) and make relevant changes to the Certificate, or
• Initiate appropriate follow-up action with the Client

UQSR will verify effectiveness of corrections and corrective actions. UQSR requires the client to analyse the cause and describe the specific correction and corrective actions taken, or planned to be taken, to eliminate detected nonconformities, within a defined time. Evidences are evidence obtained to support the resolution of nonconformities recorded. Client informed of the result of the review and verification. The client informed if an additional full audit, an additional limited audit, or documented evidence (to be confirmed during future surveillance audits) will be needed to verify effective correction and corrective actions.

7. CERTIFICATION DECISION
   Procedure for certification decision is defined in QP17

Information to be included on the Certificate: -
• Certificate Number
• Date of issue and expiry
• Company or Group name
• Company address, or main site/holding Company in the case of a Group
• Standard to which the Company/Group is approved
• Scope of registration
• Additional sites (if any)

Note: date of issue of certificate should not be before certification decision date.

Additional Information to be included on the Database
• Surveillance Visit Programme
• Target month and duration for each surveillance over the three years
• Target month for the reaudit
• Classification codes appropriate to the scope of certification
• Classification codes for which UQSR has been accredited
• Certification documents are withdrawn in its entirety if the central office or any of the sites does not fulfil the necessary provisions for the maintenance of certification.

8. MAINTENANCE, RENEWAL, SUSPENDING, RESTORING, WITHDRAWAL, EXPANDING OR REDUCING SCOPE OF CERTIFICATION [9.6]
UQSR may suspend, restore, withdraw, extend or reduce the scope of certification as a result of an investigation following:-
• Recommendation made during a surveillance or special visit
• The certified management system have persistently and seriously failed to meet certification requirements
• Surveillance audits and recertification audits not allowed to be conducted according to required frequency or as scheduled
• A particular activity do not come under scope of certification and doesn’t meet concerned standard
• Company has started new activities and implemented the standard in that department
• Failure to comply with the Terms & Conditions of Business and Rules for Use of the Certification Mark
• Significant change in the quality system, management or ownership
• Significant complaint from any third party
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- Significant or recurring non-conformities or complaints
- Non payment of fees
- Evidence received from authorities etc. that could affect the status of certificate
- Customer voluntarily requesting temporary suspension

**During recertification audit following things are check:**

- the effectiveness of the management system in its entirety in the light of internal and external changes and its continued relevance and applicability to the scope of certification.
- Whether client demonstrated commitment to maintain the effectiveness and improvement of the management system in order to enhance overall performance.
- whether the operation of the certified management system contributes to the achievement of the organization’s policy and objectives

**Note:** Recertification audit activities have a stage 1 audit in situations where there have been significant changes to the management system, the client, or the context in which the management system is operating (e.g. changes to legislation). When recertification activities are successfully completed prior to the expiry date of the existing certification, the expiry date of the new certification can be based on the expiry date of the existing certification. The issue date on a new certificate shall be on or after the recertification decision. If the UQSR has not completed the recertification audit or the UQSR is unable to verify the implementation of corrections and corrective actions for any major nonconformity (see 9.5.2.1) prior to the expiry date of the certification, then recertification will not be recommended, and the validity of the certification shall not be extended. The client will be informed, and the consequences shall be explained. Following expiration of certification, the UQSR can restore certification within 6 months provided that the outstanding recertification activities are completed, otherwise at least a stage 2 will be conducted. The effective date on the certificate will be on or after the recertification decision and the expiry date shall be based on prior certification cycle.

UQSR maintains a client’s certification based on a positive conclusion by the audit team leader without further independent review, provided that:

- for any nonconformity or other situation that may lead to suspension or withdrawal of certification, UQSR has a system that requires the audit team leader to report to UQSR need to initiate a review by appropriately competent personnel (see 7.2.9), different from those who carried out the audit, to determine whether certification can be maintained
- competent personnel of UQSR monitor its surveillance activities, including monitoring the reporting by its auditors, to confirm that the certification activity is operating effectively

Decision of maintenance is taken based on demonstration that the client continues to satisfy the requirements of the management system standard.

The decision to suspend or withdraw a Certificate will be noted (F-022) by the **Certification Manager** or Governing Board representative(s) depending on impartiality, and full details of the reason are recorded in the Client/Site file.

Based on findings of surveillance audit Certification manager / Governing board will take decision on maintenance of certificate.

For extension and renewal UQSR will conduct a scope extension audit and certification procedure will be followed as defined in sec. 7 of this procedure. Certification Manager / Governing Board will take the decision as per sec. 7. UQSR will make decisions on renewing certification based on the results of the recertification audit, as well as the
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results of the review of the system over the period of certification and complaints received from users of certification. If NC’s are found during recertification audit or instances of nonconformity or lack of evidence of conformity are identified, client should submit correction and corrective actions to be implemented prior to the expiration of certification.

UQSR make decisions on renewing certification based on the results of the recertification audit, as well as the results of the review of the system over the period of certification and complaints received from users of certification.

Certification Manager will:-
- Inform the Client of the decision in writing, and of their right of appeal
- Withdraw the certificate
- If required, authorise a special visit on the Client to ensure that the Client has ceased using the Certificate or Certification Mark

NOTE: Certificate suspension and withdraw procedure is defined in appendix 6 attached.

Client Manager will;
- File the Site file
- Amend the Monthly Surveillance Register and Auditor Authorisation, as applicable.

Where the entire certificate is being withdrawn then the Client and Site file(s) are endorsed with the words “withdrawn” and archived into the appropriate area of the filing system.

Note:
- If the recommendation is to “DECLINE CERTIFICATION” then the Lead Auditor is to outline the Appeals Procedure to the Client.

9. IMPARTIALITY

The certification / registration process shall only be conducted by persons employed or contracted to UQSR.

To maintain impartiality of the certification scheme Certification decisions shall not be delegated to an outside person or body, including a person who has a vested interest in the outcome of the audit, e.g. involvement in the:-
- Design, supply, implementation or maintenance of the client’s quality system
- Certification audit, or re-audit activities, or
- Some other factor which may affect their judgement

Where impartiality requirements cannot be met, the MP, or other competent person(s) may carry out the Certification Manager’s function as long as the above criteria are met.

RESPONSIBILITIES

Client Manager is responsible for;
- Audit programme
- Audit planning and communication with client
- Task allocation and audit team membership
- Maintain contact with the Client to agree audit requirements, and arrange audit
- Raise a site file (see below) and authorise audit
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- Communicate audit requirements to audit team with required level of industry competence.
- Review Audit Report(s) and related documentation received from the Auditor.
  - Where the Auditor has recommended the frequency or duration of surveillance is reduced or increased then, if Client Manager agrees, the changes shall be made to the Client Master Card(s).
- Progress receipt of the Client’s corrective action plan within the agreed timescale (using diary) as necessary.
- Review acceptability of Client’s proposed remedial action, utilising the Auditor and/or Certification Manager as appropriate, and resolve any problems by telephone and fax. Details of agreed resolution shall be recorded.
- Acknowledge acceptability of proposed remedial action to the Client in writing
- Up-date the Client/Site file and database

Contents of Site File
i) Copy of App/Registration Status Sheet (s) (F-022)
ii) Auditor Authorization & Declaration (F-019) indicating the date or target month
iii) Copy of letter sent to the Client confirming the audit
iv) Copy of Client’s completed application form (F-001) (for initial audit)
v) Copy of the completed document Review Report (F-006), where applicable
vi) Copy of the Audit Plan (F-007)
vii) Latest review, audit or visit report including the Client’s remedial action plan
viii) Blank Audit Plan (F-007) for the next visit
ix) Summary Report Form.

Lead Auditor / Auditor is responsible for;
- Carry out Documentation Review
- Complete and/or review Audit Plan
- Conduct audit according to type, strictly in accordance with ISO 19011, including:
  - Audit preparation
  - Executing the audit
  - Audit documentation and reporting – See Appendix 3
  - Audit completion
  - Corrective action follow-up

Audit team will also analyse all information and audit evidence gathered during the stage 1 and stage 2 audits to review the audit findings and agree on the audit conclusions.

Certification Manager has been authorised by the Governing Board to make informed decisions regarding;
- Issue of certificate(s)
- Suspension, withdrawal or reducing scope of certification
- Other actions (e.g. legal action) as long as impartiality requirements are met

Observers & Guides:
- establishing contacts and timing for interviews
- arranging visits to specific parts of the site or organization
- ensuring that rules concerning site safety and security procedures are known and respected by the audit team members
- witnessing the audit on behalf of the client
- providing clarification or information as requested by an auditor