



Guidelines on Application for Accreditation

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1. Objective

The purpose of these guidelines is to outline the NACI regulations & accreditation phases as public information for all conformity assessment bodies interested in applying for NACI accreditation.

2. Scope

These guidelines are applicable to NACI applicants and accredited conformity bodies.

3. Responsibilities

The Management Representative is responsible for compliance to these guidelines by all involved. The NACI President will supervise effective implementation of these procedures.

4. References & Regulations

- 4.1 ISO/IEC 17011: 2017 Conformity assessment — requirements for accreditation bodies accrediting conformity assessment bodies.
- 4.2 NACI management system manual & related procedures.
- 4.3 Recognized international standards related to various conformity assessment schemes.
- 4.4 ISO/IEC 17021-1:2015, Conformity assessment – Requirements for bodies providing audit and certification of management systems
- 4.5 ISO/IEC 17065 Conformity assessment — Requirements for bodies certifying products, processes and services
- 4.6 ISO/IEC 17024 Conformity assessment - General requirements for bodies operating certification of persons

5. Terms & Definitions

The terms and definitions below apply in addition to those covered in the normative references listed in clause 3 above.

5.1 NACI: National Accreditation Center of Iran.

6. Procedures

6.1 Questionnaire Information

6.1.1 Applicant details

The CABs applying for NACI accreditation need to complete & submit the accreditation questionnaire is shown in NACI-F138 on the website before their application can be officially reviewed. Completion & submission of a questionnaire is the start of processes of the flow diagram shown in the Annex to these guidelines. The first part of the questionnaire requires the applicant details including CAB complete name, trade name, the names & titles of the top management & contact person for further coordination, the full addresses of the central office & operation sites, as well as the phones numbers & email addresses for contact.

6.1.2 Accreditation Scope applied for

The accreditation may be applied for any of the scopes specified on the questionnaire. Those include operation of MS certification body, Product, services and process certification body, & person certification body, which are within the existing NACI programs for accreditation. When applying for an accreditation scope which is not shown on the form, the other option may be selected & the reference to the requested scope noted in the provided space. Such demands will be considered & NACI management shall plan developing relevant programs as justified.

Table: NACI Accreditation Activities for applicant certification bodies

Level 2	Level 3 IAF endorsed generic accreditation normative documents	Level 4 Normative documents used by NACI, in combination with Level 3 documents to assess the CAB competence in the relevant sector	Level 5: Normative Documents to be used by the Certification Body (i.e.: Conformity assessment Standard)
Management System Certification	ISO/IEC 17021-1 and IAF mandatory documents, as applicable	QMS Certifiers: ISO/IEC 17021-3 EMS Certifiers: ISO/IEC 17021-2 Energy Management Systems (EnMS) ISO 50003 Food Safety Management System (FSMS): ISO/TS 22003 (ISO 22003-1) Fusion welding of metallic materials Medical Devices MD Occupational Health and Safety Management Systems (OH&SMS): ISO/IEC TS 17021-10	<ul style="list-style-type: none"> • ISO 9001. • ISO 14001. • ISO 50001 • ISO 22000 • 3834 • ISO/IEC 13485 • ISO 45001
Certification of Persons	ISO/IEC 17024 and IAF Mandatory documents	As per relevant scheme rules/requirements	As per relevant scheme rules/requirements
Product Certification	ISO/IEC 17065, and any relevant IAF mandatory documents	GLOBALGAP: Integrated Farm Assurance (IFA) General Regulations Organic agriculture production and processing Scheme rules/requirements established by the scheme owner including methods of measuring and identifying conformity (Refer to ISO 17067)	<ul style="list-style-type: none"> • GLOBALG.A. P IFA Control Points and Compliance Criteria • (Option 1, Option 2 or Option 3) • National/International product/process/service specifications (NACI) used to establish conformity of the defined commodity to be certified

6.1.3 Accreditation information

Any previous accreditations are noted in this part of the questionnaire, & copies of any referenced certificates must be attached to the application. Also, the details about the CB readiness for NACI assessment are noted. In this regard, the documentation basis for CB operation is of relevance, & the dates ready for assessment need to be estimated based on such documentation having been completed & fully operational. Specifying dates of readiness for assessment is necessary for preparation & planning of the NACI initial assessment as closely as practicable. This is dependent on the NACI technical judgment about the sufficiency of the CB documented system & its implementation. While it is expected that the CB readiness is normally achieved through availability of the documented system, the viability of the implemented system is of utmost importance as the documented backup system may also be completed based on the processes in operation. Thus, the documented system may be available any time prior to the dates of readiness for assessment. The CB shall ensure that the estimated time of readiness is based not only on the availability of the complete set of necessary documents satisfying the requirements of the applicable standards & related regulations, but also on the effective implementation of the system at all organizational levels & functions.

An authorized representative of each applicant CB provides information to NACI by completing the application form and submitting it with the pre-requisite documentation as required in the application form.

6.1.3.1 Assessment of the competence of CBs is carried out using various assessment techniques, which includes, but are not limited to

Assessment techniques	Purpose	When is this done
Document reviews	To evaluate whether the CBs' system conforms to the relevant standard(s) and other NACI accreditation requirements.	On receipt of an initial application for accreditation
On-site visits to the CBs and other sites where the CB performs certifications	To determine, through the gathering of objective evidence, whether the CB is competent and conforms to the relevant standard(s) and accreditation requirements, and where applicable regulatory and legal requirements.	proposed by NACI and costumer
Witnessing or Vertical Assessment	To determine whether: - Documented procedures are being followed; - Staff have the skills required to perform scope of accredited work or for which accreditation is sought; - The training and supervision provided is effective; - The resources available are adequate; - answers to questions asked can be supported.	As part of on-site assessment process, file reviews and witnessing of audits
Review of performance of certifications	To confirm that the CB monitors the validity and reliability of certification activities through the review of certification reports, detection of trends and implementation of appropriate corrective actions.	1) Prior to an on-site initial assessment and re-assessment 2) As a sampling exercise during the on-site assessment and witnessing activities
Interviewing.	CB personnel: To confirm that personnel are knowledgeable and competent in the performance of their duties.	As part of on-site assessment process
	Nominated Representative (NR) / Management Signatory (MS): To confirm that the NR / MS: <ul style="list-style-type: none"> • Is familiar with and fully understands the requirements of the relevant standard or principles applicable to the CB's scope of accreditation; • Irrespective of other duties and responsibilities, has a defined responsibility and the authority to ensure that the management system is implemented and followed at all times to support their proposed/current accreditation scope; • has direct access to the highest level of management at which decisions regarding policy or resources are made; • has an in-depth knowledge of all NACI accreditation requirements applicable to the scope of accreditation; particularly as defined in the NACI documents; • keeps NACI informed of changes as required by Nominated Representative and Signatories: 	1) As part of on-site assessment process 2) Can be a telephonic interview at any time during the Accreditation process on application of a new NR / MS

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	Responsibilities, Qualifications and Approval	
Desktop Reviews	<ul style="list-style-type: none"> Where an extension of an existing scope is applied for, where this is considered to be non-critical and the CB already possesses competence in that technical cluster 	At any time during the accreditation cycle
Unannounced visits	<ul style="list-style-type: none"> To follow up on the investigation and resolution of a complaint against a CB; To follow up on significant changes in relation to a CB which may have an effect on the CB's accreditation status; or For any other reason that NACI may deem necessary to confirm on-going compliance to accreditation requirements. 	Extraordinary /unscheduled assessments by NACI
Remote Assessment	<ul style="list-style-type: none"> An assessment carried out using electronic means. The use of remote assessment is evaluated on a case-to-case basis for effectiveness. The structure of a remote assessment is similar to that of an on-site assessment. 	In cases where it may not be possible or feasible to conduct onsite assessments.

6.1.4 Scope of assessment

On page 2 of the questionnaire, detailed information on the scope of CAB activities applied for accreditation is outlined. A summary description of the processes may be accompanied by a process map to be referenced & a copy attached to the questionnaire to give a better understanding of the CAB process structure.

Note: The details of any CB activity areas with appropriate reference to any IAF codes/ & titles of the economic sectors (based on NACI-M05, NACI-M06 and NACI-M12) in question are also needed.

It is also important to note which part of such activities are performed using internal or external resources. The number & lists of all permanent or freelance auditors & experts, inspectors, or laboratory operators, detailed based on qualifications & their respective roles in CAB activities are of utmost importance in assessment CAB competency. The complete lists are expected to be attached to the questionnaire.

6.1.5 Submitting Questionnaire

Attention needs to be drawn to all details in completing & submitting a questionnaire as application for NACI accreditation. In that respect, & in addition to the information detailed above, a description of the CB relationship to any other organization needs to be documented. The availability of such information is of utmost importance when the activities of the CB are supported by a larger organization, or when parts of the CB activities are being performed by such related body. The questionnaire details are also expected to contain a list of the applicable documents, the minimum requirements of which are detailed in these guidelines. Finally, the application form needs to be signed by the CB top management authority committing to the integrity of information thereof. That commitment signifies not only the accuracy of all the information provided at the time of application, but also any further information obtained in the course of communications with the nominated contact person.

6.1.6 Necessary Documents

Along with completed application or subsequently, submission of a number of documents are needed to enable planning an accreditation assessment. Those include the following major categories:

- A copy of the CB articles of constitution & its official gazette, & any other related document including the official notification of any changes, which overall can demonstrate the legal status of the CAB & the coverage of its financial & legal obligations. Those need to satisfy the requirements of the relevant system standard.
- A copy of your filled checklist

- The CB management manual including or referencing its documented procedures satisfying the requirements of the specific accreditation scheme. It is expected that at least the original version of the CB manual is ready at the time of application & preferably submitted in electronic form.
- A complete list of all documented procedures & related documents needs to be submitted along with the application, with the latest revised copy of each ready to be submitted when necessary. The main procedures need to be available preferably in electronic form prior to planning the initial assessment. The latest status of any submitted document is noted, & there is no problem if they are further revised between the times submitted & when the assessment takes place.

The existence of the legal documents & the documentary structure supporting the system & processes of the CB applying for accreditation are expected to submit at the time of application. The legal basis for the operation & the ability of the CB system is providing the services within the scope are the main determinants for acceptance of an application. The applicant CB may always be required to submit additional evidence at later stages of the application review. The deadline for submission of all necessary documentation is prior to the planning of the initial on-site assessment, & the CB is expected to have those ready for the accreditation assessment to take place.

6.2 Readiness for Accreditation

A subject matter review of the CB application takes place prior to a need for detailed review of the CB documentation. The document review is the responsibility of the assessment team which is normally not yet nominated when reviewing an application for acceptance.

The items confirmed for acceptance of an application at the review stage are basically focused on minimizing the probability of nonconformity an accreditation assessment from being planned & implemented. Some of those items may include the followings:

- Verifying the legal status & structure of the applicant CB, its organizational & process relationships, as well as the overall nature & extent of its activities within the applied scope, that is basically conducted by reviewing the declarations documented in the relevant application & any additional information verified by contacting the nominated CAB contact person in the course of the application review process. Such verifications result in creating a NACI accreditation file & provision of a password to the applicant.
- The file formation upon acceptance of an application & provision of the applicant password enables further continual communications through a reliable access to the NACI applicants' portal.
- During the application review process, a preliminary site visit may be conducted aimed at obtaining first-hand information about the CB places of operation, getting to know the management & key personnel, overall verification of the process structure & documentation, & sorting out any issues or misunderstandings. Such visit is not an assessment or any part of it & may not be construed as such, since it only aims at completing information to enable completion of contract review for acceptance of the application. The preliminary visit may be waived or not taken place at the CAB premises if considered justified by the NACI contract reviewer.

6.3 Application and Resource Review

6.3.1 On receipt of application and the documentation as required in the application form (e.g.: Management system manual and associated documentation in line with the relevant accreditation standard, e.g., ISO/IEC 17021-1 or ISO/IEC 17065 or ISO/IEC 17024), NACI shall:

- i) Review the application form for completeness and verify that the required information and documentation has been submitted;
- ii) Ensure that the scopes applied for by the CB are clearly contained in the application form;
- iii) Determine the suitability of the application and verify whether NACI is able to carry out the assessment in the scope applied for, in terms of its competence and the availability of assessment personnel suitable for the assessment activities and decision-making;
- iv) Verify whether NACI will be able to carry out the initial assessment within 1 year of receipt of the application, and where this will not be possible, the reasons shall be communicated to the applicant;
- v) Ensure that detailed information is available on the spread of the applicant CB's customer base relevant to the scope of application, including Auditor competency matrix;
- vi) Confirm the fixed office location from which certification services would be managed and whether any key activities are carried out at any other location (*See IAF MD12*);
- vii) Confirm that the applicant CB has performed at least one certification in the scopes applied for;

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- viii) Verify that the application declaration form has been signed by the authorised representative, thereby binding the applicant to the Terms and Conditions of Accreditation (NACI-F154); and
 - ix) Seek agreement from the applicant to the appointment of a specified Team Leader and the technical assessors /experts required to cover the scope of the application.
- 6.3.2 an applicant certification body shall maintain and complete integrity at any point in the application and assessment process. At any point in the application or initial assessment process, if there is evidence of fraudulent behaviour, if the CB intentionally provides false information or if the CB conceals information, NACI will reject the application or terminate the assessment process. under the circumstance, the resulting application and assessment fees paid or not refundable
- 6.3.3 During the review of the suitability of the application information, NACI may seek advice from a technical assessor / expert regarding the acceptability of the technical information provided, should this be required. In this case, the technical assessor / expert will be required to provide a response to NACI.
- 6.3.4 The cost of the application, the document review, witnessing and initial assessment is uploaded on website based on NACI-F158.
- 6.3.5 An application that has not proceeded to the initial assessment stage within 1 year from the date of application will lapse and the CB informed. Unless otherwise agreed with NACI, this may result in the CB having to re-apply for accreditation. All application fees will be applied for the re-application.
- 6.3.6 Where CBs may need to use “Information and Communication Technology (ICT)” to enhance audit effectiveness and efficiency. In such cases, CBs shall demonstrate compliance with the requirements of IAF MD4 in order to support and maintain the integrity of the audit process.

6.4 Document Review

- 6.4.1 The purpose of the document review is to evaluate whether the CB’s Management System complies with the relevant accreditation standard, NACI accreditation requirements and any applicable IAF Mandatory documents.
- 6.4.2 Document reviews are conducted on application for accreditation.
- 6.4.3 The process to be followed for a document review is as follows:
- 6.4.4 The CB conducts a review of their documentation and completes the applicable checklists for the relevant accreditation standard, detailing where in their documents the accreditation requirements are met.
- Note: Comments on HOW the requirements of the standard have been implemented, Clause no’s, sub-clause no’s, procedure numbers MUST be captured.*
- 6.4.5 The CB submits the completed application form, checklists, management system manual and applicable procedures/documents and information as required in the application to NACI.
- 6.4.6 NACI records the date of receipt and forwards the information submitted to the appointed Team Leader.
- 6.4.7 The Team Leader will send the relevant technical information to the technical assessor / expert for their feedback on the acceptability of the information provided. The technical assessor / expert will be required to provide a response to the Team Leader in writing. The relevant Team Assistant must be copied on the correspondence.
- 6.4.8 The Assessment Team confirms from the information submitted by the CB whether the requirements of the relevant standard, regulatory requirements and any other requirements for accreditation are addressed in the Management System Manual.
- 6.4.9 The Team Leader shall compile and submit to the NACI a document review report within 4 weeks of receiving the information. The report shall contain comments on any deficiencies/omissions and a recommendation on the way forward. Where the recommendation is not to proceed with further assessment, this shall be clearly justified. The report may be accompanied by the appropriate completed NACI checklists completed by the CB and the Team Leader. NACI shall review the report prior to sending it to the CB.
- 6.4.10 Within 4 weeks of receipt of the completed application and documentation, and the application fee, the Document Review report must be submitted to the CB. A maximum period of 6 months is allowed for the applicant CB to address any document review findings.

6.5 Preliminary visit

A pre-assessment may be carried out at the request of and in agreement with the CAB to:

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- Upon receipt of complete required documents, any shortcomings or confusions are resolved in contact with the CAB representative, & a preliminary site visit may be scheduled as proposed by the file reviewer in consultation with the case team leader in charge.
 - The purpose of any scheduled preliminary visit is to resolve any issues related to the documents & try to identify any apparent discrepancies in the system, not a clause analysis of breakdowns or gaps in the applicant management system.
 - A preliminary visit is conducted by the case lead assessor or a team member assign in consultation with the Assessment Manager or the VP in charge. No consultation or recommendation is to be provided by the visiting assessor to the client during the visit.
 - discuss any findings related to the documentation;
 - discuss any arrangements which have been made to include multiple locations, subcontracted activities, etc. within the management system;
 - briefly examine the systems which have been established and implemented;
- Note:** Due care shall be exercised to avoid consultancy during the pre-assessment.

6.6 Accreditation Contract

6.6.1 Resourcing & Accreditation Proposal

NACI reviews an application based on the requirements of the applicable system standard, the related rules & regulations, the international norms, the NACI policies & procedures, & the capability factors including access to competent assessors & experts, the conditions surrounding the case, the demand, the service type, the number of personnel, the number of sites, & any other elements related to the resourcing of an assessment. NACI may decide to outsource assessment programs & particular assessments or carry them out using external resources as necessary. In all such cases, the assessment resources including team leaders, assessors & experts are to be selected from the pool of approved competent personnel. Additionally, all participants in an assessment under those or any other title such as observer, trainer or mentor must observe the rules for the absence of any conflicting interest in that assessment. NACI is to ensure impartiality & independence of all involved & to manage issues related to any potential conflicts of interest. The applicant CAB is also provided with an opportunity to notify NACI for appropriate action about any observed conflicts within the time limit pursuant to receipt of an assessment plan including the names of all team participants. Ensuring appointment of a competent assessment team is the main NACI concern for accepting an application for accreditation, which is dependent not only on the estimation of adequate duration for conducting the assessment, but also on the followings:

- Particulars of the contractual parties,
- The assessment contract which includes not only the scope & objectives of an assessment, but also the details of the applicable accreditation criteria,
- Duration & assessment phases for the accreditation period (normally 5 years) including man days for initial assessment, surveillance visits, & any special assessments deemed necessary during the contract period,
- Fees based on assessment tariffs including those based on variable days as estimated, but also such items as preliminary visit, documentation review, & the annual registration fees,
- The general obligations of the CAB as an important basis for effective performance of the NACI assessment & accreditation, failure of observe resulting in delay or cancellation,
- The general obligations of NACI provided in accordance with the applicable international norms in creating confidence in accreditation services,
- Emphasis on maintaining confidentiality by NACI & all its personnel at all times based on the relevant principles administered by NACI,
- The conditions for granting accreditation, expending or reducing the scope at later stages, re-certification, suspension or withdrawal as provided for in the NACI relevant procedures,
- The conditions for use of accreditation certificate & symbol as detailed in the NACI relevant procedures, summarized in the instructions for use of certificate & symbol submitted to the accredited applicant along with the issued certificate,
- The provisions for contract cancellation & applicable legal issues, including the CAB access to the NACI accreditation council as necessary.

6.6.2 Review & Acceptance by Applicant

The above review results in a proposal for initiation of accreditation assessment steps reflected in a contract for the applicant to administer its acceptance & signing by the authorized person & arrange for payment of the initial fees to enable the assessment planning phase to start. It is recommended that the applicant authorized person carefully reviews the detail of the proposal in order to clarify any potential issues & obtain a relevant answer to any question or queries. This is of utmost importance especially when it comes to the assessment duration, participation of the assessment team in witness audits, the assessment methods & findings resulting in a need for corrective action by the applicant organization, any special visits (extraordinary assessment) which may result in extra time & expense, as well as any potential nonconformity which may result in delay or rejection of an accreditation decision. The applicant management must consider the fact that the NACI contractual obligations are independent of the accreditation decision, & that the payments are due even if an assessment results in a decision for rejection of accreditation due to nonconformity. NACI is expected to make the appropriate decision based on the assessment team leader recommendation or the final results of an assessment review by a competent independent lead assessor within the applicable rules & regulations, & such decision is binding on the applicant with the right for justified appeal.

6.6.3 Contract Exchange for Accreditation Assessment

The NACI proposed contract is finalized upon acceptance of the applicant authorized person by signature & submission to the NACI secretariat. A copy thereof is sent to the applicant organization after being duly signed & dated, but an assessment team may be assigned to start preparation & planning pursuant to the payment of due fees or acceptance thereof even before the exchange of actual contractual documents take place. The subsequent coordination to carry out the assessment & follow up actions is normally carried out by communication between the team leader or nominated assessor & the applicant's contact person, although any coordination may also be made as necessary with the respective assessment department. In all events, the communication lines between the assessment team & the applicant contact are to be maintained.

The applicant CAB is invited to consider that generally the following rules & regulations are applicable upon acceptance of an assessment contract:

- The applicant is responsible for all expenses as per contract any time after the acceptance in case of deciding on unilateral cancellation of the contract,
- In case NACI decides on a suspension due to a problem in observing the accreditation rules & regulations, that may result in cancellation upon the suspension deadline,
- When a CAB knowingly or unknowingly violates all or parts of the regulations or contractual obligations (CAB responsibilities, contract cancellation terms, use of accreditation symbol, & advertising the accreditation certificate), resulting in withdrawal of the certificate & payment of all due fees.

6.7 Initial Assessment

6.7.1 Preparation for Assessment

- i. During the application, the CB shall provide NACI with all the information required to plan the assessment. NACI may request additional information as needed.
- ii. NACI shall ensure that the appointed assessment team access to an up to date set of documented procedures giving assessment instructions and all relevant information
- iii. NACI shall ensure that the appointed assessment team as a whole has the appropriate knowledge of the specific scope of accreditation and the understanding to make a reliable assessment of the competence of the CB to operate within the scope of accreditation sought.
- iv. The CB will be sent a notification of the date(s) of the assessment and names of the organization they work for, for acceptance.
- v. A CB may object to the appointment of assessors. Objections will however only be considered if the CB has provided clear and valid reasons, in writing and within 2 days of the notification, and proving that a conflict of interest exists. NACI will decide whether a change of assessor is warranted or not.
- vi. If the CB has good reason to object to an assessor / assessment team, and no other local assessor is available, NACI may opt to use qualified assessors/experts from other accreditation bodies that are signatories to the APAC Mutual Recognition Agreement (MRA) or IAF Multilateral Recognition Arrangement (MLA). These assessors shall be classified as technical experts, therefore shall be

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- accompanied by a NACI qualified assessor. The CB will be liable for the full costs covering assessor fees, travel, subsistence and accommodation of the international assessor and monitor.
- vii. The time required for the initial assessment is normally 2 days but will be left to the Accreditation Manager's discretion depending on the complexity of the organization, the geographical spread of its activities, the proposed scope of accreditation, the structure of the supporting management system and where relevant, the combination of multi-standards for accreditation. (Refer to NACI-W02)
 - viii. The nature of the initial assessment will depend on the scope of accreditation required by the CB and the complexity of the supporting management system that is being operated. However, the following elements will be covered:
 - assessment of the Head Office;
 - assessment of multiple-sites (Branch Offices) where applicable; and
 - witnessing of on-site activities.
 - ix. At least 2 weeks prior to the assessment, the Team Leader shall develop and send to the CB an assessment plan indicating the date(s) of the assessment, the assessment team members, the activities to be assessed, the sites at which activities will be assessed, and the personnel to be assessed where applicable.
 - x. Should the CB not be able to accommodate any of the planned activities, this should be communicated to the Team Leader as soon as possible, in order for the assessment plan to be adjusted.
 - xi. Prior to the assessment, the assessment team members will each be provided with an assessment pack containing the relevant assessment documentation, including the checklists completed by the CB and the document review report.

6.7.2 On-site Assessment

- 6.7.2.1 The NACI assessment team will start the assessment with an opening meeting with the CB at which the purpose of the assessment and accreditation requirements are clearly defined, and the assessment plan as well as the scope for the assessment are confirmed.
- 6.7.2.2 The NACI assessment team shall conduct the assessment based on the assessment plan and shall analyse all relevant information and objective evidence gathered prior to and during the assessment to determine the competence of the CB as determined through its conformity with the requirements for accreditation.
- 6.7.2.3 Various assessment techniques will be used to establish whether:
 - the management system supports competence against their Scope of Accreditation, is appropriate to the CB's needs, organizational arrangements and methods of operation, including multiple location operations and number of staff members;
- 6.7.2.4 The CB conforms with all of the requirements for accreditation;
- 6.7.2.5 The CB has implemented all of the requirements of the management system effectively to ensure valid results are generated each and every day; and
- 6.7.2.6 the operational, administrative and technical procedures used to support the management manual are complete, technically valid and appropriate.
- 6.7.2.7 The initial assessment is done so as to establish full confidence in the competence of the CB. Where it is the initial assessment of a branch office, the implementation of the management system within the branch, the knowledge of the CB personnel of the management system and the interface / communication between the branch office and head office is crucial. Implementation within the branch office of the above will be assessed.
- 6.7.2.8 The following on-site assessment techniques will be used to establish whether the management system complies with the accreditation requirements, and is fully implemented:
 - Questioning/interviewing of management and personnel who have an involvement in or bearing upon the quality of all aspects of activities covered by the scope of accreditation;
- 6.7.2.9 examination of records, files, documented information and certificates / reports issued by the CB;
- 6.7.2.10 witnessing of audit activities being performed;
- 6.7.2.11 Witnessing of technical personnel performing conformity assessment activities. Personnel should be witnessed at a suitable site where the conformity assessment activity is performed; and
- 6.7.2.12 examination of the arrangements for exercising controls over subcontractors and suppliers.
- 6.7.2.13 The appropriate NACI witnessing form shall be completed for each witnessing assessment.

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- 6.7.2.14 The competence of the CB to perform specified certifications for which accreditation is sought will be confirmed through file reviews and witnessing activities during which NACI shall gain sufficient evidence in order to make a decision on the CB's competence.
- 6.7.2.15 NACI assessors' role during witnessing of work in the scope of application is one of observer. They will not adversely affect or influence the work being performed. The team will be looking to see that as a minimum:
- 6.7.2.16 the CB personnel member has the competence for the activity performed;
- 6.7.2.17 the CB personnel member's competence is consistent with the records;
- 6.7.2.18 the CB personnel member has access to all necessary documented methods and procedures;
- 6.7.2.19 the procedures are up-to-date;
- 6.7.2.20 the CB personnel member implements the procedures in full and correctly, i.e. no short cuts, no personalised application where it is not permissible to do so;
- 6.7.2.21 records of all observations are made while on site as required by the procedure;
- 6.7.2.22 records clearly identify the activity performed, the method/procedure used, and when it was done;
- 6.7.2.23 all records and raw data are signed/initialled, stamped and traceable as applicable;
- 6.7.2.24 reports/ certificates issued comply with the CB's, NACI', and relevant standard requirements; and facilities and equipment are fit for accreditation purposes.
- 6.7.2.25 If a CB cannot provide at least one witnessing and/or sufficient supporting evidence in order for a vertical assessment to be conducted on the day of the assessment, the Assessor has the right to terminate the assessment, and re-schedule for another day at full cost to the CB. It is permissible for a CB to simulate an activity, or portion of an activity for this purpose.
- 6.7.2.26 The Assessors will record all information gathered during the assessment on the relevant NACI assessment forms provided for this purpose.
- 6.7.2.27 The Assessors will record all information gathered whilst witnessing the performance of the CB's audit activities. This information will be used to make a decision on the competence of the CB's auditor(s) in line with requirements of the relevant certification scheme(s), including applicable regulatory requirements. Where necessary, additional supporting documentation can be attached as evidence of non-compliance or otherwise.
- 6.7.2.28 Each Assessor will record his/her own non-conformances during the assessment as they encounter them by fully completing a separate NACI-F146 (Non-conformance and Corrective Action Report Form) for each non-conformance raised. The Assessor will obtain the signature of the CAB representative on each NACI-F146 completed. Each NACI-F146 shall refer to a specific clause of the relevant Guide/Standard or any of the other NACI accreditation documents.

6.8 Assessor Meeting

- 6.8.1 The lead assessor shall ensure that the assessment team is provided with the appropriate requirements documents, previous assessment records, if applicable, and the relevant documents and records of the conformity assessment body
- 6.8.2 After the members of the assessment team have completed their individual assignments in accordance with the assessment plan, the Assessment Team will hold a private pre-close out meeting at which each team member summarizes their conclusions and contributes to a co-ordinated view of the status of the applicant CB.
- 6.8.3 The assessors will reach agreement on whether non-conformances are classified as concern and non-conformances based on their severity and their influence on the accuracy of results. Where the assessment team cannot reach a conclusion on a non-conformance, the team shall refer to the relevant NACI for clarification.
- 6.8.4 The Team Leader will summarize the conclusions of the assessment team with regard to the competency and conformity of the CAB on the NACI-F147 "Assessment Report" form.
- 6.8.5 The Team Leader will report any matters for the attention of the NACI on the Assessment Matrix, or by email to the NACI.
- 6.8.6 The Team Leader shall complete the relevant assessment programme form (NACI-F191), which shall be accumulative for the whole cycle, to track the coverage of scope at each assessment within a cycle, and

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track areas of concern for follow-up at the next assessment.

6.9 The Closing Meeting and Summary of Findings

- 6.9.1 At the end of the assessment, a closing meeting shall be held between the assessment team and the CAB, where a summary of the assessment team's findings and recommendation will be presented.
- 6.9.2 The Team Leader will provide the CAB with an opportunity to seek clarification on the findings including any non-conformances, and their basis.
- 6.9.3 A non-conformance and corrective action report (NACI-F146) will be provided to the CB at the closing meeting.
- 6.9.4 Where non-conformances have been identified, the CB shall provide, Maximum within 3 months of the initial assessment:
- 6.9.5 An analysis of the extent and cause (root cause analysis) of the non-conformance; and
- 6.9.6 Sufficient evidence that the corrective action has been implemented.
- 6.9.7 In most cases evidence of corrective action can be provided to NACI by email/courier at the CB's cost.
- 6.9.8 The corrective actions provided to NACI by the CB will be reviewed by the relevant assessor, to determine whether the actions are appropriate and sufficiently addresses the non-conformance. Once satisfied, the assessor will clear the non-conformance.
- 6.9.9 Where the CB's root cause analysis and/or corrective actions are found not to be sufficient, further information will be requested from the CB, or a follow-up assessment may be carried out to verify effective implementation of corrective actions at the cost of the CB.
- 6.9.10 On clearance of all actions, including those arising from visits to multiple locations and on-site activities, the assessment documentation will be submitted to the Approval Committee, who will review the information submitted and make a decision. (Refer to NACI-G02 "NACI Accreditation decision").
- 6.9.11 If the report on the outcome of the assessment differs from the outcome delivered at the close of assessment NACI will provide an explanation to the assessed CAB in writing.
- 6.9.12 On approval of accreditation, and once any outstanding fees have been paid, the CB will be granted accreditation and a Certificate and Scope of accreditation will be issued to the CB.

6.10 The Accreditation Cycle

- 6.10.1 The Accreditation Cycle begins on the day of the decision to grant the initial accreditation or decision after re-assessment, and is valid for a period of 3 years.
- 6.10.2 Once accreditation has been granted, NACI shall apply an assessment programme in which the assessments of the CB's activities throughout the cycle are planned and conducted. The Assessment programme shall ensure that the requirements of the international standards and other normative documents containing requirements for CBs and the scope of accreditation are assessed taking risk into consideration.
- 6.10.3 When establishing the assessment programme NACI-F191, NACI shall consider factors such as information about the CB's management system and activities, its performance, risks identified, etc. This information will normally be recorded by the Team Leader on the assessment programme NACI-F191.
- 6.10.4 The assessment programme consists of:
 - i) Surveillance assessments; and
 - ii) A re-assessment prior to the expiry of the Certificate of Accreditation.

6.11 Surveillance Assessments

- 6.11.1 Following accreditation, will check for continued compliance with accreditation requirements by planning and carrying out regular surveillance visits every 12 months.
- 6.11.2 A representative sample of the scope of accreditation is assessed at each surveillance assessment.
- 6.11.3 Accredited CBs shall notify of any significant revisions to their management system or any other changes that can affect their technical competency, which will be reviewed during these surveillance visits. Where was notified in sufficient time (6 weeks prior to the assessment), verification of

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changes will be done as part of the next scheduled assessment, or where not possible, through an additional assessment. No scope changes will be accepted after the assessment. The need for an additional assessment will be determined by the period within which the change needs to be effected. CBs shall be responsible for any additional costs incurred for additional assessments.

- 6.11.4 Where non-conformances have been raised, the CB will be given a maximum of 1 month to submit an analysis of the root cause analysis of the non-conformance; and evidence that the appropriate action has been taken and the corrective action effectively implemented.
- 6.11.5 The assessment team may however recommend that an “Follow up” is required to allow the assessor(s) to clear the non-conformances on-site.
- 6.11.6 Should an accredited CB fail to correct any non-conformances raised within 3 months, NACI shall implement procedures in accordance with *NACI-P11* “Procedures for Granting, Re-assessment Expansion, Reducing, Suspending & Withdrawing Accreditation”.

6.12 Re-assessment

- 6.12.1 At least 6 months before the end of the accreditation cycle, the CB is required to submit an application for renewal of accreditation to with at least the following information:
- The fully completed checklists containing comments on how the requirements of the relevant standard are implemented and in which policy / procedure it is addressed;
 - may request any other information as needed.

Note: This requirement also applies to CBs who are under suspension at this time

- 6.12.2 On receipt of the application and supporting documentation, a re-assessment shall be planned and performed at least 3 months prior to the expiry of the Certificate and Scope of Accreditation. Information gathered from assessments performed over the accreditation cycle shall be taken into consideration when planning the re-assessment. This information is normally obtained from the assessment matrix form completed for the cycle.

Note: Should the application for renewal of accreditation not be submitted before the expiry of the Certificate, a re-assessment may not be conducted prior to the end of the accreditation cycle, resulting in the expiry of the CB’s accreditation and the CB having to re-apply for accreditation as a new applicant. All application fees and timeframes will be applied for the re-application.

- 6.12.3 The application information will be submitted to the Assessment Team once they are appointed, in order to allow the team to prepare for the assessment and request any further information / clarifications before the assessment. Feedback on information need not be provided, unless there are concerns about the information provided, and where the CB is required to take action.
- 6.12.4 The reassessment shall confirm the competence of the CB and cover all the requirements of the standard(s) for which the CB is accredited.
- 6.12.5 NACI qualified assessor. The CB will be liable for the full costs covering assessor fees, travel, subsistence and accommodation of the international assessor and monitor.
- 6.12.6 The time required for the initial assessment is normally 2 days but will be left to the Accreditation Manager’s discretion depending on the complexity of the organization, the geographical spread of its activities, the proposed scope of accreditation, the structure of the supporting management system and where relevant, the combination of multi-standards for accreditation.
- 6.12.7 The nature of the initial assessment will depend on the scope of accreditation required by the CB and the complexity of the supporting management system that is being operated.
- 6.12.8 At least 1 week prior to the assessment, the Team Leader shall develop and send to the CB an assessment plan indicating the date(s) of the assessment, the assessment team members, the activities to be assessed, the sites at which activities will be assessed, and the personnel to be assessed where applicable.
- 6.12.9 Should the CB not be able to accommodate any of the planned activities, this should be communicated to the Team Leader as soon as possible.
- 6.12.10 Prior to the assessment, the assessment team members will each be provided with an assessment pack containing the relevant assessment documentation, including the checklists completed by the CB and the document review report.

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6.13 Timescale for Accreditation Process

NACI makes every effort to ensure that all applications are processed as efficiently as possible. The time taken to process an application depends on a number of factors, some of which are outside the control of NACI. The timing is dependent on:

- i) Payment of application and assessment fees;
- ii) The quality of the applicant's documentation and the extent to which it complies with NACI accreditation requirements. A delay can occur due to insufficient documented procedures and submission of inadequate management system manuals and/or completed checklists;
- iii) The availability of suitable assessors;
- iv) The level of implementation of the management system and availability of evidence of the technical competence;
- v) The efficiency with which the applicant organization clears the non-conformances after the initial assessment; and
- vi) The availability of the resources within NACI.

6.14 Contract Terms for Accreditation Assessment

6.14.1 The CAB Obligations

CAB shall:

- 6.1.4.2 Commit to fulfill continually the requirements for NACI for the areas where accreditation is sought or granted, including agreement to adapt to changes in the requirements for accreditation.
- 6.14.2 afford when requested such accommodation and cooperation as is necessary to enable NACI to verify fulfillment of requirements for accreditation, including all premises where the conformity assessment services take place.
- 6.14.3 Provide access to information, documents and records as necessary for the NACI assessment and maintenance of the accreditation
- 6.14.4 Provide access to those documents that provide insight into the level of independence and impartiality of the CAB from its related bodies for NACI, where applicable
- 6.14.5 Arrange the witnessing of CAB services when NACI requested
- 6.14.6 Claim NACI accreditation only with respect to the scope for which it has been granted accreditation
- 6.14.7 Not use its accreditation in a manner as to bring the NACI into disrepute
- 6.14.8 Pay fees as determined by NACI
- 6.14.9 Inform to NACI, without delay, any significant changes relevant to its accreditation, in any aspect of its status or operation relating to
 - a) Its legal, commercial, ownership or organizational status
 - b) The organization, top management and key personnel
 - c) Main policies
 - d) Resources and premises
 - e) Scope of accreditation
 - f) other matters affecting the ability of the CAB to fulfill requirements
- 6.14.10 agrees that name, address, scope and accreditation situation, scope reduction, accreditation suspension, accreditation withdrawn publicly communicate by NACI.
- 6.14.11 agree to exchange all required information and documents for assessment (assessment report and accreditation certificates) with official governmental bodies , as appropriate, by related channels such as electronically
- 6.14.12 not issue non-accredit certificate in the scope that has been accredited by NACI.

6.15 NACI Obligations

- 6.15.1 Providing public access to the latest updates of information concerning all accredited CABs including the following details:
- CAB name & address,
 - Date of accreditation & its expiration,
 - The scope of accreditation in details, or as a summary referencing the access to details.
- 6.15.2 NACI shall provide the accredited CAB with information concerning reference to its accredited scope to enable checking the latest details at all times.
- 6.15.3 NACI provides public information about all its international affiliations & how an accredited CAB may benefit from such memberships.
- 6.15.4 NACI shall duly publish all information related to its expectations on accreditation
- 6.15.5 NACI is to consider the views of the interested parties before any major policy changes by consulting the NACI Council consisting of the representatives of all those interests.
- 6.15.6 NACI shall ensure upon any major changes that the accredited CABs do conform to the modified requirements within the transition period thereof.
- 6.15.7 NACI is committed to the observance of confidentiality issues by all its personnel, assessors, & committee members at all times, including any written information & documents provided in the course of accreditation, as well as any information exchanged or evidence gathered during the assessments.
- 6.15.8 NACI provides assurance that all such information is only accessible to the assessment team in charge, the case reviewers, & the accreditation decision making personnel.

6.16 Process Assessment

- 6.16.1 A NACI assessment is conducted based on the requirements of the relevant base accreditation standard, the rules & regulations applicable to that program, as well as all other criteria requiring assessment of the CAB processes in implementation & maintenance of a system to satisfy all such criteria for providing effective & reliable services within the scope of that system. Such process approach requires the NACI assessment teams to evaluate the system in general as well as its details to enable the following conclusions:
- A summary analysis of the system conformance to the requirements of the applicable international standard & related regulations,
 - Conclusions concerning such analysis & reference to any potential nonconformities in any aspect within the scope,
 - Detail analysis of all individual nonconformities & any opportunities for improvement to guide the CAB in providing any necessary corrective action,
 - Reporting of any strengths or weaknesses related to the intent of the system, its implementation, & its effectiveness in achieving the intended purpose,
 - Independent analyses of the effectiveness in various relevant activities of the CAB.
The results of those process analyses are reflected the assessment recommendation normally based on conclusion items including the followings:
 - The effectiveness of the system intent identified in the CAB documentation & procedures,
 - The effectiveness of the system implementation as evidenced by observation & evaluation of the assessment team members,
 - The effectiveness of the system outcome by assessing the CAB management actions,
 - The overall strengths of the CAB system,
 - The overall weakness observed in the CAB system,
 - Any opportunities for improvement inviting the management action as needed.

Of utmost importance in assessment findings are the identified nonconformities requiring an action or a verified plan of action, as the case may be, in order for a favorable report enabling the accreditation decision.

6.16.2 Sampling

- In selecting activities to be assessed, the risk associated with the activities, sites and personnel covered by the scope of accreditation shall be considered.
- Sampling covers:

The sampling of sites from which activities in its scope of accreditation are performed and the selection of these sites taking into consideration the random element of sampling;

- i) The sampling of personnel whose signature confers validity on the organisation's certificates (In most cases referred to as "technical signatories")
- ii) The sampling of technical personnel other than technical signatories, who perform the tests / calibrations / inspections, etc.

- Sampling of Sites

Sampling of sites at which activities in its scope of accreditation are being performed, shall as a minimum, be in accordance with *the below requirement* may as a minimum take into consideration:

- i) The Central Office and the geographical spread of its activities;
- ii) The number, range, size, complexity and location of sites;
- iii) the degree of central office's involvement in the management of the sites (the structure of the quality system);
- iv) the results of internal audits from central office and sites;
- v) the results of management reviews;
- vi) complexity of the management system;
- vii) variations in working practices including, where applicable, equipment and methods used;
- viii) variations in activities undertaken e.g. scopes of inspection / testing / calibration / verification... etc;
- ix) Where applicable, the level of performance over the assessment cycle;
- x) extent of changes within the organization;
- xi) The level of confidence which can be placed in performance measures and control systems of the CAB.

Sampling of Personnel

Selection of Personnel

Sampling of personnel shall, as a minimum be in accordance with

The selection of personnel will be partly selective based on the factors set out below and partly non-selective resulting in a representative range of different signatories and other personnel being selected for assessment, without excluding the random element of sampling. Assessment can be done through witnessing or vertical assessment of work done by an individual or both.

When deciding on the personnel to be assessed, the following aspects may as a minimum be considered by NACI:

- i) the fields and types of activities on the scope of accreditation;
- ii) the CABs procedures for selecting, training, authorising and monitoring of the staff conducting these activities, including the qualifications and experience required for different scopes and types of activities;
- iii) the internal auditing arrangements of the CAB;
- iv) the locations from which the staff operate;
- v) any statutory requirements;
- vi) where required by the standard, the extent to which the staff are required to exercise professional judgement.
- vii) Effectiveness of the CAB's own witnessing activities
- viii) When deciding on the *types* of activities to be assessed account will be taken of the following:

- ix) variety of products, services, processes and plants covered by the activities;
- x) any statutory requirements;
- xi) where required by the standard, the extent to which these staff are required to exercise professional judgement.

All signatories will be assessed during an assessment cycle. If an on-site activity is not available a simulation / talk-through and vertical assessment may be considered.

When deciding on **which** personnel will be assessed account will be taken of:

- xii) new recruits or new authorisations;
- xiii) qualifications and experience;
- xiv) location;
- xv) any statutory requirements;
- xvi) where required by the standard, the extents to which personnel are required to exercise professional judgement.

6.17 Classification of findings

6.17.1 The details of the main assessment findings based on observed evidences are documented in the assessment team reports, including a concise description of the observed problem, the reference to the sampled indicative evidence, reference to the normative reference thereof, the function or unit where the issue was observed, as well as the category of the findings. Individual nonconformities are reported separately, & the assessment team shall ensure that the CAB management has a good understanding of the problem & its implications in order to plan & implement the necessary corrective action. The finding may be categorized as one of the followings, each necessitating the relevant action:

- Non-Conformity: Failure to address, or failure to implement a mandatory requirement of the relevant standard, international requirement or NACI accreditation criteria.
- Concern: Minor laps with the requirements of the relevant standard, international requirement or NACI accreditation criteria.
- Comment: Any finding not classified as a Non-conformity or Concern that is an observed event or a potential risk that could become a Non-conformity or Concern. Comments may also identify an opportunity for improvement or a compliment on best practices.

6.17.2 Analysis of assessment findings

The assessment team leader shall officially record one of the following recommendation options based on the overall findings of the assessment for the accreditation decision reviewer action:

EXAMPLE OF CLASSIFICATION AND CONSEQUENCES OF CORRECTIVE ACTION REQUESTS, CONCERNS AND COMMENTS		
Classification	If detected during an initial assessment	If detected during all other assessments Classification
Comments	Comments are observed events or a potential risk that is highlighted as an opportunity for improvement.	Comments are observed events or a potential risk that is highlighted as an opportunity for improvement.
Concerns	Minor lapse in compliance with the relevant standard, international requirement or NACI accreditation criteria. Objective evidence of corrective action, intended action or plan of correction, which includes a timeline for implementation, must be submitted for review and acceptance by NACI	Minor lapse in compliance with the relevant standard, international requirement or NACI accreditation criteria. Objective evidence of corrective action, intended action or plan of correction, which includes a timeline for implementation, must be submitted

	<p>within 30 days of the issuance of an assessment report. Accreditation will not be granted until all concerns are satisfactorily addressed with supporting evidence.</p>	<p>for review and acceptance by NACI within 30 days of the issuance of an assessment report. Corrective action may be verified through review of documentation during the next planned assessment or during an out-of schedule on-site assessment depending on the nature of the Concern.</p>
Non-Conformity	<p>Noncompliance with the relevant standard, international requirement or NACI accreditation criteria. Accreditation will not be granted until all CARs are satisfactorily addressed with supporting evidence. Objective evidence of corrective action must be submitted within 30 days of the issuance of the assessment report. An additional verification assessment may be required. Where submissions regarding CARs are not satisfactory, accreditation will not be granted until the applicant CAB satisfactorily resolves all CARs. CARs may result from deviation in the compliance of the applicant CAB from the relevant standard, international requirement Or NACI accreditation criteria.</p>	<p>Noncompliance with the relevant standard, international requirement or NACI accreditation criteria. Accreditation will not be renewed until all CARs are satisfactorily addressed with supporting evidence. Objective evidence of corrective action must be submitted within 30 days of the issuance of the assessment report. An additional verification assessment May be required. Where submissions addressing CARs are not Satisfactory, accreditation will not be renewed until the CAB satisfactorily resolves all CARs. CARs may result from repeated Concerns raised in previous assessments regarding the relevant standard, international requirement or NACI accreditation criteria.³</p>

6.18 Terms of using NACI Certificate & Symbol

Refer to NACI-W01

6.19 Sanction

The sanctions against the accreditation of the certification body shall be in bellow methods: suspension, withdrawal, Cancellation, reduction.

Among these the certification body can explain facts of problems before the suspension and withdrawal decisions made of accreditation the accredited certification body.

- a) Suspension of Accreditation
- b) If one of the followings occurred in the accredited certification body, all or part of accreditation scopes will be suspended for less than six months and publicly announced by NACI.
- c) Administrative approval documents of the certification body have been suspended.
- d) The certification body has not accepted NACI accreditation assessment on schedule or in delayed time.
- e) The certification body has injustices in the certification audit and consulting,
- f) The warned certification body has not taken effective corrective actions on existing problems in the prescriptive time or the same problems have occurred repeatedly in one accreditation period after warning.

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- g) The certification activities of the certification body, such as institution management, certification process and certification personnel, etc and relevant information provided to NACI are not true.
- h) The certification body has issued certificates without implementing effective audit/evaluation of products, processes, services, and management system which are applying for certification or the certification body has not implemented effective surveillance or reassessment of products, processes, services, and management system and has not proven that products, processes ,services, and management system continuously meet certification requirements, including major issues occurred in management system, products, processes, services of multiple certified organizations in determination audit or certified organizations have not taken corrective actions when products, processes, services, and management system cannot continuously meet certification requirements.
- i) The certification body has not notified information repeatedly or caused serious influence.
- j) The certification body has not taken any corrective actions on the nonconformity in various accreditation assessments in the prescriptive time.
- k) The certification body has misuse of accreditation certificate, accreditation symbols, IAF MLA Mark to cause serious influence.
- l) The certification body has delayed to pay for accreditation fees or refused to pay for accreditation fees in time after reminder.
- m) The certification body has not implemented surveillance or taken corrective actions of the certificated organization in the period of validity of the certification.
- n) The certification body has acclaimed its accreditation qualification beyond accredited scopes or the followings have been occurred, such as key activities related to certification certificate with NACI accreditation symbol implemented in unaccredited spremises, certification certificate with NACI symbol issued in unaccredited scope, for example scope or product standard, certification certificate with NACI symbol issued in sub-scope which failed to implement mandatory witnessing in accordance with requirements of NACI and key activities implemented in ordinary premises acclaimed by certification body etc.
- o) The certification body has been found serious mistakes in the certification of review application, plan of audit scheme, audit arrangement or audit implementation process and certification decision which influence the effectiveness of certification audit.
- p) The certification body has not implemented the certification audit of effectiveness of the key process, important environmental factors and major dangerous resource or conformity of applicable laws and regulations.
- q) Recurrence of the same type of nonconformity in two consecutive accreditation assessments of certification bodies.
- r) The certification body has systematic problems with operation system which influence the effectiveness of certification audit.
- s) Problems which breach accreditation specification seriously have been verified by NACI through the investigation of complaints against certification bodies, no further corrective actions has been implemented by certification bodies.
- t) The certification body has existed serious problems and has not analyzed reasons and taken corrective actions.
- u) The certification body has provided the certification services in accordance with accreditation criteria, such as *ISO/IEC 17025 General Requirement for the Competence of Test and Calibration Lab* or *ISO 15189 Medical Laboratories – Particular Requirements of Quality and Competence*, etc.
- v) Recurrence of suspension due to reasons of certified organizations instead of force majeure during on-site verification of audit determination.

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- w) Serious breach of accreditation contract.
- x) The certification body has applied for suspend part or all of accreditation scopes.
- y) Other serious breach of requirements of accreditation specifications which has not led to withdrawal of accreditation.

6.20 Withdrawal of Accreditation

- a) If one of followings occurred in the accredited certification body, all or part accreditation scope will be withdrawn and publicly announced by NACI.
- b) Administrative approval documents of the certification body have been withdrawn
- c) The certification body has not taken corrective actions to solve the problems during the suspension of accreditation qualification or breached the requirements of accreditation specification seriously.
- d) Problems are occurred and causes serious influence on society.
- e) Recurrence of the same type of problems of the certification body with its accreditation qualification suspended in the same accreditation period.
- f) Serious breach of the accreditation contract.
- g) The certification body has provided fraudulent or seriously incorrect certification conclusions or other fraudulent behaviors.
- h) The certification body has concealed information or provided fraudulent information to NACI on purpose.
- i) During the period of suspension, the certification body has continuously referred to their accreditation in the suspended accreditation scope and continue to conduct initial certification and re-assessment of their clients.
- j) The certification body has not accepted specific surveillance assessment and audit determination of NACI.
- k) The certification body has failed to meet the requirements of *NACI-W02* to issue certification with NACI symbol.
- l) Reduction of Certification Scope and Key Premises
- m) Reduction of Certification
- n) NACI will reduce certification scope of the certification body if one of the followings occurred and announce publicly.
- o) The certification competence of the accredited certification body cannot meet the accreditation requirements in part of certification scope in some field anymore and cannot meet the accreditation requirements in time prescribed by NACI.
- p) The certification body has submitted the application to NACI for not maintaining part of certification scope in some field.
- q) Reduction of Key Premises
- r) NACI will reduce key premises of the certification body if one of the followings occurred and announce publicly.
- s) One of the key premises of the accredited certification body cannot meet the accreditation requirements.

- t) The certification body has submitted the application to NACI for not maintaining accreditation qualification of key premises.

6.21 Cancellation

- a) NACI will cancel certification scope of the certification body if one of the followings occurred and announce publicly
- b) Administrative approval documents of the certification body have been cancelled.
- c) The certification body has submitted the application to NACI for not maintaining accreditation qualification.

6.19 Requirements for Certification Body during the Period of Sanctions against the Accreditation

- a) During the period of suspension of accreditation, the certification body shall notify the suspension information and relevant consequence to influenced clients without any delay and cannot continuously refer to their accreditation within the suspended accreditation scope and continue to conduct initial certification and re-assessment of their clients.
- b) The certification body whose accreditation has been withdrawn, cancelled and reduced shall notify the withdrawal, cancellation and reduction information and relevant consequence to influenced clients without any delay and cease all accreditation activities and using NACI symbol in the accreditation scope withdrawn, cancelled and reduced and take back and destroy all the documents and certificates with NACI symbol and shall assume relevant responsibilities incurred, including legal responsibilities.
- c) For the certification body whose accreditation has been withdrawn, NACI shall not accept their accreditation application within two years for the accreditation scopes withdrawn.

6.20 Restoring of Suspended Accreditation Qualification

- 6.20.1 The suspended certification body shall submit a written application to restore suspended accreditation qualification to NACI before 20 working days of the end of suspension. NACI can restore the accreditation qualification of suspended certification body after determining the corresponding corrective actions taken by the certification body and verified by NACI. In general, NACI cannot restore the accreditation qualification in advance.
- 6.20.2 The following requirements can be met before transferring certification certificate with NACI symbol to which without NACI symbol in initial certification and reassessment during the period of suspension of accreditation qualification.
- 1) The certification body will conduct a complete audit, including the initial certification (the document review, the first stage audit and the second stage audit) and the reassessment (the document review, the first stage audit and the second stage audit), which covers all requirements of certification standard or specification implemented and verify all requirements met after accreditation qualification has been restored or
- 2) An audit such as periodic surveillance assessment or review can be implemented on plan after accreditation qualification has been restored and evaluates all requirements of certification standard or specification met in periodic surveillance assessment.

Note: Accreditation qualification will be suspended or cancelled again by NACI if the requirements cannot be met in routine review and periodic surveillance assessment in transferring certification certificate with NACI symbol instead of that without NACI symbol during the period of suspension of accreditation qualification.




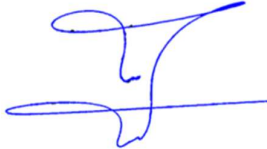
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6.21 Appeals

The certification body can submit an appeal according to rules of *NACI-P06* Procedures for Handling of Complaints & Appeals If NACI decisions cannot be accepted.

 <p>NACI National Accreditation Center of Iran مرکز ملی تایید صلاحیت ایران</p>	<p>Guidelines on Application for Accreditation</p>	<p>Document code: NACI-G05 Revision No: 03 Revision date: Jul.2023 Page 1 of 18</p>
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Annex: NACI Accreditation Flowchart

