1.0. PURPOSE
This process explain the certification process of QACS.

2.0. SCOPE
This procedure is applicable to all types of certification activities carried down by QACS.

3.0. RESPONSIBILITIES
Director operation and Certification Manager

4.0 Innital certification:-

4.1 Enquiry:- Received the generic enquiry through mail, phone, associates etc..

4.2 Application:- based on the enquiry, application form is send for further information.

4.3 Reveiw of Apllication:- Application reviewed for specific requirement of client and QACS's ability to provide such services, competent resources are also identified based on SOP for defining certification personnel QA-P-HRD-02, for critical code list as per QA-OP-28 the application will be reviewed by an approved auditor for such codes and/or approved technical expert will be part of team responcible for review for such code.

4.4 Audit program and team identification:- As the innital certification require two stage of auditing (Stage 1 and Stage 2) the competent audit team is identified based on scope of client (For FSMS CATEGORY SCOPE IS IDENTIFIED BASED ON Iso Ts 22003 ANNEXURE A AND IDENTIFICATION APPROPIATE PART OF Iso /Ts 22002 SERIES) and for EnMS as per ISO 50003:2021 standard/s for certification, type of audit (single/combined). After initial certification audit the audit programme will be revised based on various product / processes under scope, sites and result of previous audit.

Audit team competency may be collective competance of audit team leaders, auditors and technical experts, observer, guides.

4.5 **Quotation:-** Quotation enlisting all services and charges as applicable is sent for confirmation.

4.6 Selection and appointment of stage 1 team:- the competent audit team is selected for conducting stage 1 of client.

4.7 planning for stage 1:- The audit plan along with the information of audit team and dates is sent to client and confirmation received along with any other issues like traveling or other arrangement of audit team.

4.8 Conduct stage1:- Stage 1 is conducted as per the procedure for auditing and procedure for stage1. (for ISO 27001:2022 audit following is done:

4.8.1- Will collect complete documentation related to designed of ISMS (manual, procedures, work instructions)

4.8.2- will obtain sufficient understanding of design of ISMS with context of organisation, risk assessment and risk mitigation (risk treatment-controls determine), interfomation security policy and objective, and clients preparedness for audit to help in planning for stage 2.

4.8.3- the written audit report of stage 1 audit shall be independently reviewed before deciding on stage 2 audit and competecny of stage 2 audit team member will be reviewed for appropiateness.

4.8.4- the client will be informed along with stage 1 audit report, types of information and records that may be required for details examination during stage 2

4.9 Resolving stage 1 area of concern / non conformity:- Based on the report and recommendation of audit team any/all area of concern are resolved with the client. The ISMS stage 1 audit report will be reviewed by independent competent ISMS auditor whos ia not part of audit team. The area of concern

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may be modification in scope or may result in replanning of innitial certification including reconducting of stage 1. It may also required QACS to revised its arrangement for stage 2 audit . the QACS will also make client aware of the further types of information and records that may be required for detailed examination during stage 2.

4.10 **planning for stage 2:-** The audit plan along with the information of audit team and dates is sent to client and confirmation received along with any other issues like traveling or other arrangement of audit team. The time interval between stage 1 and stage 2 shall never be less than 1 day and may be upto 2 months (for FSMS not more then 6 month) based on the needs of client.

4.11 Conduct stage2:- Stage 2 is conducted as per the procedure for auditing and procedure for stage2

4.12 Resolving stage 2 area of concern / non conformity:- Based on the report and recommendation of audit team any/all area of concern are resolved with the client.

The lead auditor/ audit team leader raise the non conformity as Major, Minor or area for improvement. In case of major NC / area of concern may be modification in scope or will result in special audits(followup). If special audit is not conducted within 6 month from the last day of last audit to verify CA then stage 2 will be recoducted.

4.13 Innitial certification audit conclusion:- The audit team will analyse all information and evidence gether in stage 1 and stage 2 audit and agree on audit conclusion. the report of audit team along with the evidences of effective implimentation of corective action is checked for completeness by certification manager and then sent to the temparary committee (technical expert of same code & auditor or Auditor of same code) diffent from the audit team who conduct technical review of the report and recommend for certification award.

4.14 Innitial certification decision.:- The certification committee review the decision of temparary committee and payment status of client and take final decision on the grant of certificate.

4.15 Grant of certification and issueance of certification document.:- after the final decision soft and hard copy of certificate document has been send to client. (for QMS, EMS and OHSMS certificate EA Code and FSMS scope subcategory is defined as per ISO/TS 22003-1-2022 annexure A). The ISMS certificate will include statement of applicability along with reference to national/ international standards as sources of control set that are determine as necessary in SOA (the certificate is issued only based on control set souce for control applied in statement of applicability and this is clearly mentioned on certificate). Some time committee may approved sending the certification document to client even when all payment of services is not received but promised in some time.

4.16 The certificate is issued for a maximum period of three years. The subject to sucessful surveillance audit. In case surveillance is not conducted certificate would be suspended/ withdrawn.

5.0 Surveillance and ongoing monitoring of clients:

QACS Also conduct Post certification activities to check it use of logo and certificate and may also check the website of client if available.

QACS Also conduct Remote/market feedback based surveillance activities other then regular surveillance audits. The information of such activities are noted in application review format QA-OP-22.

5.1 Surveillance audit:- The surveillance audit is conducted onsite atleast once in the calender year and date of first surveillance should not be more then after 12 months from the date of certification decision.

5.2 Exchange of information:- The information regarding changes in system, processes or scope of operation is exchange bet client and QACS.

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5.3 Audit program:- The audit program is sent for confirmation, It also include any changes or modification as per the exchange of information.

5.4 Confirm/ Appoint audit team:- Audit team is selected based on the scope and standard of client and confirmation of audit team is taken from the client.

5.5 **planning for surveillance audit:-** The audit plan along with the information of audit team and dates is sent to client and confirmation received along with any other issues like traveling or other arrangement of audit team

5.6 Conduct **surveillance audit**:- **surveillance audit** is conducted as per the procedure for auditing and procedure for **surveillance audit**

5.7 Resolving **surveillance audit** area of concern / non conformity :- Based on the report and recommendation of audit team any all area of concern are resolved with the client.

The lead auditor/ audit team leader raise the non conformity as Major, Minor or area for improvement. In case of major NC / area of concern may be modification in scope or will result in special audits(followup).

5.8 Survellience audit conclusion: The audit team provide a written report of audit along with any/all implimentation of corrective action taken.

5.9 Independent review of certification:- The report of surveillance audit is reviewed and decision to maintain the certifiation is taken.

6.0 Recertification:-

6.1 Recertification audit:- The recertification activity is conducted before the expiry of certification.

6.2 Exchange of information:- The information regarding changes in system, processes or scope of operation is exchange bet client and QACS.

6.3

6.3.1 recertification audit planning:- The plan for next three year cycle is prepared keeping in view the performance of the client in last cycle and effectiveness of corrective action taken and cureent scope of certification.

6.3.2 Audit program:- The audit program is sent for confirmation, It also include any changes or modification as per the exchange of information.

6.4 Confirm/ Appoint audit team:- Audit team is selected based on the scope and standard of client and confirmation of audit team is taken from the client.

6.5 **planning for recertification audit:-** The audit plan along with the information of audit team and dates is sent to client and confirmation received along with any other issues like traveling or other arrangement of audit team

6.6 Conduct **recertification audit**:- **recertification audit** is conducted as per the procedure for auditing and procedure for **recertificationaudit**

6.7 Resolving **recertification audit** area of concern/ Non Conformity :- Based on the report and recommendation of audit team any/all area of concern are resolved with the client.

The lead auditor/ audit team leader raise the mnon conformity as Major, Minor or area for improvement. In case of major NC / area of concern may be modification in scope or will result in special audits(followup).

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6.8 Recertification audit conclusion: The audit team provide a written report of audit along with any/all implimentation of corrective action taken and results of review of system over the period of certification and any complaint received from user. Based on all these factors all team recommend recetification.

6.9 Recertification decision:

6.9.1The report of audit team along with the evidences of effective implimentation of corrective action is check for completeness by certification manager and then sent to the temparary committee who conduct technical review of the report and recommend for certification award.

6.9.2 The certification committee review the decision of temparary committee and payment status of client and take final decision on the grant of certificate.

6.10 Grant of certification and issueance of certification document.:- after the final decision soft and hard copy of certificate document has been send to client. Some time committee may approved sending the certification document to client even when all payment of services is not received but promised in some time.

7.0 Special audits (Follow up /short notice audit/ unannounced visit) :- the Special audit may be conducted to verify the the implimentation of correcntive action taken on nonconformamce within 6 month or to verify any complaint by regulatory authority or to verify compliance against any new requirement for certification or if required by accreditation board or client for modification in scope.

Related documents

Quotation Form QA-MKT-03
Application Form QA-MKT-04
Application review form QA-OP-22
Audit Programs
Opening & closing meeting Record QA-SYS-06
Stage1 report: - QA-SYS-04, QA-SYS-25, QA-SYS-35
Stage 2 reports QA-SYS-05, QA-SYS-26, QA-SYS-36
LA/A/TE evaluation form QA-HRD-14
Feedback form:- QA-MKT-08
Certificate draft copy:- QA-SYS-09
Surveillance reminder letter- QA-SYS-14
Suspension letter: - QA-SYS-15
Termination letter - QA-SYS-16
Continuation letter: - QA-SYS-20
LA/A/TE appointment letter:- QA-SYS-10

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