1. INTRODUCTION

This document provides comprehensive guidelines for organizations seeking to establish, implement, maintain, and continually improve management systems in line with internationally recognized standards such as ISO 9001 (Quality Management), ISO 14001 (Environmental Management), ISO 45001 (Occupational Health and Safety), and other applicable standards. It serves as a practical resource to facilitate the certification process and enhance organizational compliance, performance, and resilience.

2. NORMATIVE DOCUMENTS

The certification process is based on demonstrating compliance with the requirements outlined in the latest version of the following normative documents:

- ISO/IEC 17021-1:2015 Conformity Assessment – Requirements for bodies providing audit and certification of management systems.
- ISO 19011:2018 Guidelines for auditing management system.
- ISO/IEC 17000:2020 Conformity assessment- vocabulary and general principles.
- Accreditation Body Requirements
- All Operational Procedures, forms, plans, methods used in conjunction with Quality Manual.
- Documents of external origin (Standards, Legal/Legislative requirements, catalogues, etc.)

3. GENERAL CERTIFICATION RULES

3.1 Clients seeking certification must submit a formal application to QAI, providing accurate and complete information about their organization and the management system they wish to certify.

3.2 Clients must agree to comply with QAI's General Ters, which govern the certification process, including audits, non-conformities, corrective actions, and renewal procedures.

3.3 Clients are encouraged to address identified gaps before proceeding to the formal certification audit.

3.4 Clients must cooperate fully with the auditors and facilitate access to necessary resources and personnel during the audit process.

3.5 If non-conformities are identified during the audit, clients must implement corrective actions within an agreed timeframe.

3.6 Upon successful completion of the audit and resolution of any non-conformities, QAI will issue the certification confirming the organization's compliance with the applicable standards.

3.7 Awarded certificates contents will be as per the ISO 17020-1:2015 standard requirements.

4. CERTIFICATION APPLICATION

Any organization seeking certification for its management system may apply to QAI, except those whose activities may pose a threat to impartiality.

QAI will provide the interested organization with an application form, which should be filled out with the necessary information, including the organization's structure, activities, and the scope of services to be covered by the management system to be certified. Once the application is received, a Contract Review Form is completed to assess the compatibility of the organization's needs with the certification process.

This step ensures both parties understand the scope, timelines, and costs involved. If the organization is transferring from another certification body, a Certification Transfer Form is used to ensure continuity.

At the applicant's request, the certification process may include a pre-audit of the management system to be certified. The man-days for the pre-audit shall not exceed those of the certification audit. QAI will conduct no more than one pre-audit for the management system to be certified.

Once agreed, the applicant will complete and sign the relevant quotation/proposal form. The completed quotation/proposal must be returned to QAI. The terms of the purchase order must align with the requirements outlined in the QAI Application Form / Certification Contract.

5. CERTIFICATION PROCESS

5.1. Audit Plan

After receipt of the Application / Certification Contract or Purchase Order, an Audit Plan is then created, detailing the schedule, areas to be reviewed, and who will be involved in the audit. A List of Auditors is prepared to identify the qualified individuals responsible for reviewing the organization's management systems. The audit process begins with the Opening Meeting Form, where the audit scope is clarified, and concludes with the Closing Meeting Form, which documents the findings and any corrective actions needed.

5.2. Stage 1 Audit

In Stage One, auditors conduct a preliminary assessment of the organization’s management systems. They review documentation, policies, and procedures to ensure that the organization is prepared for the full audit and that they meet the basic requirements of the ISO standard.

During the audit, the Opening Meeting template is used to introduce the audit team, explain the process, and outline the audit’s scope. At the conclusion of the audit, the Closing Meeting template explains the findings, including any non-conformities, and establishes the next steps.

The findings from Stage 1 are documented in the Audit Report - Stage 1, which highlights areas of compliance and non-compliance, along with recommendations for improvement before moving to Stage 2. If any non-conformities are identified during Stage 1, the organization must complete a Corrective Action Form, outlining the corrective measures they will take to address the identified gaps.

5.3. Stage 2 Audit

Once corrective actions from Stage 1 are addressed, the Stage Two Audit is conducted. This is a more in-depth audit where the auditors assess the actual implementation and effectiveness of the organization's management system against the ISO standard.

After Stage 2, an Audit Report - Stage 2 is prepared. This report provides a detailed assessment of the organization’s management system, highlighting both strengths and areas requiring further improvement. If any new non-conformities are identified during Stage 2, the organization will need to complete another Corrective Action Form to address and resolve the issues before the certification can be issued.

The audit concludes with a closing meeting between the management of the applicant and the auditors. During this meeting, the auditors will present their findings and issue Corrective Action Requests (CARs) for any identified non-conformities. These non-conformities are categorized as either major or minor based on the following criteria:

Major Non-Conformity:

- Missing important documentation or failure to implement a key requirement from the standard.
- Significant failure to meet specific legal or regulatory requirements for certification.
- A series of minor issues that raise doubts about the effectiveness of the management system.
- Non-compliance with legal requirements related to processes or products.

Minor Non-Conformity:

- Incomplete documentation that doesn't significantly affect the management system or partial implementation of a requirement.
- A non-conformity that, by itself or with others, doesn't impact the system's overall function.
- Lack of enough evidence to show full compliance with some parts of the standard.

5.4. Certification Decision

The Certification Decision is made by the Committee, which includes the Managing Director (MD) and/or Technical Manager. After reviewing the audit reports, corrective actions, and overall compliance, the committee evaluates whether the organization meets the required standards for certification. They consider the findings from both the Stage 1 and Stage 2 audits, any corrective actions taken, and the overall effectiveness of the management system. The committee has a weekly meeting, generally on Saturday, when, all submitted files will be reviewed. If necessary, the concerned auditors will be consulted as well. Based on this assessment, the committee will make the final decision to approve or deny certification.

In case, based on the findings from the audit and the evaluation of corrective actions, the Committee has decided to refuse the granting of the certificate. The organization has not demonstrated full compliance with the required standards or has failed to address critical non-conformities within the specified timeframe. The committee recommends that the organization take the necessary corrective actions to address the identified issues before reapplying for certification.

5.5 Certificate Issuance

A Draft Certificate is created, outlining the Organization's name and address, the standard(s) being certified, scope of certification, name and address of the Certification Body, logo of the Accreditation Body, name and signature of the Authorized person, effective date of certification, validity period of the certificate (maximum 3 years), unique certification number for tracking.

The draft certificate is sent to the client for review. The client is asked to verify the accuracy of the details and confirm that they accept the draft before proceeding with the final certification. If the client identifies any discrepancies or requests changes in the draft, these should be addressed promptly before moving forward.

The final certificate is officially published and communicated to the client. This may include:

- Sending a copy of the certificate to the client.
- Updating the certification body's records or database to include the new certificate.
- Publishing the certification details on the certification body's website, if applicable, for transparency and to confirm the organization's certified status.

5.6. Surveillance

Surveillance activities including areas and functions covered by scope of the management system's regular monitoring through surveillance audit and maintaining certification is covered in the procedures. After the surveillance audit, the organization may need to submit evidence of corrective actions if any non-conformities were identified. Based on the findings, the certification body will either:

- Renew the ISO certification.
- Request corrective actions or conduct a follow-up audit for unresolved issues.

5.7. Recertification

Two months before the expiration of the current certificate's validity, QAI will issue a formal proposal for the renewal of the certification. The proposal will include the renewal audit scope, timeline, costs, and any changes to the certification requirements.

To prepare for the renewal audit, organizations are encouraged to conduct internal audits and management reviews to ensure continued compliance with ISO standards. It is also crucial to address any non-conformities or improvement actions identified during previous audits and ensure that all relevant documentation, records, and processes are up-to-date.

The renewal audit will assess the organization's ongoing compliance with ISO standards and verify that the management system remains effective and continuously improved.The audit will include a review of updated policies, procedures, and any changes to the scope or operations. Once all issues are addressed, QAI will issue the renewed certificate, confirming continued compliance.

6. SPECIAL CASES

In addition to the standard certification programme described above, special cases can also be accommodated. The most common examples are detailed below.

6.1. Certification Modification

Certification modification is the process of updating an existing ISO certification to reflect changes in the organization, such as new products, services, locations, or processes. If an organization's operations change, they must inform the certification body (QAI) and request a modification.

6.2. Multi-Site Certification

Upon request, QAI can arrange certification for multiple organizations within the same group. In this case, QAI will issue one or more certificates for the group, depending on the structure and requirements.

6.3. Transfer of Certificate

To transfer a certificate, the organization needs to submit a request to QAI, providing relevant details such as the current certification body, certificate scope, and any audit reports. QAI will review the existing certification, conduct a transfer audit (if required), and ensure that the organization's management system meets QAI's requirements. Once the transfer is approved, QAI will issue a new certificate with the same scope and validity period, ensuring continuity of certification.

07. CERTIFICATION SUSPENSION

The lead auditor at QAI will inform the organization of the reason for suspension, withdrawal, or scope reduction, along with required actions and deadlines. The Certification team will notify the organization of the decision within one week, with Technical Manager and MD approval. Suspension usually lasts up to three months and can extend only until the certificate expires.

Certification may be suspended if the management system fails to meet requirements, audits are not allowed, or the client requests a suspension.
If the issue is resolved, certification will be reinstated. If not, QAI may withdraw the certification or reduce the scope. The maximum suspension period is six months.

08. CERTIFICATE WITHDRAWAL

Certificate withdrawal occurs when an organization's certification is permanently revoked due to failure to meet certification requirements or other serious issues. The reasons for certificate withdrawal may include:

- Repeated failure to meet ISO standards.
- Failure to address non-conformities after suspension.
- Not allowing required audits or inspections.
- Voluntary request by the client to withdraw.

09. CERTIFICATION FEES

The Certification charges are different from organization to organization which mostly depends upon many factors like number of employees, processes, number of sites and complexity of the organization etc. Clients can contact us for quotation/proposal through provided contact details.

End of Certification Process & Guidelines