

1. Purpose

This document specifies the procedures to be followed by the Philippine Accreditation Bureau – Management System Accreditation Division (PAB-MSAD) and the Conformity Assessment Bodies (CABs) seeking accreditation for the following certification/verification/validation schemes:

A. Management System Certification

- Quality Management System (QMS)
- Environment Management System (EMS)
- Food Safety Management System (FSMS)
- Hazard Analysis Critical Control Point (HACCP)
- Energy Management System (EnMS)
- Information Security Management System (ISMS)
- Occupational Health and Safety Management Systems (OHSMS)

B. Product Certification (i.e. Organic Product Certification Scheme, Halal Product Certification Scheme)

C. Persons Certification

D. Greenhouse Gases Validation/Verification

2. Scope

This document provides information on accreditation services by PAB for the applicant and/or accredited CABs.

3. Pre-requisite

This document should be read in conjunction with the relevant international standard/s, applicable International Accreditation Forum Mandatory Documents (IAF MDs), IAF Resolutions, and PAB's Accreditation Policies and Procedures governing the accreditation of specific certification/verification/validation schemes.

4. Responsibilities

The Bureau Director, Division Chief, Program Managers, and Accreditation Assessors and Officers, are responsible for the effective implementation of this procedure.

5. Terms and Conditions

- 5.1 Applicant and accredited CABs are required to fulfill the requirements of PAB for all accreditation programs. CABs are required to abide by these terms and conditions while in the application and when accredited.

- 5.2 [PAB Terms and Conditions](#) is signed by the Authorized Conformity Assessment Body Representative as Applicant for Initial Accreditation or Reaccreditation. The signed form signifies the Agreement between PAB and the applicant/accredited CAB.

6. Criteria of Accreditation

Management System Certification Bodies					
QMS	EMS	FSMS HACCP	EnMS	ISMS	OHSMS
ISO/IEC 17021-1:2015					
ISO/IEC 17021-3:2017	ISO/IEC 17021-2:2016	ISO/TS 22003:2013 ISO 22003-1:2022 HACCP - (GENERAL PRINCIPLES OF FOOD HYGIENE CXC 1-1969 Adopted in 1969. Amended in 1999. Revised in 1997, 2003, 2020, 2022*	ISO 50003:2021	ISO/IEC 27006:2015 ISO/IEC 27006:2015 Amd 1:2020	ISO/IEC 17021-10:2018
Relevant IAF MDs and Resolutions	Relevant IAF MDs and Resolutions	Relevant IAF MDs and Resolutions	Relevant IAF MDs and Resolutions	Relevant IAF MDs and Resolutions	Relevant IAF MDs and Resolutions
Certification Standard					
ISO 9001:2015	ISO 14001:2015	ISO 22000:2018	ISO 50001:2018	ISO/IEC 27001:2013 ISO/IEC 27001:2022	ISO 45001:2018
Product Certification					
ISO/IEC 17065:2012					
Relevant IAF MDs/IHAF documents					
IAF/IHAF Resolutions					
Organic Product Certification Scheme (i.e. BAFS-DA Certification Scheme)	Halal Product Certification Scheme (i.e. Philippine National Halal Certification Scheme and Halal Certification Scheme based on PAB-ESMA MoU.		Other Product Certification Schemes		
Persons Certification					
ISO/IEC 17024:2012					

Relevant IAF/MDs and Resolutions (Scheme specific requirements)
Greenhouse Gases Validation/Verification ISO 14065:2013 / ISO 14065:2020 / ISO 17029:2019
Relevant IAF MDs and Resolutions Scheme specific requirements [e.g. Carbon Offsetting and Reduction Scheme for International Aviation (CORSA)]

7. Procedure

7.1 Application for Accreditation

7.1.1 [Application Forms](#) and reference accreditation documents are downloadable on the [PAB website](#). In case of multiple schemes being applied, the application form should be accomplished for each of the schemes. Submission of application requirements is sent through email or in hard copy at PAB's office. The CAB shall submit all the information and supporting documentation requested by the PAB.

7.1.2 Before applying for PAB accreditation, the applicant CAB shall have met the following conditions:

- a. If based in the Philippines, the CAB applying for accreditation must be duly registered with the Securities and Exchange Commission, if a corporation or partnership; or registered with the Department of Trade and Industry (DTI) with secured business permit from the Local Government Unit (LGU) if it is a single proprietorship.
- b. In case of a foreign applicant CAB, the applicant body shall have a Philippine-based office.
- c. The applicant CAB must be operational and shall have issued at least two (2) certificates for the scheme being applied. It shall agree to continuously comply with the obligations of a CAB as stipulated in the Terms and Conditions of PAB Accreditation.
- d. The applicant CAB shall have full responsibility/authority for the policy formulation, assignment of auditing personnel, and Certification Decision or approval.

7.1.3 Any additional explanation needed by the applicant CAB is provided by the Division Head/Program Manager including necessary explanations on the specific schemes and scopes of accreditation that are covered under the certification/verification/validation system.

7.1.4 The Initial Application is limited to a maximum of ten (10) scopes per Accreditation Scheme applied.

7.1.5 The following documents shall be submitted to PAB in English (in hardcopies or electronic form):

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| a. Letter of application (addressed to PAB Director) |
| b. Accomplished Application Form (per scheme applied for accreditation) |

c. Accomplished Assessment Checklist (per scheme applied for accreditation)
d. Signed Terms and Conditions of PAB Accreditation
e. Copy of SEC Registration with the Articles of Incorporation or Department of Trade and Industry (DTI) Registration and Local Government Unit (LGU) Business Permit or if in case of a foreign CAB, duly notarized registration documents and authenticated by Philippine Consulate or an equivalent document from the country where CAB is operating, as proof of being a legal entity as the case may be.
f. Copy of CAB's proof of managing liabilities (e.g. *reserves, insurance)
g. Copy of certification agreement between the CAB's and its clients
h. Copy of Certificates issued to its clients Note: The applicant body shall have granted at least two (2) certificates for each scheme applied for accreditation
i. List of organizations with issued certificates (specifying scopes, validity of certificates, address and contact numbers)
j. Copy of CAB's Quality Manual
k. Copy of CAB's Rules/Procedures of certification
l. List of auditors (including their approved scopes) and technical experts
m. Latest audited financial statement
n. Detailed organizational structure with individual duties and responsibilities
o. Information on fees charged to its applicants and certified organization and the means by which it obtains financial support.
p. Copy of records of the latest Internal Audit conducted by the CAB
q. Copy of Management Review conducted by the applicant body
r. Copy of Latest Risk Management Matrix

- 7.1.6 The applicant body shall provide a clear declaration that it agrees to comply with all the accreditation criteria and assessment procedures including the terms and conditions of the certificate of accreditation. This shall be manifested by an authorized signature on the application form.
- 7.1.7 Application Fee is non-refundable. The application will be processed only upon payment of fees. PAB reserves the right to file a case or the applicant will be barred from re-applying again without payment of fees after PAB has rendered its accreditation services.
- 7.1.8 Payment of fees even without a successful decision for accreditation. PAB reserves the right to take legal actions should the applicant CAB fail/refuse to pay the fees.
- 7.1.9 The assigned Program Manager reviews and evaluates if the accomplished form and required documents are complete. If there are deficiencies in the documents submitted, the Program Manager informs the applicant in writing and requires them to submit these additional documents.
- 7.1.10 The assigned Program Manager evaluates if MSAD has the capability to perform the accreditation service with respect to the scope of accreditation sought by the applicant, the location of the applicant's operations, and other special requirements. The assigned Program Manager evaluates the suitability of the conformity assessment scheme being applied, the scheme, and its criteria.

- 7.1.11 The assigned Program Manager may arrange a meeting with the applicant if there are some matters that need to be clarified by both sides. The deficiencies observed in its quality manual and associated documents may also be pointed out.
- 7.1.12 If the application is accepted for further processing, a formal quotation is sent for carrying out the assessment of the applicant body based on the fee schedule. In preparing the quotations, the guidelines in Annex B – Determination of man-days and [PAB Schedule of Fees](#) shall be followed.
- 7.1.13 For CABs that do not require a formal quotation prior to the start of the accreditation process, the Management System Accreditation Division (MSAD) issues the billing statement when some or all of the accreditation activities have been undertaken. Payment of the fees shall be made prior to the issuance of the accreditation certificate.
- 7.1.14 An application that is not active for 6 months is valid for one year from the date of the acceptance of the application. Otherwise, a new application shall be filed after a year that the application has lapsed.
- 7.1.15 *Application is valid for one (1) year from the date of the acceptance. The acceptance of application is when the CAB submits the complete required documents mentioned in clause 7.1.5.*

7.2 Termination of Application

- 7.2.1 If an applicant CAB voluntarily withdraws their PAB application, a letter addressed to the PAB director shall be submitted stating the intent or reason for withdrawal.
- 7.2.2 If an applicant CAB is proven to have caused fraudulent behavior or intentionally provided false information during the application process, PAB shall reject or terminate its application.
- 7.2.3 In the event that the CAB has not acted satisfactorily within six (6) months from the date of the communication of the deficiencies noted during the document review, the processing of the application shall be terminated. However, the CAB may still reapply for PAB's accreditation. The applicant CAB shall contact PAB on the action necessary to re-apply.

8 General Requirements for Assessment

- 8.1 Assessment is conducted through on-site or remote/virtual. It is scheduled when the CAB submits and complies with all the application requirements and corrective actions for any findings raised during the Documentation Review/Pre-Assessment.
- 8.2 **On-site** assessment requires the physical presence of the Assessment Team which is conducted in any of the following locations as follows:
- office address indicated in their signed Application Form
 - provided updated office address communicated to PAB
 - office site of the CAB's client or organization to be audited by the CAB

- 8.3 **Remote** assessment is conducted off-site. PAB will determine the feasibility of remote assessments as agreed with the applicant and/or accredited CAB. PAB shall ensure the designated platform meeting is arranged and communicated with the CAB.
- 8.4 There may be instances wherein **hybrid assessment** may be conducted as agreed by both PAB and CAB (e.g. half-day conduct of office visit with remote assessment for assessment proper).
- 8.5 Prior to the assessment, the following shall be ensured:
- a. the Bureau Director/Division Head approves the conduct of the assessment
 - b. Administrative Staff prepares the assessment kit and necessary documents for the conduct of the assessment
 - c. competent assessors are assigned and available to conduct the assessment on the proposed schedule of assessment.
 - d. the assigned Team Leader has provided the assessment plan
 - e. coordination of logistics arrangement and/or hotel accommodations
 - f. a designated platform meeting was already arranged and communicated with the CAB (if remote assessment)
 - g. a trial run is conducted before the actual assessment (if remote assessment)
 - h. the online meeting platform has been arranged and confirmed with the PAB account officer for the Zoom account, where applicable.
 - i. the invitation link is sent to the PAB assessment team and the CAB (if remote assessment)
Note: The accessibility to the link only by authorized persons from PAB and CAB must be observed at all times.
 - j. agreement between the CAB and PAB (for onsite and remote assessment as applicable) is in place for the following details:
 1. Schedule and duration of the assessment
 2. Submission of required documents for the conduct of assessment at least one (1) week before the activity
 3. Adherence to the agreed assessment plan
 4. The online meeting platform to be used and from what source i.e. CAB or AB
 5. Adherence to security, confidentiality, and accessibility of information that will be presented
 6. Presentation of official documents/records throughout the assessment, safeguarding the integrity of the result of the assessment
 7. Full cooperation and close coordination from both parties to fulfill the objective of the assessment
 8. Back-up plan in case of failure in the network or connection from either/both parties such as:
 - a. Assistance from the assessment team member
 - b. Change in schedule
 9. Case/grounds for termination of activity such as:
 - a. The deliberate presentation of manipulated documents/record
 - b. Willful misrepresentation of the CAB's personnel who participated in the assessment
 10. Adherence to the agreements made after the conduct of the assessment

11. Adherence to netiquette or rules for online meetings/activities i.e. punctuality, recording, sharing of recording, use of line tools, proper dress code, etc.
12. Composition of the PAB Assessment Team and CAB team
13. Provision for the presence of an Observer from either or both of the CAB
14. All remote assessments will be recorded

9 Preparation for assessment

9.1 Pre-assessment visit

- 9.1.1 Pre-assessment visit is conducted if the Team Leader (TL) finds it necessary or if it is requested by the applicant CAB. The appointed assessment team and normally those who conducted the document review carry out the pre-assessment. The management system, quality documentation, and its implementation are discussed during the pre-assessment visit. The assessment team shall exercise due care to avoid consultancy during such activity.
- 9.1.2 During the initial office assessment of a CAB, based on a number of significant findings raised by the assessment team, may take the option that the office assessment be considered a pre-assessment.
- 9.1.3 Each member of the assessment team informs the applicant CAB of his/her findings that may require corrective actions before the initial assessment can proceed. The TL shall state the status of readiness of the applicant CAB for initial assessment. The applicant shall not use the results of the pre-assessment to claim that it has been assessed already.

9.2 Assessment of Foreign Conformity Assessment Body

- 9.2.1 PAB accepts applications from CABs from outside the Philippines, provided the CAB has a Philippine-based office.
- 9.2.2 PAB reserves the right to seek assistance or confirmation for the legitimacy of CAB operations by sharing application information of an applicant Foreign CAB with the concerned Accreditation Body or IAF MRA members and affiliated DTI agency abroad.

9.3 Appointment of the Assessment Team

- 9.3.1 The Division Head appoints the assessment team which may include one (1) or more of the following individuals:
 - a. PAB Assessor (e.g. Team Leader/Lead Assessor, Team Member)
 - b. External Assessor
 - c. Technical Experts and Observers (e.g. Evaluators, Assessors-in-training)
- 9.3.2 The Assessment Team shall have the competence of the scheme and scopes applied by the CAB, approved by the Division Head.
- 9.3.3 The number of assessors depends on the number of programs/scopes being applied for accreditation. It is on the guidelines in Annex B – Determination of man-days. A one-man team may represent the assessment team provided the required competence

to conduct the assessment is complied with. When necessary, technical experts in the areas to be assessed may be included in the assessment team as advisers.

- 9.3.4 The team composition is transmitted to the applicant CAB for confirmation prior to actual assessment giving them time to raise any objection against any of the appointment of the assessment team. Any objection by the applicant body must be accompanied in writing with adequate grounds for objection. The Division Head will evaluate the objection and decide whether to change the team member or overrule the objection raised by the applicant body. If there is a need for change in the appointed assessment team, the new team member is nominated from among the list of accreditation assessors.
- 9.3.5 Each member of the assessment team commits to an impartiality and confidentiality agreement prior to the conduct of the scheduled Assessment.

9.4 Documentation review

- 9.4.1 Document Review is carried out for assessments of initial or re-accreditation. However, document review may be also conducted in surveillance when accredited bodies have made any significant changes to the quality system.
- 9.4.2 The designated Team Leader (TL) undertakes the review of the documents submitted by the applicant CAB using the applicable checklist. The TL may delegate the documentation review to a team member.
- 9.4.3 Results of the review are communicated to the CAB. If results show that some requirements of the standards are not being addressed in the quality manual or in other associated documents, the CAB shall be required to take corrective actions.
- 9.4.4 Only when all the issues raised as a result of the documentation review have been addressed and upon the CAB's compliance with accreditation requirements based on the evaluation of the TL shall the assessment proceed.

9.5 Conduct of initial assessment

9.5.1 Office Assessment (Stage 1)

- 9.5.1.1 The assessment includes office-based (stage 1) and witness audits (stage 2). The witness audit shall cover initial certification/validation/verification or re-certification/validation/verification and surveillance by the CAB for its applicant or certified/validated/verified organizations as the case may be.
- 9.5.1.2 The stage 1 assessment is done against the requirements of the relevant standard and IAF mandatory documents. It shall be conducted in accordance with the provisions of ISO 19011 and other relevant MSA requirements.
- 9.5.1.3 An initial assessment is scheduled by the TL when the non-conformances raised during the documentation review and pre-assessment visit have been corrected.
- 9.5.1.4 The initial assessment includes all other premises of the CAB from which one or more key activities are performed and which are covered by the scope of accreditation (critical locations). The key activities include policy formulation, process and/or

procedure development, contract review, planning of conformity assessments, review, approval, and decisions on the results of conformity assessments.

9.5.1.5 The date of assessment is communicated to the CAB at least two (2) weeks prior to the actual assessment and shall be agreed by PAB and the CAB. The assessment plan is sent to the CAB at least one (1) week before the date of assessment.

9.5.1.6 The assessment team is provided with an assessment kit containing the following but not limited to:

- a. Accreditation standards e.g. ISO/IEC 17021-1, ISO/IEC 17065, ISO/IEC 17024, ISO 14065, IAF Mandatory documents;
- b. Copy of applicant's quality manual and associated documents;
- c. Standard forms e.g. non-conformity report form, assessor's notes;
- d. Copy of relevant MSA procedures;
- e. Assessment plan

9.5.1.7 The assessment starts with an opening meeting presided over by the TL, to be participated by the CAB's senior management.

9.5.1.8 During the assessment, the team reviews the policies and procedures of the CAB as documented in its quality manual and associated documents. It assesses the implementation of these policies and procedures and the ability of the CAB to certify organizations that comply with appropriate accreditation standards. Where the assessment team cannot reach a conclusion about a finding, the team should refer back to PAB for clarification. Following the completion of stage 1, the TL holds a closing meeting.

9.5.2 **Witness audit/assessment (Stage 2)**

9.5.2.1 The witnessing of CAB audits/validation/verification activities on its clients is valuable for:

- a. Verifying, on site, the effectiveness of a CAB's programmes and procedures and especially with regard to its assignment of competent audit teams or competent validation/verification teams.
- b. Observing the CAB's auditors/verifiers/validators, as they perform a certification/verification/validation, a re-certification/re-validation/verification, or a surveillance audit/ validation/verification activity, to evaluate if they:
 - comply with the CAB's procedures,
 - comply with ISO 19011,
 - have the required expertise of the sector in which the audit/validation/verification activity is being undertaken,
 - undertake the audit/validation/verification activity effectively

9.5.2.2 The witnessing enables PAB to determine whether the CAB is effective in controlling its decision-making and certification/validation/verification processes, and thus to assess the CAB's capability to perform accredited certification/validation/verification.

9.5.2.3 Sampling for witnessing is based on the accreditation scheme:

- a. Management System Certification:
 - a. QMS, EMS and OHSMS, critical scopes based on IAF MD 17
 - b. FSMS, 1 organization/scope applied, ISMS and EnMs, 1 organization/scope applied
- b. Product Certification i.e. Organic and Halal Certification, 1 organization/scope
- c. Persons Certification i.e. Person certification scheme
- d. Greenhouse Gases Validation/Verification i.e. GHG Validation/Verification

9.5.2.4 In case witnessing is not applicable, the Program Manager, makes a justification and maintains a record.

9.5.2.5 Prior to witnessing, the CAB shall provide PAB with the following documents for review and evaluation purposes:

- a. agreement between the CAB and its client allowing PAB to join the audit/validation/verification activity. The agreement should ensure that the PAB has the right to witness the CAB's audit activities.
- b. copy of the applicant body's audit/validation/verification activity plan;
- c. background information on the CV's audit/validation/verification team and scope approval;
- d. copy of the quality manual and key procedures of the CAB's client to be audited/validated/verified, if available;
- e. if the audit being witnessed is an initial certification / re-certification, a copy of the document review report and/or stage 1 audit report;
- f. audit/validation/verification activity report and required actions and responses from the previous audit activity;
- g. proof of allocations/calculation of man-day;
- h. surveillance program/audit planning matrix

9.5.2.6 Organization scheduled for initial or recertification by the accredited CAB is considered to be the first priority for witness audit. However, if this policy will cause unnecessary delays to the accreditation process, two surveillance audits.

9.5.2.7 Whenever possible, during the whole accreditation cycle, no CAB auditor and scope shall be witnessed twice.

9.5.2.8 Accredited CABs and their clients should be aware that failure to conduct the agreed witness audits shall be a ground for raising a non-conformity.

9.5.2.9 The witness audit proceeds immediately after the office-based assessment. Whenever possible, both stage 1 and stage 2 audits shall be witnessed for initial certification.

9.5.2.10 The assigned TL prepares a witness audit/validation/verification plan based on the itinerary of the CAB's audit/validation/verification team and provides a copy to the team. The services of a technical expert may be engaged, where necessary.

9.5.2.11 The conduct of the opening meeting by the CAB's TL, actual audit/validation/verification activity, audit/validation/verification report preparation, and closing meeting between the CAB's team and the organization are assessed against the CAB's procedures.

10 Result of the assessment

10.1 The following definitions shall be taken into consideration when making recommendations:

- a. **Major nonconformity** means a significant failure to comply with the PAB accreditation criteria such as lack of a documented quality management system, absence of a documented procedure for a fundamental element of the management system, and failure to adequately control external personnel.
- b. **Minor nonconformity** means those nonconformances which are usually random and unsystematic human errors. This can take place in situations such as when there is a single failure to comply with accreditation criteria or with the CAB's documented management system. If a series of minor but related discrepancies are observed which together are judged to be an overall system failure in the area concerned, this shall be considered altogether as a major non-conformity.
- c. **Observation** means findings not classified as nonconformity but could be areas for improvement on the operations of the CAB. Such observations or areas for improvement should not be interpreted as a form of advice that may lead to consultancy. Corrective actions on observations are not required but will be verified during the next assessment activities. The recurrence of such will be elevated to a nonconformity.

10.2 Corrective Actions

Type of Assessment	Type of NC's	Timeline	
		Submission of CA's	Acceptance/Closure
Initial	Major	60 days	Within 4 months
	Minor	60 days	
Surveillance	Major	7 days	Within 3-6 months
	Minor	30 days	
Reassessment	Major	7 days	Within 3-6 months
	Minor	30 days	
Witness Audit	Major	7 days	Initial - Within 4 months
	Minor	30 days	Surveillance/Reassessment - Within 3-6 months

- 10.3 The team leader sends a copy of the assessment findings, if applicable, after the closing meeting for review and acknowledgment of the CAB.
- 10.4 If there are no major nonconformity reports raised during the initial/renewal assessment, the applicant CAB is recommended for accreditation subject to the closed-out of all the minor nonconformity reports raised.
- 10.5 When there are one or more major nonconformity reports raised, the applicant CAB may be subjected to a follow-up visit or reassessment.
- 10.6 Recommendation for accreditation denial can be made if the following cases are encountered:
- a. Where the competence is not established,
 - b. A major nonconformity was not addressed by the CAB,
 - c. The presence of a significant number of major and minor nonconformities after the conduct of office assessment will prove that the management system of CAB is still inadequate.
- 10.7 Responses to all nonconformities shall be submitted to PAB within 60 days for initial assessment. Nonconformities raised resulting from the witness audit shall be responded to within one month from the date of the witness audit. All nonconformities shall be cleared within four (4) months from the date of on-site assessment. The CAB shall ensure that responses and corrective actions take place with sufficient time to provide further responses as required.
- 10.8 If there is a need to conduct a follow-up visit, the TL or any member of the assessment team conducts the follow-up visit to verify the effectiveness of the corrective actions.
- 10.9 An extension of one month from the timelines may be extended upon request by the CAB. Upon review of the request, PAB may accept or reject such request as appropriate.
- 10.10 The whole accreditation process is expected to be completed within one (1) year from the date of application. The application may be invalidated if the applicant CAB fails to submit within the agreed timeframes all corrective actions and other required accreditation-related documents. In such case, the applicant body will have to re-apply and pay the application fee. The applicant CAB shall contact PAB on the action necessary to re-apply.

11 **Assessment report**

- 11.1 The TL together with the members prepares a report on the results of the assessment separately for office-based assessment and witness audit/*validation/verification activity*.
- 11.2 *The assessment team prepares the report promptly, at least within 60 calendar days after the closing meeting and submit it to the Division Head for review.*
- 11.3 PAB sends the final assessment report to the CAB for its comments on the contents and to acknowledge the report. The PAB shall remain responsible for the contents of the assessment report, including non-conformities, even if the Team Leader or Team Member/assessor is not a permanent staff of the AB. If the report on the outcome of

the assessment differs from the report of the findings of the assessment team, PAB shall provide an explanation to the assessed CAB.

- 11.4 The final report contains the following as a minimum:
- a. name and address of the CAB,
 - b. scope/s of the accreditation sought or maintained,
 - c. names of the members of the assessment team,
 - d. a description of the accreditation process and criteria including the assessment plan, dates and places of the assessment (stage 1 and stage 2)
 - e. names of persons and their assigned functions meet in the course of assessment,
 - f. statement on the adequacy of the CAB's systems and procedures to provide confidence in its competence,
 - g. a statement on the compliance of the applicant and/or accredited CAB with accreditation criteria and on the actions taken to correct any reported nonconformity/ies,
 - h. summary of the most important observations, positive as well as negative ones regarding the implementation and effectiveness of the applicant's systems and procedures,
 - i. a recommendation by the assessment team as to granting, reducing, or extending accreditation for the proposed scope,
 - j. any further information that may assist in determining the fulfillment of requirements and the competence of the CAB.
- 11.5 The Division Head reviews all the assessment documents and the accreditation file of the CAB to check if the accreditation processes have been completed. He/She checks that corrective actions on the nonconformities appear to be sufficient and effective.
- 11.6 If the Division Head is a member of the assessment team, the application package goes to the Program Manager for review prior to submission to the Accreditation Evaluation Panel (AEP).

12 Accreditation decision

- 12.1 An Accreditation Evaluation Panel (AEP) composed of three members is convened to evaluate independently the assessment documents. whether:
- the accreditation processes are complete,
 - the assessment is carried out according to established procedures,
 - all nonconformities raised are cleared and corrective actions are effective,
 - the recommendation of the assessment team is appropriate against the findings.

For Greenhouse Gas Verification, ICAO CORSIA Scheme, a one-man independent reviewer may evaluate the assessment documents.

The evaluation maybe conducted via electronic means. In this case, PAB shall ensure the confidentiality of the evaluation process.

- 12.2 By signing the Memorandum of Appointment issued to the AEP, the members commit their availability to the evaluation and that they have no conflict of interest with the CAB under consideration.

- 12.3 If the AEP finds that items under 12.1 are observed and complete, it confirms the recommendation of the assessment team and endorses the accreditation of the CAB to the PAB Director. However, if the AEP observes system incidents by the PAB in processing the accreditation, the AEP member/s informs the Program Manager/TL through writing. All incident reports shall have been cleared before the recommendation of the assessment team can be confirmed by the AEP.
- 12.4 If the AEP has some concern over the assessment findings, any of the following conditions can be taken into account, whichever is applicable:
- Extension of the assessment or a special visit to the CAB can be requested to clarify and validate some concerns prior to recommendation,
 - An increase in the frequency of surveillance visits after accreditation can be made until the performance of the CAB is satisfactory and totally acceptable to the AEP.
- 12.5 The Program Manager prepares a brief summary of the results of the accreditation procedures and submits the summary to the PAB Director for his information and reference in the approval or denial of the certificate of accreditation.
- 12.6 *Final review of the recommendation for extension or reduction of scopes shall be done by the AEP.*

13 Documents from other Accreditation Body

- 13.1 Where PAB uses the results of an assessment already performed by another accreditation body as a result of the implementation of cross-frontier accreditation, the same procedure as above follows. Documents from other ABs e.g. document review results, assessment reports, and non-conformity reports are included in the documents to be submitted to the AEP. PAB considers the reports from the other AB as equivalent and complies with the requirements of ISO/IEC 17011 when the other AB is signatory to APAC MRA/IAFMLA.

14 Issuance of the certificate of accreditation

- 14.1 The effective date of the Certificate of Accreditation is based on the date of approval of the PAB Director. The Certificate is valid for five years from the date of issue.
- 14.2 The details of the scope of accreditation granted are indicated in an associated document issued together with the terms and conditions of accreditation.

15 Accreditation Cycle (Surveillance)

- 15.1 After each initial assessment, the TL prepares an assessment program for each accredited body. The program ensures, as a minimum that all elements of the accreditation criteria, approved scopes, and where practicable, all branch offices that are covered by the scope of accreditation are assessed in a full reassessment cycle.
- 15.2 1st Surveillance visits after the initial is carried out no longer than twelve (12) months after the granting of the initial/reassessment accreditation decision. Succeeding surveillance visit is carried out no longer than twenty-four (24) months from the

- previous surveillance. The reassessment is conducted within six (6) months before the expiry of the CAB accreditation validity.
- 15.3 Where CAB works in different offices, the PAB assesses representative samples of the premises with one or more key activities. PAB ensures that all premises are assessed within the effectivity of its accreditation.
- 15.4 For each surveillance, as a minimum, PAB will look into the following:
- a. Effectiveness of the accredited CAB's operation with regards to achieving the objectives of ISO/IEC 17021-1, ISO/IEC 17065, ISO 17024, ISO 50003, ISO/TS 22003, ISO/IEC 27006, ISO 17024, ISO 14065;
 - b. Verification of submitted data/information;
- 15.5 Any member of the team who conducted the initial assessment may be among those who shall conduct the first surveillance. The processes for surveillance assessment follow those of the initial assessment including planning and selection of assessment team.
- 15.6 Surveillance assessment shall cover both the office-based and witness audits of the selected accredited scope. The time frame to correct all nonconformities raised during surveillance assessment depends upon the nature of the non-conformance.
- 15.7 When a nonconformity has been classified as minor, the CAB has 30 days to submit corrective action. On the basis of the evidence of the implementation of the corrective action, the minor nonconformity may be closed out or followed up during the next visit, i.e. closure will be done on the next visit if the evidence of the implementation of the corrective action is not sufficient. The assessment team may recommend continued accreditation upon submission of the corrective actions.
- 15.8 In case however, a major nonconformity has been raised and the necessary corrective action to be implemented requires significant changes, the accredited CAB shall have seven (7) working days to respond to the nonconformity citing the proposed corrective actions. The nonconformity may be closed out by on-site verification or an off-site review of documentary evidence of corrective actions. The evaluation of the evidence of corrective actions shall take place within three (3) months from the date of surveillance assessment.
- 15.9 In case the CAB fails to clear all the nonconformities within the prescribed time frame, the TL is obliged to make a recommendation for suspension to the AEP pending implementation by the CAB of appropriate corrective action. Moreover, failure by the CAB to implement corrective action within six (6) months shall result in the TL being obliged to recommend withdrawal of the Certificate of Accreditation.
- 15.10 Where an assessment finding has been detected as repetitive in nature and such finding has not been adequately addressed, the assessment team may elevate such finding to either minor or major nonconformity, whichever is applicable.
- 15.11 A special surveillance assessment shall be conducted should the AEP or the PAB Director deem it necessary. The following are examples of where the surveillance program may be modified to include more frequent visits:
- a. The accredited CAB shall comply with the transition of the accreditation standard and PAB shall verify its implementation.

- b. There are reasons to suspect that the performance of the accredited CAB may have deteriorated; or
- c. The accredited CAB undergoes a significant re-organization e.g. change in legal, commercial, ownership, top management, and key personnel; or
- d. Changes in main policies, scope of accreditation; or
- e. Adequate review of a particular area during the previous visit has not been possible; or
- f. The accredited CAB engaged a significant number of new auditors since the last assessment; or
- g. Based on complaints against the accredited CAB.

15.12 The PAB shall inform the CAB of the possibility of the special surveillance assessment.

15.13 The special surveillance activity may either be increased or relaxed as a result of the level of confidence.

15.14 For witnessing to ensure that the required number of witness audits is completed on time (i.e. within the surveillance period) the accredited CAB shall comply with PAB's Advisory on the sample scope(s) to be witnessed based on the assessment program specific to the CAB.

Note: Witnessing maybe done before the office-based scheduled assessment.

16 Accreditation Cycle (Reassessment)

16.1 PAB shall start the reassessment process of accredited CAB six (6) months prior to the expiration of the validity of the certificate. This is to ensure that the CAB remains accredited while the reassessment process is in progress.

16.2 If the accredited CAB applies for re-accreditation, it will be subjected to a reassessment equivalent to an initial assessment. In case the accredited CAB does not re-apply, the procedure for suspension, cancellation, and withdrawal may be followed until re-assessment is finally completed.

16.3 On-site assessment includes all other premises of the CAB from which one or more key activities are performed and which are covered by the scope of accreditation.

16.4 Records generated during the five-year (5) operation as an accredited CAB shall be assessed also.

16.5 The re-accreditation of the CAB may be granted even when the witness audits have not been completed on the expiry date of the certificate on condition that there is no major nonconformity in the office-based assessment and to the witness audits already conducted.

17 Scope extension/reduction

17.1 When an accredited CAB decides to apply for scope extension within or during its accreditation cycle, an application for extension is filed using an application form. Application for extension is limited to a maximum of ten (10) scopes. Upon filing, there is a corresponding application fee which can be included in the billing when the assessment activities are completed.

- 17.2 The accredited CAB shall submit procedures related to the scopes and qualifications of its certification personnel.
- 17.3 Assessment is carried out as part of the surveillance visit or re-accreditation assessment. The expiry date of the additional accredited scope/s shall be identical to the expiry date of the original certificate of accreditation. The associated document to the Certificate of Accreditation is revised to include the extended scope/s. The original certificate of accreditation issued to the CAB remains the same.
- 17.4 PAB may decide to reduce the scope of accreditation to exclude those parts where the CAB has persistently failed to meet the requirements for accreditation including competence.
- 17.5 If for some reason the accredited CAB decides to reduce the scope of its accreditation, it shall write the PAB Director of its decision. The CAB shall discontinue the use of all advertising materials that refer to the original approved scopes.
- 17.6 Final review of the recommendation for extension or reduction of scopes shall be done by the AEP if the assessment is carried out as part of the reassessment or by a PAB Accreditation Staff if the assessment is carried out as part of the surveillance assessment.

18 Suspension and withdrawal of accreditation

- 18.1 PAB shall suspend the certificate of accreditation granted to a CAB in cases of the following:
- a. unjustified refusal of the accredited CAB to allow PAB assessors access to its premises, facilities, records, and personnel, as may be necessary, for the conduct of surveillance visits during working hours;
 - b. use of the Certificate of Accreditation beyond its scope;
 - c. violation of the non-transferability condition of the Certificate of accreditation;
 - d. failure of the accredited CAB to observe PAB rules on the use of the accreditation mark;
 - e. failure of the accredited CAB to address within the agreed time frame any nonconformities found;
 - f. the accredited CAB has made changes in its management system that are not acceptable to PAB;
 - g. failure of the accredited CAB to pay the required fees;
 - h. failure of the accredited CAB to observe any of the terms and conditions of the certificate of accreditation.
- 18.2 The period of suspension shall be up to six (6) months depending on the gravity of the offense. However, failure of the accredited CAB to undertake appropriate corrective actions within the suspension period shall result in the withdrawal of the Certificate of Accreditation.
- 18.3 PAB shall withdraw the Certificate of Accreditation in cases of the following:
- a. willful misrepresentation/s by the accredited CAB of a material fact in obtaining the Certificate of Accreditation;
 - b. failure of the accredited CAB to continuously conform to the accreditation criteria;

- c. if the accreditation criteria are changed and the accredited CAB fails to ensure conformity despite the stern warning, with the new requirements;
 - d. when the CAB requests its withdrawal;
 - e. when the PAB ceases to operate its accreditation scheme.

- 18.4 The AEP shall review and evaluate the recommendation of the PAB to suspend or withdraw the accreditation of a CAB. The PAB Director finally decides on the recommendation of the AEP.

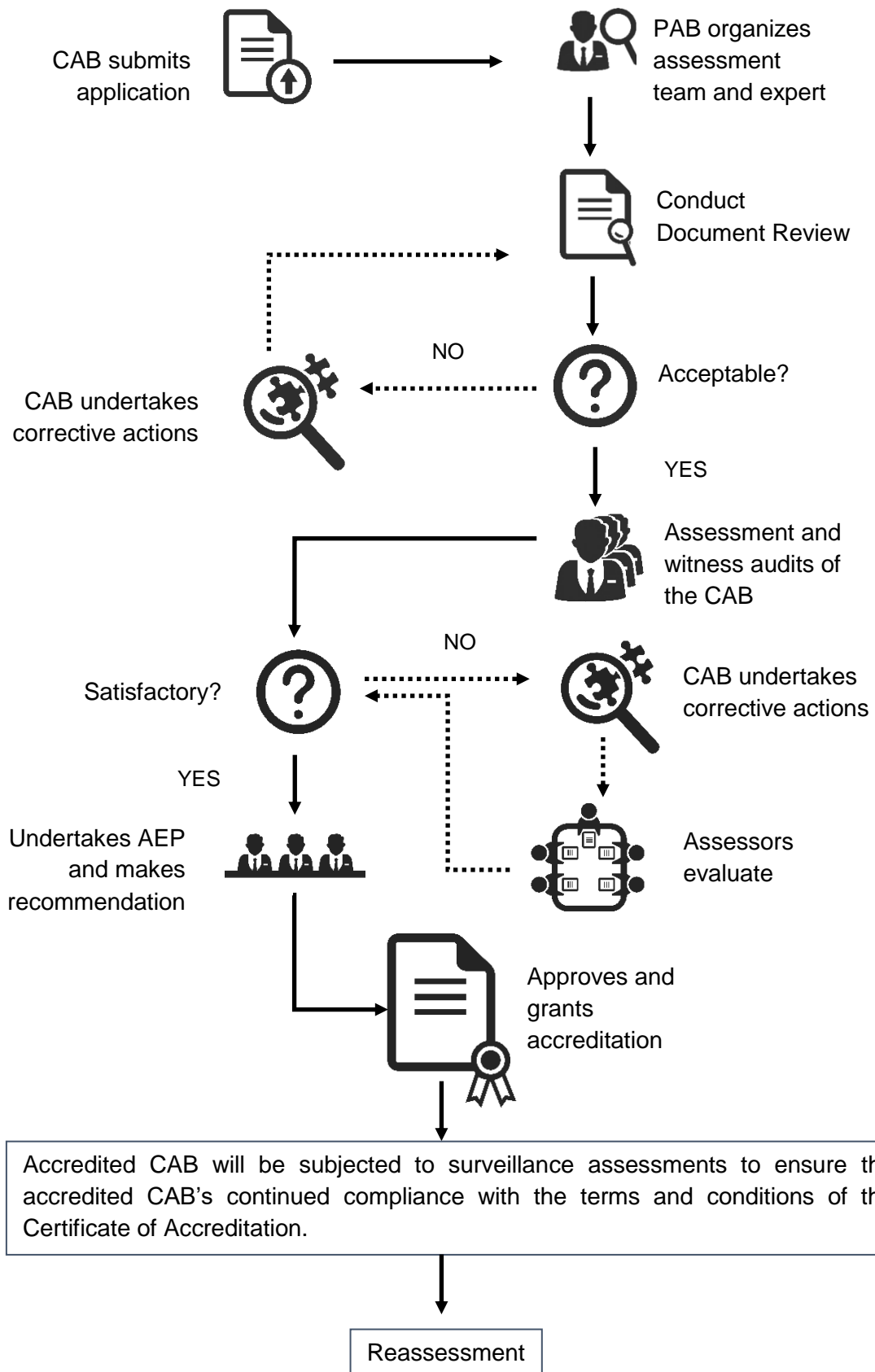
- 18.5 PAB publishes the suspension or withdrawal of a certificate of accreditation.

- 18.6 PAB may lift the suspension of the suspended CAB on the following conditions:
 - a. CAB has acted promptly i.e. within 6 months of suspension, and conducted appropriate actions based on the reason or grounds of suspension (e.g. payment of fees)
 - b. Satisfactory evaluation of the corrective actions made by the CAB, which results in PAB's recommendation to AEP to lift the suspension.

- 18.7 The AEP shall review and evaluate the recommendation of PAB to lift the suspension. The PAB Director finally decides on the recommendation of the AEP.

- 18.8 PAB amends publication made on the PAB website based on the decision made, i.e. suspension was lifted.

Annex A Accreditation Process Flow Chart



Annex B

Standard Number of Accreditation Assessment Man-Days

1. Calculation of man-days during office-based assessment shall be based on the following:
 - a. types of assessment e.g. initial, surveillance, or reassessment;
 - b. number of scopes being applied;
 - c. number of certification/verification/validation program
 - d. number of certificates issued;
 - e. number of critical locations;
 - f. prior knowledge of CAB's management system;
 - g. client's preparedness for accreditation;
 - h. maturity of management system;
 - i. number of corrective actions for the NCs from the previous assessment to be followed-up;

2. The standard man-days are as follows:

Certification Programs	Initial	Surveillance	Reassessment
One	4	2	3
Two	5	3	4
Three	6	4	5
Four	7	5	6

3. Depending on the applicable factors above, the number of man-days maybe increase or decrease.
4. *The standard man-days for document review for one (1) management system is two (2). An additional of one (1) man-day is estimated for every additional one (1) management system.*
5. *The number of man-days for post assessment activities e.g. review of corrective actions is estimated as two (2) man-days.*
6. The number of man-days for witness audit shall follow the audit man-days of the certification body.