

## 1. Purpose

*This document provides information on accreditation services by the Philippine Accreditation Bureau (PAB) for the applicant and/or accredited Conformity Assessment Bodies (CABs).*

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

## 2. Scope

*This document specifies the procedures to be followed by the Philippine Accreditation Bureau – Management System Accreditation Division (PAB-MSAD) and the 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 and Critical Control Point (HACCP)*
- *Energy Management System (EnMS)*
- *Information Security Management System (ISMS)*
- *Occupational Health and Safety Management Systems (OHSMS)*
- *Educational Organizations Management System (EOMS)*

### *B. Product Certification (e.g. Organic Product Certification Scheme, Halal Product Certification Scheme)*

### *C. Persons Certification*

### *D. Validation/Verification (e.g. Greenhouse Gases ICAO-CORSIA)*

## 3. Responsibilities

### 3.1 PAB

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

### 3.2 Conformity Assessment Bodies

- a. 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 application and when accredited.
- b. The PAB Accreditation Agreement 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.

#### 4. Accreditation Criteria

Management System Certification						
Quality Management System (QMS)	Environmental Management System (EMS)	Food Safety Management System (FSMS) Hazard Analysis and Critical Control Point (HACCP)	Energy Management System (EnMS)	Information Security Management System (ISMS)	Occupational Health and Safety Management System (OHSMS)	<i>Educational Organization Management System (EOMS)</i>
ISO/IEC 17021-1:2015						
ISO/IEC 17021-1:2017	ISO/IEC 17021-2:2016	ISO 22003-1:2022	ISO 50003:2021	ISO/IEC 27006:2015 ISO/IEC 27006:2015 Amd 1:2020 ISO/IEC 27006-1:2024	ISO/IEC TS 17021-10:2018	ISO/TS 21030:2023
Relevant IAF MDs and Resolutions						
Certification Standard						
ISO 9001:2015/ Amd 1:2024	ISO 14001:2015/ Amd 1:2024	ISO 22000:2018/ Amd 1:2024  HACCP - (GENERAL PRINCIPLES OF FOOD HYGIENE CXC 1-1969 – 2022	ISO 50001:2018/ Amd 1:2024	ISO/IEC 27001:2013  ISO/IEC 27001:2022/ Amd 1:2024	ISO 45001:2018/ Amd 1:2024	ISO 21001:2018 with Amd 1:2024
Product Certification						
ISO/IEC 17065:2012						
Relevant IAF MDs and IAF 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- MoIAT MoU.			Other Product Certification Schemes		

<b>Persons Certification</b>
ISO/IEC 17024:2012
Relevant IAF MDs and IAF Resolutions (Scheme specific requirements)
<b>Validation/Verification</b>
ISO 14065:2020 / ISO/IEC 17029:2019
Relevant IAF MDs and Resolutions
Validation/Verification Program specific requirements [e.g. Carbon Offsetting and Reduction Scheme for International Aviation (CORSIA)]

## **5. Process Requirement (Initial Application)**

- 5.1 Before applying for PAB accreditation, the applicant CAB shall have met the following conditions:
- 5.2 If based in the Philippines, the CAB applying for accreditation must be duly registered with the:
  - a. Securities and Exchange Commission with a secured business permit from the Local Government Unit (LGU), or
  - b. Department of Trade and Industry (DTI) if it is a single proprietorship with a secured business permit from the Local Government Unit (LGU)
- 5.3 *If based in other countries, a duly notarized registration documents and authenticated by the 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. Following a risk-based approach, PAB reserves the right to seek assistance or confirmation for the legitimacy of CAB operations by sharing application information of an applicant's Foreign CAB with the concerned Accreditation Body or IAF MRA members and affiliated DTI agencies abroad.*
- 5.4 *The applicant shall establish a certification scheme that has been implemented and must be operational. The CB shall have issued at least two (2) certificates relevant to the scheme(s) being applied. For V/VB at least one (1) validation or verification statement/activity/report*
- 5.5 *The assessment of PAB for the initial application is conducted onsite and consists of:*
  - a. Office-based Assessment.
  - b. Witness Audit (where applicable)
- 5.6 *The applicant upon filing an application shall ensure that there will be applicant/certified/verified/validated organizations to be witnessed by PAB in case the CAB's application is accepted.*
- 5.7 *The witness audit must proceed after office assessment and be completed within six (6) months. Only the applied scope witnessed and completed within this timeframe shall be included in the recommendation for accreditation.*
- 5.8 *A Pre-assessment may be considered if it is requested by the applicant CAB through a Letter Request to the PAB Director.*

- 5.9 *The applicant shall not use the results of the pre-assessment to claim that it has been assessed already.*
- 5.10 *A pre-assessment shall not be considered an initial assessment or vice-versa.*
- 5.11 *The pre-assessment shall determine the status of readiness of the applicant CAB for initial assessment.*
- 5.12 *The CAB shall agree to continuously comply with the obligations of a CAB as stipulated the PAB Accreditation Agreement.*
- 5.13 *The applicant CAB shall have full responsibility/authority for the policy formulation, assignment of auditing personnel, and certification decision or approval.*
- 5.14 *For the initial application, the CAB can apply for the following:*
- a. *Management System Certification:*
    - a.1. *QMS, EMS: Maximum of ten (10) scopes based on IAF Informative Document (ID) IAF ID 1*
    - a.2. *OHSMS: Maximum of ten (10) scopes based on IAF Mandatory Document (MD) IAF MD 22*
    - a.3. *EOMS: Maximum of four (4) scopes based on ISCED 2011*
  - b. *Product Certification: Maximum of two (2) Product Certification Schemes*
  - c. *Persons Certification: Maximum of two (2) Persons Certification Schemes*
  - d. *Validation/Verification: Maximum of two (2) Validation or Verification Programs*
- 5.15 *The application Fee is non-refundable. The application will be processed only upon payment of the relevant 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.*
- 5.16 *Payment of fees even without a successful decision for accreditation. PAB reserves the right to take legal action should the applicant CAB fail/refuse to pay the fees.*
- 5.17 *The PAB's Procedure for Billing and Collection will be followed.*
- 5.18 *If the application is accepted for further processing, a quotation is sent for carrying out the assessment of the applicant CAB based on the fee schedule. In preparing the quotation, the Guidelines for the Determination of Man-days and PAB Schedule of Fees shall be followed.*
- 5.19 *PAB will issue a billing statement after each accreditation activity has been undertaken.*
- 5.20 *All payment obligations shall be settled prior to the issuance of the accreditation certificate.*
- 5.21 *If an applicant CAB voluntarily withdraws their PAB application, anytime during the application is in process, a letter addressed to the PAB director shall be submitted stating the intent or reason for withdrawal.*
- 5.22 *If an applicant CAB is proven to have caused fraudulent behavior or intentionally provided false information during the application process, PAB reserves its right to reject or terminate its application.*

- 5.23 *The processing of the initial application may be terminated in the event that the CAB:*
- has not acted satisfactorily within three (3) months from the date of the communication of the deficiencies raised from the document review;*
  - has not acted satisfactorily within six (6) months from the closing meeting of the office assessment when the findings were raised;*
  - no witness audit conducted six (6) months after the office assessment*
- 5.24 *PAB shall communicate with the CAB the termination of their application.*
- 5.25 *Reapplication shall only be accepted if filed six (6) months after the termination of the previous application.*

## 6 Application

- 6.1 Application Forms and reference accreditation documents are downloadable on the PAB website. In case of multiple schemes application, the application form should be accomplished for each of the schemes applied.
- 6.2 Submission of application documents can be sent in electronic formats through email. The CAB shall submit all the information and supporting documentation requested by the PAB.
- 6.3 The following documents accomplished in English shall be submitted:

a. Letter of application (addressed to PAB Director)
b. Accomplished Application Form (per scheme)
c. <i>Accomplished Document Review Checklist/Assessment Checklist (per scheme)</i>
d. Signed PAB Accreditation Agreement
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 and its clients
<p><i>h.1 Copy of Certificates issued to its clients</i>  <i>Note: The applicant CB shall have granted at least two (2) certificates for each scheme applied for accreditation.</i></p> <p><i>h.2 Copy of issued Certificate for EOMS scheme</i>  <i>Note: The applicant CB shall have a copy of at least one (1) issued certificate for each of the scopes being applied</i></p> <p><i>h.3 Copy of issued validation/verification statements</i>  <i>Note: The applicant V/VB shall have issued at least two (2) validation/verification statements/reports</i></p>

i. List of organizations with issued certificates (specifying the scopes, validity of certificates, address and contact numbers) <i>Note for Person Certification: List of certified persons (specifying name, geographical location, scope of certification and effectivity date)</i>  <i>Note for Validation/Verification: List of validation/verification activities done by the applicant V/VBs with their client</i>
j. Copy of CAB's Quality Manual
k. Copy of CAB's Rules/Procedures of certification/validation/verification
l. List of auditors/inspectors/validators/verifiers and technical experts (including their approved scopes)
m. Latest audited financial statement
n. Latest/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 the latest Minutes of Meeting of the Management Review
r. Copy of latest Risk Management Matrix

- 6.4 The applicant CAB 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 on the application form through a signature from the CAB's authorized representative.

## 7 Application Review

- 7.1 *All applications shall be reviewed by the Accreditation Officer provided that the completed form/s and required documents are submitted. If there are deficiencies in the documents submitted, the Program Manager informs the applicant in writing and requires them to submit these additional documents.*
- 7.2 *The Head of the Division or the designated Program Manager evaluates the following:*
- PAB-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 suitability of the conformity assessment scheme (if applicable)*
- 7.3 *The Accreditation Officer may arrange a meeting between the applicant CAB, the Division Head and the Program Manager if there are concerns that need to be clarified or raised. Any additional explanations needed by the applicant CAB are provided by the Division Head/Program Manager e.g. explanations/discussion on the specific schemes and scopes of accreditation that are covered under the certification/validation/verification system.*

## 8 Documentation review

- 8.1 *The Division Head designates who undertakes the review of the documents submitted by the applicant CAB using the applicable checklist.*



8.2 *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 appropriate action to address the concerns in the documentation review result.*

8.3 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 assigned document reviewer shall the office-based assessment proceed.

*Note: The processing of the initial application may be terminated in the event that the CAB has not acted satisfactorily within three (3) months from the date of the communication of the deficiencies raised from the document review;*

## **9 Assessment Team**

9.1 The Division Head appoints a competent assessment team which may include one (1) or more of the following individuals:

- a. PAB Assessor (e.g. Team Leader, Team Member)
- b. External Assessor
- c. *Technical Expert/Technical Assessor*
- d. *Observers (e.g. Evaluators, Assessors-in-training)*

9.2 *A one-man team may represent the assessment team provided the required competence to conduct the assessment is complied with. When necessary, technical expert/s in the areas to be assessed may be included in the assessment team to provide technical expertise.*

9.3 The team composition, through the assessment plan, is provided to the applicant CAB for confirmation before the actual assessment giving them time to raise any objection against any of the appointment of the assessment team. Any objection by the applicant CAB 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 CAB. 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.

9.4 Each member of the assessment team commits to an impartiality and confidentiality agreement prior to the conduct of the scheduled assessment.

9.5 Prior to the assessment, the following shall be ensured/coordinated with the CAB:

- a. *Notice of Assessment is provided to CAB containing the proposed date/s of assessment and documents to be submitted*
- b. *The Assessment Plan shall be acknowledged/signed by the CAB which means they agree/confirmed the plan.*
- c. The agreement between the CAB and PAB is in place regarding the:
  - 1. *Schedule and duration of the assessment, including the logistics arrangements*

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. Adherence to security, confidentiality, and accessibility of information that will be presented
5. Presentation of official documents/records throughout the assessment, safeguarding the integrity of the result of the assessment
6. Full cooperation and close coordination from both parties to fulfill the objective of the assessment
7. 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
8. Adherence to the agreements made after the conduct of the assessment
9. Provision for the presence of Observer(s) from either or both of the CAB

## **10 Office-based Assessment (Stage 1)**

- 10.1 *The office-based assessment is scheduled when the non-conformances raised during the documentation review have been cleared.*
- 10.2 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 PAB-MSAD accreditation requirements.
- 10.3 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.
- 10.4 The assessment starts with an opening meeting presided over by the TL, to be participated by the CAB's senior management and/or their representative.
- 10.5 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.
- 10.6 Where the assessment team cannot reach a conclusion about a finding, the team should refer back to PAB for clarification.
- 10.7 Following the completion of the office-based assessment, the assessment team holds a closing meeting.

## **11 Witness audit**

- 11.1 The witnessing of CAB audit/inspection/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/inspection teams or competent validation/verification teams.
  - b. Observing the CAB's auditors/inspectors/verifiers/validators, as they perform a certification/verification/validation, a re-certification/re-validation/verification, or a surveillance audit/inspection/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/inspection/validation/verification activity is being undertaken,
    - undertake the audit/validation/verification activity effectively
- 11.2 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.
- 11.3 *For Management System Certification scheme, the organization scheduled for initial certification (covers Stage 1 and Stage 2) or recertification audit 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, (2) two surveillance audits may be considered.*
- 11.4 *For other accreditation schemes, the witnessing requirements will follow the relevant certification/validation/verification scheme requirement.*
- 11.5 Whenever possible, during the whole accreditation cycle, no CAB auditor should be witnessed twice.
- 11.6 The assigned TL prepares a witness audit plan as applicable based on the itinerary of the CAB's audit team and provides a copy to the team. The services of a technical expert/s may be engaged, where necessary.
- 11.7 The conduct of the opening meeting by the CAB's TL/Lead Auditor, actual audit/inspection/validation/verification activity, audit/inspection/validation/verification report preparation, and closing meeting between the CAB's team and the organization are assessed against the CAB's procedures.
- 11.8 *The scopes applied but were not witnessed within the defined timeframe, shall not be included in the recommendation for accreditation.*
- 11.9 *The number of witness audits for each scheme are as follows:*

<i>Management System Certification</i>	<i>Product</i>	<i>Persons</i>	<i>Validation Verification*</i>
<i>QMS: based on IAF MD 17</i> <i>EMS: based on IAF MD17</i>	<i>Organic: one (1) per product group applied</i>	<i>One (1) witnessing</i>	<i>One (1) validation or verification</i>

<i>OHSMS: based on IAF MD 17</i>  <i>FSMS: based on IAF MD 16</i>  <i>HACCP: based on IAF MD 16</i>  <i>ISMS: one (1) organization per scope</i>  <i>EnMS: one (1) organization per scope</i>  <i>EOMS: one (1) organization per scope</i>	<i>Halal: one (1) per product group applied</i>  <i>Other Product Certification Scheme: one (1) per product group applied</i>	<i>activity/scheme</i>	<i>activity per scheme</i>
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11.10 In case witnessing is not applicable, the Program Manager or assigned Document Reviewer documents the justification in the Result of the Document Review.

11.11 *One (1) week before the scheduled witness audit, the CAB shall provide PAB with the following documents for review and evaluation purposes. Otherwise, PAB reserves the right to cancel the witnessing activity.*

- a. agreement between the CAB and its client allowing PAB to join the audit/inspection/validation/verification activity. The agreement should ensure that the PAB has the right to witness the CAB's audit activities;
- b. copy of the CAB audit/inspection/validation/verification activity plan;
- c. background information on the CAB's audit/inspection/validation/verification team (i.e. CV) and scope approval;
- d. copy of the quality manual and key procedures of the CAB's client to be audited/inspected/validated/verified, if available;
- e. *for management system certification* – 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/inspection/validation/verification activity report, required actions and responses from the previous audit/inspection/validation/verification activity;
- g. proof of allocations/calculation of man-day;  
Note: the PAB assessor shall verify the submitted calculated man-days based on IAF MD 5 and IAF MD 11 i.e. management system certification to determine the adherence of the CAB to this MD document. The assessor may contact the CAB for any clarification on the calculated audit man-days
- h. *for product certification* – *copy of relevant product standards*;
- i. surveillance program/audit planning matrix developed for the certified organization, (where applicable);
- j. *copy of the Certificate issued to its client.*

## 12 Result of the assessment

- 12.1 *If there are no nonconformities raised during the initial office-based assessment and witness audits, the assessment team recommends the granting of accreditation to the applicant CAB.*
- 12.2 In case of nonconformities, the following definitions shall be taken into consideration for the recommendation:
- 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. **Opportunity for Improvement (OFI)** means findings not classified as nonconformity but areas for improvement on the operations of the CAB. These OFIs should not be interpreted as a form of advice that may lead to consultancy. Corrective actions on OFIs are not required but will be verified during the next assessment activities. The recurrence of such will be elevated to a nonconformity.
- 12.3 When no major nonconformity is raised during the initial assessment, the applicant CAB is recommended for accreditation subject to the acceptance of the submitted corrective action for all the minor nonconformity raised.
- 12.4 When one or more major nonconformity is raised, the applicant CAB may be subjected to a follow-up visit within six (6) months after the closing meeting.
- 12.5 *Assessment can be terminated if the following cases are encountered:*
- a. *The non-cooperation of CAB personnel being interviewed/assessed*
  - b. *The deliberate presentation of manipulated documents/records*
  - c. *Inability to present at the time of assessment sufficient evidences of conformity to the agreed assessment criteria for the scope of accreditation*
  - d. *Willful misrepresentation of the CAB's personnel who participate in the assessment*
- 12.6 After the closing meeting, the team leader provides a copy of the assessment findings, for review and acknowledgment of the CAB.

## 13 Submission and Evaluation of Corrective Actions

- 13.1 *The time frame to correct all nonconformities raised during initial assessment is detailed in Annex 3.*
- 13.2 *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.*

- 13.3 *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.*

## **14 Assessment report**

- 14.1 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/ies.
- 14.2 *PAB sends the final assessment report to the CAB sixty-two (62) days from the closing meeting and the CAB shall acknowledge the receipt of 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 external to PAB. 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.*
- 14.3 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.

## **15 Documents from other Accreditation Body**

- 15.1 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 the APAC/IAF MRA/IAFMLA.

## 16 Accreditation decision

- 16.1 *An independent Accreditation Evaluation Panel (AEP) composed of three members is convened to evaluate the CAB's application documents and confirm if the:*
- *application was processed based on PAB's policy;*
  - *assessment is carried out according to the established procedures;*
  - *all nonconformities raised are cleared and corrective actions are effective;*
  - *the recommendation of the assessment team is appropriate*
- 16.2 The evaluation may be conducted via electronic means. In this case, PAB shall ensure the confidentiality of the evaluation process.
- 16.3 *By signing the Memorandum of Appointment, the AEP members commit their availability to the evaluation and confirm that they have no conflict of interest with the CAB under consideration.*
- 16.4 If the AEP finds that items under 16.1 are observed and complete, it confirms the recommendation of the assessment team and endorses the accreditation of the CAB to the PAB Director.
- 16.5 *If the AEP observes system incidents by the PAB in processing the accreditation, the AEP members inform the Program Manager during the AEP evaluation. All the incidents raised by the AEP member shall have been cleared before the AEP confirms the recommendation of the assessment team.*
- 16.6 If the AEP has some concerns over the assessment findings, any of the following conditions can be taken into account, whichever is applicable:
- a. Extension of the assessment or a special visit to the CAB can be requested to clarify and validate some concerns prior to recommendation,
  - b. An increase in the frequency of surveillance visits after accreditation can be made until the performance of the CAB is satisfactory and acceptable to the AEP.
- 16.7 *Conditions set by the AEP members during the evaluation of the Assessment Team's recommendation shall be coordinated with the concerned CAB for their compliance.*
- 16.8 The assigned Accreditation Officer or 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.
- 16.9 *Final review of the recommendation for extension or reduction of scopes (recommended/initiated by PAB) shall be done by the AEP.*
- 16.10 For Greenhouse Gas Verification, ICAO CORSIA Scheme, a one-man independent reviewer may evaluate the assessment documents.

## 17 Accreditation Certificate

- 17.1 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 (5) years from the date of issue.

- 17.2 *The details of the scope of accreditation granted are indicated in an associated document issued together with the unique accreditation symbol, guidance with the use of the accreditation symbol, and Sub-license Agreement for the Use of IAF MLA Mark (if applicable).*

## **18 Assessment/Surveillance Program**

- 18.1 *After the granting of accreditation, the Team Leader of the assessment team who conducted the assessment prepares an assessment surveillance program for the accredited CAB.*
- 18.2 *The assessment program covers the surveillance office assessment until the reaccreditation assessment should the CAB express its intention to apply for reaccreditation. The assessment program also covers the annual witness audit activities which include the accredited scope/s to be witnessed within the five-year validity of the certificate.*
- 18.3 *The program ensures during office assessment 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.*
- 18.4 *Where the 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.*

## **19 Accreditation Cycle (Surveillance)**

### **19.1 Office-assessment**

- 19.1.1 The Surveillance assessment includes an office assessment scheduled as follows:
- 1<sup>st</sup> Surveillance - carried out no longer than twelve (12) months after the granting of the accreditation/reaccreditation.
  - 2<sup>nd</sup> surveillance - carried out no longer than twenty-four (24) months from the 1<sup>st</sup> surveillance assessment
- 19.1.2 During the surveillance assessment, as a minimum, PAB will look into the following:
- 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 22003-1, ISO/IEC 27006, ISO 17024, ISO/IEC 17029/ISO 14065;
  - Verification of submitted data/information
- 19.1.3 *Surveillance includes the planning and selection of assessment team.*
- 19.1.4 *For the preparation of the assessment plan, the TL/assessor refers to the updated Surveillance Program of the CAB.*
- 19.1.5 *For the selection of the assessment team, any member of the team who conducted the initial/reaccreditation assessment may be among those who will conduct the first surveillance.*



*19.1.6 The time frame to correct all nonconformities raised during surveillance assessment is in Annex 3.*

19.1.7 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.

19.1.8 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.

## **19.2 Special Surveillance Assessment**

19.2.1 A special surveillance assessment shall be conducted as PAB considers it necessary based on the following:

- 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; or
- h. Application of scope extension.

*19.2.2 In this case, PAB shall inform the CAB of the possibility of the special surveillance assessment through Notice of Special Assessment.*

## **19.3 Witnessing Activity (Surveillance)**

19.3.1 *For witnessing activity, the accredited CAB shall comply with PAB's annual Advisory on the sample scope(s) to be witnessed based on the assessment program specific to the CAB. This is to ensure that the required number of witness audits is completed on time.*

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

19.3.2 *In case, the required scope to be witnessed is not available as per CAB's client audit schedule for that year, the CAB may request either replacement of scope to be witnessed or postponement of the witnessing for the certain scope to succeeding year provided that CAB will inform PAB of clear justification to be evaluated by the Program Manager or Division Head.*

**20 Accreditation Cycle (Reaccreditation)**

- 20.1 *PAB shall notify the accredited CAB six (6) months prior to the expiration of the validity of the certificate and schedule an agreed office assessment. The schedule of assessment shall not be later than three (3) months before the expiration date of accreditation.*
- 20.2 *If the accredited CAB expressed its interest to renew its accreditation, the CAB will be subjected to a reassessment similar to an initial assessment which will cover all the elements of accreditation standards/criteria and other relevant IAF Mandatory Documents. The 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.*
- 20.3 *The CAB shall submit the required application documents not later than two (2) months before the agreed office assessment schedule.*
- 20.4 *PAB reserves the right not to proceed with the processing of application if PAB does not receive the application documents within the agreed timeframe.*
- 20.5 *Should the CAB applied for additional scopes, it shall be included in the application for the renewal of accreditation.*
- 20.6 *If the accredited CAB is no longer interested to renew its accreditation, the CAB shall inform PAB through a letter to the Director of the Bureau, of its decision at least two (2) weeks after receipt of the notification of renewal from PAB. The CAB shall indicate in its letter the reason for its decision. PAB shall remove the concerned CAB from the list of its accredited CABs until upon the expiry of the accreditation.*
- 20.7 *The performance of the CAB during its five-year (5) operation as an accredited CAB shall be assessed also.*
- 20.8 *The time frame to correct all nonconformities raised during reassessment depends on the nature of the non-conformance. Annex 3 details the timeline of the submission of corrective actions.*

**20.9 Witnessing Activity (Reaccreditation)**

- 20.9.1 *The coverage of the witnessing activity shall include the scopes applied for reaccreditation. Please refer to 11.8.*
- 20.9.2 *Witnessing activity can be done prior to the scheduled office assessment.*
- 20.9.3 *Requirements for witnessing shall consider the ff:*
- a. *Number of scopes*
  - b. *Number of clients/scopes*
  - c. *Availability of the organization*
  - d. *Proposed schedule*
  - e. *Previous cycle surveillance program*
  - f. *Priority of the scopes to be witnessed*
  - g. *Additional Scopes from the recent cycles' accredited scopes*

## **21 Scope extension**

- 21.1 *When an accredited CAB decides to apply for scope extension during its accreditation cycle, an application for extension is filed using an application form.*
- 21.2 *The maximum number of scopes to be applied for extension are as follows:*
- a. Five (5) scopes - Management System Certification*
  - b. One (1) product group; Three (3) product categories – Product Certification*
  - c. One (1) scope – Person Certification*
  - d. One (1) scope – Validation/Verification*
- 21.3 *The application for scope extension shall be accommodated only within the 2<sup>nd</sup> semester of every year.*
- 21.4 *Upon filing, there is a corresponding application fee which can be included in the billing when the assessment activities were completed.*
- 21.5 *If the scope extension was applied in time for the scheduled SV1 and SV2 office assessment, the assessment will cover the scopes applied.*
- 21.6 *If the application for scope extension does not coincide with the SV1 and SV2 assessment, a special Surveillance assessment will be conducted to cover the scopes for extension.*
- 21.7 *The accredited CAB shall submit procedures related to the scopes and qualifications of its certification personnel.*
- 21.8 *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.*
- 21.9 *Final review of the recommendation for extension of scopes shall be done by the AEP.*

## **22 Scope reduction**

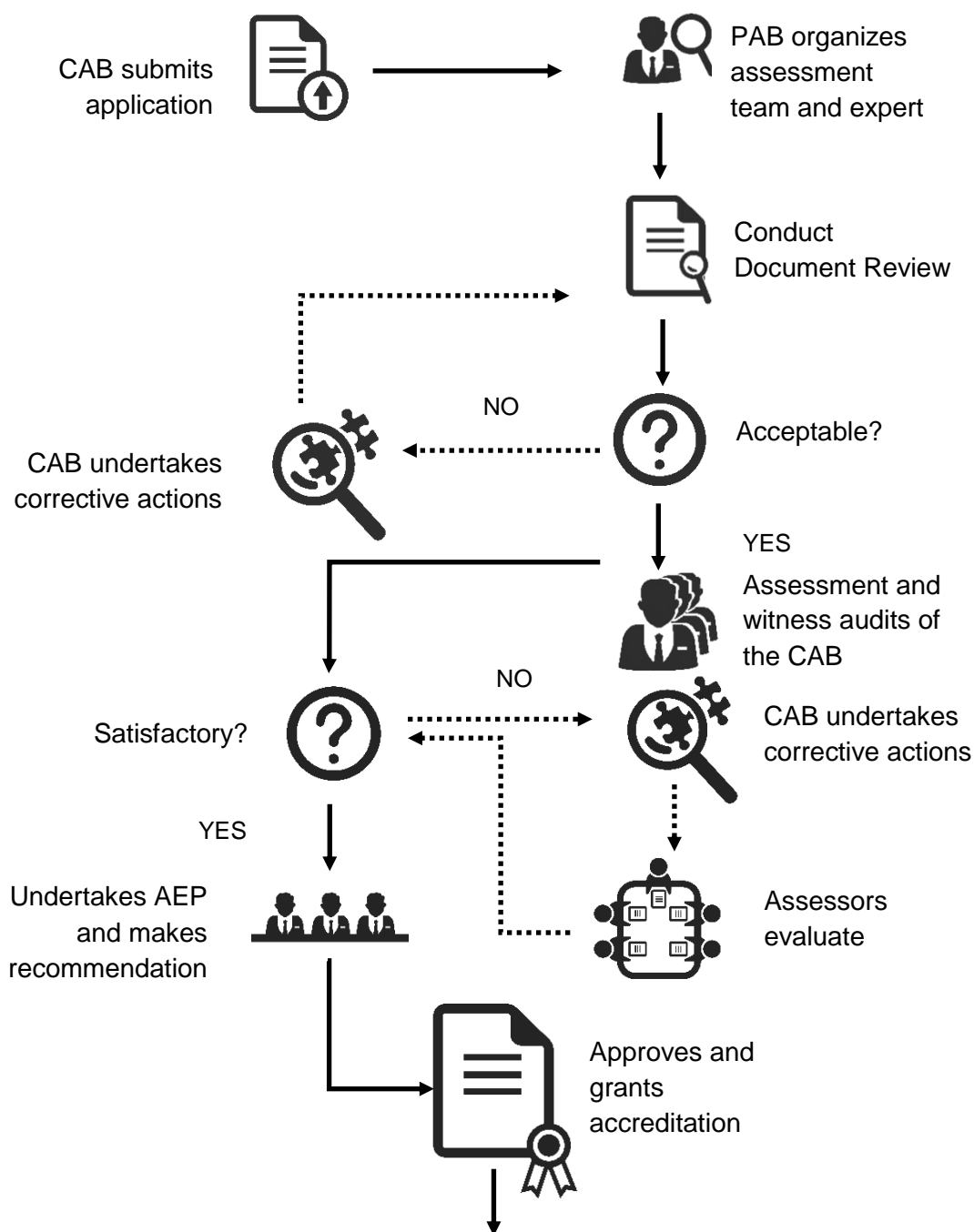
- 22.1 *PAB may decide to reduce the scope of accreditation to exclude those parts where the CAB has persistently failed to meet the requirements for accreditation including competence.*
- 22.2 *Final review of the recommendation for reduction of scopes shall be done by the AEP if the assessment is carried out as part of the reassessment or by a PAB Accreditation Staff if the assessment is carried out as part of the surveillance assessment.*
- 22.3 *If for some reasons, the accredited CAB decides to reduce the scope of its accreditation, it shall write the PAB Director of its decision. PAB shall initiate the review and decide on the request for the reduction of the scope. The CAB shall discontinue the use of all advertising materials that refer to the original approved scopes, once the reduction of the scope becomes effective.*

## **23 Suspension and withdrawal of accreditation**

- 23.1 PAB shall suspend the certificate of accreditation granted to a CAB in cases of the following:
- 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;
  - use of the Certificate of Accreditation beyond its scope;
  - violation of the non-transferability condition of the Certificate of accreditation;
  - failure of the accredited CAB to observe PAB rules on the use of the accreditation mark;
  - failure of the accredited CAB to address within the agreed time frame any nonconformities found;
  - the accredited CAB has made changes in its management system that are not acceptable to PAB;
  - failure of the accredited CAB to pay the required fees *within the timeframe*;
  - failure of the accredited CAB to observe any of the terms and conditions of the certificate of accreditation.
- 23.2 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.
- 23.3 PAB shall withdraw the Certificate of Accreditation in cases of the following:
- willful misrepresentation/s by the accredited CAB of a material fact in obtaining the Certificate of Accreditation;
  - failure of the accredited CAB to continuously conform to the accreditation criteria;
  - if the accreditation criteria are changed and the accredited CAB fails to ensure conformity despite the stern warning, with the new requirements;
  - when the CAB requests its withdrawal;
  - when the PAB ceases to operate its accreditation scheme.
- 23.4 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.
- 23.5 PAB publishes the suspension or withdrawal of a certificate of accreditation.
- 23.6 PAB may lift the suspension of the suspended CAB on the following conditions:
- CAB has acted promptly i.e. within six (6) months of suspension, conducted appropriate actions based on the reason or grounds of suspension (e.g. payment of fees)
  - Satisfactory evaluation of the corrective actions made by the CAB, which results in PAB's recommendation to AEP to lift the suspension.
- 23.7 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.
- 23.8 PAB updates the publication made on the PAB website based on the decision made, i.e. lifting of suspension.

## Annex 1

### Accreditation Process Flow Chart





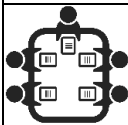







Accredited CAB will be subjected to surveillance assessments to ensure the accredited CAB's continued compliance with the terms and conditions of the Certificate of Accreditation.

Reassessment

## Annex 2

### Initial Application

Activity		Responsible	
		PAB	CAB
	1. Submit application		
	2. Receive, review, and acceptance of application		
	3. Documentation Review		
	4. Submit response and corrective action if there are comments/findings during document review		
	5. Conduct of office-based assessment if no comments/findings during document review		
	6. Submit and acceptance of corrective actions if there are findings raised during office-based assessment		
	7. Conduct of all required witness audits after the office assessment including closure/acceptance of findings, if there are findings raised		
	8. AEP review and recommendation		
	9. Approval and granting of accreditation		
	10. Post the certificate of accreditation in the PAB website. Inform CAB.		

*Note1: PAB will issue billing statement after every accreditation activity (e.g. application, document review, office assessment, witness audit).*

*Note 2: The CAB to settle payment within 30 days after the issuance of billing statement*

*Note 3: Certificate of Accreditation will be posted after the payment of accreditation and annual fees.*



### Annex 3

#### *Timeline for the submission and acceptance of Corrective Action*

#### **INITIAL ASSESSMENT**

<b>Stages</b>	<b>Type of NC</b>	<b>Submission of CA</b>	<b>Acceptance/Closure</b>
<i>Office-based Assessment (Stage 1)</i>	<i>Major</i>	<p><i>Within sixty (60) calendar days after the closing meeting</i></p> <p><i>Note:</i></p> <p><i>The CAB shall ensure that responses and corrective actions take place with sufficient time to provide further responses as required.</i></p>	<p><i>Note: A series of CA submissions may happen after a negative evaluation but the CAB shall ensure that the NC/s must be closed within one hundred twenty (120) calendar days after the closing meeting.</i></p> <p><i>The non-conformities shall be cleared upon the satisfactory evaluation of the submitted corrective actions and records of the relevant objective evidences.</i></p>
	<i>Minor</i>	<p><i>Within thirty (30) calendar days after the closing meeting</i></p> <p><i>Note:</i></p> <p><i>The CAB shall ensure that responses and corrective actions take place with sufficient time to provide further responses as required.</i></p>	
<i>Witness Audit</i>	<i>Major</i>	<p><i>Within seven (7) calendar days after the closing meeting</i></p> <p><i>The CAB shall ensure that responses and corrective actions take place with sufficient time to provide further responses as required.</i></p>	<p><i>Note: A series of CA submissions may happen after a negative evaluation but the CAB shall ensure that the NC/s must be closed within one hundred twenty (120) calendar days after the closing meeting.</i></p> <p><i>The non-conformities shall be cleared upon the satisfactory evaluation of the submitted corrective actions and records of the relevant objective evidences.</i></p>
	<i>Minor</i>	<p><i>Within thirty (30) calendar days after the closing meeting</i></p> <p><i>The CAB shall ensure that responses and corrective action stake place with sufficient time to provide further responses as required.</i></p>	

## **SURVEILLANCE**

<b>Stages</b>	<b>Type of NC</b>	<b>Submission of CA</b>	<b>Acceptance/Closure</b>
<i>Office-based Assessment (Stage 1)</i>	<i>Major</i>	<p><i>Within seven (7) calendar days after the closing meeting</i></p> <p><i>Note:</i></p> <p><i>The CAB shall ensure that responses and corrective actions take place with sufficient time to provide further responses as required.</i></p>	<p><i>Note: A series of CA submissions may happen after a negative evaluation but the CAB shall ensure that the NC/s must be closed within ninety (90) calendar days after the closing meeting.</i></p> <p><i>The non-conformities shall be cleared upon the satisfactory evaluation of the submitted corrective actions and records of the relevant objective evidences.</i></p>
	<i>Minor</i>	<p><i>Within thirty (30) calendar days after the closing meeting</i></p> <p><i>Note:</i></p> <p><i>The CAB shall ensure that responses and corrective actions take place with sufficient time to provide further responses as required.</i></p>	
<i>Witness Audit</i>	<i>Major</i>	<p><i>Within seven (7) calendar days after the closing meeting</i></p> <p><i>The CAB shall ensure that responses and corrective actions take place with sufficient time to provide further responses as required.</i></p>	<p><i>Note: A series of CA submissions may happen after a negative evaluation but the CAB shall ensure that the NC/s must be closed within ninety (90) calendar days after the closing meeting.</i></p> <p><i>The non-conformities shall be cleared upon the satisfactory evaluation of the submitted corrective actions and records of the relevant objective evidences.</i></p>
	<i>Minor</i>	<p><i>Within thirty (30) calendar days after the closing meeting</i></p> <p><i>The CAB shall ensure that responses and corrective action stake place with sufficient time to provide further responses as required.</i></p>	

## **REASSESSMENT**

<b>Stages</b>	<b>Type of NC</b>	<b>Submission of CA</b>	<b>Acceptance/Closure</b>
<i>Office-based Assessment (Stage 1)</i>	<i>Major</i>	<p><i>Within seven (7) calendar days after the closing meeting</i></p> <p><i>Note:</i></p> <p><i>The CAB shall ensure that responses and corrective actions take place with sufficient time to provide further responses as required.</i></p>	<p><i>Note: A series of CA submissions may happen after a negative evaluation but the CAB shall ensure that the NC/s must be closed within ninety (90) calendar days after the closing meeting.</i></p> <p><i>The non-conformities shall be cleared upon the satisfactory evaluation of the submitted corrective actions and records of the relevant objective evidences.</i></p>
	<i>Minor</i>	<p><i>Within thirty (30) calendar days after the closing meeting</i></p> <p><i>Note:</i></p> <p><i>The CAB shall ensure that responses and corrective actions take place with sufficient time to provide further responses as required.</i></p>	
<i>Witness Audit</i>	<i>Major</i>	<p><i>Within seven (7) calendar days after the closing meeting</i></p> <p><i>The CAB shall ensure that responses and corrective actions take place with sufficient time to provide further responses as required.</i></p>	<p><i>Note: A series of CA submissions may happen after a negative evaluation but the CAB shall ensure that the NC/s must be closed within ninety (90) calendar days after the closing meeting.</i></p> <p><i>The non-conformities shall be cleared upon the satisfactory evaluation of the submitted corrective actions and records of the relevant objective evidences.</i></p>
	<i>Minor</i>	<p><i>Within thirty (30) calendar days after the closing meeting</i></p> <p><i>The CAB shall ensure that responses and corrective action stake place with sufficient time to provide further responses as required.</i></p>	