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Health & Safety

SRI Quality System Registrar


Procedures: QP 4 through QP 8, QP 16, QP 17, and QP 19

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QP 5.0	On-Site Audit Procedure	15	11/07/15
QP 6.0	Post-Audit Registration Procedures	15	11/07/15
QP 7.0	Post-Registration Procedures	21	11/07/15
QP 8.0	Appeal and Dispute Resolution System	12	03/12/14
QP 16.0	SRI Policies and Procedures for Responsible Care® (RC14001)	4	03/04/10
QP 17.0	SRI Policies and Procedures for Responsible Care® Management System (RCMS)	3	03/04/10
QP 19.0	SRI Policies and Procedures for ISO/TS 16949	21	09/08/15

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QP 4.0	Pre-Audit Registration Procedures	
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1.0 Scope

1.1 General

- .1 SRI shall conform to the applicable requirements and follow procedures for the assessment and certification of an organization's management system(s) that are consistent with the following, including their reference documents.
- .2 The objective of this third-party system is to provide, by means of audit and subsequent surveillance, an adequate level of confidence that the organization's management system conforms to the identified requirements for that system.
- .3 This third-party system involves only the auditing of the organization's management system and is not concerned with the certification of product.
- .4 The identification of conformance to the appropriate management system standard and any supplementary documentation will be in the form of a registration document.

1.2 References

- .1 ISO/IEC 17021 *Conformity assessment - Requirements for bodies providing audit and certification of management systems*, and any related normative document(s), most current revisions.
- .2 ANSI/ASQ QE19011 *Guidelines for quality and/or environmental management systems auditing*

These procedures are valid for the SRI third party system of assessing and registering an organization's management system to a management system standard and/or sector specific requirement(s).

- .3 IAF MD 1 – Certification of Multiple Sites based on sampling. Refer to R 20.114, Guidelines for Sampling of Multiple sites
- .4 IAF MD 5 – Mandatory Document Duration for QMS and EMS Audits
- .5 IAF MD 2 – Transfer of Accredited Certification of Management Systems
- .6 *General Registration Information (R20.1)*
- .7 *ISO Registration Audit Procedures Flow Chart (R20.11)*
- .8 *SRI Registration Survey (R20.28)*
- .9 *SRI Application and Cost Proposal Terms and Conditions (R20.3)*

- .10 Proposal Worksheet
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- .30 *IAAR Guideline on Transfer of Registrations Between Registrars (R20.101)*

1.3 Responsibilities

- .1 **President & COO:** shall establish, maintain, and continually improve all registration policies and procedures.

- .2 **Certification Department:** under the direction of the Certification Director or designate is responsible for developing, implementing, managing, and monitoring the management system registration processes.

1.4 Definitions

- .1 **Audit Team:** is a group of auditors, or a single auditor, designated to perform a given audit; the audit team may also include technical experts and auditors-in-training.
- .2 **Lead Auditor:** is responsible for ensuring the efficient and effective conduct and completion of the audit within the audit scope and approved plan, managing all aspects of the audit (*ANSI/ASQ QE19011 Guidelines for quality and/or environmental management systems auditing*), representing the audit team in discussions with the client and SRI, reporting the audit results and determining if requirements have been met.
- .3 **Auditor:** is responsible for following the directions and supporting the lead auditor, planning, and carrying out assigned tasks objectively, effectively, and efficiently within the scope of the audit, collecting and analyzing information to determine findings and reach a conclusion, preparing working documents under the direction of the lead auditor, documenting audit findings, safeguarding information, and assist in writing the audit report.
- .4 **Technical Expert:** An individual(s) who provides specific knowledge or expertise to the audit team, but who does not participate as an auditor.
- .5 **Organization:** Company, corporation, firm, enterprise or institution, or part or combination thereof, whether incorporated or not, public or private, that has its own functions and administration. The term “Organization” is often synonymous to “Applicant” within the context of registration.
- .6 **Registration Body (SRI):** Third-party which audits and registers the management system of an organization with respect to the published management system standards and any supplemental documentation required under the system. In the U.S. commonly referred to as a “registrar.”
- .7 **Registration System:** System having its own rules of procedure and management for carrying out the assessment leading to the issuance of a registration document and its subsequent maintenance.
- .8 **Registration (or Certification):** Inclusion of the organization's particulars and field of assessed capability by the registration body (SRI) in an appropriate register or list.
- .9 **Registration (or Certification) Document:** Document indicating that an

organization's management system conforms to specified standards and any supplementary documentation required under the system.

- .10 **SRI Board of Directors:** Refers to the group of business advisors to the CEO. The SRI Board and Advisory Council combined cooperation creates the governing board.

1.5 Approvals

This procedure has been approved by the SRI President & COO.

2.0 Procedures

2.1 Application for Assessment

- .1 The organization should inquire or request the SRI registration information package and application form. Upon that request, SRI will send to the organization a copy of the current SRI: application form, information package, survey form, and registration agreement.
- .2 Upon return of the survey or upon obtaining sufficient information to determine SRI's capability to provide certification/registration services, SRI will project the activities and auditor time needed to support the registration process and forward an estimate of the expected cost to the organization/potential client.
 - A. Management system audit man days (based on IAF MD 5) and fees quoted are structured to cover all necessary activities including document review, planning, interfacing with the organization, audit, and final reporting connected with the audit(s).
 - 1) Planning and report writing should not reduce the total on site auditor time to less than 90% of the projected audit time.
 - 2) An auditor day is typically a full normal working day of eight (8) hours. The number of auditor days employed may not be reduced at the initial planning stages by programming longer hours per work day, unless specifically permitted by the registration standard.
 - 3) For the initial registration cycle, surveillance time should be proportional to the time spent at the initial audit with the total amount of time spent annually on surveillance typically one-third (1/3) of the time spent on the initial audit.
 - 4) The amount of time spent at re-assessment should typically be two-thirds (2/3) of the time that would be required for initial assessment.
 - 5) Re-assessment is time spent above and beyond the routine surveillance time. When re-assessment is carried out at the same time as a planned routine surveillance visit, the re-assessment will suffice to meet the requirements for

surveillance.

- B. Once the general starting point has been determined for auditor time, some adjustments may need to be made to account for differences that could affect the time required to perform an effective audit, specifics of the organization (size and number of sites, scope, logistics, outsourcing, complexity, technological or regulatory context, preparedness for the audit, prior audit results, etc.) single or multi-site certification/registration, joint, combined or integrated audits. The duration of the audit and its justifications are recorded. Time spent by any non-member of the audit team (provisional auditor, technical expert, internal witness auditor, translator, etc.) is not counted against minimum audit time.
- .3 The *SRI Application and Cost Proposal Terms and Conditions* (R20.3) includes information regarding applicant obligations prior to the registration audit and provides evidence of official agreement.
- .4 The survey or online request or other request such as e-mails and application should be returned to SRI, completed fully in English, covering all applicable organizations and locations, along with management system documents, and any application fee required (reference SRI Registration Fee Schedule).

2.2 Establishing the Registration Process

- .1 After receipt of the survey, formal proposal acceptance, and receipt of an application signed by a duly authorized representative of the applicant, SRI will begin processing the application, provide additional information concerning the SRI registration process, SRI registration procedures and any other applicable documentation. Additional information will be requested of the organization relating to the organization's readiness, and scheduling of the pre-audit documentation review, information collection and feedback visit and/or any pre-assessment. SRI may, with the agreement of the organization, appoint an auditor to undertake either the initial assessment (in full or in part) or surveillance or both under its authority and responsibility, performed under agreed conditions.

If, for any reason, SRI decides to refuse consideration, the organization is informed. After receipt of the survey or other relevant information by other means, a written proposal is prepared to start the formalization of a contract agreement.

- A. Request additional information of the supplier relating to the organization's:
 - 1) readiness, and
 - 2) scheduling of any pre-assessment audit, Stage 1 (document review, audit preparedness evaluation, information collection

and feedback visit), and scheduling of the Stage 2 (on-site audit). SRI may, with the agreement of the supplier, appoint an auditor to undertake either the initial assessment (in full or in part), surveillance, or both under its authority and responsibility, performed under agreed conditions.

- .2 Before proceeding with the audit, the SRI Contract Review function will review and document the review of the application and survey and be confident that:
 - A. The scope of the desired registration is defined;
 - B. The applicant agrees to comply with the requirements for registration and provide any information needed for its evaluation;
 - C. The general features of the applicant, when applicable, such as corporate entity, name, address, legal status, human and technical resources are clearly identified;
 - D. A description of the management system to be registered, including requirements to which the organization subscribes and the system standard and/or sector specific requirement(s) or other normative documents are identified;
 - E. The requirements for registration have been clearly identified, documented, and understood by the applicant;
 - F. Any differences in understanding between SRI and the applicant regarding the terms and conditions, registration process, and/or registration agreement are resolved;
 - G. SRI has the capability to perform the registration service with respect to the scope of the registration, the location of the applicant's operations, and special requirements such as the language used by the applicant.
- .3 When the review identifies areas of concern, any differences are resolved with the applicant and confirmed in writing. If the application materials are acceptable, SRI may formalize a contract agreement. Should SRI decline to accept an application for any reason, that decision and the reason(s) are communicated to the applicant in writing. The contract/proposal will be stamped, dated indicating acceptance, and constitutes evidence of completed application review.
 - A. For transfer audits, the R20.118, Transfer of Registration form, is utilized.
- .4 SRI is responsible for all the phases of an audit. This includes the initial and follow-up surveillance audits.

- .5 After the application has been reviewed and any questions are resolved, SRI will make the necessary arrangements with the organization, in accordance with the rules of the program, for:
- A. Any pre-assessment and Stages 1 and 2 of the audit,
 - B. Examination of documents,
 - C. Audit of all areas,
 - D. Resolution of complaints,
 - E. Surveillance,
 - F. Re-audit,
 - G. Records and Interview of personnel for the purpose of the audits.

2.3 Audit Team Selection

- .1 Before being assigned direct responsibilities for a specific registration, lead auditors are approved by the Auditor Review Board. Auditors and technical experts are approved by SRI's President & COO and Certification Director.
- .2 The process for selecting audit team members for a specific registration will ensure that the audit teams possess the overall experience, expertise, and skills to conduct the audit. Impartiality is also evaluated as part of the audit team selection. The audit team will have at least one member experienced in the technology/industry concerned. Scheduling or designate, under the direction of the Certification Department, selects the audit team using the following as a basis for assignment:
- A. Qualifications as given, education, experience, training, personal attributes, management attributes, and the competence to achieve audit objectives of an individually assigned auditor or of the team as a whole;
 - B. Audit objectives/scope/criteria/type (single, combined, integrated, sampling), size and type of organization, processes, activities, or functions being audited;
 - C. Collectively, language skills and expertise of the audit team members; if an interpreter is required, they are selected such that they cannot unduly influence the audit.
 - D. Requirements of the client (including geographic, cultural and social issues, if applicable), SRI and accreditation bodies;

- E. Familiarity with applicable legal regulations, management system standard and/or sector specific requirement(s), registration procedures, and registration requirements;
 - F. Knowledge of the relevant audit method and audit documents;
 - G. Technical knowledge of the specific activities for which registration is sought, and where relevant, associated procedures and their potential for failure;
 - H. General understanding in the technological and industrial sector sufficient to make a reliable assessment of the competence of the organization to provide products, processes, or services in its registered scope.
 - I. Communication skills both written and oral in the required language;
 - J. Be free from any interest that may cause team members to act in other than an impartial or nondiscriminatory manner, for example:
 - 1) provided consulting services to the applicant or organization,
 - 2) past, present, or future consideration for employment with the applicant, organization, or related bodies.
- .3 Prior to the audit, all audit team members will sign SRI's Conflict of Interest Policy, SRI Code of Conduct and shall inform SRI about any existing, past, and envisioned future links between themselves or their organizations and the organizations to be audited or related bodies of the organization to be audited.
- .4 One member of the team will be assigned as the lead auditor and will be responsible for managing the audit process, including assignment of responsibility to each team auditor. If audit assignments are altered from the published audit plan, the lead auditor will hand amend the plan as a basis the final audit plan. Auditor-in-training may be assigned (i.e., provisional or acting leads), along with a competent evaluator. Evaluators are responsible to ensure audit objectives are satisfied and are authorized to take over duties of the auditor-in-training as needed.
- .5 The organization shall be informed of the names of the audit team members with sufficient notice to appeal against the appointment of any particular member. The organization has the absolute right of objection to a named auditor where conflict of interest may arise.

2.4 Pre-Audit Documentation Review

- .1 The organization is required to have a documented system which

conforms to applicable system standards (e.g. ISO 9001, ISO 14001) as supplemented, if necessary, by relevant industry sector requirements. Before an assessment visit is arranged, a detailed appraisal of the organization's system documentation for conformance with the applicable requirements is undertaken by SRI. This may occur at Stage 1 or by submission of a copy of the applicant's management system manual to SRI. Included in the documentation is a matrix (R20.44X) which indicates the organization's processes. The organization is notified of any significant omissions or deviations from the requirements in order that suitable amendments can be made prior to the Stage 2 registration audit. A maximum of two (2) complete manual reviews may be conducted, after each of which the registrant must resolve the manual disparities. An implementation period of two to three months is typically required to ensure sufficient maturity of the system for an acceptable audit. The maximum time allowed by SRI between final documentation review and certification assessment is typically no less than thirty (30) days or more than six (6) months.

- .2 An optional pre-audit documentation review visit to the organization's site can be scheduled. In preparation for the visit by the lead auditor, the organization shall ensure that:
 - A. All documentation relating to the system for which registration is sought, including the manual or its equivalent, is made available to the lead auditor.
 - B. All pertinent records relating to implementation of the system are made available to the lead auditor.
 - C. SRI assessors are permitted and assisted to undertake assessment of the system.
 - D. Responsibility to SRI for the system is clearly defined, for example by appointing a designated person to ensure that the SRI procedures are observed.
- .3 For a detailed definition of the activities expected for a pre-audit document review visit, refer to the *An Explanation of Stage 1 On Site Audit* (R20.8).
- .4 The lead auditor will use the status of the documentation as a guide to recommend to SRI the readiness of the organization for an assessment, and the appropriate timing of the audit.

2.5 Audit Planning

- .1 In conjunction with the pre-audit document review, the lead auditor works with the organization to develop all components of the Audit Plan for the pre-assessment, when applicable, or the registration audit, including scheduled on-site communications. For a single site, the audit plan

covers the entire scope. For a multi-site, the audit plan at each site may cover a portion of the certification scope with plans across all included sites covering the entire certification scope. The Stage 1 or 2 plan should, if applicable, address:

- A. The audit objectives (conformity of management system, its ability to meet statutory, regulatory, and contractual requirements, its effectiveness in achieving its defined objectives, identification of any applicable opportunities for improvement) scope, audit team identification and size (including non-auditor technical experts), and legal guidelines;
 - B. The audit criteria (requirements of defined normative documents for the management system and the defined documents and processes of the client's system);
 - C. Identification of the auditee's organizational and functional units or processes, shifts to be audited, and their location(s);
 - D. Identification of the functions or individuals having significant direct responsibility for the auditee's management system and establishment of a formal auditee "contact;"
 - E. Identification of those process(es)/clause(s) of the management system that are of high audit priority;
 - F. The procedures for auditing the management system process(es)/clause(s), including special audit requirements (if any) when the management system shares process(es)/clause(s) or is influenced by other management system(s);
 - G. Obtaining organization materials needed for team preparation;
 - H. The working and reporting language of the audit (English);
 - I. Identification of reference documents;
 - J. The expected time and duration of major audit activities;
 - K. The date and place(s) where the audit(s) is to be conducted, including, as needed, the visit to temporary or field locations;
 - L. Meeting schedules with the auditee's management;
 - M. Confidentiality requirements;
- .2 A formal notification letter containing the major process (es)/clause(s) of the audit plan will be sent to the organization typically three weeks prior to the scheduled event. The audit plan and date of the audit will be agreed

to with the organization. If the organization objects to any provisions in the audit plan, such objections should be addressed to the lead auditor and resolved between the lead auditor and organization before conducting the audit. Any revised audit plan should be agreed to between the lead auditor and organization before or during the audit.

2.6 Pre-Assessments

- .1 Audit team members shall not provide advice or consultancy prior to, as part of, or following any pre-assessment. Outside the registration process, SRI may conduct pre-assessments of the management system according to the organization's needs. Pre-assessments will be conformance audits structured so that the same subjects and/or process(es)/clause(s) are not audited more than twice before the registration audit.
- .2 In preparation for the pre-assessment, the organization shall ensure that:
 - A. All necessary arrangements for the conduct of the audit are completed and satisfactory for an effective visit;
 - B. All documentation, records, other information, audit areas, and personnel needed for the purpose of the audit are made available to the auditor(s);
 - C. SRI auditor(s) are permitted access and assisted to undertake the audit of the management system;
 - D. Responsibility to SRI for supporting the management system audit is clearly defined, for example notification to all levels of the organization about the audit and by appointing a designated person to ensure that the SRI procedures are observed.
- .3 Typically, the audit team will meet on-site before starting the pre-assessment to:
 - A. Review logistical issues and pre-audit preparation materials;
 - B. Review agenda, audit materials, legal guidelines, and individual assignments;
 - C. Conduct final briefings and obtain additional information, if needed;
 - D. Arrange and complete a familiarization tour, as needed;
 - E. If appropriate, arrange informal contact with auditee.
- .4 A formal meeting is held by the audit team with the organization's management on the premises prior to the start of the pre-assessment. The meeting checklist (R20.19) is used to standardize the communication

within the meeting. The purpose is to:

- A. Make introductions and pass the attendance sheet;
- B. Present scope, purpose;
- C. Present “agenda/plan,” confirm suitability;
- D. Review notebook, audit procedures, and legal guidelines;
- E. Set up communication links with organization;
- F. Arrange for authorization guides and describe limitations on their role, office space, lunch, etc.;
- G. Schedule mini-reviews after each audit segment (no surprises);
- H. Review methods for handling noncompliance to environmental laws and regulations, if applicable;
- I. Answer any questions;
- J. Listen to management statements;
- K. Make post-audit conference arrangements;

.5 At the end of the audit, a meeting is held with the auditee's management and those responsible for the functions concerned. The purpose is to present the audit results in such a manner as to obtain from the auditee a clear understanding and acknowledgment of the factual basis of any nonconformity and, to assure clear communication and understanding of audit observations. Final decisions regarding significance and description of the audit findings rests ultimately on the lead auditor, though the auditee may disagree with these findings. At the meeting, the auditor(s):

- A. Reconfirm top management involvement;
- B. Reintroduce audit team;
- C. Pass attendance log; obtain audit team signatures on required forms;
- D. Summarize agenda/plan and deviations in implementation;
- E. Summarizes “Strengths” and “Areas for Improvement;”
- F. Summarize the management system and organization’s degree of conformance/preparedness for a registration audit, including details of any significant omissions or deviations from the requirements in

order that suitable amendments can be made prior to the registration;

- G. Agree on the details of the registration audit;
 - H. Complete corrective action notification forms, discuss, obtain organization signature, and leave a copy with the organization. While these corrective action notifications are not mandatory, we ask that the organization “exercise” their system, and resolve any identified issues so that at the registration event, the same issues will not surface;
 - I. Discuss improvement action (plans) and potential follow-up planning schedules;
 - J. Summarize SRI reporting, corrective action, and review procedures;
 - K. Receive and note organization management comments;
 - L. Review SRI’s complaints, appeals, and dispute system;
 - M. Resolve or report any disputes or appeals;
 - N. Recognize cooperation and hospitality before adjournment.
- .6 The lead auditor will use results from the pre-assessment as a guide to recommend to SRI the preparedness of the organization for the registration audit, and the appropriate timing of the audit.
- .7 After a pre-assessment, the organization is provided a report presenting results of the audit in a format suitable for the type of audit conducted.


2.7 Team Orientation

- .1 Before the physical audit, each team auditor receives a copy of the audit plan, any additional information or documentation needed a notebook/checklist, previous audit considerations, and communication from SRI and the lead auditor relative to preparation and travel.
- .2 As appropriate, each audit team member will be assigned by the lead auditor to audit specific management system process(es)/clause(s), functions, or activities. Also, the lead auditor will instruct the team on the audit procedure to follow. During the audit, the lead auditor may make changes to work assignments to ensure optimal achievement of the audit objectives. When changes are made, the lead auditor shall inform the organization and seek their agreement.
- .3 SRI may send the working materials and other items to the organization’s

contact to hold for team arrival.

3.0 Records

- 3.1 *SRI Application and Cost Proposal Terms and Conditions (R20.3).*
- 3.2 *SRI Registration Survey (R20.28).*
- 3.3 *Registration Audit Plan (R20.31) and Notification Letter*
- 3.4 *SRI Assessment Documentation - Corrective Action Notification (R20.35)*
- 3.5 SRI Audit Report
- 3.6 SRI Process Matrix – R20.44x
- 3.7 Applicable Administration Records

QP 5.0	On-Site Audit Procedure	
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3.0 Records

1.0 Scope

1.1 General

- .1 SRI shall follow procedures for the audit and certification of an organization's management system that are consistent with the following documents including their referenced documents:
 - A. ANSI/ASQ QE19011 *Guidelines for quality and/or environmental management systems auditing*
 - B. ISO/IEC 17021 *Conformity assessment - Requirements for bodies providing audit and certification of management systems*, and any related normative document(s), most current revision.
- .2 These procedures are valid for the SRI third-party system of auditing and registering an organization's management system to a certain standard(s), and any applicable related industry sector requirements.
- .3 The objective of this third-party system is to provide, by means of audit and subsequent surveillance, an adequate level of confidence that the organization's management system conforms to the identified requirements for that system.
- .4 This third-party system involves only the auditing of the organization's management system and is not concerned with the certification of product.
- .5 The identification of conformance to the appropriate management system standard and/or sector specific requirement(s) and any supplementary documentation will be in the form of a registration document.
- .6 If the reference standard allows exclusions, they will be identified by the audit team and confirmed at each on site event. When the reference standard does not allow exclusions, such as ISO 9001:2015, the audit team will identify and confirm any requirements that the organization states are not applicable (see ISO 9001:2015, clause 4.3).

1.2 References

- .1 ISO/IEC 17021 *Conformity assessment - Requirements for bodies providing audit and certification of management systems*, and any related normative document(s), most current revisions.
- .2 ANSI/ASQ QE19011 *Guidelines for quality and/or environmental management systems auditing*
- .3 *General Registration Information (R20.1)*
- .4 *ISO Registration Audit Procedures Flow Chart (R20.11)*
- .5 *SRI Registration Agreement (R20.4)*, the contract between SRI and a

registrant or a potential registrant.

- .6 *Pre-Audit Registration Procedures* (QP 4.0)
- .7 *Post-Audit Registration Procedures* (QP 6.0)
- .8 *Appeal and Dispute Resolution System* (QP 8.0), for use by any party if appeal is desired.
- .9 *Recordkeeping and Retention* (QP 10.0)
- .10 *Personnel* (QP 11.0)
- .11 SRI Registration Fee Schedule
- .12 *Corrective and Preventive Action* (QP 15.0)
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- .16 *Corrective Action Responses - Lead Auditor Approval* (R20.53)
- .17 *SRI Management System Manual* (QPM)
- .18 *Registration Audit Plan* (R20.31)

1.3 Responsibilities

- .1 **SRI President & COO:** shall be responsible for establishing and maintaining a registrar organization reporting to him/her which shall establish, maintain, and continually improve all registration policies and procedures.
- .2 **Certification Department:** under the direction of the Certification Director is responsible for developing, implementing, managing, and monitoring the management system registration processes.
- .3 **Lead Auditor:** is responsible for ensuring the efficient and effective conduct and completion of the audit within the audit scope and approved plan, managing all aspects of the audit based on ANSI/ASQ QE19011 (*Guidelines for quality and/or environmental management systems auditing*), representing the audit team in discussions with the client and SRI, reporting the audit results and determining if requirements have been met.
- .4 **Auditor:** is responsible for following the directions and supporting the lead auditor, planning, and carrying out assigned tasks objectively, effectively, and efficiently within the scope of the audit, collecting and analyzing information to determine findings and reach a conclusion, preparing working documents under the direction of the lead auditor, documenting audit findings,

safeguarding information, and assist in writing the audit report.

- .5 **Technical Experts:** An individual(s) who provides specific knowledge or expertise to the audit team, but who does not participate as an auditor.

1.4 Definitions

- .1 **Management System:** The part of the overall management system which includes organizational structure, planning activities, responsibilities, practices, procedures and/or documented information, processes, and resources for developing, implementing, achieving, reviewing, and maintaining the management system policy.
- .2 **Management System Audit:** A systematic and documented verification process to objectively obtain and evaluate evidence to determine whether an organization's management system conforms to the management system audit criteria set by the organization, and to communicate the results of the process to management.
- .3 **Major (Hold) Nonconformity:** any or all of the following:
- A. The absence of or total breakdown of a system to meet a management system requirement. A number of minor nonconformities against one requirement can represent a total breakdown of the system.
 - B. Any noncompliance that would result in the probable shipment of nonconforming product. A condition that may result in the failure or materially reduce the usability of the products or services for their intended purpose.
 - C. A noncompliance that judgement and experience indicate is likely either to result in the failure of the management system or to materially reduce its ability to assure controlled processes and products.
 - D. There is significant doubt as to the capability of the management system to achieve the policy and objectives of the organization.
- .4 **Minor Nonconformity:** Non systemic nonconformance that does not fall clearly into a major nonconformity category and has minimal impact and significance on the system.
- .5 **Organization:** Company, corporation, firm, enterprise or institution, or part or combination thereof, whether incorporated or not, public or private, that has its own functions and administration. The term "organization" is often synonymous to "client, registrant or applicant" within the context of registration.
- .6 **Registration Body (SRI):** Third-party which audits and registers the management system of an organization with respect to published management system standards and any supplemental documentation

required under the system. In the U.S., commonly referred to as a “registrar.”

- .7 **Registration System:** System having its own rules of procedure and management for carrying out the assessment leading to the issuance of a registration document and its subsequent maintenance.
- .8 **Registration (or Certification):** Inclusion of the organization's particulars and field of assessed capability by the Registration Body (SRI) in an appropriate register or list.
- .9 **Registration (or Certification) Document:** Document indicating that an organization's management system conforms to specified management system standard and/or sector specific requirement(s) and any supplementary documentation required under the system.
- .10 **SRI Board of Directors:** Refers to the group of business advisors to the CEO. The SRI Board and Advisory Council combined cooperation creates the governing board.

1.5 Approvals

This procedure has been approved by the SRI President & COO.

2.0 Procedures

2.1 Stage 1

- .1 The Stage 1 audit objectives are to:
 - A. Review the management system documented information and to evaluate the applicant organization’s location and site-specific conditions and to undertake discussions with the organization’s personnel to determine the preparedness for the Stage 2 audit;
 - B. Review the organization’s status and understanding regarding requirements of the standard, in particular with respect to the identification of key performance or significant aspects, processes, objectives, levels of control, and operation of the management system;
 - C. Collect necessary information regarding the context of the organization, scope of the management system, processes/equipment and location(s) of the client organization, and related statutory, regulatory aspects and compliance, e.g., quality, environmental, legal aspects of the organization's operation, associated risks, etc. (obtain, discuss and confirm the accuracy of the R20.44X Process Matrix with client. Ensure that all processes identified on the matrix are listed in the clients’ management system manual. Additionally, ensure that the matrix addresses all sub-processes under the “Production/Manufacturing” process to ensure that all sub-processes are considered during audits). Review the preliminary scope statement and related exclusions or non-applicable requirements and ensure

they are appropriate and consistent with site-specific conditions, observation made during the stage 1 review, and the organization's website;

- D. Review the allocation of resources for Stage 2 and agree with the organization on the details of the Stage 2 audit;
 - E. Provide a focus for planning the Stage 2 audit by gaining a sufficient understanding of the organization's management system and site operations in the context of possible significant aspects and/or the management system standard and other normative documents;
 - F. Evaluate if the internal audits and management reviews are being planned and performed and that the level of implementation of the management system substantiates that the organization is ready for the Stage 2 audit;
 - G. For most management systems, SRI recommends that at least part of the Stage 1 audit be carried out at the client's premise;
 - H. Stage 1 audits are typically performed at least 8 weeks prior to the planned Stage 2 event.
- .2 Stage 1 audit results shall be documented and communicated to the organization including identification of any findings and/or areas of concern that could be classified as a nonconformance during the Stage 2 audit. Findings must be documented on the R20.35, Corrective Action Notification (CAN) Form. All CANs issued at the Stage 1 must be addressed prior to the Stage 2 event, but can be verified and viewed as effectively implemented at the Stage 2 event. Any CANs issued or areas of concern identified at the Stage 1, must be addressed on the Stage 2 audit plan and appropriate follow-up be performed and documented in the final report. Stage 1 CANs are not permitted for ISO/TS 16949 events.
- .3 Any part of the management system that is audited during the Stage 1 audit and determined to be fully implemented, effective and in conformity with requirements, may not need to be re-audited during the Stage 2 audit, however the certification body has to ensure that the already audited parts of the management system continue to conform to the certification requirements. In this case, the Stage 2 audit report shall include the audited areas and clearly state that conformity has been established during the Stage 1 audit.
- .4 In determining the interval between Stage 1 and Stage 2, consideration shall be given to the needs of the client to resolve areas of concern identified during the Stage 1 audit. SRI may need to revise its arrangements for Stage 2. Generally, time between the acceptable Stage 1 and Stage 2 event is 90 days. Variations remain at the discretion of SRI.
- .5 The Stage 1 audit, when conducted on site, shall follow the same structure as the Stage 2 physical examination with regard to team meetings, pre- and

post-audit conferences.

2.2 Stage 2 Audit

The purpose of the Stage 2 audit is to evaluate the implementation, including the effectiveness of the organization's management system. The Stage 2 audit shall take place on the organization's premise. Any part of the audit that is conducted by virtual means is noted on the audit plan and is conducted per specified SRI requirements. The Stage 2 audit includes, as applicable, the following:

- .1 Information and evidence about conformance to all requirements of the applicable management system standard or other normative document;
- .2 The relationship between context of the organization, its scope and related management system planning to ensure that all required inputs were identified and addressed;
- .3 Performance monitoring, measuring, reporting and reviewing against key performance objectives and targets per the requirement in the applicable management system standard or other normative document;
- .4 Operational control of the client's processes;
- .5 Internal auditing and management review;
- .6 Management responsibility for the organization's policies;
- .7 The organization's management system ability and performance as regard to legal compliance and contractual requirements;
- .8 Links between the normative requirements, policy, performance, risk management, objectives and targets, any legal requirements, responsibilities, competence of personnel, operations, procedures and/or documented information, performance data and internal audit findings and conclusions. Assess the preliminary certificate scope statement and related exclusions or non-applicable requirements and ensure they are appropriate and consistent with site-specific conditions (including outsourced value added processes), observation made during all phases of the stage 2 review, and the organization's website;
- .9 The audit team shall analyze all information and audit evidence gathered during the Stage 1 and Stage 2 audits to review the audit findings and agree on the audit conclusion.

2.3 Team Meeting On-Site

- .1 The team meets on-site, before starting the Stage 2 registration audit, to:
 - A. Review logistical issues and pre-audit preparation materials;
 - B. Review auditing materials, legal guidelines, audit plan, and individual

assignments;

- C. Complete documentation review (if any clarifications are needed);
- D. Conduct final briefings, obtain additional information if needed;
- E. Arrange and complete a familiarization tour as needed;
- F. If appropriate, arrange informal contact with auditee.

2.4 Pre-Audit Conference

- .1 A formal meeting is held by the audit team with the organization's management prior to the start of the Stage 2, registration, or other audit activity. The purpose is to discuss the general topics below. The R20.19 delineates a full array of requisite topics that must be discussed at each and every event:
 - A. Make introductions and pass attendance sheet;
 - B. Review the audit scope and objectives;
 - C. Inquire about new customers, requirements, processes etc;
 - D. Review the audit plan and agree on the audit timetable;
 - E. Discuss clauses that are to be excluded, if allowed by the reference standard or currently not applicable;
 - F. Provide a short summary of the audit methods, sampling approach, and procedures to be used to conduct the audit; including matters related to confidentiality; confirm the audit team is responsible for the audit and will control the execution of the audit plan and related audit trails/objective evidence collection;
 - G. Set up official communication links between SRI and the organization;
 - H. Confirm authorizations, escorts/guide, resources needed, facilities, lunch, etc. Each auditor shall be accompanied by a guide, unless otherwise agreed to by the audit team leader and the client. Guide(s) are assigned to the audit team to facilitate the audit. The audit team shall ensure that guides do not influence or interfere in the audit process or outcome of the audit. The responsibilities of a guide can include; establishing contacts and timing for interviews; arranging visits to specific parts of the site or organization; ensuring that rules concerning site safety and security procedures are known and respected by the audit team members; witnessing the audit on behalf of the client; providing clarification or information as requested by an auditor.
 - I. Confirm the language utilized in the event, when warranted;

- J. Advise auditee on responsibilities when nonconformities are found, including methods of reporting verbally and in writing;
- K. Schedule mini-reviews/caucus after each audit segment (no surprises);
- L. Discuss conditions under which the audit may be stopped prematurely;
- M. Answer any questions;
- N. Listen to management statements;
- O. Promote active participation by the auditee;
- P. Review relevant site safety, emergency, and security procedures for the audit team;
- Q. Make post-audit conference arrangements;
- R. Discuss Stage 1 audit corrective action notifications and concerns, if any.

2.5 Physical Audit/Examination

- .1 The audit involves an in-depth examination of the organization's management system policies and related objectives, procedures and/or documented information, processes, implementation and effectiveness of such and of practices for conformance to the relevant standard and certification requirements. The organization is required to demonstrate the practical application of the management system. Sufficient evidence must be collected to be able to determine whether the management system conforms to the registration criteria and all requirements of the applicable standard or other normative document, including inconsistencies between the client's policy, objectives, and targets. SRI has procedures by which nonconformance(s) are identified, recorded, and requires action by the organization to correct.
- .2 Evidence should be collected through a sufficient number of interviews including upper management and operative personnel, examination of documents, and observation of activities and conditions in the areas of concern to get a sound appraisal of the implementation and effectiveness of the management system. Clues suggesting nonconformities should be noted even though not covered by audit materials and should be investigated.
- .3 Information gathered through interviews should be verified by acquiring the same information from other independent sources, such as physical observation, measurements, and records. Non-verifiable statements should be identified as such.
- .4 The audit team should examine the basis for sampling programs and the procedures and/or documented information for ensuring effective control of

sampling and measuring processes, used by the auditee as part of its management system activities.

- .5 During the audit, the lead auditor may make changes to the auditor's work assignments and to the audit plan, if this is necessary to ensure the optimal achievement of the audit objectives.
- .6 Where the available audit evidence indicates that the audit objectives are unattainable or suggests the presence of an immediate and significant risk (e.g., safety), the audit team leader shall report this to the client and, if possible, to SRI to determine appropriate action. Such action may include reconfirmation or modification of the audit plan, changes to the audit objectives or audit scope, or termination of the audit. The audit team leader shall report the outcome of the action taken to SRI.
- .7 All audit findings should be summarized. After activities have been audited, the audit team should review all of their observations against audit objectives and criteria to determine which are to be reported as nonconformities. The audit team should then ensure that these are documented on the *SRI Assessment Documentation - Corrective Action Notification (R20.35)* in a clear, concise manner and are supported by audit evidence.
- .8 Nonconformities are identified in terms of the specific requirements of the standard or other related documents against which the audit has been conducted. Nonconformities should be classified into Hold (major) or Minor. Nonconformities contain a clear statement of the nonconformity, identifying in detail the objective evidence on which the nonconformity is based.
- .9 The lead auditor should hold team caucuses and day-ending reviews to assure coordination. The team auditor(s) should complete all audit registration materials, *SRI Assessment Documentation - Corrective Action Notification (R20.35)* and promptly share any problems with the lead auditor. The audit team shall analyze all information and audit evidence gathered during Stage 1 and 2 to determine the extent of fulfillment and confirm that all requirements of the reference standard were assessed adequately.
- .10 Observations should be reviewed by the lead auditor with the responsible auditee manager during day-ending reviews, with a view to obtain acknowledgment of the factual basis for all nonconformities. Disagreements should be resolved prior to closing the meeting, if possible. A final decision regarding significance and description of the audit findings rests ultimately on the lead auditor, though the auditee may disagree with these findings. Unresolved points are recorded in the audit report. As necessary, the audit team lead shall review with the client any need for changes to the audit scope which becomes apparent as on site auditing activities progress and report this to SRI.
- .11 The audit team may propose opportunities for improvement (OFIs), but shall not recommend the cause of nonconformities or specific solutions.

2.6 Final Day Team Meeting

- .1 The team should meet to prepare and document all items to be discussed at the post-audit conference and should complete reporting obligations.
- .2 The team members will review with the lead auditor all nonconformances and corrective actions required and complete the appropriate SRI form(s).
- .3 The audit team, by a consensus judgement, will decide on the extent of the organization's management system compliance with the applicable standard and/or sector specific requirement(s), registration criteria, and any related documents, including the analysis of the information and audit evidence gathered during the stage 1 and 2 audits. All audit team members will sign the *SRI Audit Team Recommendation* (R20.36) showing agreement with the conclusions.
- .4 The lead auditor will review the audit program (R20.23 and R20.62 company information) and identify any changes for future events (e.g., scope, audit frequency, audit team competency requirements, etc.). These changes are communicated to SRI Customer care via correspondence or by hand marking changes within SRI forms.

2.7 Post-Audit Conference

- .1 At the end of the audit, a meeting is held with the auditee's management. Those responsible for the functions audited are also invited to attend the meeting. The purpose is to present the audit nonconformities in such a manner as to obtain from the auditee a clear understanding and acknowledgment of the factual basis of any nonconformity, to assure clear communication and understanding of any audit observations, and to discuss the R20.36 recommendation. At the meeting the auditor(s):
 - A. Reconfirm top management involvement;
 - B. Reintroduce audit team;
 - C. Pass attendance log; obtain audit team signatures on required forms;
 - D. Summarize the audit plan, and any deviations in implementation;
 - E. Summarize "Strengths" and "Areas for Improvement";
 - F. Summarize the management system and organization's degree of conformance, review audit methods, and the inherent uncertainty;
 - G. Complete corrective action notification forms, discuss time period for submission of corrective action plans and any required closures, obtain organization signature, leave copy with the organization;
 - H. Discuss potential follow-up planning schedules;
 - I. Summarize SRI reporting, corrective action and review procedures,

- inform client of effects of audit result on the status of their certificate;
 - J. Receive and note organization management comments and questions;
 - K. Review SRI's complaints, appeals and dispute system;
 - L. Resolve or report any disputes or appeals;
 - M. Re-confirm the scope and identify any changes to future audit events;
 - N. Recognize cooperation and hospitality before adjournment.
- .2 Disagreements should be resolved prior to closing the meeting and if possible before the lead auditor issues the report. Final decisions on the significance and description of any audit nonconformance rest with the lead auditor, though the auditee or organization may still disagree with the nonconformance. All nonconformances should be acknowledged in writing by the auditee management (on the R20.35).

2.8 Audit Team Reporting


- .1 The lead auditor is responsible for completing an audit report for each audit event, with accuracy and completeness, to the prescribed SRI format. The report should be submitted to SRI within 5 working days, except for any unusual situations or need for additional information. SRI will formalize and authorize the report and promptly submit it to the client identifying the outcome of the audit and any nonconformities.
- .2 The audit report should faithfully reflect both the tone and content of the audit and take into consideration:
- A. The qualifications, training, experience, and authority of the organization's staff audited;
 - B. The results of any pre-assessment;
 - C. The conformance of the internal organization and procedures adopted by the organization to the requirements of the management system;
 - D. The actions taken to correct nonconformities including, where applicable, those identified at previous audits.
- .3 The report should contain the audit observations, nonconformities, and/or a summary thereof with reference to supporting evidence. It should be dated and signed (electronically) by the lead auditor. The lead auditor shall submit the draft electronic report to SRI for final review and formal sign off by the Quality/Technical Manager or designee. It should contain the following items:
- A. The date(s) of audit(s) and SRI designation as the certification body;

- B. The names of the person(s) responsible for the report, audit team members;
- C. The identification of entities audited (e.g. names and address of facilities, organization, and identification of pertinent related organizations, such as corporate parent), significant changes, if any, to the management system since the last audit;
- D. Identification of organizational process(es)/clause(s) audited and audit plan (including any deviations from the plan and the reasons), identification of any significant issues impacting the audit program;
- E. The audited scope of registration or reference thereto including reference to the standard applied (including any related industry sector requirements, as applicable) and type of audit (initial, surveillance, renewal, special) and whether it is joint, combined, sampling or integrated;
- F. Observations both positive (noteworthy features) and negative (nonconformities), including copies of all corrective action notifications (as applicable) and applicable opportunities for improvement; if applicable, verification of the effectiveness actions taken on previously identified nonconformities;
- G. Audit team's judgement of the extent of the organization's management system conformance with the applicable standard (including any related industry sector requirements), registration criteria and any related documents, and its confirmation that the audit objectives have been fulfilled;
- H. The system's ability to achieve defined management system objectives;
- I. The results of any pre-assessment or reference to its report;
- J. A summary of the audit process and any obstacles encountered;
- K. Audit team conclusions:
 - 1) recommendation for registration;
 - 2) management system conformance to audit criteria;
 - 3) whether the system is properly implemented and maintained;
 - 4) whether the management review process is able to ensure continuing suitability and effectiveness;
 - 5) the degree of reliance that can be placed on the internal audit process;
 - 6) any unresolved issues;
 - 7) whether the client is effectively controlling use of the marks and/or the certificate, as applicable;
 - 8) a conclusion of the appropriateness of the certificate scope;

- L. Any useful comparisons with results of previous assessments, where applicable;
 - M. A statement of the confidential nature of the contents, and a disclaimer statement indicating that auditing is based on a sampling process of the available information;
 - N. The distribution list for the audit report; note that SRI will provide one copy to the client, the client is responsible for further distribution of the report;
 - O. An explanation of any differences from the information presented to the organization at the closing meeting.
- .4 SRI may invite the client and/or organization audited to comment on the report and describe the specific actions taken, or plan to be taken within a defined time [reference *SRI Assessment Documentation - Corrective Action Notification* (R20.35)], and to correct any nonconformance with the registration requirements. The lead auditor through SRI [reference *Corrective Action Responses - Lead Auditor Approval* (R20.53) and *SRI Audit Team Recommendation* (R20.36)] shall inform the client and/or organization audited of the need for a full or partial re-audit or whether a written declaration to be confirmed during surveillance will be considered adequate.
 - .5 If the report differs from the report submitted by the lead auditor, or if a report is revised after SRI formalizes, authorizes, and submits the report, it shall be submitted to the client with an explanation of any differences from the previous report. The content of the report shall take into consideration the adequacy of the internal organization and procedures and/or documented information adopted to give confidence in the management system. Comments on adequacy should be supported by comments on the state of maturity and effectiveness of the management system.
 - .6 Any communication between the time of the closing meeting and the issuance of the report should be made through SRI.

3.0 Records

- 3.1 *Code of Conduct* (20.10)
- 3.2 Attendance Sheet
- 3.3 *SRI Assessment Documentation - Corrective Action Notification* (R20.35)
- 3.4 SRI Audit Report
- 3.5 *SRI Audit Team Recommendation* (R20.36)
- 3.6 *Corrective Action Responses - Lead Auditor Approval* (R20.53)
- 3.7 *Registration Audit Plan* (R20.31)
- 3.8 Process Matrix R20.44x

QP 6.0	Post-Audit Registration Procedures	
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1.0 Scope

1.1 General

This procedure applies to post-audit registration activities.

- .1 SRI shall follow procedures for the audit and certification of an organization's management system that are consistent with the following documents including their referenced documents:
 - A. ANSI/ASQ QE19011 *Guidelines for quality and/or environmental management systems auditing*
 - B. ISO/IEC 17021 *Conformity assessment - Requirements for bodies providing audit and certification of management systems*, and any related normative document(s), most current revisions.
- .2 These procedures are valid for the SRI third-party system of auditing and registering an organization's management system to a certain Standard(s), and any applicable related industry sector requirements.
- .3 The objective of this third-party system is to provide, by means of audit and subsequent surveillance, an adequate level of confidence that the organization's management system conforms to the identified requirements for that system.
- .4 This third-party system involves only the auditing of the organization's management system and is not concerned with the certification of products.
- .5 The identification of conformance to the appropriate management system standard and/or sector specific requirement(s) and any supplementary documentation will be in the form of a registration document.

1.2 References

- .1 ISO/IEC 17021 *Conformity assessment - Requirements for bodies providing audit and certification of management systems*, and any related normative document(s), most current revisions.
- .2 ANSI/ASQ QE19011 *Guidelines for quality and/or environmental management systems auditing*
- .3 *General Registration Information* (R20.1)
- .4 *ISO Registration Audit Procedures Flow Chart* (R20.11)
- .5 *SRI Registration Agreement* (R20.4), the contract between SRI and a registrant or a potential registrant.

- .6 *Articles of Association (QP 3.0) (Reference Auditor Review Board)*
- .7 *Pre-Audit Registration Procedures (QP 4.0)*
- .8 *On-Site Audit Procedure (QP 5.0)*
- .9 *Appeal and Dispute Resolution System (QP 8.0), for use by any party if appeal is desired.*
- .10 *Recordkeeping and Retention (QP 10.0)*
- .11 *Personnel (QP 11.0)*
- .12 *Conditions for Use of the Accreditation Mark(s) and the SRI Registration Mark (R20.6)*
- .13 *SRI Registration Fee Schedule*
- .14 *Membership of Internal Audit Committee (IAC), Dispute Resolution Committee (DRC), and Auditor Review Board (ARB) (R20.14)*
- .15 *SRI Board of Directors (R20.13A) and Advisory Council (AC) / Impartiality Committee (R20.13B)*
- .16 *Registration Review Panel (RRP) Review and Approval (R20.47)*
- .17 *Corrective and Preventive Action (QP 15.0)*
- .18 *SRI Code of Conduct (R20.10)*
- .19 *Conflict of Interest Policy (R20.29)*
- .20 *SRI Assessment Documentation -Corrective Action Notification - (R20.35)*
- .21 *Corrective Action Responses - Lead Auditor Approval (R20.53)*
- .22 *SRI Policy Manual Management Systems (QPM)*

1.3 Responsibilities

- .1 **President & COO:** shall be responsible for establishing and maintaining an organization reporting to him/her which shall establish, maintain, and continually improve all registration policies and procedures.
- .2 **Certification Department:** under the direction of the Certification Director is responsible for developing, implementing, managing, and monitoring the management system registration processes.

- .3 **Lead Auditor:** is responsible for ensuring the efficient and effective conduct and completion of the audit within the audit scope and approved plan, managing all aspects of the audit (*ANSI/ASQ QE19011 Guidelines for quality and/or environmental management systems auditing*), representing the audit team in discussions with the client and SRI, reporting the audit results and determining if requirements have been met.
- .4 **Registration Review Panel (RRP):** reviews the overall registration process to assure the SRI system is working properly and according to policies and procedures.

1.4 Definitions

- .1 **Management System:** The part of the overall system which includes organizational structure, planning activities, responsibilities, practices, procedures, processes, and resources for developing, implementing, achieving, reviewing, and maintaining the management system policy.
- .2 **Management System Audit:** Systematic and documented verification process to objectively obtain and evaluate evidence to determine whether an organization's management system conforms to the management system audit criteria set by the organization, and to communicate the results of the process to management.
- .3 **Major Nonconformity:** any or all of the following:
 - A. The absence of or total breakdown of a system to meet a management system requirement. A number of minor nonconformities against one requirement can represent a total breakdown of the system.
 - B. Any noncompliance that would result in the probable shipment of nonconforming product. A condition that may result in the failure or materially reduce the usability of the products or services for their intended purpose.
 - C. A noncompliance that judgment and experience indicate is likely either to result in the failure of the management system or to materially reduce its ability to assure controlled processes and products.
 - D. There is significant doubt as to the capability of the management system to achieve the policy and objectives of the organization.
- .4 **Minor Nonconformity:** Non systemic nonconformance that does not fall clearly into a major nonconformity category and has minimal impact and significance on the system.
- .5 **Organization:** Company, corporation, firm, enterprise or institution, or part or combination thereof, whether incorporated or not, public or private, that has its own functions and administration. The term "organization" is often synonymous to "applicant" within the context of registration.

- .6 **Registration Body (SRI):** Third-party which audits and registers the management system of an organization with respect to published management system standards and any supplemental documentation required under the system. In the U.S., commonly referred to as a “registrar.”
- .7 **Registration System:** System having its own rules of procedure and management for carrying out the assessment leading to the issuance of a registration document and its subsequent maintenance.
- .8 **Registration (or Certification):** Inclusion of the organization's particulars and field of assessed capability by the Registration Body (SRI) in an appropriate register or list.
- .9 **Registration (or Certification) Document:** Document indicating that an organization's management system conforms to a specified management system standard and/or sector specific requirement(s) and any supplementary documentation required under the system.
- .10 **Scope of Registration:** The functions, products, processes, and/or services that are included within the management system.
- .11 **SRI Board of Directors:** Refers to the group of business advisors to the CEO. The SRI Board and Advisory Council combined cooperation creates the governing board.

1.5 Approvals

This procedure has been approved by the SRI President & COO.

2.0 Procedures

2.1 Reporting

- .1 SRI is responsible for providing the client’s management representative with a copy of the audit report. The client will be responsible for further distribution.
- .2 Audit reports contain confidential or proprietary information and shall be suitably safeguarded by SRI and the auditors.
- .3 The audit report should be issued within 30 days or as otherwise agreed upon or mandated by other sector specific requirements.
 - A. Prior to issuing the audit report, the report shall be independently reviewed by a competent person for evidence of adequacy in audit performance and reporting to determine whether the certification/registration decision needs to be reconsidered. The

reviewer will sign and date the report. The review process is not intended to repeat the original decision process. Only reconsideration for the original registration decision will be documented.

- .4 All significant working documents and final reports about the audit shall be retained and disposed of by SRI according to the *Recordkeeping and Retention* (QP 10.0) procedure unless otherwise required by agreements or laws.

2.2 Corrective Action Plans and Evidence

- .1 SRI informs the organization in writing of any nonconformance(s) and the time limit by which any corrections should be made to meet SRI's requirements.

The assigned SRI Lead Auditor shall review the corrections, identified root causes and corrective actions submitted by the client to determine if these are acceptable. SRI required steps for auditor's review of Corrective Action Notification responses should be reviewed/have five (5) parts:

- A. Identification of the Problem: usually by restating the nonconformity description identified in the SRI corrective action notification;
- B. Correction: containment to protect the customer (as applicable), investigation of the total extent of the nonconformity, actions to address the objective evidence observed, and scheduled dates for completion of such actions and person(s) or functions responsible must be identified;
- C. Root Cause Analysis: determine why the management system was not followed and/or effective (example techniques: 5 Why, fishbone, cause and effect, FMEA, FTA); statement of the root cause (s).
- D. Implementation of Corrective Action(s): actions needed to address the root cause (can't duplicate the original problem), prevent the problem from recurring; must include scheduled dates and responsibility for completion.
- E. Verification of Actions Taken: review implementation of plans and their effectiveness. This can only occur after sufficient data or information has been collected and analyzed. (Note: watch dates of completion versus target dates and SRI auditor date of closure.)
- F. The SRI office shall review the auditor's acceptance of the correction, root cause and corrective action taken. The evidence obtained to support the resolution of nonconformities shall be recorded. The client shall be informed of the result of the review and verification.

Note: if there are legal noncompliance(s) on record, SRI must be confident that the EMS/OHS does address such noncompliance(s) and, taken together, such noncompliance(s) do not indicate a major

nonconformity. The environmental qualified member of the RRP must agree with this decision.

Sampling - When nonconformities are found at any individual site, either through the organization's internal auditing or from auditing by SRI, investigation must take place to determine whether the other sites may be affected. SRI requires the organization to investigate the nonconformities to determine whether they indicate an overall system deficiency applicable to other sites or not. If they are found to do so, correction and corrective action should be performed and verified both at the central office and at the individual affected sites. If they are found not to do so, the organization should be able to demonstrate to SRI the justification for limiting its follow-up corrective action.

- .2 The correction and corrective actions are forwarded to the lead auditor for review and acceptance or rejection. The lead auditor will document results of review on the *Corrective Action Responses - Lead Auditor Approval* (R20.53), the *SRI Assessment Documentation - Corrective Action Notification* (R20.35) form, or via e-mail or required form, noting any comments or additional information that may be needed.
- .3 At this time, SRI may undertake a full or partial re-audit or accept a written declaration that corrective action has been taken (to be validated during the first surveillance visit).

2.3 Follow-Up Re-assessment

When a re-assessment is required, the steps defined by *Pre-Audit Registration Procedures* (QP 4.0) and *On-Site Audit Procedure* (QP 5.0) may be repeated to the extent and degree determined by SRI to be necessary. SRI will give consideration to the organization's and lead auditor's inputs in such determination.

2.4 Decision on Registration

- .1 When SRI's registration processes are satisfied with the favorable recommendation of the audit team, an RRP (Registration Review Panel) is established for each management system registration recommendation. The RRP review process is conducted, according to SRI's *Articles of Association* (QP 3.0), to confirm:
 - A. Prior to initial registration
 - 1) at least one management review and internal audit cycle has been completed;
 - 2) during the registration cycle(s), the management review cycle(s) remain(s) fully operational (the entire system will be reviewed at defined intervals). It is recommended that the intervals be compatible with,
 - a) arrangements for internal audit,

- b) the importance of the activities under which the registration is granted;
 - 3) management reviews should be conducted no less frequently than annually;
 - 4) a complete management review cycle typically should not exceed 12 months;
- B. Conformance to SRI procedures;
 - C. The capability, performance, and competence of the auditors;
 - D. The organization has demonstrated that the management system has been implemented and conforms with the selected Standard, and/or any applicable related industry sector requirements;
 - E. A written commitment for timely corrective action has been received from the organization for all identified nonconformities, and all major nonconformities have been eliminated.

Note: SRI may grant registration or permit registration to continue when there are observed legal noncompliances. SRI must be satisfied that the EMS does address such noncompliances and taken together, such noncompliances do not constitute a major nonconformity.

- .2 The results of the RRP must indicate conformance to the registration criteria, SRI procedures, and all corrective actions must be adequately addressed. The registration review panel will be given access to all documentation including backup information regarding corrective actions, and, for example, PEARS for aerospace, etc. Based on the information provided, there must be no conflict of interest or basis for appeal evident. If all information is approved, certification is granted. A record (R20.47 and R20.47-01) of each certification decision is maintained, including any additional information or clarification sought from the audit team or other sources.
- .3 All other outstanding process(es)/clause(s) of the “SRI Registration Agreement” must be satisfied before issuance of the certificate.
- .4 SRI is not permitted to issue a certificate under a new scope of registration until formal approval from the AB is received. This approval is the listing of the scope on the updated AB certificate.
- .5 A decision will be communicated by SRI within 30 days of the sign off by the Certification Director, unless unique issues arise or other sector specific requirements override this time constraint. When unique issues arise, SRI will inform the client’s management representative when the decision cannot be communicated within the 30 day time frame.

2.5 Appeals

- .1 If the certification has been denied, either completely or in part, or if SRI has failed to come to a decision within the required period, the organization may enter an appeal, as described in the *Appeal and Dispute Resolution System* procedure (QP 8.0).
- .2 If certification has been denied, or if the organization withdraws the application, SRI will consider any new application only after the organization has demonstrated that adequate corrective actions have been taken on those points which the earlier application had been denied or that the reasons for the withdrawal no longer apply.


2.6 Registration (Certification)

- .1 SRI will charge the organization for the assessment and for the subsequent consideration of the application for registration on the basis of the time spent, at the fees stated in the SRI fee schedule and any related expenses incurred.
- .2 If an organization fails to pay these charges, SRI may, as appropriate:
 - A. Discontinue further consideration of the application;
 - B. Not offer a registration agreement;
 - C. Terminate an existing registration agreement.
- .3 The model of the agreement entered into between SRI and the organization before issuance of the certificate of registration is incorporated in the records to this procedure.
- .4 After the agreement has been duly signed, SRI provides a certificate of registration signed by the President or designee, who is authorized to issue the certificate. The term of the certificate/registration in most cases will normally be compatible with the arrangements for re-assessment. The certificate/registration is valid for three years.
- .5 The scope of registration is shown on the certificate or on a separate schedule. These documents shall include, as a minimum the following information:
 - A. The name and address of the organization registered;
 - B. Location(s) of the registered facility/facilities and the scope of the registration, including a description of the activities and the products, processes, or service categories and, if appropriate, regulatory requirements, product standards or other normative documents against which products are supplied;
 - C. The standard and/or other normative documents to which the management system is registered;
 - D. The effective date of registration and the term during which the

- registration is valid (the term in most cases will normally be compatible with the arrangements for re-assessment);
- E. Unique identification code/client number;
 - F. Accreditation Mark(s);
 - G. For multi-site certification, each site may receive a separate certificate, with a common certificate number plus number suffix e.g. 0633-01, 0633-02, 0633-03, 0633-04;
 - H. Any other information required by the standard and/or other normative documents used for certification.
- .6 The model for the certificate of registration and the schedule are shown in the records to this procedure.

3.0 Records

- 3.1 *SRI Registration Agreement (R20.4)*
- 3.2 SRI Certificate of Registration
- 3.3 SRI Schedule to the Certificate
- 3.4 *Registration Review Panel (RRP) Review and Approval (R20.47)*
- 3.5 *SRI Assessment Documentation - Corrective Action Notification (R20.35)*
- 3.6 *Corrective Action Responses - Lead Auditor Approval (R20.53)*
- 3.7 SRI Registration Fee Schedule
- 3.8 *Membership of Internal Audit Committee (IAC), Dispute Resolution Committee (DRC), and Auditor Review Board (ARB) (R20.14)*

QP 7.0	Post-Registration Procedures	
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3.0 Records

1.0 Scope

1.1 General

- .1 SRI typically carries out surveillance of a registered organization at intervals varying from six months to one year (but no less than once per year) and specifies an agreed upon re-assessment time frame compatible with the term for which the registration is valid. SRI also reserves the right to carry out unscheduled surveillance visits or re-assessments at intervals other than those stated.
 - A. In some instances, it may be necessary to conduct audits on short notice to investigate a complaint or in response to changes.
 - B. SRI will notify the client by phone, fax, or e-mail as to the reason for the special audit.
 - C. SRI will typically utilize the current auditor assigned to the client for the short notice audit.
 - D. In the event that the organization objects to a team member, SRI will replace/substitute the auditor with one accepted by the organization. SRI will reissue a conflict of interest to both the organization and the newly assigned auditor.
- .2 SRI prepares reports on these surveillances and re-assessments, which are made available to the client.
- .3 If nonconformances are noted, corrective actions are required. For renewals, the time limit to very major nonconformities is the expiry date of the certificate.
- .4 Upon re-assessment, if the result is favorable, a new certificate of registration may be issued. The date on the RRP approval is on or before the date utilized as the start of the new period of certification. In most cases, the term of the certificate/registration will normally be compatible with the arrangements for re-assessment. The certificate/registration is valid for a period of three years. For renewals, the expiry date is based on the expiration date of the prior certificate.
- .5 If the organization wishes to modify the scope of its registration, it must obtain the approval of SRI. An on-site assessment may be required.
 - A. If the result of review or assessment is favorable, a new or updated certificate of registration and/or schedule may be issued. If the scope is to be changed, the organization is to return the certificate and its schedule to SRI. SRI will issue a certificate and/or schedule reflecting the changed scope. The expiration date of this certificate may be the same as that of the replaced certificate.

- .6 If registration is to be terminated, the organization is to return the certificate, agreement, and other applicable registration materials to SRI.
- .7 Appeals for a registration decision must be made within 30 days after publication of that decision, according to the *Appeal and Dispute Resolution System (QP 8.0)* procedure.
- .8 This procedure applies to post-audit registration activities leading up to and including the renewal event. SRI shall conform to the applicable requirements and follow procedures for the assessment and certification of an organization's management system that is consistent with the following, including their reference documents:
 - A. *ANSI/ASQ QE19011 Guidelines for quality and/or environmental management systems auditing*
 - B. *ISO/IEC 17021 Conformity assessment - Requirements for bodies providing audit and certification of management systems*, and any related normative document(s), most current revisions.
- .9 This procedure is valid for the SRI third-party system of auditing and registering an organization's management system to any approved standard or sector-specific requirement within SRI's scope of accreditation.
- .10 The objective of this third-party system is to provide, by means of audit and subsequent surveillance, an adequate level of confidence that the organization's management system conforms to the identified requirements for that system.
- .11 This third-party system involves only the auditing of the organization's management system and is not concerned with the certification of products.
- .12 The identification of conformance to the appropriate management system standard and/or sector specific requirement(s) and any supplementary documentation will be in the form of a registration document.

1.2 References

- .1 *ISO/IEC 17021 Conformity assessment - Requirements for bodies providing audit and certification of management systems*, and any related normative document(s), most current revisions.
- .2 *ANSI/ASQ QE19011 Guidelines for quality and/or environmental management systems auditing*
- .3 *General Registration Information (R20.1)*.

- .4 *ISO Registration Audit Procedures Flow Chart (R20.11)*
- .5 *Articles of Association (and Legal Status) (QP 3.0) (Reference Auditor Review Board)*
- .6 *Pre-Audit Registration Procedures (QP 4.0)*
- .7 *On-Site Audit Procedure (QP 5.0)*
- .8 *Post-Audit Registration Procedures (QP 6.0)*
- .9 *Appeal and Dispute Resolution System (QP 8.0), for use by any party if appeal is desired*
- .10 *Recordkeeping and Retention (QP 10.0)*
- .11 *Personnel (QP 11.0)*
- .12 *Conditions for Use of Accreditation Mark(s) and SRI Registration Mark (R20.6)*
- .13 *Membership of Internal Audit Committee (IAC), Dispute Resolution Committee (DRC), and Auditor Review Board (ARB) (R20.14)*
- .14 *SRI Board of Directors (R20.13A) and Advisory Council (AC) / Impartiality Committee (R20.13B)*
- .15 *Registration Review Panel (RRP) Review and Approval (R20.47)*
- .16 *Corrective and Preventive Action (QP 15.0)*
- .17 *SRI Code of Conduct (R20.10)*
- .18 *Conflict of Interest Policy (R20.29)*
- .19 *Scope Changes, QMS Registration and RRP Process (R20.110)*
- .20 *Re-Assessment and Auditor Independence and Monitoring/Assessment Policy (R20.103)*
- .21 *SRI Policy Manual Management Systems (QPM)*
- .22 *Registration Change Form for Registered Companies (R20.106)*

1.3 Responsibilities

- .1 **President& COO:** shall be responsible for establishing and maintaining an organization reporting to him/her which shall establish, maintain, and

continually improve all registration policies and procedures.

- .2 **Certification Director:** reports to the President& COO of SRI and shall be responsible for making all accreditation requirements and for establishing, maintaining, and approving all technical registration activities and for preparing all registration policies and procedures for final review and approval by the President& COO.
- .3 **Certification Department:** under the direction of the Certification Director is responsible for developing, implementing, managing, and monitoring the management system registration processes.
- .4 **Auditor:** is responsible for following the directions and supporting the lead auditor, planning, and carrying out assigned tasks objectively, effectively, and efficiently within the scope of the audit, collecting and analyzing information to determine findings and reach a conclusion, preparing working documents under the direction of the lead auditor, documenting audit findings, safeguarding information, and assists in writing the audit report.
- .5 **Lead Auditor:** is responsible for ensuring the efficient and effective conduct and completion of the audit within the audit scope and approved plan, managing all aspects of the audit (*ANSI/ASQ QE19011 Guidelines for quality and/or environmental management systems auditing*), representing the audit team in discussions with the client and SRI, reporting the audit results and determining if requirements have been met.
- .6 **Registration Review Panel (RRP):** reviews the overall registration process to assure the SRI system is working properly and according to policies and procedures.

1.4 Definitions

- .1 **Audit Team:** A group of auditors, or a single auditor, designated to perform a given audit; the audit team may also include technical experts and auditors-in-training.
- .2 **Auditor:** A person qualified to perform management system audits.
- .3 **Management System:** The part of the overall system which includes organizational structure, planning activities, responsibilities, practices, procedures, processes, and resources for developing, implementing, achieving, reviewing, and maintaining the policy.
- .4 **Management System Audit:** Systematic and documented verification process to objectively obtain and evaluate evidence to determine whether an organization's management system conforms to the management system audit criteria set by the organization, and to communicate the results of the process to management.

- .5 **Lead Auditor:** A person qualified to manage and perform management system audits.
- .6 **Major Nonconformity:** Any or all of the following:
- A. The absence of or total breakdown of a system to meet a management system requirement. A number of minor nonconformities against one requirement can represent a total breakdown of the system.
 - B. Any noncompliance that would result in the probable shipment of nonconforming product. A condition that may result in the failure or materially reduce the usability of the products or services for their intended purpose.
 - C. A noncompliance that judgment and experience indicate is likely either to result in the failure of the management system or to materially reduce its ability to assure controlled processes and products.
 - D. There is significant doubt as to the capability of the management system to achieve the policy and objectives of the organization.
- .7 **Minor Nonconformity:** Non systemic nonconformance that does not fall clearly into a major nonconformity category and has minimal impact and significance on the system.
- .8 **Organization:** Company, corporation, firm, enterprise or institution, or part or combination thereof, whether incorporated or not, public or private, that has its own functions and administration. The term “organization” is often synonymous to “applicant” within the context of registration.
- .9 **Registration Body (SRI):** Third-party which audits and registers the management system of an organization with respect to published management system standards and any supplemental documentation required under the system. In the U.S., commonly referred to as a “registrar.”
- .10 **Registration System:** System having its own rules of procedure and management for carrying out the assessment leading to the issuance of a registration document and its subsequent maintenance.
- .11 **Registration (or Certification):** Inclusion of the organization's particulars and field of assessed capability by the Registration Body (SRI) in an appropriate register or list.
- .12 **Registration (or Certification) Document:** Document indicating that an organization's management system conforms to specified management

system standard and/or sector specific requirement(s) and any supplementary documentation required under the system.

- .13 **Scope of Registration:** The functions, products, processes, and/or services that are included within the management system.
- .14 **SRI Board of Directors:** Refers to the group of business advisors to the CEO. The SRI Board and Advisory Council combined cooperation creates the governing board.
- .15 **SRI Symbol or Logo:** The mark used by SRI to identify its own services.

1.5 Approvals

This procedure has been approved by the SRI President & COO.

2.0 Procedures

2.1 Surveillance

- .1 According to the *SRI Registration Agreement* (R20.4), the first surveillance audit visit after initial registration, to ascertain continuing conformance to the appropriate management system standard and/or sector-specific requirement(s), will typically occur six months to one year after the date of the successful registration audit. It must occur no later than 12 months after the certification decision. Future surveillance activities will then occur at intervals of six months to one year (but no less than once per year), dependent upon the degree of conformance demonstrated on prior surveillances.
- .2 Major modifications that affect the basis for registration, such as company size, processes, products or services, and applicable IAF Code can change the occurrence and/or intervals between surveillances.
- .3 During a surveillance audit, any process/clause/element can be audited anytime by SRI. A surveillance schedule will be specified to ensure that the entire management system is audited during a three year period against every relevant process(es)/clause(s) of the applicable standard and/or sector specific requirement(s).
- .4 SRI will check its records of appeals, complaints, and disputes brought before SRI against the organization at the renewal (R20.47), prior to the next three year surveillance events.

Each on site surveillance audit will address:

- A. Changes to the management system, any material changes,
- B. Use of SRI's certificate, symbol, logo and accreditation body marks,

- C. Use of the registration and relevant advertisements,
 - D. Conformance to the registration agreement,
 - E. Records of complaints and their responses,
 - F. Corrective and preventive actions,
 - G. The functioning of procedures for notifying management of any breaches, actions taken on nonconformance identified by the organization, actions on SRI nonconformities identified during the previous audit,
 - H. Progress of planned activities aimed at continual improvement of system performance,
 - I. Management system internal system audit results and management reviews,
 - J. The effectiveness of the management system in achieving the organization's objectives and the intended results of the management system,
 - K. Continuing operational control.
 - L. Other surveillance activities may include:
 - 1) inquiry on aspects of certification
 - 2) reviewing the organization's statements in regards to promotional materials and their website
 - 3) request to provide documents and records
 - 4) other means of monitoring the client's performance.
- .5 The auditor will use the *SRI Surveillance Plan (Office Record)* (R20.23) to identify and record the past and current audit results and future planned areas for surveillance.
- .6 SRI will establish the specific date for a surveillance visit with the organization and auditor. SRI will update the *SRI Surveillance Plan and Record (Office Record)* (R20.23) and send it to the auditor. An audit plan will be sent to the organization.
- .7 Auditor assignment, audit planning, surveillance audits, and reporting will be conducted in accordance with the applicable requirements of the *Pre-Audit Registration Procedures* (QP 4.0) and/or *On-Site Audit Procedure* (QP 5.0), within the agreed upon scope.
- .8 At the conclusion of the audit, the audit team, by a consensus judgement,

will decide on the extent of the organization's management system conformance with the applicable standard and/or sector specific requirement(s), registration criteria, and any related documents. All audit team members will sign the *SRI Audit Team Recommendation* (R20.36), showing agreement with the conclusions.

- .9 When a corrective action notification (CAN) is issued by an auditor, the applicable requirements of the *Post-Audit Registration Procedures* (QP 6.0) will be followed.
- .10 After the audit report is received, review of documentation after a surveillance activity is the responsibility of the Technical Manager/designee. SRI will follow the applicable requirements of the *Post-Audit Registration Procedures* (QP 6.0) to issue the report.
- .11 SRI invoices the organization for fees and expenses incurred for the audit based on the fee schedule and/or quote.
- .12 All SRI registered clients are required to conduct timely surveillance activity to maintain their current registration. In certain instances, as a client convenience, where the client requests an event past the normal target date as established by SRI, the following criteria may be applied:
 - A. The client must request a delay, in writing, along with the reason for the delay.
 - B. Circumstance(s) for the delay must be reasonable and acceptance remains at the discretion of SRI.
 - C. Requesting an audit delay within 30 days of the confirmed event may result in charges being incurred for travel and mandays scheduled and lost.
 - D. Requests for delay that occur within 30 to 90 days before the event due date may require added on-site activity depending on the period of delay, and the registrant may be required to pay in advance of the audit event for travel expenses and man days.
 - E. Requests for delays that exceed 30 days beyond the event due date may be cause for "Alert" or "Probation/Suspension" status.
 - F. No surveillance may occur beyond one year since the last activity. General rule of thumb +/- 30 days still applies.
 - G. Failure to conduct timely assessments is grounds for Withdrawal and Delisting.

2.2 Re-assessment for Registration

- .1 SRI develops a proposal for re-assessment and/or the subsequent period of registration. The proposal is forwarded to the organization at least 90 days before the end of the current registration. The magnitude and scope of the re-assessment varies from that of a renewal event up to a full re-registration. In general, the following may affect the duration of the re-assessment for continuance of registration:
- A. The number, severity, and the frequency of corrective actions;
 - B. Nature, number and extent of changes in the management system over the past three years;
 - C. The nature and extent of organizational and scope modifications that affect the basis for registration over the previous scheduled surveillances;
 - D. Consideration of multiple sites or multiple management system standards;
 - E. Recertification plans consider performance over the period of certification and include a review of surveillance reports;
 - F. SRI makes a decision on renewing certification based on results of the recertification audit as well as the results of the review over the previous period of registration, and any complaints received from users of certification.

.2 A re-assessment is required for renewal of all registrations. The purpose of the recertification audit is to confirm the continued conformity and effectiveness of the management system as a whole, and its continued relevance and applicability for the scope of certification. The re-assessment must be conducted toward the end of the term that the certification/registration is valid. Failure to conduct the re-assessment event, respond to cited major and/or minor corrective action notifications (if any), and reimburse SRI for services rendered by the expiry date of the current certificate, will result in a negative decision to renew the certificate. In this case, the certificate will not be extended. SRI will notify the client of the consequences and or actions that can be taken to re-establish the certificate within the six-month limit. If the six-month limit is exceeded, a stage 2 (at minimum) is required to recertify. Completion of the actions needed will restart the certification decision process. If accepted, the certificate is restored. The restored certification date is on or after the certification decision date, and the end date shall be based on the prior certificate cycle. The re-assessment on site audit may be conducted in conjunction with the surveillance closest to three (3) years from the registration and includes:

- A. A review of past performance over the period of certification / registration. Customer Care will add downloads of all prior audit

reports for the certificate cycle to the Lead Auditor's E-vents. If reports are missing, please notify CCC immediately and any missing reports will be provided.

- B. A review of management system documents;
 - C. A site audit that addresses effectiveness, improvement and achievement of policies and objectives.
 - D. Re-assessment activities do not need to have a Stage 1 audit in situations where there have been no significant changes to the management system, the organization or context in which the organization is operating;
 - E. Continued relevance and applicability for the scope of registration.
 - F. The re-assessment shall assess:
 - 1) The effective interaction between all process(es)/clause(s) of the management system,
 - 2) The overall continued effectiveness of the system in its entirety including the effectiveness and compatibility of changes that have taken place in operations, and fulfillment of all requirements of the reference standard and relevant normative documents,
 - 3) The demonstrated commitment to maintain the effectiveness of the system, improvement and achievement of policy, objectives, and intended results.
- .3 Auditor assignment, audit planning, re-audit and re-registration will follow the applicable requirements:
- A. *Pre-Audit Registration Procedures (QP 4.0);*
 - B. *On-Site Audit Procedure (QP 5.0);*
 - C. *Post-Audit Registration Procedures (QP 6.0);*
 - D. *This Post-Registration Procedures (QP 7.0).*
- .4 All SRI registered clients are required to have their management systems re-assessed at least once every three years. A re-assessment is required for renewal of all certifications/registrations. The re-assessment should be conducted toward the end of the term that the certification/registration is valid. Failure to conduct the re-assessment event, respond to cited corrective action notifications (if any), and reimburse SRI for services rendered by the expiry date of the current certificate, will result in the organization requiring a full registration event. The re-assessment and on-site visit may be conducted in conjunction with the surveillance closest to

three (3) years from the registration.

- .5 SRI will not permit an extension to a renewal event such that the new certificate has not been approved prior to the current expiry date.

2.3 Changes to the Management System

- .1 The organization shall inform SRI promptly about any significant change in the organization (such as legal, commercial, ownership, key personnel, equipment, activities, operations, contact address or sites, scope of operations under the certified management system, major changes to management system and/or processes) or to the management system which may affect conformance to requirements of the applicable standard and/or sector specific requirement(s) or the basis for registration.
- .2 Any application for a change to the scope of a registration will be processed by SRI according to the requirements for *Scope Changes, Management System Registration and RRP Process* (R20.110). SRI Customer Care will document the request for change on the R20.106, *Registration Change Form for registered companies* and forward the request to the appropriate authorities for review and approval. The Director, Certification or program lead will document and direct appropriate actions related to the change.
- .3 SRI will formally reply to the organization within 30 days to any notification of change. The organization will accept SRI's decision about whether the change requires further investigation, full or a partial re-audit. Any appeal to SRI decisions should be handled according to the *Appeal and Dispute Resolution System* (QP 8.0).

2.4 Public Information

SRI, via its website, makes public information about its:

- .1 audit process (QP 5.0),
- .2 processes for granting, refusing, maintaining, renewing, suspending, restoring, or withdrawing certification, or expanding or reducing the scope of certification (QP 7.0),
- .3 types of management systems and certification schemes in which it operates (accreditation certificates posted)
- .4 use of SRI's name and certification marks or logo (R20.6),
- .5 processes for handling requests for information, complaints and appeals (QP 8.0),

- .6 policy on impartiality.

2.5 Changes to the Registration Requirements/Criteria

- .1 When SRI intends to make significant changes to the registration requirements that affect the organization or accreditation, it will give notice to, as appropriate, the registered organizations, accreditation bodies, SRI applicants, subcontract auditors, and other interested parties. Before deciding the precise form and effective date of any changes, SRI will allow 60 days for the interested parties to express their views. SRI will specify whether such changes require a full or partial re-audit to evaluate conformance to the changed requirement(s).
- .2 After the 60-day study period, SRI will immediately notify organizations and the accreditation body(s) by letter, e-mail, or SRI Website, confirming the date on which the change will become mandatory. This date typically will be at least six-months from the date of notification, unless statutory or accreditation requirements, or other circumstances direct otherwise.
- .3 After receipt of the formal notification, the organization will implement the change(s) within the transition period.
- .4 If an organization informs SRI that it will not accept the changes or if the organization fails to implement changes as required, SRI may terminate the application for registration and/or the registration agreement, on or before (as appropriate) the date on which the changed registration requirements become mandatory.
- .5 When an organization accepts the changes, the requirements will be considered to be part of the registration agreement from the date on which they will become mandatory.
- .6 If the outcome of any full or partial re-audit is unfavorable, SRI may define a period for corrective action and re-audit. When the organization fails to demonstrate conformance within the permitted time period, the application for registration and/or the registration agreement shall be terminated.
- .7 Any appeal to SRI decisions shall be handled according to the *Appeal and Dispute Resolution System* (QP 8.0).

2.6 Changes in SRI Registration Procedures

- .1 Changes to the procedures for registration may be made only with concurrence by the management system Advisory Council. When such a decision for change has been made, the Advisory Council shall also concur regarding the date on which the changes are to go into effect.

2.7 Confidentiality

- .1 SRI will ensure that confidentiality is maintained about registration activities through appropriate safeguards and through formal non-disclosure and confidentiality agreements. Internal SRI customer files will be locked. Use of files, computer access, and computer media will be restricted. Virus protection and firewalls are provided. All SRI personnel, board and committee members, subcontractors, and cleaning personnel will sign a non-disclosure agreement. Except as required in this document, information not in the public domain, about an organization, process or product shall not be disclosed to a third-party, including fellow employees and other employers, without the written consent of the organization.
- .2 SRI may disclose information required by the accreditation requirements, information accessible to the general public, and information provided by agreement, such as publication of a registration roster. SRI or its auditors will not disclose information about an organization's registration process, product or process to a third-party without the written consent of the organization. Where the law requires information to be disclosed to a third-party, SRI does not need the organization's consent. SRI will inform the organization of the information provided.

2.8 Misuse of a Registration

- .1 SRI will determine and confirm when a registration is misused. SRI may request an organization granted registration to cease displaying or otherwise using the registration document, including any advertising matter and, if applicable, SRI's and the accreditation body(s) symbol, mark(s) or logo. Misuse of a registration by an organization may include and is not limited to the following situations:
 - A. Continuing to use the registration after it lapses, a suspension, or withdrawal/cancellation;
 - B. The organization has made a change to the management system which has not been accepted by SRI and which could reasonably be expected to affect the organization's basis for registration;
 - C. The organization has failed to implement a change responsive to the registration requirements issued by SRI;
 - D. The organization fails to comply with the registration agreement;
 - E. Uses the registration (for example):
 - 1) In a manner as to bring SRI into disrepute;
 - 2) In a way SRI considers misleading or unauthorized;
 - 3) To imply that a product or service is approved by SRI;
 - 4) Document, symbols, logos, marks, report or any part thereof in a misleading manner;

- 5) In a way that does not comply with the requirements for communicating its registration status [reference *Conditions for Use of Accreditation Mark(s) and SRI Registration Mark* (R20.6)].
 - F. Any other circumstances arising which could reasonably be expected to adversely affect the management system or basis for registration.
- .2 Upon confirmation that an organization has misused the registration, SRI will take and/or request the organization to take appropriate actions. Such actions may include issuing a corrective action notification to the organization, suspension, or withdrawal of the registration, publication of the transgression and, if necessary, other legal action.

2.9 Suspension of Registration

- .1 Any failure by an organization to maintain the management system in full compliance with the applicable standard and/or sector specific requirement(s) and registration requirements, will be given a corrective action notification by SRI. This will result in specific mutually agreed upon actions necessary to bring the organization's system into conformance. If the corrective actions are not satisfied by the methods of verification and within the time specified, SRI will issue an "alert" status or other status contingent upon the cited standard selected. This will require the organization to take immediate corrective action, and typically an assessment by a SRI auditor will be done within three months. Other sector specific status may permit or limit different time frame allotments.
- .2 If an "alert" or other status, is corrected to the satisfaction of SRI, no further action is required, and a letter confirming the corrective actions will be sent to the organization. If an "alert" or other status is not corrected to the satisfaction of SRI, registration may be suspended for a limited period at SRI's discretion.
- .3 Also, SRI may suspend an organization's registration for a limited period, at SRI's discretion, for any of the following confirmed reasons:
 - A. If a surveillance or re-audit indicates major nonconformance to the relevant requirements but immediate withdrawal is not considered necessary;
 - B. Misuse of the registration, registration document, SRI or accreditation body symbol or logo is not remedied to SRI's satisfaction;
 - C. If there has been any other flagrant significant contravention of the registration requirements, agreement, or of SRI procedures;

- D. If there is significant legal noncompliance and/or the methods agreed upon for handling such are not followed;
 - E. Actions needed to address changes made by the certified client are not undertaken by the client (e.g., allowing special audits, authorizing additional mandays, etc.);
 - F. Client request suspension (see R20.9).
- .4 An official suspension shall be confirmed by SRI in a registered letter to the organization or by equivalent means, and will indicate the conditions under which the suspension will be removed. SRI may request that the organization cease displaying or otherwise using the registration document, including any advertising matter (and, if applicable, SRI's symbol or logo or any SRI accreditation body symbol or logo) when practicable. SRI may publish notification of suspension.
 - .5 Upon fulfillment of the indicated conditions within the specified period, which may include an on-site corrective action follow-up audit, SRI will remove the suspension and notify the organization accordingly; otherwise, the registration will be cancelled and the registration document withdrawn.
 - .6 The maximum period for suspension is typically three months, depending on the cited standard, at which time SRI may cancel a registration, withdraw the registration document and cancel any registration agreement and other agreements for the use of the SRI or accreditation body, trademark and logos.
 - .7 Short-notice audits may be performed due to complaints received, or in response to change or as a follow-up to suspension. Magnitude of the event is predicated on the issue at hand. Due notice will be given the organization should such an event be required. SRI shall describe and make known in advance to the certified clients the conditions under which these short-notice visits are to be conducted, and will exercise additional care in the assignment of the audit team because of the lack of opportunity for the client to object to audit team members.
 - .8 Any appeal to SRI decisions should be handled according to the *Appeal and Dispute Resolution System* (QP 8.0).

2.10 Withdrawal/Cancellation

- .1 SRI can cancel a registration, withdraw the registration document and cancel any registration agreement and other agreements for the use of SRI's or its accreditation bodies' symbol or logo including and is not limited to the following:
 - A. Under the relevant provisions of the registration agreement;

- B. If a nonconformance has not been corrected after an "alert" or other status and agreed upon time is expired;
 - C. When the reasons for an alert or suspension reoccur;
 - D. At the formal request of the organization;
 - E. If the system rules are changed and the organization either will not or cannot ensure conformance to the new requirements;
 - F. If the organization ceases implementation of the management system or the activities, organizational structure, product, process or service for which the management system is based, including any significant failure to address legal noncompliance and methods of handling are not followed;
 - G. If the registered organization fails to meet financial obligations to SRI;
 - H. On any other grounds specifically provided for under the registration requirements or other agreements between SRI and the organization;
 - I. Misuse of the registration or a violation of the rules of registration of the SRI service mark(s) with/by the US patent and trademark office.
- .2 Withdrawal and cancellation will be exercised by informing the Certification Director or delegate by various means. The "Delisting Letter" template is typically completed by the Certification Director, forwarded to the appropriate Manager or Coordinator for required internal actions and notification to interested parties. The organization delisted shall be informed accordingly by registered letter or equivalent means. The organization will cease displaying or otherwise using the registration document, including any advertising matter (and, if applicable, SRI's and the Accreditation Body(s) symbol or logo) when practicable. SRI may publish notification of the withdrawal and cancellation.
- .3 Any appeal to SRI decisions should be handled according to the *Appeal and Dispute Resolution System* (QP 8.0).

2.11 Use of SRI's Certificate, Marks, Symbol or Logo

- .1 SRI is the proprietor of the SRI symbol, mark(s) or logo(s) and intends it for use under the registration system and relevant programs. The organization may use the registration document (certificate and/or the schedule) and the specified SRI and accreditation body(s) symbol, mark(s) or logo only as authorized by SRI [reference *Conditions for Use of Accreditation Mark(s) and SRI Registration Mark* (R20.6)]. The registration document, symbol, mark(s) or logo will not be used on a

product or product packaging seen by the consumer, laboratory test and/or calibration or inspection reports, or in a way that may be interpreted as denoting product or performance conformity.


- .2 SRI will inform the organization, by registered letter or equivalent, of the time and conditions (e.g., suspension, withdrawal, changes) that requires the organization to cease its use of all advertising matter that contains any reference to the registration document, symbols, marks or logos. At SRI's discretion, the organization will destroy or return any registration documents to SRI.

2.12 Corrective Actions

- .1 If SRI determines that a registered company has not complied with the registration requirements and/or registration agreement, SRI may give the organization the opportunity to take corrective actions without prejudice to SRI's right to immediately terminate the registration agreement.
- .2 The organization will accept SRI's assessment whether adequate corrective actions have been taken.
- .3 Any appeal to SRI decisions should be handled according to the *Appeal and Dispute Resolution System* (QP 8.0).

3.0 Records

- 3.1 *SRI Surveillance Plan and Record (Office Record)* (R20.23)
- 3.2 Audit Plan
- 3.3 *SRI Assessment Documentation - Corrective Action Notification* (R20.35)
- 3.4 *Scope Changes, management system Registration and RRP Process* (R20.110)
- 3.5 *Corrective Action Responses - Lead Auditor Approval* (R20.53)
- 3.6 Audit Report
- 3.7 *SRI Audit Team Recommendation* (R20.36)
- 3.8 Non-disclosure and Confidentiality Agreement
- 3.9 Written Consent of Disclosure
- 3.10 *Conditions for Use of Accreditation Mark(s) and SRI Registration Mark* (R20.6)
- 3.11 *SRI Registration Agreement* (R20.4x)
- 3.12 SRI Certificate of Registration and Schedule to the Certificate
- 3.13 Suspension and/or Withdrawal Registered Letters
- 3.14 Risk Analysis

<p style="text-align: center;">QP 8.0</p>	<p style="text-align: center;">Appeal and Dispute Resolution System</p>	
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3.0 Records

1.0 Scope

1.1 General

- .1 An Appeal/Dispute Resolution Committee (DRC) has been set-up to pass judgement on any appeal or dispute about decisions or measures taken by SRI, against which an organization or third-party is entitled to appeal or dispute.
 - A. Prior to a formal appeal, dispute or formal complaint being received by SRI as noted below, SRI and the parties involved should attempt to resolve a complaint or disagreement through mutual agreement that does not contravene the registration and accreditation requirements. SRI shall document this matter as defined within their *Corrective and Preventive Action* (QP 15.0) procedure. If mutual agreement cannot be reached upon receipt of a formal appeal or dispute, this procedure for *Appeals and Dispute Resolution System* shall be implemented.
- .2 If an organization makes an appeal or dispute against SRI, the organization may request suspension of the decision or action in question. The request shall be made according to this procedure. The organization must be aware that an appeal or dispute does not extend the decision timeframe(s) specified by the applicable Accreditation Body for the standard in question (e.g. IATF Rules for Achieving and Maintaining IATF Recognition for ISO/TS 16949). The chairman of the DRC shall pass on this request as soon as possible.
- .3 The objective of this third-party system is to provide, by means of assessment and subsequent surveillance, an adequate level of confidence that the organization's management system conforms to the identified requirements for that system.
- .4 This third-party system involves only the assessment of the organization's management system and is not concerned with the certification of products.
- .5 The identification of conformance to the appropriate management system standard and/or sector specific requirement(s) and any supplementary documentation will be in the form of a registered document.
- .6 SRI shall conform to the applicable requirements and follow procedures for the assessment and certification of an organization's management system that are consistent with the following, including their reference documents:
 - A. *ANSI/ASQ QE19011 Guidelines for quality and/or environmental management systems auditing*

- B. ISO/IEC 17021 *Conformity assessment - Requirements for bodies providing audit and certification of management systems*, and any related guidance document(s), most current revisions.

1.2 References

- .1 ISO/IEC 17021 *Conformity assessment - Requirements for bodies providing audit and certification of management systems*, and any related guidance document(s), most current revisions.

- .2 ANSI/ASQ QE19011 *Guidelines for quality and/or environmental management systems auditing*

These procedures are valid for the SRI third-party system of assessing and registering a supplier's management system to any approved standard or sector-specific requirement.

- .3 *General Registration Information* (R20.1).
- .4 *SRI Application and Cost Proposal Terms and Conditions* (R20.3)
- .5 SRI Registration Fee Schedule, a fee schedule for all phases of registration, surveillance, and re-assessment.
- .6 *SRI Registration Agreement* (R20.4x), the contract between SRI and a registrant or potential registrant.
- .7 *Articles of Association* (QP 3.0) (Reference Auditor Review Board)
- .8 *Pre-Audit Registration Procedures* (QP 4.0)
- .9 *On-Site Audit Procedure* (QP 5.0)
- .10 *Post-Audit Registration Procedures* (QP 6.0)
- .11 *Recordkeeping and Retention* (QP 10.0)
- .12 *Personnel* (QP 11.0)
- .13 *Conditions for Use of Accreditation Mark(s) and SRI Registration Mark* (R20.6)
- .14 *Corrective and Preventive Action* (QP 15.0)
- .15 *SRI Code of Conduct* (R20.10)
- .16 *Conflict of Interest Policy* (R20.29)

.17 *SRI Policy Manual Management Systems (QPM)*

1.3 Responsibilities

- .1 **President & COO:** shall be responsible for establishing and maintaining an organization reporting to him/her which shall establish, maintain, and continually improve all registration policies and procedures.
- .2 **Certification Department:** under the direction of the Certification Director is responsible for developing, implementing, managing, and monitoring the management system registration processes.
- .3 **Auditor:** is responsible for following the directions and supporting the lead auditor, planning, and carrying out assigned tasks objectively, effectively, and efficiently within the scope of the audit, collecting and analyzing information to determine findings and reach a conclusion, preparing working documents under the direction of the lead auditor, documenting audit findings, safeguarding information, and assist in writing the audit report.
- .4 **Lead Auditor:** is responsible for ensuring the efficient and effective conduct and completion of the audit within the audit scope and approved plan, managing all aspects of the audit (see ANSI/ASQ QE19011 *Guidelines for quality and/or environmental management systems auditing*), representing the audit team in discussions with the client and SRI, reporting the audit results and determining if requirements have been met.
- .5 **Dispute Resolution Committee (DRC):** empowered to act by the SRI Board of Directors, in reviewing and resolving any appeal or dispute brought to them by the President & COO, CEO, or designate from the SRI registration program.

1.4 Definitions

- .1 **Audit Team:** A group of auditors, or a single auditor, designated to perform a given audit; the audit team may also include technical experts and auditors-in-training.
- .2 **Appellant:** Interested person, party, organization, etc. formally making the appeal.
- .3 **Auditor:** A person qualified to perform management system audits.
- .4 **Management System:** The part of the overall management system which includes organizational structure, planning activities, responsibilities, practices, procedures, processes, and resources for developing,

implementing, achieving, reviewing, and maintaining the policy.

- .5 **Management System Audit:** Systematic and documented verification process to objectively obtain and evaluate evidence to determine whether an organization's management system conforms to the management system audit criteria set by the organization, and to communicate the results of the process to management.
- .6 **Lead Auditor:** A person qualified to manage and perform management system audits.
- .7 **Major Nonconformity :** Any or all of the following:
 - A. The absence of or total breakdown of a system to meet a management system requirement. A number of minor nonconformities against one requirement can represent a total breakdown of the system.
 - B. Any noncompliance that would result in the probable shipment of nonconforming product. A condition that may result in the failure or materially reduce the usability of the products or services for their intended purpose.
 - C. A noncompliance that judgment and experience indicate is likely either to result in the failure of the management system or to materially reduce its ability to assure controlled processes and products.
 - D. There is significant doubt as to the capability of the management system to achieve the policy and objectives of the organization.
- .8 **Minor Nonconformity:** Non systemic nonconformance that does not fall clearly into a major nonconformity category and has minimal impact and significance on the system.
- .9 **Organization:** Company, corporation, firm, enterprise or institution, or part or combination thereof, whether incorporated or not, public or private, that has its own functions and administration. The term "organization" is often synonymous to "applicant" within the context of registration.
- .10 **Registration Body (SRI):** Third-party which audits and registers the management system of an organization with respect to published management system standards and any supplemental documentation required under the system. In the U.S., commonly referred to as a "registrar."
- .11 **Registration System:** System having its own rules of procedure and management for carrying out the assessment leading to the issuance of a

registration document and its subsequent maintenance.

- .12 **Registration (or Certification) Document:** Document indicating that an organization's management system conforms to specified management system standard and/or sector specific requirement(s) and any supplementary documentation required under the system.
- .13 **Scope of Registration:** The functions, products, processes, and/or services that are included within the management system.
- .14 **SRI Board of Directors:** Refers to the group of business advisors to the CEO. The SRI Board and Advisory Council combined cooperation creates the governing board.

1.5 Approvals

This procedure has been approved by the SRI President & COO.

2.0 Procedures

2.1 Appeal/Dispute Resolution Committee (DRC)

- .1 The DRC consists of a minimum of three members. The DRC Chairman is appointed by the Chairman of the SRI Board of Directors and may be a member of the SRI Board of Directors. (Note: Substitutes can be appointed by the Chairman of the SRI Board of Directors.)
- .2 The members of the DRC shall not be staff of SRI nor have any commercial interest in those making the appeal. Personnel (including those in a managerial capacity) will not be employed to investigate any appeal or dispute:
 - A. If they have been directly involved in activities toward the organization or any other related organization or
 - B. Other party involved in the appeal that may be perceived to affect the confidentiality, objectivity, or impartiality of the process.
- .3 The DRC should include individuals from different industries within the SRI scope of registration.
- .4 The members of the DRC are appointed by the SRI Board of Directors. *The Appellant has the right to state objections to any member of the DRC.* The Appellant shall file any viable objection by letter, fax or registered mail to the attention of SRI. The reasons for the objection shall be considered by SRI, who will decide whether to accept the objection and whether to amend the make-up of the DRC.

- .5 In the instance of a perceived conflict of interest between appellant and a member of the DRC, the member shall withdraw in favor of a substitute.

2.2 Information

- .1 All parties involved in the registration process of the organization are obliged to provide to the DRC all necessary information, if required to do so.

2.3 Secrecy

- .1 The DRC are obligated to maintain confidentiality concerning knowledge obtained while functioning as the DRC, with regard to all parties involved.

2.4 Appeal/Dispute Resolution Procedure

- .1 The appeal shall be made by the organization or third-party within 30 days after the action or decision in question. Timeliness by the organization is critical. The organization must be aware that an appeal or dispute does not extend the decision timeframe(s) specified by the applicable Accreditation Body for the standard in question (e.g. IATF Rules for Achieving and Maintaining IATF Recognition for ISO/TS 16949). This procedure is readily available on the SRI website.
- .2 The appeal shall be sent by registered mail to the President & COO of SRI, who shall review the complaint with SRI management staff for full investigation. SRI will determine whether the issue relates to certification activities or to a certified client. If related to a client, SRI will notify the client within 10 working days.
- .3 If the results of the internal investigation, including gathering and verifying information to validate the issue, and discussions with the appellant do not resolve the issue to everyone's satisfaction, the third-party that lodged the appeal, shall also submit a signed statement in which it declares that it will subject itself to the conditions of these procedures.
- .4 After receipt and acknowledgement of the appeal or complaint, the President & COO must establish and inform the members of the DRC within ten working days. This process will fall under SRI's confidentiality policy.
- .5 The DRC may take any measures, including the convening of multiple sessions, to reach a sound judgement.
- .6 The chairman will convene and schedule all DRC meetings and inform the President & COO of SRI, the Chairman of the SRI Board of Directors, and the appellant at least 15 working days before any appeal meeting.

- .7 Both the appellant and SRI have the right to get assistance from witnesses, provided all parties are provided the names and addresses of witnesses in writing at least seven days before the appeal session.
- .8 Any information typically not included in the SRI documented registration system such as laws, regulations, standards, and/or other requirements will be considered predetermined information. Such information must be presented to the DRC seven days before the appeal session. Otherwise, it may not be considered.
 - A. When laws, regulations, or standards are presented after a session has begun. SRI, appellant or DRC has the right to ask for a suspension of the proceedings to seek legal counsel, and/or advisors.
 - B. The cost of the session will be born by the party entering the information.
- .9 Both the appellant and SRI have the right to be represented and/or assisted by legal counsel. SRI in conjunction with the appellant / complainant, will decide to what extent the issue and its resolution is to be made public.
- .10 Either the appellant or SRI may take a dispute to the United States court system.
- .11 Progress reports and outcome will be provided whenever possible. The communication will be performed by individuals not involved with the appeals/disputes process. Additionally, SRI will provide a formal notice when the issue has been resolved.
- .12 Records will be maintained addressing the tracking and recording of the issue, including corrective action when necessitated.

2.5 Judgement

- .1 The members of the DRC shall judge the appeal in all fairness. The members, however, are bound by the established registration system requirements/criteria, articles of association, other predetermined information/requirements and established schedules.
- .2 The DRC decides on the appeal by a majority vote of all members. The Chairman of the DRC informs the parties concerned, in writing, of the judgement and reasons, within ten working days of the judgement. The judgement of the DRC shall be signed by the chairman, and copies sent by registered mail to all parties concerned.
- .3 The DRC can set aside the decision or measure taken by SRI which led to

the appeal or stipulate an amendment or addition.

- .4 The DRC shall establish the amount of costs, excluding legal assistance, and how the costs shall be paid by each party. All payments shall be made within 30 working days of the judgement.
- .5 The DRC is obliged to decide on the appeal within six months after the date the appeal was lodged. This may be extended an additional six months, if the chairman of the DRC determines it is in the best interests of fairness to do so.

2.6 Final Provision


- .1 In all cases in which SRI's registration system or other predetermined regulations do not otherwise provide, the decision of the DRC will be binding.
- .2 After exhausting the internal SRI appeals and dispute resolution process, both parties can utilize other legal means to obtain satisfaction, including arbitration or the U.S. court systems, the choice to be made by the appellant.

2.7 Corrective and Preventive Action

- .1 SRI will keep a copy of all appeals/disputes and remedial actions relative to the registration process. When a judgement is unfavorable for SRI, it will take appropriate corrective and preventive action according to its *Corrective and Preventive Action* (QP 15.0) procedure.
- .2 Actions implemented because of an appeal will be audited during an internal audit to evaluate their effectiveness.

3.0 Records

- 3.1 *Appeals/Dispute Resolution Form* (R20.33)
- 3.2 Pertinent Meeting Minutes entered as a Record

<p>QP 16.0</p>	<p>SRI Policies and Procedures for Responsible Care® (RC14001)</p>	
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 - 2.4 Audit Team
 - 2.5 Audit and Registration Process
 - 2.6 Certificates and Registration
 - 2.7 Appeals and Disputes

- 3.0 Records

1.0 Scope SRI Quality System Registrar is an ANSI-ASQ National Accreditation Board (ANAB) accredited registrar for ISO 14001 processes and has gained qualification for IAF Scope Category 12 (Chemicals, Chemical Products and Fibres). To become and maintain status as a “Responsible Care® 14001(RC 14001)” Accredited Registrar, these policies and procedures shall be followed.

Policy SRI shall meet or exceed all recognition and accreditation requirements for being an ISO 14001 Environmental Management System and Responsible Care® 14001 (RC 14001) Management System Accredited Registrar so as to be capable to certify/register applicants to the American Chemistry Council Responsible Care® (RC 14001) Management System.

1.1 General

This procedure establishes an approach, documentation, records, and implementation method for certification/registration of applicants to the American Chemistry Council Responsible Care® (RC 14001) Management System. The procedure meets all applicable requirements, of the American Chemistry Council Responsible Care® 14001 *Requirements for Certification/Registration Bodies and Accreditation Bodies* and ANAB accreditation requirement documents. This procedure represents additions/clarifications to those defined in SRI Procedures QP 4.0 through QP 8.0, QP 11.0, QP 12.0, QP 15.0 and the relevant Rform documents (R20.XX) where indicated in the above noted and this procedure. The Responsible Care® management system practices and requirements specified in The American Chemistry Council Responsible Care® Management System and Technical Specification, and Guiding Principles are complementary to this procedure and applicable requirements for accreditation.

1.2 References

- .1 American Chemistry Council “Responsible Care® 14001 Requirements for “Certification Audit service Provider Requirements,” most current edition.
- .2 American Chemistry Council Responsible Care® Management System (and attachments), most current edition.
- .3 American Chemistry Council Responsible Care® 14001 Management System Technical Specification Implementation Guidance, most current edition.
- .4 American Chemistry Council Responsible Care® 14001 Auditor Qualifications & Training Requirements, most current edition.
- .5 ANAB accreditation requirement documents, (Responsible Care® Qualification under ANAB for RC 14001 Accreditation).

- .6 ANAB for ISO 14001 Accreditation, most current edition including advisories.
- .7 ISO/IEC 17021 *Conformity assessment - Requirements for bodies providing audit and certification of management systems*, and any related guidance document(s), most current revisions.
- .8 SRI Procedures QP 4.0 through QP 8.0 for conducting registration.
- .9 ISO/IEC 14001, most current edition.
- .10 *Corrective and Preventive Action* (QP 15.0)
- .11 *Personnel* (QP 11.0)
- .12 SRI records R20.xx, as referenced in this procedure and QP associated procedures.
- .13 SRI Registration Agreement and model Certificate to be issued to RC 14001 audits.
- .14 Responsible Care Certification Auditor Course Requirements, most current edition.

1.3 Responsibilities

- .1 **SRI President & COO:** shall be responsible for establishing and maintaining an organization reporting to him/her which shall establish, maintain, and continually improve all registration policies and procedures.
- .2 **Certification Department:** under the direction of the Certification Director is responsible for developing, implementing, managing, and monitoring the Responsible Care® management system (RC) registration processes. The SRI Certification Director has the responsibility for assuring that SRI administrative staff, SRI auditors, and the applicant shall meet or exceed the aforementioned American Council Responsible Care® documents, ANAB accreditation requirements for ISO 14001 and RC 14001, ISO/IEC 14001, ISO/IEC 17021, Responsible Care® 14001 management system practices and process steps, and the requirements of this procedure.
- .3 **Lead Auditor:** is responsible for ensuring the efficient and effective conduct and completion of the audit within the audit scope and approved plan, managing all aspects of the audit, representing the audit team in discussions with the client and SRI, reporting the audit results and determining if the practices and requirements have been met.
- .4 **Auditor:** is responsible for following the directions and supporting the lead

auditor, planning, and carrying out assigned tasks objectively, effectively, and efficiently within the scope of the audit, collecting and analyzing information to determine findings and reach a conclusion, preparing working documents under the direction of the lead auditor, documenting audit findings, safeguarding information, and assist in writing the audit report.

- .5 **Applicant:** shall be responsible for obtaining copies and complying with the American Chemistry Council Responsible Care® Management System practices and requirements, and for understanding and complying with the applicable SRI Procedures and certification/ registration requirements and agreement.
- .6 **SRI Administrative Staff:** shall monitor (SRI Internal Auditor) and support SRI compliance to these procedures.

1.4 Definitions

- .1 **President & COO:** shall be responsible for establishing and maintaining an organization reporting to him/her which shall establish, maintain, and continually improve all registration policies and procedures.
- .2 **Certification Department:** under the direction of the Certification Director is responsible for developing, implementing, managing, and monitoring the management system registration processes.
- .3 **SRI Board of Directors:** refers to the group of business advisors to the CEO. The SRI Board and Advisory Council combined cooperation creates the governing board.
- .4 **SRI EMS Advisory Council:** refers to the SRI Council of Experts, which shall provide, as required, the "Environmental and Responsible Care® Management System expertise" to the government of the registration process.
- .5 **Organization:** refers to the organization which applied to SRI to become certified/registered to the Responsible Care® management system practices and requirement(s). Company, corporation, firm, enterprise or institution, or part or combination thereof, whether incorporated or not, public or private, that has its own functions and administration. The term "Organization" is often synonymous to "Applicant" within the context of registration.
- .6 **SRI:** Steel Related Industries Quality System Registrar, Inc.

1.5 Approvals

This procedure has been approved by the SRI President & COO.

2.0. Procedure

2.1 General

- .1 Below are the requirements or practices for American Chemistry Council and ANAB accreditation for Responsible Care® 14001 (RC 14001), with regard to RC 14001 implementation including criteria (Responsible Care® 14001 Requirements for Certification/ Registration Bodies) for SRI recognition, our audit process, SRI auditor qualifications, registration agreement and certificates. These requirements are binding on SRI to become a 14001 Responsible Care® Registrar.
- .2 If SRI would develop multiple or affiliated offices, the following conditions shall be fulfilled. SRI shall use a common certification/registration scheme including the same procedures for all the local offices. The Seven Fields, Pennsylvania office is designated to ANAB, and approved by ANAB, as the contracted office. The Seven Fields office will be the only contact between ANAB and American Chemistry Council's RC-QC Team or its designated successor. The Certification Director at the Seven Fields Office will be responsible for the control of all ISO 14001 and RC 14001 accreditation and certification/registration related activities for the whole SRI group.
- .3 SRI shall conform to The American Chemistry Council "Responsible Care® 14001," "Certification Audit Service Provider Requirements", most current edition, ANAB accreditation requirement documents, ("Responsible Care® Qualification under ANAB for RC 14001 Accreditation"), ISO/IEC 17021 *Conformity assessment - Requirements for bodies providing audit and certification of management systems*, and any related guidance document(s), most current edition, this procedure and related SRI procedures. These documents apply in particular, but are not limited to SRI, clients and organizations seeking or obtaining Responsible Care® registration, SRI's procedures, auditor qualification, registration and audit processes, disputes and complaints (reference SRI QP 4.0 through QP 8.0 Procedures).
- .4 SRI will maintain on its governing board at least one member designated as the technical representative with Responsible Care® or chemical industry expertise.
- .5 SRI will undergo a successful witness audit for both Stage 1 and 2 by an American Chemistry Council recognized Accreditation Body prior to performing Responsible Care® 14001 accredited certification/ registration services.

- .6 During SRI's accreditation cycle, SRI commits to a negotiated number of witness audits that must be either a Responsible Care® 14001 audit or an ISO 14001 audit at a chemical or similar facility.
- .7 SRI will not provide accredited certification/registration services to an organization if SRI or a related body to SRI has performed any environmental or Responsible Care® management system consulting activities to that organization within the past three (3) years. This restriction includes related bodies of the same parent company or organization. SRI does not provide consulting services. SRI does provide public training according to Responsible Care "Certification Auditor Course Requirements". SRI will not conduct more than one acceptable Stage 1 on-site visit nor more than two pre-assessments on any one site in the same company.

Note: Training open to the public and not supplier specific is not considered consulting.

- .8 SRI will not permit a person or person's organization, including any top management, to provide accredited certification/registration services on behalf of, or representing SRI that has performed any environmental or Responsible Care® consulting services within the past three (3) years to the client organization seeking accredited certification/registration services.

2.2 Certification/Registration Process General

- .1 This procedure, the above referenced external documents, and SRI's certification/registration process supplemented by the above referenced procedures, their attachments, and client organization registration agreement addresses all the requirements for SRI's accredited certification/registration service and auditing of Responsible Care® 14001 Management Systems.
- .2 SRI agrees to give right of access to the American Chemistry Council's representative or member to attend and observe audits. This right of access must be within the appropriate guidelines for maintaining confidentiality and guarding proprietary issues of SRI's client organization(s). This right of access includes the accreditation body representative during periodic witness audits.
- .3 SRI will require, through contract documents, its Responsible Care® 14001 client organization(s) to allow an SRI pre-approved, American Chemistry Council (ACC) representative, appropriate ACC member, and/or accreditation body representative access to witness the SRI's audit team performing an accredited certification/registration audit.
- .4 A consultant's role at an audit must be limited to that of an observer.

2.3 Audit plan

- .1 The audit plan shall propose to include all procedures, systems, processes, practices, guiding principles and requirements of the organization's management system to meet Responsible Care® (RC) 14001 requirements, even when these go beyond the RC 14001 management system requirements.
- .2 The audit plan will be based upon the Responsible Care® 14001 Management System Requirements and guiding principles, and includes assessment of all procedures, systems, processes, guiding principles, practices and measurements of the organizations management system for effective implementation as well as for effectiveness in practice. Assessment shall evaluate the effectiveness of the system, its linkages, performance and requirements. Part of the evidence required is the result of at least one complete performance measurement activity and management review and reporting cycle.

2.4 Audit Team

- .1 Auditors representing SRI for accredited certification/registration services will meet the "American Chemistry Council Responsible Care® 14001 Certification Auditor Qualification & Training Requirements," most current edition. Where SRI elects to establish its own auditor training program for accredited certification/registration services, SRI will document its auditor training program and obtain American Chemistry Council's approval. Approval may be in the form of a sanctioned training certificate.
- .2 Auditors will be monitored on-site to evaluate performance at least once each three year period.

2.5 Audit and Registration Process

- .1 Any organization may elect to pursue third-party certification/ registration to Responsible Care® 14001. However, such organizations may be required to demonstrate the capability to conform with ISO 14001 Environmental Management System requirements and shall be required to conform to Responsible Care® 14001 requirements. Conformance with ISO 14001 and Responsible Care® 14001, shall be based on objective evidence of meeting each applicable requirement, including any outside influenced specific requirements. The judgment regarding conformance to requirements may be based on the auditors confidence that implementation of procedures, processes and system assure conformance to requirements. Conformance will be determined during the certification process at the time of audit or follow-up for verification.

A. Upgrade to RC14001 - For an organization already registered by SRI

to ISO 14001 current edition, an upgrade event to RC14001 may be indicated. As a minimum, all RC14001 additional Responsible Care Requirements must be addressed along with select ISO 14001 requirements based on input from the assigned Lead Auditor. An RC14001 audit of a company's management system for conformance to RC14001 must address whether the management system conforms to and is consistent with all program elements and procedures referenced in RC14001 and ISO 14001.

- .2 Remote locations, e.g., engineering, purchasing, warehouses, shall be included in the initial and ongoing surveillance audits as addressed in the annual audit plan. Remote locations shall be audited as they support a site certification. Remote locations shall undergo surveillance audits in accordance with SRI's ISO 14001 environmental management system registration process.
- .3 For multiple site certification, sites shall be audited in accordance with SRI's ISO 14001 environmental management system registration process.
- .4 During the three (3) year term of a certificate, SRI will assess 100% of the organizations entire certified/registered scope of certification.
 - A. It is permissible for each surveillance audit to re-examine part of the system so that the equivalent of a 100% assessment is completed within each three year cycle. The audit report shall clearly show the part of the system that was audited on each surveillance visit. Surveillance audit frequency shall be conducted in accordance with SRI's ISO 14001 environmental management system registration process.
- .5 Each on-site audit, including initial, upgrade and surveillance audits, shall include a review of:
 - A. Performance Measurement(s);
 - B. Corrective and Preventive Action and organization response;
 - C. Management Review and Reporting;
 - D. Verification and effectiveness of the SRI corrective actions since the last audit event;
 - E. Conformance to the SRI registration agreement and use of the term Responsible Care®, a Registered Term.
- .6 SRI's registration checklist includes questions pertinent to the Responsible Care® 14001 Management System, guiding principles, technical

specification and other requirements. The checklist shall be considered a guide to initiate audit investigations about the organizations processes, procedures, guiding principles, systems and practices, to establish the organizations conformance with Responsible Care® 14001.

- .7 A major nonconformance is defined as one or more of the following:
- A. Any deviation from planned activities that has caused a total breakdown of a system, process or procedure within the Responsible Care® 14001 Management System.
 - B. A number of minor nonconformities against one requirement can represent a total breakdown of the management system and thus be considered a major nonconformity.
 - C. Any deviation from planned activities within the management system that results in failure or materially reduces conformance to the requirement(s), practice(s), process(es), system(s), procedure(s) and guiding principle(s) and their intended purpose.
 - D. Any deviation in planned activities, that in the judgment and experience of the auditor, is likely either to result in the failure or materially reduce conformance to the management system procedure(s), process(es), system(s), requirement(s), practice(s) and guiding principle(s) or materially reduce such.
- .8 A minor nonconformity is a deviation from planned activities within the management system which, based on judgment and experience of the auditor, is not likely to result in the failure of, or reduce the management systems ability to conform to its procedure(s), process(es), system(s) and guiding principle(s). It may be defined as one of the following:
- A. A failure in some part of the organization's management system relative to Responsible Care® 14001.
 - B. A single observed lapse of one or a few unrelated items of an organizations management system.
- .9 An accredited certificate cannot be issued until all Major nonconformance(s) have had satisfactory and effective corrective action implemented and verified by SRI.

2.6 Certificates and Registration

- .1 SRI Accredited Certificates for Responsible Care® 14001 will be valid for a period of three years. The certificate will show the period of validity.


- .2 Responsible Care® is a Registered Term, therefore use of the term on certificates must be controlled closely and can only be used by the ANAB, other approved Accreditation Bodies, SRI and other approved certification/registration bodies. SRI will check for the use of the registered term at each audit.
- .3 SRI will maintain criteria for delisting in accordance with the above referenced procedures for their ISO 14001 Environmental Management System registration process. SRI will provide information to the organization seeking certification/registration about the delisting procedures.
- .4 Information about delisting will be made available to ANAB and the American Chemistry Council upon request.
- .5 SRI has not and will not make misleading or nonfactual claims with regard to RC 14001 registration activities or processes.

2.7 Appeals and Disputes

- .1 In the event of a dispute between SRI and the client/organization, SRI will utilize the existing management system certification/registration appeals and dispute resolution process with the following exceptions, where applicable, and/or additional requirements:
 - A. In the event a dispute cannot be resolved by existing SRI or ANAB procedure, the dispute will be forwarded to the American Chemistry Council's RC-QC Team or designated successor. The decision of the American Chemistry Council will be final.
 - B. SRI will accept this decision. SRI will inform the client/organization about the above requirements in the contract documents. SRI's client/organization seeking or having an existing SRI certificate accepts the American Chemistry Council's disputes requirements through formal acknowledgment of the contract documents. Non acceptance, in any way communicated, is authorization by the client/organization to terminate the certification/registration process or initiate delisting procedures.

3.0 Forms and Records

- 3.1 *Registration Survey for ISO 14001 EMS, RC14001, and/or RCMS (R20.28E)*
- 3.2 *SRI Registration Agreement (R20.4x)*
- 3.3 *SRI Application and Cost Proposal Terms and Conditions (R20.3)*

<p>QP 17.0</p>	<p align="center">SRI Policies and Procedures for Responsible Care® Management System (RCMS)</p>	
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- 3.0 Forms and Records

1.0 Scope SRI Quality System Registrar is an ANSI-ASQ National Accreditation Board (ANAB) accredited registrar for ISO 14001. To become and maintain status as a “Responsible Care® Management System” (RCMS) Accredited Registrar, these policies and procedures shall be followed.

Policy SRI shall meet or exceed all recognition and accreditation requirements for being an ISO 14001 Environmental Management System and Responsible Care® Management System (RCMS) Accredited Registrar so as to be capable to certify/register applicants to the American Chemistry Council Responsible Care® Management System.

1.1 General

This procedure establishes an approach, documentation, records, and implementation method for certification/registration of applicants to the American Chemistry Council Responsible Care® Management System. The procedure meets all applicable requirements, of the American Chemistry Council Responsible Care® Management System (RCMS) and ANAB requirement documents. This procedure represents additions/clarifications to those defined in SRI Procedures QP 4.0 through QP 8.0, QP 11.0, QP 12.0, QP 15.0 and the relevant Rform documents (R20.XX) where indicated in the above noted and this procedure. The Responsible Care® Management System practices and requirements specified in The American Chemistry Council Responsible Care® Management System and Technical Specification, and Guiding Principles are complementary to this procedure and applicable requirements for accreditation.

1.2 References

- .1 American Chemistry Council Responsible Care® Management System (and attachments), most current edition.
- .2 ISO/IEC 17021 *Conformity assessment - Requirements for bodies providing audit and certification of management systems*, and any related guidance document(s), most current revisions.
- .3 Responsible Care® Management System (RCMS) Registration Checklist (R20.5RCMS), most current edition.
- .4 SRI Procedures QP 4.0 through QP 8.0 for conducting registration.
- .5 *Corrective and Preventive Action* (QP 15.0)
- .6 *Personnel* (QP 11.0)
- .7 SRI records R20.xx, as referenced in this procedure and QP associated procedures.

- .8 SRI Registration Agreement and model Certificate to be issued to Responsible Care® Management System (RCMS) audits.
- .9 Responsible Care Certification Auditor Course Requirements, most current edition.
- .10 Responsible Care® Management System Auditor Qualification requirements, most current edition.
- .11 Responsible Care® Management System Audit Service Provider requirements, most current edition.

1.3 Responsibilities

- .1 **SRI President & COO:** shall be responsible for establishing and maintaining an organization reporting to him/her which shall establish, maintain, and continually improve all registration policies and procedures.
- .2 **Certification Department:** under the direction of the Vice President/Certification Director is responsible for developing, implementing, managing, and monitoring the Responsible Care® Management System (RCMS) registration processes. The SRI Certification Director has the responsibility for assuring that SRI administrative staff, SRI auditors, and the applicant shall meet or exceed the aforementioned American Council Responsible Care® documents, ANAB accreditation requirements, Responsible Care® management system practices and process steps, Responsible Care® Management System (RCMS), and the requirements of this procedure.
- .3 **Lead Auditor:** is responsible for ensuring the efficient and effective conduct and completion of the audit within the audit scope and approved plan, managing all aspects of the audit, representing the audit team in discussions with the client and SRI, reporting the audit results and determining if the practices and requirements have been met.
- .4 **Auditor:** is responsible for following the directions and supporting the lead auditor, planning, and carrying out assigned tasks objectively, effectively, and efficiently within the scope of the audit, collecting and analyzing information to determine findings and reach a conclusion, preparing working documents under the direction of the lead auditor, documenting audit findings, safeguarding information, and assist in writing the audit report.
- .5 **Applicant:** shall be responsible for obtaining copies and complying with the American Chemistry Council Responsible Care® Management System practices and requirements, and for understanding and complying with the applicable SRI Procedures and certification/ registration requirements and

agreement.

- .6 **SRI Administrative Staff:** shall monitor (SRI Internal Auditor) and support SRI compliance to these procedures.

1.4 Definitions and Acronyms

- .1 **President & COO:** shall be responsible for establishing and maintaining an organization reporting to him/her which shall establish, maintain, and continually improve all registration policies and procedures.
- .2 **Certification Department:** under the direction of the Certification Director is responsible for developing, implementing, managing, and monitoring the management system registration processes.
- .3 **SRI Board of Directors:** refers to the group of business advisors to the CEO. The SRI Board and Advisory Council combined cooperation creates the governing board.
- .4 **SRI EMS Advisory Council:** refers to the SRI Council of Experts, which shall provide, as required, the "Environmental and Responsible Care® Management System expertise" to the government of the registration process. The SRI Board of Directors and Advisory Council combined cooperation creates the governing board.
- .5 **Applicant:** refers to the organization which applied to SRI to become certified/registered to the Responsible Care® management system practices and requirement(s). The term "Applicant" is synonymous to "Supplier" within the context of registration.
- .6 **Organization (Supplier):** the organization that applied to SRI to become certified/registered to the Responsible Care® management system practices and requirement(s). The term "Supplier" is often synonymous to "Applicant" within the context of registration.
- .7 **SRI:** Steel Related Industries Quality System Registrar, Inc.

1.5 Approvals

This procedure has been approved by the SRI President & COO.

2.0. Procedure

2.1 General

- .1 Below are the requirements or practices for American Chemistry Council, Responsible Care® Management System (RCMS) and ANAB accreditation for Responsible Care® for SRI recognition, our audit process, SRI auditor

qualifications, registration agreement and certificates. These requirements are binding on SRI to become a Responsible Care® Management System (RCMS) registrar.

- .2 SRI is an accredited registrar by ANAB. If SRI would develop multiple or affiliated offices, the following conditions shall be fulfilled. SRI shall use a common certification/registration scheme including the same procedures for all the local offices. The Seven Fields, Pennsylvania office is designated to ANAB, and approved by ANAB, as the contracted office. The Seven Fields office will be the only contact between ANAB and American Chemistry Council's RC-QC Team or its designated successor. The Certification Director at the Seven Fields Office will be responsible for the control of all Responsible Care® Management System (RCMS) accreditation and certification/registration related activities for the whole SRI group.
- .3 SRI shall conform to The American Chemistry Council "Responsible Care®, "Certification Audit Service Provider Requirements", most current edition, ANAB accreditation requirement documents, Responsible Care® Auditor Qualification under RABQSA or the Board of Environmental Health and Safety Auditor Certification (BEAC), most current edition, this procedure and related SRI procedures. These documents apply in particular, but are not limited to SRI, clients and organizations seeking or obtaining Responsible Care® registration, SRI's procedures, auditor qualification, registration and audit processes, disputes and complaints (reference SRI QP 4.0 through QP 8.0 Procedures).
- .4 SRI will maintain on its advisory board at least one member designated as the technical representative with Responsible Care® or chemical industry expertise.
- .5 SRI will undergo a successful witness audit by an American Chemistry Council recognized Accreditation Body within the first three Responsible Care® Management System (RCMS) audits as per RC204.3 Section 4.2
- .6 During SRI's accreditation cycle, SRI commits to a negotiated number of witness audits within a four year accreditation cycle that can be either a Responsible Care® 14001 audit, an RCMS audit, or an ISO 14001 audit at a chemical or similar facility.
- .7 SRI will not provide accredited certification/registration services to an organization if SRI has performed any consulting activities to that organization. This restriction includes related bodies of the same parent company or organization. As SRI does not provide consulting services, this statement does not apply. SRI does provide public training according to Responsible Care "Certification Auditor Course Requirements". SRI will not conduct more than two pre-assessments on any one site in the same

company.

Note: Training open to the public and not supplier specific is not considered consulting.

- .8 SRI will not permit a person or person's organization, including any top management, to provide accredited certification/registration services on behalf of, or representing SRI that has performed any consulting services.

2.2 Certification/Registration Process General

- .1 This procedure, the above referenced external documents, and SRI's certification/registration process supplemented by the above referenced procedures, their attachments, and client organization registration agreement addresses all the requirements for SRI's accredited certification/registration service and auditing of Responsible Care® Management Systems (RCMS).
- .2 SRI agrees to give right of access to the American Chemistry Council's representative or member to attend and observe audits. This right of access must be within the appropriate guidelines for maintaining confidentiality and guarding proprietary issues of SRI's client organization(s). This right of access includes the accreditation body representative during periodic witness audits.
- .3 SRI will require, through contract documents, its Responsible Care® Management System (RCMS) to allow an SRI pre-approved, American Chemistry Council (ACC) representative, appropriate ACC member, and/or accreditation body representative access to witness the SRI's audit team performing an accredited certification/registration audit.
- .4 A consultant's role at an audit must be limited to that of an observer.

2.3 Audit plan

- .1 The audit plan shall propose to include all procedures, systems, processes, practices, guiding principles and requirements of the organization's management system to meet Responsible Care® (RC) requirements, even when these go beyond Responsible Care® Management System (RCMS).
- .2 The audit plan will be based upon the Responsible Care® Management System (RCMS), guiding principles, and includes assessment of all procedures, systems, processes, guiding principles, practices and measurements of the organizations management system for effective implementation as well as for effectiveness in practice. Assessment shall evaluate the effectiveness of the system, its linkages, performance and requirements. Part of the evidence required is the result of at least one

complete performance measurement activity and management review and reporting cycle.

2.4 Audit Team

- .1 Auditors representing SRI for accredited certification/registration services will meet the RABQSA or BEAC approved certification training programs. Where SRI elects to establish its own auditor training program for accredited certification/registration services, SRI will document its auditor training program and obtain RAQQSA or BEAC approval. Approval may be in the form of a sanctioned training certificate.
- .2 Auditors will be monitored on-site to evaluate performance at least once each three year period.

2.5 Audit and Registration Process

- .1 Any organization may elect to pursue third-party certification/ registration to Responsible Care® Management System (RCMS). Conformance with Responsible Care® Management System RCMS, shall be based on objective evidence of meeting each applicable requirement, including any outside influenced specific requirements. The judgment regarding conformance to requirements may be based on the auditors confidence that implementation of procedures, processes and system assure conformance to requirements. Conformance will be determined during the certification process at the time of audit or follow-up for verification.
- .2 Remote locations, e.g., engineering, purchasing, warehouses, shall be included in the initial and, if requested, the optional ongoing surveillance audits as addressed in the annual audit plan. Remote locations shall be audited as they support a site certification. Remote locations shall undergo the optional surveillance audits in accordance with SRI's ISO 14001 environmental management system registration and RCMS process, if requested.
- .3 For multiple site certification, sites shall be audited in accordance with SRI's ISO 14001 environmental management system registration and RCMS process.
- .4 During the three (3) year term of a certificate, SRI will assess 100% of the organizations entire certified/registered scope of certification.
 - A. It is permissible for each surveillance audit to re-examine part of the system so that the equivalent of a 100% assessment is completed within each three year cycle. The audit report shall clearly show the part of the system that was audited on each surveillance visit. Surveillance audit frequency shall be conducted in accordance with

SRI's ISO 14001 or RCMS environmental management system registration process.

- B. Periodic surveillance is not mandatory for RCMS.
 - C. For RCMS, SRI does not require an on-site initial visit, but does require an initial document review. Recertification of the RCMS is required at the end of the three year period.
- .5 Each on-site audit, including initial, upgrade and optional surveillance audits, shall include a review of:
- A. Performance Measurement(s);
 - B. Corrective and Preventive Action and organization response;
 - C. Management Review and Reporting;
 - D. Verification and effectiveness of the SRI corrective actions since the last audit event;
 - E. Conformance to the SRI registration agreement and use of the term Responsible Care®, a Registered Term.
- .6 SRI's registration checklist includes questions pertinent to the Responsible Care® Management System or RCMS, guiding principles, technical specification and other requirements. The checklist shall be considered a guide to initiate audit investigations about the organizations processes, procedures, guiding principles, systems and practices, to establish the organizations conformance with Responsible Care®, RCMS.
- .7 A major nonconformance is defined as one or more of the following:
- A. Any deviation from planned activities that has caused a total breakdown of a system, process or procedure within the Responsible Care® Management System (RCMS).
 - B. A number of minor nonconformities against one requirement can represent a total breakdown of the management system and thus be considered a major nonconformity.
 - C. Any deviation from planned activities within the management system that results in failure or materially reduces conformance to the requirement(s), practice(s), process(es), system(s), procedure(s) and guiding principle(s) and their intended purpose.
 - D. Any deviation in planned activities, that in the judgment and

experience of the auditor, is likely either to result in the failure or materially reduce conformance to the management system procedure(s), process(es), system(s), requirement(s), practice(s) and guiding principle(s) or materially reduce such.

- .8 A minor nonconformity is a deviation from planned activities within the management system which, based on judgment and experience of the auditor, is not likely to result in the failure of, or reduce the management systems ability to conform to its procedure(s), process(es), system(s) and guiding principle(s). It may be defined as one of the following:
 - A. A failure in some part of the organization's management system relative to Responsible Care® Management System(RCMS).
 - B. A single observed lapse of one or a few unrelated items of an organizations management system.
- .9 An accredited certificate cannot be issued until all Major nonconformance(s) have had satisfactory and effective corrective action implemented and verified by SRI.

2.6 Certificates and Registration

- .1 SRI Accredited Certificates for Responsible Care®, RCMS, will be valid for a period of three years. The certificate will show the period of validity.
- .2 Responsible Care® is a Registered Term, therefore use of the term on certificates must be controlled closely and can only be used by the ANAB, other approved Accreditation Bodies, SRI and other approved certification/registration bodies. SRI will check for the use of the registered term at each audit.
- .3 SRI will maintain criteria for delisting in accordance with the above referenced procedures for their RC Management System registration process. SRI will provide information to the organization seeking certification/registration about the delisting procedures.
- .4 Information about delisting will be made available to ANAB and the American Chemistry Council upon request.
- .5 SRI has not and will not make misleading or nonfactual claims with regard to RCMS registration activities or processes.

2.7 Appeals and Disputes


- .1 In the event of a dispute between SRI and the client/organization, SRI will utilize the existing management system certification/registration appeals

and dispute resolution process with the following exceptions, where applicable, and/or additional requirements:

- A. In the event a dispute cannot be resolved by existing SRI or ANAB procedure, the dispute will be forwarded to the American Chemistry Council's RC-QC Team or designated successor. The decision of the American Chemistry Council will be final.
- B. SRI will accept this decision. SRI will inform the client/organization about the above requirements in the contract documents. SRI's client/organization seeking or having an existing SRI certificate accepts the American Chemistry Council's disputes requirements through formal acknowledgment of the contract documents. Non acceptance, in any way communicated, is authorization by the client/organization to terminate the certification/registration process or initiate delisting procedures.

3.0 Forms and Records

- 3.1 *Registration Survey for ISO 14001 EMS, RC14001, and/or RCMS (R20.28E)*
- 3.2 *SRI Registration Agreement (R20.4x)*
- 3.3 *SRI Application and Cost Proposal Terms and Conditions (R20.3)*

QP 19.0	SRI Policies and Procedures for ISO/TS 16949	
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1.0 Scope SRI Quality System Registrar is an ANSI-ASQ National Accreditation Board (ANAB) and Raad voor Accreditatie [Dutch Accreditation Council (RvA)] accredited registrar for ISO 9001 and other specified requirements. To become and maintain status as an "ISO/TS 16949 Qualified Registrar" these policies and procedures shall be followed.

Policy SRI shall meet or exceed all recognition and accreditation requirements for being an "ISO/TS 16949 Qualified Registrar" so as to be capable to certify applicants to the FCA US LLC (Chrysler)/Ford/General Motors and subscribing members' ISO/TS 16949 System Requirements.

1.1 General

This procedure establishes an approach, documentation, records, and implementation method for certification of applicants to ISO/TS 16949, so as to meet the requirements of all applicable specifications/standards, of ISO/TS 16949 documents, the IATF, and of SRI accreditation bodies. Where employee counts are used to establish quotes and audit plans, SRI does not recognize "daily workers" and instead uses actual counts. The following procedure represents additions / clarifications to those defined in SRI Procedures QP 4.0 through QP 8.0, QP 11.0, QP 12.0, and QP 15.0, with relevant documents (R20.XX) as indicated. The system requirements specified in ISO/TS 16949 are complementary to the technical requirements and applicable rules for accreditation.

1.2 References - All references indicated below are the most current edition:

- .1 ISO/TS 16949 System Requirements.
- .2 *Rules for achieving IATF recognition*, most current edition
- .3 SRI procedures QP 4.0 through QP 8.0 for conducting registrations.
- .4 ISO 9001 Requirements
- .5 SRI procedure QP 15.0 Corrective and Preventive Action
- .6 SRI procedure QP 11.0 Personnel
- .7 SRI record R20.101 IAAR Guidelines on Transfer of Registrations Between Registrars
- .8 SRI record R20.102 and 102S ISO/TS 16949 Registration Readiness Review
- .9 SRI Procedure 12.0 Training and Education
- .10 SRI Procedure 10.0 Record Keeping and Retention
- .11 SRI Procedure 13.0 Subcontractor Requirements
- .12 ANSI/ASQ QE19011 Guidelines for Quality and or Environmental Management System Auditing
- .13 R20.44TS Process Matrix for ISO/TS 16949
- .14 R20.40TS SRI - Internal ISO/TS 16949 Witness Audit
- .15 ISO 17021 General Requirements for bodies providing assessment and certification of management systems.
- .16 R20.47 Registration Review Panel (RRP) Review and Approval
- .17 R20.92 Registration Process Flow Charts
- .18 IBM Notes (CMS, e-Vents)
- .19 R20.32TS SRI Five Why Process Sheet – CB Nonconformity Resolution
- .20 R20.30TS ISO/TS 16949 IATF Oversight Office Nonconformity Resolution

1.3 Responsibilities

- .1 **President:** shall be responsible for establishing and maintaining an organization reporting to him/her which shall establish, maintain, and continually improve all registration policies and procedures.
- .2 **Certification Department:** under the direction of the Vice President, Certification is responsible for developing, implementing, managing, and monitoring the management system registration processes. The SRI Vice President, Certification has the responsibility for assuring that SRI administrative staff, SRI auditors, and the applicant shall meet or exceed ISO/TS 16949 documents and process steps and the requirements of this procedure.
- .3 **Lead Auditor:** is responsible for ensuring the efficient and effective conduct and completion of the audit within the audit scope and plan, managing all aspects of the audit (see ANSI/ASQ QE19011), representing the audit team in discussions with the client and SRI, reporting the audit results and determining if requirements have been met.
- .4 **Auditor:** is responsible for following directions and supporting the lead auditor, planning, and carrying out assigned tasks objectively, effectively, and efficiently within the scope of the audit, collecting and analyzing information to determine findings and reach a conclusion, preparing working documents under the direction of the lead auditor, documenting audit findings, safeguarding information, and assisting in writing the audit report.
- .5 **Applicant:** shall be responsible for obtaining copies of the ISO/TS 16949 System Requirements, and for understanding and complying with ISO/TS 16949, any associated *Rules for achieving IATF recognition* (most current edition), Sanctioned Interpretations, Frequently Asked Questions, and SRI Procedure QP 19.0 requirements.
- .6 **IATF/IAOB:** shall monitor and support SRI compliance to these procedures.

1.4 Definitions and Acronyms

- .1 **President & COO:** Refers to the President & COO of SRI Quality System Registrar, who governs all SRI registration business.
- .2 **Certification Director:** Refers to Vice President, Certification responsible for technical content and validity of the management system.
 - A. Certification Department - Refers to all staff and auditors reporting to the Certification Director.
- .3 **SRI Board :** Refers to the group of business advisors to the CEO. The board members also serve on the SRI Advisory Council.
- .4 **SRI Advisory Council:** Refers to the SRI Council of Experts, which shall

provide, as required, the "Management System expertise" to the government of the registration process. The SRI Board of Directors and Advisory Council combined cooperation creates the governing board.

- .5 **Applicant:** Refers to the organization which applied to SRI to become registered to a management system standard and/or sector specific requirement(s). The term "Applicant" is synonymous to "Organization" within the context of registration.
- .6 **Big Nine:** Refers to and is an acronym for the "FCA US LLC (Chrysler) / Ford / General Motors / Mercedes / VW / Renault / PSA Peugeot Citroen / FCA Italy SpA (Fiat) and BMW, Supplier Quality Requirements Task Force and other associated automobile companies."
- .7 **SRI:** Steel Related Industries Quality System Registrar, Inc.

1.5 Approvals

This procedure has been approved by the SRI President & COO.

2.0. Procedure

2.1 General

- .1 Below are the requirements, or *Rules for achieving IATF recognition*, most current edition, herein referred to as "Rules", with regard to ISO/TS 16949 implementation including criteria for SRI recognition, our automotive audit process, SRI auditor qualifications and competencies, and certificates. These requirements are binding on SRI, who is recognized by IATF for ISO/TS 16949 certification.
- .2 SRI is accredited by ANSI-ASQ National Accreditation Board (ANAB) and Raad voor Accreditatie [RvA (Dutch Accreditation Council)]. SRI conducts ISO/TS 16949 certification activities in accordance with our scope of accreditation. If SRI would develop multiple or affiliated offices, the following conditions shall be fulfilled: SRI shall use a common management system including the same procedures for all the local offices. The Seven Fields office is designated to IATF, and approved by IATF, as the contracted office. The Seven Fields office is the only contact to IATF and will be responsible for the control of all ISO/TS 16949 certification related activities.
- .3 SRI has developed a description of their processes and associated sequence and interactions. Key processes are defined as Sales, Scheduling, Audit Process and Registration. The processes are further defined in R20.92. All internal audits are performed using the process approach.
- .4 SRI conforms to ISO/IEC 17021 Conformity Assessment - *Requirements for Bodies providing audit and clarification of management systems*, most current edition, the *Rules for achieving IATF recognition*, Sanctioned Interpretations and Frequently Asked Questions, this procedure, and related SRI procedures. These apply in particular, but are not limited to, customer and

organization complaints (reference QP 15.0).

- .5 SRI's procedure for customer and organization complaints encompasses at a minimum a documented corrective action process and a record of complaint resolution. The documented corrective action process includes containment, root cause analysis and defined systematic corrective action.
- .6 Organizations that have provided management system consulting services within the prior two years to a particular organization are not acceptable as a certification body for that organization, nor may they supply auditors. This restriction includes related bodies of the same parent company or organization. SRI does not provide consulting services. SRI provides public ISO/TS 16949 auditor training which is not considered as Consulting. SRI will not conduct more than one pre-assessment on any one site in the same company.

Pre-assessment:

- A. is not part of the initial audit,
- B. is permitted to be only a single visit,
- C. days quoted must be less than 80% of the Stage 2 audit,
- D. auditors are not permitted to be part of the registration activities,
- E. time will not reduce audit day requirements, and
- F. more than one pre-assessment is considered consulting.

Note: Training open to the public, not organization specific, and held at a public forum is not considered consulting.

- .7 The scope of certification shall include all manufacturing meeting the applicability of ISO/TS 16949 product supplied to subscribing customers and may also include non-subscribing customers at the request of the organization.
- .8 SRI shall have at least one member, approved by IATF, within its certification decision making function for issuing ISO/TS 16949 certificates. This representative will have veto power with regard to all ISO/TS 16949 certification decisions. Typically, the Director, Certification has this veto power. However, in cases where the Director participated in the audits, the approved veto reviewer then has that veto power bestowed.
- .9 SRI has developed an internal witness audit process that addresses initial competency and continuing evaluation and development or rejection of auditor competency. In addition, SRI provides access to a minimum of five (5) hours CPD structured training per calendar year for each sponsored auditor.
- .10 SRI shall maintain the database of certificates issued or modified in a format that is acceptable to the IATF. Information is added to the IATF database within one week after the certificate is issued and within twenty calendar days of completion of the surveillance.
- .11 SRI maintains the following records (either hard copy or electronic) for the life

of the certificate plus three years minimum (total of 6 years and then destroys) (see QP 10), including organizations that submitted applications and all clients audited, certified, or with certification suspended, withdrawn or cancelled:

- A. copies of scheduled audits showing date, duration and each assigned auditor and planning information (i.e. readiness material),
- B. auditor qualification records (full-time and sub-contract),
- C. application information including the quotation file and justification for determination to the organization, including the audit days and audit day fee,
- D. the report of readiness review (R20.102), including evidence that all the requirements of TS are addressed by the organization's processes (R20.44TS or equivalent),
- E. the audit plan (agenda), and any changes, demonstrating process approach, including coverage of customer-specific requirements where applicable,
- F. the final audit report from initial, surveillance, and renewal events, including lead auditor recommendation regarding certification and auditor notes showing compliance and noncompliance to requirements, and justifications for any 100% resolved conditions,
- G. copies of all findings issued, surveillance audit reports, follow-up reports, and other documentation leading to correction of the nonconformities, including root cause and correction action,
- H. audit logs as maintained in the IATF database,
- I. copy of the certificate decision (R20.47),
- J. copy of the certificate issued in English,
- K. auditors' initial competency, approval and continual performance evaluation,
- L. records of complaints and appeals and any subsequent correction or correction action,
- M. for remote support locations audited by another CB: audit plan, audit report, all findings, all corrective actions, and all verification actions conducted by the other CB,
- N. receipts from travel expenses,
- O. committee deliberations and decisions,
- P. records of the monthly IATF database accuracy checks and subsequent actions.

2.2 Audit Process

- .1 SRI's certification process supplemented by QP 4.0 - QP 8.0 and QP 19.0 addresses all ISO/TS 16949 requirements according to Annex 1: *Rules for achieving IATF recognition*, most current edition. The initial certification audit must be conducted in two stages, rare exceptions will be pre-approved by the IAOB.
 - A. Stage 1 - Site audit based "Readiness Review" which includes a manual review and readiness materials. Refer to SRI form R20.102 *ISO/TS 16949 Registration Readiness Review*, most current revision.
 - B. Stage 2 - Site audit based on audit day chart in 5.2 of the "Rules."

NOTE: The only permitted exclusion relates to 7.3 of ISO/TS 16949, where the organization is not responsible for product design and development. Organizations must justify that they are NOT Product Design responsible. Permitted exclusion does not include manufacturing process design.

.2 Any "site" may elect to pursue third-party certification to ISO/TS 16949, however, such "sites" shall have demonstrated capability to conform with all ISO/TS 16949 requirements. Conformance with ISO/TS 16949 shall be based on objective evidence of meeting each applicable requirement, including customer specific requirements. Conformance will be determined during the certification process at the time of audit or follow-up for verification.

- For corporate audit schemes, all sites must be audited.
- Sampling of sites is not permitted.
- If during the Stage 2 audit it becomes evident that certification will not be achieved, the audit team leader, in conjunction with the organization, may terminate the audit. If this occurs, a full re-audit is required.
- Each site has a separate audit planning activity, audit plan, audit report, certification decision/certificate.

A. Organization Applicability - SRI ensures that companies obtaining registration to the IATF initiative for ISO/TS 16949 must meet at least one of the following applicability requirements:

- 1) The definition of "applicability" refers to an organization seeking registration, i.e., an organization that has a process of making or fabricating production materials or parts, and includes heat treating, painting, plating, or other finishing services;
- 2) One of the registered organization's customers must list ISO/TS 16949 as one of the alternatives of a required standard to which its organizations must comply;
- 3) Any tier organization may be registered if it has a direct customer (or potential customer) which requires either compliance or third-party registration to ISO/TS 16949;
- 4) Evidence of being a potential supplier to a customer requiring ISO/TS 16949 could include a request for quote (RFQ) issued to the organization, or the organization being on a current bid list (within the past 12 month period) of the subscribing customer.

.3 Remote support locations, e.g., product design, contract review, engineering, purchasing, warehouses, shall be included in the initial and ongoing surveillance audits as addressed in the audit plan. Remote support locations shall be audited as they support a site and cannot obtain independent ISO/TS 16949 certification. For initial audits, remote support locations are audited prior to the manufacturing site. Remote support locations where the product

design and development process is performed shall undergo surveillance audits at least once within each consecutive 12-month period. Other remote support locations are audited as they support the site at the initial audit or re-certification audit and at least once more during the three year registration cycle. Provided all other rules are met, audits within 12 months of the recertification audit can be accepted for audit of a support activity at recertification. The audit team will make a recommendation at the conclusion of each scheduled visit to a remote location using the R20.36.

- A. Certificates can be issued based upon a design center audit or other remote support location audit being conducted by another IATF recognized certification body based on the “Rules” provisions:
- 1) the audit by the other recognized certification body shall cover the complete product scope of those functions, consistent with the process based audit approach,
 - 2) the organization shall provide to the certification body, prior to the audit, a copy of the audit plan, audit report, all findings, all corrective actions, and all verification actions by the other certification body. This information shall be in the language agreed between the organization and the other certification body,
 - 3) the information shall confirm during the readiness review that all the interfaces between the remote support location and the site were adequately audited by the other certification body,
 - 4) copies of all surveillance and re-certification audit reports of the remote support location by the other certification body shall be provided by the organization to the certification body,
 - 5) verification of the organization’s corrective actions shall be conducted by the certification body that audited the remote support location. Copies of all on site verification activities will be provided by the organization to the certification body.
- B. When the above cannot be met, SRI will perform the audit. Total number of employees at the remote support location shall be apportioned to each site it supports.

.4 Typically, the entire management system is assessed at a minimum of once every three years. The R20.23 is used as the basis of audit planning across the audit cycle regarding process, shifts, and IATF OEM Customer Specific Requirements.

.5 It is permissible for each surveillance audit to re-examine part of the system. The audit plan shall clearly show the part of the system that was audited on each surveillance visit. The audit cycle is based on the date of the initial certification audit and shall not exceed three years. Surveillance audit frequency and audit days are conducted in accordance with the “Requirements on audit days,” as indicated in the current “Rules”.

- Planned audit days for surveillance events must be essentially equal.

.6 Nonconformances have three distinct parts:

- statement of nonconformity,
- requirements or reference to the requirement,
- objective evidence that supports the statement of nonconformity and supports/justifies the classification.

A. A major (hold) nonconformity is defined as one or more of:

- 1) The absence of or total breakdown of a system to meet an ISO/TS 16949 requirement.
 - a) A number of minor nonconformities against one requirement can represent a total breakdown of the system and thus be considered a major nonconformity.
- 2) Any noncompliance that would result in the probable shipment of nonconforming product. A condition that may result in the failure or materially reduce the usability of the products or services for their intended purpose.
- 3) A noncompliance that judgment and experience indicate is likely either to result in the failure of the management system or to materially reduce its ability to assure controlled processes and products.

B. A minor nonconformity is a failure to comply with ISO/TS 16949, which based on judgment and experience is not likely to result in the failure of the management system or reduce its ability to assure controlled processes or products. It may be defined as one of the following:

- 1) A failure in some part of the organization's documented system relative to ISO/TS 16949.
- 2) A single observed lapse in following one item of a company's management system.

.7 Readiness Reviews – Stage 1:

A. The organization applying for initial certification to ISO/TS 16949(TS) shall provide SRI with the following information and documentation during an on-site Stage 1 "Readiness Review". The form R20.102 must be completed. Information and documentation is required and is mandated by the International Automotive Task Force (IATF members which include, but are not limited to, the Big Nine and JAMA). This information must be reviewed at the organization's site, typically no more than 90 days prior to the anticipated Stage 2 registration audit. Information that is required to be reviewed at the Stage 1 Readiness Review:

- 1) Management system documentation (Level I and II - policies

- and required procedures) for each site to be audited, which includes the management manual, procedures and description of the processes showing the sequence and interactions AND information on linkages and interfaces to any remote support functions and identification of outsourced processes.
- 2) Review of the client's website to validate other information provided.
 - 3) Information on the use of consultancy.
 - 4) Relevant legal obligations/regulations.
 - 5) Completed Process Matrix for ISO/TS 16949, R20.44TS, or equivalent, as well as demonstrating sequence and interaction and linkages of those processes, including identification of support activities (remote and at site) (refer to Rules 5.5, Supporting activities) and any outsourced processes. If remote sites are audited by another CB, communicate with client regarding all information that must be submitted as an input to stage 2 audit planning (See Rules 5.5 – Option 2). Customer-specific requirements (CSR) are those that are agreed to between the supplier and the customer and must also be addressed in your system and assigned an owner .
 - 6) Obtain a copy of the “interaction between the processes” for record purposes.
 - 7) Completed ISO/TS 16949 Registration Readiness Review, R20.102.
 - 8) Internal audit and management review planning and results from previous twelve months. [One full cycle of internal audits (QMS, Manufacturing and Product) in the process approach to TS followed by a management review to TS must be completed prior to the audit and submitted as part of this review package.]
 - 9) List of qualified internal auditors and how they were qualified.
 - 10) List of customers and customer-specific requirements.
 - a) The TS definition of applicability must apply to the organization seeking registration (refer to Rules 1.0, Eligibility for certification to ISO/TS 16949);
 - b) Any tier may be registered if it has a direct customer in the automotive supply chain (most affected are Tier 1 and Tier 2 suppliers). Distributors cannot be registered to TS;
 - c) Evidence of being a potential supplier to a customer requiring TS could include an active request for quote (RFQ) issued to the client, or the client being on a current bid list (within the last 12 months) of the TS subscribing customer;
 - d) Provide a copy of the supplier's score (report) card, production part purchase order, or completed PPAP for each Customer.
 - 11) Customer Satisfaction and complaint status (summary sheet of customer complaints for the past year).
 - 12) Operational performance trends for the previous twelve months including customer report cards (consider PPM's, delivery, cost

of management, objectives, capacity, utilization, productivity, efficiencies, etc.).

- 13) Evidence to support reductions for “Dedicated Automotive” portion of facility: physically separated & 100% dedicated personnel.

B. Prior to each scheduled surveillance activity, the registered client shall provide SRI with the following information and documentation. This information and documentation is required as indicated in the “Rules” for auditing management systems according to ISO/TS 16949, most current edition, and is mandated by the International Automotive Task Force. This information is required prior to each surveillance audit along with the completed R20.102S, must be received at SRI /submitted to the assigned Lead Assessor typically ten weeks prior to the scheduled event and accepted by the Lead Assessor at least eight weeks prior to the scheduled event. Failure to submit the information in a timely manner or to omit materials will result in a nonconformance being issued by the Lead Assessor and will initiate the decertification process. Additional time on-site is then required to be added to an upcoming event to review the requisite materials. Information required prior to the surveillance audit:

- 1) Documented statements of a quality policy and quality objectives.
- 2) A quality manual and documented processes including identification of outsourced processes and remote support functions and their linkages and interfaces.
- 3) Documented linkages between processes and ISO/TS requirements (R20.44TS).
- 4) Current customer and internal performance data since the last audit.
- 5) Internal audit - Summary of internal system, manufacturing process and product audit conducted:
 - a) the total number of nonconformities by audit type,
 - b) the classification of each nonconformity,
 - c) the relevant requirement (audit criteria)
- 6) Management review output/action item list.
- 7) Customer satisfaction and complaint summary (including a copy of latest customer reports and/or scorecard). Includes Customer Status concerning FCA US LLC (Chrysler) Certification Body Notification status, Ford Q1 Revocation, or General Motors New Business Hold, Special Status.
- 8) Analysis of internal problems (scrap, nonconforming product, corrective actions, etc.).
- 9) Changes since the last assessment (refer to Rules 3.2), i.e., Management Systems (MS), equipment, product, processes(s), automotive customer(s), supporting function(s) (refer to Rules 5.5, Supporting activities), employee count, shifts - accreditation body requirements dictate accurate information, failure provide will result in a nonconformance being issued.
- 10) If remote sites are audited by another CB, submit all

information related to the most recent audit (See Rules 5.5-Option 2). SRI Lead Auditor verifies the CB supplying the report is listed on IATF's website.

- 11) Suppliers to an IATF member [FCA US LLC (Chrysler) / Ford / General Motors / Mercedes / VW / Renault / PSA Peugeot Citroen / FCA Italy SpA (Fiat) and BMW]; Provide a copy of the supplier's score (report) card, production part purchase order, or completed PPAP for each customer.
- 12) Provide a current copy of the interaction between the processes of the QMS (4.2.2.C).
- 13) In language(s) of the audit (header page to be completed by client), list all non-English spoken languages at the site, where English is not spoken by an employee or translation is required. Also identify the employee count by language spoken for the same.
- 14) FOR RENEWAL: Management System performance over the previous three year cycle (address the goals/targets of effectiveness and efficiency for each identified process on the R20.44TS or equivalent over the previous three year period of certification). Provide Management Review and Internal Audit results for the previous three year period.
- 15) FOR RENEWAL: Management system documentation (Level I and II - policies and required procedures) for each site to be audited, including information on linkages and interfaces to any remote support functions and/or outsourced processes.

.8 The initial audit plan shall:

- A. Include all processes of the organization's management system implemented to meet automotive customer needs of those customers recognizing ISO/TS 16949 certification of their organizations, even when these clauses go beyond ISO/TS 16949. The audit plan for initial registration or surveillance is the output of the Readiness Review.
- B. Be based upon the processes of the organization and include evaluation of all organization management system processes for effective implementation of ISO/TS 16949 requirements as well as for effectiveness and efficiency of the processes. Assessment shall evaluate the effectiveness and efficiency of the processes, its linkages, performance and requirements. Part of the evidence required is the results of at least one complete internal audit of the QMS in the process approach, audit of the manufacturing processes, and product audits as well as a management review to TS at the Stage 1 event. Evidence to support reductions for "Dedicated Automotive" portion of facility: physically separated & 100% dedicated personnel must be confirmed with written justification in the Stage 2 Report.

9. Each on-site audit (Stage 2, surveillance, recertification, and transfer) shall utilize the automotive process approach and include assessing and evaluating at least the following:

- A. Information and evidence about conformity to ISO/TS 16949 requirements. All requirements shall be audited at the Stage 2 and recertification audit and during the surveillance cycle.
- B. Management responsibility for their policies.
- C. Management review results for effectiveness and actions.
- D. Linkage between the policy, performance objectives and targets, responsibilities, competence of personnel, operations, procedures, performance data, internal audit finding and conclusions, and changes in the client organization or management.
- E. Process based internal audits and analysis of the effectiveness of implemented corrective actions.
- F. Effectiveness of the corrective actions and verification since the last audit. Effective root cause analysis by the organization must be readily apparent when receiving and accepting responses.
- G. Appropriate root cause analysis and effective corrective action verification prior to closure is a mandatory step. Auditors are required to explain that the client must:
 - 1) Address the immediate issue (Containment and Correction)
 - 2) Perform root cause analysis and impact analysis
 - 3) Identify preventive action measures

Auditors are required to verify that organization responses to Corrective Action Notifications (CANs) are based on effective root cause analysis followed by systemic corrective action. Documented evidence such as an action plan, instructions, records to demonstrate the elimination of the nonconformity condition, including assigned responsibilities or verification follow-up visit is required. Closure must be achieved within 90 days of the end of the site audit. Auditors must verify effective implementation for each NC during the next surveillance audit.

- H. Customer complaints and client response, including review of IATF OEM performance reports online.
- I. What plans are in place to ensure key customer performance objectives and targets are met and corrective actions implemented where objectives and targets are not met.
- J. Implementation of requirements for new customers since the last audit.
- K. The client process for gathering, communicating, and implementing Customer Specific Requirements (CSR's). Priority shall be given to IATF OEM Members.

- L. Information and evidence about CSR's, including customer specific quality management system requirements audited. The CSR's shall be sampled for effective implementation over the three (3) year audit cycle and records shall be retained. Priority shall be given to IATF OEM Members.
- M. The client's processes, the sequence and interactions, and performance against the measures defined, with focus on the processes that impact the customer. The process shall be audited at the location where they occur.
- N. The operational controls of the processes.
- O. Manufacturing shall be audited on all shifts where it occurs. Multiple shift patterns shall be audited at each audit. The minimum audit time of one-third of the total audit days shall be spent in manufacturing. (Note: time spent in manufacturing shall be spent on the manufacturing floor/workshop, not in other areas of the site such as conference rooms or administration buildings. The time spent shall not include auditing of documents related to customer complaint status, training, consistency between work instruction, FMEA and control plan and corrective action result of nonconforming product, etc.)
- P. Audit on all shifts where it occurs including sampling of shift changeover. All manufacturing processes shall be audited on each shift at each Stage 2, recertification and transfer audit; sampling of shifts and processes is not allowed. During the surveillance audit cycle, all manufacturing processes shall be audited at least once on each shift.

ANNEX 1.2 – EXAMPLE TABLE FOR VERIFICATION OF AUDITING MANUFACTURING ON ALL SHIFTS

Manufacturing process name	Operational Shifts	Audit Cycle		
		Initial / Recert	1st surv audit	2nd surv audit
Stamping	1,2,3	1,2,3	1,2	1,3
Welding	1,2,3	1,2,3	1,3	2
Heat Treating	1,2,3	1,2,3	1,2	1,3
Painting	1,2,3	1,2,3	1	2,3
Assembly	1,2,3	1,2,3	1,3	1,2

- Q. Linkages between customer concerns and relevant process documents such as the control plan, FMEA revisions/updates and effective implementation of any changes.
- R. Effective implementation of the control plan, FMEA, and associated documents during the audit of manufacturing with priority given to special characteristic.

- S. The information included on the ISO/TS 16949 certificate is accurate.

The audit team shall regularly communicate with the client during the audit regarding the progress of the audit.

The audit team shall record in their auditor notes objective evidence of both compliance and noncompliance with requirements. The notes shall be retained as a part of the audit record.

Surveillance events must occur within a specified frequency as quoted by SRI and accepted by the organization. The allowable timing for a surveillance event quoted for six month frequency is +/- 30 days, nine month frequency is -60 days plus 30 days, and annual events is -90 days plus 30 days. For re-registration, the allowable timeframe is - 90 days plus ZERO days. Failure to perform timely assessments will result in Suspension or Delisting depending on the circumstance.

2.3 Audit Team

- .1 SRI evaluates all auditor candidates and maintains evidence to demonstrate competence:
 - A. Employed by or contracted to SRI,
 - B. is a qualified ISO 9001 auditor, qualified according to ISO 19011 and relevant accreditation body rules,
 - C. competent in core tool knowledge and fulfills ADP qualification and requalification requirements,
 - D. conducted at least three ISO 9001 third-party audits as a lead in the manufacturing industry,
 - E. meets work experience requirements (six years full time appropriate practical experience, including 2 years dedicated to Management Assurance activities, in the past 10 years in an organization meeting the applicability of ISO/TS 16949).

Auditors must conduct a minimum of one TS audit per three month period, with a minimum total of ten audit days per year to maintain their auditor credentials. Failure to do so will result in withdrawal of the IATF certificate and identification card.

- .2 All ISO/TS 16949 audit teams, including surveillance teams, shall satisfy the applicable SRI procedures requirements (reference QP 4.0, QP 11.0, QP 12.0 and QP 13.0) as well as the following:
 - A. Consist of IATF qualified auditors to conduct audits in the name of SRI. Both the IATF certificate and identification card are the property of IATF and must be returned upon request.
 - B. Have relevant sector-specific experience for all commodity codes which apply to the scope of registration at that site.

- C. No member of the audit team shall have provided consultancy for the organization in the two years prior to the audit.
 - D. No member of the audit has audited the client for ISO/TS 16949 in the past three (3) years.
- .3 For consistency, at least one auditor of the initial audit team should participate in all visits of a three year cycle. For each three (3) year cycle, different auditors shall be used. One auditor from the previous three (3) year period can be assigned to the renewal audit team, but cannot be assigned as the Lead Auditor. In instances such as specific/special workplace experience, combination of standards to be audited and/or location constraints may affect auditor selection, management approval and IAOB approval is required to continue the initial auditor. Refer to R20.103, *Reassessment and Auditor Independence and Monitoring Assessment Policy*.
 - .4 SRI shall evaluate auditor performance in determining effective implementation of ISO/TS 16949 requirements (reference QP 11.0) and current IATF Advisory. This includes the internal witness audit process and also includes feedback from IATF witness audits, post-audit surveys and customer feedback on the *Continual Improvement Questionnaire*, R20.52.
 - .5 SRI shall provide a full report on the operations audited consistent with SRI procedures QP 5.0 and QP 6.0 and the content of Section 5.1, *Rules for achieving IATF recognition*, to the organization within 15 working days of each initial and surveillance audit unless otherwise agreed by the organization.
 - Within the total audit days, a maximum of 10% may be allotted for writing the audit report.
 - .6 The contract between SRI and the organization addresses the following:
 - A. The organization must notify SRI of any changes relating to legal, commercial, organization status, or ownership.
 - B. The organization cannot refuse IATF Witness Audits.
 - C. Access authorization for IATF representatives or delegates.
 - D. Confidentiality of information.
 - E. Authorization to provide the final report to the IATF.
 - F. Only use of the IATF logo is as displayed on the certificate issued by SRI.

2.4 Other Requirements

- .1 Consultants to the organization cannot participate in or attend the audit in any form (Skype, electronic communication, etc.).
- .2 SRI supports the IATF oversight activities. SRI will not violate copyrights of any IATF documents and logos related to ISO/TS 16949.

- .3 Before SRI was recognized and issued any certificate, SRI worked with the IATF/IAOB to undertake a witness audit as validation of initial compliance. Any resulting corrective actions required were verified for effectiveness before certification activities continued. SRI is fully recognized by the IATF.
- .4 SRI, in cooperation with the IATF, shall develop schedules for ongoing recognition through IATF oversight activities.
 - A. Office assessments of SRI are conducted at the Seven Fields office. Where appropriate, ISO/TS 16949 records and databases shall be accessible to the IATF during the office assessment.
 - B. Schedule ongoing surveillance witness audits so that the IATF may observe many different auditors.
 - C. Submit within 20 days or 90 days or as required from the date of issuance of an IATF Oversight nonconformance(s) - evidence of analysis, problem investigation, correction and/or containment, root cause analysis, and verification of effective implementation. The problem solving team, staff veto power and independent reviewer shall use as a guide for this process (response to IATF Oversight nonconformance(s), the R20.32TS SRI Five Why Process Sheet – CB Nonconformity Resolution, and R20.30TS ISO/TS 16949 IATF Oversight Office Nonconformity Resolution).
- .5 SRI does not operate as both a management system certification body and as an accreditation body.
- .6 Certificates to ISO/TS 16949 shall only be issued by the Seven Fields office with a maximum validity of three years.
- .7 When SRI upgrades a current automotive certificate (AVSQ, EAQF, VDA 6.1), SRI will take into account, prior to the initial assessment to ISO/TS 16949, the following:
 - A. If the scope is unchanged from the ISO 9001 assessment, at least 50% of the required audit mandays for initial audit shall be applied.
 - B. If the scope is changed, 100% of the required audit mandays for the initial audit shall be applied. Sampling is not permitted.
 - C. SRI shall make an effort to ensure the certification body shall be the same for the former automotive certification and for the new ISO/TS 16949 certification. SRI will apply, in cooperation with the former certification body, applicable transfer procedures (reference R20.101) when a customer requests a transfer or the certification is abandoned. Upgrades will only be conducted after the first surveillance event.
 - D. Current conditions for upgrading certifications to ISO/TS 16949 will apply.

- .8 If an organization certified to ISO 9001 transfers to SRI, at least one (1) surveillance audit to ISO 9001 will be performed PRIOR to an upgrade to ISO/TS 16949. If an organization certified to ISO/TS 16949 by a recognized certification body elects to transfer to SRI and to continue certification to ISO/TS 16949, then the following steps must be followed in sequence:
- A. Be recognized by IATF.
 - B. Validate the existing certificate, with no open nonconformities.
 - C. Perform a review of the previous audit report and all findings issued by the existing certification body.
 - D. Perform a basic document review and a review of key indicators of management system performance.
 - E. Conduct an audit, the equivalent of a re-certification audit.
 - F. Notify IATF of the change in certification.
 - G. The process must in all cases continue to meet the "Rules."
 - H. Enter the previous IATF certificate number into the IATF database.
- .9 SRI acknowledges the IATF right to send a delegate to SRI's executive management committee to review the decision making process regarding ISO/TS 16949.
- .10 If SRI places an existing ISO/TS 16949 certified company on suspension because of management system nonconformities or a violation of the rules of registration, SRI shall enter the information into the IATF database within 10 working days of the notification to the organization via e-mail or fax.
- A. If the organization is placed on suspension due to a customer concern, the date of suspension is the date of the concern. SRI will verify on site the effective implementation of the corrective action before removing suspension.
 - B. If certification is withdrawn, SRI enters the information into the IATF database. SRI will notify the IATF by e-mail or fax within 10 days. The organization is required to return the IATF certificate and must send a written notice that it is no longer certified to its customers who required TS certification.
- .11 The following processes apply to TS certified organizations:
- A. Decertification process - actions or decisions to be taken by SRI when events occur indicating that the initial conditions of the issue of the TS certificate to the organization are no longer satisfied. The starting point could be information coming from the organization (significant changes of ownership, interruption of activity...), from the certification body (nonconformity observed during a surveillance audit, delayed surveillance audits requested by the organization, noncompliance with a clause of the certification contract by the organization...), from a TS recognizing customer (poor performance of the organization, ...) or from claims from other customers of the organization or information from the field. The approved veto power individual will document analysis and decisions (CMS, e-mail, letter, etc.).

- B. Granting of a certificate - a certificate is issued by SRI, with a defined period of validity and with a defined scope of certification.
 - C. Maintaining a certificate - a certificate's validity is subject to ongoing surveillance audits, re-certification audits, and other conditions defined in the contract with SRI.
 - Continued registration decision after a surveillance event without nonconformance is evidenced by a signature on the report performed by an approved veto power individual.
 - D. Suspension - a temporary status not exceeding 120 days (unless approved by the IATF oversight office) which can only end by the full reinstatement or withdrawal of the certificate. During the suspension period, the certificate remains valid and is still recognized by the IATF.
 - Minor corrective action notifications (CAN) start the decertification process. However, issuance of a minor CAN does not initiate the suspension process. Failure to close the cited CAN within 90 calendar days or issuance of a major CAN initiates the suspension process. For Major/Hold CAN's, SRI determines status and issues a letter of suspension within 20 days of the issuance of the Major/Hold CAN. The approved veto power individual will document analysis and decisions (CMS, e-mail, letter, etc.).
 - E. Withdrawal of a certificate - definitive interruption of the validity of a TS certificate, as a sanction from SRI following an organization noncompliance of the certification contract. In the case of withdrawal or cancellation, the previously certified entity is delisted from the current certified database of SRI.
 - F. Cancellation of a certificate - action to nullify a certificate at the request of the certified company to interrupt the certification contract, or by decision of SRI after verification of the definitive end of the certified activity, for example when an organization that has been certified no longer has products or services that meet the applicability for a period of 12 months, SRI shall cancel the certificate. This is not a sanction. In the case of withdrawal or cancellation, the previously certified entity is delisted from the current certified database of SRI.
 - G. Corporate site certification - in the event of corporate site certification, if a single corporate site loses its certificate based upon performance issues, only the affected site loses its certification.
- .12 SRI will report to the IATF any changes in status of its management system accreditations.
- .13 SRI is aware that cancellation of IATF recognition of SRI for ISO/TS 16949 may occur upon:

- A. Violation of any of the IATF contractual rules and provisions,
- B. Loss of ISO 9001 accreditation,
- C. Failure to conduct a minimum of twenty-five (25) ISO/TS 16949 site audits (initial or surveillance) per calendar year,
- D. Inadequate performance as identified by IATF.

In the event of loss of IATF recognition, SRI is responsible for the remedies for any registrants affected, appropriate to the severity of the concern. These remedies will be agreed by IATF.

2.5 Certificates

- .1 Issuing of certificates shall follow the applicable guidelines of SRI procedure QP 6.0 and this procedure and an English version is maintained on file. SRI shall ensure that the ISO/TS 16949 certificate includes as a minimum:
 - A. Scope statement(s) including all manufacturing activities for related products and services being supplied to all companies subscribing to this document;
 - B. Issue date of the ISO/TS 16949 edition used, date of certification and date of expiration, and permitted exclusions as defined in clause 1.2 of the ISO/TS 16949 requirements;
 - C. List on the front page the company name and address. Any appendix/schedules that are a part of the certificate must note that more pages are included, e.g. page 1 of 3, and be endorsed with the certificate number (Multiple names for a single site are permitted for dba's only. One certificate is permitted per legal entity);
 - D. Multi-site certificates are not permitted;
 - E. Any remote support location(s), e.g. where product design and development process occurs, purchasing, contract review, which are part of the management system and have been audited, their locations and scopes. If a remote support location and their processes support more than one site, the remote support location shall appear on each site certificate. Changes to main site processes identified during a Readiness Review prior to an audit activity will warrant a revised certification after validation and audit by the assigned team;
 - F. The name of SRI's contracted office (city/state/country);
 - G. The IATF logo of equal prominence with other marks;
 - H. For corporate certification, each site must receive a separate certificate, with a common certificate number plus number (or letter) suffix e.g. 0633-01, 0633-02, 0633-03, 0633-04;
 - I. Have both the SRI certificate number and the IATF certificate number;

- J. Certificates to ISO/TS 16949 shall only be issued by the Seven Fields office with a maximum validity of three years. New certificates (at subsequent issuances such as renewal) are required to be in place prior to the expiry date of the current registration period.
 - K. For clients desiring a separate ISO certificate, due diligence must be maintained. When the scope is equal to or less than the TS certificate, no additional time for ISO 9001 events is required. When the scope of ISO is greater than the TS scope, additional time must be allotted for all audit activities. Determination for any added time must be ascertained during the Sales and Quoting process.
- .2 SRI does not reference other documents for which the certification is not accredited or recognized.
 - .3 At renewal/re-certification, the expert review (Registration Review Panel - RRP) is completed in advance of the expiry date of the current certificate to ensure that there is no break in the certification period. The new three year certificate begins the date of the certification decision. The effective date of the decision shall be the date of the certificate. The certification decision and the issuance of the certificate shall be completed within a maximum of 120 calendar days from the last day of the Stage 2 registration or subsequent renewal audit.
 - .4 The audit cycle is three years maximum from the last day on site at the initial registration audit. Timing is last day on site to last day on site. Failure to (1) have the renewal event within three (3) years (-3 months, /+0 days) of the initial event and/or (2) to have the certificate issued prior to the expiry date will result in delisting and the organization starting the registration process at Stage 1, not a renewal. Valid exceptions to this rule must be submitted to the IAOP Oversight Office and be approved. This is expected to be a rare occurrence.

2.6 Forms and Tables

- .1 Reports by SRI:
 - A. SRI shall transmit to IATF on a regular basis, in an IATF approved format and in English, the reporting data for ISO/TS 16949 certification.
 - B. Data on certification activities shall be entered by SRI in the IATF database within seven (7) calendar days after the certificate is issued for an initial or re-certification audit, and within twenty (20) calendar days of the completion of a surveillance audit.
 - C. Database on auditors will include the format and information required by the IATF.