

The Accreditation Process: - Policy and Associated Requirements

ISSUE 8 REVISION NOTE:

This document has been revised to include reference to ISO 14065 in annex 1 and also to make minor editorial changes. Text changes are indicated with a vertical line in the margin.

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1. Purpose and Scope

This document provides the policy and requirements associated with the UKAS Accreditation Process and to ensure compliance with ISO/IEC 17011 and the requirements of EA, ILAC and IAF.

The policy and requirements described in this document are applicable to all UKAS assessment and accreditation activities of Conformity Assessment Bodies (CABs) within the scope of UKAS' operation as identified in the UKAS/BIS Memorandum of Understanding (MoU). See <http://www.ukas.com/library/About-Accreditation/About-UKAS/MOU.pdf>

Specific and/or additional requirements apply to the CAB and/or UKAS for the assessment in support of some Regulations and sector schemes. Where applicable, these specific/additional requirements are described in the [UKAS Service Map](#) information for the individual schemes.

The UKAS Accreditation Process is further detailed in flowcharts with associated guidance notes that are available via the UKAS Intranet [Ref: Information Map - Accreditation Process](#)

For convenience, and where appropriate, key supplementary/supporting information is linked directly from this document.

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2. Responsibilities

2.1 Overall responsibility for the delivery of the UKAS Assessment and Accreditation Process rests with the UKAS Chief Executive. In practice the responsibility for delivery of UKAS assessments is delegated through the Accreditation Director down through Accreditation Managers to Assessment Managers. The authority for making Accreditation decisions is delegated through the Accreditation Director to appointed Decision Makers (DMs). This authority may be limited to specific standards or technical areas, details of which are recorded in the competence records.

2.2 Assessment Managers (AMs) have overall responsibility for managing the assessment process and the relationship with CABs. AMs are responsible for ensuring UKAS retains a full record of the assessment and accreditation activities for each of their allocated CABs.

3. Maintenance of Records

3.1 Since May 2011 UKAS uses a single IT system, DARWIN, to manage its accreditation process and maintain records. In addition, access is retained to two legacy systems UBIS and EDM for activities and records prior to May 2011.

3.1.1 Darwin (Microsoft Dynamics AX & Microsoft SharePoint) – Darwin holds active records of CABs:

- contact details
- history of accreditation
- details of the accreditation cycle including the expiry of accreditation and the due profiled dates for routine surveillance and reassessment visits
- intended effort over the four year cycle
- assigned assessment team members
- details of all planned, open and closed projects for the customer
- functionality for tracking the improvement actions (nonconformities) raised by the assessment team and records when they have been cleared
- standard templates that are used to record specific stages in the accreditation process
- workflow processes that are used to review and authorise decisions and request the completion of tasks relating to the accreditation process.
- Microsoft SharePoint – is a web based document handling system which contains the master case file for all of UKAS' CAB documentation & records related to the accreditation process

3.1.2 UBIS (UKAS Business Information System) holds archive records of CABs (prior to 13/3/2011):

- history of accreditation
- details of the accreditation cycle including the expiry of accreditation and the due profiled dates for routine surveillance and reassessment visits
- effort over the four year cycle
- assigned assessment team members
- details of all events for the customer
- a database for tracking the nonconformities raised by the assessment team and records when they have been cleared

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3.1.3 EDM (Electronic Document Management) – holds archive records of CABs (prior to 13/5/2011) The EDM system was the master case file for all of UKAS' CAB records related to the accreditation process. The EDM system had workflow processes that were used to review and authorise decisions and request the completion of tasks relating to the accreditation process.

3.2 Although all members of staff involved in the accreditation process have a responsibility to ensure that any information that they enter into these systems is correct, the overall responsibility for the accuracy of these records rests with the AM for that CAB.

4. Accreditation Criteria and Information

4.1 Criteria and Information

UKAS makes information publicly available via the UKAS website www.ukas.com or through hard copy. This includes:-

- Accreditation criteria (normative documents) such as Guides and Technical Publications
- Information about International Accreditation standards
- Details of the Accreditation Process and how to apply etc
- Standard Terms of Business
- General information about UKAS
- Memorandum of Understanding (MoU) between UKAS and Government (BIS)

Note: UKAS will not offer accreditation services, which are outside the scope of the current MoU with the Government.

4.2 Changes and associated Guidance Documents

4.2.1 In the event of changes to accreditation standards, UKAS will adopt internationally agreed guidance without modification (except when prevented by the existence of specific national requirements). Accredited bodies and applicants will be notified of the changes and the timescale for the implementation of the changes. UKAS will verify that the changed criteria have been implemented within the timescales notified.

4.2.2 As part of the process of implementing a change to accreditation criteria, UKAS shall ensure that any internal documentation and publications that may be affected are updated, and that staff and assessors receive any necessary training.

5. Cross Frontier Considerations (EA/IAF/ILAC)

UKAS shall consider requests from CABs based or operating outside of UK but only in accordance with the requirements of the EU regulation 765/08 and the EA, IAF and ILAC Cross Frontier requirements. All requests (existing or new) for such activities MUST be considered in accordance with ACC 1001 '[Overseas Assessment & Accreditation Activities - Supporting Policy](#)'. This document also outlines the process for subcontracting assessments to local ABs

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6. The Accreditation Process

6.1 APPLICATIONS (STAGE 1)

(Further detail, see: [Accreditation Process](#) & link from 'APPLICATION' for Process Map & Guidance Notes)

6.1.1 Applications may be received from

- a) A new customer not holding any existing accreditation from UKAS
- b) An existing accredited CAB wishing to extend* the scope of their accreditation either:
 - within an existing standard
 - to add another standard
- c) A new legal entity applying for the transfer of accreditation from an existing UKAS accredited organisation
- d) A body wishing to be assessed and recommended as a Notified Body

* 'Extension to scope' is defined as a request from the CAB to amend/add to their accredited activities that requires additional assessment by UKAS (to that defined in the Forward Plan) to determine the competence of that CAB to conduct the amended/additional activities. Requests to add additional Locations where key activities take place shall also be considered as an Extension to Scope.

Notes

- For applications from bodies operating outside the UK, see [Overseas Enquiry Process](#)
- For applications from CABs wishing to be appointed as a Notified Body, see [Assessment in Support of Directives](#)
- Applications for accreditation in an area of accreditation not currently within the scope of UKAS' operations remit will be passed to Development Section.
- For applications from CABs requesting assessment in accordance with a recognised sector scheme, the requirements of that scheme shall be considered as necessary as part of the assessment and accreditation process (see [UKAS Service Map](#))
- For applications from a Legal Entity requesting transfer of existing UKAS Accreditation please see [UKAS F 323 - Transfer of Accreditation Form](#)

6.1.2 UKAS provides, via its website www.ukas.com, copies of application documentation for new customers, for the transfer of existing UKAS Accredited customers to a new legal entity, and for those accredited CABs wishing to extend their scope of accreditation. Applications to UKAS must be made using the appropriate UKAS Application Forms. Completion and submission of these forms, along with all accompanying documentation and information requested, should ensure that UKAS is provided with all the information necessary to ensure the prompt processing of the application.

6.1.3 In order to process an application the following conditions shall be met:

- a) Applications from new customers must be accompanied by the application fee or a purchase order for the application fee to be invoiced;
- b) The applicant CAB must not use the word 'accreditation' in its title/trading name
- c) Any outstanding debt from any previous association between that CAB and UKAS must be repaid in full
- d) The legal identity of the CAB is known and confirmed

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- e) The applicant has signed an agreement with UKAS and provided any required supplementary information
- f) The CAB has been confirmed as financially viable (via a credit check or other means). *Note: Where there are concerns regarding the financial viability of the CAB UKAS may proceed with the requested assessment activity but require payment in advance.*

6.1.4 All applications submitted to UKAS shall initially be submitted to the applications unit. These applications will then be passed to the Finance Department, to perform a credit check, legal entity check or confirmation, and confirm that the application is viable. Initial applications will be then passed to the relevant ACM and an AM appointed. Following the acceptance of the application the appointed AM shall conduct a preliminary document review in order to determine the next steps.

6.2 CONTRACT REVIEW (STAGE 2)

(Further detail, see: [Accreditation Process](#) & link from 'CONTRACT REVIEW' for Process Map & Guidance Notes)

6.2.1 The purpose of a contract review is for UKAS to determine the resource needed to complete the assessment both in terms of time and technical expertise. The contract review shall cover the resource needed to assess the activity concerned over the full reassessment cycle unless the review is for a one-off event such as an extra visit.

6.2.2 A contract review is required for:

- all applications for accreditation (initial and extension to scope – see Note under 6.1.1 above)
- any additional assessment event (e.g. extra visit)
- reassessment

The contract review is recorded using the appropriate Work, Resource, Authorisation and Planning Form (WRAP). The various versions of WRAP form are accessed within the WRAP functionality in DARWIN. *Note: the WRAP functionality in DARWIN is also used for the planning of surveillance visits NOT for the purpose of contract review unless a change to scope, team or effort is required.*

6.2.3 It is the responsibility of the AM allocated to that CAB to conduct the contract review. If the assessment activity covered by the review is outside of the AM's operational area and/or technical competence, the AM shall ensure that suitable technical expertise (including from outside UKAS where necessary) is consulted in order to complete the review.

Note: Where a change is urgently required to an existing defined and authorised effort matrix, for example to facilitate the booking of an assessment, CLOs or Team Leaders may complete and submit a Change of Team/Effort WRAP and submit to an authorised decision maker for review.

6.2.4 The contract review shall be agreed by an authorised DM before any planning activity can proceed. No assessment activity shall take place without an authorised contract review.

6.2.5 An authorised contract review shall be reviewed, and revised and re-authorised (as necessary) in cases where a change to the contract is identified. For example as a result of:

- the scope of the application changes
- the accredited scope requires amendment

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- the previously identified team members are changed
- UKAS identifying a need to change the allocated effort

In practice a new WRAP will be needed to cover the changes.

6.2.6 The AM shall consider the following when completing the contract review:

- a) The Standards, UKAS policies and requirements applicable to the application/customer
- b) The technical competences required to adequately assess the CAB
- c) Whether UKAS has the necessary capability and the required resources in order to conduct the assessment activity within a timescale agreed with the CAB. (see [6.2.10](#) 'Assessment Teams' below)
- d) The best approach and tools/techniques ([see 6.2.9 below](#)) to be used to conduct the assessment of the application/CAB, including areas such as:
 - locations to be visited
 - technical areas to be covered and by whom
 - any witnessed assessment required
 - the need for any pre-event document review
- e) The assessment team members required to undertake the work including any 'contracted in' resource (e.g. assessors or experts) and any independent translator(s) required for overseas assessment activity
- f) Whether the day rate of the technical assessor(s) selected requires a Technical Resource Supplement to be charged to the CAB
- g) Any potential conflicts of interest between the proposed team and the CAB in order to ensure the independence and impartiality of the assessment team and that team members are acceptable to the CAB
- h) Whether the UKAS Cross Frontier policy applies to the CAB
- i) For reassessments, the 4 year forward plan ([see 6.2.11 below](#)) for the assessment of the CAB. For extensions to scope, the effect on the 4 year forward plan for the assessment of the CAB.

Note: CABs have the right to object to the appointment of the nominated assessor(s) and, in such cases, UKAS shall endeavor to offer an alternative. In the event that a suitable alternative cannot be identified, or the grounds for objection are considered to be unreasonable, UKAS reserves the right to appoint the assessor(s) originally selected.

6.2.7 At the contract review for reassessment, the composition of the assessment team shall be reviewed and unless the team has been changed during the previous assessment cycle, the technical assessors shall be changed to ensure the effectiveness of the assessment is maintained. Consideration should also be given to rotating the Lead Assessor although to enable continuity of the assessment it is not advisable to change the whole team at the same time. In exceptional circumstances where the Technical Assessor(s) are not changed at either reassessment or during the previous assessment cycle the reason shall be recorded on WRAP form and authorisation to proceed received, prior to reassessment.

6.2.8 The assessment team shall ensure appropriate sampling across the scope of activities of the CAB to ensure the proper evaluation of competence in all areas in which the CAB seeks or holds accreditation. Assessment coverage requirements for initial, surveillance and reassessments are detailed in [Annex 1](#).

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6.2.9 Assessment Tools and Techniques

The typical tools and techniques that may be employed by UKAS include:

a) Pre-assessment

A pre-assessment visit shall be considered for all new applicant CABs and for extensions to scope in new technical areas. If the AM recommends that a pre-assessment is not necessary or the CAB requests to proceed without one the decision to proceed shall be agreed with an appropriate DM. The pre-assessment is not a formal assessment and whilst the next step shall be determined at or after the pre-assessment, the pre-assessment shall not provide any recommendation on accreditation.

This type of assessment shall be recorded using [UKAS Pre-assessment Report Form F294](#). This document is generated in DARWIN from the appropriate WRAP when required, by the AM.

b) Documentation and Record Review

For Pre, Initial, Extension to Scope, and Reassessment activities, UKAS shall request from the CAB all the relevant documents and records required to perform a documentation and record review prior to any on-site assessment. This review may be conducted remotely and/or at the CAB's site. For other assessment activities, including surveillance, UKAS may request documentation and records from the CAB for review prior to any on-site assessment.

Where the document review is part of an assessment activity that includes on-site assessment, the outcome of document review will form part of the preparation for the assessment and the outcome of both activities will normally be reported together in a single [Assessment Report Form](#) Ref F175 (generated from the WRAP by the AM). If the assessment activity is limited to only a document review, e.g. extension to scope in a related area, then the outcome of these documentation and record reviews shall be recorded using the [Assessment Report Form](#) (as above) and that is issued to the CAB at the end of the assessment activity

c) On-site Assessment

On-site assessment is conducted at premises where the CAB operates, this may include their customers sites (referred to as a witnessed assessment). This type of assessment may involve a selection of the following:

- witnessing of staff performing technical duties
- review of the suitability of the accommodation and environment
- review of records and documentation
- interviews and discussions with key personnel

The outcome of any on-site assessment shall be recorded using [Assessment Report Form AR \(T\)](#) Ref F175, any mandatory or recommended findings arising from these assessments must be recorded on an [Improvement Action Report Form IAR \(T\)](#) Ref F212. This document is generated in DARWIN from the appropriate project by the AM.

d) Off-site assessment (Desk Assessment/Postal Review)

In certain cases it may be possible to conduct the assessment without requiring an on-site assessment. This type of assessment is limited to extensions to scope that utilise competences already covered by (or are closely related to) the existing accredited scope of the CAB. Other factors may also influence the decision to

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conduct a desk assessment such as the past performance/assessment outcome and accreditation history of the CAB.

This type of assessment will be recorded using UKAS Postal Review/Desk Assessment Form F291 [Postal Desktop Assessment Report Form](#). This document is generated in DARWIN from the appropriate WRAP or project by the AM. Any mandatory or recommended findings arising from these assessments must be recorded on an Improvement Action Report Form IAR. This document is generated in DARWIN from the appropriate project by the AM.

e) Unannounced visits

On occasions UKAS may conduct unannounced visits as part of (or in place of) the planned surveillance/reassessment activity or where an extra visit is required e.g. as part of a complaint investigation. Where an AM considers conducting an unannounced visit this must be discussed with their Accreditation Manager and the justification for this approach shall be recorded on a WRAP form.

Unannounced visits shall be conducted in accordance with the requirements for on-site visits although consideration should be given to the potential lack of availability of key staff, resources and activities.

*Note: The use of this approach **is not considered suitable** for pre-assessments, initial assessments and extensions to scope.*

f) Measurement Audit (for Calibration Laboratories only)

UKAS recognises the benefits of measurement comparisons as an assessment tool in the laboratory accreditation process. Where it is possible and where the results can be expected to provide clear evidence of technical competence, audit measurements will form part of the assessment for all calibration laboratories. Audit measurements are complementary to other information gathered directly by UKAS' assessors, and the results will be used in the context of detailed knowledge of the laboratory being assessed and the technical processes involved. See also

[Measurement Audit - Management Manual](#)

6.2.10 Assessment Teams

a) The AM is responsible for selecting and appointing the assessment team. The assessment team shall comprise a Lead Assessor and as many Technical Assessors/Experts as are necessary to provide the technical expertise to adequately assess the competence of the CAB. The AM will normally act as the Lead Assessor.

b) For initial assessments and reassessments the assessment team shall normally comprise at least two members.

c) UKAS supplements its permanent assessment resource by contracting assessors and technical experts. Where external contractors are used they shall operate in accordance with UKAS requirements.

d) Technical Experts shall always be accompanied by an Assessment Manager/Lead Assessor during on-site assessments. The advice obtained from Technical Experts shall always be reviewed by an AM/LA prior to use in the assessment process.

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6.2.11 Forward Plans

a) Each accredited CAB (also applies to Notified Bodies recommended for appointment by UKAS) shall have a Forward Plan covering the four year assessment cycle. The purpose of the Forward Plan is for UKAS to document and record its plans to ensure the proper evaluation of the competence of the CAB, this plan shall relate directly to the information recorded during the contract review.

b) This plan shall provide sufficient detail to demonstrate that UKAS has identified and assigned a competent team to conduct the assessment activities and that the team has adequate effort assigned to them in order to conduct the planned activities over the 4 year cycle. As a minimum, AM's shall consider the following when producing a forward plan:-

- the conformity assessment activities that will need to be assessed at each surveillance and reassessment visit to ensure adequate coverage of the scope of accreditation over the 4 year cycle (See 'Assessment Coverage Requirements' at [Annex 1](#) of this document)
- whether specific CAB staff need to be witnessed and/or interviewed (e.g Inspectors)
- in the case of multi-sites, which sites are to be covered
- the management system activities to be assessed at each surveillance and reassessment visit to ensure adequate coverage of the scope of accreditation over the 4 year cycle (See 'Assessment Coverage Requirements' at [Annex 1](#) of this document).
- the technical competences required (including the identity of the proposed assessor/expert with that competence) to assess the specific activities.

c) For CABs holding UKAS accreditation for more than one standard it is acceptable for a combined forward plan to be produced as long as it clearly demonstrates coverage of all aspects of all the accredited standards held by that CAB.

d) For new customers a forward plan shall be created following the completion of the initial assessment, such that it can be submitted with the provisional decision.

e) Forward Plans document how UKAS intends to conduct assessments over the 4 year cycle. As assessments occasionally do not cover the planned scope, the AM shall, following each assessment, and in conjunction with the assessment team and CAB as necessary, consider the impact of the outcome of the assessment on the future planned activities and revise the forward plan where required. These documents are uploaded, by the AM, against the appropriate 4 year cycle project within DARWIN and/or against the customer record. Previous forward plans are held within the legacy system EDM.

6.2.12 Visit Plans

After the event planning stage is completed ([see Stage 4 below](#)) the AM shall, for on-site assessment, produce a visit plan detailing the specific activities to be assessed/witnessed, when and by whom. The visit plan shall take into account the information in the Forward Plan and any other relevant information. The plan shall be provided to the customer in advance of the visit. For surveillance and reassessment events the visit plan shall be provided to the customer at least 4 weeks in advance of the start of the visit and shall reflect the activities as outlined in the forward plan. Visit plans are not required for unannounced visits, pre-

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assessments, or postal/desktop assessments. The visit plan template is generated from DARWIN from the appropriate WRAP or project by the Assessment Manager, when required.

6.2.13 Subcontracting the assessment

6.2.13.1 Under certain conditions (e.g. Cross Frontier Agreements) and where there is written consent from the CAB, UKAS may subcontract part of the assessment process. This shall only occur where UKAS has a properly documented agreement fully consistent with its obligations under EA/ILAC/IAF requirements. Further guidance on subcontracting overseas assessments can be found in ACC 1001 Overseas Assessment and Accreditation Activities

6.2.13.2 Where the assessment is subcontracted UKAS retains the responsibility to the CAB in relation to the suitability of the assessment and UKAS shall conduct any decisions required as an outcome of any subcontracted assessment.

6.3 MANAGE ASSESSMENTS (PROJECTS)(STAGE 3)

(Further detail, see: [Accreditation Process](#) & link from 'MANAGE ASSESSMENTS' for Flowchart & Guidance Notes)

6.3.1 Based on the information provided by the AM, the Customer Liaison Officer (CLO) team is responsible for the coordination and logistical planning of events. The AM provides the required information, via the appropriate WRAP form and should include the forward plan (if appropriate), associated effort matrices and relevant documentation.

6.3.2 The manage assessments stage shall result in:

- a) requisition and supply of the required documentation and records from the CAB in suitable time to assess prior to the conducting of the assessment activity;
- b) confirmation of the availability of the assessment team;
- c) determination of the availability of witnessed assessment activities from the CAB;
- d) confirmation of the dates of the assessment activities to the CAB and assessment team, including appropriate updating of calendars and setting reminders.
- e) generation and distribution of a quotation for the assessment activities to the CAB;
- f) generation and distribution of purchase order(s) to contracted assessor(s);
- g) generation and distribution by the AM of UKAS documentation required to record and report the assessment to the assessment team;
- h) any travel and hotel arrangements required for the team being made and communicated to the team – purchase orders and purchase requisitions shall be raised by the CLO and associated to the project

6.3.3 Visit Cancellation

6.3.3.1 The cancellation Policy is described in the [UKAS Standard Terms of Business](#). Where a CAB requests the cancellation of an assessment event the AM shall consider the impact and risk to the accreditation, including the possible need for suspension of accreditation. The CAB requesting the postponement or cancellation of an assessment event should be contacted, reminded of the cancellation policy and attempts made to dissuade the CAB from proceeding.

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6.3.3.2 For guidance on how to explain the cancellation policy to customers and how to carry out the procedures required to cancel a visit refer to the DARWIN Process map and Task Recorder

6.4 CONDUCT ASSESSMENT (STAGE 4)

(Further details see: [Accreditation Process](#) & link from 'ASSESSMENT' for Flowchart)

6.4.1 Preparation for Assessment (Document and record reviews)

- a) The assessment team shall review all relevant documents and records supplied by the CAB in order to evaluate its system as documented, and for conformity with the relevant standard(s) and other relevant criteria for accreditation.
- b) These reviews may be conducted on or off site and may, where appropriate employ technology based solutions in order to access the required information remotely.
- c) Where the outcome of the document review identifies that the CAB is not adequately prepared to proceed with an on-site assessment at that time, UKAS shall report the document review separately. Otherwise the pertinent details arising from this review shall be recorded within the main assessment report.

6.4.2 On-site assessment

a) Prior to arrival

The AM shall generate all the necessary assessment related forms and ensure that the team is provided with all required documentation and equipment (including any required Personal Protection Equipment) and appropriately briefed.

b) Opening meeting

An opening meeting shall be conducted by the Lead Assessor in order to

- Make introductions
- Explain the purpose and process
- Clarify and confirm the accreditation criteria and scope under assessment
- Confirm detail of plan, logistics, guides and facilities required by the team
- Confirm reporting arrangements
- Confirm confidentiality undertaking

c) Conduct the assessment

The assessment team shall conduct the assessment, in accordance with the visit plan in order to gather objective evidence that the CAB is competent and conforms to the relevant standard(s) and other applicable requirements for the scope of accreditation applied for/held.

Where the team identifies significant issues with the conformity of the CAB, the Lead Assessor shall review the impact of these issues on the intended visit plan and may revise as necessary.

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d) Analysis, recording of findings and reporting

The procedure and requirements for reporting UKAS assessments are described in full within the [UKAS Publication Gen 3](#).

The assessment team shall analyse all relevant information and evidence gathered during the document and record review and the on-site assessment activity.

Findings shall be recorded using the [UKAS Improvement Action Report Form F212](#) and classified as Mandatory (nonconformity) or Recommended (opportunity for improvement). All findings shall be discussed and agreed with the CAB during the assessment at the earliest opportunity.

Findings shall be objective and unambiguous and, where necessary further explanation shall be provided to ensure understanding by the CAB. However, UKAS shall not provide, at any time, any consultancy to the CAB (e.g. offer specific solutions to the CAB)

The proposed improvement action (corrective action) and timescale for its completion shall be agreed with the customer prior to leaving site. Where it is impractical to do so (e.g. witnessed assessment at a site with no office facilities) the CAB shall be provided with the improvement action report and given a specified time of no longer than one week to supply UKAS with their proposed improvement action. Following submission of proposals the AM shall agree timescales with the CAB for the submission of evidence to demonstrate that the nonconformities have been satisfactorily addressed.

Note: In the case of CABs holding multi-site accreditation, UKAS may agree that the CAB can consider the individual findings on completion of all the site assessments and/or agree a single date by which to submit all of the evidence to UKAS.

e) Private Meeting

The assessment team shall set aside time towards the end of the assessment before the final meeting to discuss the outcome of the assessment and agree the recommendation to be put forward by the team. The Assessment Report should also be completed during this meeting but if it is not possible a written Executive Summary and Recommendation shall be produced alongside any Improvement Action Reports.

Exceptionally it may not be possible to provide any written reports at the time of the assessment; in these cases a verbal report shall be provided.

Where the Assessment Report is not provided at the time of the assessment it shall be provided to the CAB within five working days of the assessment.

f) Closing Meeting

Before leaving site the Assessment Team shall hold a closing meeting with the CAB which shall be chaired by the Lead Assessor. The assessment team shall provide a verbal summary of the outcome of the assessment, highlighting any areas of concern with the CAB as well as areas of good performance. The recommendation from the assessment team in relation to accreditation shall be delivered at this meeting. At this closing meeting any additional effort required for the closure of corrective actions shall be communicated to the CAB along with the timescale for submission of evidence to correct the nonconformities raised.

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6.4.3 Postal/Desk Top Assessments

- a) Where an extension to scope is to be performed without an on-site assessment (i.e. by document review) the assessor shall record findings on F291 [UKAS Postal/Desktop Extension report](#) form with any related findings recorded on the Improvement Action Report form. This report shall then be provided to the AM who must review it for suitability before providing it to the CAB.
- b) This report shall include a recommendation on whether accreditation for the extension to scope can be offered along with any actions required by the CAB in order to achieve grant of accreditation.

6.5 PROVISIONAL DECISION (STAGE 5)

(Further details see: [Accreditation Process](#) & link from 'PROVISIONAL DECISION' for Flowchart & Guidance Notes)

6.5.1 For all assessment activities (with the exception of surveillance visits), the AM shall prepare and submit the assessment information for a provisional decision to an independent and competent DM (normally an Accreditation/Development Manager or SSAM) and reasons for requesting the decision must be recorded on the WRAP form along with the justification for the recommendation. The relevant documentation shall be attached to the WRAP form in DARWIN. This provisional decision shall then be submitted to an authorised DM via the appropriate DARWIN workflow group.

6.5.2 The documentation to be provided to the DM by the AM is as detailed in the WRAP form. Other documentation may also be required in order to give a full explanation of the decision being requested, this should be referenced on the WRAP form and the documents attached in DARWIN.

6.5.3 The provisional decision shall be submitted as soon as possible after the assessment and prior to receipt of improvement action evidence. Where no improvement actions are raised by the assessment team, the provisional decision may be requested at the same time as a final decision in these cases. All relevant parts of the WRAP form shall be completed.

6.5.4 Where customers require witnessed assessments, the provisional decision shall be submitted following the completion of the assessment of all locations where key activities take place, and shall not wait for the completion of all relevant witnessed assessments.

6.5.5 The review of the provisional decision by the DM shall determine:

- a) whether the assessment had adequate coverage, depth, and was conducted in accordance with the contract review.
- b) whether the conclusions of the assessment team support the recommendation made by the Lead Assessor
- c) whether UKAS processes have been followed
- d) whether there are adequate records retained to support the recommendation
- e) where the assessment has not been conducted in accordance with the contract review the DM will need to determine that the assessment has been conducted by a competent and appropriate team
- g) the suitability of the draft schedule of accreditation.
- h) the 4-year forward plan has been reviewed and updated as appropriate.

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6.5.6 For initial assessments following authorisation of the provisional decision by the DM the DM shall send an '[Offer of Accreditation](#)' Letter F242 to the customer. The letter shall be accompanied by a summary of the 4 year effort and the draft schedule of accreditation. This offer must be accepted before the final decision can be made

6.6 MANAGE IMPROVEMENT ACTIONS (STAGE 6)

(Further details see: [Accreditation Process](#) & link from 'MANAGE IMPROVEMENT ACTIONS' for Flowchart & Guidance Notes)

6.6.1 CABs are required to respond to any Mandatory Actions recorded on the Improvement Action Report within the agreed timescales. CABs are required to complete a Form F107 [Improvement Action Summary Form](#) (IASF), or use an equivalent method, summarising details of the evidence provided to UKAS along with evidence itself, and/or confirmation of completion of improvement actions (for those not requiring evidence).

6.6.2 Upon receipt of the evidence the CLO team shall update the IA tracking activity within DARWIN, confirm the receipt of evidence with the customer, and distribute the relevant IASF with the supplied evidence and relevant Improvement Action covering letter (IA_Sent) to the external assessors for review as appropriate. UKAS AMs and Technical Assessors will receive notification of receipt of evidence, via the relevant area within Darwin, and can access and review evidence when applicable. A standard timeframe of 10 working days shall be set for the completion of this review.

6.6.3 Upon receipt of the evidence each member of the assessment team is required to review the evidence submitted to them and complete the [Improvement Action Assessor Feedback \(IAFeedback\)](#) F234, within 10 working days of receipt. This report shall detail whether the mandatory finding is cleared and provide a comment on the basis which the action is considered cleared or request further evidence as appropriate. For contracted assessors, this report is sent back to the CLO team who shall record these reports against the relevant activity and update the tracking grid in DARWIN as appropriate, for UKAS AMs and Technical Assessors these actions shall be completed by themselves.

6.6.4 When all members of the assessment team have reviewed the evidence and reported back, the AM shall review the reports and in cases where evidence provided is not accepted by the Assessor further evidence shall be requested from the CAB. Further evidence is requested by means of the Further Evidence Request Letter; the AM shall provide a timeframe for further evidence to be submitted (usually 2 weeks). This shall be recorded in DARWIN.

6.6.5 Where the further evidence fails to address the Mandatory finding for the second time the AM shall consider the impact of the actions remaining outstanding and the risk to the accreditation of the CAB. The AM shall consider whether a site visit is required to review the actions and/or whether a sanction should be imposed. The outcome of this review must be recorded in DARWIN.

6.6.6 Where an additional visit is conducted to determine the implementation of Mandatory improvement actions, the Lead Assessor shall provide an Assessment Report to the CAB. This report shall make clear whether the findings from the assessment to which it relates have been cleared.

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6.6.7 All Mandatory Findings raised during the assessment(s) shall be satisfactorily addressed before the Final Decision is requested, or in the case of surveillance visits, Maintenance of Accreditation is confirmed.

6.6.8 UKAS CLO teams will, using the reports from DARWIN, monitor the timely submission of evidence by CABs and the submission of improvement action review reports by assessors. Where timeframes are not met, the CLO team shall contact the CAB/assessor in question to determine the reason for the delay, records of these communications shall be maintained against the activity in DARWIN. Depending on the outcome of this discussion the AM may extend the timeframe for submission if suitable reasons are presented by the CAB/assessor.

6.6.9 Where a CAB/Assessor continues to miss timeframes for submission of evidence or improvement action review reports, the CLO team shall escalate the issue. The escalation of chasing CABs/assessors occurs automatically in DARWIN once the submissions are more than 14 days overdue.

Note: Details of how to escalate are included within the flowchart that accompany this stage in the Information Map

6.7 FINAL DECISION (STAGE 7)

(Further detail see: [Accreditation Process](#) & link from 'FINAL DECISION' for Flowchart & Guidance Notes)

6.7.1 In all cases where a provisional decision is required and as soon as possible following the clearance of all nonconformities, the AM shall prepare and submit the documentation required for a final decision. The **justification for requesting the decision** must be recorded on the WRAP form for that project. The relevant documentation shall be related to the WRAP form in DARWIN which is then to be submitted to an authorised decision maker via the appropriate DARWIN workflow group.

6.7.2 The review of the **final decision by the DM** shall determine whether:

- a) The CAB meets the requirements for the standard and accreditation scope being offered
- b) All mandatory actions raised at the assessment have been satisfactorily addressed in accordance with UKAS requirements
- c) Where schedule changes are required these are appropriate and have been completed and for testing and calibration laboratories the appropriate keywords are assigned to the schedule
- d) The offer of accreditation has been accepted by the CAB
- e) All effort matrices have been updated to reflect any required changes in team/effort
- f) Any additional actions required as an outcome of the provisional decision stage have been satisfactorily addressed
- g) There is a forward plan that covers the scope being offered
- h) Update DARWIN to reflect the correct status of the organisation
- i) Send the final schedule along with the keywords to schedules@ukas.com such that it can be published on the website.
- j) Print and sign the initial grant of accreditation letter
- k) Send the grant of extension or renewal of accreditation letter as appropriate
- l) Print and sign the certificate of accreditation

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- m) Update the Technical Scope Area of the Hierarchy Key
- n) Check that any specific sector scheme requirements have been met
- o) The status of the project is updated to 'Complete'

6.7.3 The CAB shall be contacted to confirm the grant of accreditation, certificate and letters should be passed to the CLO team for scanning into DARWIN and distribution to the CAB. In the case of any sector scheme assessment the AM shall ensure that the relevant information is provided to the Scheme Owner in accordance with the requirements of the Scheme.

6.7.4 In all cases where a **revision or creation of schedule** is required, the updated schedule with supporting justification shall be recorded in DARWIN against the appropriate WRAP. If there is no WRAP against which an amended schedule has been (or can be) saved, the revised schedule should be saved (with details of the reasons for the change) against the hierarchy key. The updated schedule should then be submitted to the application unit via schedules@ukas.com who shall ensure the appropriate formatting of the schedule and will then publish the schedule onto the UKAS website.

6.8 GRANT, MAINTAIN, RENEW (STAGE 8)

(Further detail see: [Accreditation Process](#) & link from 'GRANT, MAINTAIN, RENEW' for Flowchart & Guidance Notes)

6.8.1 Granting Accreditation (Certificate Issue & Schedules)

Note: The date of the grant shall not be prior to the date of the Final Decision.

CABs shall be accredited for a period of four years, subject to satisfactory surveillance activities. Upon grant of accreditation the CAB shall be issued with an accreditation certificate and associated schedule(s) detailing the scope of accreditation granted. The grant or renewal letter accompanying the Certificate and Schedule shall outline the assessment period covered by the certificate. The Accreditation Certificate and Schedule shall together identify:

- UKAS and its logo
- The legal entity holding the accreditation
- The unique identity of the CAB
- Identifies all premises from which one or more key activities are undertaken which are included within the scope of accreditation
- Effective date of granting accreditation
- The scope(s) of accreditation (detailing : types, ranges, tests etc)
- Statement of conformity and reference to applicable standards and normative documents
- Relevant information on scope (as identified in ISO/IEC 17011) for each type of CAB

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6.8.2 Surveillance and Reassessment

- a) UKAS shall conduct surveillance and reassessment visits to monitor the continued conformity of accredited CABs, with the applicable standards. Surveillance and reassessment visits shall also made to Notified Bodies where required by the relevant competent authority.
- b) The first surveillance visit shall normally take place six months (and no later than nine months) after accreditation is granted and thereafter on an annual basis. In the fourth year the organisation shall undergo a Reassessment. Following successful completion of the Reassessment a renewal letter shall be issued. Any delays in carrying out a visit in a particular year shall not affect the due dates of visits in subsequent years.
- c) Surveillance and Reassessment visits shall be conducted in accordance with the processes outlined in stages 2-7 above, as applicable to the visit type.
- d) UKAS CLO teams shall monitor when Surveillance and Reassessment visits are due and shall highlight to AMs visits that are due at least 6 months prior to the due date (referred to in DARWIN as the 'profiled date') and generate and submit WRAP forms as necessary. Following this reminder the AM shall conduct the following actions:-
 - Surveillance Assessments – Completion and submission of the appropriate WRAP form at least 4 months prior to the profiled date of the assessment.
 - Reassessment Assessments – Completion and submission of the WRAP form for contract review and event booking at least 5 months prior to the profiled date of the assessment.

6.8.3 Expiry of Accreditation

- a) The AM shall monitor the accreditation expiry dates of their CABs via reports in DARWIN and shall review cases where accreditation is due to expire in less than two months time to ensure that UKAS actions are up to date. Following the review, the AM shall notify the CABs that their accreditation is due to expire in less than two months time and identify the actions required before renewal.
- b) Exceptionally, expiry dates may be extended up to a maximum of six months with the authorisation of the ACM. The justification for, and the authorisation of, any extension of an expiry date shall be recorded within the WRAP form in DARWIN by the AM. Where expiry dates are extended in the absence of the AM, the ACM/Decision Maker shall ensure the DARWIN WRAP and record is updated. The CAB shall be notified of the extension period and reminded of the actions to be completed before the accreditation can be renewed. If the six month extension period is exceeded and a decision on a sanction is not required then the matter MUST be referred to the Operations Director, or in his absence the Technical Director, for a decision on the action required. The Operations Director will monitor any of these cases to ensure that actions are taken as a matter of urgency.

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7. Appeals, Withdrawals, Suspensions and Sanctions

7.1 Appeals

The Appeals process is outlined on the UKAS website. The following documentation refers:-

- [Manage Appeals](#) Ref ACC 2000
- [Manage Appeals Rationale](#) Ref ACC 2001.

7.2 Withdrawals, Suspensions and Sanctions

7.2.1 Withdrawals of accreditation (i.e. reductions and termination), suspensions and/or other controlling sanctions, may be imposed if an Assessment Manager learns that a customer is failing to comply with UKAS requirements (e.g. at an assessment or following an investigation in to a complaint) in a way that affects all or part of the accredited scope. Similarly, customers may initiate requests for voluntary suspension, reductions or resignations of accreditation. Four main categories apply, as follows:

- Partial Suspension of Accreditation; this action relates to a cessation of one or more (but not all) accredited activities in the specified Schedule of Accreditation for a limited duration. Moratoria on extensions to scope and/or the issue of further accredited certificates for new work can be considered as partial suspensions;
- Total Suspension of Accreditation; this action relates to a cessation of all accredited activities in the specified Schedule of Accreditation for a limited duration;
- Partial Withdrawal of Accreditation (i.e. reduction); this action relates to the permanent removal of part of the scope of accreditation. Partial withdrawals of accreditation may be initiated by the customer (voluntary) or by UKAS (imposed);
- Total Withdrawal of Accreditation (i.e. termination); this action is the permanent removal by UKAS, of the complete accreditation of a customer organisation

7.2.2 Other sanctions that might be deemed appropriate and imposed by UKAS include:

- Increased surveillance activity
- Compulsory and/or repeated witnessed visit activities, including unannounced visits

7.2.3 The process for imposing sanctions arising from the non-payment of fees is described in [UKAS Debt Collecting Routine](#) Ref: FIN 1003.

7.2.4 Where suspensions and partial withdrawals of accreditation are initiated by customers the activity is not considered as a sanction although the same process should be followed and the same requirements apply for reinstatement in the case of suspensions and reductions.

7.2.5 Withdrawals of accreditation cannot be reversed. Customer organisations may reapply for an extension of scope or re-apply for accreditation as appropriate.

7.2.6 Where the recommendation of the Lead Assessor is for a sanction to be imposed on the CAB a decision to support the recommendation shall be requested immediately following completion of the assessment (or other investigation) by the AM, via the appropriate WRAP in DARWIN. If the AM is not available the ACM shall ensure that this task is completed. The

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CAB shall be given the opportunity to comment on the recommendation ahead of the decision. Any comments made shall be documented and form part of the decision making process. The Sanctions WRAP decision request shall be reviewed by an appropriate decision maker as a matter of urgency and ideally within 24 hours. The process shall follow that outlined in Section 6.5 (Provisional Decision Stage).

7.2.7 Following the decision the CAB must be informed in writing of the outcome of the decision. If the sanction is supported then the DM or ACM shall also be responsible for ensuring the CAB is made aware of the actions required and timeframes applicable in order for the sanction to be lifted.

7.2.8 In the case of a full suspension or withdrawal of UKAS accreditation then following imposition of the sanction the decision maker shall ensure the UKAS schedule is removed from the website and that the CABs status is amended in DARWIN to reflect the detail of the sanction.

7.2.9 In the case of a partial suspension or withdrawal of UKAS accreditation then following the imposition of the sanction the DM shall ensure that revised UKAS schedule(s) are published on the UKAS website.

7.2.10 Once a decision on suspension or withdrawal is made the Assessment Manager shall consider whether any other organisation needs to be notified of the change of status e.g. a competent authority or scheme owner. In some cases it may be necessary to notify a competent authority before the sanction is imposed. The specific requirements for a scheme or regulation are detailed in the UKAS Service Map. Examples of where this applies include where a CAB is a Notified Body, where a CAB is/has been accredited for a sector scheme and for EUETS (A&V Regulation).

7.2.11 There are situations where specific sanctions are required to be imposed by UKAS (as referred to in IAF MD 7:2010 *Harmonization of Sanctions to be applied to Conformity Assessment Bodies*) and these are as follows:

- Where there is proven evidence of fraudulent behaviour, or the CAB intentionally provides false information, or the CAB deliberately violates accreditation rules, UKAS shall initiate its process for withdrawal of accreditation.
- Where a CAB is providing certification to any standard used as a basis for accrediting CABs (e.g. ISO/IEC 17025 or ISO 15189) UKAS shall initiate its process for suspension of accreditation. ,

7.2.12 Where a CAB who is covered by the IAF MLA i.e. a certification body has its accreditation suspended or withdrawn as a result of those specific sanctions referred to in clause 7.2.11 above, UKAS is required to notify the IAF Secretariat of its decision and the reasons. Therefore the Assessment Manager responsible for the CB shall provide details of the sanction to UKAS Technical Manager. The IAF Secretary will then communicate the decision and status to all IAF-member ABs. **Notification to the IAF Secretariat shall only be made after the CAB has had the opportunity to appeal the decision in accordance with the UKAS appeals process (ACC 2000).**

7.2.12 In some circumstances it may be necessary to notify BIS of UKAS' intention to impose a sanction. Whilst BIS must not influence the decision to impose a sanction and customer confidentiality must be maintained, BIS may need to be notified where the sanction may have a significant impact on UK Business. The Decision Maker is responsible for

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considering whether this is required and the matter should also be discussed with a member of the UKAS Executive. UKAS may have to consider putting in place specific arrangements to mitigate the possible consequences of the sanction. An example of this might be where accreditation is withdrawn from a certification body that has issued many thousands of management system certificates. It would be the responsibility of the certification body to inform all clients of the situation and to make arrangements for dealing with the consequences. However, many enquiries (including press and media enquiries) may be directed at UKAS, in which case arrangements would need to be in place to deal with these. Such arrangements may include contacting trade associations of certification bodies and providing clients of the certification body concerned with details of other certification bodies who may be able to provide alternative certification following expiry of current certificates.

7.2.14 Suspensions should not normally exceed a period of three months. The Assessment Manager may allow a period of more than six months with agreement of the Accreditation or Development Manager. After 6 months, a review of the decision shall be carried out to determine the next steps.

7.2.15 If an accreditation is partially or totally suspended, whether voluntarily or imposed by UKAS, customers must still pay their annual accreditation fees falling due during the period of suspension. Certificates that expire during the period of suspension must not be re-issued. If an accreditation is withdrawn or resigned, UKAS will not refund the annual accreditation fee. The customer must pay any outstanding invoices relating to work carried out by UKAS.

8. Actions Arising from Changes to the Accredited CAB

8.1 Change of Legal Entity

8.1.1 When an accredited CAB informs UKAS of a change to the legal entity accredited by UKAS, the information provided shall be reviewed. A decision shall be required in order to proceed with the transfer of UKAS accreditation to the new legal entity.

8.1.2 In order for UKAS to transfer an accreditation to a different legal entity, either as a complete transfer of the whole operation or for part of the accredited scope, the following criteria must be met.

- a) All applications for transfer of legal entity must be discussed with UKAS before any changes to the legal entity take place in order to avoid accreditation being suspended or withdrawn. Applications should be made by submitting the completed [Transfer of Accreditation Form](#) to the Applications Unit at UKAS. Work undertaken by the new legal entity cannot be reported as accredited until the review has been completed by UKAS and the transfer of accreditation formally granted.
- b) The Quality and Technical Management and operation of the organisation including the documented management system, key staff, equipment and accommodation and environment of the organisation, which is relevant to the accredited scope under transfer, remains unchanged as a result of the transfer.
In the event that there are changes in respect of any of these areas then transfer shall be subject to assessment to ensure that the requirements of the relevant standards continue to be met. In the event of significant changes a formal re-application and assessment of the new company may be required.
- c) Any additional activities to be added to the accredited scope shall be dealt with separately as an Extension to Scope

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- d) It shall be demonstrated that all contractual, legal, financial and other obligations, which relate to the accredited activities of the former company, and any that relate to UKAS (e.g. complaint resolution or outstanding debts), are transferred to the new company.
- e) A revised quality manual showing the changes of name and company structure shall be submitted to UKAS within an agreed timescale and a new UKAS agreement, including any supplements, signed.

8.1.3 For a change of name that does not involve a change of ownership or legal entity the AM shall determine the impact of the change on the CABs Management System and conformity with the UKAS accreditation requirements. The CAB shall sign a new UKAS Agreement, including any supplements, and confirm that the ownership and status of the accredited entity remains the same, by submission of legal documentation to demonstrate this status (usually Certificate of Incorporation).

8.1.4 Upon receipt and review of the necessary information from the CAB, the AM shall update and reissue the schedule of accreditation and a new certificate shall be issued. The AM shall ensure that DARWIN is updated with the new customer name.

8.1.5 The programme of visits for the CAB and the accreditation expiry (DARWIN Accreditation end date) shall remain unchanged following the transfer (i.e. six months after the next reassessment due date), unless the transferred accreditation has been incorporated into another accredited organisation where the programme of visits and expiry date of the latter shall apply.

8.2 Change of Head Office Location and/or other critical locations

8.2.1 Where a CAB remains the same legal entity but changes location the impact on maintenance of accreditation needs to be determined. The AM shall consider whether the CAB should suspend its accreditation (in full or part) where the CAB can not continue to demonstrate continued conformity with the requirements during the period the relocation commences and the new facilities are commissioned. The AM shall ensure that the new location/premises/facilities are visited at the earliest opportunity to confirm continued compliance with the requirements and reinstate accreditation as necessary. Where the Head Office has changed the CAB shall sign a new version of the UKAS agreement, including any supplements, detailing the new address.

8.2.2 Where a CAB requests the removal of a critical location the AM shall at least consider the following:

- Why has the request been made, what has changed
- Where are the activities previously conducted at the critical location now carried out, does that affect the scope in any way;
- If the activities are now being covered by another AB's scope of accreditation, is any liaison needed with that AB;
- Whether any assessment of the activities previously conducted at that location need to be assessed in any way;
- Whether a visit is required to the location to confirm the changes

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9. Resignation of Accreditation (or Withdrawal of Application)

9.1 Resignation

9.1.1 Where a CAB requests resignation of its accreditation the AM or CLO shall record the reason for resignation (where known) in DARWIN.

9.1.2 The Accreditation Manager shall be informed of the resignation and shall send a Resignation Letter to the CAB. In this communication UKAS shall require that the CAB cease to conduct or report any work as accredited by UKAS and inform their customers of the resignation of their UKAS accreditation. The CAB shall also be required to remove any reference to accreditation from all of its publicity materials including its website. The CAB shall be requested to return their certificate of accreditation to UKAS.

9.1.3 The Accreditation Manager shall update the status of the organisation in DARWIN and remove any schedules of accreditation from the UKAS website.

9.1.4 Resignations cannot be reversed. A CAB can however reapply for accreditation; in these cases a new accreditation number shall be allocated.

9.2 Expiry of an application

If there is no progress with an application for more than one year the application shall be reviewed and discussed with the CAB to determine whether they will proceed. Applications with no progress for over two years shall be withdrawn from the application process. Applicants shall be informed DARWIN records amended accordingly.

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Annex 1 – Assessment Coverage Requirements

Initial Assessments

Client	CB – Management Systems	CB – Product	CB - Personnel	VERIFICATION BODIES
Standard	ISO/IEC 17021	ISO/IEC Guide 65/ISO/IEC 17065	ISO/IEC 17024	ISO/IEC 14065
Locations visited	Head Office and all locations where key activities take place (also see ILAC/IAF A5 Clause M.7.5.7.3)	Head Office and all locations where key activities take place (also see ILAC/IAF A5 Clause M.7.5.7.2)	Head Office and all locations where key activities take place, incl. assessment centres, also see ILAC/IAF A5 Clause M.7.5.7.4 – applicable by July 2013)	Head Office and all locations where key activities take place
Business & Technical Management System	All requirements of system and the standard used for assessment.	All requirements of system and the standard used for assessment.	All requirements of system and the standard used for assessment.	All requirements of system and the standard used for assessment.
Activities	Office assessment and technical review of all scopes. Number of witnessed assessments will depend on scope of application; as a guide approx 25% of EA Codes applied for will be sampled and normally a minimum of 2 witnessed assessments. Stage 2 assessments must be included in these witnesses.	Technical review of all schemes Sufficient witnessed assessments to provide confidence in CB's competence to certify the conformance of the entire scope of products - may include testing, inspection of product/processes, factory process control.	Office assessment and technical review of all schemes Witnessed assessment of each major scheme	Office Assessment and technical review of all scopes, witness assessments representative of the requested scope and a sample of the verification body personnel. Maximum WAs will depend upon degree of activity and complexity but shall be sufficient, coupled with the file reviews to provide confidence in the VB's competence.
Staff	Sufficient to provide assurance of competence across all scopes and locations (including committee member(s))	Sufficient to provide assurance of competence across all schemes and locations	Sufficient to provide assurance of competence across all scopes and locations	Sufficient to provide assurance of competence across all scopes and locations.

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Annex 1 – Assessment Coverage Requirements

Initial Assessments

Client	IB	Laboratory	PT Providers	Reference Material Producers
Standard	ISO/IEC 17020	ISO/IEC 17025	ISO 17043	ISO Guide 34 and ISO/IEC 17025
Locations visited	Inspection Body premises: All locations/premises of the IB where key activities take place (but see guidance in ILAC-IAF A5 Clause M.7.5.7.1)	All Laboratory premises & sample of other sites where accredited work will take place (e.g. sampling sites, customers premises etc)	All locations where key activities are carried out (may also need to consider visits to collaborators/subcontractors premises)	All locations where key activities are carried out (may also need to consider visits to collaborators/subcontractors premises)
Business & Technical Management System	All requirements of system and the standard used for assessment	All requirements of system and the standard used for assessment	All requirements of system and the standard used for assessment	All requirements of system and the standard used for assessment
Activities	All fields and types of inspections office assessment & technical review On site assessment of at least 2 inspections (further guidance is given in UKAS Publication E1 clause 5.5.2)	Range of tests/calibrations including at least one from each field/discipline to ensure all key techniques, methods and competences are assessed. Measurement audit where required Participation in Proficiency Testing as applicable Uncertainty budgets	Scheme planning and management Sample preparation including stability and homogeneity testing Sample distribution and storage Data analysis and report generation Provider's assessment of collaborators for any of the above functions where not conducted by the provider	Production planning and management Material preparation including stability and homogeneity testing Assignment of values (and associated testing/calibration, data analysis/interpretation Material storage and distribution Reports and certificates RMP's assessment of any of the above functions where not conducted by RMP
Staff	On site assessment of at least 1 inspector for each field and type of inspection (see also E1 5.5.3)	Calibration – representative sample of key operators in permanent lab for each calibration, and generally all site operators (unless there is a technical justification not to do so) Testing – sample of staff to provide assurance of competence in all testing fields including a selection of site operators where applicable.	Sufficient to provide assurance of competence across all scopes and locations	Sufficient to provide assurance of competence across all scopes and locations

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Annex 1 – Assessment Coverage Requirements

Reassessments

Client	CB – Management Systems	CB – Product	CB - Personnel
Standard	ISO/IEC 17021	ISO/IEC Guide 65/ISO/IEC 17065	ISO/IEC 17024
Frequency	1 st cycle 3.5 years, ongoing 4 years Similar to IA	1 st cycle 3.5 years, ongoing 4 years	1 st cycle 3.5 years, ongoing 4 years
Format			
Locations visited	Head Office and normally all locations where key activities take place. However this may be reduced where justified based on the extent of sampling completed during the SU visits, past performance and risk assessment. (but see ILAC/IAF A5 Clause M.7.5.7.3)	Head Office and all regional/ local offices/locations where key activities take place (see also ILAC/IAF A5 Clause M 7.5.7.2).	Head Office and all locations where key activities take place incl sample of assessment centres, also see ILAC/IAF A5 Clause M.7.5.7.4 – applicable by July 2013).
Business & Technical Management System	All requirements of system – emphasis on changes. Compliance with all accreditation criteria	All requirements of system – emphasis on changes Compliance with all accreditation criteria	All requirements of system Compliance with all accreditation criteria
Activities	Office assessment and technical review of HO competence. Normally a minimum of 2 witnessed assessments; in different scopes if possible (however a risk based approach should be used in determining level). Maximum witnessed assessments dependant upon degree of activity and complexity and level of witnessing taken place at surveillance visits.	Technical review of all schemes Sufficient witnessed assessments to provide confidence in CB's ongoing competence to certify	Office assessment and technical review of all schemes Witnessed assessment of a sample of major schemes, based on previous history
Staff	Sufficient to provide assurance of competence across all scopes and locations	Sufficient to provide assurance of competence across all schemes and locations	Sufficient to provide assurance of competence across all scopes and locations

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The Accreditation Process: - Policy and Associated Requirements

Annex 1 – Assessment Coverage Requirements

Reassessments

Client	IB	Laboratory	VERIFICATION BODIES
Standard Frequency Format	ISO/IEC 17020 1 st cycle 3.5 years, ongoing 4 years Similar in format & content to IA	ISO/IEC 17025 1 st cycle 3.5 years, ongoing 4 years Similar in format & detail to IA	ISO 14065 1 st cycle 3.5 years, ongoing 4 years Similar in format & detail to IA
Locations visited	Inspection Body premises: Normally all locations/premises of the IB where key activities take place (but see guidance in ILAC-IAF A5 Clause M.7.5.7.1). However this may be reduced where justified based on the extent of sampling completed during the SU visits, past performance and risk assessment.	All Laboratory premises & sample of other sites where accredited work will take place (e.g. sampling sites, customers premises etc) Multi-site accreditation – each location to be visited (unless justified not to based on coverage at previous SU visits, lab performance and risk assessment)	Head Office and all locations where key activities take place
Business & Technical Management System	All requirements of system Compliance with all accreditation criteria	All requirements of system Compliance with all accreditation criteria	All requirements of system Compliance with all accreditation criteria
Activities	All fields and types of inspections office assessment & technical review On site assessment of at least 2 inspections (see also guidance given in E1 clause 5.5.2)	Range of tests/calibrations including at least one from each field/discipline to ensure all key techniques, methods and competences are assessed. Measurement audit where required Participation in Proficiency Testing as applicable Uncertainty budgets	Office Assessment and Head Office Competence. Witness Assessments or post verification assessment of a sample of scopes (installation and aviation) and a representative number of personnel).
Staff	On site assessment of at least 1 inspector for the fields and types of inspection (see also E1 5.5.3).	Calibration – representative sample of key operators in permanent lab for each calibration, and generally all site operators (unless there is a technical justification not to do so) Testing – sample of staff to provide assurance of competence in all testing fields including a selection of site operators where applicable	Sufficient to provide assurance of competence across all scopes and locations

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The Accreditation Process: - Policy and Associated Requirements

Annex 1 – Assessment Coverage Requirements

Reassessments

Client	Reference Material Producers	PT Providers
Standard	ISO Guide 34 and ISO 17025 (as applicable)	ISO 17043
Frequency	1st RA is 3.5 years after grant thereafter every 4 years Similar to IA but allows for knowledge of performance to be taken in to consideration	1st RA is 3.5 years after grant thereafter every 4 years Similar to IA but allows for knowledge of performance to be taken into consideration
Format		
Locations visited	All locations where key activities are carried out (may also need to consider visits to collaborators/subcontractors premises)	All locations where key activities are carried out (may also need to consider visits to collaborators/subcontractors premises)
Business & Technical Management System	All requirements of system and the standard used for assessment.	All requirements of system and the standard used for assessment.
Activities	Production planning and management Material preparation including stability and homogeneity testing Assignment of values (and associated testing/calibration, data analysis/interpretation Material storage and distribution Reports and certificates RMP's assessment of any of the above functions where not conducted by the RMP	Scheme planning and management Sample preparation including stability and homogeneity testing Sample distribution and storage Data analysis and report generation Provider's assessment of collaborators for any of the above functions where not conducted by the provider
Staff	Sufficient to provide assurance of competence across all scopes and locations	Sufficient to provide assurance of competence across all scopes and locations

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The Accreditation Process: - Policy and Associated Requirements

Annex 1 – Assessment Coverage Requirements

Surveillance

Client	CB – Management Systems	CB – Product	CB - Personnel
Standard Frequency	ISO/IEC 17021 Annually 1st SU is approx 6 months after grant.	ISO/IEC Guide 65/ISO/IEC 17065 Annually 1st SU is approx 6 months after grant	ISO/IEC 17024 Annually or in accordance with scheme requirements if higher 1 st SU is approx 6 months after grant
Locations visited	Head Office and normally all locations where key activities take place (for overseas offices in accordance with IAF GD 3 and EA 2/13) unless justified. (see ILAC/IAF A5 Clause M.7.5.7.3 for guidance on key activities)	Head Office and normally all locations where key activities take place (for overseas offices in accordance with IAF GD 3 and EA 2/13) unless justified.	Head Office and normally all locations where key activities take place unless justified. and a sample assessment centres, covering all assessment centres over four years, also see ILAC/IAF A5 Clause M.7.5.7.4 – applicable by July 2013)
Business & Technical Management System	Sample across whole management system covered at least once in between IA/RA and RA Effectiveness of operations wrt accreditation requirements, functioning of internal audits, follow-up on internal audit conclusions; customer complaints and the effectiveness of any investigations; any changes in systems/operations; continual improvement activities; actions on IARs from previous audit; use of accreditation marks	Whole management system covered at least once in between IA/RA and RA of operations wrt Guide 65; functioning of internal audits; follow-up on internal audit conclusions; customer complaints and the effectiveness of any investigations; any changes in systems/operations; continual improvement activities; actions on NCs from previous audit; use of accreditation marks Process management of all schemes each year	Requirements of management system such that whole system is assessed at least once between IA/RA and RA. Coverage at each SU dependent upon previous visit's findings; changes; corrective actions must include internal audits, management review and complaints.
Activities	Office assessment and technical review of sample of scopes such that all scopes covered once between IA/RA and RA. 1 st cycle normally a witnessed assessment in each scope area not covered at IA but it is recognised that competence in a number of scopes could be covered through one witnessed assessment. Subsequent cycles minimum of 1 witnessed assessment per year and, as a guide, to approx 10% of total with an emphasis on high risk areas.	Technical review of all schemes at least once between IA/RA and RA - more frequent for safety critical schemes	Representative sample of accredited activities (incl. witnessed assessments) at each SU such that all areas of competence are covered between IA/RA & RA)
Staff	Sufficient to provide assurance of on going competence	Sufficient to provide assurance of on going competence	Sufficient to provide assurance of competence across all scopes and locations over four years

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The Accreditation Process: - Policy and Associated Requirements

Annex 1 – Assessment Coverage Requirements

Surveillance

Client	IB	PT Providers	VERIFICATION BODIES
Standard	ISO/IEC 17020	ISO/IEC 17043	ISO 14065
Frequency	Annually 1st SU 6 months after grant	Annually 1st SU 6 months after grant	Annually 1st SU 6 months after grant
Locations visited	Inspection Body central office – annually Sample of locations based on <ul style="list-style-type: none"> - performance, extent of any changes, level of confidence in performance measures and control systems - minimum of 1 location annually and normally all locations visited over the cycle 	Head office and sample of other locations where key activities take place to ensure all locations are visited between IA/RA and RA	Head Office and normally all locations where key activities take place (for overseas offices in accordance with IAF GD 3 and EA 2/13) unless justified.
Business & Technical Management System	Revisions to the quality system – annually Whole management system covered at least once in between IA/RA and RA Coverage at each SU must include internal audit, management review and complaints.	Requirements of quality system such that whole system is assessed at least once between IA/RA and RA) Coverage at each SU dependent upon <ul style="list-style-type: none"> - previous visit's findings; changes; corrective actions must include internal audit, management review and complaints at each visit	All requirements of quality system, sample every time. Critical Locations – interface communications with HO and competence/verification process every time.
Activities	Samples of each field and type of inspection <ul style="list-style-type: none"> - at least one witnessed inspection per year - dependent upon past performance, history, changes etc Technical control of multi location sites annually	Representative sample of accredited activities at each SU such that: <ul style="list-style-type: none"> - all areas of competence are covered between IA/RA & RA) 	Office assessments and technical review of competence/performance and verification process for a sample of client engagements.
Staff	On site assessment of at least 1 inspector per year - dependent upon past performance, history etc	Sufficient to provide assurance of competence across all scopes and locations over four years	Witness assessment/post verification review of a representative number of verifiers staff.

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The Accreditation Process: - Policy and Associated Requirements

Annex 1 – Assessment Coverage Requirements

Surveillance

Client	Reference Material Producers	Laboratory
Standard Frequency	ISO Guide 34 and ISO/IEC 17025 Annually 1 st SU 6 months after grant	ISO/IEC 17025 Annually 1 st SU 6 months after grant
Locations visited	Head office and sample of other locations where key activities take place to ensure all locations are visited between IA/RA and RA	Laboratory and other sites where accredited work will take place. Multi-site accreditation – each location to be visited according to TPS 51 (at least once in the assessment cycle but dependent on performance and risk)
Business & Technical Management System	Requirements of quality system such that whole system is assessed at least once between IA/RA and RA) Coverage at each SU dependent upon - previous visit's findings; changes; corrective actions must include internal audit, management review and complaints at each visit	Requirements of quality system such that whole system is assessed at least once between IA/RA and RA) Coverage at each SU dependent upon - previous visit's findings; changes; corrective actions - must include internal audit, management review and complaints at each visit
Activities	Representative sample of accredited activities at each SU such that: - all areas of competence are covered between IA/RA & RA) - must include production planning and activities related to material produced under any flexible scope	Representative sample of accredited activities at each SU such that: - all areas of competence are covered between IA/RA & RA)
Staff	Sufficient to provide assurance of competence across all scopes and locations over the four year cycle	Calibration and testing – sample of staff to provide assurance of competence in a sample of fields and a sample of site operators (note for calibration laboratories there needs to be a sufficient sample of 'Specified Staff' seen to ensure coverage over the assessment cycle)

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