ISoOR-AB

Accreditation Process Procedure

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1. Purpose

This procedure defines the process by which ISoOR-AB evaluates and accredits Conformity Assessment Bodies (CABs), ensuring compliance with applicable standards and accreditation requirements.

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2. Scope

This procedure applies to all accreditation activities conducted by ISoOR-AB, including initial accreditation, surveillance, and re-accreditation.

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3. Process Overview

The accreditation process consists of the following stages:

1. Application
2. Application Review
3. Assessment Planning
4. Document Review
5. On-site / Remote Assessment
6. Nonconformity Management
7. Accreditation Decision
8. Surveillance and Re-accreditation

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4. Application

- CAB submits a formal application including:

    - Scope of accreditation
    - Quality management documentation
    - Organizational structure

- ISoOR-AB acknowledges receipt and assigns a case manager

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5. Application Review

- Completeness and eligibility are evaluated
- Conflicts of interest are checked
- Decision to proceed or reject application

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6. Assessment Planning

- Assessment team is appointed
- Competence of assessors is verified
- Assessment plan is communicated to the CAB

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7. Document Review

- Evaluation of:
    - Quality system
    - Procedures
    - Technical competence
- Identification of potential gaps prior to assessment

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8. Assessment

- Conducted on-site or remotely
- Includes:
    - Interviews
    - Witnessing activities
    - Record review

9. Nonconformity Management

- Findings are classified (e.g., major, minor)
- CAB must submit corrective actions within defined timelines
- Verification of corrective actions by ISoOR-AB

10. Accreditation Decision

- Decision made by independent decision-makers
- Assessment team shall not make the final decision
- Possible outcomes:
    - Accreditation granted
    - Accreditation granted with conditions
    - Accreditation denied

11. Surveillance

- Periodic monitoring (e.g., annually)
- Includes document review and/or reassessment

12. Re-accreditation

- Full reassessment conducted at defined cycle (e.g., every 3–5 years)

13. Records

- All stages shall be documented and retained