International Accreditation Forum, Inc.

IAF Guidance Document

IAF Guidance on the Application of ISO/IEC Guide 66

General Requirements for Bodies Operating Assessment and Certification/registration of Environmental Management Systems (EMS)

Issue 4

(IAF GD 6:2006)

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Accreditation reduces risk for business and its customers by assuring them that accredited bodies are competent to carry out the work they undertake. Accreditation bodies which are members of the International Accreditation Forum, Inc. (IAF) are required to operate at the highest standard and to require the bodies they accredit to comply with appropriate international standards and IAF Guidance to the application of those standards.

Accreditations granted by accreditation body members of the IAF Multilateral Recognition Arrangement (MLA), based on regular surveillance to assure the equivalence of their accreditation programmes, allows companies with an accredited conformity assessment certificate in one part of the world to have that certificate recognised everywhere else in the world.

Therefore certificates in the fields of management systems, products, services, personnel and other similar programmes of conformity assessment issued by bodies accredited by members of the IAF MLA are relied upon in international trade.

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0.1 Introduction to IAF Guidance

0.1.1. ISO/IEC Guide 66:1999 is an International Guide which sets out criteria for bodies operating assessment and certification/registration of Environmental Management Systems (EMS). If such bodies are to be accredited in a worldwide harmonised manner as complying with ISO/IEC Guide 66 some Guidance to the Guide is necessary. These guidance notes provide it. One aim is to enable accreditation bodies to harmonise their application of the standards against which they are bound to assess certification/registration bodies. This is an important step towards mutual recognition of accreditation. It is hoped that this Guidance will also be useful to certification/registration bodies themselves and to those organizations whose decisions are guided by their certificates.

0.1.2. For convenience, the headings from ISO/IEC Guide 66 are first printed in bold; Guidance where it is offered is, for ease of reference, identified with the letter "G". The requirements against which conformity is determined are found in ISO/IEC Guide 66. This IAF Guidance does not create further requirements.

0.1.3. This Guidance will form the basis of mutual recognition agreements between accreditation bodies, and is considered necessary for the consistent application of ISO/IEC Guide 66. Members of the IAF Multilateral Recognition Arrangement (MLA), and applicants for membership in that Arrangement, will assess each others' implementation of ISO/IEC Guide 66, and all of this Guidance is expected to be adopted by accreditation bodies as part of their general rules of operation.

0.1.4. The term "shall" is used throughout this document to indicate those provisions which, reflecting the requirements of ISO/IEC Guide 66, are mandatory. The term "should" is used to indicate guidance which, although not mandatory, is provided by IAF as a recognised means of meeting the requirements. Certification/registration bodies whose systems do not follow the IAF Guidance in any respect will only be eligible for accreditation if they can demonstrate to the accreditation body that their solutions meet the relevant clause of ISO/IEC Guide 66 in an equivalent way.

0.1.5. In a number of places the guidance material does not restrict itself to details of what the accreditation body expects of the certification/registration body, but also concerns itself with what is expected of the organization having the EMS to be certified/registered. This is not because there is a direct link between the accreditation body and such organizations, but as a means of setting out the heart of what the accreditation body expects the certification/registration body to be able to do. Only by highlighting some of the responsibilities ISO 14001 places on the organization seeking certification/registration has it been possible to illustrate the steps the accreditation body expects the certification/registration body to take, and, hence, the competencies it must have.

0.1.6. These guidelines are not intended to establish, interpret, subtract from or add to the requirements of any EMS standards to which an organization might seek certification/registration. The requirements for them are in the EMS standard (e.g. ISO 14001). These Guidelines are primarily written for the use of accreditation bodies when accrediting certification/registration bodies to operate in the field of EMS certification/registration. Nevertheless, these Guidelines may be of assistance to organizations seeking certification/registration in so far as they indicate what certification/registration bodies will be looking for when establishing the conformity of their EMS with the standard.

0.1.7. An accreditation body shall at all times maintain its impartiality as required by clause 2.1. of ISO/IEC Guide 61. Nevertheless, it shall be prepared to discuss this guidance and its interpretation with an applicant body, and, where appropriate, to respond to enquiries.

0.1.8. IAF has prepared this document as guidance on the application of ISO/IEC Guide 66 IAF has also published guidance on the application of ISO/IEC Guides 61, 62 and 65.

IAF GUIDANCE ON THE APPLICATION OF ISO/IEC GUIDE 66

General Requirements for Bodies Operating Assessment and Certification/ Registration of Environmental Management Systems (EMS)

1. Scope

2. Normative References

3. Definitions

IAF Guidance to Section 3. (G.3.1.1.)

G.3.1.1. The following definitions apply to the IAF Guidance in this document:

Accredited Certificate: A certificate issued by a certification/registration body in accordance with the conditions of its accreditation and bearing an accreditation mark or statement.

Assessment: All activities related to the certification/registration of an organization to determine whether the organization meets all the requirements of the relevant clauses of the specified standard necessary for granting certification/registration, and whether they are properly implemented, including documentation review, audit, preparation and consideration of the audit report and other relevant activities necessary to provide sufficient information to allow a decision to be made as to whether certification/registration shall be granted.

Logo: A symbol used by a body as a form of identification, usually stylised. A logo may also be a mark.

Mark: A legally registered trade mark or otherwise protected symbol which is issued under the rules of an accreditation body or of a certification/registration body indicating that adequate confidence in the systems operated by a body or that relevant products or individuals conform to the requirements of a specified standard.

Nonconformity: The absence of, or the failure to implement and maintain, one or more environmental management system requirements, or a situation which would, on the basis of objective evidence, raise significant doubt as to the capability of the EMS to achieve the policy and objectives of the organization.

The certification/registration body is free to define different grades of deficiency and areas for improvement (e.g. Major and Minor Nonconformities, Observations etc). However, all deficiencies which equate to the above definition of nonconformity should be dealt with as laid down in guidances G.5.5.4.and G.5.6.1.

Reassessment: Repeat of assessment (see above) taking account of guidance G.5.6.14. (Note: for reassessment the stage 1 and 2 audit can normally be combined into a single visit).

4. Requirements for certification/registration bodies

4.1. Certification/registration body

4.1.1. General Provisions

IAF Guidance to Clause 4.1.1. (G.4.1.1. to G.4.1.6.)

G.4.1.1. Certification/registration bodies accredited in the field of EMS certification/registration should issue certificates that take into account this Guidance.

G.4.1.2. The provision in Clause 4.1.1.1. of ISO/IEC Guide 66 means that certification/registration bodies shall not practice any form of discrimination such as hidden discrimination by speeding up or delaying applications.

G.4.1.3. Clause 4.1.1.2.b. of ISO/IEC Guide 66 requires certification/registration bodies to make their services available to all applicants. They may, however, provide a certification/registration service which excludes areas of activity where the certification/registration body is not qualified to certify/register, or has elected not to provide its service to any organization in a particular category.

For example, a certification/registration body may, in so far as the law permits, limit its service to applicants operating in a defined geographic region, or it may limit its service to organizations operating within the technical sector, or a part of a sector, in which the certification/registration body has its accredited scope.

G.4.1.4. Where under accreditation, a certification/registration body takes advantage of the provision in Clause 4.1.1.3. of ISO/IEC Guide 66 and certifies/registers an organization against a standard or other normative document other than ISO 14001, that other standard or normative document shall be publicly available.

G.4.1.5. The provision "if an explanation is required" in clause 4.1.1.3. of ISO/IEC Guide 66 should be applied by limiting such documents to those recognized by the accreditation body. The term "and any supplementary documentation required under the system" used in clauses 3.2. and 3.3. of ISO/IEC Guide 66 should mean documentation recognized by the accreditation body which provides additional or supplementary guidance as to the application of the relevant standard or Guide. In exceptional cases the certification/registration body itself may issue supplementary documentation, subject to the requirements of clause 4.1.1.3. of ISO/IEC Guide 66.

G.4.1.6. Legal and Regulatory Compliance in Clause 4.1.1.5. of ISO/IEC Guide 66 means

(a) An organization with a certified/registered EMS has a management system that should achieve continuing compliance with regulatory requirements applicable to the environmental aspects and associated impacts of its activities, products and services. The certification/registration body confirms that a system capable of achieving the required compliance is fully implemented.

(b) Procedures should be developed by the certification/registration body detailing action to be taken by the certification/registration body in the event that a non-compliance, or indication of a non-compliance, with a relevant regulatory requirement is discovered during the activities of the certification/registration body. These procedures should include a requirement that any non-compliances discovered are communicated (not necessarily in writing) to the organization audited. It is important that the organization is advised of these procedures in advance.

(c) Certification/registration bodies should be aware that environmental regulatory requirements applicable to an organization may cover the area outside and inside the site boundaries. The regulatory controls may stem from various sources; certification/registration bodies should know which need to be considered.

4.1.2. **Structure**

IAF Guidance to Clause 4.1.2. (G.4.1.7. to G.4.1.30.)

G.4.1.7. The senior executive, staff and/or personnel mentioned in clause 4.1.2.c) and 4.1.2.m) of ISO/IEC Guide 66 need not necessarily be full-time personnel, but their other employment shall not be such as to compromise their impartiality.

G.4.1.8. Accreditation shall only be granted to a body which is a legal entity as referenced in clause 4.1.2.d) of ISO/IEC Guide 66 and will be confined to declared scopes, activities and locations. If the certification/registration activities are carried out by a legal entity which is part of a larger organization, the links with other parts of the larger organization shall be clearly defined and should demonstrate that no conflict of interest exists as defined in guidance notes G.4.1.21. and G.4.1.23.Relevant information on activities performed by the other parts of the larger organization shall be given by the certification/registration body to the accreditation body.

G.4.1.9. Demonstration that a certification/registration body is a legal entity, as required under clause 4.1.2.d) of ISO/IEC Guide 66, means that if an applicant certification/registration body is a division within a larger legal entity, accreditation shall only be granted in the name of the larger legal entity. In such a situation, relevant functions of the legal entity may be subject to audit by the accreditation body in order to pursue specific audit trails and/or review records relating to the certification/registration body. The part of the legal entity that forms the actual certification/registration body may trade under a distinctive name, which should appear on the accreditation certificate.

G.4.1.10. For the purposes of clause 4.1.2.d) of ISO/IEC Guide 66, certification/registration bodies which are part of government, or are government departments, will be deemed to be legal entities on the basis of their governmental status. Such bodies' status and structure shall be formally documented and the body shall comply with all the requirements of ISO/IEC Guide 66.

G.4.1.11. Impartiality, as required by clause 4.1.2.a) of ISO/IEC Guide 66 can only be safeguarded by a structure, as required by clause 4.1.2.e) of ISO/IEC Guide 66, that enables "the participation of all parties significantly concerned in the development of policies and principles regarding the content and functioning of the certification/registration system".

G.4.1.12. The structure required in clause 4.1.2.e) of ISO/IEC Guide 66 for the safeguarding of impartiality shall be separate from the management established to meet the requirements of clause 4.1.2.c) of ISO/IEC Guide 66, unless the entire management function is performed by a committee or group that is constituted to enable participation of all parties as required in clause 4.1.2.e) of ISO/IEC Guide 66.

G.4.1.13. Clause 4.1.2.e) of ISO/IEC Guide 66 is intended to counteract any tendency on the part of the owners of a certification/registration body to allow commercial or other considerations to prevent the consistent technically objective provision of its service. This is particularly necessary when the finance to set up a certification/registration body has been provided by a particular interest which predominates in the shareholding and/or the board of directors.

G.4.1.14. Clause 4.1.2.e) of ISO/IEC Guide 66 requires that the documented structure of the certification/registration body has built into it provision for the participation of all the significantly concerned parties. This should normally be through some kind of committee. This structure shall be formally established at the highest level within the organization either in the documentation that establishes the certification/registration body's legal status or by some other means that prevents it being changed in a manner that compromises the safeguarding of impartiality. Any change in this structure should take into account advice from the committee, or equivalent, referred to in Clause 4.1.2.e) of ISO/IEC Guide 66.

G.4.1.15. Application of clause 4.1.2.e) of ISO/IEC Guide 66 requires judgement whether all parties significantly concerned in the system are able to participate. What is essential is that all identifiable major interests should be given the opportunity to participate, and that a balance of interests, where no single interest predominates, is achieved. Where one sector (e.g. Government, industry etc) provides more than one individual to represent separate aspects of the sector's interests, the fact that they come from the one sector deems them to constitute a single interest. The members should normally be chosen at least from among representatives of the following groups: government, industry, consumers, NGO's. For practical reasons there may be a need to restrict the number of persons.

G.4.1.16. On request of the committee or equivalent referred to in clause 4.1.2.e) of ISO/IEC Guide 66, the management responsible for the various functions described in clause 4.1.2.c) of ISO/IEC Guide 66 should provide all the necessary information, including the reasons for all significant decisions and actions, and the selection of persons responsible for particular activities, in respect of certification/registration, to the committee or equivalent referred to in clause 4.1.2.e) of ISO/IEC Guide 66, to enable it to ensure proper and impartial certification/registration. If the advice of this committee or equivalent is not respected in any matter by the management, the committee or equivalent shall take appropriate measures, which may include informing the accreditation body.

G.4.1.17. The requirement for financial stability referred to in Clause 4.1.2.i) requires the certification/registration body to demonstrate that it has a reasonable expectation of being able to continue to provide the service in accordance with its contractual obligations. Certification/registration bodies are responsible for providing the accreditation body with sufficient evidence to demonstrate viability, e.g. management reports or minutes, annual reports, financial audit reports, financial plans. Accreditation bodies should not attempt any direct audit of the financial accounts of certification/registration bodies.

G.4.1.18. If the decision to issue or withdraw certification/registration in accordance with clause 4.1.2.n) of ISO/IEC Guide 66 is taken by a committee comprising, among others, representatives from one or more certified organizations, the operational procedures of the certification/registration body should ensure that these representatives do not have a significant influence on decision making. This can e.g. be assured by the distribution of voting rights or some other equivalent means.

G.4.1.19. Application of clause 4.1.2.o) of ISO/IEC Guide 66 requires that if the certification/registration body and an applicant or certified/registered organization are both part of government, they should not report directly to a person or group having operational responsibility for both. The certification/registration body shall, in view of the impartiality requirement, be able to demonstrate how it deals with such a case.

G.4.1.20. Clause 4.1.2.o) of ISO/IEC Guide 66 addresses two separate requirements. Firstly, the certification/registration body shall not under any circumstances provide the services identified in sub-paragraphs 1), 2) and 3) of that clause. Secondly, although there is no specific restriction on the services or activities a related body may provide, these shall not affect the confidentiality, objectivity or impartiality of the certification/registration body.

G.4.1.21. Consultancy, as referred to in clause 4.1.2.o) of ISO/IEC Guide 66, is considered to be participation in an active creative manner in the development of the EMS to be assessed by, for example:

(a) preparing or producing manuals, handbooks or procedures;

(b) participating in the decision making process regarding management system matters;

(c) giving specific advice towards the development and implementation of management systems for eventual certification/registration.

Note: Management systems as referred to in guidance G.4.1.21. include all aspects of such systems, including financial.

G.4.1.22. For the purposes of clause 4.1.2.o) of ISO/IEC Guide 66, impartiality and independence of the certification/registration body should be assured at three levels:

(a) Strategic and policy;

(b) Decisions on certification/registration;

(c) Auditing.

The guidance to clause 4.1.2.o) of ISO/IEC Guide 66 is intended to provide for impartiality and independence at all three levels.

G.4.1.23. For the purposes of clause 4.1.2.o) of ISO/IEC Guide 66, Certification/registration bodies may carry out the following duties without them being considered as consultancy or necessarily creating a conflict of interests. However, all potential conflicts of interests should be dealt with in accordance with guidance G.4.1.28.:

(a) certification/registration including information meetings, planning meetings, examination of documents, auditing (not internal auditing) and follow up of nonconformities;

(b) arranging and participating as a lecturer in training courses, provided that where these courses relate to environmental management, related management systems or auditing they should confine themselves to the provision of generic information and advice which is freely available in the public domain, i.e. they should not provide company specific advice which contravenes guidance G.4.1.21.c);

(c) making available or publishing on request information on the basis for the certification/registration body's interpretation of the requirements of the assessment standards;

(d) activities prior to audit aimed solely at determining readiness for assessment; since the EMS stage 1 audit includes an evaluation of readiness for further assessment activity, certification/registration bodies should exercise extra vigilance to assure that any additional pre-assessment activities do not result in the provision of recommendations or advice that would contravene guidance G.4.1.21. The certification/registration body should be able to confirm that such activities do not contravene these provisions and that they are not used to justify a reduction in the eventual assessment duration;

(e) performing second and third party audits according to other standards or regulations than those being part of the scope of accreditation;

(f) adding value during assessments and surveillance visits, e.g., by identifying opportunities for improvement, as they become evident, during the audit without recommending specific solutions.

G.4.1.24. Consultancy by a related body and certification/registration should never be marketed together and nothing should be stated in marketing material or presentation, written or oral, to give the impression that the two activities are linked. It is the duty of the certification/registration body to ensure that none of its clients is given the impression that the use of both services (certification/registration and consultancy), would bring any business advantage to the client so that the certification/registration remains, and is seen to remain, impartial.

G.4.1.25. Nothing should be said by a certification/registration body that would suggest that certification/registration would be simpler, easier or less expensive if any specified consultancy or training services were used.

G.4.1.26. A related body is one which is linked to the certification/registration body by common ownership or directors, contractual arrangement, common elements in the name, informal understanding or other means such that the related body has a vested interest in the outcome of an assessment or has a potential ability to influence the outcome of an assessment.

G.4.1.27. The certification/registration body should analyse and document the relationship with such related bodies to determine the possibilities for conflict of interest with provision of certification/registration, and identify those bodies and activities that could, if not subject to appropriate controls, affect confidentiality, objectivity or impartiality.

G.4.1.28. Certification/registration bodies shall demonstrate how they manage their certification/registration business and any other activities so as to eliminate actual conflict of interest and minimise any identified risk to impartiality. The demonstration shall cover all potential sources of conflict of interest, whether they arise from within the certification/registration body or from the activities of related bodies. Accreditation bodies will expect certification/registration bodies to open up these processes for audit. This may include, to the extent practicable and justified, pursuit of audit trails to review records of both the certification/registration body and its related body for the activity under consideration. In considering the extent of such audit trails, account should be taken of the certification/registration body's history of impartial certification. If evidence of failure to maintain impartiality is found, there may be a need to extend the audit trail back into the related bodies to provide assurance that control over potential conflicts of interest has been re-established.

G.4.1.29. The requirements of clause 4.1.2.e) and m) and clause 4.2.3.f) of ISO/IEC Guide 66 mean that people who have provided consultancy, including those acting in a managerial capacity, should not be employed to conduct an audit as part of the certification/registration process if they have been involved in any consultancy activities towards the organization in question, or any company related to that organization, within the last two years. Situations such as an employer's involvement or previous involvement with the organization being assessed may present individuals involved in any part of the certification/registration process with a conflict of interest. The certification/registration body has a responsibility to identify and evaluate such situations and to assign responsibilities and tasks so as to ensure that impartiality is not compromised.

G.4.1.30. The policies and procedures referred to in clause 4.1.2.p) of ISO/IEC Guide 66 should ensure that all disputes and complaints are dealt with in a constructive and timely manner. Where operation of such procedures has not resulted in the acceptable resolution of the matter or where the proposed procedure is unacceptable to the complainant or other parties involved, the certification/registration body's procedures shall provide for an appeals process. This appeals procedure should include provision for the following:

(a) the opportunity for the appellant to formally present its case;

(b) provision of an independent element or other means to ensure the impartiality of the appeals process;

(c) provision to the appellant of a written statement of the appeal findings including the reasons for the decisions reached.

The certification/registration body shall ensure that all interested parties are made aware, as and when appropriate, of the existence of the appeals process and the procedures to be followed.

4.1.3. **Subcontracting**

IAF Guidance to Clause 4.1.3. (G.4.1.31. to G.4.1.35.)

G.4.1.31. For the purposes of clause 4.1.3.b) of ISO/IEC Guide 66, the certification/registration body should require all assessment sub-contractors or external assessors/auditors to give undertakings regarding the marketing of any consultancy services equivalent to those set out in guidance notes G.4.1.24.and G.4.1.25.

G.4.1.32. For the purposes of clause 4.1.3.a) of ISO/IEC Guide 66, the certification/registration body should be responsible for ensuring that neither related bodies, nor sub-contractors, nor external assessors/auditors operate in breach of the undertakings that they have given. It should also be responsible for implementing appropriate corrective action in the event that such a breach is identified.

G.4.1.33. A certification/registration body may issue certificates on the basis of an assessment carried out by another body provided that the agreement with the subcontracted body requires it to comply with the all relevant requirements of ISO/IEC Guide 66 and, in particular, the requirements of clause 4.2. of ISO/ IEC Guide 66. Assessments carried out by subcontracted bodies shall give the same confidence as assessments carried out by the certification/registration body itself. Evaluation of the audit report and the decision on certification/registration shall be made only by the certification/ registration body itself, and not by any other certification/registration body. Where joint assessments are undertaken, each certification /registration body shall satisfy itself that the whole of the assessment has been satisfactorily undertaken by competent assessors/auditors.

G.4.1.34. Where a certification/registration body issues certificates in accordance with guidance G.4.1.33. it shall have procedures that ensure conformity with all relevant clauses of this document by subcontracted bodies.

G.4.1.35. The requirement in clause 4.1.3.c) of ISO/IEC Guide 66 does not mean that the consent of the organisation under assessment is required in case of subcontracting of administrative activities such as typing.

4.1.4. **Quality System**

IAF Guidance to Clause 4.1.4. (G4.1.36. to G4.1.37.)

G.4.1.36. The requirement in Clause 4.1.4.2. for a certification/registration body to designate a person with direct access to its highest executive level does not preclude the chief executive from assuming this role and responsibility for a) and b).

G.4.1.37. The description required by clause 4.1.4.3.e) of ISO/IEC Guide 66 should include an indication of which party or parties each person or member of a committee or group is representing.

4.1.5. **Conditions for the granting, maintaining, extending, reducing, suspending, and withdrawing of certification/registration**

IAF Guidance to Clause 4.1.5. (G.4.1.38. to G.4.1.39.)

G.4.1.38. Certification/registration shall not be granted until there is sufficient evidence to demonstrate that the arrangements for management review and internal audit have been implemented, are effective and will be maintained.

G.4.1.39. The certification/registration body should define the consequences of suspension and of withdrawal. Suspension of certification/registration need not be published by a certification/registration body. However, withdrawal of certification/registration shall result in, as a minimum, an amendment to the directory reference in Clause 4.1.7.1.g) of ISO/IEC Guide 66. But also note the requirements in Clause 5.1.1.2.e) of ISO/IEC Guide 66.

4.1.6. **Internal audits and management reviews**

IAF Guidance to Clause 4.1.6. (G.4.1.40. to G.4.1.42.)

G.4.1.40. For the purposes of clause 4.1.6. of ISO/IEC Guide 66, the certification/registration body should be independent from the body or bodies (including any individuals) which provide the internal audit of the organization's EMS subject to certification/registration.

G.4.1.41. Clause 4.1.6. of ISO/IEC Guide 66 does not mention a specific period in which at least one complete internal audit of the certification/registration body's quality system and one management review of the certification/registration body's quality system should take place. Complete internal audits followed by management reviews of the certification/registration body's quality system should be carried out at least once each year. The accreditation body may specify a shorter period depending on the degree of conformity with the requirements of ISO/IEC Guide 66 as found in internal audits and reviews as well as in reports to the accreditation body.

G.4.1.42. The records of internal audits and management reviews should be made available to the accreditation body on request.

4.1.7. **Documentation**

IAF Guidance to Clause 4.1.7. (G.4.1.43.)

G.4.1.43. The description of the means by which the body obtains financial support referred to in clause 4.1.7.1.d) of ISO/IEC Guide 66 should be sufficient to show whether or not the body can retain its impartiality.

4.1.8. **Records**

4.1.9. **Confidentiality**

IAF Guidance to Clause 4.1.9. (G.4.1.44. to G.4.1.45.)

G.4.1.44. The requirement as to confidentiality includes anyone who might gain access to information which the certification/registration body should keep confidential. Subcontracted personnel shall be required to keep all such information confidential, particularly from fellow employees and from their other employers.

G.4.1.45. The "written consent" mentioned in clause 4.1.9.2. of ISO/IEC Guide 66 only applies to confidential information.

4.2. Certification/registration body personnel

4.2.1. General

IAF Guidance to Clause 4.2.1. (G.4.2.1. to G.4.2.3.)

G.4.2.1. Clause 4.1.2.j) of ISO/IEC Guide 66 means that across the whole of its range of activities the certification/registration body shall be able to conduct assessments using resources under its own control which meet the applicable requirements of ISO 19011.

Note: It is important to remember that ISO 19011 sets out guidelines for a wide range of audit situations, so some of the guidelines are inapplicable to third party EMS certification/registration.

G.4.2.2. The term "resources under its own control" can include individual assessors/auditors who work for the certification/registration body on a contract basis, or other external resources. The certification/registration body shall be in a position to manage, control and be responsible for the performance of all its resources and maintain comprehensive records controlling the suitability of all the staff it uses in particular areas, whether they are employees, employed on contract or provided by external bodies.

G.4.2.3. Certification/registration bodies shall have personnel competent to:

(a) select and verify the competence of assessors/auditors;

(b) brief assessors/auditors and arrange any necessary training;

(c) assess applications and conduct contract reviews;

(d) implement assessment, surveillance and reassessment procedures;

(e) decide on the granting, maintaining, withdrawing, suspending, extending, or reducing of certifications / registrations;

(f) set up and operate an appeals, complaints and disputes procedure.

4.2.2. Qualification criteria for auditors and technical experts

4.2.3. Selection procedure

4.2.3.1. Selection of auditors and technical experts in general

IAF Guidance to Clause 4.2.3.1. (G.4.2.4.)

G.4.2.4. Clause 4.2.3.1.b) of ISO/IEC Guide 66 requires the certification/registration body to assess and monitor the conduct and performance of assessors/auditors and technical experts. Such assessment and monitoring should include witnessing the activities of the assessors/auditors and technical experts on-site.

4.2.3.2. Assignment for a specific assessment

IAF Guidance to Clause 4.2.3.2. (G.4.2.5. to G.4.2.6.)

G.4.2.5. It is a condition of accreditation that accredited certificates are not issued until adequate resources can be deployed to conduct audits meeting the requirements of ISO/IEC Guide 66 and of this document. The certification/registration body's procedures shall ensure that personnel employed to assess organizations are competent in the field in which they are operating. Personnel responsible for managing audits shall be identified and their competencies documented.

G.4.2.6. In certain instances, particularly where there are critical requirements and special procedures, the background knowledge of the audit team may be supplemented by briefing, specific training or technical experts in attendance. The certification/registration body may attach non-auditor experts to their audit teams. If a certification/registration body uses technical experts, its systems shall include details of how technical experts are selected and how their technical knowledge is assured on a continuing basis. The certification/registration body may rely on outside help, for example, from industry or professional institutions.

4.2.4. **Contracting of assessment personnel**

4.2.5. **Assessment personnel records**

4.2.6. **Procedures for audit teams**

IAF Guidance to Clause 4.2.6. (G.4.2.7. to G.4.2.16.)

G.4.2.7. Competence of Personnel – Management Functions

G.4.2.8. General –

The emphasis in this guidance is placed on the competence of the certification/registration body to direct and manage the certification/registration process. The essential elements of competence required to perform EMS certification/registration are to select, provide and manage those individuals whose collective competence is appropriate to the activities to be audited and the related environmental issues.

G.4.2.9. Competence analysis

(a) The certification/registration body shall have systems which ensure knowledge of the technological and legal developments relevant to EMS in the technical area(s) in which it operates.

(b) The certification/registration body should have an effective system for the analysis of the competencies in environmental management which it needs to have available, with respect to all the technical areas in which it operates.

(c) The certification/registration body should be able to demonstrate that it has performed a competence analysis (assessment of skills in response to evaluated needs) of the requirements of each relevant technical area prior to undertaking the contract review for each client. In particular, the certification/registration body should be able to demonstrate that it has the competence to complete the following activities:

- identify the typical environmental aspects and associated impacts of the areas of activity of the technical area;
- define the competencies needed in the certification/registration body to certify/register in relation to the identified technical areas, environmental aspects and associated impacts.

G.4.2.10. Contract review

The certification/registration body should be able to demonstrate that it has the competence to complete the following activities for each organization whose EMS it certifies/registers:

(a) define the areas of activity of the organization;

(b) confirm that the typical environmental aspects and associated impacts, arising from the complete range of the organization's activities, correspond to those identified in the guidance above;

(c) confirm the availability of the required competencies.

Additionally it should have procedures by which it determines the length of time (see Annex 1) needed to cover all the relevant elements of the audit (stages 1 & 2) (see audit methodology below), taking into account, where relevant, the factors below

(d) the results and reports of internal site and central EMS audits

(e) the results of management review

(f) maturity of the management system

(g) any existing knowledge of the organization

(h) the size of the organization

(i) the complexity of the organization

(j) any shift working

(k) variations in working practices

(l) repetitiveness of functions

(m) variations in activities undertaken

(n) the significance and extent of the aspects and associated impacts

(o) potential interaction with sensitive environment(s)

(p) differing legal requirements

(q) the views of interested parties

(r) the use of information technology in the various components of the EMS (such as documentation and/or process control, control of corrective/preventive action, etc)

G.4.2.11. Training and selection of audit teams

The certification/registration body shall have criteria, consistent with the applicable parts of ISO 19011, for the training and selection of audit teams that ensure appropriate competent levels of

(a) understanding of the EMS standard

(b) understanding of environmental issues

(c) technical knowledge of the activity to be audited

(d) knowledge of regulatory requirements relevant to the EMS

(e) management system audit competencies

NOTE: This includes the ability to understand and utilize the technologies that are used by the organization to manage the processes needed for its EMS. For example, when assessing a EMS that relies substantially on electronic ("e-based") processes and documentation, the certification/registration body shall take this into account when determining the necessary team competence for that assessment method, under clause 4.2.3.2 (b) of ISO/IEC Guide 66.

(f) environmental management system knowledge.

G.4.2.12. Management of the decision taking process

The management function shall have the competence and procedures in place to manage the process of decision taking regarding the issuing/withdrawal of EMS certificates.

G.4.2.13. Competence of Personnel - Audit Teams

The following apply to certification assessments and reassessments.

For surveillance activities only those requirements which are relevant to the scheduled surveillance activity apply.

G.4.2.14. The following apply to each member of the audit team:

All members of the audit team should at least be familiar with all of the following:

(a) the EMS standard

(b) the concepts of management systems in general

(c) issues related to various environmental media (such as air, water etc.)

(d) auditing principles.

G.4.2.15. The following apply to the audit team as a whole:

(a) In each of the following areas at least one audit team member should satisfy the certification/registration body's criteria for taking responsibility within the team for

- leading the team and managing the audit process,
- knowledge of legislative, regulatory and legal requirements in the environmental field,
- management systems and auditing methods,
- environmental impacts and aspects, including techniques for their mitigation and control,
- current technical knowledge of the specific sector;

(b) the audit team should collectively have experience, training and up to date knowledge of the following

- techniques to reduce harmful environmental impacts and the application of these techniques in practice
- performance of analysis of environmental aspects and their associated impacts;

(c) the audit team should be competent to trace evidence of failures in the organization's EMS back to the appropriate elements of the EMS;

(d) an audit team may consist of one person provided that the person complies with all the requirements above for an audit team.

G.4.2.16. Use of Technical Experts:

Technical experts with specific knowledge regarding the process and environmental issues and legislation affecting the organization, but who do not satisfy all of the above criteria, may be part of the audit team. Technical experts should not function independently.

4.3. Changes in the certification/registration requirements

4.4. Appeals, complaints and disputes

5. Requirements for certification/registration

5.1. Application for certification/registration

5.1.1. Information on the procedure

IAF Guidance to Clause 5.1.1. (G.5.1.1.)

G.5.1.1 The description of the assessment and certification/registration procedure referred to in clause 5.1.1.1 of ISO/IEC Guide 66 includes the procedures for surveillance and reassessment described in clauses 4.1.4.3 l) 4) and 5.6 of ISO/IEC Guide 66 and G.5.6.1 – G.5.6.15.

5.1.2. The application

5.2. Preparation for assessment

IAF Guidance to Clause 5.2. (G.5.2.1. to G.5.2.4.)

G.5.2.1. *Note*: See guidance on Contract Review G.4.2.10.

G.5.2.2. Guidance for audit stage 1 is included under clause 5.3. Assessment of ISO/IEC Guide 66 below.

G.5.2.3 Under clause 5.2.1.c), special requirements may also include the need to consider auditor competence and information security concerns when auditing an electronic ("e-based") EMS.

G.5.2.4 The assessment plan should identify any computer-assisted auditing techniques that will be utilized during the assessment, as appropriate.

NOTE: Computer assisted auditing techniques may include, for example, teleconferencing, web meetings, interactive web-based communications and remote electronic access to the EMS documentation and/or EMS processes. The focus of such techniques should be to enhance audit effectiveness and efficiency, and should support the integrity of the audit process.

5.3. Assessment

IAF Guidance to Clause 5.3. (G.5.3.1. to G.5.3.24.)

G.5.3.1. Scope of Certification/registration

The intent of the following guidance is to provide sufficient flexibility to allow organizations with differing natures to define the coverage of their EMS certificate in a way which reflects their business needs and differing operational situations. Nevertheless, it is intended that this guidance should preclude an organization omitting elements of its operation which should be properly included in its EMS from the scope of its certification/registration.

G.5.3.2. The following factors should be used to determine the scope of the certificate.

G.5.3.3. In order to qualify for certification/registration of an organization's EMS

(a) Management of the activities covered by the EMS should:

- be able to demonstrate responsibility for all environmental aspects and associated impacts relevant to the EMS;
- have authority to determine how environmental policy is implemented and maintained in terms of setting its own objectives and targets, and programmes to meet them;
- have authority to allocate appropriate financial and human resources to environmental control and improvement. This may be within budgets or other constraints. Additional resources for environmental improvements may require the authority of more senior management.

(b) The boundaries to the responsibilities for inputs and outputs to and from the organization should be defined.

(c) Interfaces with services or activities that are not completely within the scope of the EMS (e.g. a common site effluent treatment plant), should nevertheless be addressed within the EMS subject to certification/registration (e.g. they should be included in the identification and evaluation etc. of environmental aspects).

(d) Additionally, account should be taken of the scope of the organization's environmental licences when determining the coverage of the certification/registration.

G.5.3.4. Activities

The activities subject to certification/registration should be clearly identified.

G.5.3.5. Site

(a) This is typically defined as:

all land on which the activities under the control of an organization at a given location are carried out, including any connected or associated storage of raw materials, by-products, intermediate products, end products and waste material, and any equipment or infrastructure involved in the activities, whether or not fixed. Alternatively, where required by law, definitions laid down in national or local licensing regimes shall apply.

Other definitions may also be used subject to justification.

(b) Temporary sites, such as construction sites, are covered under the EMS of the organization which has management control over them irrespective of where the sites are located, and may be subject to assessment on a sample basis as part of the certification/registration process to provide evidence of the operation and effectiveness of the system (Refer to Annex 1 Note 1).

(c) Where it is not practicable to define a location (e.g. for services), the coverage of the certification/registration should take into account the organization's headquarters activities as well as delivery of its services. Where relevant, in special cases, the certification/registration body may decide that the certification/registration audit will be carried out only where the organization delivers its services. In such cases the interfaces with its headquarters should be audited.

G.5.3.6. Multi-Site

This guidance addresses the situation where an organization has activities under the control of a single environmental management system which operates across a number of geographical locations.

Certificates/registrations can be issued covering multiple sites provided that each site included in the scope of the certificate/registration has been either

a) individually audited by the certification body or

b) is included in a sample based approach (see below).

G.5.3.7. Sample based approach

G.5.3.8. Certification/registration bodies wishing to use a sample based approach to the assessment of sites with similar activities need to maintain procedures which include the full range of issues below in the building of their sampling programme.

G.5.3.9. Prior to undertaking its first assessment based on sampling the certification/registration body shall provide to the accreditation body the methodology and procedures which it employs and provide demonstrable evidence of how these take account of the issues below to manage multi-site assessment.

G.5.3.10. The certification/registration body's procedures should ensure that the initial contract review identifies, to the greatest extent possible, the difference between sites such that an adequate level of sampling is determined in accordance with provisions c) to e) of G.5.3.13.

G.5.3.11. In the event that application of the certification/registration body's procedure results in a smaller sample than would result from the application of the guidance set out below, the certification/registration body shall record the reasons justifying this and demonstrate that it is operating in accordance with its approved procedure.

G.5.3.12. The minimum number of sites to be visited per audit is:

Initial audit: the size of the sample should be the square root of the number of remote sites ($y=\sqrt{x}$), rounded to the upper whole number.

Surveillance visit: the size of the annual sample should be the square root of the number of remote sites with 0.6 as a coefficient ($y=0.6\sqrt{x}$), rounded to the upper whole number.

Reassessment: the size of the sample should be the same as for an initial audit. Nevertheless, where the EMS has proved to be effective over a period of three years, the size of the sample could be reduced by a factor 0.8, i.e.: ($y=0.8\sqrt{x}$) rounded to the upper whole number.

G.5.3.13. Where an organization has a number of sites with similar activities covered by a single EMS, a certificate may be issued to the organization to cover all such sites provided that:

(a) all sites are operating under the same EMS, which is centrally administered and audited and subject to central management review, and

(b) all sites have been audited in accordance with the internal audit procedure(s), and

(c) a representative sample of sites have been audited by the certification/registration body, taking into account the factors below

- the results and reports of internal site and central EMS audits
- the results of management review
- maturity of the management system
- any existing knowledge of the organization
- variations in the size of the sites
- complexity of the EMS
- complexity of the sites
- any shift working
- variations in working practices

- repetitiveness of functions
- variations in activities undertaken
- the spread of the organization's personnel over the sites
- the significance and extent of the aspects and associated impacts
- potential interaction with sensitive environment
- differing legal requirements
- the views of interested parties, and

(d) the sample should be partly selective, based on c), above and partly non-selective and should result in a range of different sites being selected, without excluding the random element of site selection, and

(e) the surveillance programme should include visits to the organization's head office, be designed in the light of the above factors and should, within a reasonable time, cover all the sites of the organization in accordance with the certification/registration body's sampling method, and

(f) in the case of a nonconformity being observed either at the head office, or at a single site, of an organization with an EMS certificate/registration covering multiple sites, the corrective action procedure should apply to all applicable sites covered by the certificate/registration.

(g) The Audit (stage 1) described in guidance G.5.3.17. below should address the organization's head office activities to ensure that a single EMS applies across all sites and delivers central management at the operational level. The audit (stage 1) should address all the issues outlined in a) to f) above.

G.5.3.14. Audit Methodology

G.5.3.15. A certification/registration body should perform the stage 1 audit of an organization's EMS at the organization's site, unless it can justify an alternative approach. Adaptation of the certification/registration process to the needs of very small organizations may provide justification in particular circumstances. However, in all cases the assessment shall meet the requirements below for audit stage 1 and 2.

G.5.3.16. The key objectives of each stage of the audit, together with the minimum coverage, are described below.

G.5.3.17. Audit (stage 1) (Note: see IAF guidance notes on Consultancy - G.4.1.7. to G.4.1.30.above).

(a) The Certification/registration body needs to establish, by review of the available evidence, that the requirements of the standard are met. However, evidence may take many forms and some cases need not be 'documented'. This does not alter the need to respect the requirements for documentation contained in the standard.

(b) The objectives of the audit (stage 1) are to provide a focus for planning the audit (stage 2) by gaining an understanding of the EMS in the context of the organization's environmental aspects and associated impacts, policy and objectives, and, in particular, of the organization's state of preparedness for audit, by reviewing the extent to which:

- the EMS includes an adequate process for identification of the organization's environmental aspects and subsequent determination of their significance;
- for the relevant activities of the organization, environmental licences are in place;
- the EMS is designed to achieve the organization's environmental policy;
- the EMS implementation programme justifies proceeding to the audit (stage 2);
- the internal audit conforms to the requirements of the EMS standard;
- management reviews are being conducted and cover the continuing suitability, adequacy and effectiveness of the EMS;
- the EMS documents and responds to relevant communication from external interested parties;
- additional documentation has to be reviewed and/or what knowledge has to be obtained in advance.

(c) The certification/registration body and the organization shall agree when and where the document review is conducted. In every case the document review should be completed prior to the commencement of audit (stage 2).

(d) The certification/registration body should obtain, at least, the following information:

- EMS documentation including procedures, (and, preferably, a cross reference list linking the documentation to the related requirements of the standard);
- a description of the organization and its on-site processes;
- an indication of environmental aspects and their associated impacts and the determination of significant environmental aspects;
- the means by which the concept of continual improvement is realised;
- an overview of the applicable regulations (including licences/permits), and any agreements with Authorities;
- internal audit programmes and reports.

(e) The certification/registration body should make the organization aware that the following additional information may be needed for the audit (stage 1) and may be required for detailed inspection during the audit (stage 2):

- licence/permit requirements;
- records (including any records of incidents, breaches of regulation or legislation and relevant correspondence with Authorities) on which the organization based its assessment of compliance with regulatory requirements;
- details of any internally identified nonconformities together with details of relevant corrective and preventive action taken in the previous 12 months (or since commencement of the EMS implementation if this is less than 12 months);
- records of management reviews;
- records of any EMS related communications received and any actions taken in response to them.

(f) When the audit (stage 1), including document review, is not conducted by a single person the certification/registration body should be able to demonstrate how the activities of the various team members are co-ordinated.

G.5.3.18. Audit (stage 2)

(a) On the basis of findings of the audit (stage 1) the certification/registration body shall draft an audit plan for the conduct of the audit (stage 2).

(b) The objectives of the audit (stage 2) are:

- to confirm that the organization adheres to its own policies, objectives and procedures;
- to confirm that the EMS conforms with all the requirements of the EMS standard and is achieving the organization's policy objectives.

(c) To do this, the audit (stage 2) should address the implementation of all elements of the standard (except those fully and successfully audited in stage 1) and in particular focus on the organization's

- identification of environmental aspects and subsequent determination of their significance;
- procedures to ensure compliance with legal and other requirements;
- objectives and targets derived from the evaluation process;
- operational control;
- performance monitoring, measuring, reporting and reviewing against the objectives and targets;

- identification and evaluation of nonconformities and completion of corrective/ preventive actions;
- internal auditing and management review ;
- management responsibility for the environmental policy;
- links between policy, environmental aspects and their associated environmental impacts, objectives and targets, responsibilities, programmes, procedures, performance data, internal audit and review.

G.5.3.19. Specific elements of the certification/registration body's audit

G.5.3.20. Assessment of the Internal Audit

(a) The extent of the audit (stage 2) may be influenced by the degree to which reliance can be placed on the organization's internal audit. At the audit (stage 1) the certification/registration body should determine, through detailed analysis, the reliance it can place on the results of the internal audit. Records of the internal audits should be sufficiently comprehensive to provide data that can be validated by the certification/registration body to confirm the effectiveness of the audit process. The certification/registration body should be able to demonstrate to the accreditation body the basis for determining the extent of its own audit (stage 2).

(b) It should do this, in particular, by seeking objective evidence of:

- competence, experience, training and independence of auditors (e.g. including any reference to applicable parts of ISO 19011 and/or to programmes for the registration of audit personnel);
- auditing procedure and methodology, in particular the extent of the audit (e.g. including any reference to applicable parts of ISO 19011);
- references and standards (e.g. to appropriate parts of ISO 19011);
- resources available for the audit;
- organization of the audit (e.g. including any reference to guidelines contained in ISO 19011);
- checks and verifications performed;
- audit findings, including reports and records;
- management of audit follow-up;
- timeliness and effectiveness of corrective action.

(c) Internal audit programmes should take into account the environmental importance of the various components of the organization's activities.

(d) The certification/registration body should confirm, on a sample basis, the overall reliability of the internal audit.

G.5.3.21. Recording and evaluation of environmental aspects and control of those deemed to be significant

(a) In order to provide confidence that organizations are consistent in establishing and maintaining procedures for the identification, examination and evaluation of environmental aspects and their associated impacts, certification/registration bodies' procedures should reflect the following factors:

- it is for the organization to define the criteria by which environmental aspects and their associated impacts are identified as significant, and to develop (a) procedure(s) for doing this;
- it is for the certification/registration body to assess that the procedure(s) by which the organization determines which environmental aspects and their associated impacts are significant is sound and adhered to;
- the certification/registration body should identify to the organization for its action any inconsistencies between the organization's policy, objectives and targets and its procedure(s) or the results of their application.

(b) The certification/registration body should establish whether the procedures employed in the analysis of significance are sound and properly implemented. It shall verify that an environmental aspect or associated impact which is identified as being significant is managed within the system. Depending on the situation, this may entail assessment of combinations of the following:

- investigation and development of opportunities for further improvement;
- programmes for planned improvement;
- controls to maintain performance.

(c) Significant environmental aspects and their associated impacts are not necessarily confined to a single geographical location. They may also include other aspects of an organization's activities, products or services that it can control and over which it can be expected to have an influence. In particular, these may include any activities of suppliers, customers or related organizations which create additional environmental aspects for the organization.

G.5.3.22. Recording and evaluation of continual improvement and prevention of pollution

In order to provide confidence that organizations have in place processes for achieving continual improvement and prevention of pollution, certification/registration bodies' procedures should reflect the following factors:

(a) it is for the organization to define the means by which its policy commitment to continual improvement and prevention of pollution is achieved, and to develop (a) process(es) for doing this and for measuring progress in this regard;

(b) it is for the certification/registration body to assess that the organization's processes are sound and adhered to;

(c) the certification/registration body should identify to the organization for its action any inconsistencies between the organization's policy, objectives and targets and its processes or the result of their application.

G.5.3.23. EMS Documentation

The documentation required by the EMS standard should describe the EMS and make clear the relationship to any other related management system in operation in the organization or having an influence on the EMS subject to certification. It is acceptable to combine the documentation for environmental and other management systems (such as for quality or health and safety) as long as the components of the EMS can be clearly identified together with the appropriate interfaces to the other systems.

G.5.3.24. Combining Management Audits

The audit can be combined with audits of other management systems. This combination is possible provided it can be demonstrated that the audit satisfies all requirements for certification/ registration of the EMS. The audit plan should identify the roles of each member of the audit team and the criteria each member is to audit. All the elements of an EMS should appear clearly, and be readily identifiable, in the audit reports. The quality of the audit should not be adversely affected by the combination of the audits.

5.4. Assessment report

IAF Guidance to Clause 5.4. (G.5.4.1.)

G.5.4.1. An assessor/auditor shall explain the audit findings and/or clarify the requirements of the assessment standard during the audit and/or at the closing meeting, but shall not give prescriptive advice or consultancy as part of an assessment.

5.5. Decision on certification/registration

IAF Guidance to Clause 5.5. (G.5.5.1. to G.5.5.7.)

G.5.5.1. The information gathered during the certification/registration process should be sufficient:

(a) for the certification/registration body to be able to take an informed decision on certification/registration (or recertification/registration following reassessment);

(b) for traceability to be available in the event, for example, of an appeal or for planning for the next audit (possibly by a different team);

(c) to ensure continuity.

In addition to the requirements for reporting in ISO/IEC Guide 66 clause 5.4.1.e.), this information should cover:

(d) the degree of reliance that can be placed on the internal audit;

(e) a summary of the most important observations, positive as well as negative, regarding the implementation and effectiveness of the EMS;

(f) the conclusions reached by the audit team.

G.5.5.2. Reporting by audit teams to the certification /registration body

In order to provide a basis for the certification/registration decision, the certification/registration body will need (a) clear report(s) from the audit team which provide(s) sufficient information to make the decision. To achieve this the reporting criteria should be established based on the relevant parts of the guidelines set out in ISO 19011, in particular clause 6.6. Additional information related to the organization in question should also be provided. (See also clause 4.1.8. of ISO/IEC Guide 66).

(a) Reports from the audit team to the certification/registration body are required as a minimum at the end of audit stages 1 and 2. In combination with information held on file these report(s) should at least contain:

- an account of the audit (stages 1 and 2) including a summary of the document review and the audit (stage 2) covering, in particular, audit days used (including office/site investigation, audit (stage 1), audit (stage 2) and reporting);
- clarification of nonconformities;
- audit enquiries which have been followed, rationale for their selection, and the audit techniques utilized (see, for example, G 5.2.4);
- recommendation by the audit team to the certification/registration body;

(b) Surveillance reports should contain, in particular, information on clearing of nonconformities revealed previously;

(c) Reassessment reports should as a minimum cover, in totality, the requirement of a) above.

G.5.5.3. The entity, which may be an individual, which takes the decision on granting/withdrawing a certification/registration within the certification/registration body, should include a level of knowledge and experience sufficient to evaluate the audit processes and associated recommendations made by the audit team.

G.5.5.4. Certification/registration shall not be granted until all nonconformities as defined in guidance G.3.1.1. have been corrected and the correction verified by the certification/registration body (by site visit or other appropriate form of verification).

G.5.5.5. All certification/registration documents shall identify the term for which the certification/registration is valid. The effective date shall be on or after the date of the formal decision by the certification/registration body. It is recommended that this term be compatible with the arrangements for reassessment, but this linkage is not a requirement. For Guidance on the transfer of accredited certification/registration see Annex 2.

G.5.5.6. For a certification/registration document to be regarded as accredited, it shall be issued by a certification/registration body in accordance with the conditions of its accreditation and unambiguously identify the accreditation body and the issuing certification/registration body.

G.5.5.7. Where a certification/registration body holds more than one accreditation covering the scope of the certification/registration, the accredited certification/registration documents shall identify at least one of the accreditation bodies.

5.6. Surveillance and reassessment procedures

IAF Guidance to Clause 5.6. (G.5.6.1. to G.5.6.16.)

G.5.6.1. Certification/registration bodies shall have clear procedures laying down the circumstances and conditions in which certifications/registrations will be maintained. If on surveillance or reassessment, nonconformities, as defined in guidance G.3.1.1., are found to exist, such nonconformities shall be effectively corrected within a time agreed by the certification/registration body. If correction is not made within the time agreed certification/registration shall be reduced, suspended or withdrawn. The time allowed to implement corrective action should be consistent with the severity of the nonconformity.

G.5.6.2. Surveillance undertaken by the certification/registration body shall give assurance that its certified/registered organizations continue to comply with the requirements of the standard to which they are certified/registered. The certification/registration body should have the facilities and procedures to enable it to achieve this.

G.5.6.3. Clause 5.6.1. of ISO/IEC Guide 66 requires a certification/registration body to conduct a surveillance and reassessment programme at sufficiently close intervals to verify that its certified/registered organizations continue to comply with the certification/registration requirements.

G.5.6.4. The purpose of surveillance is to verify that the approved EMS continues to be implemented, to consider the implications of changes to that system initiated as a result of changes in the organization's operation and to confirm continued compliance with certification/registration requirements. Surveillance of an organization's EMS shall take place on a regular basis, normally it should be undertaken at least once a year. The date of the first surveillance audit, following initial certification/registration, should be programmed from the completion of the initial certification/registration audit. Surveillance programmes should normally include:

(a) the system maintenance elements, which are internal audit, management review and preventive and corrective action;

(b) communications from external interested parties as required by the EMS standard;

(c) changes to the documented system;

(d) areas subject to change;

(e) selected certification/registration processes;

(f) other selected areas as appropriate.

G.5.6.5. As a minimum, surveillance by the certification/registration body should include, on an annual basis, the following considerations:

(a) the effectiveness of the EMS with regard to achieving the objectives of the organization's environmental policy;

(b) an interview with management responsible for the EMS;

(c) the functioning of procedures for receiving, documenting and responding to relevant communications from external parties as required by the EMS standard;

(d) the functioning of procedures for the periodic evaluation and review of compliance with relevant environmental legislation and regulations;

(e) progress of planned activities aimed at the process of enhancing the environmental management system to achieve improvements in overall environmental performance in line with the organization's environmental policy;

(f) follow up of conclusions resulting from internal audits;

(g) action taken on nonconformities identified during the last audit;

(h) action taken in response to any complaints.

G.5.6.6. The certification/registration body should be able to adapt its surveillance programme to the environmental issues related to the activities of the organization and justify this programme.

G.5.6.7. The surveillance programme of the certification/registration body should be determined by the certification/registration body, taking into account the internal audit programme and the reliability that can be attributed to it. Specific dates for visits may be agreed with the certified/registered organization.

G.5.6.8. For an organization that has consistently demonstrated the effectiveness of its EMS over a period of time, the certification/registration body may, after agreement with the organization, choose to design an individualized programme for subsequent surveillance and reassessment, in accordance with Annex 3 (Advanced Surveillance and Reassessment Procedures)

G.5.6.9. Surveillance audits may be combined with audits of other management systems. The reporting should then clearly indicate the aspects relevant for each management system.

G.5.6.10. The certification/registration body is required to supervise the appropriate use of its certificate and reports.

G.5.6.11. During surveillance audits certification/registration bodies should check the records of appeals, complaints and disputes brought before the certification/registration body, and where any nonconformity or failure to meet the requirements of certification/registration is revealed, that the organization has investigated its own systems and procedures and taken appropriate corrective action.

G.5.6.12. The surveillance activities shall be subject to special provision if an organization with a certified/registered EMS makes major modifications to its system or if other changes take place which could affect the basis of its certification/registration.

G.5.6.13. Appropriately competent personnel shall independently review surveillance reports for evidence of adequacy of audit performance and reporting and as a means of review whether the original certification/registration decision needs to be reconsidered. This review need not repeat the original decision process. The review should be conducted at least annually for each certification/registration.

G.5.6.14. Reassessment is a requirement of ISO/IEC Guide 66. The purpose of reassessment is to verify overall continuing conformity of the organization's EMS to the requirements of EMS standard and that the EMS has been properly implemented and maintained.

> In most cases it is unlikely that a period greater than three years for periodic reassessment of the organization's EMS would satisfy this requirement. The reassessment should also provide for a review of past implementation and continuing maintenance of the system over the period of certification/registration.

The reassessment programme should take into consideration the results of the above review and should at least include a review of the EMS documents and a site audit (which may replace and/or extend a regular surveillance audit). It shall at least ensure:

(a) the effective inter-action between all elements of the system;

(b) the overall effectiveness of the system in its entirety in the light of changes in operations;

(c) demonstrated commitment to maintain the effectiveness of the system.

The audit methodology for reassessment should be the same as for audit (stage 2).

G.5.6.15. If, exceptionally, the reassessment period is extended beyond three years, the certification/registration body should demonstrate that the effectiveness of the complete EMS has been evaluated on a regular basis, and should have a surveillance frequency that compensates for this in order to maintain the same level of confidence. However, periodic reassessment shall be conducted, regardless of the surveillance regime used.

G.5.6.16. Appropriately competent personnel shall independently review the re-assessment reports, and other information about the client, to make the decision on renewing certification/registration.

5.7. Use of certificates and logos

IAF Guidance to Clause 5.7. (G.5.7.1. to G.5.7.5.)

G.5.7.1. The certification/registration body should have documented procedures for the use of its mark, and for the procedures it is to follow in case of misuse, including false claims as to certification/registration and false use of certification/registration body marks.

G.5.7.2. If a certification/registration body incorrectly claims accredited status for certificates issued before appropriate accreditation has been granted, the accreditation body may require it subsequently to withdraw them.

G.5.7.3. The provisions in clauses 5.7.1. and 5.7.2. of ISO/IEC Guide 66 referring to "certification/registration mark and logos" and "symbol or logo" are both applicable to marks, logos and symbols.

G.5.7.4. The certification/registration body should avoid use of the same mark or a similar mark to indicate different systems of conformity certification/registration (for example product certification and management system certification/registration) and should avoid confusion between the meanings of its own marks if there are more than one.

G.5.7.5. A certification/registration body should have procedures to ensure that certified/registered organizations do not allow its marks to be used in a way which may be likely to mislead or cause confusion.

5.8. Access to records of communications from external interested parties to organizations

End of main text IAF Guidance on ISO/IEC Guide 66

1. Annex 1 - EMS Auditor Time

1.1. Introduction

This IAF guidance note provides guidance on clause 5.2.1. and 5.2.2. of ISO/IEC Guide 66. It should also be read in conjunction with the IAF Guidance G.4.2.10..

Application of this guidance

For accreditation purposes, it should be noted that nonconformity with this guidance (and/or the included table and/or diagram) in individual instances does not automatically lead to nonconformity against ISO/IEC Guide 66. However, this situation could be ground for further investigation into the completeness of the assessment. Special consideration should be given to investigating the grounds for deviation from this guidance.

If inconsistencies to this guidance are found on a more regular basis, this could form the basis for nonconformity against ISO Guide 66 on the grounds that the certification/registration body cannot give a reasonable assurance that it gives its audit teams the capability to perform a sufficiently complete audit as part of the certification/registration service.

This IAF EMS guidance note provides guidance for a certification/registration body on the development of its own procedures for determining the amount of time required for the assessment of organizations of differing sizes and complexity over a broad spectrum of activities.

Certification/registration bodies need to identify the amount of auditor time to be spent on initial assessment, surveillance and reassessment for each applicant and certified/registered organization.

This IAF EMS guidance provides a framework to be used by certification/registration bodies to determine appropriate auditor time, taking into account the specifics of the organization to be audited. Use of procedures in line with this framework at the audit-planning phase should lead to a consistent approach to the determination of appropriate auditor time. At the same time, the procedure should allow for flexibility in the light of what is found during the course of the assessment, especially during audit Stage 1.

1.2. Auditor time procedure

Experience has shown that next to the number of employees, the number, nature and gravity of potential environmental aspects will govern the amount of time taken for any given EMS audit. Because of the increased requirements on an environmental management system through the specific demands of an EMS (ISO 14001) policy, the certification/registration of an EMS can consume more or less time than that of a quality management system: because: -

- The certification/registration body is required to assess the soundness and consistency of the method by which the organization determined the significance of its environmental impacts.
- The certification/registration body is required to confirm that the system designed to achieve the necessary compliance - with relevant environmental legislation and with other requirements to which the organization subscribes - is capable to do so and that it is implemented.
- The certification/registration body is required to confirm that the process for achieving "prevention of pollution" is sound and adhered to.
- The increased demands arising from the audit stage 1.

The IAF guidance (ref. G.4.2.10.) to ISO/IEC Guide 66 lists the criteria, which should be considered, when establishing the amount of auditor time needed. These and other factors need to be examined during the certification/registration body's contract review process for their potential impact on the amount of auditor time to be allocated. Therefore an Auditor Time Chart/Diagram cannot be used in isolation.

Table 1 and diagram 1 sets out a typical number of audit days to be used in an initial assessment. Experience has shown that for EMS it is appropriate to base this on the number of employees of the organization and the nature, number and gravity of the environmental aspects of the typical organization in that industry sector. The auditor times should then be adjusted based on any significant factors that uniquely apply to the organization to be audited.

The additional factors that need to be considered include but are not limited to:-

Increase auditor time :-

- Complicated logistics involving more than one building or location where work is carried out.
- Staff speaking in more than one language (requiring interpreter(s) or preventing individual auditors from working independently)
- Very large site for number of employees (e.g., a timber land (forest))
- System covers highly complex processes or relatively high number of unique activities
- Design responsibility in product related aspects
- Routinely practiced night shift is part of activities to be assessed necessitating change in audit programme etc.
- Higher sensitivity of receiving environment compared to typical for industry sector
- Views of interested parties

- Indirect aspects necessitating increase in assessment time (e.g. relationship with corporate head office or local authorities)
- Additional/unusual environmental aspects for the sector
- Additional/unusual environmental license/regulator conditions for the sector
- Immature management system
- Temporary sites as indicated at G. 5.3.5 (b). (Note 1 refers)

Decrease auditor time: -

- Very small site for number of employees (e.g., office complex only)
- Maturity of management system
- High percentage of employees doing the same, simple tasks

Note 1.

In situations where the certification applicant or certified organization provides their product(s) or service(s) at temporary sites it is important that evaluations of such sites are incorporated into the assessment and surveillance programmes.

A temporary site is a location other than the sites/locations identified in the certification document where activities, within the scope of certification, are implemented for a defined period of time. These sites could range from major project management sites to minor service/installation sites. The need to visit such sites and the extent of sampling should be based on an evaluation of the risks of the failure of the EMS to control environmental aspects and impacts associated with the organizations operations. The sample of sites selected should represent the range of the organization's competency needs and service variations having given consideration to sizes and types of activities, and the various stages of projects in progress and associated environmental aspects and impacts.

Typically on-site evaluations of temporary sites would be performed. However, the following methods could be considered as alternatives to replace some on-site visits.

- Interviews or progress meetings with the client organization and/or its customer in person or by teleconference
- Document review of temporary site activities
- Remote access to electronic site(s) that contains records or other information that is relevant to the assessment of the management system and the temporary site(s)
- Use of video and teleconference and other technology that enable effective auditing to be conducted remotely

In each case the method of evaluation should be fully documented and justified in terms of its effectiveness (See Note 3 to Table 1 of this Annex 1, G.5.2.3. and G.5.2.4.).

This guidance is based on five primary complexity categories of the nature, number and gravity of the environmental aspects of an organization that fundamentally affect the auditor time, these are: -

- ***High*** – large number of environmental aspects with significant nature and gravity (typically manufacturing or processing type organizations with significant impacts in several of the environmental aspects);
- ***Medium*** – average number of environmental aspects with medium nature and gravity (typically manufacturing organizations with significant impacts in some of the environmental aspects);
- ***Low*** - small number of environmental aspects with low nature and gravity (typically organizations of an assembly type environment with few significant aspects);
- ***Limited*** – very limited number of environmental aspects with limited nature and gravity (typically organizations of an office type environment);
- ***Special*** – these require additional and unique consideration at the audit planning stage.

Table 1 and diagram 1 cover the above four top complexity categories. Table 2 provides the link between the five complexity categories above and the industry sectors that would *typically* fall into that category.

The certification/registration body should recognise that not all organizations in a specific sector will always fall in the same complexity category. The certification/registration body should allow flexibility in its contract review procedure to ensure that the specific activities of the organization are considered in determining the complexity category. For example: even though many business in the chemical sector should be classified as "high complexity", an organization which would have only a mixing free from chemical reaction or emission and/or trading operation could be classified as "medium" or even "low complexity".

Neither Table 1 nor Diagram 1 covers Special complexity and auditor times shall be developed and justified on an individual basis in these cases.

All attributes of the organization's system, processes, and products/services should be considered and a fair adjustment made for those factors that could justify more or less auditor time for an effective audit. Additive factors may be offset by subtractive factors. **In <u>all</u> cases where adjustments are made to the time provided in the Auditor Time table and diagram, sufficient evidence and records shall be maintained to justify the variation.**

Diagram 1 - Guidance for determination of number of Auditor Days

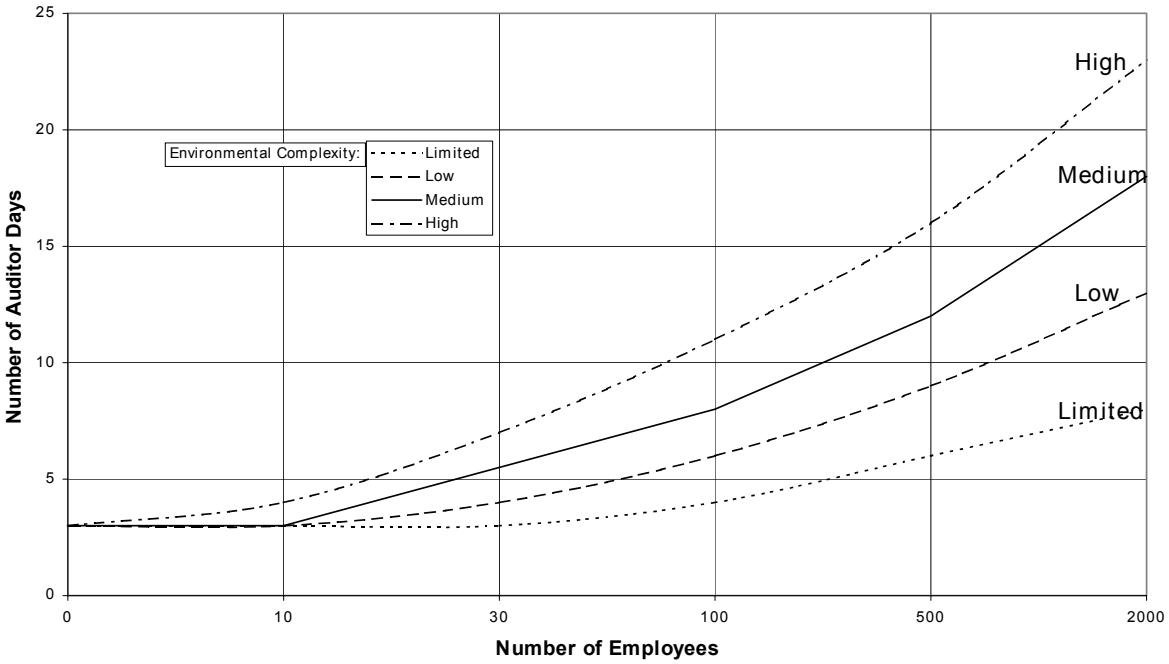

Table 1

Guide for auditor time for Initial Assessment (audit stage 1 and audit stage 2 together)

Auditor time chart for ISO 14001.

The numbers of employees in table 1 should be seen as a continuum rather than a stepped change, see diagram 1

CONTINUUM Number of employees	High complexity	Medium complexity	Low complexity	Limited complexity
10	4 ± 1	3 ± 1	3 ± 1	3 ± 1
30	7 ± 2	6 ± 2	4 ± 1	3 ± 1
100	11 ± 3	8 ± 3	6 ± 2	4 ± 1
500	16 ± 5	12 ± 3	9 ± 3	6 ± 2
2000	23 ± 7	18 ± 5	13 ± 4	8 ± 2

The certification/registration body's procedure may provide for auditor time for a number of employees exceeding 2000. Such auditor time should follow the progression in Table 1 in a consistent fashion.

Notes to table 1 and diagram 1 EMS auditor times

1. "Employees" as referenced in the table refers to all individuals whose work activities support the scope of the certification/registration as described by the environmental management system.

    - The effective number of employees includes non-permanent (seasonal, temporary, and sub-contracted) staff that will be present at the time of the audit. A certification/registration body should agree with the organization to be audited the timing of the audit which will best demonstrate the full scope of the organization. The consideration could include season, month, day/date and shift as appropriate.
    - Part-time employees should be treated as full-time-equivalent employees. This determination will depend upon the number of hours worked as compared with a full-time employee, see note 6 for calculation of the impact of shifts.

2. "Auditor time" includes the time spent by an Auditor or Audit Team in planning (including off-site document review, if appropriate); interfacing with organization, personnel, records, documentation and processes; and report writing. It is expected that the "Auditor time" involved in such planning and report writing combined should not typically reduce the total on-site "Auditor time" to less than 80% of the time shown in the Auditor Time Chart. This applies to initial, surveillance and re-assessment audits. Where additional time is required for planning and/or report writing, this will not be justification for reducing on-site Auditor time. Auditor travel time is not included in this calculation, and is additional to the Auditor time referenced in the chart. NOTE 80% is a factor based on experience of EMS audits.

3. If remote auditing techniques such as interactive web-based collaboration, web meetings, teleconferences and/or electronic verification of the organization's processes are utilized to interface with the organization, these activities should be identified in the assessment plan (see G.5.2.4), and may be considered as partially contributing to the total "on-site auditor time".

   If the certification/registration body plans an audit for which the remote auditing activities represent more than 30% of the planned on-site auditor time, the certification/registration body shall justify the audit plan and obtain specific approval from the accreditation body prior to its implementation.

   NOTE: On-site auditor time refers to the on-site auditor time allocated for individual sites. Electronic audits of remote sites are considered to be remote audits, even if the electronic audit is physically carried out on the organization's premises.

   Regardless of the remote auditing techniques used, the organization shall be physically visited at least annually.

4. "Auditor time" as referenced in the chart is stated in terms of "Auditor Days" spent on the assessment. An "Auditor Day" is typically a full normal working day of 8 hours. The number of Auditor Days employed may not be reduced at the initial planning stages by programming longer hours per workday.

5. For the initial Assessment cycle, Surveillance time for a given organization should be proportional to the time spent at initial assessment with the total amount of time spent annually on surveillance being about 1/3 of the time spent on the initial assessment. The planned surveillance time should be reviewed from time-to-time to account for changes in the organization, system maturity, etc., and at least at the time of re-assessment. For the second and subsequent assessment cycles, the certification/registration body may choose to design an individualized surveillance and reassessment programme in accordance with Annex 3.

6. The total amount of time spent performing the re-assessment will depend upon the findings of the review as defined in paragraphs G.5.6.14. and G.5.6.15. The amount of time spent at re-assessment should be proportional to the time that would be spent at initial assessment of the same organization and should be about 2/3 of the time that would be required for initial assessment of the same organization at the time that it is to be re-assessed. Re-assessment is time spent above and beyond the routine Surveillance time, but, when re-assessment is carried out at the same time as a planned routine Surveillance visit, the re-assessment will suffice to meet the requirement for Surveillance as well. Regardless of what conclusion is made, the guidance in G.4.2.10. and G.5.6.14. apply.

7. If a significant part of the operations is carried out in shifts, the total number of employees may be calculated as follows: (number of employees not in shift work) + {(number of employees in shift work) / (number of shifts minus one)}. A condition is that there are no significant differences between the shifts with respect to the type and intensity of activities.

Table 2

Examples of linkage between business sectors and complexity categories of environmental aspects

Complexity category	Business sector
High	mining and quarrying oil and gas extraction tanning of textiles and clothing pulping part of paper manufacturing including paper recycling processing oil refining chemicals and pharmaceuticals primary productions - metals non-metallics processing and products covering ceramics and cement. coal based electricity generation civil construction and demolition hazardous and non hazardous waste processing e.g. Incineration etc. effluent and sewerage processing
Medium	fishing/farming/forestry textiles and clothing except for tanning manufacturing of boards, treatment/impregnation of wood and wooden products paper production and printing excluding pulping non metallics processing and products covering glass, clay, lime etc. surface and other chemically based treatment for metal fabricated products excludes primary production surface and other chemically based treatment for general mechanical engineering production of bare printed circuit boards for electronics industry manufacturing of transport equipment - road, rail, air, ships non coal based electricity generation and distribution gas production, storage and distribution (note extraction is graded high) water abstraction, purification and distribution including river management (note commercial effluent treatment is graded as high) fossil fuel whole sale and retail food and tobacco - processing transport and distribution - by sea, air, land commercial estate agency, estate management, industrial cleaning, hygiene cleaning, dry cleaning normally part of general business services recycling, composting, landfill (of non hazardous waste) technical testing and laboratories healthcare/hospitals/veterinary leisure services and personal services excludes hotels/restaurants

Complexity category	Business sector
Low	hotels/restaurants wood and wooden products excluding manufacturing of boards, treatment and impregnation of wood paper products excluding printing, pulping and paper making rubber and plastic injection moulding, forming and assembly - excludes manufacturing of rubber and plastic raw materials which are part of chemicals hot and cold forming and metal fabrication excluding surface treatment and other chemical based treatments and primary production general mechanical engineering assembly excluding surface treatment and other chemical based treatments wholesale and retail electrical and electronic equipment assembly excluding manufacturing of bare printed circuit boards
Limited	corporate activities and management, HQ and management of holding companies transport and distribution - management services with no actual fleet to manage telecommunications general business services except commercial estate agency, estate management, industrial cleaning, hygiene cleaning, dry cleaning education services
SPECIAL CASES	nuclear nuclear electricity generation storage of large quantities of hazardous material public administration local authorities organizations with environmental sensitive products or services

Note:

It should be recognised that not all organizations in a specific sector will always fall in the same complexity category. The certification/registration body should allow flexibility in its contract review procedure to ensure that the specific activities of the organization are considered to determine the complexity category

2. Annex 2 - Transfer of Accredited Certification/registration

This Annex provides Guidance on clause 5.5. of ISO/IEC Guide 66. See IAF Guidance G.5.5.5. *It should also be read in conjunction with ISO/IEC Guide 66, clause 5.8.*

2.1. Introduction

This annex provides guidance on the transfer of ISO 14001 environmental management system certificates between certification/registration bodies.

The objective of this guidance is to assure the maintenance of the integrity of accredited environmental management system certificates issued by one certification/registration body if subsequently transferred to another such body.

The guidance states minimum requirements for the transfer of certification/registration. Certification/registration bodies may implement procedures or actions which are more stringent than those contained herein provided that an organization's freedom to choose a certification/registration body is not unduly or unfairly constrained.

2.2. Definition

Transfer of Certification/registration. The transfer of certification/registration is defined as the recognition of an existing and valid, [but see clause 2.4.1.of this Annex], ISO 14001 environmental management system certificate, granted by one accredited certification/registration body, [hereinafter referred to as the "issuing certification/registration body"], by another accredited certification/registration body, [hereinafter referred to as the "accepting certification/registration body"] for the purpose of issuing its own certification/registration.

Note: Multiple certification/registration does not fall under the definition above, and is not encouraged by IAF.

2.3. Minimum Requirements

2.3.1. Accreditation. Only certificates which are covered by an accreditation of an EA, PAC, IAAC or IAF MLA Signatory should be eligible for transfer. If the existing certification is accredited by a body that belongs to a regional MLA only, the transfer shall be limited to other accreditations valid within that regional group. Organizations holding certificates that are not covered by such accreditations shall be treated as new clients.

2.3.2. Pre-Transfer Review. A competent person from the accepting certification/registration body shall carry out a review of the certification/registration of the prospective client. This review should be conducted by means of both a paper enquiry and, normally, a visit to the prospective client. The review should cover the following aspects:

(a) Confirmation that the client's certified activities fall within the accredited scope of the accepting certification/registration body.

(b) The reasons for seeking a transfer.

(c) That a valid accredited certificate, in terms of authenticity, duration, scope of activities covered by the environmental management system and scope of accreditation, is held in respect of the site or sites wishing to transfer. If practical, the validity of certification/registration and the status of outstanding nonconformities should be verified with the issuing certification/registration body unless it has ceased trading.

(d) A consideration of the last assessment/re-assessment reports, subsequent surveillance reports and any outstanding nonconformities arising therefrom. This consideration should also include any other available, relevant documentation regarding the certification process i.e. handwritten notes, checklists.

(e) Any current engagement by the organization in legal representation with statutory bodies.

(f) Complaints received and action taken.

(g) The stage in the current certification/registration cycle. See clause 2.4.4. of this Annex.

2.4. Certification

2.4.1. Transfer should normally only be of a current valid accredited certificate but, in the case of a certificate issued by a certification/registration body that has ceased trading, or that has had its accreditation withdrawn, the accepting certification/registration body may, at its discretion, consider such a certificate for transfer on the basis described in this guidance.

2.4.2. Certificates which are known to have been suspended or to be under threat of suspension should not be accepted for transfer.

2.4.3. Outstanding nonconformities should be closed out, if practical, with the issuing certification/registration body, before transfer. Otherwise they should be closed out by the accepting certification/registration body.

2.4.4. If no further outstanding or potential problems are identified by the pre-transfer review a certificate, dated from the date of completion of the review, may be issued following the normal decision making process. The pattern of the previous certification/registration regime should be utilised to determine the programme of on-going surveillance and re-assessment unless, as a result of the review, the accepting certification/registration body has performed an initial or re-assessment audit.

2.4.5. Where doubt continues to exist, after the pre-transfer review, as to the adequacy of a current or previously held certification/registration, the accepting certification/registration body should, depending upon the extent of doubt, either:

- Treat the applicant as a new client or
- Conduct an assessment concentrating on identified problem areas.

The decision as to the action required will depend upon the nature and extent of any problems found and should be explained to the organization.

3. Annex 3 - Advanced Surveillance and Reassessment Procedures (ASRP)

This annex provides guidance on clause 5.6 of ISO/IEC Guide 66. See IAF Guidance G5.6.8.

3.1. Introduction

3.1.1 For an organization that has established confidence in its EMS by consistently demonstrating the EMS effectiveness over a period of time, the certification/registration body, in consultation with the organization, may choose to apply the Advanced Surveillance and Reassessment Procedures (ASRP) provided for in this annex. Such an advanced surveillance and reassessment program may place greater (but not total) reliance on the organization's internal audit and management review processes, include targeted surveillance topics, take into account specific design input from the organization and/or use other methods as appropriate, to demonstrate conformity of the EMS.

3.1.2 The objective of this guidance is to assure the provision of more effective and efficient assessment to organizations that have a proven performance record while at the same time maintaining the integrity of the accredited EMS certificates they hold.

3.1.3 The guidance states minimum requirements for the application of the ASRP. Certification/registration bodies may implement procedures or actions which are more stringent than those contained herein provided that an organization's justifiable request for the ASRP is not unduly or unfairly constrained.

3.2. Minimum Requirements

3.2.1. Prerequisite

In order to utilize the ASRP, the certification/registration body must first demonstrate to an IAF MLA signatory accreditation body for EMS:

1) That it has been operating an accredited certification/registration scheme for EMS for a minimum of one complete accreditation cycle.

2) That it is competent to design an ASRP programme for each individual organization, in accordance with the requirements of ISO 9001:2000 clause 7.3 using the design input criteria mentioned in clause 3.2.3.2 below.

NOTE: Reference is made here to ISO 9001 since this specifies the requirements for the certification/registration body to design a program for ASRP regardless of whether it is operating certification/registration of QMS or EMS.

3.2.2. Accreditation Scope

The competence of the certification/registration body to meet 3.2.1 (2) above shall be assessed by the accreditation body after which, if successful, specific reference to the approval for ASRP shall be included in the certification/registration body's accreditation scope.

3.2.3. Eligibility and Design Input Criteria

The certification/registration body shall inform the accreditation body prior to every new utilization of ASRP for each specific organization, and shall be able to demonstrate that the following criteria in 3.2.3.1 and 3.2.3.2 have been satisfied:

3.2.3.1 Eligibility Criteria

a) The certification/registration body shall confirm that the organization's EMS has been in demonstrated conformity with the requirements of the applicable standard(s) for a period of at least one complete certification cycle including initial, surveillance and reassessment audits.

NOTE: The certification/registration body may base this confirmation of demonstrated conformity on the outcome of the first reassessment (non-ASRP) of the organization conducted at the end of a three-year certification cycle.

b) All nonconformities raised during the certification cycle immediately prior to the utilization of ASRP shall have been successfully resolved.

c) The certification/registration body shall confirm that the organization has established compliance with applicable legal requirements and has not had any sanctions imposed by the relevant regulatory authority(ies) for the period of a) above.

d) The certification/registration body shall have agreed suitable performance indicators with the organization, on which to judge the ongoing effectiveness of the EMS, and shall ensure that the organization is consistently meeting agreed performance targets. These performance indicators shall address, as a minimum, the organization's demonstrated ability to achieve its environmental policy, objectives and targets and comply with applicable legal and other requirements related to its environmental aspects (see ISO 14001:2004 clause 4.3.2), and shall incorporate requirements for the continual improvement and prevention of pollution.

NOTE In this annex, "indicator" means the characteristic to be measured and "target" used in the context of performance target means the quantitative/qualitative requirements to be met, which is considered to be identical with "environmental target" as defined in ISO 14001.

e) The certification/registration body shall have enforceable arrangements with the organization to provide for access to records of all relevant communication from external interested parties, and in particular the relevant regulatory authority(ies). When it becomes necessary for the certification/registration body to communicate directly with these interested parties in order to confirm their views, mutually agreed confidentiality policies and procedures shall be applied.

f) The certification/registration body shall verify that the organization's internal audit process is being managed in accordance with the guidance of ISO 19011, with particular reference to auditor competence defined in clause 7. The internal audit process shall be sufficiently coordinated and integrated so as to provide an evaluation of the EMS as a whole, not only the performance of individual components.

g) The certification/registration body shall have contractually enforceable arrangements to enable it to increase the scope, frequency and duration of its audits in the event of a deterioration of the organization's ability to meet agreed performance targets.

3.2.3.2 Design Input Criteria

In addition to organization-specific input criteria, the design of each individual ASRP shall address the following:

a) The frequency and duration of the certification/registration body audits shall be sufficient to allow the certification/registration body to conform with this Annex 3 including the following b) and c), among others.

For each proposed utilization of ASRP, the certification/registration body shall determine the base level (non-ASRP) auditor time using Annex 1. If the certification/registration body plans an individual ASRP program that reduces the auditor time to less than 70% of this base-level, the certification/registration body shall justify such reductions and seek specific approval from the accreditation body prior to its implementation.

NOTE: Additional factors that should be considered, if applicable, are multi-site and sampling considerations as stated in G.5.3.6 to G.5.3.13.

b) In addition to auditing a statistically significant number of samples of the organization's management system processes to confirm the adequacy and effectiveness of the internal audit process, the certification/registration body itself shall continue to carry out the following activities at each on-site surveillance and reassessment visit, ***as a minimum*** (with other activities defined by the ASRP; see clause 3.2.4 below):

- interview top management and the management representative
- evaluate management review inputs and outputs, including a verification of the organization's ability to meet the agreed performance targets
- review the internal audit process, including the procedures and records of internal audits, and the competence of internal auditors

- review corrective and preventive actions plans, and verify their effective implementation.

c) The certification/registration body shall ensure that all the requirements for accredited certification (including the requirements of ISO/IEC Guide 66) continue to be met.

3.2.4. Design Output

The design output for each application of the certification/registration body's ASRP programme shall include the following (a) – (f):

a) The extent to which the certification/registration body will utilize the organization's internal audit and management review processes to complement the certification/registration body's activities

b) Criteria for witnessing the organization's internal audits, including sampling of both auditors and processes to be audited

c) Criteria for accepting and monitoring the competence of the organization's internal auditors and the method of reporting internal audit results.

d) Criteria for ongoing adjustments to the assessment programme, taking into account the organization's demonstrated ability over time to meet the agreed performance targets

e) The components of the EMS that will necessarily be assessed by the certification/registration body at each surveillance and reassessment visit (see 3.2.3.2 b))

f) Specific certification/registration body auditor competence criteria

3.2.5. Certificates

The certification/registration body shall not differentiate between ASRP and non-ASRP methodologies on the certificates it issues.

End of IAF Guidance on the Application of ISO/IEC Guide 66

Further Information

For further Information on this document or other IAF documents, contact any member of IAF or the IAF Secretariat.

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