



IAF Procedures Document

Requirements for Producing IAF Mandatory Documents on Transitions

Issue 1, Version 2

(IAF PR 7:2023)

The International Accreditation Forum, Inc. (IAF) facilitates trade and supports industry and regulators by operating a worldwide mutual recognition arrangement among Accreditation Bodies (ABs) in order that the results issued by Conformity Assessment Bodies (CABs) accredited by IAF members can be accepted globally.

Accreditation reduces risk for business and its customers by assuring them that accredited CABs are competent to carry out the work they undertake within their scope of accreditation. ABs that are members of IAF and their accredited CABs are required to comply with appropriate international standards and IAF mandatory documents for the consistent application of those standards.

ABs that are signatories to the IAF Multilateral Recognition Arrangement (MLA) are evaluated regularly by an appointed team of peers to provide confidence in the operation of their accreditation programs. The structure of the IAF MLA is detailed in IAF PL 3 - Policies and Procedures on the IAF MLA Structure and for Expansion of the Scope of the IAF MLA. The scope of the IAF MLA is detailed in the IAF MLA Status document.

The IAF MLA is structured in five levels: Level 1 specifies mandatory criteria that apply to all ABs, ISO/IEC 17011. The combination of a Level 2 activity(ies) and the corresponding Level 3 normative document(s) is called the main scope of the MLA, and the combination of Level 4 (if applicable) and Level 5 relevant normative documents is called a sub-scope of the MLA.

- The main scope of the MLA includes activities e.g. product certification and associated mandated standards e.g. ISO/IEC 17065. The attestations made by CABs at the main scope level are considered to be equally reliable.
- The sub scope of the MLA includes conformity assessment requirements e.g. ISO 9001 and scheme specific requirements, where applicable, e.g. ISO 22003-1. The attestations made by CABs at the sub scope level are considered to be equivalent.

The IAF MLA delivers the confidence needed for market acceptance of conformity assessment outcomes. An attestation issued, within the scope of the IAF MLA, by a body that is accredited by an IAF MLA signatory AB can be recognized worldwide, thereby facilitating international trade.

TABLE OF CONTENTS

| | |
|---------------------------------------|----|
| 1. SCOPE | 4 |
| 2. NORMATIVE REFERENCES | 5 |
| 3. TERMS AND DEFINITIONS | 5 |
| 4. FUNDAMENTAL ASPECTS FOR TRANSITION | 7 |
| 5. RESPONSIBILITIES | 8 |
| 6. TRANSITION METHODS | 12 |
| 7. TIMELINES | 14 |
| 8. INFORMATIVE CONSIDERATIONS | 16 |
| 9. VERIFICATION PROCESS | 17 |

ANNEX 1 - DECISION FLOWCHART FOR DETERMINING TRANSITION DETAILS

ANNEX 2 - METHODS TO CONSIDER WHEN DETERMINING TRANSITION DETAILS
- CERTIFICATION NORMATIVE DOCUMENTS

ANNEX 3 - IAF MANDATORY DOCUMENT FOR TRANSITION TEMPLATE

ANNEX 4 – TRANSITION REQUIREMENTS FOR XXXX:XXXX (*TO BE USED IN
ABSENCE OF CUSTOMIZED TRANSITION PROCESS, ANNEX 3*)

ANNEX 5 – TIMELINES

Issue No 1, Version 2

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REQUIREMENTS FOR PRODUCING IAF MANDATORY DOCUMENTS ON TRANSITIONS

1. SCOPE

1.1 ISO/IEC 17011, *Conformity assessment - Requirements for accreditation bodies accrediting conformity assessment bodies* is an International Standard that sets out the requirements for bodies operating accreditation systems for conformity assessment bodies.

1.2 The objective of this document is to ensure the consistent and harmonized application of ISO/IEC 17011 for transitioning from one version of a normative document (e.g. standard) to another version of that document. This transition procedure shall be used for normative documents outlined in IAF MLA Status document and may be used for other normative documents.

1.2.1 This document is also applicable to migrations (see terms and definitions), and the term “transition” is used for both “transition” and “migration” throughout the document.

1.2.2 This document shall not apply where a scheme determines a specific transition process.

1.2.2.1 Where the scheme determines some of the elements of transition, IAF will complete the rest, following this procedure, if considered necessary.

1.3 This document uses a modular structure and is written as a tool to be used by the IAF Technical Committee (TC) when establishing a Mandatory Document (MD) for transition requirements (see Annex 3). This document also includes an approach to transition (see Annex 4) that can be used when an IAF MD for transition is not issued.

1.4 What is to be assessed and the necessary methodology may differ depending on the type of normative document in revision (requirement document used for accreditation or document used for validation, verification or certification) and on the content of revision (complex or simple changes).

1.5 The document developed by IAF shall be an MD for each specific transition, unless otherwise specified (e.g. scheme owner’s transition requirements).

1.6 The purpose of the document is to determine transition requirements for a normative document, to be applied:

- by the accreditation bodies (ABs) before granting accreditation to the revised version (ABs transitioning accredited conformity assessment bodies [CABs])
- by the CABs before granting validations, verifications, or certifications to the revised version (e.g. CABs transitioning certified organizations)

Note: Validation and Verification Bodies are an applicable CAB under this procedure; however, some requirements may not be relevant due to the nature of the activity (e.g. accredited certification's expirations).

1.7 In the event an entity (e.g. AB, CAB, organization) decides to not transition and support the revised normative document (no matter the reason), they shall communicate and work directly with interested parties to be transparent and cooperative throughout the transition period.

1.7.1 In this case some of the transition requirements included in this procedure (e.g. competence of staff, transition plan, etc.) would not apply.

2. NORMATIVE REFERENCES

2.1 ISO/IEC 17011 *Conformity Assessment – Requirements for accreditation bodies accrediting conformity assessment bodies*

2.2 IAF Procedure Document (PR) 2 *General Procedure for the Development of IAF Documents*

2.3 IAF Procedure Document (PR) 4 *Structure of the IAF MLA and List of IAF Endorsed Normative Documents*

3. TERMS AND DEFINITIONS

3.1 Affected Entities – Entities whose activities may be affected by a normative document transition, including but not limited to: IAF, ABs, CABs and their clients, scheme owners, standard owners, government, and regulators.

3.2 Migration – A term used when the normative document(s) already included in the scope of the conformity assessment activity (e.g. scope of certification) is replaced by a new normative document(s), and when the two normative documents are for the same scope.

This document is fully applicable to migrations, and the term “transition” is used in place of migration. Terms such as “revised version” or “revised document” may be replaced by “new normative document for the same scope” throughout the document.

3.3 Normative Document - Documents stating the specified requirements such as regulations, standards, and technical specifications.

This document applies to documents such as (except when 1.2.2. applies):

- Generic and discipline-specific accreditation requirement standards (e.g. ISO/IEC 17021-1, ISO/IEC 17065, ISO/IEC 17024, ISO/IEC 17029, ISO 14065, ISO/IEC 27006, ISO/IEC 17021-2, ISO/TS 22003) and other scheme documents considered at levels 3 and 4 of IAF PR4 or normative documents to be used in combination with the accreditation requirement standards.
- Conformity assessment standards used for validation, verification, or certification (e.g. ISO 9001, ISO 14001, ISO/IEC 27001, GLOBALGAP, CORSIA) considered at level 5 of IAF PR4.
- IAF and Regional Mandatory documents applicable to the above, to be used by ABs or by CABs (e.g. IAF MD 8 and 9 respectively, IAF MD 5 and IAF MD 11), can follow this procedure even though every section may not be applicable.

All document types above are hereinafter referred to as “normative document”.

Note: ISO/IEC 17011 is not included in the normative document definition; however, IAF may consider this transition process, as appropriate, in managing revisions to ISO/IEC 17011.

3.4 Transition – A term used to allow a more streamlined approach when a normative document is already included in the scope of the conformity assessment activity (e.g. validation, verification, certification, scope of accreditation and/or scope of the MLA), and has been revised.

The transition may be developed by scheme owners; including, but not limited to regulators, industry scheme owners, etc. and then implemented by IAF members, as appropriate.

Note: the term version is synonymous to edition, issue, revision.

3.5 Transition (or Migration) Period – The defined period of time between the publication of a revised normative document and its mandated effective date.

4. FUNDAMENTAL ASPECTS FOR TRANSITION

4.1 Maintaining integrity of the accredited conformity assessment activity is the focus throughout the transition process. Although the marketplace may drive certain expectations, IAF, with its members and affiliations, is able to balance marketplace expectations with the integrity of the process from the onset of the normative document revision process. Fundamental aspects of the accredited conformity assessment transition activities include:

- **Early Adopters** – When IAF, industry, scheme owners, ABs and CABs are ready for transition soon after a normative document is published, this allows for early adopters. One of the governing considerations of an efficient and effective transition process is IAF and its members encouraging early adoption of accredited conformity assessment activity to revised normative documents because this minimizes the number of late transitions in the transition period.
- **Affected Entities** - These entities, as well as the impact the document and transition may have on them, shall be considered when IAF is developing a transition process for a specific normative document.
- **Timeline** – Each oversight entity (e.g. IAF and ABs) requiring its members or clients (e.g. ABs and CABs or CABs and clients) to adhere to the timelines developed within the transition process is vital to keep the process from breaking down throughout the transition. This is crucial in meeting industry, marketplace and customer expectations.
- **Preparedness** – Preliminary transition process planning by all (IAF, ABs, CABs, certified organizations) in advance of the publication of any normative document, recognizing that any changes in the final normative document will have to be managed, is both allowed and encouraged.

4.2 Accredited conformity assessment activity (e.g. certification) cannot be granted to draft stage/s of normative documents. Transition activity may be started while the normative document is in draft; however, transitions cannot be completed until the normative document has been published.

4.2.1 Where activities have been carried out based on draft versions of the revised normative document (for example at Draft International Standard [DIS] or Final Draft International Standard [FDIS]), as allowed by the particular transition process, a review must be carried out of this early transition activity before completing the transition, to ensure any changes between the draft and published document have been addressed by the applicable entities.

4.3 When there are changes to a normative document for accreditation which affect contractual terms and conditions between CABs and the client (e.g. when changes are affecting audit time and costs for the client), the following general principle typically applies.

4.3.1 The existing contract between CABs and the client shall be revised to follow new requirements, if necessary, within the transition timeline; however, at the latest, prior to the first renewal of certification following the transition end date.

4.4 Communication with affected entities can begin at the earliest opportunity regarding future/pending transitions to keep affected entities updated, and inform ABs/CABs of the intended process so that they can provide comments and start to prepare, agree and communicate regarding the transition process before the normative document is published.

4.5 The communication channels, which provide IAF the different types of information about normative document development, are instrumental in making sure the IAF TC can initiate the transition process, in accordance with this document, at the early stages of the normative document development.

4.5.1 The communication channels to IAF include, but are not limited to: ISO, CASCO, scheme owners, AB members, CAB membership organizations, industry members, and liaisons with various other organizations.

4.5.2 The communication channels within IAF include: secretariat to IAF TC Chair, and IAF TC Chair to working group (WG) and task force (TF) conveners.

5. RESPONSIBILITIES

5.1 IAF Responsibility

IAF is instrumental in understanding marketplace demands and managing expectations early in the transition process, before the normative document is published. IAF is responsible for informing and leading the marketplace as it relates to revisions of normative documents and expectations of the transition.

IAF can influence the marketplace and drive the transition in a positive direction through communications with the various IAF members, including liaison members (e.g. scheme owners) and affected entities.

Note: Scheme owners also have a responsibility in this regard, particularly where they have undertaken significant consultation with their stakeholders regarding transition requirements. Scheme owners shall inform IAF of any upcoming new version of their normative documents.

5.1.1 During the early stage of the revision of a normative document (ideally 18 months prior to the planned publication of the normative document), the IAF Technical Committee shall assign a WG or form a TF to design the transition process for each normative document in revision (hereinafter referred to as “TF”). IAF shall design the transition process for a normative document to allow ample time to fulfil the transition requirements while meeting market needs. IAF will produce the transition process ideally 12 months prior, but at least six months in advance of the planned publication.

5.1.1.1 When the normative document changes throughout the revision process, depending on the significance of the changes, IAF may need to consider the drafted or published transition process considering the changes in the document.

5.1.1.2 IAF will work directly with a scheme owner when the scheme owner takes part in designing the transition process for a normative document. IAF and the scheme owner will allow ample time to fulfil the transition requirements while meeting market needs.

5.1.2 The IAF TF assigned for each transition shall include IAF AB representatives, the appropriate association member(s), and the appropriate scheme owner (if applicable), with the necessary knowledge for the specific normative document in revision. Before initiating the transition development phase, the TF should hold a discussion with the scheme owner regarding the feedback from affected entities and boards/technical committees concerning transition timeframes and activities. This should then be an input for discussions.

5.1.2.1 At appropriate intervals, IAF shall liaise with ISO, appropriate scheme owners, CAB associations and other affected entities (e.g. industry associations, other users) as it relates to the normative document revisions and transition.

5.1.3 While designing a transition process for a normative document included in the scope of the IAF MLA, the TF must seek guidance from the IAF MLA Chair to meet any MLA needs.

5.1.4 The preferred output is the development of a specific MD for every transition. Each MD created, for a normative document, shall be advanced through IAF, following IAF PR 2. The reduced process described in para. 3.5 (ii) of IAF PR 2 should be taken into consideration.

5.1.5 IAF may require the Recognized Regional Accreditation Groups or ABs to report transition data to the IAF TC Secretary (e.g. number of CABs transitioned, number of certifications transitioned) at appropriate intervals defined in the MD, taking into consideration the need for the data and the time it may take to gather the data. If applicable, the details of the data required, the responsible parties and the methodology shall be outlined in the transition MD for the revised normative document.

5.1.6 After the MD for the transition is issued, the TF shall take the lead, *with the IAF Communications and Marketing Committee (CMC)*, in creating the various communications necessary to support the transition process, including but not limited to: initial communication of the transition requirements, ongoing reminders at planned intervals and a final communication outlining remaining action items for the end of the transition period.

5.2 Accreditation Body Responsibility

5.2.1 ABs shall consider their processes (e.g. documentation, tools) and resources and manage appropriate revisions within the timeline for the specific transition. In following this timeline, ABs shall be prepared to offer accreditation for the revised normative document, as early as possible to meet the market needs.

5.2.2 Accreditation Body Competence

Where relevant, competence requirements shall be updated to reflect the revised requirements and changes. ABs shall ensure that a sufficient number of personnel are competent for the activities undertaken, including demonstrated knowledge of requirements for the revised version of the normative document and knowledge of the transition process. Personnel includes, but may not be limited to, assessors, decision makers, contract reviewers, etc.

5.2.3 Communication

After the MD for transition is issued and prior to the publication of the revised normative document, ABs shall make publicly available the details of the transition process following the IAF transition requirements, including the implications of not meeting deadlines.

ABs shall highlight key changes to accredited CABs but not offer any specific solutions to help individual CABs in the implementation of the changes.

Note: Training events and other activity to assist with the understanding of transition or the introduction of a revised normative document are acceptable.

When the scheme owner publishes details of the transition, which may include deadlines, implications of not meeting deadlines, key changes, etc., the AB shall use and make publicly available the details from the scheme owners.

5.3 Conformity Assessment Body Responsibility

5.3.1 CABs shall consider their processes (e.g. documentation, tools) and resources and manage appropriate revisions within the IAF or the scheme owner's timeline for the specific transition.

5.3.2 Accredited conformity assessment activity (e.g. certification) cannot be granted until the normative document has been published and accreditation has been transitioned.

5.3.2.1 Until such time as the CAB is accredited for the revised version of the normative document, the CAB may conduct unaccredited conformity assessment activity (e.g. unaccredited certifications) against the revised version of the normative document whilst maintaining the existing accredited activity. This shall only apply during the transition period and if there is no scheme owner or program requirement prohibiting unaccredited activity.

5.3.3 Conformity Assessment Body Competence

Where relevant, competence requirements shall be updated to reflect the revised requirements and changes. CABs shall ensure that a sufficient number of personnel are competent for the activities undertaken, including demonstrated knowledge of requirements for the revised version of the normative document and knowledge of the transition process. Personnel includes, but may not be limited to, auditors, technical reviewers, decision makers, contract reviewers and planning staff.

5.3.4 Information to Clients

After the MD for transition is issued, and prior to the publication of the revised normative document, the CABs shall, when applicable, give their clients affected by the transition due notice of changes, including details of the transition process following the IAF transition requirements, and the implications of not meeting deadlines.

The CABs may highlight key changes to clients but shall not offer any specific guidance to help clients in the implementation of the changes.

Note: Training events and other activity to assist with the understanding of transition or the introduction of a revised normative document are acceptable.

When the scheme owner publishes details of the transition, which may include deadlines, implications of not meeting deadlines, key changes, etc., the CAB shall use and make publicly available the details from the scheme owners.

5.3.5 Post Transition Activities

If a CAB completed transition activity with its clients (e.g. audit, decisions, issued non-accredited certifications) prior to transition with its AB, the CAB shall ensure all the requirements have been met and results documented. This includes, if applicable, taking appropriate action to convert the previously unaccredited conformity assessment activity to accredited. This shall be completed in a timely fashion, no later than one year from the AB transition decision.

6. TRANSITION METHODS

There are a variety of methods that may be used for transition. The type of normative document being revised as well as the significance of the changes shall be considered when determining the transition methods.

6.1 Overview

A decision flowchart is included in Annex 1 to enable a quick view of the necessary steps to be considered while preparing a transition process.

6.1.1 In some cases transition methods, including timeframes, etc., may be developed by scheme owners (e.g. regulator, industry standard owner) and when they are, IAF shall follow the scheme owner transition requirements and consider what additional transition is needed, per this document. Any additional IAF transition requirements would supplement the scheme owner transition requirements, not replace nor contradict.

6.2 Methods Analysis Table

The analysis that the TF shall complete to determine the methods necessary for the transition being designed is outlined in Annex 2.

6.3 Risk Based Approach

In selecting the methods applicable for the specific normative document transition, due consideration shall be given by the TF to mitigating risk and determining the appropriate transition process. The TF must consider factors such as:

- The criticalities of the changes introduced and the impact on the AB's and CAB's operations and/or CAB's conformity assessment activity.
- Other standards which may be based on, or rely on, the normative document in revision (e.g. ISO 9001 and AS9100) and the impact to the transition being designed.
- Experiences from previous transitions.
- The AB's and CAB's demonstrated competence and conformance in previous/similar transitions and overall performance.
- Feedback from affected entities, including complaints about the AB's or CAB's performance in previous transitions or feedback from the CAB's clients.
- Market demands, including other transitions taking place at the same time, e.g. with industry sector standards.

The methods selected and the timelines determined must be designed to not only mitigate risk and maintain the integrity of the accredited conformity assessment activity; the process must also meet industry expectations, making sure the timeline supports realistic market expectations.

6.4 IAF Mandatory Document for Transition

6.4.1 IAF shall communicate to affected entities, as early as possible, its intention of developing an MD for transition or using the transition process in Annex 4.

6.4.2 Each transition process designed by IAF shall follow the template in Annex 3. Requirements for ABs, CABs and others shall be based on results of analysis defined in 6.1-6.3 and requirements in 5.2 (for ABs) and 5.3 (for CABs), as considered applicable.

6.4.3 Based on risk, when a simplified transition process is determined, the process outlined in Annex 4 should be used.

6.4.4 In cases where IAF is not able to or does not issue an MD for transition, ABs affected by the transition shall develop a transition process following Annex 4.

6.4.4.1 In cases where the Scheme Owner developed the transition process, IAF and affected entities (e.g. ABs, CABs) shall follow the scheme owner's transition and consider what additional transition is needed, per this document. Any additional IAF transition requirements or use of Annex 4 would supplement the scheme owner transition requirements, not replace nor contradict.

7. TIMELINES

7.1 A change in a normative document may affect a variety of entities (affected entities) and may include multiple actions; therefore, a transition plan shall be maintained by each entity to make sure due dates are met and actions are completed on time.

7.2 Annex 5 provides a visual representation of the (normal) timelines in order to guide the TF to properly establish the appropriate timeline. Annex 5 is to be used as a guide/tool but is not mandatory. In the transition process different subprocesses take place which may not necessarily overlap other subprocesses:

- IAF designing the transition process, including establishing the timeline.
- ABs' transition processes for the accreditation of CABs.
- Transition of existing accredited conformity assessment activity (e.g. certifications) to the new version of the normative document.
- CABs starting conformity assessment activity, with their clients, against the revised requirements.
- CABs ceasing conformity assessment activity (e.g. issuing of certificates to their clients) against the old requirements.
- ABs no longer accepting applications from CABs to the old requirements.

7.3 The following dates should be defined by the TF as inputs to the process of developing the IAF MD for transition (highlighted in Annex 5).

Note: the table may not be in sequential order (e.g. CABs considering conformity assessment activity to the DIS or FDIS prior to the publication of the standard).

| Dates to be defined | Actions (including actions of the ABs, CABs, IAF, scheme owners, other entities) | Comments |
|---|--|--|
| i) Transition Process Design | IAF to begin the IAF MD development process for the transition. Notification about the transition to affected parties, may be multiple notifications depending on knowledge of the process at the time of notification. | Draft a document and make it publicly available, explaining the transition process as determined by IAF following this document. Should be started approx. 1.5 years and published approx. 1 year prior to publication of revised normative document. |
| ii) IAF MD Published for Transition | IAF publishes the MD for the transition. | If an MD is not published, IAF will default to the transition approach in Annex 4. |
| iii) Preparation | Affected entities, conduct gap analysis and initiate revisions including competence. | Including documentation, tools, resources for the transition and communication with customers. |
| iv) AB Transition Process with CABs | Begin activity (e.g. document review) using the process defined by IAF. | ABs shall make publicly available the details of the transition process following the IAF transition requirements. The process may include a document review including evidence of the transition plan, documentation revised for the revised requirements and associated records to confirm conformance (e.g. personnel competence). |
| | No longer accept applications for the previous version of the normative document. | Including new CABs and existing CABs expanding their scope. |
| v) Normative Document Publication | Formal publication of the approved normative document incorporating the revised requirements. | This date is established by the publisher of the normative document. |
| vi) CAB Transition Process with Clients | Begin activity (e.g. audits) using revised version of normative document. | Need to consider if audits can be started against the DIS and/or FDIS and if so what requirements apply. |

| | | |
|------------------------|--|--|
| | No longer accept applications to the previous version of the normative document. | Following the transition decision of the AB, all new accredited certification activity (including issuing of certificates and expansion of scopes) shall be performed in accordance with the revised requirements. |
| | Convert unaccredited conformity assessment activity (5.3.2.1) to accredited. | Consider any changes in processes during the transition process with the AB. |
| vii) End of Transition | End of validity for all certificates to the previous version of the normative document. | This date should be agreed at the earliest opportunity through a Resolution at the IAF General Assembly. Any certificate to the previous version shall be withdrawn if not expired on this date. |
| viii) Data | When appropriate and required, periodically throughout the transition process, and in the end, CABs provide required data to ABs and/or ABs provide to IAF through Recognized Regions. | Appropriate data may be required in the transition process to determine the success of the transition and to provide data to analyse for future transitions. When required for a specific transition, the process will be included in the IAF MD. |
| ix) | When applicable, date to withdraw Transition Mandatory Document. | Consider when requirements are no longer needed; may be necessary to maintain the MD for a period following transition to assess ABs', CABs', etc. conformance to the transition requirements. |

8. INFORMATIVE CONSIDERATIONS

8.1 In addition to the fundamental transition requirements and methods stated above, additional requirements may need to be developed by IAF in accordance with the nature of the normative documents and changes introduced.

8.2 The additional requirements may include but are not limited to:

- Transition audit duration for CABs.
- Transition assessment duration for ABs.

- Requirements for revising expiration dates on certificates to coincide with the end of the transition.
- Adoption of the normative document by ABs.
- Necessity of revising current IAF documents.

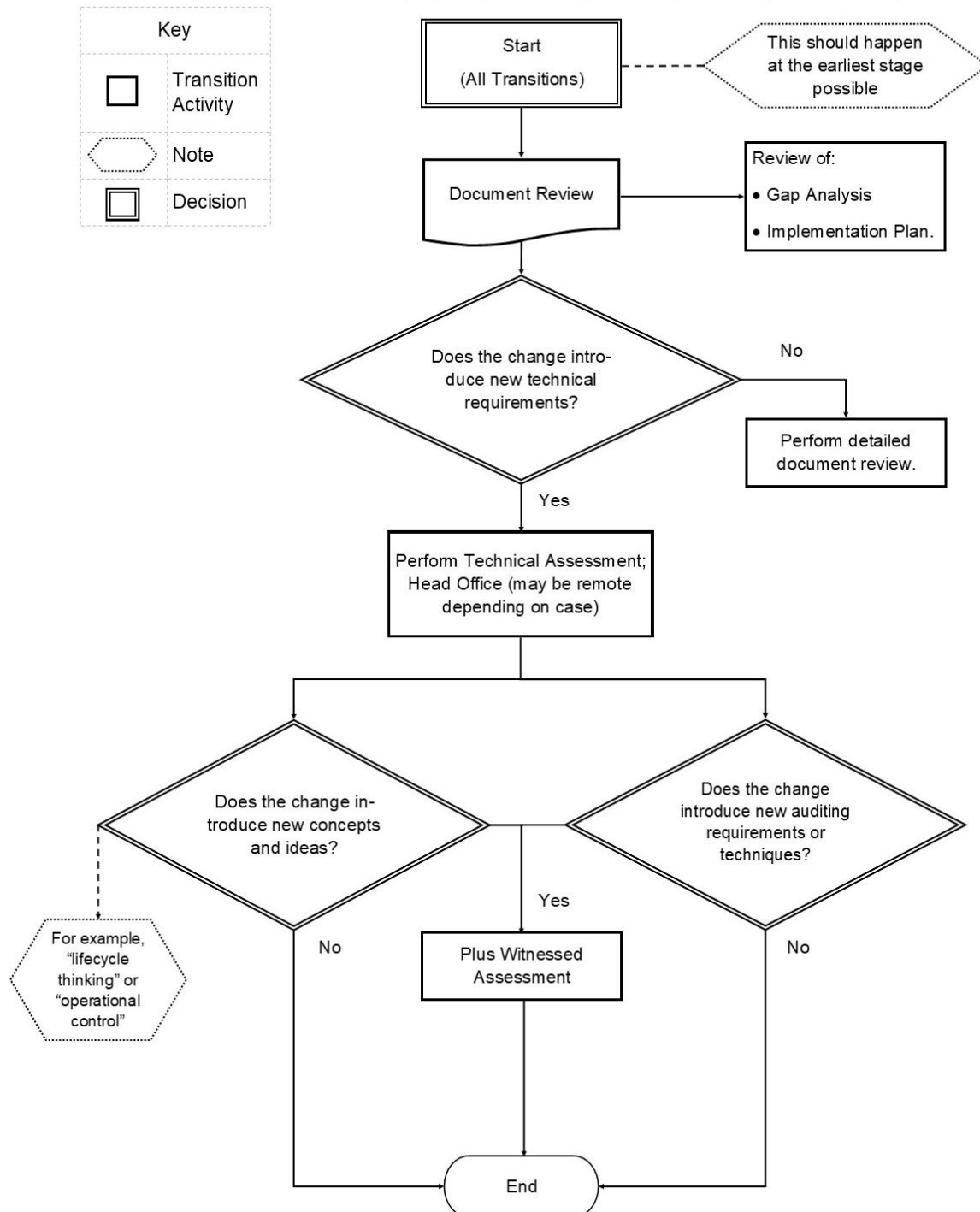
9. VERIFICATION PROCESS

9.1 Periodically, following revisions to a major normative document, IAF shall establish a TF to verify the process that was used following this document. The TF should consider if the process was effective and efficient for all affected entities and IAF should make improvements to either the procedure or annexes to address any opportunities that may come from the verification process, to be implemented for future transitions.

9.1.1 When possible, the TF to verify the process should be independent of the TF that created the specific transition process.

Annex 1 – Decision Flowchart for Determining Transition Details

To be used by IAF when designing unique transition processes (per the template in Annex 3)



Annex 2 – Methods to Consider When Determining Transition Details - Certification Normative Documents

| CERTIFICATION NORMATIVE DOCUMENTS | | | | | | |
|--|--|------------------------------------|--|---------------------------------------|---|---|
| Changes | Level of Change | Actions by CAB | | Evidence Provided or Available by CAB | Assessment of CAB by AB Method A - Doc Review Method B - Office Assmt Method C - Witness Assmt | Evaluation of certified client by CAB |
| Normative Documents used for Certification (e.g. ISO 9001) | Technical Requirements (e.g. new concept/ideas, new auditing requirements or techniques) | Impact Analysis | Identifying key changes and the need for updating the CAB's system; including but not limited to, contract, audit time, audit program, personnel competence, decision making, etc. | Analysis | Method A - Documentation Review | Transition decision by AB after Method A and Method B and/or C prior to certification to revised standard. Collect required information and perform action (e.g. readiness timing, commitment / declaration, documentation, contract) |
| | | Plan | Including internal timeline for actions, audit schedule, communication with clients, transition with AB/s and clients | Plan | | |
| | | Communications | Including time line, impact, transition process, expectations, certificate impact | Records of communication | | |
| | | Competence of resources | Identify need, method, positions (e.g. auditor, decision maker), facilities & equipment. | Records of personnel | Method A - Documentation Review Method B and/or C - evidence of implementation | |
| | | Revisions to certification process | Application process, audit time, certification decision, etc. | Documentation | | |
| | | Verification | Internal audit of transition process and revised documentation | Internal Audit Report | | |
| | | Transition of clients | ensure that after the transition deadline there are no remaining accredited certificates on the previous obsolete version | Client Records | Monitoring progress during normal subsequent surveillance | Conduct transition audit and complete decision prior to deadline. |
| | General (non tech) Requirements | Impact Analysis | Identifying key changes and the need for updating the CAB's system; including but not limited to, contract, audit time, audit program, personnel competence, decision making, etc. | Analysis | Method A - Documentation Review | Transition decision by AB after Method A prior to certification to revised standard. Collect required information and perform action (e.g. readiness timing, commitment / declaration, documentation, contract) |
| | | Plan | Including internal timeline for actions, audit schedule, communication with clients, transition with AB/s and clients | Plan | | |
| | | Communications | Including timeline, impact, transition process, expectations, certificate impact | Records of communication | | |
| | | Competence of resources | Identify need, method, positions (e.g. auditor, decision maker), facilities & equipment. | Records of personnel | | |
| | | Revisions to documentation | May include, application process, audit time, certification decision, etc. | Documentation | | |
| | | Verification | Internal audit of transition process and revised documentation | Internal Audit Report | | |
| | | Transition of clients | Transition of all certified clients prior to transition deadline | Client Records | Monitoring progress during normal subsequent surveillance | Conduct transition audit and complete decision prior to deadline. |
| | Editorial (no change of requirements) | Communications | Internally, including auditors and externally, including customers. | Records of communication | No prior assessment required. Review revisions during next assessment. | Transition decision by AB based on CAB information that it has implemented the changes prior to certification to revised standard. Conduct (normal) activities to revised standard and complete decision / revise certificate prior to deadline. |
| | | Revisions to documentation | Including addressing reference revisions and any other revision that may be necessary. | Documentation | | |
| | | Transition of clients | Transition of all certified clients prior to transition deadline, may only require normal activity with client and may not require an audit. | Client Records | | |

Annex 2 Continued – Methods to Consider When Determining Transition Details - Accreditation Normative Documents

| ACCREDITATION NORMATIVE DOCUMENTS | | | | | | | |
|---|---|------------------------------------|--|---------------------------------------|---|---|--|
| Changes | Level of Change | Actions by CAB | | Evidence Provided or Available by CAB | Assessment of CAB by AB (Key per Annex ##: Method A - Doc Review; Method B - Office Asmt; Method C - Witness Asmt) | | Action of CAB towards clients |
| Normative Documents used for Accreditation (e.g. ISO/IEC 17021-1) | Technical Requirements (e.g. competence of resources, evaluation process) | Impact Analysis | Identifying key changes and the need for updating the CAB's system; including but not limited to, contract, audit time, audit program, personnel competence, decision making, etc. | Analysis | Method A - Documentation Review | Transition decision by AB after Method A and Method B and/or C prior issue of revised accreditation normative document Monitoring progress during normal subsequent surveillance | Perform the identified actions in the plan (e.g. contract change, information) |
| | | Plan | Including internal timeline for actions, audit schedule, communications, transition with AB/s and clients (if applicable). | Plan | | | |
| | | Communications | Including timeline, impact, transition process, expectations, certificate impact | Records of communication | | | |
| | | Competence of resources | Identify need, method, positions (e.g. auditor, decision maker), facilities & equipment. | Records of personnel | Method A - Documentation Review Method B and/or C - evidence of implementation | | |
| | | Revisions to certification process | Application process, audit time, certification decision, etc. | Documentation | | | |
| | | Verification | Internal audit of transition process and revised documentation | Internal Audit Report | | | |
| | General (non tech) Requirements | Impact Analysis | Identifying key changes and the need for updating the CAB's system; including but not limited to, contract, audit time, audit program, personnel competence, decision making, etc. | Analysis | Method A - Documentation Review | Transition decision by AB after Method A prior issue of revised accreditation normative document Monitoring progress during normal subsequent surveillance | Perform the identified actions in the plan (e.g. contract change, information documentation) |
| | | Plan | Including internal timeline for actions, audit schedule, communications, transition with AB/s and clients | Plan | | | |
| | | Communications | Including timeline, impact, transition process, expectations, certificate impact | Records of communication | | | |
| | | Competence of resources | Identify need, method, positions (e.g. auditor, decision maker), facilities & equipment. | Records of personnel | | | |
| | | Revisions to documentation | May include, application process, audit time, certification decision, etc. | Documentation | | | |
| | | Verification | Internal audit of transition process and revised documentation | Internal Audit Report | | | |
| | Editorial (no change of requirements) | Communications | Internally, including auditors and externally, including customers. | Records of communication | No prior assessment Review revisions during next assessment. | Transition decision by AB based on CAB information that it has implemented the changes prior issue of revised accreditation normative document | |
| | | Revisions to documentation | Including addressing reference revisions and any other revision that may be necessary. | Documentation | | | |

Annex 3 – Mandatory Document for Transition Template

IAF Mandatory Document

TRANSITION REQUIREMENTS FOR XXXX:XXXX

Issue 1

(IAF MD XX:XXXX)

The International Accreditation Forum, Inc. (IAF) facilitates trade and supports regulators by operating a worldwide mutual recognition arrangement among Accreditation Bodies (ABs) in order that the results issued by Conformity Assessment Bodies (CABs) accredited by IAF members are accepted globally.

Accreditation reduces risk for business and its customers by assuring that accredited Conformity Assessment Bodies (CABs) are competent to carry out the work they undertake within their scope of accreditation. Accreditation Bodies (ABs) that are members of IAF and the CABs they accredit are required to comply with appropriate international standards and the applicable IAF application documents for the consistent application of those standards.

ABs that are signatories to the IAF Multilateral Recognition Arrangement (MLA) are evaluated regularly by an appointed team of peers to provide confidence in the operation of their accreditation programs. The structure and scope of the IAF MLA is detailed in IAF PL 3 - Policies and Procedures on the IAF MLA Structure and for Expansion of the Scope of the IAF MLA. The scope of the IAF MLA is detailed in the IAF MLA Status document.

The IAF MLA is structured in five levels: Level 1 specifies mandatory criteria that apply to all ABs, ISO/IEC 17011. The combination of a Level 2 activity(ies) and the corresponding Level 3 normative document(s) is called the main scope of the MLA, and the combination of Level 4 (if applicable) and Level 5 relevant normative documents is called a sub-scope of the MLA.

- The main scope of the MLA includes activities e.g. product certification and associated mandatory documents e.g. ISO/IEC 17065. The attestations made by CABs at the main scope level are considered to be equally reliable.
- The sub-scope of the MLA includes conformity assessment requirements e.g. ISO 9001 and scheme specific requirements, where applicable, e.g. ISO TS 22003. The attestations made by CABs at the sub scope level are considered to be equivalent.

The IAF MLA delivers the confidence needed for market acceptance of conformity assessment outcomes. An attestation issued, within the scope of the IAF MLA, by a body that is accredited by an IAF MLA signatory AB can be recognized worldwide, thereby facilitating international trade.

[Table of Contents]

Issue No 1

Prepared by: IAF Technical Committee

Approved by: IAF Members

Issue Date: XXXXXXXXXX

Date: XXXXXXXXXX

Application Date: XXXXXXXXXX

Name for Enquiries: Elva Nilsen

IAF Corporate Secretary

Telephone: +1 613 454-8159

Email: secretary@iaf.nu

INTRODUCTION TO IAF MANDATORY DOCUMENTS

The term “should” is used in this document to indicate recognised means of meeting the requirements of the standard. An Accreditation Body (AB) can meet these in an equivalent way. The term “shall” is used in this document to indicate those provisions which, reflecting the requirements of the relevant standard, are mandatory.

1. INTRODUCTION

All documents that provide information on transitions of normative documents will be mandatory documents to be followed by IAF MLA Accreditation Body (AB) signatories and accredited Conformity Assessment Bodies (CABs), with the scope as detailed in this document. This document is developed by an appointed task force of the IAF Technical Committee and in accordance with IAF PR 7 *Requirements for Producing IAF Mandatory Documents on Transitions*. The document is mandatory for all IAF MLA AB signatories and accredited CABs.

2. TRANSITION REQUIREMENTS FOR:

| | |
|---|--|
| Normative Document: | XXXX: XXXX |
| Replacing: | XXXX: XXXX |
| Current Status (at time of MD publication): | TBD (e.g. Committee Draft / Draft International Standard / Final Draft International Standard) |
| Transition Period: | XX Years |

Summary of Key Changes

| |
|--|
| |
|--|

Key Timescale

| Activity | Due Date |
|--|----------|
| AB to be ready to assess by | |
| Assessments by AB to the new version only by | |
| AB transitions of CABs completed | |
| CAB transitions of certified clients completed | |

| | |
|---|--|
| Data required to be submitted to IAF (if considered relevant) | |
|---|--|

Transition Process

| Specific AB Actions | Yes / No | Notes |
|--|----------|---|
| AB Actions | | |
| AB's Arrangements | | Gap Analysis made by AB's, communication, documentation, requirements. |
| CAB's Document Review | | Review of Gap Analysis and Implementation Plan |
| CAB's Technical Document Review | | Review of implementation evidence. May be one document review, including gap analysis and implementation plan (above). |
| CAB's Head Office Assessment (onsite or by use of ICT) | | |
| CAB's Witnessed Assessment(s) | | |
| AB Transition Decision | | |
| Others | | |
| Is extra time likely to be needed for the transition? | | |

Specific CAB Actions (where applicable)

| | | |
|--|--|--|
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Other

| |
|--|
| |
|--|

End of Transition Requirements for XXXX:XXXX.

Further Information:

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

For contact details of members of IAF see the IAF website: <http://www.iaf.nu>.

Secretariat:

Elva Nilsen
IAF Corporate Secretary
Telephone + 1 (613) 454-8159
Email: secretary@iaf.nu

Annex 4 – Transition Requirements for XXXX:XXXX

(To be used in absence of a customized transition process, Annex 3)

IAF Mandatory Document

TRANSITION REQUIREMENTS FOR XXXX:XXXX

Issue 1

(IAF MD XX:XXXX)

The International Accreditation Forum, Inc. (IAF) facilitates trade and supports regulators by operating a worldwide mutual recognition arrangement among Accreditation Bodies (ABs) in order that the results issued by Conformity Assessment Bodies (CABs) accredited by IAF members are accepted globally.

Accreditation reduces risk for business and its customers by assuring that accredited Conformity Assessment Bodies (CABs) are competent to carry out the work they undertake within their scope of accreditation. Accreditation Bodies (ABs) that are members of IAF and the CABs they accredit are required to comply with appropriate international standards and the applicable IAF application documents for the consistent application of those standards.

ABs that are signatories to the IAF Multilateral Recognition Arrangement (MLA) are evaluated regularly by an appointed team of peers to provide confidence in the operation of their accreditation programs. The structure and scope of the IAF MLA is detailed in IAF PL3 - Policies and Procedures on the IAF MLA Structure and for Expansion of the Scope of the IAF MLA.

The IAF MLA is structured in five levels: Level 1 specifies mandatory criteria that apply to all ABs, ISO/IEC 17011. The combination of a Level 2 activity(ies) and the corresponding Level 3 normative document(s) is called the main scope of the MLA, and the combination of Level 4 (if applicable) and Level 5 relevant normative documents is called a sub-scope of the MLA.

- The main scope of the MLA includes activities e.g. product certification and associated mandatory documents e.g. ISO/IEC 17065. The attestations made by CABs at the main scope level are considered to be equally reliable.
- The sub-scope of the MLA includes conformity assessment requirements e.g. ISO 9001 and scheme specific requirements, where applicable, e.g. ISO TS 22003. The attestations made by CABs at the sub scope level are considered to be equivalent.

The IAF MLA delivers the confidence needed for market acceptance of conformity assessment outcomes. An attestation issued, within the scope of the IAF MLA, by a body that is accredited by an IAF MLA signatory AB can be recognized worldwide, thereby facilitating international trade.

[Table of Contents]

Issue No 1

Prepared by: IAF Technical Committee

Approved by: IAF Members

Issue Date: XXXXXXXXXX

Name for Enquiries: Elva Nilsen

IAF Corporate Secretary

Telephone: +1 613 454-8159

Email: secretary@iaf.nu

Date: XXXXXXXXXX

Application Date: XXXXXXXXXX

INTRODUCTION TO IAF MANDATORY DOCUMENTS

The term “should” is used in this document to indicate recognised means of meeting the requirements of the standard. An Accreditation Body (AB) can meet these in an equivalent way. The term “shall” is used in this document to indicate those provisions which, reflecting the requirements of the relevant standard, are mandatory.

Guidance for use of this MD, italics to be removed when MD is published for a specific transition.

Requirements applicable to the transition to a new normative document, if no transition requirements have been published by IAF within one month of the publication of a new normative document.

This annex is written as a process to be used by IAF MLA AB signatories with the objective to be consistent between ABs and CABs, for transition of a specific normative document (document).

If not otherwise defined in requirements (issued for example by standardization bodies, scheme owners, IAF), the transition/transfer period to a revised normative document is two years.

This annex comes into force:

- 1. If the IAF Technical Committee does not consider there is a need to form a task force to design the transition process for a specific normative document in revision; or*
- 2. Where a task force has been formed, but for other reasons IAF is not able to publish a Mandatory Document for transition within one month from when a new normative document is published (safeguard clause); or*
- 3. When no other transition requirements have been published (e.g. by scheme owners) within one month from when a new normative document is published.*

1. ACCREDITATION BODY RESPONSIBILITY

All responsibilities as outlined in the IAF Procedure for transition are applicable.

2. CONFORMITY ASSESSMENT BODY RESPONSIBILITY

All responsibilities as outlined in the IAF Procedure for transition are applicable.

3. TRANSITION PROCESS TIMESCALE TO BE COMPLETED TAKING INTO ACCOUNT THE FOLLOWING:

| Activity | Due date from publication date of document* |
|--|--|
| i) Overall transition period | If not otherwise defined in requirements (issued for example by standardization bodies, scheme owners, IAF), the transition period to the revised document is 2 years. |
| ii) AB to be ready to assess by | Three months from publication date of document* |
| iii) CAB to submit the completed attached declaration to AB/s by | Six months from publication date of document* |
| iv) ABs transitions of CABs completed | Nine months from publication date of document* |
| v) Periodic assessments and audits to the revised version (only) | One year from publication date of document |
| vi) CAB transitions of certified clients completed | Two years from publication date of document |
| vii) Data required by ABs to be submitted to IAF | Upon request |

*the publication date is the date the document used for accredited certification is published by ISO

4. TRANSITION PROCESS ACTIONS TO BE COMPLETED:

| | Normative Document used for Certification (e.g. ISO 9001) | Normative Document used for Accreditation (e.g. ISO/IEC 17021) |
|----------------------|---|--|
| i) AB Actions | a) It is the AB's responsibility to demonstrate it has an adequate process and competence for the revised document. | |

| | |
|---|---|
| | <p>b) Within three months from the publication date of the document, AB shall be prepared for the transition unless deemed otherwise.</p> <p>c) AB shall make available to IAF, upon request, the transition plan and supporting documentation.</p> <p>d) AB follow-up will take place during normal scheduled peer evaluation activity.</p> <p>e) If an AB is not ready as required in this document, a complaint should be filed with IAF. IAF should be prepared for immediate resolution in order to not delay the transition process.</p> |
| ii) CAB Actions | <p>a) It is the CAB's responsibility to demonstrate it is adequately addressing requirements and competence needs for the revised document.</p> <p>b) Within six months from the publication date of the document, CAB shall be prepared for the transition unless deemed otherwise.</p> <p>c) CABs are to declare, to their ABs, their readiness for the transition, using the attached declaration template within six months from the publication date of the document.</p> <p>d) CABs shall provide to their ABs, upon request, the transition plan and supporting documentation.</p> |
| iii) AB's Transition Decision of CAB | <p>a) ABs are required to make a transition decision, in accordance with the declaration attached and supporting transition plan.</p> <p>b) Follow-up will take place during normal scheduled assessment activity.</p> <p>c) In cases of extenuating circumstances, at the discretion of the AB, the AB may require additional transition activity prior to the transition decision. For example, if a CAB's accreditation is suspended, the decision may not be able to be made through a declaration, and further follow-up (e.g. assessment) may be required.</p> |

| | | |
|--|---|---|
| iv) AB with CAB | <p>a) Accreditations for the previous version of the document are no longer valid after the transition end date.</p> <p>b) All new accredited certification activity shall be to the revised normative document per the timeline above.</p> | <p>c) Following the transition decision by the AB for the CAB, all accreditation activity shall be implemented according to the revised requirements.</p> |
| v) AB with CAB not intending to transition (voluntarily withdrawing) | <p>a) If an accredited CAB does not intend to transition to the new revision, the CAB shall inform the AB as early as possible and the CAB shall have its accreditation withdrawn at the end of the transition for the given document.</p> <p>b) If the accredited CAB decides not to transition, the CAB shall inform the affected clients about this decision within nine months from the publication date of the standard.</p> <p>c) The AB and CAB shall follow the accreditation and certification withdrawal processes, respectively, to be effective at the end of the transition period.</p> <p>d) Accreditations for the previous version of the document are no longer valid after the transition end date.</p> | |
| vi) CAB with Clients | <p>a) From one year after the publication date, all conformity assessment activity (e.g. initial certification, surveillance and re-certification) shall be to the revised document.</p> <p>b) If an affected (e.g. certified) client chooses to not transition, the CAB may conduct the audit to the previous version. In this case, the CAB shall inform its client on the certification validity ending at the end of the transition period.</p> | <p>d) Following the transition decision of the AB, all accredited certification activity shall be to the revised requirements.</p> |

| | | |
|--|---|--|
| | <p>c) Within two years from the publication of the document, certifications to the previous document are no longer valid and the transition process shall be completed, and certifications re-issued against the revised document.</p> <p>Any certified client that did not successfully complete the transition within two years shall have its certification withdrawn.</p> | |
|--|---|--|

5. FLEXIBLE SCOPE

5.1 Sometimes the revision of the normative document used for certification is not included in the accreditation information (flexible scope of accreditation).

5.2 In these cases the timeline above applies and CABs have to guarantee that sections 5.3.1 and 5.3.2 of the Transition Procedure are fully applied. Evidence of this shall be presented to the AB, if and when requested, concerning how the transition has been managed (with a plan or by other means).

Declaration by Accredited Conformity Assessment Body

I (name below) declare that from the date of this declaration, CAB (CAB name below):

- Has implemented changes required under this transition,
- Conforms with the requirements necessary for transition, and
- Can demonstrate evidence of implementation.

I further acknowledge that:

- AB, which CAB is accredited by, will review the implementation of transition against this declaration at the next assessment(s).
- A declaration that is false or cannot be substantiated is a breach of the Conditions of Accreditation and is grounds for required corrections and corrective actions. If not properly resolved within set timelines this will be grounds for suspension or withdrawal.
- The following activity has been completed:
 - Transition Plan
 - Documentation revised to support transition and/or revised requirements
 - Necessary competence has been determined for the revised document and CAB has sufficient other personnel (e.g. application reviewer, certification decision maker) deemed competent to support the revised certification program.
 - CAB has a process to determine audit duration that supports the revised certification program (if applicable).
 - CAB has a process to manage control of certifications to the revised document that includes (a) issuing accredited certificates only after the AB transition decision and (b) managing appropriate expiration dates for previously issued certificates.

Signature: _____

Name: _____

Title: _____

CAB Name: _____

Date: _____

End of Transition Requirements for XXXX:XXXX.

Further Information:

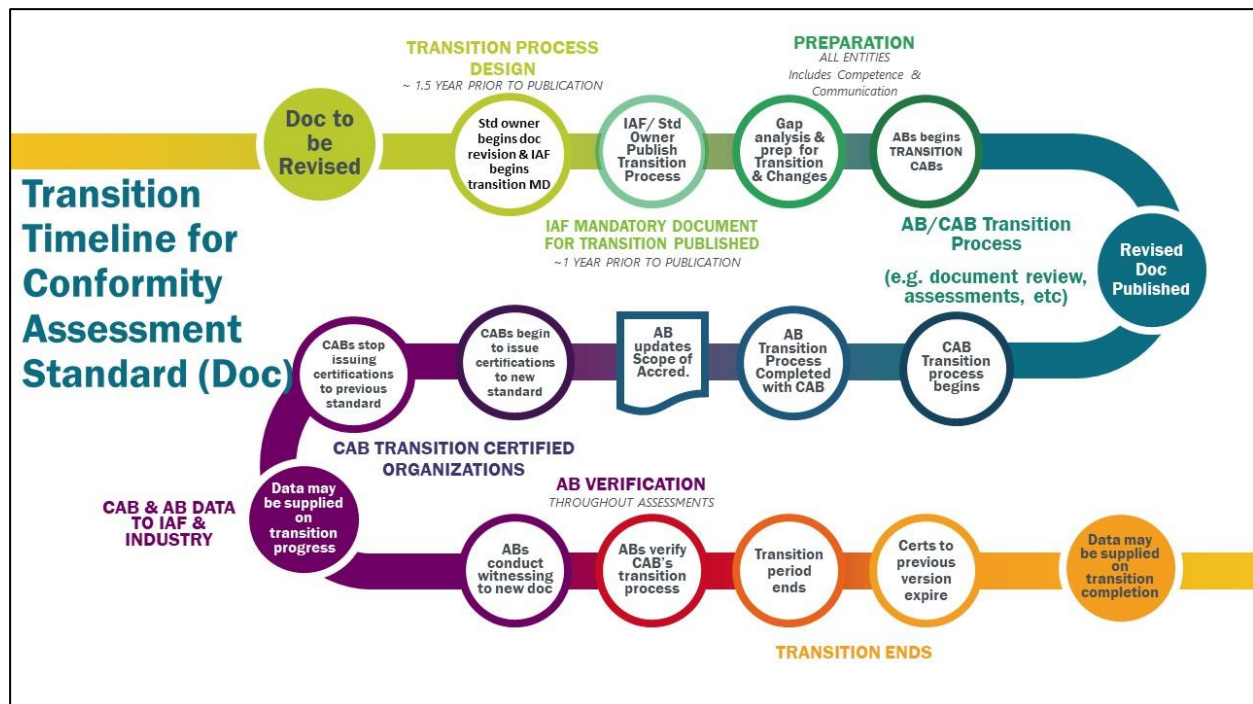
For further information on this document or other IAF documents, contact any member of IAF or the IAF Secretariat.

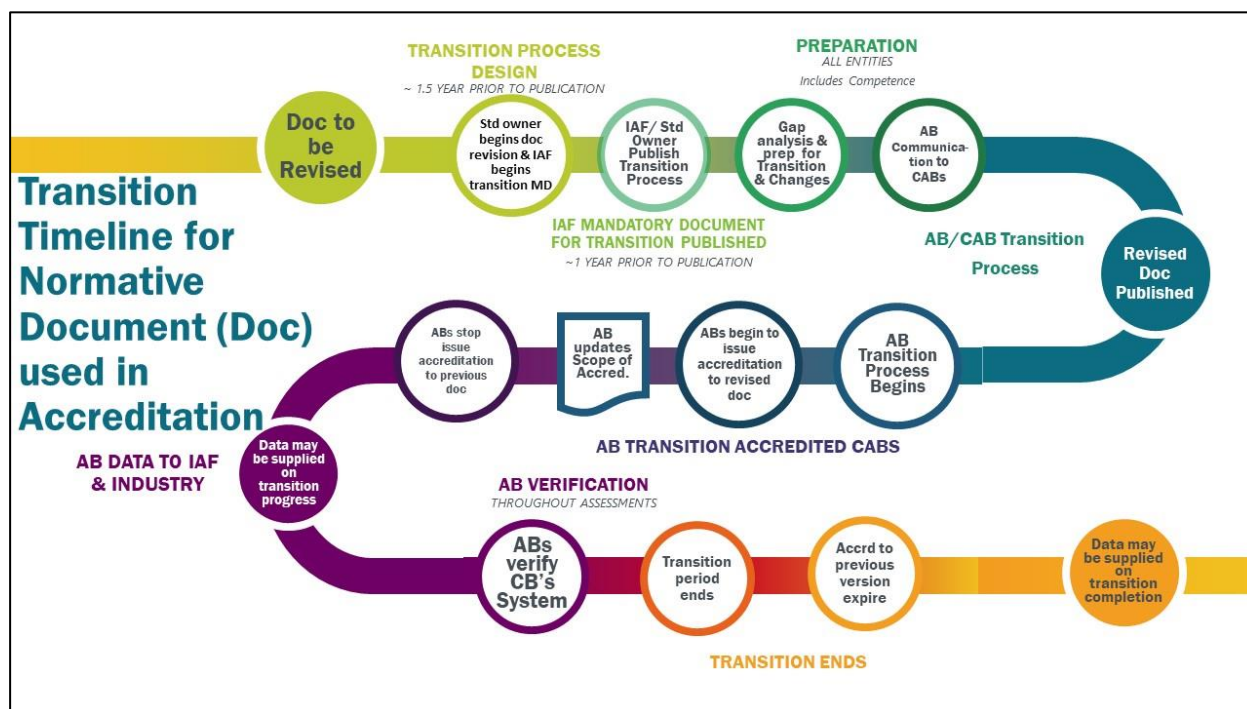
For contact details of members of IAF see the IAF website: <http://www.iaf.nu>.

Secretariat:

Elva Nilsen
IAF Corporate Secretary
Telephone + 1 (613) 454-8159
Email: secretary@iaf.nu

Annex 5 – Timelines





End of Requirements for Producing IAF Mandatory Documents on Transitions

Further Information

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