

IOAS ACCREDITATION and ASSESSMENT
Section 3 - Application pack - application information

SUMMARY OF PROCEDURES - 2011

This document guides you through the accreditation/assessment application process. A flowchart is provided on page 6. If you have any questions at any time please contact your assigned Client Manager.

1. The applicant certification body (CB) requests an information pack indicating which accreditations or assessments are required.
2. IOAS will provide an application pack and appropriate information for the accreditation(s) or assessments requested.
3. The certification body completes an application form, collates necessary documentation and completes a document checklist. It is returned with an application fee (all details of fees are contained in fee schedule LS0503). For assessments, a surveillance contract is signed by the applicant.
4. The documentation is checked by the IOAS to see if it is sufficiently comprehensive and with required text in English. The CB is informed of necessary additional information or translations.
5. IOAS conducts a detailed scrutiny of the documentation and prepares a screening report.
6. IOAS informs applicant of the non-compliances found in the screening of documentation. These are noted as 'nonconformities', 'deficiencies' and 'more information requests'. The CB is invited to supply evidence of corrective actions to remedy all nonconformities within 3 months. Any deficiencies may be rectified later. A copy of the screening report will be supplied to the CB. Also at this time the CB will be provided a detailed time plan for the rest of the evaluation process.
7. The IOAS reviews the corrective actions taken by the CB and if these are satisfactory the visit is organised. If they are not satisfactory the IOAS may allow an additional period for compliance or may decide that a visit will serve little purpose and consider the application to have failed.
8. The IOAS sends an evaluation visit plan. The plan includes name(s) of evaluator(s), a proposed visit schedule and cost. An estimate of the evaluation costs is made and an invoice for 70% of these is sent to CB. This must be paid prior to the visit. The duration of the visit is dependent on the complexity and size of the CB and the number of assessments applied for.
9. The evaluator will arrange the visit with the applicant CB. The visit will be made and a report compiled.
10. The IOAS will review the report and inform the CB of any additional nonconformities or deficiencies. The CB will be required to correct all nonconformities within three months for accreditation to be possible. A copy of the visit report will be sent to the CB
11. The remaining 30% of the visit fee is paid (see document LS0503).
12. The IOAS Accreditation Committee reviews the corrective actions and if these are satisfactory a contract will be offered. If unsatisfactory an additional period for corrective actions may be allowed or the CB will be informed of the IOAS's unwillingness to accredit and the reasons therefore.
13. The accreditation contract includes any conditions of accreditation (corrective actions following accreditation) with an agreed timeline depending on the nature of the nonconformity. The contract is signed and returned to the IOAS along with a separate agreement on arbitration.
14. During the process, the CB may appeal overall decisions and may also challenge the justification for individual nonconformities.
15. The appropriate portion of the Annual Fee is paid on signing the accreditation contract.
16. For formal accreditation a Certificate of Accreditation will be issued to the accredited organisation after full payment is made. A copy of the signed contract is returned to the CB. Where an assessment is being made for regulatory purposes, a report and/or recommendation is made available.

Note: The above is meant only as a quick guide and does not substitute for the full procedures.
Abbreviations used:

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IOAS - International Organic Accreditation Service
CB - Certification Body

AC - Accreditation Committee
AMC - Accreditation Management Committee

Notice to Applicants on Scheduling Time

The purpose of this notice is to inform you of the likely demands on staff time and budget in the various stages of the processing of an accreditation or assessment application to the IOAS. Experience has shown that this is often underestimated. CBs should use this information in conjunction with a timetable to assist in forward planning, thereby minimising delays and potential disruption of your normal office routines.

Pre-application:

This is probably the most time-consuming stage for the applicant, particularly if the documents require translations. Depending on your circumstances it may be worth considering engaging (for example) a language student to assist in the process.

In order to avoid confusion and consequent delay, it is important that the document checklist (relevant version of document FR0502) is completed fully. For this reason, the instructions accompanying the checklist should be carefully read.

It is quite possible that you will not have some of the documents required. This should be indicated on the document checklist in the space provided, or your Client Manager (CM) will not know whether it's omission is accidental. It is up to you to decide whether you wish to create documents that are missing although it is recommended that the process of drafting be started, even if the document is not included in the application. Apart from the most essential documents, the fact that a document does not exist is unlikely to lead to an overall negative accreditation decision. Instead it will be noted as a nonconformity and time allowed for you to develop the document.

During the screening of documentation, your Client Manager may contact you for clarification of some issue; for further translations; or for additional documents. The extent to which this is likely depends largely on the care with which you completed the document checklist and followed instructions regarding translations. In cases where substantial portions of the documentation is missing, the CM may request additional documentation before beginning the full screening which can lead to considerable delay. Without any of these delays you can expect this part of the procedure to take 2 to 3 months .

After the screening

Once your documentation has been screened against the relevant requirements you will be sent both the screening report and a list of noncompliances. The list will be divided into **Nonconformities** (NCs), **Deficiencies** (Ds) and requests for **More Information** (MIs). You will be required to take corrective actions to “fix” all nonconformities and respond to requests for More Information. If there are more than 25 deficiencies you will also be required to correct a sufficient number of these to reduce them to 25. The time period allowed for these corrective

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actions is 3 months. If you need your Board of Directors or some other organ to approve changes to policies and procedures or production standards it is important that you schedule such a meeting to fall within this 3 month period. The IOAS cannot accept draft documents as evidence of compliance.

Arranging the visit

Once you have corrected the nonconformities resulting from the screening the visit will be arranged. The Client Manager will require your assistance in providing the information required to work out the details of the visit and the estimated cost. You will need to agree this cost and the chosen evaluator as well as the timing and length of the visit. Delays in this process could prove costly as the evaluator cannot book their air-tickets until agreement has been reached and late bookings are usually more expensive. It is important that the necessary staff are available during the visit.

Without delays this procedure would normally take about 1 month as there needs to be some time for the evaluator to prepare sufficiently for the visit. Various delays may occur. If you object to the assigned evaluator, and your objection is accepted by the IOAS, time will be needed to make alternative arrangements. You should not, however, refrain from such objections just to save time. During this period the CM will also be determining the exact duration of the visit and you will be asked to provide various information to make this calculation possible. To avoid delays you should provide as comprehensive a response to the CM questions as you are able. Distances and travel times to the various regions in which you operate can be compiled beforehand and thus aid in completing this process as swiftly as possible.

Certification bodies may request delay of the visit due to peak work periods in the program's office but such delays should be minimized to avoid the screening report becoming out of date.

The visit consists of an interview with senior personnel, review of general files, review of operator files and visits to operators. You will need to arrange at least one scheduled inspection during the evaluation in order that the IOAS may carry out a witness audit (i.e. accompany the inspector on their visit to observe the process.) The IOAS evaluator will also carry out a number of "review audits" visiting farms and handlers to check the accuracy of the previous inspection reports. These will be arranged at the beginning of the visit and will be chosen by the evaluator.

The evaluation visit will make considerable demands on your staff time. Interviews will be conducted with key personnel and the evaluator will require your assistance to locate information in the files. A certain amount of disruption to normal office procedures can be expected.

Certification bodies may choose whether they wish to provide food, lodging and transport for the evaluator, rather than bearing the cost of car hire and public accommodation. However, you should be aware that this will involve time on your behalf to organize. As the site visits are chosen by the evaluator at the time of the office visit, you will not have much advance warning of the locations to be visited.

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It is advisable to assign someone with knowledge of the workings of the programme to accompany the evaluator on their operator visits and able to communicate in the language of the evaluation. This can play an important part in avoiding misunderstandings and so, in the long run, save time for all parties.

Following the visit

Following the visit a report will be compiled. This will be sent to you together with a list of any additional non-compliances noted in the report. As before the list will be divided into nonconformities, deficiencies and observations. There may also be a section with questions where the IOAS needs more information. You will be required to take corrective actions to “fix” all nonconformities. If there are new deficiencies resulting in the total number of deficiencies exceeding 25, you will be required to correct a sufficient number of these to reduce them to 25. The time period allowed for these corrective actions is 3 months. If you need your Board of Directors or some other organ to approve changes to policies and procedures or production standards it is important that you schedule such a meeting to fall within this 3 month period. The IOAS cannot accept draft documents as evidence of compliance.

If the evaluation visit revealed significant failings in performance the IOAS may decide that another short visit will need to take place to check on the corrective actions that have been made before accreditation is possible.

Surveillance and accreditation contracts

Depending on the programme, the IOAS will issue a surveillance or accreditation contract. If the IOAS grants accreditation a contract will be drawn up. Where applicable this will include the deficiencies that are still required to be corrected. These are known as accreditation conditions. As with all noncompliances, you should give considerable thought to the implications of these conditions. A change to the standards, for example, may also require you to make changes to inspection forms to deal with the new standard.

If, for reasons particular to your region or programme, you believe you have good cause for being exempt from a requirement of a particular condition, you should present your case to the IOAS at the time you are notified of the noncompliance. It is not acceptable that you do so later, at the time when you are supposed to be reporting on your full compliance with the condition (in the annual return).

Annual Returns and Surveillance

Once accredited, the certification body is subject to ongoing monitoring. The annual return requires you to report on changes that have occurred in the previous year. Detailed instructions are sent to all programmes at the beginning of the calendar year or some months before a surveillance visit is due.

Review of the annual return may be followed by a surveillance visit. At this visit you will be required to have at hand documentary evidence of your fulfillment of any accreditation conditions (deficiencies) that have fallen due. It is advisable to gather these together during the year as the required changes are made.

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Seeking Assistance

If at any stage in the process you are unclear as to the requirements, you should seek assistance from your assigned Client Manager. This can considerably reduce later delays resulting from incorrect or deficient submissions

It is not possible to give an exact timetable for the completion of the evaluation process. There are a number of factors that can delay completion of any of the stages in the process. Applicant CBs should be aware of these and attempt to plan ahead to avoid delays as much as possible.

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Flowchart of assessment procedures

Step #	Policy ref.	IOAS action	Contingency process ¹	CB action	Week ²
1	PR0510	Notification of re-evaluation for renewals			-16
2	LS0301-Joint		←	Full application submitted with application fee	0
3	PR0501	Application acknowledged	→	Where relevant, surveillance contract signed.	1
		Document verification	→	Further documentation if requested within 8 weeks	2
			←		
8	PR0502	Document screening			4
11	PR0502	Screen report, compliance report & timetable sent to CB	→		6
12	PR0502		←	Submit responses to More Information (MI) questions	10
13	PR0502	Review of MIs and feedback	→		10
14	PR0502		←	Submit corrective actions (CAs)	18
15	PR0502	Review CAs			20
16.1	PR0502	Send result of review to CB	→		21
16.2	PR0502		←	Submit corrective actions	28
16.3	PR0502	Review of CAs			29
19	PR0502 PL0304	Accreditation Management Committee (AMC)			31
	PR0502	Decision to go to visit			32
	PR0502		If visit decision negative →	CB has 4 more weeks for further submission	
	PR0502		Staff review	←	
	PR0502		AMC meeting		
	PR0502 PL0519		If visit decision negative, refer to AC meeting	AC decision may be to proceed, allow 4 more weeks or terminate the evaluation (CB may appeal)	
21	PR0503	Send evaluation plan & invoice	→		
	LS0301-		←	Accept and pay 70% of invoice	

¹ Contingency processes are permitted at specific points in the procedure and are considered outside of the normal required time allowance.

² The timeframe for each process is a guide only and does not include any delays caused by contingency processes or appeals. Submission periods may also be shortened by agreement of both parties.

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Step #	Policy ref.	IOAS action	Contingency process ¹	CB action	Week ²
	Joint				
23	PR0504 PL0508	Visit			36
25	PR0506	Visit report compiled			39
29	PR0506	Send visit report and updated compliance form	→		42
30	PR0506	Accreditation Committee Meeting			
	PR0506 PL0519		If decision negative →	Require further visit or terminate process (CB may appeal)	
31	PR0506		←	Submit further corrective actions	54
32	PR0506	Review CAs			55
33	PR0506	AMC meeting	If decision negative →	CB allowed 4 more weeks for submission	56
	PR0506		Review	←	
36	PR0506	Accreditation Committee Meeting			64
	PR0506		If negative decision →	CB allowed final 4 more weeks for submission	
	PR0506		Review	←	
	PR0506		AC Meeting		
	PL0519		If decision negative →	Terminate process (CB may appeal)	
37	PR0506	Accreditation decision and contract issued	→		66
	PR0506 PL0312	Fee calculation agreed			67
38	PR0506		←	Return signed contract and arbitration agreement	69
39	PR0506 LS0301- Joint		←	Pay fee	
40	PR0507	Certificate of accreditation issued	→		70
41	PR0507	Post accreditation procedures			

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Neutrality of the Accreditation Process

The neutrality of the accreditation process is ensured through the structure of the programme and by means of a number of procedures and policies. These are summarised in the relevant Operating Manuals and the IOAS Quality Manual.

Declarations of interests are held on file for all evaluators and for the members of the IOAS Board and Accreditation Committee. These are updated and reviewed annually by the Board to determine any conflicts. A list of certification bodies from which they will be excluded is drawn up. In addition the applicant certification programme may object to any personnel if a conflict of interest is perceived. The IOAS will rule on such objections.

All accreditation sessions are preceded by members of the AC declaring any interests they may have in the programme to be discussed. The Chair of the Committee and the Programme Manager also have the individual member's list of exclusions at hand. Any person with a conflict is required to absent themselves from the discussion.

It should be noted that the IOAS AC members do not normally receive the original programme information such as the rules and procedures and financial data. Unless there is good reason they receive only the screening and evaluation visit report and the non-compliance form.

Applicant certification bodies may themselves object to particular members of the AC being present in discussions concerning their accreditation. Such objections should be made at the time of application and must be in writing, stating the reasons for the objection. However, please note that all members of the IOAS AC are appointed in their own right as individuals and not as representatives of any organisations. Accreditation discussions are conducted in a spirit of neutrality and fairness.

The current (01/2010) membership of the Board is as follows.

Boudewijn van Elzaker (President)	Netherlands	Jacqueline Haessig-Alleje	Philippines
Vitoon Panyakul	Thailand	Beate Huber	Germany
Robert Duxbury(Vice-President)	UK	Michael Sligh (Treasurer)	USA
Rikke Lundsgaard	Denmark	Diana Callear	S.Africa

The current (01/2010) membership of the Accreditation Committee.

Anne Macey	Canada	Vitoon Panyakul	Thailand
Dorota Metera	Poland	Roberto Setti	Italy
Jochen Neuendorff	Germany	Qiao Yuhui	P.R.China
Patricio Parra	Chile	Patricia Garcia	Argentina

Personnel:

Executive Director: Ken Commins	USA
Programme Manager: Jan Deane	UK
Assistant Executive Director: David Crucefix	Spain
Client Manager: Amaia Aldana	Spain
Client Manager: Angela Jackson	USA
Client Manager: Gergana Nentcheva	Bulgaria
Client Manager: Jennyfer Karall	Brazil
Office Administrator: Susan Hepper	USA