

# IOAS Operating Manual for the ISO65 Accreditation Programme

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**INTERNATIONAL ORGANIC  
ACCREDITATION SERVICE Inc.**

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**OPERATING MANUAL**

for the

**ISO65**

**Accreditation Programme**

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## Preface

This Operating Manual is provided to give an overview of the IOAS and the ISO Guide 65 Accreditation Programme for certification bodies active in organic agriculture and food production.

The manual is divided into four parts:

Section A is an introduction to the IOAS, and the rationale for the development of the ISO65 Accreditation Programme.

Section B covers the scope, structure, and some fundamental policies of the ISO65 Accreditation Programme.

Section C explains the application, evaluation, and accreditation procedures.

Section D provides information on the rights and responsibilities of applicants, accredited bodies, and the IOAS.

The manual should be regarded as a guide to the operation of the ISO65 Accreditation Programme by the IOAS. It is provided to all applicants and is available to other interested parties. It is not the official policy manual of the IOAS. Full policies are contained in the IOAS Quality Manual. Individual policies referenced here are available from IOAS offices.

The IOAS Quality Manual describes the measures in place to guarantee a high quality of work and continuous improvement in its implementation of the ISO65 Accreditation Programme. As part of its efforts to continuously improve its performance the IOAS periodically amends its policies and procedures. Resulting differences between the descriptions of policies contained in this manual and the actual policy may occur. In such event the official policy document of the IOAS takes precedence over the description provided herein.

Ken Commins  
Executive Director  
Jamestown, ND  
USA

August, 2008

## Definitions

The following definitions apply within the context of this manual:

**Accreditation:** Third party attestation related to a conformity assessment body conveying a formal demonstration of its competence to carry out specific conformity assessment tasks.

**Accreditation Body:** Authoritative body that performs accreditation

**Accreditation body logo:** logo used by an accreditation body to identify itself

**Accreditation certificate:** formal document or set of documents stating that accreditation has been granted for the defined scope.

**Accreditation Contract:** A formal agreement between the IOAS and an accredited body which lays out the rights and responsibilities of an accredited body. The contract permits the body to use its accreditation status subject to the limitations stated in the contract.

**Accredited Certification Body:** A certification body that has been accredited.

**Accreditation symbol:** Symbol issued by an accreditation body to be used by accredited CBs to indicate their accredited status.

**Annual Update Report:** A report submitted annually to the IOAS by accredited certification bodies as part of the Annual Surveillance procedure.

**Surveillance:** Procedure involving submission of an annual update report and on-site visits to a specified schedule, whereby the IOAS monitor ongoing compliance of accredited certification bodies.

**Appeal:** Request by a CAB for reconsideration of any adverse decision made by the accreditation body related to its desired accreditation status.

**Applicant Body:** A certification body that has applied for accreditation.

**Category of Certification:** A field of certification activity such as crop production, input manufacturing, or aquaculture.

**Certificate of Accreditation:** Document issued by an accreditation body, declaring that a certification body meets the requirements of a specified accreditation programme.

**Certification:** The procedure by which a third party gives written assurance that a clearly identified process is methodically assessed such that adequate confidence is provided that specified products conform to specified requirements.

**Certification body:** The body that conducts certification.

**Certification Programme:** System operated by a certification body with its own rules and procedures and management for carrying out certification of conformity.

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**Certification transference:** The formal recognition by a certification body of another certification body as operating an equivalent certification programme for the purpose of permitting its own certified operators to further process, under the certification body's own certification mark, the products certified by the other body.

**Complaint:** An objection to the policies, procedures or performance of the IOAS. A complaint may also be an objection to the performance or activities of an accredited body lodged with the IOAS by a third party.

**Deficiency:** A failing on the part of the certification body to comply with reference standards and criteria but of a lesser grade than a non-conformity. Generally, this will mean that while the procedure or policy is in place, the details of the criteria or standards have not been fulfilled.

**Evaluation:** The systematic process of examining the extent to which the performance of a certification body fulfills specific requirements.

**Evaluation Report:** The written findings of the evaluator, following the evaluation visit.

**Evaluation Visit:** The visit to the premises of the certification body and subcontracted parties and to the premises of the operators certified under the relevant certification programme as part of the evaluation.

**Evaluator:** Person appointed by the IOAS to carry out the evaluation visit.

**Input Manufacturing:** Manufacturing of production or processing inputs.

**Inspection:** Visit on site to verify that the performance of an operation is in accordance with the production or processing standards.

**Inspector:** Person appointed by a certification body or by an inspection body to undertake the inspection of an operator.

**Interested parties:** Parties with a direct or indirect interest in accreditation.

**Internal Review:** An assessment of the objectives and performance of a body that is undertaken by the body itself.

**Non-compliance:** A failing on the part of the certification body to comply with reference to standards and criteria. A non-compliance may be either a non-conformity or a deficiency.

**Non-conformity:** The absence of, or the failure to implement and maintain, a required system element of the reference standards and criteria, or a situation which would raise significant doubt as to the credibility of the certification.

**Observation:** An aspect of the certification body's structure, policies, procedures or operation that is noted as deficient in a way not prescribed by the accreditation standards and criteria.

**Operator:** An individual or business enterprise.

**Programme Manager:** The person appointed by the IOAS to administer the accreditation programme.

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**Review Audit:** A review operator inspection conducted by the IOAS evaluator during the evaluation visit in which the accuracy of a previously conducted inspection is assessed. (see also witness audit)

**Review Evaluation:** The process of re-evaluating an accredited certification body to ascertain whether it continues to be in compliance with the accreditation programme's requirements.

**Sanction:** An action taken by the IOAS in response to a failure by the certification body to meet the requirements of accreditation.

**Scope of accreditation:** Specific conformity assessment services for which accreditation is sought or has been granted.

**Screening:** An initial process whereby the IOAS, as part of the evaluation, assesses the conformity of an applicant body based on its documentation.

**Standards:** The standards for agricultural production or processing used by a certification body, to which certified operators must adhere

**Surveillance:** Set of activities, except reevaluation, to monitor the continued fulfilment by accredited bodies of requirements for accreditation.

**Suspending accreditation:** Process of temporarily making accreditation invalid.

**Withdrawing accreditation:** Process of cancelling accreditation in full.

**Witness Audit:** An operator inspection performed under normal certification body procedures in the presence of the IOAS evaluator.

## Abbreviations

The following abbreviations occur in the text:

<b>ED:</b>	Executive Director, IOAS
<b>PM:</b>	Programme Manager, IOAS
<b>AMC:</b>	Accreditation Management Committee
<b>IAF:</b>	International Accreditation Forum
<b>IOAS:</b>	International Organic Accreditation Service Inc.
<b>IFOAM:</b>	International Federation of Organic Agriculture Movements
<b>ISO:</b>	International Organisation for Standardisation
<b>WBOD:</b>	The World Board of Directors of IFOAM.

## Section A: Introduction

### **A1 IOAS ISO65 Accreditation Programme**

A1.1 The IOAS ISO65 Accreditation Programme was launched on July 1, 2003 and is open to all certification bodies active in the field of organic agriculture. The programme was launched as an additional service to the organic certification community who, for regulatory purposes, may require such accreditation.

A1.2 In addition to ISO Guide 65 accreditation the IOAS also performs IFOAM accreditation. Both accreditations stand alone but where required a certification body may apply for both simultaneously, benefiting from savings on combining the evaluation and surveillance process.

A1.3 For background, the remainder of this section describes the origins of IOAS.

### **A2 International Organic Accreditation Service Inc.**

A2.1 The IOAS was established in 1997 by the International Federation of Organic Agriculture Movements to operate the IFOAM Accreditation System, a private organic guarantee which had been operating within IFOAM since 1992. International Organic Accreditation Service Inc. is registered as a non-profit company in the United States. The IOAS continues to operate the IFOAM Accreditation Programme under a licensing agreement with IFOAM.

A2.2 The IOAS is the legal entity responsible for IFOAM accreditation and for the ISO65 accreditation and operates quite separately from IFOAM.

A2.3 As a nonprofit organisation the IOAS has a membership structure rather than shareholders. IFOAM is the sole member of the IOAS.

A2.4 As the sole member of the IOAS IFOAM's role is restricted to appointing the IOAS Board of Directors. The procedure requires that the IOAS board vet applications and make recommendations to IFOAM.

A2.5 The activities of the IOAS member IFOAM does not effect the confidentiality, objectivity or impartiality of its accreditations. (PL0902)

### **A3 Requirements for accreditation**

#### **A3.1 ISO/IEC Guide 65**

The International Organisation for Standardisation (ISO) sets international guidelines in many areas and are seen as reference standards and used by many industries worldwide. ISO/IEC Guide 65: 'General requirements for bodies operating product certification systems' was developed by the ISO Committee on Conformity Assessment (CASCO). As its introduction notes, the guide 'specific requirements, the observance of which is intended to ensure that certification bodies operate third-party certification system in a consistent and reliable manner, thereby facilitating their acceptance on a national and international basis and so furthering international trade'.

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A3.2 It is this guide against which IOAS will judge certification bodies applying for ISO65 accreditation.

A3.3 The IOAS Board have also agreed to adopt the International Accreditation Forum Guidance (Issue 2, December 2006) on the Application of ISO/IEC Guide 65: 1996 - 'General requirements for bodies operating product certification systems'. This guide is available at [www.iaf.nu](http://www.iaf.nu)

## Section B: Scope and Structure of the Accreditation Programme

### **B1 Scope of Accreditation**

B1.1 IOAS ISO65 accreditation is open to applications from certification bodies engaged in the inspection and certification of organic production and/or processing operations.

B1.2 Certification bodies must agree to conform with all applicable requirements, structures, and operating procedures as set down in the ISO/IEC Guide 65, provide all required information and must be operational prior to the evaluation visit. For a newly established certification organisation, 'operational' means that at least 10 operators have undergone the inspection and certification process by the time of the evaluation visit (PR0501).

B1.3 ISO65 accreditation is implemented and awarded against a standard of the applicants choice which may be their own private standards or a regulation such as EU Regulation 2092/91. No assessment of standards is performed as with IFOAM Accreditation although implementation is evaluated. Should evaluation of equivalence of a private standard with a regulation be required, this can be performed as an additional service.

B1.4 The scope of the accreditation will state the reference standard.

B1.5 Certification bodies that contract out part of their services may apply for accreditation providing the certification body takes full responsibility for subcontracted work and provided the certification decision itself is not subcontracted. This is relevant to certification bodies that subcontract their inspection service and those that operate a regional structure. Where there is uncertainty on which body should apply for accreditation, it is the decision making body that should apply.

B1.6 Accreditation is awarded to a certification body for competence to operate a defined certification programme. Organisations which operate more than one organic certification programme may apply for accreditation with scope limited to specific programmes. An example would be where an organisation operates a programme according to private standards and a separate programme certifying according to a governmental regulation. Acceptance of such applications will be subject to the application of special measures and restrictions, in particular with regard to the use of accreditation status.

### **B2 Structure of the IOAS (PL0101, PL0104, PL0204)**

B2.1 The management and operation of the ISO65 Accreditation Programme is the responsibility of the IOAS. The IOAS and its Board of Directors operate independently from IFOAM the organisation that established the IOAS in 1997.

B2.2 The Board of Directors of the IOAS is appointed by the IFOAM World Board of Directors based on an open nomination process (PL0204). The Board is constituted with a balance of interests taking into account geographical and gender spread. Normal length of tenure is three

years. A current list of Board Members is available on the IOAS website ([www.ioas.org/who.htm](http://www.ioas.org/who.htm))

B2.3 The International Organic Accreditation Service Inc. is a non-profit corporation registered in the United States. It was founded in 1997 with the sole member being IFOAM. The aims of the IOAS include the following;

- To provide a means whereby certification bodies involved in the certification of organic agriculture and the products thereof can submit themselves for evaluation against internationally agreed criteria, thereby enabling them to gain accreditation status;
- To improve the certification of organic products, thereby facilitating international trade in organic products on an equitable basis;
- To make its services available to outside interested parties, thereby facilitating international trade in organic products on an equitable basis.

B2.4 The structure of the IOAS and procedures for ISO65 accreditation are laid down in the IOAS Quality Manual. Individual policies may be obtained from the IOAS head office.

### **B2.5 The Accreditation Committee (PL0205, LS0202)**

The Accreditation Committee is responsible for making accreditation decisions and for monitoring the continued compliance of accredited certification bodies. Members are appointed by the IOAS Board on the basis of experience. It is constituted with a balance of interests. The Accreditation Committee is governed by its terms of reference and answerable to the IOAS Board. A current list of Accreditation Committee members is available on the IOAS website ([www.ioas.org/who.htm](http://www.ioas.org/who.htm)).

### **B2.6 IOAS Staff Members**

In January 2008, there are currently six full-time professional staff members responsible for the day to day management of the accreditation programme; Executive Director(ED), Assistant Executive Director and Programme Manager (PM) and three Client Managers with offices in the USA, UK, Spain and Australia respectively. The ED is responsible for the overall operation of the IOAS and the PM is responsible for the administration of the accreditation process. An Office Manager supports the team of professional staff. A current staff list can be found at [www.ioas.org/who.htm](http://www.ioas.org/who.htm)

### **B2.7 Accreditation Management Committee (PL0304)**

A staff Accreditation Management Committee is appointed to make procedural decisions concerning the need for Accreditation Committee review of a certification body file at certain stages of evaluation.

### **B2.8 Evaluators (PL0402)**

Evaluation visits are undertaken by evaluators who have reached a required degree of professional competence. This includes a formal degree in agricultural science or equivalent education plus knowledge of, and experience in, organic inspection and certification. Evaluators serve an apprenticeship period before conducting evaluations. Most evaluation visits are performed by in-house professional staff.

## **B3 IOAS Policy**

B3.1 The IOAS has a comprehensive quality manual in which all its policies are laid down. The following policies are of particular importance.

### **B3.2 Confidentiality(PL0203)**

Members of the IOAS board, the Accreditation Committee, the staff, evaluators and other relevant personnel are required to sign a confidentiality agreement that is based on a comprehensive Confidentiality Policy. Full confidentiality is maintained regarding evaluation reports, application forms and any information which is regarded as commercially sensitive. Except for confidentiality restrictions, the IOAS principle is one of transparency, and the names of all evaluators and the register of accredited certification bodies are published ([www.ioas.org/acbs.htm](http://www.ioas.org/acbs.htm))

### **B3.3 Conflicts of Interest(PL0202, PL0305, PL0401)**

The IOAS is committed to a policy of neutrality in carrying out the Accreditation Programme. Among other measures, the following procedures and policies are adhered to.

- Members of the IOAS Board and Accreditation Committee are drawn from all sectors with an interest in organic accreditation but with no single interest predominant.
- The interests of all IOAS Board and Accreditation Committee members are on file, are updated regularly, and are formally reviewed once a year. Failure to declare an interest is sufficient cause for dismissal.
- Applicant certification bodies are informed of the current membership of the Accreditation Committee. The certification body may request that a committee member not take part in discussions regarding their application or accreditation if they perceive that member to have a conflict of interest. The IOAS will decide the validity of such a request.
- All Board and Accreditation Committee members are obliged to declare any perceived conflict of interest and to absent themselves from the meeting before deliberations commence regarding an applicant or accredited body.
- The interests of all evaluators are on file in the IOAS office and are consulted in the assignment of evaluators. Failure to declare an interest is sufficient cause for removal of the evaluator from the approved evaluator list.
- Applicant bodies have the opportunity to object to the assignment of an evaluator.

## **B4 Review of the Accreditation Programme**

B4.1 The ISO65 Accreditation Programme is subject to periodic internal review in line with its Internal Review Policy. It entails an assessment of its structure, criteria, and procedures and results in a revision of those areas where a need for improvement is noted.

B4.2 In August 2004, the IOAS was recognised by the National Institute of Standards and Technology (a technical institute which forms part of the United States Department of Commerce) as compliant with ISO17011. The NIST evaluation included document review of the IOAS quality system, an office visit and a witness audit of an IOAS evaluation visit. The NIST recognition covers both IFOAM and ISO65 accreditation programmes and the recognition is subject to continuous surveillance. The NIST certificate is available to view at [www.ioas.org/xnistcer.pdf](http://www.ioas.org/xnistcer.pdf)



## Section C: The Accreditation Process

The procedures for attaining and maintaining ISO65 Accreditation involves five phases;

- Application and screening of documentation
- Evaluation and assessment of certification body performance
- Accreditation
- Surveillance
- Re-evaluation

### **C1 Application and Screening Procedures(PR0501, PR0502)**

C1.1 Following inquiry the IOAS forwards to the certification body an application pack which contains full details of the procedures of application. Potential applicants must assure they have copies of the ISO/IEC Guide 65.

C1.2 The applicant returns the completed application form and the required documentation together with the application and assessment fee. As the required documentation is extensive and translation may be necessary, applicant bodies are allowed four months from initial submission of the application form to provide all the required documents.

C1.3 The documentation is reviewed for completeness. Where documentation is manifestly incomplete the IOAS informs the applicant of the necessary additional documentation before further processing the application. When a complete application is received, the application is publicly announced and a call for comments on compliance with the relevant norms is made through electronic media.

C1.4 The IOAS screens the documentation against the ISO/IEC Guide 65 and prepares a screening report. This screening report is peer reviewed by another member of IOAS staff.

C1.5 A non-compliance report is prepared by the IOAS, which indicates any non-conformities and deficiencies with the standards and criteria and requests for further information where necessary. This is sent to the applicant programme requiring it, within a set time limit, to take the necessary actions to come into conformity with the requirements.

C1.6 Applicants may wish to seek review of specific conditions without officially appealing the overall decision. Such requests must include substantive reasons why the condition imposed is considered inappropriate or unjustified.

C1.7 Once the submitted information and standards or policy/procedure amendments have been accepted by the IOAS, to the effect that there are no outstanding non-conformities and the deficiencies have been reduced to a defined number, an evaluation visit is arranged.

### **C2 Evaluation visit and Assessment Procedures**

(PR0503, PR0504)

C2.1 The evaluation visit is assigned to an approved evaluator. Evaluators must not have, or have had during the past five years, any interest in the organisation to be evaluated. A

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certification body shall not be evaluated by the same person for more than two consecutive evaluations

C2.2 The certification body may challenge the appropriateness of an assigned evaluator.

C2.3 The evaluator is briefed and provided with the screening report and any necessary documentation.

C2.4 The evaluation visit is made up of the following stages:

- Meeting with officers of the applicant body at the central office
- A detailed inspection of the certification office files
- Physical review audits of operators
- At least one witness audit
- Exit interview held in the central office

C2.5 The evaluator requires access to all previous inspection documentation and may request an inspector or officer of the certification body to accompany him/her on the review audits.

C2.6 The evaluator(s) will check, among other things, that:

- all documentation is complete and up to date and that there are no forms, inspection reports, or certification decisions missing;
- the inspection reports are comprehensive and enable sound certification decisions to be taken on the basis of the information provided;
- the certification decisions are consistent with the degree of compliance recorded in the inspection reports;
- where conditions or requirements for corrective action have been imposed on the operators by the certification body, that their implementation has been adequately monitored and documented;
- the body is operating in accordance with the ISO/IEC Guide 65;
- in the case of re-evaluations, conditions of accreditation have been fulfilled;
- in the case of operator audits, that the practices of the operators conform to the standards of the certification body and that the inspection files accurately record the production system.
- Where certification bodies operate in countries outside of their home territory, the evaluation will normally include office and/or operator visits in a sample of the countries concerned.

C2.7 The evaluator will record the findings of the visit in the evaluation report. The evaluation report follows a set format and includes the findings of the office file checks and the operator visits.

C2.8 When the report is complete, if no major problems are uncovered, the IOAS will send a copy to the evaluated applicant body. The report may be referred to the Accreditation Management Committee and subsequently to the Accreditation Committee where serious deficiencies are uncovered. The evaluated body is invited to identify any inaccuracies in the report and to provide explanatory comments.

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C2.9 Following the visit, the IOAS identifies any additional non-conformities and deficiencies resulting from the visit. The applicant body is informed of these and is allowed a time period for taking the necessary corrective actions.

C2.10 The IOAS Accreditation Committee (AC) reviews the file at critical points in the process. The AC may determine that the applicant body's functional performance has been revealed by the evaluation visit to be inadequate and terminate the evaluation process. Alternatively, the AC may withhold accreditation pending the outcome of an additional visit to verify the effective implementation of corrective actions related to the functional performance of the certification body.

C2.11 Failure to meet the deadlines for the required corrective actions specified in C1.5 or in C2.9 may result in the IOAS terminating the evaluation process.

## **C3 Accreditation Procedures**

(PR0506, PR0511)

C3.1 The IOAS will only grant accreditation if

- All identified non-conformities have been adequately addressed by the applicant body.
- Identified deficiencies have been reduced to a specified number.
- The certification body has agreed to take the necessary corrective actions regarding the remaining deficiencies within a set time period not to exceed 2 years.
- The IOAS is satisfied that the functional operation of the certification body is effective.

C3.2 Deficiencies remaining to be rectified following accreditation are included in the accreditation contract as conditions of accreditation together with the deadlines for associated corrective actions.

C3.3 When the IOAS accreditation committee is satisfied that the applicant body meets the requirements, it will be awarded accreditation status. The applicant is informed in writing of the decision. If at any stage the IOAS denies accreditation, the certification body is informed of the necessary improvements for re-application.

C3.4 Once the applicant body has agreed to the conditions imposed and the timetable for compliance, it is sent an Accreditation Contract which must be signed and returned with the annual fee. The contract permits the body to use its accreditation status subject to the terms stated in the contract.

C3.5 At the time of signing an accreditation contract, the applicant body is also required to sign an Arbitration Agreement which commits both sides to solve issues which cannot be resolved through the IOAS Appeals process, through an independent arbitration procedure.

C3.6 Once the contract has been signed, the IOAS issues a Certificate of Accreditation. Among other details, the certificate identifies the scope of accreditation including the activities and programmes of the certification body that are, and are not, covered by the accreditation.

## **C4 Surveillance**

(PR0508)

C4.1 The IOAS is responsible for monitoring the compliance of accredited certification bodies on an ongoing basis. Certification bodies are required to submit an annual update report and to undergo short surveillance visits to a specified schedule. After initial accreditation the certification body will normally receive surveillance visits in year 1 and year 3 of their first 4 year contract. In subsequent contract periods, the certification body will normally receive one surveillance visit in year 2 of the contract period. This surveillance model depends on continued good performance of the certification body, the details of which are available in document PR0508. Additional visits may also be required when the certification body reports significant changes in its operation.

C4.2 Detailed instructions for both the report and the visit are sent to accredited certifiers in advance.

C4.3 The purpose of the update report is to enable the IOAS to monitor the general changes undergone by the certification body over the previous year. Under the accreditation contract, substantial changes which may effect the accreditation status of the certification body are required to be reported at the time they are being made.

C4.4 Surveillance visits are conducted following review of the update report. At the surveillance visits the IOAS will:

- examine any additional material related to the update report;
- review the evidence related to compliance with contract conditions. The evaluator will give the accredited certification body an assessment of whether the condition has been adequately fulfilled and, if not, explain the deficiency and what is expected;
- review both general files and operator files. Particular attention will be paid to whether the accredited certification body has effectively implemented conditions that have previously been considered fulfilled;
- As deemed necessary the surveillance visit may include a witness audit of a scheduled inspection.
- conduct an exit interview during which the evaluator will inform the accredited certification body of any findings;
- complete a report of the visit and its conclusions and send a copy to the accredited certification body.

C4.5 The Accreditation Committee shall review the results of the surveillance visit. The certification body is informed of the outcome and of any additional conditions of accreditation.

C4.6 If the certification body has failed to meet the deadlines for contractual conditions or where the visit reveals that the certification body has failed to effectively implement the corrective actions related to conditions that have previously been considered fulfilled, the IOAS may impose sanctions.

C4.7 Failure to meet any of the terms of the accreditation contract may result in the suspension or withdrawal of the accreditation contract or in the imposition of other sanctions in accordance

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with the IOAS policies and procedures. The action taken will be in accordance with the severity of the infringement.

## **C5 Re-Evaluations**

(PR0510)

C5.1 The IOAS requires regular review evaluations every fourth year. Procedures for the review evaluation are similar to those of the initial evaluation and include resubmission of all required documentation and a full evaluation visit.

## **C6 Timeframe for the accreditation process**

C6.1 The time period from receipt of an application by the IOAS to signing an accreditation contract will vary depending on the initial level of non-compliance of the certification body and the intensity of work done to rectify nonconformities. The time period can be expected to be 12 to 18 months.

## **C7 Fees**

(LS0503, PL0312)

C7.1 The IOAS is a not for profit company and the ISO65 Accreditation Programme is run on a non profit basis. Charges are set to cover the operating and continued development costs of the programme. A current fee schedule is available from IOAS offices and [www.ioas.org/fees.htm](http://www.ioas.org/fees.htm)

## Section D: Rights and Responsibilities

The rights and duties of accredited bodies are documented in the Contract for ISO65 Accreditation, document number PL 0502-65, a sample of which is sent out as part of the application pack and is available from IOAS offices and from [www.ioas.org/iap.htm](http://www.ioas.org/iap.htm) and [www.ioas.org/iso65.htm](http://www.ioas.org/iso65.htm)

### **D1 Accreditation Contract Period**

(PL0518)

D1.1 The Accreditation cycle is 4 years following which re-evaluation must take place. Accreditation is a continuous status, subject to the certification body's compliance with the relevant Norms, as well as the terms of the contract including any specific conditions set by the IOAS. IOAS retains the right to withdraw the accreditation contract without notice in the event that the accredited body does not fulfill its obligations.

### **D2 Use of Accreditation Status**

(PL0503)

D2.1 The accreditation contract includes the following provisions regarding the use of the accreditation status:

- Accredited programmes may refer to their accredited status in writing, either on letterheads or in written documents and reports and other information related to the programme. The IOAS has formulated detailed instructions for such use.
- Reference to ISO65 accreditation may only be made in conjunction with the categories for which accreditation applies, as stated in the contract.
- The right to the use of accreditation designation is not transferable.

### **D3 Notification of Changes and Extension of Certification Scope**

(PR0512)

D3.1 Accredited certification bodies are required to inform the IOAS of any changes which may impact their accreditation and of any changes which effect the scope of their accreditation as stated on the accreditation certificate.

D3.2 Where the certification body is introducing a category of certification not included in its accreditation scope (see B1.7), a request for extension of scope must be filed with the IOAS. Appropriate standards of production and evidence of competence in this field must be submitted to IOAS for screening and evaluation. Any corrective actions must be taken before the commencement of the first certification decision.

### **D4 Appeals, Complaints and Sanctions**

#### **D4.1 Appeals**

(PL0504)

Accreditation decisions of the IOAS may be appealed. Appeals must be directed to the IOAS and lodged within 30 days of notification of the disputed decision.

D4.2 Initial appeals are considered by the Accreditation Committee but may be further appealed to the Appeals Committee of the IOAS. The Appeals Committee is a 3 person committee

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established by the President of the IOAS on an ad hoc basis. The decision of the Appeals Committee will be sent to the appellant and is considered final.

D4.3 If agreement is not forthcoming and the appeals process is exhausted, a case may be referred to an Arbitration Process to which the certification body must agree on signing an accreditation contract.

## **D4.4 Complaints**

(PL0511)

The IOAS has formulated a detailed complaints policy which is available to interested parties on request and at [www.ioas.org/complain.htm](http://www.ioas.org/complain.htm)

## **D4.5 Complaints against IOAS**

Complaints concerning the functioning of the ISO65 Accreditation Programme and its personnel should be addressed in writing to the IOAS office. Complainants will be informed of the decision.

## **D4.6 Complaints regarding accredited programmes**

Complaints regarding the functioning of an accredited certification body should normally, in the first instance, be directed to the certification body in question. If the complainant feels the complaint has not been handled satisfactorily by the accredited body, it should then lodge a complaint with the IOAS. Confidentiality regarding the source of such a complaint is maintained whenever possible.

D4.7 The IOAS will investigate the complaint. Where the IOAS considers the complaint to be sufficiently substantiated, it will inform the body concerned and invite a response. The matter will then be referred to the IOAS Board to formulate a complaint resolution. The complainant is informed of the complaint resolution. If the complaint is upheld, the IOAS may impose appropriate sanctions.

## **D4.8 Sanctions**

(PL0505)

In event of non-compliance with the accreditation contract, failure to fulfill conditions or gross breaches of the requirements of the accreditation criteria and basic standards, the IOAS may apply one or more of the following sanctions:

- issue a warning letter or letter of reprimand;
- impose additional conditions and insist on corrective action according to a timetable;
- impose penalty fees;
- require the certification body to undergo a re-evaluation within a certain period;
- suspend accreditation;
- Withdraw accreditation.

## **D4.9 Withdrawal of Accreditation**

(PL0507)

The IOAS may withdraw the accreditation status of a certification body if performance and conduct of the body are not in accordance with the requirements for ISO65 Accredited certification bodies.

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D4.10 Circumstances where accreditation status may be withdrawn include, but are not limited to:

- non compliance with the ISO/IEC Guide 65;
- failure to fulfill conditions of accreditation related to non-conformities within the agreed timetable;
- misuse of accreditation status;
- refusal to allow, or hindering, full access to information at the request of the evaluator or IOAS staff;
- failure to pay fees and charges on time;
- failure to comply with any sanctions imposed.

D4.11 If non-compliance is severe, the IOAS reserves the right to revoke the contract without first requiring corrective action. When a contract is revoked, the IOAS may release a public statement.

ANNEX 1: Addresses

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