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IOAS ACCREDITATION and ASSESSMENT

Application information

SUMMARY OF PROCEDURES - 2018

This document guides you through the accreditation/assessment application process. 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 IOAS to see if it is sufficiently comprehensive and with required text in English. Note that all your standards (if part of the application) need to be translated. We also need all your main procedural and policy documents translated whether these are all in your Quality Manual or an Operating Manual or are just individual documents. Finally, if there is anything else you reference in the document checklist, the paragraph or page or section you referenced must be translated. 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 'non conformities', 'deficiencies' and 'more information requests'. The CB is invited to supply evidence of corrective actions to remedy all non conformities within 8 weeks. Deficiencies up to certain number may be rectified later. At this time the CB will be provided a detailed time plan for the rest of the evaluation process.
7. IOAS reviews the corrective actions taken by the CB and if these are satisfactory the visit is organised. If they are not satisfactory 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. 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 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.

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9. The evaluator will arrange the visit with the applicant CB. The visit will be made and a report compiled.
10. IOAS will review the report and inform the CB of any additional non conformities or deficiencies. The CB will be required to correct all non conformities within 8 weeks for accreditation to be possible. A copy of the visit report will be sent to the CB.
11. If there is an adjustment to be made to the invoice sent pre-visit, an additional invoice or credit note will be sent to the CB.
12. 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 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 non conformities.
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:

IOAS - International Organic Accreditation Service

AC - Accreditation Committee

CB - Certification Body

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 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 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 immediately 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 are missing, the CM may request additional documentation before beginning the full screening which can lead to considerable delay. Without 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 in a excel spreadsheet format. The list will be divided into **Non conformities** (NCs), **Deficiencies** (Ds) and requests for **More Information** (MIs). You will be required to take corrective actions to resolve all non conformities 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 10 per scheme.

The time period allowed for submitting the corrective actions to NCs is 8 weeks. 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 these 8 week period. The IOAS do not accept draft documents as evidence of compliance.

Arranging the visit

Once you have corrected non conformities 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 assessor as well as the timing and length of the visit. Delays in this process could prove costly as the assessor 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 assessor to prepare sufficiently for the visit. Various delays may occur. If you object to the assigned assessor, and your objection is accepted by 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 determine the exact duration of the visit and you will be asked to provide 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. IOAS will choose one or more operators to carry out "witness audits" during a normal scheduled inspection (i.e. accompany the inspector on his/her visit to observe the process.) and "review audits", visiting operators to check the accuracy of the previous inspection reports. All these visits shall be arranged before the visit. The assessor visit will make considerable demands on your staff time. Interviews will be conducted with key personnel and the assessor 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 transport for the assessor, rather than bearing the cost of car hire. As the site visits are chosen by the assessor at the time of the office visit, you will not have much advance warning of the locations to be visited.

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

Following the visit

A report will be compiled following the visit. This will be sent to you together with a list of any additional noncompliances noted in the report. As before, the list will be divided into non conformities, 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 resolve all non conformities. If there are new deficiencies resulting in the total number of deficiencies exceeding 10 per scheme, you will be required to correct a sufficient number of these to reduce them to 10. The time period allowed for these corrective actions is -8 weeks. If the assessment visit revealed significant failings in performance 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 scheme, IOAS will issue a surveillance or accreditation contract. If IOAS grants accreditation an accreditation 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 scheme, you believe you have good cause for being exempt from a requirement of a particular condition, you should present your case to IOAS at the time you are notified of the noncompliance. It is not acceptable to 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 schemes 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.

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.

We are enclosing a Flowchart with the assessment procedures ([PR0513](#)) that will help you follow the process.

It is not possible to give an exact timetable for the completion of the assessment 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.

Neutrality of the Accreditation Process

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

Declarations of interests are held on file for all assessors 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 scheme may object to any personnel if a conflict of interest is perceived. IOAS will rule on such objections.

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

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

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 IOAS AC are appointed in their own right as individuals and not as representatives of organisations. Accreditation discussions are conducted in a spirit of neutrality and fairness.

The current (01/2018) membership of the Board is as follows:

Michael Sligh (President)	USA
Robert Duxbury (Vice-President and Sec)	UK
Diana Callear (Treasurer)	S.Africa
Boudewijn van Elzakker	Netherlands
Rikke Lundsgaard	Denmark
Vitton Panyakul	Thailand
Francis Blake	UK
Peggy Miars	USA

The current (01/2018) membership of the Accreditation Committee:

Dorota Metera	Poland
Jochen Neuendorff	Germany
Patricio Parra	Chile
Roberto Setti	Italy
Qiao Yuhui	P.R. China
Debbie Miller	Canada
Joyce Ford	USA
Vitton Panyakul	Thailand

Personnel:

Executive Director: Ken Commins (Business)	USA
Executive Director: David Crucefix (Operations)	UK
Assistant Executive Director: Iris Rendon	Canada
Programme Manager: David Crucefix	UK
Assistant Programme Manager: Amaia Aldana	Spain
Quality Manager/Client Manager: Cristina Comezaña	Argentina
Client Manager: Andrés Vásquez Millán	Argentina
Client Manager: Janning Kennedy	Kenya
Client Manager: Jennyfer Karall	Brazil
Client Manager: Gergana Nentcheva	Germany
Client Manager: Polonca Repic	Slovenia
Client Manager: Nune Darbinyan	Armenia
Chief Financial Officer: Ken Commins	USA
Office Administrator: Susan Hepper	USA
Communications Manager: Andrea Tucker	UK