|  |  |
| --- | --- |
| CB Name and Contact Name: | Enter name of certification body and the name of the certification body scheme lead |

|  |  |  |  |
| --- | --- | --- | --- |
| Risk assessment Outcome | Enter Risk Outcome | Oversight Assessment Activities to be completed | Enter Office Assessment type including number of required Client File Reviews |
| Date of risk Assessment | Day/Month/Year | Risk Assessment performed by RMS | Enter Name of RMS |

|  |  |
| --- | --- |
| Assessment Start Date: | Day/Month/Year |
| Assessment End Date: | Day/Month/Year |
| CB OASIS Number | Enter OASIS Number of entity being assessed |
| Lead Assessor Name | First Name, Last Name (AB Assessor if Joint, OP Assessor if not Joint)  Assessment Team Role, Organization's Name |
| Other Assessor Names and Roles: | First Name, Last Name  Assessment Team Role, Organization's Name |
| General Conclusions, Remarks, and Recommendations: | Give a brief overview of how the assessment went |
| Opportunities for Improvements: | As applicable, identify number of OFIs; list all OFIs. |
| Non Conformance Summary: | As applicable, List NCR References and Grade |
| Submitted by: | First Name, Last Name |
| Date Submitted: | Day/Month/Year |

|  |
| --- |
| Pre-Assessment Questions (That’s questions that you can answer prior the assessment starting) |

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| **Item** | **1.1** | **Office Assessment** | **Y** | **Activity Review** | **Y** |  | **Reference(s)** |
| Information to gather before the Oversight assessment.   * What are the identity and address / of the CB recorded in OASIS? * What is the accreditation status within OASIS? * Who is the Certification Body contact? | | | | | | | 9104-001 Para 7.2.6 |
| **Check that the data is correct in OASIS** | | | | | | |
| **Assessment Evidence** | | | | | | | |
| Enter the answer here | | | | | | | |
| ( ) C ( ) NC ( ) NA ( ) NE -- ( ) Observation | | | | | | | |
| Assessment Result: (describe the NCR, OFI and / or Observation) | | | | | | | |

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| **Item** | **1.2** | **Office Assessment** | **Y** | **Activity Review** | **Y** |  | **Reference(s)** |
| Using the data within OASIS – See what you can find out. Review the previous head office / activity report. What is the data telling you?  For the CB being assessed run the supplier summary download report.   * Are there any single sites that have not been visited in the last 12 months with a status of Certified? * Are there any sites with scope exclusions outside of 8.3? * Sample some sites with scope exclusions of 8.3 does the scope of supply list design? * What are the date ranges for Issue date, expire date and reissue date? | | | | | | | 9104-001 Para 4.4  9104-001 Para 8.1 |
| **Use the data in OASIS to guide you to select clients for your sample review.** | | | | | | |
| **Assessment Evidence** | | | | | | | |
| Enter the answer here | | | | | | | |
| ( ) C ( ) NC ( ) NA ( ) NE -- ( ) Observation | | | | | | | |
| Assessment Result: (describe the NCR, OFI and / or Observation) | | | | | | | |

|  |
| --- |
| Assessment Questions (That’s questions that you can only answer when you are carrying out the assessment) |

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| **Item** | **2.1** | **Office Assessment** | **Y** | **Activity Review** | **Y** |  | **Reference(s)** |
| How does the Certification Body ensure that it comply's with the 9104-1 standard, ISO 17021-1, the AB’s accreditation agreement, and applicable IAF MDs? | | | | | | | 9104-001 Para 8.1.1  9104-001 Para 8.6.1 |
| **You would expect to see that the certification body has a process or procedure or document on how the certification body manages the overall scheme.** | | | | | | |
| **Assessment Evidence** | | | | | | | |
| Enter the answer here | | | | | | | |
| ( ) C ( ) NC ( ) NA ( ) NE -- ( ) Observation | | | | | | | |
| Assessment Result: (describe the NCR, OFI and / or Observation) | | | | | | | |

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| **Item** | **2.2** | **Office Assessment** | **Y** | **Activity Review** |  |  | **Reference(s)** |
| Has the certification body identified a single fixed office location that has overall responsibility for the management and conformance to the ICOP scheme requirements? | | | | | | | 9104-001 Para 8.3.1 |
| **The single fixed office location must be responsible for the management and conformance to the ICOP scheme requirements and this standard. No decisions on scheme requirements must be made outside of this single fixed office location.**  **Reference Question 1.1 for evidence.** | | | | | | |
| **Assessment Evidence** | | | | | | | |
| Enter the answer here | | | | | | | |
| ( ) C ( ) NC ( ) NA ( ) NE -- ( ) Observation | | | | | | | |
| Assessment Result: (describe the NCR, OFI and / or Observation) | | | | | | | |

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| **Item** | **2.3** | **Office Assessment** | **Y** | **Activity Review** | **Y** |  | **Reference(s)** |
| Are all the processes and required documented information related to management of the ICOP scheme, client applications, and client contracts, competencies of personnel, auditing, and certification decisions readily available at the single fixed office location? | | | | | | | 9104-001 Para 8.3.2 |
| **The CB personnel involved in the ICOP scheme at the single fixed location should have access to all documented information related to management of the ICOP scheme and know where the documented information can be found.** | | | | | | |
| **Assessment Evidence** | | | | | | | |
| Enter the answer here | | | | | | | |
| ( ) C ( ) NC ( ) NA ( ) NE -- ( ) Observation | | | | | | | |
| Assessment Result: (describe the NCR, OFI and / or Observation) | | | | | | | |

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| **Item** | **2.4** | **Office Assessment** | **Y** | **Activity Review** | **Y** |  | **Reference(s)** |
| How does the certification body manage and retain documented information to the applicable ICOP scheme requirements? | | | | | | | 9104-001 Para 5.3.1  9104-001 Para 5.3.3 |
| **The certification body should manage and retain documented information to the applicable ICOP scheme requirements and the minimum retention period of 10 years.** | | | | | | |
| **Assessment Evidence** | | | | | | | |
| Enter the answer here | | | | | | | |
| ( ) C ( ) NC ( ) NA ( ) NE -- ( ) Observation | | | | | | | |
| Assessment Result: (describe the NCR, OFI and / or Observation) | | | | | | | |

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| **Item** | **2.5** | **Office Assessment** | **Y** | **Activity Review** |  |  | **Reference(s)** |
| Does the certification body have a suitably experienced person to support the impartiality process? | | | | | | | 9104-001 Para 8.1.5 |
| **The personnel allocated to the role should have continuing aviation, space, or Defense industry involvement through relevant work experience [i.e., aerospace manufacturing/maintenance, National Aviation Authority (NAA), NAIA, or equivalent] to support the CB’s impartiality process.** | | | | | | |
| **Assessment Evidence** | | | | | | | |
| Enter the answer here | | | | | | | |
| ( ) C ( ) NC ( ) NA ( ) NE -- ( ) Observation | | | | | | | |
| Assessment Result: (describe the NCR, OFI and / or Observation) | | | | | | | |

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| **Item** | **2.6** | **Office Assessment** | **Y** | **Activity Review** |  |  | **Reference(s)** |
| How does the certification body manage and resolve complaints or issues communicated through the OASIS database feedback process? | | | | | | | 9104-001 Para 5.2.3  9104-001 Para 8.5.12.1  9104-001 Para 8.5.12.2  9104-001 Para 12.1  9104-001 Para 12.2 |
| **NOTE: If risk review of oversight has been deemed high risk then a minimum of two client files are to be checked completely.**  **For your OASIS record sample check the following**  **CBs shall manage and resolve complaints or issues communicated through the OASIS database feedback process (reference 12.2) and shall ensure:**  **a. That feedback is reviewed and a response, when requested, is provided within 30 days from receipt.**  **b. When the feedback is based on a complaint regarding a certified organization, the CB shall initiate their complaint resolution process. The CB shall ensure that the complainant is kept informed on the progress for resolution. If the CB determines on short notice that a special audit is necessary to investigate and resolve the complaint, this audit shall take place within 90 days from the receipt of the complaint.**  **c. When the feedback is based on a complaint regarding the CB, the CB shall initiate their internal complaint process and information on results reported to the complainant within 60 days from the date of the complaint.**  **d. That complaints related to ICOP scheme application requirements that cannot be resolved by a CB are referred to the AB.**  **CBs shall formally respond in the OASIS database to actions originating from 9104/2 oversight assessment activities.** | | | | | | |
| **Assessment Evidence** | | | | | | | |
| Enter the answer here | | | | | | | |
| ( ) C ( ) NC ( ) NA ( ) NE -- ( ) Observation | | | | | | | |
| Assessment Result: (describe the NCR, OFI and / or Observation) | | | | | | | |

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| **Item** | **2.7** | **Office Assessment** | **Y** | **Activity Review** |  |  | **Reference(s)** |
| (If applicable) Has the certification body had to suspend certification since the last assessment?  And  If yes has the certification body retained documented information to support the suspension decision? | | | | | | | 9104-001 Para 8.5.11.1  9104-001 Para 8.5.11.2  9104-001 Para 8.5.11.3 |
| **(If applicable) For your sample you should check the following.**  **. CBs shall suspend certification and retain documented information supporting the suspension decision for any of the following conditions:**  **a. When an organization fails to re-establish conformance within 90 days from the date the non-conformance was issued; or**  **b. When an ethical complaint (e.g., code of conduct) or ethical related nonconformity has been substantiated with supporting objective evidence.**  **. The following recertification situations shall apply:**  **a. If the recertification decision is not completed prior to the certification expiry date, the certificate will expire.**  **b. If the recertification activities have started (i.e., on-site or remote audit activity has started), the certification decision shall be completed within six months of the certificate expiration and the certificate can be restored.**  **c. If the audit has not started before the certificate expiration date, then the certification will expire and the organization shall be treated as a new certification application.**  **. CBs shall update the OASIS database within 14 days of the decision to suspend or withdraw an AQMS certificate.** | | | | | | |
| **Assessment Evidence** | | | | | | | |
| Enter the answer here | | | | | | | |
| ( ) C ( ) NC ( ) NA ( ) NE -- ( ) Observation | | | | | | | |
| Assessment Result: (describe the NCR, OFI and / or Observation) | | | | | | | |

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| **Item** | **2.8** | **Office Assessment** | **Y** | **Activity Review** |  |  | **Reference(s)** |
| Who are the personnel employed by the Certification Body that are responsible for the management of the ICOP scheme and certification decisions?  And  Are the personnel directly employed?  And  How does the Certification Body ensure not to issue an AQMS certificate until an ICOP scheme approved AB accreditation is granted?  And  Does the Certification Body communicate in writing to any applicant for AQMS certification that certificates will not be issued until the CB achieves AQMS accreditation | | | | | | | 9104-001 Para 8.3.3  9104-001 Para 8.1.2 |
| **The CB should explain how the personnel that are responsible for the management of the ICOP scheme are employed.** | | | | | | |
| **Assessment Evidence** | | | | | | | |
| Enter the answer here | | | | | | | |
| ( ) C ( ) NC ( ) NA ( ) NE -- ( ) Observation | | | | | | | |
| Assessment Result: (describe the NCR, OFI and / or Observation) | | | | | | | |

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| **Item** | **2.9** | **Office Assessment** | **Y** | **Activity Review** |  |  | **Reference(s)** |
| How does the certification body demonstrate that CB personnel involved in the ICOP scheme are competent to carry out their respective roles? | | | | | | | 9104-001 Para 8.4.1 |
| **From your client file sample selected you should confirm that the personnel involved in the ICOP scheme have demonstrated current knowledge and understanding of**  **. The ICOP scheme (i.e., organization, scope, purpose, processes) and OASIS database functionality;**  **. The application of the AQMS standards;**  **. The requirements of this standard.** | | | | | | |
| **Assessment Evidence** | | | | | | | |
| Enter the answer here | | | | | | | |
| ( ) C ( ) NC ( ) NA ( ) NE -- ( ) Observation | | | | | | | |
| Assessment Result: (describe the NCR, OFI and / or Observation) | | | | | | | |

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| **Item** | **2.10** | **Office Assessment** | **Y** | **Activity Review** | **Y** |  | **Reference(s)** |
| How does the certification body demonstrate that the personnel, involved in the technical review and certification decision process are competent to carry out their respective roles? | | | | | | | 9104-001 Para 8.4.2 |
| **From your client file sample selected you should confirm that the personnel involved in the technical review and certification decision process have demonstrated current knowledge and understanding of**  **. AQMS standards for the AQMS accreditations held;**  **. ICOP scheme standards and requirements, including any applicable resolutions; and**  **. ASD industry and the regulatory/statutory requirements of sufficient depth to be able to understand the sector specific terminology, processes, practices, and products.** | | | | | | |
| **Assessment Evidence** | | | | | | | |
| Enter the answer here | | | | | | | |
| ( ) C ( ) NC ( ) NA ( ) NE -- ( ) Observation | | | | | | | |
| Assessment Result: (describe the NCR, OFI and / or Observation) | | | | | | | |

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| **Item** | **2.11** | **Office Assessment** | **Y** | **Activity Review** | **Y** |  | **Reference(s)** |
| What documented evidence does the certification body have to show that it has been approved to implement PBS/RP by the AB? | | | | | | | 9104-001 Para 8.5.3.1 |
| **The CB should able to provide documented evidence of the AB approval of PBS/RP before the CB has approved any client.** | | | | | | |
| **Assessment Evidence** | | | | | | | |
| Enter the answer here | | | | | | | |
| ( ) C ( ) NC ( ) NA ( ) NE -- ( ) Observation | | | | | | | |
| Assessment Result: (describe the NCR, OFI and / or Observation) | | | | | | | |

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| **Item** | **2.12** | **Office Assessment** | **Y** | **Activity Review** | **Y** |  | **Reference(s)** |
| Does the certification body have a process for the application of PBS/RP for certified organizations? | | | | | | | 9104-001 Para 8.5.3.2  9104-001 Para 8.5.3.3  9104-001 Para 8.5.3.4  9104-001 Para 8.5.3.5  9104-001 Para 8.5.3.6 |
| **(If applicable - i.e. the CB uses PBS/RP) The CB should have a process for the application of PBS/RP. The CB should be able to provide documented information of the application. For your sample client files you should confirm.**  **. When a CB’s client applies for PBS/RP, the requirements of 9.2 and Appendix D shall apply.**  **. (If applicable) Multi-site organizations eligible for PBS/RP shall include the following auditing program requirements:**  **a. During annual surveillance, the central function and 33% of the sites, rounded up to the nearest whole number;**  **b. At recertification all remaining sites and the central function; and each site, process, and AQMS standard clause shall be audited at least once every 48 months.**  **. When using PBS/RP, audit durations shall be calculated as follows:**  **a. For a single site structure using PBS/RP, audit duration may be reduced up to 33% from the Table 8 calculation and 8.5.1.6.5.d applies.**  **b. For multi-site structures using PBS/RP, audit duration for each site shall be calculated using the “Recertification Audit Duration” requirements from Table 8 for surveillance and recertification. This number may be reduced up to 33% per site and 8.5.1.6.5.d applies.**  **c. For multi-site structures using PBS/RP for the central function, audit duration shall be calculated using the “Surveillance Audit Duration” requirements from Table 8 and may be reduced 33% for surveillance and recertification.**  **. CBs shall evaluate and make appropriate process adjustments, as depicted in Table D.2, when organizations who are approved for PBS/RP are not in conformance with continuing requirements.** | | | | | | |
| **Assessment Evidence** | | | | | | | |
| Enter the answer here | | | | | | | |
| ( ) C ( ) NC ( ) NA ( ) NE -- ( ) Observation | | | | | | | |
| Assessment Result: (describe the NCR, OFI and / or Observation) | | | | | | | |

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| **Item** | **2.13** | **Office Assessment** | **Y** | **Activity Review** | **Y** |  | **Reference(s)** |
| How does the certification body manage legally enforceable arrangements with its clients? | | | | | | | 9104-001 Para 8.2.1  9104-001 Para 8.2.2  9104-001 Para 8.2.3  9104-001 Para 9.1.4 |
| **The formally approved arrangement by the client should**  **. Provide data necessary for determination of scope, certification structure, and risk analysis;**  **. Identify an OASIS database administrator**  **. Provide rights of access to facilities**  **. Inform the client on the consequences of not conforming to the legally enforceable arrangements**  **. Inform the client to provide any known restrictions or limitations of access.**  **For AQMS certified organizations, CBs shall be allowed to publish public data (e.g., information on the AQMS certification and its status) and non-public data (e.g., audit results, assessment results, nonconformities, corrective action, scoring) in the OASIS database.** | | | | | | |
| **Assessment Evidence** | | | | | | | |
| Enter the answer here | | | | | | | |
| ( ) C ( ) NC ( ) NA ( ) NE -- ( ) Observation | | | | | | | |
| Assessment Result: (describe the NCR, OFI and / or Observation) | | | | | | | |

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| **Item** | **2.14** | **Office Assessment** | **Y** | **Activity Review** | **Y** |  | **Reference(s)** |
| Was the stage 1 audit partially on site to evaluate client specific conditions? | | | | | | | 9104-001 Para 8.5.5.1  9104-001 Para 8.5.5.2  9104-001 Para 8.5.5.3 |
| **The stage 1 audit should include on-site evaluation of the client’s site-specific conditions.**  **For your client file sample (if applicable) you should check the following.**  **. For multi-site organizations, the Stage 1 audit shall include an evaluation of the identified central function. In addition, a relevant number of sites representative of different technologies and dissimilar activities shall be included in the Stage 1 audit.**  **. Stage 1 and Stage 2 audits shall not be performed on the same day or on consecutive days (i.e., back to back). If the time between the Stage 1 and Stage 2 audits exceeds six months, an additional Stage 1 audit shall be conducted.**  **. When auditing organizations with an existing ISO 9001 certificate, that are upgrading to an AQMS standard, a full initial audit (Stage 1 and Stage 2) of all requirements for the applicable AQMS standard (i.e., ISO 9001 and ASD industry additional requirements) is required.** | | | | | | |
| **Assessment Evidence** | | | | | | | |
| Enter the answer here | | | | | | | |
| ( ) C ( ) NC ( ) NA ( ) NE -- ( ) Observation | | | | | | | |
| Assessment Result: (describe the NCR, OFI and / or Observation) | | | | | | | |

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| **Item** | **2.15** | **Office Assessment** | **Y** | **Activity Review** | **Y** |  | **Reference(s)** |
| Does the certification body document the Organization Certification Analysis Process (OCAP) ahead of each audit?  Is this output retained as documented information? | | | | | | | 9104-001 Para 8.5.1.1  9104-001 Para 8.5.1.2  9104-001 Para 8.5.1.3.1  9104-001 Para 8.5.1.3.2  9104-001 Para 8.5.1.3.3  9104-001 Para 8.5.1.3.4  9104-001 Para 9.1.10 |
| **For your sample client files you should confirm that**  **. Analysis is conducted prior to initial certification and updated for each surveillance or recertification audit;**  **. The analysis is verified and the verification documented by the CB’s audit team; and updated by the audit team and adjustments made to the audit plan or program, as applicable.**  **. The CB has engaged with applicants and certified organizations to determine the context of the organization and scope of certification.**  **. The scope statements summarize the organization’s products, services, and supporting activities and align with the organization’s AQMS.**  **. The correct AQMS standard(s) (i.e., 9100, 9110, or 9120) is selected based on the organization’s scope of certification.**  **. The client has provided additional aerospace standard(s) listed within the IAQG Standards Register during the initial Stage 1 audit and update, as needed, prior to surveillance or recertification audits.** | | | | | | |
| **Assessment Evidence** | | | | | | | |
| Enter the answer here | | | | | | | |
| ( ) C ( ) NC ( ) NA ( ) NE -- ( ) Observation | | | | | | | |
| Assessment Result: (describe the NCR, OFI and / or Observation) | | | | | | | |

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| **Item** | **2.16** | **Office Assessment** | **Y** | **Activity Review** | **Y** |  | **Reference(s)** |
| How does the certification body ensure that the appropriate certification structure has been selected; that the correct sampling has been used and the retained documented decision meets the requirements of IAF MD 1? | | | | | | | 9104-001 Para 8.5.1.4.1  9104-001 Para 8.5.1.4.2  9104-001 Para 8.5.1.4.3  9104-001 Para 8.5.1.4.4 |
| **For your sample of client files you should confirm that**  **. A single site certification structure has one address documented on the certificate and in the OASIS database.**  **. For a multi-site certification structure, the central function and all applicable sites shall be listed on the certificate and in the OASIS database.**  **. Sampling per IAF MD 1 of a multi-site structure for all AQMS certification, recertification, or surveillance audits is not permitted.**  **. For multi-site organizations all sites and the entire scope of certification are audited during initial certification and recertification; and during surveillance audits, the central function and approximately 50% of the sites shall be audited in year 1; the central function and all remaining sites shall be audited in year 2.** | | | | | | |
| **Assessment Evidence** | | | | | | | |
| Enter the answer here | | | | | | | |
| ( ) C ( ) NC ( ) NA ( ) NE -- ( ) Observation | | | | | | | |
| Assessment Result: (describe the NCR, OFI and / or Observation) | | | | | | | |

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| **Item** | **2.17** | **Office Assessment** | **Y** | **Activity Review** | **Y** |  | **Reference(s)** |
| Does the certification body carry out and document risk analysis of the organization’s structure, complexity, and performance prior to each audit being carried out? | | | | | | | 9104-001 Para 8.5.1.5.1  9104-001 Para 8.5.1.5.3  9104-001 Para 8.5.1.5.4 |
| **For your sample of client files you should confirm that the risk analysis is retained as documented information by the CB and indicates a level of risk (i.e., high, medium, or low), based on the evaluation of the organization’s performance and associated risk factors (reference 8.5.1.5.1) and includes verifiable data linked to the organization’s structure, complexity, and performance that includes the following:**  **. The complexity of the organization and its management system;**  **. The organization’s internal audit program (reference Table 5);**  **. The organization’s performance (reference Table 6);**  **. The organization’s performance measures (reference Table 7).** | | | | | | |
| **Assessment Evidence** | | | | | | | |
| Enter the answer here | | | | | | | |
| ( ) C ( ) NC ( ) NA ( ) NE -- ( ) Observation | | | | | | | |
| Assessment Result: (describe the NCR, OFI and / or Observation) | | | | | | | |

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| **Item** | **2.18** | **Office Assessment** | **Y** | **Activity Review** | **Y** |  | **Reference(s)** |
| Is the output from OCAP used by the certification body to correctly calculate and document the audit time and audit duration? | | | | | | | 9104-001 Para 8.5.1.6.1  9104-001 Para 8.5.1.6.2  9104-001 Para 8.5.1.6.3  9104-001 Para 8.5.1.6.4  9104-001 Para 8.5.1.6.5  9104-001 Para 8.5.1.6.6  9104-001 Para 8.5.1.6.7  9104-001 Para 8.5.1.5 |
| **For your sample of client files you should confirm that the audit time for the audit is based upon the scope, audit program, risk analysis, and size of the organization for both single and multi-site organizations.**  **. The CB shall use the audit duration baseline defined in Table 8. Per IAF MD 5, audit time includes both on-site and offsite time. Audit duration includes the time from the opening meeting to the closing meeting.**  **. Audit duration shall only include audit activities. Travel, meals, extended break times, and non-audit activities are not included.**  **. Audit duration shall be calculated using the total number of personnel at each site within the scope of certification at the time of the audit in accordance with Table 8 for initial (Stage 1 and Stage 2), surveillance, and recertification audits.**  **. Determination of audit duration for the central function as defined by IAF MD 1, within a multi-site structure, shall include personnel supporting activities of the central function.**  **. The risk analysis (see 8.5.1.5) results shall be used to adjust the audit duration, in accordance with Table 9, as appropriate.**  **. The applicability of site processes shall be used to adjust audit duration. Allowable audit duration reductions are defined in Table 10.**  **. Audit duration adjustments shall be calculated independently and be the cumulative time, as depicted in Figure 3.**  **. The total reduction by site after all adjustments (including rounding) shall not exceed 50% of the audit duration per Table 8.**  **. Time shall be added to the audit duration by site for the use of translators.**  **. Time shall be added to audit duration by site for the contractual requirements identified within the IAQG Standards Matrix (reference Table 4).**  **. Time shall be added to the audit duration for verification of corrective actions from previous audit nonconformities, when necessary at the appropriate location(s).**  **. The calculated audit duration shall be rounded to the nearest half day.**  **. Site audit duration may be re-allocated to another site to support increased complexity and risk mitigation. Re-allocation shall not reduce the audit duration per Table 8 at any individual site by more than 50%.**  **. The re-allocation of audit duration across sites shall not reduce the total calculated audit duration.**  **. To determine audit time, 20% shall be added to the total audit duration for all sites. This added time is used for OCAP analysis, audit planning, and report writing.** | | | | | | |
| **Assessment Evidence** | | | | | | | |
| Enter the answer here | | | | | | | |
| ( ) C ( ) NC ( ) NA ( ) NE -- ( ) Observation | | | | | | | |
| Assessment Result: (describe the NCR, OFI and / or Observation) | | | | | | | |

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| **Item** | **2.19** | **Office Assessment** | **Y** | **Activity Review** | **Y** |  | **Reference(s)** |
| Has the certification body prepared audit plan for the client to meet applicable requirements? | | | | | | | 9104-001 Para 8.5.5.6  9104-001 Para 8.5.5.7  9104-001 Para 8.5.5.9 |
| **NOTE: If risk review of oversight has been deemed high risk then a minimum of two client files are to be checked completely.**  **For your client file sample you should check the audit plan addresses the following:**  **. Risks identified in the risk analysis process (reference 8.5.1.5), including a focus on organizational change, organizational performance, OASIS database feedback, and contractual requirements?**  **. (If applicable) Covering multiple shifts, and the time used is justified and proportional to the level of activity for each shift.**  **. The verification of corrective actions from previous audit nonconformities are identified, and additional time is allowed to perform the verification.** | | | | | | |
| **Assessment Evidence** | | | | | | | |
| Enter the answer here | | | | | | | |
| ( ) C ( ) NC ( ) NA ( ) NE -- ( ) Observation | | | | | | | |
| Assessment Result: (describe the NCR, OFI and / or Observation) | | | | | | | |

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| **Item** | **2.20** | **Office Assessment** | **Y** | **Activity Review** | **Y** |  | **Reference(s)** |
| How does the certification body demonstrate that they have conducted a stage 2 audit at each site to confirm the scope of certification to the applicable standard, prior to a certification decisions being made.  And  That all applicable clauses of the AQMS standard, including all of the organization’s defined processes, are audited within each certification cycle. | | | | | | | 9104-001 Para 8.5.5.4  9104-001 Para 8.5.5.8  9104-001 Para 8.5.8.2 |
| **NOTE: If risk review of oversight has been deemed high risk then a minimum of two client files are to be checked completely.**  **For your sample of client files you should confirm the following**  **Initial Stage 2 audits shall be conducted by auditing each site included in the scope of certification to the complete,**  **Applicable AQMS standard. In addition, all processes as defined by the organization shall be audited, prior to a**  **Certification decision being made.**  **All applicable clauses of the AQMS standard, including all of the organization’s defined processes, shall be**  **Audited within each certification cycle.**  **CBs shall only certify an organization’s AQMS, when the certification scope is in alignment with the organization’s AQMS.** | | | | | | |
| **Assessment Evidence** | | | | | | | |
| Enter the answer here | | | | | | | |
| ( ) C ( ) NC ( ) NA ( ) NE -- ( ) Observation | | | | | | | |
| Assessment Result: (describe the NCR, OFI and / or Observation) | | | | | | | |

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| **Item** | **2.21** | **Office Assessment** | **Y** | **Activity Review** | **Y** |  | **Reference(s)** |
| How does the certification body demonstrate that AQMS audits teams conduct and document audits in accordance with the requirements of this standard, the 9101 standard? | | | | | | | 9104-001 Para 8.5.6.1  9101 Para 4 |
| **NOTE: If risk review of oversight has been deemed high risk then a minimum of two client files are to be checked completely.**  **For your client file sample you should check the following.**  **a. The audit team leader shall be an AEA (as defined by 9104/3) that participates in and is responsible for the conduct of the entire audit.**  **b. An AEA shall participate at each site during the entire audit duration, including each site audited utilizing ICT.**  **c. Audit teams shall include authenticated auditors (i.e., AEAs, AAs) for the standards being audited.**  **d. AEAs or AAs shall not audit the same site for more than six consecutive annual audits (i.e., initial, surveillance, and recertification), excluding special audits, unless a deviation in advance of the audit is obtained from the accrediting AB. Any request for deviation shall be documented and include supporting justification.**  **e. AEAs shall not audit an organization that has transferred to a new CB for a period of 24 months from the transfer certification decision, when the AEA has audited that organization in the preceding 24 months.**  **Each NCR should contain only one nonconformity.**  **Classification of each NCR according to the definitions provided in 9101 standard.**  **The need for immediate containment for each NCR**  **Each process effectiveness scored against 9101 table 3** | | | | | | |
| **Assessment Evidence** | | | | | | | |
| Enter the answer here | | | | | | | |
| ( ) C ( ) NC ( ) NA ( ) NE -- ( ) Observation | | | | | | | |
| Assessment Result: (describe the NCR, OFI and / or Observation) | | | | | | | |

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| **Item** | **2.22** | **Office Assessment** | **Y** | **Activity Review** |  |  | **Reference(s)** |
| (If applicable) - Is there evidence of documented information when a certification body receives a client objection to the appointment of an audit team member and the team member is removed based on a valid objection? | | | | | | | 9104-001 Para 8.5.6.2 |
| **(If applicable) - The CB should be able to provide documented information to support the information on the objection.** | | | | | | |
| **Assessment Evidence** | | | | | | | |
| Enter the answer here | | | | | | | |
| ( ) C ( ) NC ( ) NA ( ) NE -- ( ) Observation | | | | | | | |
| Assessment Result: (describe the NCR, OFI and / or Observation) | | | | | | | |

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| **Item** | **2.23** | **Office Assessment** | **Y** | **Activity Review** | **Y** |  | **Reference(s)** |
| For initial certification, changes in certification (e.g., extension to scope, restoration), and recertification have all nonconformities been accepted and associated corrective actions closed before the certification decision was made? | | | | | | | 9104-001 Para 8.5.8.1 |
| **NOTE: If risk review of oversight has been deemed high risk then a minimum of two client files are to be checked completely.**  **For your client file sample check the following**  **. The certification decision process for initial certification, changes in certification (e.g., extension to scope, restoration), and recertification shall require that all nonconformities are accepted and associated corrective actions are effective. The client’s AQMS shall be returned to conformity, prior to the certification decision.**  **. Ensure the certification decision does not occur prior to the corrective action closure.**  **. CBs shall only certify an organization’s AQMS, when the certification scope is in alignment with the applied AQMS standard (i.e. maintenance / repair/overhaul - 9110).** | | | | | | |
| **Assessment Evidence** | | | | | | | |
| Enter the answer here | | | | | | | |
| ( ) C ( ) NC ( ) NA ( ) NE -- ( ) Observation | | | | | | | |
| Assessment Result: (describe the NCR, OFI and / or Observation) | | | | | | | |

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| **Item** | **2.24** | **Office Assessment** | **Y** | **Activity Review** | **Y** |  | **Reference(s)** |
| (if applicable) How does the certification body demonstrate conformance during audits using ICT? | | | | | | | 9104-001 Para 8.5.4.1  9104-001 Para 8.5.4.2  9104-001 Para 8.5.4.3  9104-001 Para 8.5.4.4 |
| **How the CB manages application of ICT should be in accordance with IAF MD 4. For your client file sample (if applicable) you should check the following.**  **. Where a physical location of a site exists, and ICT is utilized, a maximum of 50% of the audit duration may be conducted remotely.**  **. Where a physical location of a site does not exist (i.e., a virtual site -reference IAF MD 1), ICT shall be utilized in accordance with IAF MD 4.**  **. The use of ICT by a CB shall not reduce the calculated audit time.** | | | | | | |
| **Assessment Evidence** | | | | | | | |
| Enter the answer here | | | | | | | |
| ( ) C ( ) NC ( ) NA ( ) NE -- ( ) Observation | | | | | | | |
| Assessment Result: (describe the NCR, OFI and / or Observation) | | | | | | | |

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| **Item** | **2.25** | **Office Assessment** | **Y** | **Activity Review** |  |  | **Reference(s)** |
| How does the certification body manage and carry out special audits? | | | | | | | 9104-001 Para 8.5.10.1  9104-001 Para 8.5.10.2  9104-001 Para 8.5.10.3  9104-001 Para 8.5.10.4  9104-001 Para 8.5.10.5 |
| **For your client file sample (if applicable) you should check the following.**  **Special audits shall be conducted, during the certification cycle, in response to one of the following situations:**  **a. An organization's request to extend their existing certification scope, revise certification structure, increase the number of site(s), and/or change in site location(s);**  **b. Transferring certification from one CB to another;**  **c. A complaint of an ethical nature (with sufficient objective evidence); or**  **d. A complaint or notification regarding a significant AQMS nonconformity (with sufficient objective evidence).**  **. Special audits in support of a complaint or notification of an ethical nature shall be conducted within 30 days of the receipt of the complaint or notification.**  **. Special audits shall be conducted on-site for scope extensions or the addition of site(s) to an existing certification.**  **. Audit duration for the addition of a site(s) using a special audit shall be calculated using the initial audit duration for the site(s). The audit duration may be modified based on the results of an updated OCAP that includes the additional site(s).**  **. A special audit used for adding a site(s) to an existing AQMS certificate using PBS/RP shall require a certificate decision. The site(s) added to the PBS/RP program shall be audited using recertification criteria during surveillance, prior to the next recertification decision.** | | | | | | |
| **Assessment Evidence** | | | | | | | |
| Enter the answer here | | | | | | | |
| ( ) C ( ) NC ( ) NA ( ) NE -- ( ) Observation | | | | | | | |
| Assessment Result: (describe the NCR, OFI and / or Observation) | | | | | | | |

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| **Item** | **2.26** | **Office Assessment** | **Y** | **Activity Review** |  |  | **Reference(s)** |
| How does the certification body input and maintain AQMS audit results, certification data, and required ICOP scheme information in the OASIS database and meet the following OASIS database upload requirements.  . The audit report (reference 9101) shall be completed (including all the PEAR forms) and available to the client in the OASIS database within 14 days of the closing meeting.  . The audit report shall be published in the OASIS database within 30 days after a certification decision or 90 days after the closing meeting for all other audits. | | | | | | | 9104-001 Para 8.1.6  9104-001 Para 8.5.7.1  9104-001 Para 8.5.7.2  9104-001 Para 8.5.7.3  9104-001 Para 9.1.5  9104-001 Para 12.1  9104-001 Para 12.2 |
| **NOTE: If risk review of oversight has been deemed high risk then a minimum of two client files are to be checked completely.**  **For your client file sample check the following for audit reports.**  **. For your client file examples reviewed was the data within OASIS accurate and did it correctly reflect the audit results and certification data.**  **. Did AQMS certified organization identify when there is a need to omit information that is proprietary or subject to restrictions, from the audit report, prior to the OASIS database entry.**  **. Was OASIS updated within the applicable timeframe for the scheme requirements?**  **. The CBs shall ensure that the audit report (reference 9101) will be completed and available to the client in the OASIS database within 14 days of the closing meeting.**  **. Any proprietary or confidential data that is referenced and then not included in the audit report shall be retained and the information location identified.**  **. The audit report shall be published in the OASIS database within 30 days after a certification decision or 90 days after the closing meeting for all other audits.** | | | | | | |
| **Assessment Evidence** | | | | | | | |
| Enter the answer here | | | | | | | |
| ( ) C ( ) NC ( ) NA ( ) NE -- ( ) Observation | | | | | | | |
| Assessment Result: (describe the NCR, OFI and / or Observation) | | | | | | | |

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| **Item** | **2.27** | **Office Assessment** | **Y** | **Activity Review** |  |  | **Reference(s)** |
| How does the certification body ensure that Integrated Management System (IMS) audits are conducted in accordance with the requirements of IAF MD 11 and 9104-1?  And  Does the certification body conduct IMS audits in accordance with the 9101 standard? | | | | | | | 9104-001 Para 8.5.2.1  9104-001 Para 8.5.2.2 |
| **(If applicable) For your sample Integrated Management System (IMS) audits should be conducted in accordance with the requirements of IAF MD 11, and the following:**  **. During the OCAP risk analysis (see 8.5.1.5), the level of integration of the management system shall be established;**  **. For an IMS with fully integrated AQMS standards, CBs shall calculate the audit duration for each standard individually; then, take the standard with the highest amount of audit duration and add 50% of the audit duration for each additional standard (i.e., Total Audit Duration = 9100 + 50% of 9110 calculation + 50% of 9120 calculation); and for all other IMS audits, including organizations comprising of an ISO 9001 QMS and an AQMS with different scopes, CBs shall comply with IAF MD 11 requirements and the audit duration time for the AQMS standard(s) shall not be reduced.**  **. The audit of integrated AQMS standards shall be conducted and documented in accordance with the 9101 standard.** | | | | | | |
| **Assessment Evidence** | | | | | | | |
| Enter the answer here | | | | | | | |
| ( ) C ( ) NC ( ) NA ( ) NE -- ( ) Observation | | | | | | | |
| Assessment Result: (describe the NCR, OFI and / or Observation) | | | | | | | |

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| **Item** | **2.28** | **Office Assessment** | **Y** | **Activity Review** |  |  | **Reference(s)** |
| (If applicable) - How does the certification body demonstrate that for organizations with an existing ISO 9001 certificate, that are upgrading to an AQMS standard, a full initial audit (Stage 1 and Stage 2) of all requirements for the applicable AQMS standard (i.e., ISO 9001 and ASD industry additional requirements) has been carried out? | | | | | | | 9104-001 Para 8.5.5.5 |
| **(If applicable) For your client file sample you should check the following.**  **You should be able to see a full initial audit (Stage 1 and Stage 2) of all requirements for the applicable AQMS standard (i.e., ISO 9001 and ASD industry additional requirements) has been carried out.** | | | | | | |
| **Assessment Evidence** | | | | | | | |
| Enter the answer here | | | | | | | |
| ( ) C ( ) NC ( ) NA ( ) NE -- ( ) Observation | | | | | | | |
| Assessment Result: (describe the NCR, OFI and / or Observation) | | | | | | | |

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| **Item** | **2.29** | **Office Assessment** | **Y** | **Activity Review** |  |  | **Reference(s)** |
| How does the certification body ensure that the transfer of any certificates meet the requirements of ISO/IEC 17021-1 and IAF MD 2? | | | | | | | 9104-001 Para 8.5.9.1  9104-001 Para 8.5.9.2  9104-001 Para 8.5.9.3  9104-001 Para 8.5.9.4 |
| **(If applicable) for your client sample check the following.**  **a. Only valid certifications from a CB with an AQMS accreditation from an ICOP scheme approved AB shall be eligible for transfer.**  **b. The accepting CB shall generate a new OCAP (or equivalent) and perform a special audit (see 8.5.10) as part of the pre-transfer review.**  **c. When the OCAP risk analysis is high risk or an outstanding major non-conformance (reference 9101) exists, then a special audit shall be performed on-site.**  **d. For organizations with PBS/RP, CBs shall assure conformance to the requirements as defined in Appendix D, Table D.1, prior to transfer.**  **e. The accepting CB shall not issue certification to the transferring client unless:**  **1. All nonconformities have corrections, corrective action, and verification accepted by the current CB; or**  **2. The accepting CB assures that nonconformities are accepted and associated corrective actions are effective; and**  **3. The client’s AQMS shall be returned to conformity, prior to the certification decision.**  **. The accepting CB shall not use the initial certification process to avoid resolving outstanding nonconformities.**  **. The current CB shall cooperate with the accepting CB to facilitate the transfer. The accepting CB shall use the OASIS database feedback process to create documented evidence of communication with the current CB.**  **. The current CB shall not use notification of a transfer as justification for suspension or withdrawal of the existing certificate before the transfer process to the accepting CB is completed.** | | | | | | |
| **Assessment Evidence** | | | | | | | |
| Enter the answer here | | | | | | | |
| ( ) C ( ) NC ( ) NA ( ) NE -- ( ) Observation | | | | | | | |
| Assessment Result: (describe the NCR, OFI and / or Observation) | | | | | | | |

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| **Item** | **2.30** | **Office Assessment** | **Y** | **Activity Review** | **Y** |  | **Reference(s)** |
| Do the certification body AQMS certificates comply with the applicable requirements? | | | | | | | 9104-001 Para 8.2.4.1  9104-001 Para 8.2.4.2  9104-001 Para 8.2.4.3  9104-001 Para 8.2.4.4  9104-001 Para 8.2.4.5  9104-001 Para 8.2.4.6 |
| **For your client file examples reviewed the certificate should**  **. Identify the name of the certified client**  **. Identify the applicable AQMS standard(s)**  **. Including the year of revision for the standard(s) and scope of certification.**  **. Include a statement that the certification is in accordance with the applicable standards controlling the ICOP scheme including the year of revision.**  **. Identify the applicable site(s), including the address (es) covered by the scope of certification.**  **. For each additional site on a certificate, identify the certificate sub-scope (as applicable).**  **. The dates identified on an AQMS certificate’s current certification cycle shall not exceed three years.**  **. The issue and expiration date of the current certification cycle and re-issue date (within the current certification cycle), when applicable.**  **. (If applicable) When an ISO 9001 certificate has been issued with a different scope of certification than the AQMS certificate, the ISO 9001 standard shall not be listed on the AQMS certificate.**  **. Logos are accurate**  **. (If applicable) The text on the certificate attached in the OASIS database shall be in English. Text in the national language may be added at the CB’s discretion or as a separate certificate that is identical in all other respects.** | | | | | | |
| **Assessment Evidence** | | | | | | | |
| Enter the answer here | | | | | | | |
| ( ) C ( ) NC ( ) NA ( ) NE -- ( ) Observation | | | | | | | |
| Assessment Result: (describe the NCR, OFI and / or Observation) | | | | | | | |

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| **Item** | **2.31** | **Office Assessment** | **Y** | **Activity Review** | **Y** |  | **Reference(s)** |
| How does the certification body demonstrate that that their auditors are authenticated to; and continually meet the requirements of 9104/3? | | | | | | | 9104-001 Para 8.4.3 |
| **From your client file sample selected you should confirm that that the auditors are**  **. Correctly documented within OASIS**  **. Have documented evidence to confirm competency** | | | | | | |
| **Assessment Evidence** | | | | | | | |
| Enter the answer here | | | | | | | |
| ( ) C ( ) NC ( ) NA ( ) NE -- ( ) Observation | | | | | | | |
| Assessment Result: (describe the NCR, OFI and / or Observation) | | | | | | | |

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| **Item** | **2.32** | **Office Assessment** | **Y** | **Activity Review** | **Y** |  | **Reference(s)** |
| Does the CB have a process to monitor and retain individual auditor performance? | | | | | | | 9104-003 Para 8.4.1.1  9104-003 Para 8.4.1.2  9104-003 Para 8.4.1.3  9104-003 Para 8.4.2.1  9104-003 Para 8.4.4.1 |
| **NOTE: If risk review of oversight has been deemed high risk then a minimum of two client files are to be checked. (Two Auditors)**  **The CB should have a process for monitoring individual auditor performance. For your client sample check the following.**  **. The CB shall share information relating to the monitoring and reporting of the auditors’ AQMS audit activity and performance with relevant interested parties in accordance with this standard and other ICOP scheme requirements; subject to compliance with applicable law, in particular relating to the protection of personal data and confidentiality of information.**  **. CBs and/or auditors shall provide performance assessment data, when requested by the AAB or IAQG, in support of oversight activity or specific investigations.**  **For each employed and/or contracted auditor, each CB shall at a minimum (in accordance with Table 4)**  **a) undertake performance assessment against the mandatory and any additional performance criteria (see 8.2),**  **b) conduct an on-site AQMS witness audit to confirm that an auditor has the ability to apply knowledge and skills to achieve intended results, ensuring:**  **1) the witness auditor is an authenticated AEA for the AQMS standard being witnessed, or alternatively a competent CB person with suitable knowledge and experience approved by the Sector Management Structure (SMS),**  **2) the witness auditor is not part of the appointed audit team and witnesses only one auditor per audit,**  **3) the witness audit is undertaken over a minimum of two on-site working days, and**  **4) The witness audit covers the entire audit, including the production and/or service provision.**  **The CB shall retain documented information that includes:**  **a) established and communicated performance criteria and parameters;**  **b) performance assessments, witness audits, investigations, and outcomes;**  **c) the implementation and outcomes of PIPs;**  **d) notifications to AABs;**  **e) Actions taken to determine the validity of previously delivered audits when a performance issue has been identified.** | | | | | | |
| **Assessment Evidence** | | | | | | | |
| Enter the answer here | | | | | | | |
| ( ) C ( ) NC ( ) NA ( ) NE -- ( ) Observation | | | | | | | |
| Assessment Result: (describe the NCR, OFI and / or Observation) | | | | | | | |

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| **Item** | **2.33** | **Office Assessment** | **Y** | **Activity Review** |  |  | **Reference(s)** |
| Has the CB introduced a risk based process to vary the frequency of the witness audits for auditors who meet performance expectations? | | | | | | | 9104-003 Para 8.4.2.2  9104-003 Para 8.4.2.3 |
| **If the CB has introduced a risk based process check the following.**  **The risk criteria shall include, at a minimum:**  **a) mandatory and any additional performance criteria (see 8.2);**  **b) results of internal witness audits;**  **c) review of audit documentation;**  **d) AQMS audit frequency.** | | | | | | |
| **Assessment Evidence** | | | | | | | |
| Enter the answer here | | | | | | | |
| ( ) C ( ) NC ( ) NA ( ) NE -- ( ) Observation | | | | | | | |
| Assessment Result: (describe the NCR, OFI and / or Observation) | | | | | | | |

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| **Item** | **2.34** | **Office Assessment** | **Y** | **Activity Review** | **Y** |  | **Reference(s)** |
| (If applicable) - Since the last head office assessment has the CB had any individual auditors where the performance did not meet defined performance thresholds? | | | | | | | 9104-003 Para 8.4.3.1  9104-003 Para 8.4.3.2  9104-003 Para 8.4.3.3  9104-003 Para 8.4.3.4  9104-003 Para 8.4.3.5 |
| **NOTE: If risk review of oversight has been deemed high risk then a minimum of two client files (Auditors) are to be checked.**  **(If applicable) for your client sample check the following.**  **. When individual auditor performance does not meet defined performance thresholds, including notification of an open PIP [see 8.3.1 a)], the CB shall investigate and, as applicable**  **a) take no further action, where no performance issue is identified,**  **b) establish a PIP (see 3.12), or**  **c) Terminate the contract for AQMS audits.**  **. The CB shall determine if the validity of previously delivered audits has been adversely affected and take appropriate action, as necessary.**  **. The PIP shall be managed by the CB and include clear improvement actions, timescales, and required outcomes.**  **. The CB shall notify the auditor’s AAB in writing and provide supporting information to justify their decision within ten working days when**  **a) the auditor does not engage with the PIP,**  **b) planned improvements have not been achieved, or**  **c) The CB terminates an AQMS contract due to performance issues.**  **. In cases where an employed or contract auditor leaves the CB prior to the performance review and performance issues are identified, the CB shall notify the AAB.** | | | | | | |
| **Assessment Evidence** | | | | | | | |
| Enter the answer here | | | | | | | |
| ( ) C ( ) NC ( ) NA ( ) NE -- ( ) Observation | | | | | | | |
| Assessment Result: (describe the NCR, OFI and / or Observation) | | | | | | | |

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| **Item** | **2.35** | **Office Assessment** | **Y** | **Activity Review** |  |  | **Reference(s)** |
| How does the certification body demonstrate that they share the relevant documented information when dealing with misconduct issues with the AAB responsible for the subject auditor’s AQMS? | | | | | | | 9104-001 Para 5.1.3 |
| **If applicable for the CB check for examples were sharing has been exercised.**  **The certification body should have clear evidence that relevant information detailing the misconduct issue has been shared with the AAB responsible.** | | | | | | |
| **Assessment Evidence** | | | | | | | |
| Enter the answer here | | | | | | | |
| ( ) C ( ) NC ( ) NA ( ) NE -- ( ) Observation | | | | | | | |
| Assessment Result: (describe the NCR, OFI and / or Observation) | | | | | | | |

**Instructions for Completing Check Sheet:**

This check sheet shall be used for 9104-001 CB office assessment. It may also be used for CB special office assessments (e.g., follow-up).

It complements the oversight data input directly into OASIS and is to be entered as an attachment.

Document assessment results within the table as follows:

* **Conforming (C)** - The process records/evidence demonstrate effective implementation; process assessed and found acceptable.
* **Nonconforming (NC)** - The process records/evidence were assessed, and a nonconformity was identified.
* **Not Applicable (NA)** - The question is not applicable; record objective evidence in the “Assessment Evidence/Comments” column.
* **Not Evaluated (NE)** – The questions was not asked during the assessment.

**Assessment Evidence / Comments:**

Include appropriate detail in the “Assessment Evidence” column to support the assessment results

Additional questions may be added, as deemed appropriate.

**Nonconformity Reports**

NCRs issued during the oversight by the OP Assessor are to be directly written in OASIS and shall be followed through with OASIS unless NCR is being managed by the AB.

|  |  |
| --- | --- |
| **Document Revision History** | |
| **Revision Date** | **Description of change** |
| 18th April 2023 | New document issued |
|  |  |
|  |  |
|  |  |

END OF DOCUMENT