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Health & Safety

SRI Quality System Registrar


Procedures: QP 4 through QP 8, QP 17, QP 18, and QP 19

Booklet Version 210929

		Revision	Date
QP 4.0	Pre-Audit Registration Procedures	19	04/20/20
QP 5.0	On-Site Audit Procedure	24	08/27/21
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QP 4.0	Pre-Audit Registration Procedures	
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1.0 Scope

1.1 General

- .1 SRI shall conform to the applicable requirements and follow procedures for the assessment and certification of an organization's management system(s) that are consistent with the following, including their reference documents.
- .2 The objective of this third-party system is to provide, by means of audit and subsequent surveillance, an adequate level of confidence that the organization's management system conforms to the identified requirements for that system.
- .3 This third-party system involves only the auditing of the organization's management system and is not concerned with the certification of product.
- .4 The identification of conformance to the appropriate management system standard and any supplementary documentation will be in the form of a registration document.

1.2 References

- .1 ISO/IEC 17021 *Conformity assessment - Requirements for bodies providing audit and certification of management systems*, and any related normative document(s), most current revisions.
- .2 ANSI/ASQ QE19011 *Guidelines for quality and/or environmental management systems auditing*

These procedures are valid for the SRI third party system of assessing and registering an organization's management system to a management system standard and/or sector specific requirement(s).

- .3 IAF MD 1 – Certification of Multiple Sites based on sampling. Refer to R 20.114, Guidelines for Sampling of Multiple sites
- .4 IAF MD 5 – Mandatory Document Duration for QMS and EMS Audits
- .5 MD 22- Application of ISO/IEC 17021-1 for the Certification of Occupational Health and Safety Management System
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1.3 Responsibilities

- .1 **President & COO:** shall establish, maintain, and continually improve all registration policies and procedures.
- .2 **Certification Department:** under the direction of the Certification Director

or designate is responsible for developing, implementing, managing, and monitoring the management system registration processes.

1.4 Approvals

This procedure has been approved by the SRI President & COO.

2.0 Procedures

2.1 Application for Assessment

- .1 The organization should inquire or request the SRI registration information package and application form. Upon that request, SRI will send to the organization a copy of the current SRI: application form, information package, survey form, and registration agreement.
- .2 Upon return of the survey or upon obtaining sufficient information to determine SRI's capability to provide certification/registration services, SRI will project the activities and auditor time needed to support the registration process and forward an estimate of the expected cost to the organization/potential client. For all standards besides ISO 9001, SRI requires an R20.28XX for to be completed. For ISO 9001, the use of the "SRI On-Line Request Basic Information" sheet is acceptable.
- .3 The registration approach is identified (See R20.67).
 - If the client application requests a sampling approach, SRI uses MD-1 (sections 5 and 6.1) for QMS or EMS registration to determine if sampling is allowed. If an OHS registration is requested, sampling must meet MD-1 (sections 5 and 6.1) AND the requirements of MD-22 (sections G 9.1.5 and Annex B, section B.10.1 and B.10.2).
 - If an organization qualifies as a multi-site per MD-1 section 5, but does not meet criteria for sampling, then MD-1 section 6.2 is applied. Some schemes do not allow sampling (e.g. IATF 16949 or AS9100) or have their own unique registration approaches. For those schemes, see scheme specific RForms or procedures for allowed registration approaches and definitions.
 - For sampling or non-sampling multi-site approaches, when a 20% multiple site / corporate discount is applied, the 20% discount is not given at the HQ site and/or the address that holds central functions. The 20% discount may be applied other sites that are part of the multiple site certificate, with the understanding that the reduction of audit time at any individual location cannot be more than 50%.
 - Management system audit mandays (based on IAF MD 5 and Appendix A tables for QMS and Annex B tables for EMS, and MD 22 Appendix B and its tables for OHS) and fees quoted are

structured to cover all necessary activities including document review, planning, interfacing with the organization, audit, and final reporting connected with the audit(s). For quoting of other schemes, see scheme specific RForms or procedures.

- 1) Planning and report writing should not reduce the total on site auditor time to less than 90% of the projected audit time.
 - 2) An auditor day is typically a full normal working day of eight (8) hours. The number of auditor days employed may not be reduced at the initial planning stages by programming longer hours per work day, unless specifically permitted by the registration standard.
 - 3) For the initial registration cycle, surveillance time should be proportional to the time spent at the initial audit with the total amount of time spent annually on surveillance typically one-third (1/3) of the time spent on the initial audit.
 - 4) The amount of time spent at re-assessment should typically be two-thirds (2/3) of the time that would be required for initial assessment.
 - 5) Re-assessment is time spent above and beyond the routine surveillance time. When re-assessment is carried out at the same time as a planned routine surveillance visit, the re-assessment will suffice to meet the requirements for surveillance.
- Once the general starting point has been determined for auditor time, some adjustments may need to be made to account for differences that could affect the time required to perform an effective audit, specifics of the organization (size and number of sites, scope, logistics, outsourcing, complexity, technological or regulatory context, preparedness for the audit, prior audit results, etc.) single or multi-site certification/registration, joint, combined or integrated audits. The duration of the audit and its justifications are recorded. Time spent by any non-member of the audit team (provisional auditor, technical expert, internal witness auditor, translator, etc.) is not counted against minimum audit time.
- .4 The *SRI Application and Cost Proposal Terms and Conditions* (R20.3) includes information regarding applicant obligations prior to the registration audit and provides evidence of official agreement.
 - .5 The survey or online request or other request such as e-mails and application should be returned to SRI, completed fully in English, covering all applicable organizations and locations, along with management system documents, and any application fee required (reference SRI Registration Fee Schedule).

2.2 Establishing the Registration Process

- .1 After receipt of the survey, formal proposal acceptance, and receipt of an application signed by a duly authorized representative of the applicant, SRI will begin processing the application, provide additional information concerning the SRI registration process, SRI registration procedures and any other applicable documentation. Additional information will be requested of the organization relating to the organization's readiness, and scheduling of the pre-audit documentation review, information collection and feedback visit and/or any pre-assessment. SRI may, with the agreement of the organization, appoint an auditor to undertake either the initial assessment (in full or in part) or surveillance or both under its authority and responsibility, performed under agreed conditions.

If, for any reason, SRI decides to refuse consideration, the organization is informed. After receipt of the survey or other relevant information by other means, a written proposal is prepared to start the formalization of a contract agreement.

- A. Request additional information of the supplier relating to the organization's:
- 1) readiness, and
 - 2) scheduling of any pre-assessment audit, Stage 1 (document review, audit preparedness evaluation, information collection and feedback visit), and scheduling of the Stage 2 (on-site audit). SRI may, with the agreement of the supplier, appoint an auditor to undertake either the initial assessment (in full or in part), surveillance, or both under its authority and responsibility, performed under agreed conditions.

- .2 Before proceeding with the audit, the SRI Contract Review function will review and document the review of the application and survey and be confident that:

- A. The scope of the desired registration is defined;
- B. The applicant agrees to comply with the requirements for registration and provide any information needed for its evaluation;
- C. The general features of the applicant, when applicable, such as corporate entity, name, address, legal status, human and technical resources are clearly identified;
- D. A description of the management system to be registered, including requirements to which the organization subscribes and the system standard and/or sector specific requirement(s) or other normative documents are identified. Confirm the R20.28XX is complete as required in step 2.1.2 above. For ISO 9001 only, confirm the R20.28 and or the "SRI On-Line Request Basic Information" sheet is complete as required in step 2.1.2 above. Review the proposed

registration approach on the quote vs. the requirements of the R20.67 and resolve any related issues;

- E. The requirements for registration have been clearly identified, documented, and understood by the applicant;
 - F. Any differences in understanding between SRI and the applicant regarding the terms and conditions, registration process, and/or registration agreement are resolved;
 - G. SRI has the capability to perform the registration service with respect to the scope of the registration, the location of the applicant's operations, and special requirements such as the language used by the applicant.
- .3 When the review identifies areas of concern, any differences are resolved with the applicant and confirmed in writing. If the application materials are acceptable, SRI may formalize a contract agreement. Should SRI decline to accept an application for any reason, that decision and the reason(s) are communicated to the applicant in writing. The contract/proposal will be stamped, dated indicating acceptance, and constitutes evidence of completed application review.
- A. For transfer audits, the R20.118, Transfer of Registration form, is utilized.
- .4 SRI is responsible for all the phases of an audit. This includes the initial and follow-up surveillance audits.
- .5 After the application has been reviewed and any questions are resolved, SRI will make the necessary arrangements with the organization, in accordance with the rules of the program, for:
- A. Any pre-assessment and Stages 1 and 2 of the audit,
 - B. Examination of documents,
 - C. Audit of all areas,
 - D. Resolution of complaints,
 - E. Surveillance,
 - F. Re-audit,
 - G. Records and Interview of personnel for the purpose of the audits.

2.3 Audit Team Selection

- .1 Before being assigned direct responsibilities for a specific registration, lead auditors are approved by the Auditor Review Board. Auditors and technical experts are approved by SRI's President & COO and Certification Director. If Scheduling wants to assign an auditor who lacks the appropriate competency codes, then contact Certification so the competency assessment process can be initiated. If Certification determines the auditor does not qualify in the entire technical area, then Certification can assess competency limited to a specific organization. If an auditor can demonstrate competency for a specific organization, then a record will be established via a Special Considerations comment tied to the organization. If the auditor cannot demonstrate competency, then Certification will contact Scheduling so a different auditor can be selected.
- .2 The process for selecting audit team members for a specific registration will ensure that the audit teams possess the overall experience, expertise, and skills to conduct the audit. Impartiality is also evaluated as part of the audit team selection. The audit team will have at least one member experienced in the technology/industry concerned. Scheduling or designate, under the direction of the Certification Department, selects the audit team using the following as a basis for assignment:
 - A. Qualifications as given, education, experience, training, personal attributes, management attributes, and the competence to achieve audit objectives of an individually assigned auditor or of the team as a whole;
 - B. Audit objectives/scope/criteria/type (single, combined, integrated, sampling), size and type of organization, processes, activities, or functions being audited;
 - C. Collectively, language skills and expertise of the audit team members; if an interpreter is required, they are selected such that they cannot unduly influence the audit.
 - D. Requirements of the client (including geographic, cultural and social issues, if applicable), SRI and accreditation bodies;
 - E. Familiarity with applicable legal regulations, management system standard and/or sector specific requirement(s), registration procedures, and registration requirements;
 - F. Knowledge of the relevant audit method and audit documents;
 - G. Technical knowledge of the specific activities for which registration is sought, and where relevant, associated procedures and their potential for failure;
 - H. General understanding in the technological and industrial sector sufficient to make a reliable assessment of the competence of the

organization to provide products, processes, or services in its registered scope.

- I. Communication skills both written and oral in the required language;
- J. Be free from any interest that may cause team members to act in other than an impartial or nondiscriminatory manner, for example:
 - 1) provided consulting services to the applicant or organization,
 - 2) past, present, or future consideration for employment with the applicant, organization, or related bodies.
- .3 Prior to the audit, all audit team members will sign SRI's Conflict of Interest Policy, SRI Code of Conduct and shall inform SRI about any existing, past, and envisioned future links between themselves or their organizations and the organizations to be audited or related bodies of the organization to be audited.
- .4 One member of the team will be assigned as the lead auditor and will be responsible for managing the audit process, including assignment of responsibility to each team auditor. If audit assignments are altered from the published audit plan, the lead auditor will hand amend the plan as a basis the final audit plan. Auditor-in-training may be assigned (i.e., provisional or acting leads), along with a competent evaluator. Evaluators are responsible to ensure audit objectives are satisfied and are authorized to take over duties of the auditor-in-training as needed.
- .5 The organization shall be informed of the names of the audit team members with sufficient notice to appeal against the appointment of any member. The organization has the absolute right of objection to a named auditor where conflict of interest may arise.

2.4 Pre-Audit Documentation Review

- .1 The organization is required to have a documented system which conforms to applicable system standards (e.g. ISO 9001, ISO 14001) as supplemented, if necessary, by relevant industry sector requirements. Before an assessment visit is arranged, a detailed appraisal of the organization's system documentation for conformance with the applicable requirements is undertaken by SRI. This may occur at Stage 1 or by submission of a copy of the applicant's management system manual to SRI. Included in the documentation is a matrix (R20.44X) which indicates the organization's processes. The organization is notified of any significant omissions or deviations from the requirements in order that suitable amendments can be made prior to the Stage 2 registration audit. A maximum of two (2) complete manual reviews may be conducted, after each of which the registrant must resolve the manual disparities. An implementation period of two to three months is typically required to

ensure sufficient maturity of the system for an acceptable audit. The maximum time allowed by SRI between final documentation review and certification assessment is typically no less than thirty (30) days or more than six (6) months.

- .2 An optional pre-audit documentation review visit to the organization's site can be scheduled. In preparation for the visit by the lead auditor, the organization shall ensure that:
 - A. All documentation relating to the system for which registration is sought, including the manual or its equivalent, is made available to the lead auditor.
 - B. All pertinent records relating to implementation of the system are made available to the lead auditor.
 - C. SRI assessors are permitted and assisted to undertake assessment of the system.
 - D. Responsibility to SRI for the system is clearly defined, for example by appointing a designated person to ensure that the SRI procedures are observed.
- .3 For a detailed definition of the activities expected for a pre-audit document review visit, refer to the *An Explanation of Stage 1 On Site Audit* (R20.8).
- .4 The lead auditor will use the status of the documentation as a guide to recommend to SRI the readiness of the organization for an assessment, and the appropriate timing of the audit.

2.5 Audit Planning

1. In conjunction with the pre-audit document review, the lead auditor works with the organization to develop all components of the Audit Plan for the pre-assessment, when applicable, or the registration audit, including scheduled on-site communications. For a single site, the audit plan covers the entire scope. For a multi-site, the audit plan at each site may cover a portion of the certification scope with plans across all included sites covering the entire certification scope. The Stage 1 or 2 plan should, if applicable, address:
 - A. The audit objectives (conformity of management system, its ability to meet statutory, regulatory, and contractual requirements, its effectiveness in achieving its defined objectives, identification of any applicable opportunities for improvement) scope, audit team identification and size (including non-auditor technical experts), and legal guidelines;
 - B. The audit criteria (requirements of defined normative documents for

the management system and the defined documents and processes of the client's system);

- C. Identification of the auditee's organizational and functional units or processes, shifts to be audited, and their location(s);
 - D. Identification of the functions or individuals having significant direct responsibility for the auditee's management system and establishment of a formal auditee "contact;"
 - E. Identification of those process(es)/clause(s) of the management system that are of high audit priority;
 - F. The procedures for auditing the management system process(es)/clause(s), including special audit requirements (if any) when the management system shares process(es)/clause(s) or is influenced by other management system(s);
 - G. Obtaining organization materials needed for team preparation;
 - H. The working and reporting language of the audit (English);
 - I. Identification of reference documents;
 - J. The expected time and duration of major audit activities;
 - K. The date and place(s) where the audit(s) is to be conducted, including, as needed, the visit to temporary or field locations;
 - L. Meeting schedules with the auditee's management;
 - M. Confidentiality requirements;
- .2 A formal notification letter containing the major process (es)/clause(s) of the audit plan will be sent to the organization typically three weeks prior to the scheduled event. The audit plan and date of the audit will be agreed to with the organization. If the organization objects to any provisions in the audit plan, such objections should be addressed to the lead auditor and resolved between the lead auditor and organization before conducting the audit. Any revised audit plan should be agreed to between the lead auditor and organization before or during the audit.

2.6 Pre-Assessments

- .1 Audit team members shall not provide advice or consultancy prior to, as part of, or following any pre-assessment. Outside the registration process, SRI may conduct pre-assessments of the management system according to the organization's needs. Pre-assessments will be conformance audits structured so that the same subjects and/or process(es)/clause(s) are not

audited more than twice before the registration audit.

- .2 In preparation for the pre-assessment, the organization shall ensure that:
 - A. All necessary arrangements for the conduct of the audit are completed and satisfactory for an effective visit;
 - B. All documentation, records, other information, audit areas, and personnel needed for the purpose of the audit are made available to the auditor(s);
 - C. SRI auditor(s) are permitted access and assisted to undertake the audit of the management system;
 - D. Responsibility to SRI for supporting the management system audit is clearly defined, for example notification to all levels of the organization about the audit and by appointing a designated person to ensure that the SRI procedures are observed.
- .3 Typically, the audit team will meet on-site before starting the pre-assessment to:
 - A. Review logistical issues and pre-audit preparation materials;
 - B. Review agenda, audit materials, legal guidelines, and individual assignments;
 - C. Conduct final briefings and obtain additional information, if needed;
 - D. Arrange and complete a familiarization tour, as needed;
 - E. If appropriate, arrange informal contact with auditee.
- .4 A formal meeting is held by the audit team with the organization's management on the premises prior to the start of the pre-assessment. The meeting checklist (R20.19) is used to standardize the communication within the meeting. The purpose is to:
 - A. Make introductions and pass the attendance sheet;
 - B. Present scope, purpose;
 - C. Present "agenda/plan," confirm suitability;
 - D. Review notebook, audit procedures, and legal guidelines;
 - E. Set up communication links with organization;
 - F. Arrange for authorization guides and describe limitations on their

role, office space, lunch, etc.;

- G. Schedule mini-reviews after each audit segment (no surprises);
- H. Review methods for handling noncompliance to environmental laws and regulations, if applicable;
- I. Answer any questions;
- J. Listen to management statements;
- K. Make post-audit conference arrangements;

.5 At the end of the audit, a meeting is held with the auditee's management and those responsible for the functions concerned. The purpose is to present the audit results in such a manner as to obtain from the auditee a clear understanding and acknowledgment of the factual basis of any nonconformity and, to assure clear communication and understanding of audit observations. Final decisions regarding significance and description of the audit findings rests ultimately on the lead auditor, though the auditee may disagree with these findings. At the meeting, the auditor(s):

- A. Reconfirm top management involvement;
- B. Reintroduce audit team;
- C. Pass attendance log; obtain audit team signatures on required forms;
- D. Summarize agenda/plan and deviations in implementation;
- E. Summarizes "Strengths" and "Areas for Improvement;"
- F. Summarize the management system and organization's degree of conformance/preparedness for a registration audit, including details of any significant omissions or deviations from the requirements in order that suitable amendments can be made prior to the registration;
- G. Agree on the details of the registration audit;
- H. Complete corrective action notification forms, discuss, obtain organization signature, and leave a copy with the organization. While these corrective action notifications are not mandatory, we ask that the organization "exercise" their system, and resolve any identified issues so that at the registration event, the same issues will not surface;
- I. Discuss improvement action (plans) and potential follow-up

planning schedules;

- J. Summarize SRI reporting, corrective action, and review procedures;
- K. Receive and note organization management comments;
- L. Review SRI's complaints, appeals, and dispute system;
- M. Resolve or report any disputes or appeals;
- N. Recognize cooperation and hospitality before adjournment.


- .6 The lead auditor will use results from the pre-assessment as a guide to recommend to SRI the preparedness of the organization for the registration audit, and the appropriate timing of the audit.
- .7 After a pre-assessment, the organization is provided a report presenting results of the audit in a format suitable for the type of audit conducted.

2.7 Team Orientation

- .1 Before the physical audit, each team auditor receives a copy of the audit plan, any additional information or documentation needed a notebook/checklist, previous audit considerations, and communication from SRI and the lead auditor relative to preparation and travel.
- .2 As appropriate, each audit team member will be assigned by the lead auditor to audit specific management system process(es)/clause(s), functions, or activities. Also, the lead auditor will instruct the team on the audit procedure to follow. During the audit, the lead auditor may make changes to work assignments to ensure optimal achievement of the audit objectives. When changes are made, the lead auditor shall inform the organization and seek their agreement.
- .3 SRI may send the working materials and other items to the organization's contact to hold for team arrival.

3.0 Records

- 3.1 *SRI Application and Cost Proposal Terms and Conditions (R20.3).*
- 3.2 *SRI Registration Survey (R20.28).*
- 3.3 *Registration Audit Plan (R20.31) and Notification Letter*
- 3.4 *SRI Assessment Documentation - Corrective Action Notification (R20.35)*
- 3.5 SRI Audit Report
- 3.6 SRI Process Matrix – R20.44x
- 3.7 Applicable Administration Records

<p>QP 5.0</p>	<p>On-Site Audit Procedure</p>	
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3.0 Records

1.0 Scope

1.1 General

- .1 SRI shall follow procedures for the audit and certification of an organization's management system that are consistent with the following documents including their referenced documents:
 - A. ANSI/ASQ QE19011 *Guidelines for quality and/or environmental management systems auditing*
 - B. ISO/IEC 17021 *Conformity assessment - Requirements for bodies providing audit and certification of management systems*, and any related normative document(s), most current revision.
- .2 These procedures are valid for the SRI third-party system of auditing and registering an organization's management system to a certain standard(s), and any applicable related industry sector requirements.
- .3 The objective of this third-party system is to provide, by means of audit and subsequent surveillance, an adequate level of confidence that the organization's management system conforms to the identified requirements for that system.

SRI uses two basic approaches to auditing:

- **Process Approach:** The audit is organized primarily around the flow of the client's key business processes. The auditor focuses on how the organization's system is designed to ensure specified objectives are met and activities within the scope of the system are effectively controlled. The sequence and interaction of key processes is assessed to verify activities are coordinated and effective.
- **Element Approach:** The audit is organized primarily around the clauses of the reference standard. The auditor focuses on how applicable clauses are implemented within functional areas of the organization.

In both approaches, the reference standard is to be used by the auditor during conduct of the audit. For process approach audits, it is not appropriate to organize the audit by clause, but it is appropriate to refer to the standard while evaluating conformity to specific chapters (e.g., assessment of management review records, review of the corrective action process, review of operational controls). The purpose of using the standard directly is to avoid the omission of any requirements and to avoid errors based on using memory only (i.e., generalizing requirements, substituting terms other than those used in the standard).

Three areas of management systems are critical to a management systems' overall effectiveness (management review, internal audit and corrective action). Each of these is an "every time" item on SRI audit plans. Use of the reference standard while reviewing these activities is critical given their

impact on the management systems' overall effectiveness.

- .4 This third-party system involves only the auditing of the organization's management system and is not concerned with the certification of product.
- .5 The identification of conformance to the appropriate management system standard and/or sector specific requirement(s) and any supplementary documentation will be in the form of a registration document.
- .6 If the reference standard allows exclusions, they will be identified by the audit team and confirmed at each on-site event. When the reference standard does not allow exclusions, such as ISO 9001:2015, the audit team will identify and confirm any requirements that the organization states are not applicable (see ISO 9001:2015, clause 4.3).

1.2 References

- .1 ISO/IEC 17021 *Conformity assessment - Requirements for bodies providing audit and certification of management systems*, and any related normative document(s), most current revisions.
- .2 ANSI/ASQ QE19011 *Guidelines for quality and/or environmental management systems auditing*
- .3 *General Registration Information* (R20.1)
- .4 *ISO Registration Audit Procedures Flow Chart* (R20.11)
- .5 *SRI Registration Agreement* (R20.4), the contract between SRI and a registrant or a potential registrant.
- .6 *Pre-Audit Registration Procedures* (QP 4.0)
- .7 *Post-Audit Registration Procedures* (QP 6.0)
- .8 *Appeal and Dispute Resolution System* (QP 8.0), for use by any party if appeal is desired.
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- .15 *SRI Assessment Documentation - Corrective Action Notification (R20.35)*
- .16 *Corrective Action Responses - Lead Auditor Approval (R20.53)*
- .17 *SRI Management System Manual (QPM)*
- .18 *Registration Audit Plan (R20.31)*

1.3 Responsibilities

- .1 **SRI President & COO:** shall be responsible for establishing and maintaining a registrar organization reporting to him/her which shall establish, maintain, and continually improve all registration policies and procedures.
- .2 **Certification Department:** under the direction of the Certification Director is responsible for developing, implementing, managing, and monitoring the management system registration processes.
- .3 **Lead Auditor:** is responsible for ensuring the efficient and effective conduct and completion of the audit within the audit scope and approved plan, managing all aspects of the audit based on ANSI/ASQ QE19011 (*Guidelines for quality and/or environmental management systems auditing*), representing the audit team in discussions with the client and SRI, reporting the audit results and determining if requirements have been met.
- .4 **Auditor:** is responsible for following the directions and supporting the lead auditor, planning, and carrying out assigned tasks objectively, effectively, and efficiently within the scope of the audit, collecting and analyzing information to determine findings and reach a conclusion, preparing working documents under the direction of the lead auditor, documenting audit findings, safeguarding information, and assist in writing the audit report.
- .5 **Technical Experts:** An individual(s) who provides specific knowledge or expertise to the audit team, but who does not participate as an auditor.

1.4 Definitions

- .1 **Management System:** The part of the overall management system which includes organizational structure, planning activities, responsibilities, practices, procedures and/or documented information, processes, and resources for developing, implementing, achieving, reviewing, and maintaining the management system policy.
- .2 **Management System Audit:** A systematic and documented verification process to objectively obtain and evaluate evidence to determine whether an organization's management system conforms to the management system audit criteria set by the organization, and to communicate the results of the process to management.
- .3 **Major (Hold) Nonconformity:** any or all of the following:

- A. A nonconformity that impacts the capability of the management system to achieve the intended results.
 - B. The absence of or total breakdown of a system to meet a management system requirement. A number of minor nonconformities against one requirement can represent a total breakdown of the system.
 - C. Any noncompliance that would result in the probable shipment of nonconforming product. A condition that may result in the failure or materially reduce the usability of the products or services for their intended purpose.
 - D. A noncompliance that judgement and experience indicate is likely either to result in the failure of the management system or to materially reduce its ability to assure controlled processes and products.
 - E. There is significant doubt as to the capability of the management system to achieve the policy and objectives of the organization.
- .4 **Minor Nonconformity:** A nonconformity that DOES NOT impact the capability of the management system to achieve the intended results. Non systemic nonconformance that does not fall clearly into a Major nonconformity category and has minimal impact and significance on the system.
- .5 **Organization:** Company, corporation, firm, enterprise or institution, or part or combination thereof, whether incorporated or not, public or private, that has its own functions and administration. The term “organization” is often synonymous to “client, registrant or applicant” within the context of registration.
- .6 **Registration Body (SRI):** Third-party which audits and registers the management system of an organization with respect to published management system standards and any supplemental documentation required under the system. In the U.S., commonly referred to as a “registrar.”
- .7 **Registration System:** System having its own rules of procedure and management for carrying out the assessment leading to the issuance of a registration document and its subsequent maintenance.
- .8 **Registration (or Certification):** Inclusion of the organization's particulars and field of assessed capability by the Registration Body (SRI) in an appropriate register or list.
- .9 **Registration (or Certification) Document:** Document indicating that an organization's management system conforms to specified management system standard and/or sector specific requirement(s) and any supplementary documentation required under the system.
- .10 **SRI Board of Directors:** Refers to the group of business advisors to the

CEO. The SRI Board and Advisory Council combined cooperation creates the governing board.

1.5 Approvals

This procedure has been approved by the SRI President & COO.

2.0 Procedures

2.1 Stage 1

.1 The Stage 1 audit objectives are to:

- A. Review the management system documented information and to evaluate the applicant organization's location and site-specific conditions and to undertake discussions with the organization's personnel to determine the preparedness for the Stage 2 audit;
- B. Review the organization's status and understanding regarding requirements of the standard, in particular with respect to the identification of key performance or significant aspects, processes, objectives, levels of control, and operation of the management system;
- C. Collect necessary information regarding the context of the organization, scope of the management system, processes/equipment and location(s) of the client organization, and related statutory, regulatory aspects and compliance, e.g., quality, environmental, legal aspects of the organization's operation, associated risks, etc. (obtain, discuss and confirm the accuracy of the R20.44x, *Process Matrix*, with client. Ensure that all processes identified on the matrix are listed in the clients' management system manual. Additionally, ensure that the matrix addresses all sub-processes under the "Production/Manufacturing" process to ensure that all sub-processes are considered during audits). Review the preliminary scope statement and related exclusions or non-applicable requirements and ensure they are appropriate and consistent with site-specific conditions, observation made during the stage 1 review, and the organization's website;
- D. Review the complexity level to ensure it is correctly assigned. SRI office established a complexity level by coding organizations into an IAF and related NACE code. However, in some cases, an organization placed in a particular code may have activities or circumstances that may justify a change to the complexity code, either up (which will add time to the audit) or down (which will remove time from the audit). General examples of complexity levels are provided in MD5 annexes (attached). Consider the following when reviewing the complexity level:
 - 1) Audit time for stage 2 does not seem correct (too high or too low).
 - 2) The organization's assigned IAF code appears to be incorrect.

- 3) Activities at the location are consistent with a different complexity level as described by the examples provided in MD 5 appendices.
 - 4) When SRI establishes a complexity level that differs from the one assigned based on the correct IAF code, a justification is required. This justification is needed if we move the complexity code either higher or lower. If the auditor recommends a change in the complexity level, then please provide a written justification and explain your reasoning to the client.
 - 5) Document your overall conclusions regarding the complexity level in the Auditor Portal report template.
 - 6) If questions arise regarding the complexity level, contact the office.
- E. Review the allocation of resources for Stage 2 and agree with the organization on the details of the Stage 2 audit;
- F. Provide a focus for planning the Stage 2 audit by gaining a sufficient understanding of the organization's management system and site operations in the context of possible significant aspects and/or the management system standard and other normative documents;
- G. Evaluate if the internal audits and management reviews are being planned and performed and that the level of implementation of the management system substantiates that the organization is ready for the Stage 2 audit;
- H. For most management systems, SRI recommends that at least part of the Stage 1 audit be carried out at the client's premise;
- I. Stage 1 audits are typically performed at least 8 weeks prior to the planned Stage 2 event.
- .2 Stage 1 audit results shall be documented and communicated to the organization including identification of any findings and/or areas of concern that could be classified as a nonconformance during the Stage 2 audit. Findings must be documented on the R20.35, Corrective Action Notification (CAN) Form. All CANs issued at the Stage 1 must be addressed prior to the Stage 2 event, but can be verified and viewed as effectively implemented at the Stage 2 event. Any CANs issued or areas of concern identified at the Stage 1, must be addressed on the Stage 2 audit plan and appropriate follow-up be performed and documented in the final report. Stage 1 CANs are not permitted for IATF 16949:2016 or (ISO/TS 16949:2009 until superseded) events.
- .3 Any part of the management system that is audited during the Stage 1 audit and determined to be fully implemented, effective and in conformity with requirements, may not need to be re-audited during the Stage 2 audit, however the certification body has to ensure that the already audited parts of the management system continue to conform to the certification requirements. In this case, the Stage 2 audit report shall include the audited

areas and clearly state that conformity has been established during the Stage 1 audit.

- .4 In determining the interval between Stage 1 and Stage 2, consideration shall be given to the needs of the client to resolve areas of concern identified during the Stage 1 audit. SRI may need to revise its arrangements for Stage 2. Generally, time between the acceptable Stage 1 and Stage 2 event is 90 days. Variations remain at the discretion of SRI.
- .5 The Stage 1 audit, when conducted on-site, shall follow the same structure as the Stage 2 physical examination with regard to team meetings, pre- and post-audit conferences.

2.2 Stage 2 Audit

The purpose of the Stage 2 audit is to evaluate the implementation, including the effectiveness of the organization's management system. The Stage 2 audit shall take place on the organization's premise. Any part of the audit that is conducted by virtual means is noted on the audit plan and is conducted per specified SRI requirements. The Stage 2 audit includes, as applicable, the following:

- .1 Information and evidence about conformance to all requirements of the applicable management system standard or other normative document;
- .2 The relationship between context of the organization, its scope and related management system planning to ensure that all required inputs were identified and addressed;
- .3 Performance monitoring, measuring, reporting and reviewing against key performance objectives and targets per the requirement in the applicable management system standard or other normative document;
- .4 Operational control of the client's processes; including a physical audit of off shift(s).
- .5 Internal auditing and management review;
- .6 Management responsibility for the organization's policies;
- .7 The organization's management system ability and performance as regard to legal compliance and contractual requirements;
- .8 Links between the normative requirements, policy, performance, risk management, objectives and targets, any legal requirements, responsibilities, competence of personnel, operations, procedures and/or documented information, performance data and internal audit findings and conclusions. Assess the preliminary certificate scope statement and related exclusions or non-applicable requirements and ensure they are appropriate and consistent with site-specific conditions (including outsourced value-added processes), observation made during all phases of the stage 2 review, and the organization's website;

- .9 The audit team shall analyze all information and audit evidence gathered during the Stage 1 and Stage 2 audits to review the audit findings and agree on the audit conclusion.

2.3 Team Meeting On-Site

- .1 The team meets on-site, before starting the Stage 2 registration audit, to:
- A. Review logistical issues and pre-audit preparation materials;
 - B. Review auditing materials, legal guidelines, audit plan, and individual assignments;
 - C. Complete documentation review (if any clarifications are needed);
 - D. Conduct final briefings, obtain additional information if needed;
 - E. Arrange and complete a familiarization tour as needed;
 - F. If appropriate, arrange informal contact with auditee.
 - G. If head count increases are reported by the organization once the audit has begun, the auditor should analyze the impact of the change on the planned audit time and immediately contact the Customer Care Coordinator to report the revised headcount.

2.4 Pre-Audit Conference

- .1 A formal meeting is held by the audit team with the organization's management prior to the start of the Stage 2, registration, or other audit activity. The purpose is to discuss the general topics below. The R20.19 delineates a full array of requisite topics that must be discussed at each and every event:
- A. Make introductions and pass attendance sheet;
 - B. Review the audit scope and objectives;
 - C. Inquire about new customers, requirements, processes, etc.;
 - D. Review the audit plan and agree on the audit timetable;
 - E. Discuss clauses that are to be excluded, if allowed by the reference standard or currently not applicable;
 - F. Provide a short summary of the audit methods, sampling approach, and procedures to be used to conduct the audit; including matters related to confidentiality; confirm the audit team is responsible for the audit and will control the execution of the audit plan and related audit trails/objective evidence collection;
 - G. Set up official communication links between SRI and the organization;

- H. Confirm authorizations, escorts/guide, resources needed, facilities, lunch, etc. Each auditor shall be accompanied by a guide, unless otherwise agreed to by the audit team leader and the client. Guide(s) are assigned to the audit team to facilitate the audit. The audit team shall ensure that guides do not influence or interfere in the audit process or outcome of the audit. The responsibilities of a guide can include: establishing contacts and timing for interviews; arranging visits to specific parts of the site or organization; ensuring that rules concerning site safety and security procedures are known and respected by the audit team members; witnessing the audit on behalf of the client; providing clarification or information as requested by an auditor.
- I. Confirm the language utilized in the event, when warranted;
- J. Advise auditee on responsibilities when nonconformities are found, including methods of reporting verbally and in writing;
- K. Schedule mini-reviews/caucus after each audit segment (no surprises);
- L. Discuss conditions under which the audit may be stopped prematurely;
- M. Answer any questions;
- N. Listen to management statements;
- O. Promote active participation by the auditee;
- P. Review relevant site safety, emergency, and security procedures for the audit team;
- Q. Make post-audit conference arrangements;
- R. Discuss Stage 1 audit corrective action notifications and concerns, if any.

2.5 Physical Audit/Examination

- .1 The audit involves an in-depth examination of the organization's management system policies and related objectives, procedures and/or documented information, processes, implementation and effectiveness of such and of practices for conformance to the relevant standard and certification requirements. The organization is required to demonstrate the practical application of the management system. Sufficient evidence must be collected to be able to determine whether the management system conforms to the registration criteria and all requirements of the applicable standard or other normative document, including inconsistencies between the client's policy, objectives, and targets. SRI has procedures by which nonconformance(s) are identified, recorded, and requires action by the organization to correct.

- The depth and width of the audit should be consistent with the risks of the organization and its management system. Processes critical to fulfilling the organization's expected outcome should receive appropriate audit time and depth of investigation. Critical management system processes, such as management review, internal audit, corrective action and monitoring and measuring should also receive appropriate audit time and depth of investigation. Regarding the organization's corrective action process, SRI auditors shall focus on correction, the adequacy of root cause analysis, the implementation of the corrective action plans, and the steps taken by the organization to verify effectiveness and close NCRs.
- .2 Evidence should be collected through a sufficient number of interviews including upper management and operative personnel, examination of documents, and observation of activities and conditions in the areas of concern to get a sound appraisal of the implementation and effectiveness of the management system. Audit paths suggesting nonconformities should be noted even though not covered by audit materials and should be investigated.
- The SRI auditor should control sampling of records. Sampling should either be random or based on following identified audit trails to their logical conclusion. The SRI auditor must not let the organization select records for review, as this could bias the sample.
- .3 Information gathered through interviews should be verified by acquiring the same information from other independent sources, such as physical observation, measurements, and records. Non-verifiable statements should be identified as such.
- .4 The audit team should examine the basis for sampling programs and the procedures and/or documented information for ensuring effective control of sampling and measuring processes, used by the auditee as part of its management system activities. The final sample should include the selection and verification of documentation of all types (policy, procedure, work instruction, other documented information) for comparison of the documentation versus the observed methods of the organization. Documentation does not need to be verified for all activities audited, but it should be for most.
- .5 During the audit, the lead auditor may make changes to the auditor's work assignments and to the audit plan, if this is necessary to ensure the optimal achievement of the audit objectives.
- .6 Where the available audit evidence indicates that the audit objectives are unattainable or suggests the presence of an immediate and significant risk (e.g., safety), the audit team leader shall report this to the client and, if possible, to SRI to determine appropriate action. Such action may include reconfirmation or modification of the audit plan, changes to the audit objectives or audit scope, or termination of the audit. The audit team leader shall report the outcome of the action taken to SRI.
- .7 All audit findings should be summarized. After activities have been audited,

the audit team should review all of their observations against audit objectives and criteria to determine which are to be reported as nonconformities. The Lead Auditor is responsible to ensure that Corrective Action Notices are issued for each nonconformance to the reference standard or any failure to meet SRI contract requirements (R20.3 & R20.4). The audit team should then ensure that these are documented on the *SRI Assessment Documentation - Corrective Action Notification* (R20.35) in a clear, concise manner and are supported by audit evidence.

- .8 Nonconformities are identified in terms of the specific requirements of the standard or other related documents against which the audit has been conducted. Nonconformities should be classified into Hold (major) or Minor. Nonconformities contain a clear statement of the nonconformity, identifying in detail the objective evidence on which the nonconformity is based.
- .9 The lead auditor should hold team caucuses and day-ending reviews to assure coordination. The team auditor(s) should complete all audit registration materials, *SRI Assessment Documentation - Corrective Action Notification* (R20.35) and promptly share any problems with the lead auditor. The audit team shall analyze all information and audit evidence gathered during Stage 1 and 2 to determine the extent of fulfillment and confirm that all requirements of the reference standard were assessed adequately. In addition, the Lead Auditor should update completed items on the R20.23x in order to ensure coordination of all elemental or process coverage, as well as to ensure completion of every time items list at the bottom of the table, such as logo use.
- .10 Observations should be reviewed by the lead auditor with the responsible auditee manager during day-ending reviews, with a view to obtain acknowledgment of the factual basis for all nonconformities. Disagreements should be resolved prior to closing the meeting, if possible. A final decision regarding significance and description of the audit findings rests ultimately on the lead auditor, though the auditee may disagree with these findings. Unresolved points are recorded in the audit report. As necessary, the audit team lead shall review with the client any need for changes to the audit scope which becomes apparent as on-site auditing activities progress and report this to SRI.
- .11 The audit team may propose opportunities for improvement (OFIs), but shall not recommend the cause of nonconformities or specific solutions.

2.6 Final Day Team Meeting

- .1 The team should meet to prepare and document all items to be discussed at the post-audit conference and should complete reporting obligations.
- .2 The team members will review with the lead auditor all nonconformances and corrective actions required and complete the appropriate SRI form(s).
- .3 The audit team, by a consensus judgement, will decide on the extent of the organization's management system compliance with the applicable standard

and/or sector specific requirement(s), registration criteria, and any related documents, including the analysis of the information and audit evidence gathered during the stage 1 and 2 audits. All audit team members will sign the *SRI Audit Team Recommendation* (R20.36) showing agreement with the conclusions.

- .4 Prior to the closing meeting, the lead auditor will review and finalize the audit program (R20.23x and R20.62 company information). The lead auditor will use the R20.23x as a checklist to confirm all elemental clauses and/or processes as well as other every time items listed at the bottom of the table, such as logo use, are complete. Any items not completed will be fully resolved prior to the closing meeting. The lead auditor will also identify any changes for future events (e.g., scope, audit frequency, audit team competency requirements, etc.). The program for the entire certification cycle must be planned, using the “P/” symbol to show the planned activities related to each event of the cycle. If changes are needed after the plan is finalized, these changes are communicated to SRI Customer care via correspondence or by hand marking changes within SRI forms.

2.7 Post-Audit Conference

- .1 At the end of the audit, a meeting is held with the auditee's management. Those responsible for the functions audited are also invited to attend the meeting. The purpose is to present the audit nonconformities in such a manner as to obtain from the auditee a clear understanding and acknowledgment of the factual basis of any nonconformity, to assure clear communication and understanding of any audit observations, and to discuss the R20.36 recommendation and, for current registrants, its impact on the certificate. At the meeting the auditor(s):
 - A. Reconfirm top management involvement;
 - B. Reintroduce audit team;
 - C. Pass attendance log; obtain audit team signatures on required forms;
 - D. Summarize the audit plan, and any deviations in implementation;
 - E. Summarize “Strengths” and “Areas for Improvement”;
 - F. Summarize the management system and organization’s degree of conformance, review audit methods, and the inherent uncertainty;
 - G. Complete corrective action notification forms, discuss time period for submission of corrective action plans and any required closures, obtain organization signature, leave copy with the organization;
 - H. Discuss potential follow-up planning schedules;
 - I. Summarize SRI reporting, corrective action and review procedures, inform client of effects of audit result on the status of their certificate;

- J. Receive and note organization management comments and questions;
 - K. Review SRI's complaints, appeals and dispute system;
 - L. Resolve or report any disputes or appeals;
 - M. Re-confirm the scope and identify any changes to future audit events;
 - N. Recognize cooperation and hospitality before adjournment.
- .2 Disagreements should be resolved prior to closing the meeting and if possible before the lead auditor issues the report. Final decisions on the significance and description of any audit nonconformance rest with the lead auditor, though the auditee or organization may still disagree with the nonconformance. All nonconformances should be acknowledged in writing by the auditee management (on the R20.35). Any disagreements outstanding at the close of the audit should be summarized in the final audit report.
- .3 Leave a copy of the draft audit report with the client (R20.36, *SRI Audit Team Recommendation*) and all applicable CANs (R20.35, *SRI Assessment Documentation - Corrective Action Notification*).

2.8 Audit Team Reporting


- .1 The lead auditor is responsible for completing an audit report for each audit event, with accuracy and completeness, to the prescribed SRI format. The report should be submitted to SRI within 5 working days, except for any unusual situations or need for additional information. SRI will formalize and authorize the report and promptly submit it to the client identifying the outcome of the audit and any nonconformities.
- .2 The audit report should faithfully reflect both the tone and content of the audit and take into consideration:
- A. The qualifications, training, experience, and authority of the organization's staff audited;
 - B. The results of any pre-assessment;
 - C. The conformance of the internal organization and procedures adopted by the organization to the requirements of the management system;
 - D. The actions taken to correct nonconformities including, where applicable, those identified at previous audits.
- .3 The report should contain the audit observations, nonconformities, and/or a summary thereof with reference to supporting evidence. It should be dated and signed (electronically) by the lead auditor. The lead auditor shall submit the draft electronic report to SRI for final review and formal sign off by the Quality/Technical Manager or designee. It should contain the following items:

- A. The date(s) of audit(s) and SRI designation as the certification body;
- B. The names of the person(s) responsible for the report, audit team members;
- C. The identification of entities audited (e.g., names and address of facilities, organization, and identification of pertinent related organizations, such as corporate parent), significant changes, if any, to the management system since the last audit;
- D. Identification of organizational process(es)/clause(s) audited and audit plan (including any deviations from the plan and the reasons), identification of any significant issues impacting the audit program [R20.23, *SRI Surveillance Plan (Office Record)*];
- E. A directly stated conclusion on the appropriateness of the audited scope of registration, a reference to the standard applied (including any related industry sector requirements, as applicable), the type of audit (initial, surveillance, renewal, special) and whether it is joint, combined, sampling or integrated;
- F. Observations both positive (noteworthy features) and negative (nonconformities), including copies of all corrective action notifications (as applicable) and applicable opportunities for improvement; if applicable, verification of the effectiveness actions taken on previously identified nonconformities;
- G. Audit team's judgement of the extent of the organization's management system conformance with the applicable standard (including any related industry sector requirements), registration criteria and any related documents, and its directly stated confirmation that the audit objectives have been fulfilled;
- H. The system's ability to achieve defined management system objectives;
- I. The results of any pre-assessment or reference to its report;
- J. A summary of the audit process and any obstacles encountered;
- K. Audit team conclusions:
 - 1) recommendation for registration;
 - 2) management system conformance to audit criteria;
 - 3) whether the system is properly implemented and maintained;
 - 4) whether the management review process is able to ensure continuing suitability and effectiveness;
 - 5) the degree of reliance that can be placed on the internal audit process;
 - 6) any unresolved issues;
 - 7) whether the client is effectively controlling use of the marks and/or the certificate, as applicable;

- 8) a conclusion of the appropriateness of the certificate scope;
 - L. Any useful comparisons with results of previous assessments, where applicable;
 - M. A statement of the confidential nature of the contents, and a disclaimer statement indicating that auditing is based on a sampling process of the available information;
 - N. The distribution list for the audit report; note that SRI will provide one copy to the client, the client is responsible for further distribution of the report;
 - O. An explanation of any differences from the information presented to the organization at the closing meeting.
- .4 SRI may invite the client and/or organization audited to comment on the report and describe the specific actions taken, or plan to be taken within a defined time [reference *SRI Assessment Documentation - Corrective Action Notification* (R20.35)], and to correct any nonconformance with the registration requirements. The lead auditor through SRI [reference *Corrective Action Responses - Lead Auditor Approval* (R20.53) and *SRI Audit Team Recommendation* (R20.36)] shall inform the client and/or organization audited of the need for a full or partial re-audit or whether a written declaration to be confirmed during surveillance will be considered adequate.
 - .5 If the report differs from the report submitted by the lead auditor, or if a report is revised after SRI formalizes, authorizes, and submits the report, it shall be submitted to the client with an explanation of any differences from the previous report. The content of the report shall take into consideration the adequacy of the internal organization and procedures and/or documented information adopted to give confidence in the management system. Comments on adequacy should be supported by comments on the state of maturity and effectiveness of the management system.
 - .6 Any communication between the time of the closing meeting and the issuance of the report should be made through SRI.

3.0 Records

- 3.1 *Code of Conduct* (R20.10)
- 3.2 Attendance Sheet
- 3.3 *SRI Assessment Documentation - Corrective Action Notification* (R20.35)
- 3.4 SRI Audit Report
- 3.5 *SRI Audit Team Recommendation* (R20.36)
- 3.6 *Corrective Action Responses - Lead Auditor Approval* (R20.53)
- 3.7 *Registration Audit Plan* (R20.31)
- 3.8 *Process Matrix* (R20.44x)
- 3.9 Audit Program [R20.23x, *SRI Surveillance Plan (Office Record)*]

QP 6.0	Post-Audit Registration Procedures	
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- 2.4 Decision on Registration
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3.0 Records

1.0 Scope

1.1 General

This procedure applies to post-audit registration activities.

SRI shall follow procedures for the audit and certification of an organization's management system that are consistent with the following documents including their referenced documents:

- A. ANSI/ASQ QE19011 *Guidelines for quality and/or environmental management systems auditing*
- B. ISO/IEC 17021 *Conformity assessment - Requirements for bodies providing audit and certification of management systems*, and any related normative document(s), most current revisions.

These procedures are valid for the SRI third-party system of auditing and registering an organization's management system to a certain Standard(s), and any applicable related industry sector requirements.

The objective of this third-party system is to provide, by means of audit and subsequent surveillance, an adequate level of confidence that the organization's management system conforms to the identified requirements for that system.

This third-party system involves only the auditing of the organization's management system and is not concerned with the certification of products.

The identification of conformance to the appropriate management system standard and/or sector specific requirement(s) and any supplementary documentation will be in the form of a registration document.

1.2 References

ISO/IEC 17021 *Conformity assessment - Requirements for bodies providing audit and certification of management systems*, and any related normative document(s), most current revisions.

ANSI/ASQ QE19011 *Guidelines for quality and/or environmental management systems auditing*

General Registration Information (R20.1)

ISO Registration Audit Procedures Flow Chart (R20.11)

SRI Registration Agreement (R20.4), the contract between SRI and a registrant or a potential registrant.

Articles of Association (QP 3.0) (Reference Auditor Review Board)

Pre-Audit Registration Procedures (QP 4.0)

On-Site Audit Procedure (QP 5.0)

Appeal and Dispute Resolution System (QP 8.0), for use by any party if appeal is desired.

Recordkeeping and Retention (QP 10.0)

Personnel (QP 11.0)

Conditions for Use of the Accreditation Mark(s) and the SRI Registration Mark (R20.6)

SRI Registration Fee Schedule

Membership of Internal Audit Committee (IAC), Dispute Resolution Committee (DRC), and Auditor Review Board (ARB) (R20.14)

SRI Board of Directors (R20.13A) and Advisory Council (AC) / Impartiality Committee (R20.13B)

Registration Review Panel (RRP) Review and Approval (R20.47)

Corrective and Preventive Action (QP 15.0)

SRI Code of Conduct (R20.10)

Conflict of Interest Policy (R20.29)

SRI Assessment Documentation -Corrective Action Notification - (R20.35)

Corrective Action Responses - Lead Auditor Approval (R20.53)

SRI Policy Manual Management Systems (QPM)

1.3 Responsibilities

President & COO: shall be responsible for establishing and maintaining an organization reporting to him/her which shall establish, maintain, and continually improve all registration policies and procedures.

Certification Department: under the direction of the Certification Director is responsible for developing, implementing, managing, and monitoring the

management system registration processes.

Lead Auditor: is responsible for ensuring the efficient and effective conduct and completion of the audit within the audit scope and approved plan, managing all aspects of the audit (ANSI/ASQ QE19011 *Guidelines for quality and/or environmental management systems auditing*), representing the audit team in discussions with the client and SRI, reporting the audit results and determining if requirements have been met.

Registration Review Panel (RRP): reviews the overall registration process to assure the SRI system is working properly and according to policies and procedures.

1.4 Definitions

Management System: The part of the overall system which includes organizational structure, planning activities, responsibilities, practices, procedures, processes, and resources for developing, implementing, achieving, reviewing, and maintaining the management system policy.

Management System Audit: Systematic and documented verification process to objectively obtain and evaluate evidence to determine whether an organization's management system conforms to the management system audit criteria set by the organization, and to communicate the results of the process to management.

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- A. A nonconformity that impacts the capability of the management system to achieve the intended results.
- B. The absence of or total breakdown of a system to meet a management system requirement. A number of minor nonconformities against one requirement can represent a total breakdown of the system.
- C. Any noncompliance that would result in the probable shipment of nonconforming product. A condition that may result in the failure or materially reduce the usability of the products or services for their intended purpose.
- D. A noncompliance that judgment and experience indicate is likely either to result in the failure of the management system or to materially reduce its ability to assure controlled processes and products.
- E. There is significant doubt as to the capability of the management system to achieve the policy and objectives of the organization.

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system.

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Registration Body (SRI): Third-party which audits and registers the management system of an organization with respect to published management system standards and any supplemental documentation required under the system. In the U.S., commonly referred to as a “registrar.”

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Registration (or Certification) Document: Document indicating that an organization's management system conforms to a specified management system standard and/or sector specific requirement(s) and any supplementary documentation required under the system.

Scope of Registration: The functions, products, processes, and/or services that are included within the management system.

SRI Board of Directors: Refers to the group of business advisors to the CEO. The SRI Board and Advisory Council combined cooperation creates the governing board.

1.5 Approvals

This procedure has been approved by the SRI President & COO.

2.0 Procedures

2.1 Reporting

SRI is responsible for providing the client’s management representative with a copy of the audit report. The client will be responsible for further distribution.

Audit reports contain confidential or proprietary information and shall be suitably safeguarded by SRI and the auditors.

The audit report should be issued within 30 days or as otherwise agreed upon or mandated by other sector specific requirements.

- A. Prior to issuing the audit report, the report shall be independently reviewed by a competent person for evidence of adequacy in audit performance and reporting to determine whether the certification/registration decision needs to be reconsidered. The reviewer will sign and date the report. The review process is not intended to repeat the original decision process. Only reconsideration for the original registration decision will be documented.

All significant working documents and final reports about the audit shall be retained and disposed of by SRI according to the *Recordkeeping and Retention* (QP 10.0) procedure unless otherwise required by agreements or laws.

2.2 Corrective Action Plans and Evidence

SRI informs the organization in writing of any nonconformance(s) and the time limit by which any corrections should be made to meet SRI's requirements.

The assigned SRI Lead Auditor shall review the corrections, identified root causes and corrective actions submitted by the client to determine if these are acceptable. SRI required steps for auditor's review of Corrective Action Notification responses should be reviewed/have five (5) parts:

- A. Identification of the Problem: usually by restating the nonconformity description identified in the SRI corrective action notification;
- B. Correction: containment to protect the customer (as applicable), investigation of the total extent of the nonconformity, actions to address the objective evidence observed, and scheduled dates for completion of such actions and person(s) or functions responsible must be identified;
- C. Root Cause Analysis: determine why the management system was not followed and/or effective (example techniques: 5 Why, fishbone, cause and effect, FMEA, FTA); statement of the root cause (s).
- D. Implementation of Corrective Action(s): actions needed to address the root cause (can't duplicate the original problem), prevent the problem from recurring; must include scheduled dates and responsibility for completion.
- E. Verification of Actions Taken: review implementation of plans and their effectiveness. This can only occur after sufficient data or information has been collected and analyzed. (Note: watch dates of completion versus target dates and SRI auditor date of closure.)
- F. The SRI office shall review the auditor's acceptance of the correction, root cause and corrective action taken. The evidence

obtained to support the resolution of nonconformities shall be recorded. The client shall be informed of the result of the review and verification.

Note: if there are legal noncompliance(s) on record, SRI must be confident that the EMS/OHS does address such noncompliance(s) and, taken together, such noncompliance(s) do not indicate a major nonconformity. The environmental qualified member of the RRP must agree with this decision.

Sampling - When nonconformities are found at any individual site, either through the organization's internal auditing or from auditing by SRI, investigation must take place to determine whether the other sites may be affected. SRI requires the organization to investigate the nonconformities to determine whether they indicate an overall system deficiency applicable to other sites or not. If they are found to do so, correction and corrective action should be performed and verified both at the central office and at the individual affected sites. If they are found not to do so, the organization should be able to demonstrate to SRI the justification for limiting its follow-up corrective action.

The correction and corrective actions are forwarded to the lead auditor for review and acceptance or rejection. The lead auditor will document results of review on the *Corrective Action Responses - Lead Auditor Approval* (R20.53), the *SRI Assessment Documentation - Corrective Action Notification* (R20.35) form, or via e-mail or required form, noting any comments or additional information that may be needed.

At this time, SRI may undertake a full or partial re-audit or accept a written declaration that corrective action has been taken (to be validated during the first surveillance visit).

2.3 Follow-Up Re-assessment

When a re-assessment is required, the steps defined by *Pre-Audit Registration Procedures* (QP 4.0) and *On-Site Audit Procedure* (QP 5.0) may be repeated to the extent and degree determined by SRI to be necessary. SRI will give consideration to the organization's and lead auditor's inputs in such determination.

2.4 Decision on Registration

When SRI's registration processes are satisfied with the favorable recommendation of the audit team, an RRP (Registration Review Panel) is established for each management system registration recommendation. The RRP review process is conducted, according to SRI's *Articles of Association* (QP 3.0), to confirm:

A. Prior to initial registration

- 1) at least one management review and internal audit cycle has been completed;
 - 2) during the registration cycle(s), the management review cycle(s) remain(s) fully operational (the entire system will be reviewed at defined intervals). It is recommended that the intervals be compatible with,
 - a) arrangements for internal audit,
 - b) the importance of the activities under which the registration is granted;
 - 3) management reviews should be conducted no less frequently than annually;
 - 4) a complete management review cycle typically should not exceed 12 months;
- B. Conformance to SRI procedures;
- C. The capability, performance, and competence of the auditors;
- D. The organization has demonstrated that the management system has been implemented and conforms with the selected Standard, and/or any applicable related industry sector requirements;
- E. A written commitment for timely corrective action has been received from the organization for all identified nonconformities, and all major nonconformities have been eliminated.

Note: SRI may grant registration or permit registration to continue when there are observed legal noncompliances. SRI must be satisfied that the EMS does address such noncompliances and taken together, such noncompliances do not constitute a major nonconformity.

The results of the RRP must indicate conformance to the registration criteria, SRI procedures, and all corrective actions must be adequately addressed. The registration review panel will be given access to all documentation including backup information regarding corrective actions, and, for example, PEARS for aerospace, etc. Based on the information provided, there must be no conflict of interest or basis for appeal evident. If all information is approved, certification is granted. A record (R20.47 and R20.47-01) of each certification decision is maintained, including any additional information or clarification sought from the audit team or other sources.

All other outstanding process(es)/clause(s) of the “SRI Registration Agreement” must be satisfied before issuance of the certificate.

SRI is not permitted to issue a certificate under a new scope of registration until formal approval from the AB is received. This approval is the listing of the scope on the updated AB certificate.

A decision will be communicated by SRI within 30 days of the sign off by the Certification Director, unless unique issues arise or other sector

specific requirements override this time constraint. When unique issues arise, SRI will inform the client's management representative when the decision cannot be communicated within the 30 day time frame.

2.5 Appeals

If the certification has been denied, either completely or in part, or if SRI has failed to come to a decision within the required period, the organization may enter an appeal, as described in the *Appeal and Dispute Resolution System* procedure (QP 8.0).

If certification has been denied, or if the organization withdraws the application, SRI will consider any new application only after the organization has demonstrated that adequate corrective actions have been taken on those points which the earlier application had been denied or that the reasons for the withdrawal no longer apply.

2.6 Registration (Certification)

SRI will charge the organization for the assessment and for the subsequent consideration of the application for registration on the basis of the time spent, at the fees stated in the SRI fee schedule and any related expenses incurred.

If an organization fails to pay these charges, SRI may, as appropriate:

- A. Discontinue further consideration of the application;
- B. Not offer a registration agreement;
- C. Terminate an existing registration agreement.

The model of the agreement entered into between SRI and the organization before issuance of the certificate of registration is incorporated in the records to this procedure.

After the agreement has been duly signed, SRI provides a certificate of registration signed by the President or designee, who is authorized to issue the certificate. The term of the certificate/registration in most cases will normally be compatible with the arrangements for re-assessment. The certificate/registration is valid for three years.

The scope of registration is shown on the certificate or on a separate schedule. These documents shall include, as a minimum the following information:


- A. The name and address of the organization registered;
- B. Location(s) of the registered facility/facilities and the scope of the registration, including a description of the activities and the products, processes, or service categories and, if appropriate,

- regulatory requirements, product standards or other normative documents against which products are supplied;
- C. The standard and/or other normative documents to which the management system is registered;
 - D. The effective date of registration and the term during which the registration is valid (the term in most cases will normally be compatible with the arrangements for re-assessment);
 - E. Unique identification code/client number;
 - F. Accreditation Mark(s);
 - G. For multi-site certification, each site may receive a separate certificate, with a common certificate number plus number suffix e.g. 0633-01, 0633-02, 0633-03, 0633-04;
 - H. Any other information required by the standard and/or other normative documents used for certification.

The model for the certificate of registration and the schedule are shown in the records to this procedure.

3.0 Records

- 3.1 *SRI Registration Agreement (R20.4)*
- 3.2 *SRI Certificate of Registration*
- 3.3 *SRI Schedule to the Certificate*
- 3.4 *Registration Review Panel (RRP) Review and Approval (R20.47)*
- 3.5 *SRI Assessment Documentation - Corrective Action Notification (R20.35)*
- 3.6 *Corrective Action Responses - Lead Auditor Approval (R20.53)*
- 3.7 *SRI Registration Fee Schedule*
- 3.8 *Membership of Internal Audit Committee (IAC), Dispute Resolution Committee (DRC), and Auditor Review Board (ARB) (R20.14)*

QP 7.0	Post-Registration Procedures	
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3.0 Records

1.0 Scope

1.1 General

- .1 SRI typically carries out surveillance of a registered organization at intervals varying from six months to one year (but no less than once per year) and specifies an agreed upon re-assessment time frame compatible with the term for which the registration is valid. SRI also reserves the right to carry out unscheduled surveillance visits or re-assessments at intervals other than those stated.
- A. In some instances, it may be necessary to conduct audits on short notice to investigate a complaint or in response to changes.
- B. SRI will notify the client by phone, fax, or e-mail as to the reason for the special audit.
- C. SRI will typically utilize the current auditor assigned to the client for the short notice audit.
- D. In the event that the organization objects to a team member, SRI will replace/substitute the auditor with one accepted by the organization. SRI will reissue a conflict of interest to both the organization and the newly assigned auditor.
- E. In the event of a natural disaster or any other disruption to business continuity that prevents a scheduled audit activity from being conducted as planned, SRI will proactively communicate with the organization to establish short term, time limited actions to maintain confidence that the organization's management system remains effectively implemented. Points of communication and special planning include:
- Identification of the scope of the impact on the organization
 - Identification of a date that normal operations are planned to resume
 - Identification of any alternate manufacturing or distribution locations that may be part of contingency operations
 - Status of inventory and potential concessions needed to ship
 - Identification of the feasibility of an alternative short-term assessment method that could be used before withdrawal of certification becomes mandatory AND determination of specific time limits for agreed alternative methods
 - Criteria for renewing normal organization oversight assessment, including timing and updates to the audit program
 - Recording relevant details of plans, including justifications for deviations from accreditation requirements and SRI procedures

- Re-establishment of normal planned activities once the crisis has past
 - NOTE: if contact with the organization cannot be established, then the normal process for suspension / withdrawal is followed.
- .2 SRI prepares reports on these surveillances and re-assessments, which are made available to the client.
- .3 Upon re-assessment, if the result is favorable, a new certificate of registration may be issued. The date on the RRP approval is on or before the date utilized as the start of the new period of certification. In most cases, the term of the certificate/registration will normally be compatible with the arrangements for re-assessment. The certificate/registration is valid for a period of three years. For renewals, the expiry date is based on the expiration date of the prior certificate.
- .4 If the organization wishes to modify the scope of its registration, it must obtain the approval of SRI. An on-site assessment may be required.
- A. If the result of review or assessment is favorable, a new or updated certificate of registration and/or schedule may be issued. If the scope is to be changed, the organization is to return the certificate and its schedule to SRI. SRI will issue a certificate and/or schedule reflecting the changed scope. The expiration date of this certificate may be the same as that of the replaced certificate.
- .5 If registration is to be terminated, the organization is to return the certificate, agreement, and other applicable registration materials to SRI.
- .6 Appeals for a registration decision must be made within 30 days after publication of that decision, according to the *Appeal and Dispute Resolution System* (QP 8.0) procedure.
- .7 This procedure applies to post-audit registration activities leading up to and including the renewal event. SRI shall conform to the applicable requirements and follow procedures for the assessment and certification of an organization's management system that is consistent with the following, including their reference documents:
- A. ANSI/ASQ QE19011 *Guidelines for quality and/or environmental management systems auditing*
- B. ISO/IEC 17021 *Conformity assessment - Requirements for bodies providing audit and certification of management systems*, and any related normative document(s), most current revisions.
- .8 This procedure is valid for the SRI third-party system of auditing and

registering an organization's management system to any approved standard or sector-specific requirement within SRI's scope of accreditation.

- .9 The objective of this third-party system is to provide, by means of audit and subsequent surveillance, an adequate level of confidence that the organization's management system conforms to the identified requirements for that system.
- .10 This third-party system involves only the auditing of the organization's management system and is not concerned with the certification of products.
- .11 The identification of conformance to the appropriate management system standard and/or sector specific requirement(s) and any supplementary documentation will be in the form of a registration document.

1.2 References

- .1 ISO/IEC 17021 *Conformity assessment - Requirements for bodies providing audit and certification of management systems*, and any related normative document(s), most current revisions.
- .2 ANSI/ASQ QE19011 *Guidelines for quality and/or environmental management systems auditing*
- .3 *General Registration Information* (R20.1).
- .4 *ISO Registration Audit Procedures Flow Chart* (R20.11)
- .5 *Articles of Association (and Legal Status)* (QP 3.0) (Reference Auditor Review Board)
- .6 *Pre-Audit Registration Procedures* (QP 4.0)
- .7 *On-Site Audit Procedure* (QP 5.0)
- .8 *Post-Audit Registration Procedures* (QP 6.0)
- .9 *Appeal and Dispute Resolution System* (QP 8.0), for use by any party if appeal is desired
- .10 *Recordkeeping and Retention* (QP 10.0)
- .11 *Personnel* (QP 11.0)
- .12 *Conditions for Use of Accreditation Mark(s) and SRI Registration Mark* (R20.6)

- .13 *Membership of Internal Audit Committee (IAC), Dispute Resolution Committee (DRC), and Auditor Review Board (ARB) (R20.14)*
- .14 *SRI Board of Directors (R20.13A) and Advisory Council (AC) / Impartiality Committee (R20.13B)*
- .15 *Registration Review Panel (RRP) Review and Approval (R20.47)*
- .16 *Corrective and Preventive Action (QP 15.0)*
- .17 *SRI Code of Conduct (R20.10)*
- .18 *Conflict of Interest Policy (R20.29)*
- .19 *Scope Changes, QMS Registration and RRP Process (R20.110)*
- .20 *Re-Assessment and Auditor Independence and Monitoring/Assessment Policy (R20.103)*
- .21 *SRI Policy Manual Management Systems (QPM)*
- .22 *Registration Change Form for Registered Companies (R20.106)*

1.3 Responsibilities

- .1 **President& COO:** shall be responsible for establishing and maintaining an organization reporting to him/her which shall establish, maintain, and continually improve all registration policies and procedures.
- .2 **Certification Director:** reports to the President& COO of SRI and shall be responsible for making all accreditation requirements and for establishing, maintaining, and approving all technical registration activities and for preparing all registration policies and procedures for final review and approval by the President& COO.
- .3 **Certification Department:** under the direction of the Certification Director is responsible for developing, implementing, managing, and monitoring the management system registration processes.
- .4 **Auditor:** is responsible for following the directions and supporting the lead auditor, planning, and carrying out assigned tasks objectively, effectively, and efficiently within the scope of the audit, collecting and analyzing information to determine findings and reach a conclusion, preparing working documents under the direction of the lead auditor, documenting audit findings, safeguarding information, and assists in writing the audit report.

- .5 **Lead Auditor:** is responsible for ensuring the efficient and effective conduct and completion of the audit within the audit scope and approved plan, managing all aspects of the audit (*ANSI/ASQ QE19011 Guidelines for quality and/or environmental management systems auditing*), representing the audit team in discussions with the client and SRI, reporting the audit results and determining if requirements have been met.
- .6 **Registration Review Panel (RRP):** reviews the overall registration process to assure the SRI system is working properly and according to policies and procedures.

1.4 Definitions

- .1 **Audit Team:** A group of auditors, or a single auditor, designated to perform a given audit; the audit team may also include technical experts and auditors-in-training.
- .2 **Auditor:** A person qualified to perform management system audits.
- .3 **Management System:** The part of the overall system which includes organizational structure, planning activities, responsibilities, practices, procedures, processes, and resources for developing, implementing, achieving, reviewing, and maintaining the policy.
- .4 **Management System Audit:** Systematic and documented verification process to objectively obtain and evaluate evidence to determine whether an organization's management system conforms to the management system audit criteria set by the organization, and to communicate the results of the process to management.
- .5 **Lead Auditor:** A person qualified to manage and perform management system audits.
- .6 **Major Nonconformity:** Any or all of the following:
 - A. A nonconformity that impacts the capability of the management system to achieve the intended results.
 - B. The absence of or total breakdown of a system to meet a management system requirement. A number of minor nonconformities against one requirement can represent a total breakdown of the system.
 - C. Any noncompliance that would result in the probable shipment of nonconforming product. A condition that may result in the failure or materially reduce the usability of the products or services for their intended purpose.

- D. A noncompliance that judgment and experience indicate is likely either to result in the failure of the management system or to materially reduce its ability to assure controlled processes and products.
- .7 **Minor Nonconformity:** A nonconformity that DOES NOT impact the capability of the management system to achieve the intended results. Non systemic nonconformance that does not fall clearly into a major nonconformity category and has minimal impact and significance on the system.
- .8 **Organization:** Company, corporation, firm, enterprise or institution, or part or combination thereof, whether incorporated or not, public or private, that has its own functions and administration. The term “organization” is often synonymous to “applicant” within the context of registration.
- .9 **Registration Body (SRI):** Third-party which audits and registers the management system of an organization with respect to published management system standards and any supplemental documentation required under the system. In the U.S., commonly referred to as a “registrar.”
- .10 **Registration System:** System having its own rules of procedure and management for carrying out the assessment leading to the issuance of a registration document and its subsequent maintenance.
- .11 **Registration (or Certification):** Inclusion of the organization's particulars and field of assessed capability by the Registration Body (SRI) in an appropriate register or list.
- .12 **Registration (or Certification) Document:** Document indicating that an organization's management system conforms to specified management system standard and/or sector specific requirement(s) and any supplementary documentation required under the system.
- .13 **Scope of Registration:** The functions, products, processes, and/or services that are included within the management system.
- .14 **SRI Board of Directors:** Refers to the group of business advisors to the CEO. The SRI Board and Advisory Council combined cooperation creates the governing board.
- .15 **SRI Symbol or Logo:** The mark used by SRI to identify its own services.

1.5 Approvals

This procedure has been approved by the SRI President & COO.

2.0 Procedures

2.1 Surveillance

- .1 According to the *SRI Registration Agreement* (R20.4), the first surveillance audit visit after initial registration, to ascertain continuing conformance to the appropriate management system standard and/or sector-specific requirement(s), will typically occur six months to one year after the date of the successful registration audit. It must occur no later than 12 months after the certification decision. Future surveillance activities will then occur at intervals of six months to one year (but no less than once per annual surveillance year), dependent upon the degree of conformance demonstrated on prior surveillances.
- .2 Major modifications that affect the basis for registration, such as company size, processes, products or services, and applicable IAF Code can change the occurrence and/or intervals between surveillances.
- .3 During a surveillance audit, any process/clause/element can be audited anytime by SRI. A surveillance schedule will be specified to ensure that the entire management system is audited during a three-year period against every relevant process(es)/clause(s) of the applicable standard and/or sector specific requirement(s).
- .4 The SRI Lead Auditor is responsible for reviewing the complexity level of the organization, for QMS, EMS and OHS. The SRI office established a complexity level by coding organizations into an IAF and related NACE code. However, in some cases, an organization placed in a particular code may have activities or circumstances that may justify a change to the complexity code, either up (which will add time to the audit) or down (which will remove time from the audit). General examples of complexity levels are provided in MD5 annexes. Consider the following when reviewing the complexity level:
 - Audit time does not seem correct (too high or too low).
 - The organization's assigned IAF code appears to be incorrect.
 - Activities at the location are consistent with a different complexity level as described by the examples provided in MD 5 annexes.
 - When SRI establishes a complexity level that differs from the one assigned based on the correct IAF code, a justification is required. This justification is needed if we move the complexity code either higher or lower.
 - Document your overall conclusions regarding the complexity level in the Auditor Portal report template.
 - If questions arise regarding the complexity level, contact the office.
- .5 SRI will check its records of appeals, complaints, and disputes brought before SRI against the organization at the renewal (R20.47), prior to the

next three-year surveillance events.

Each on site surveillance audit will address:

- A. Changes to the management system, any material changes,
- B. Use of SRI's certificate, symbol, logo and accreditation body marks,
- C. Use of the registration and relevant advertisements,
- D. Conformance to the registration agreement,
- E. Records of complaints and their responses,
- F. Corrective and preventive actions,
- G. The functioning of procedures for notifying management of any breaches, actions taken on nonconformance identified by the organization, actions on SRI nonconformities identified during the previous audit,
- H. Progress of planned activities aimed at continual improvement of system performance,
- I. Management system internal system audit results and management reviews,
- J. The effectiveness of the management system in achieving the organization's objectives and the intended results of the management system,
- K. Continuing operational control, including the determination of the level of control of each shift as demonstrated by the client.
 - If the client cannot demonstrate that off shift(s) is at the same level of control as the day shift, then the auditor will physically audit the off shifts.
 - For QMS, EMS, and OHS* audits, if the client can demonstrate that off shift(s) is at the same level of control, then the auditor will determine if a physical audit of off shift(s) is necessary. If the auditor does not physically audit the off shift(s), a documented justification is required in the report. ***NOTE:** For OHS audits, the main shift and at least one other shift must be audited during the initial certification cycle. After the first renewal, then OHS auditors may justify not physically auditing the off shifts as described.
- L. Other surveillance activities may include:
 - 1) inquiry on aspects of certification
 - 2) reviewing the organization's statements in regard to

- 3) promotional materials and their website
 - 3) request to provide documents and records
 - 4) other means of monitoring the client's performance.
- .6 During end of day audit team meeting and at the final preparation meeting prior to the closing meeting, the lead auditor should update completed items on the R20.23x in order to ensure coordination of all elemental or process coverage, as well as to ensure completion of every time items list at the bottom of the table, such as logo use. The auditor will use the *SRI Surveillance Plan (Office Record)* (R20.23) to identify and record the past and current audit results and modifications of any future planned areas for surveillance.
- .7 SRI will establish the specific date for a surveillance visit with the organization and auditor. SRI will update the *SRI Surveillance Plan and Record (Office Record)* (R20.23) and send it to the auditor. An audit plan will be sent to the organization.
- .8 Auditor assignment, audit planning, surveillance audits, and reporting will be conducted in accordance with the applicable requirements of the *Pre-Audit Registration Procedures* (QP 4.0) and/or *On-Site Audit Procedure* (QP 5.0), within the agreed upon scope.
- At the conclusion of the audit, the audit team, by a consensus judgement, will decide on the extent of the organization's management system conformance with the applicable standard and/or sector specific requirement(s), registration criteria, and any related documents. All audit findings should be summarized. The Lead Auditor is responsible to ensure that Corrective Action Notices are issued for each nonconformance to the reference standard or any failure to meet SRI contract requirements (R20.3 & R20.4). The audit team should then ensure that these are documented on the SRI Assessment Documentation - Corrective Action Notification (R20.35) in a clear, concise manner and are supported by audit evidence.
- .9 All audit team members will sign the *SRI Audit Team Recommendation* (R20.36), showing agreement with the conclusions. When Major nonconformities are identified, the audit team will determine if they impact the capability of the management system to meet intended results.
- If the Major nonconformity does impact the capability of the management system to meet intended results, then the audit team recommendation is for Immediate Suspension.
 - If the Major nonconformity DOES NOT impact the capability of the management system to meet intended results, but does meet other aspects of the definition of a Major, then the team has the discretion to recommend Delayed Suspension.
- .10 When a corrective action notification (CAN) is issued by an auditor, the

applicable requirements of the *Post-Audit Registration Procedures* (QP 6.0) will be followed.

- .11 After the audit report is received, review of documentation after a surveillance activity is the responsibility of the Technical Manager/designee. SRI will follow the applicable requirements of the *Post-Audit Registration Procedures* (QP 6.0) to issue the report.
- .12 SRI invoices the organization for fees and expenses incurred for the audit based on the fee schedule and/or quote.
- .13 All SRI registered clients are required to conduct timely surveillance activity to maintain their current registration. In certain instances, as a client convenience, where the client requests an event past the normal target date as established by SRI, the following criteria may be applied:
 - A. The client must request a delay, in writing, along with the reason for the delay.
 - B. Circumstance(s) for the delay must be reasonable and acceptance remains at the discretion of SRI.
 - C. Requesting an audit delay within 6 weeks of the confirmed event (8 weeks for AS9100 or IATF 16949) may result in charges being incurred for travel and mandays scheduled and lost.
 - D. Requests for delay that occur within 30 to 90 days before the event due date may require added on-site activity depending on the period of delay, and the registrant may be required to pay in advance of the audit event for travel expenses and man days.
 - E. Failure to conduct timely assessments is grounds for Suspension and may ultimately lead to Withdrawal and Delisting.

2.2 Re-assessment for Registration

- .1 SRI develops a proposal for re-assessment and/or the subsequent period of registration. The proposal is forwarded to the organization at least 90 days before the end of the current registration. The magnitude and scope of the re-assessment varies from that of a renewal event up to a full re-registration. In general, the following may affect the duration of the re-assessment for continuance of registration:
 - A. The number, severity, and the frequency of corrective actions;
 - B. Nature, number and extent of changes in the management system over the past three years;
 - C. The nature and extent of organizational and scope modifications

that affect the basis for registration over the previous scheduled surveillances;

- D. Consideration of multiple sites or multiple management system standards;
- E. Recertification plans consider performance over the period of certification and include a review of surveillance reports;
- F. SRI makes a decision on renewing certification based on results of the recertification audit as well as the results of the review over the previous period of registration, and any complaints received from users of certification.

.2 A re-assessment is required for renewal of all registrations. The purpose of the recertification audit is to confirm the continued conformity and effectiveness of the management system as a whole, and its continued relevance and applicability for the scope of certification. The re-assessment must be conducted toward the end of the term that the certification/registration is valid. Failure to conduct the re-assessment event, respond to cited major and/or minor corrective action notifications (if any), and reimburse SRI for services rendered by the expiry date of the current certificate, will result in a negative decision to renew the certificate. In this case, the certificate will not be extended. SRI will notify the client of the consequences and or actions that can be taken to re-establish the certificate within the six-month limit. If the six-month limit is exceeded, a stage 2 (at minimum) is required to recertify. Completion of the actions needed will restart the certification decision process. If accepted, the certificate is restored. The restored certification date is on or after the certification decision date, and the end date shall be based on the prior certificate cycle. The re-assessment on site audit may be conducted in conjunction with the surveillance closest to three (3) years from the registration and includes:

- A. A review of past performance over the period of certification / registration. Customer Care will add downloads of all prior audit reports for the certificate cycle to the Lead Auditor's E-vents. If reports are missing, please notify CCC immediately and any missing reports will be provided.
- B. A review of management system documents;
- C. A site audit that addresses effectiveness, improvement and achievement of policies and objectives.
- D. Re-assessment activities do not need to have a Stage 1 audit in situations where there have been no significant changes to the management system, the organization or context in which the organization is operating;

- E. Continued relevance and applicability for the scope of registration.
 - F. The re-assessment shall assess:
 - 1) The effective interaction between all process(es)/clause(s) of the management system,
 - 2) The overall continued effectiveness of the system in its entirety including the effectiveness and compatibility of changes that have taken place in operations, and fulfillment of all requirements of the reference standard and relevant normative documents,
 - 3) The demonstrated commitment to maintain the effectiveness of the system, improvement and achievement of policy, objectives, and intended results.
- .3 Auditor assignment, audit planning, re-audit and re-registration will follow the applicable requirements:
- A. *Pre-Audit Registration Procedures* (QP 4.0);
 - B. *On-Site Audit Procedure* (QP 5.0);
 - C. *Post-Audit Registration Procedures* (QP 6.0);
 - D. This *Post-Registration Procedures* (QP 7.0).
- .4 All SRI registered clients are required to have their management systems re-assessed at least once every three years. A re-assessment is required for renewal of all certifications/registrations. The re-assessment should be conducted toward the end of the term that the certification/registration is valid. Failure to conduct the re-assessment event, respond to cited corrective action notifications (if any), and reimburse SRI for services rendered by the expiry date of the current certificate, will result in the organization requiring a full registration event. The re-assessment and on-site visit may be conducted in conjunction with the surveillance closest to three (3) years from the registration.
- .5 SRI will not permit an extension to a renewal event such that the new certificate has not been approved prior to the current expiry date.

2.3 Changes to the Management System

- .1 The organization shall inform SRI promptly about any significant change in the organization (such as legal, commercial, ownership, key personnel, equipment, activities, operations, contact address or sites, scope of operations under the certified management system, major changes to management system and/or processes) or to the management system which may affect conformance to requirements of the applicable standard and/or sector specific requirement(s) or the basis for registration.

- .2 Any application for a change to the scope of a registration will be processed by SRI according to the requirements for *Scope Changes, Management System Registration and RRP Process* (R20.110). SRI Customer Care will document the request for change on the R20.106, *Registration Change Form for registered companies* and forward the request to the appropriate authorities for review and approval. The Director, Certification or program lead will document and direct appropriate actions related to the change.
- .3 SRI will formally reply to the organization within 30 days to any notification of change. The organization will accept SRI's decision about whether the change requires further investigation, full or a partial re-audit. Any appeal to SRI decisions should be handled according to the *Appeal and Dispute Resolution System* (QP 8.0).

2.4 Public Information

SRI, via its website, makes public information about its:

- .1 audit process (QP 5.0),
- .2 processes for granting, refusing, maintaining, renewing, suspending, restoring, or withdrawing certification, or expanding or reducing the scope of certification (QP 7.0),
- .3 types of management systems and certification schemes in which it operates (accreditation certificates posted)
- .4 use of SRI's name and certification marks or logo (R20.6),
- .5 processes for handling requests for information, complaints and appeals (QP 8.0),
- .6 policy on impartiality.

2.5 Changes to the Registration Requirements/Criteria

- .1 When SRI intends to make significant changes to the registration requirements that affect the organization or accreditation, it will give notice to, as appropriate, the registered organizations, accreditation bodies, SRI applicants, subcontract auditors, and other interested parties. Before deciding the precise form and effective date of any changes, SRI will allow 60 days for the interested parties to express their views. SRI will specify whether such changes require a full or partial re-audit to evaluate conformance to the changed requirement(s).
- .2 After the 60-day study period, SRI will immediately notify organizations and the accreditation body(s) by letter, e-mail, or SRI Website, confirming

the date on which the change will become mandatory. This date typically will be at least six-months from the date of notification, unless statutory or accreditation requirements, or other circumstances direct otherwise.

- .3 After receipt of the formal notification, the organization will implement the change(s) within the transition period.
- .4 If an organization informs SRI that it will not accept the changes or if the organization fails to implement changes as required, SRI may terminate the application for registration and/or the registration agreement, on or before (as appropriate) the date on which the changed registration requirements become mandatory.
- .5 When an organization accepts the changes, the requirements will be considered to be part of the registration agreement from the date on which they will become mandatory.
- .6 If the outcome of any full or partial re-audit is unfavorable, SRI may define a period for corrective action and re-audit. When the organization fails to demonstrate conformance within the permitted time period, the application for registration and/or the registration agreement shall be terminated.
- .7 Any appeal to SRI decisions shall be handled according to the *Appeal and Dispute Resolution System* (QP 8.0).

2.6 Changes in SRI Registration Procedures

- .1 Changes to the procedures for registration may be made only with concurrence by the management system Advisory Council. When such a decision for change has been made, the Advisory Council shall also concur regarding the date on which the changes are to go into effect.

2.7 Confidentiality

- .1 SRI will ensure that confidentiality is maintained about registration activities through appropriate safeguards and through formal non-disclosure and confidentiality agreements. Internal SRI customer files will be locked. Use of files, computer access, and computer media will be restricted. Virus protection and firewalls are provided. All SRI personnel, board and committee members, subcontractors, and cleaning personnel will sign a non-disclosure agreement. Except as required in this document, information not in the public domain, about an organization, process or product shall not be disclosed to a third-party, including fellow employees and other employers, without the written consent of the organization.
- .2 SRI may disclose information required by the accreditation requirements, information accessible to the general public, and information provided by

agreement, such as publication of a registration roster. SRI or its auditors will not disclose information about an organization's registration process, product or process to a third-party without the written consent of the organization. Where the law requires information to be disclosed to a third-party, SRI does not need the organization's consent. SRI will inform the organization of the information provided.

2.8 Misuse of a Registration

- .1 SRI will determine and confirm when a registration is misused. SRI may request an organization granted registration to cease displaying or otherwise using the registration document, including any advertising matter and, if applicable, SRI's and the accreditation body(s) symbol, mark(s) or logo. Misuse of a registration by an organization may include and is not limited to the following situations:
 - A. Continuing to use the registration after it lapses, a suspension, or withdrawal/cancellation;
 - B. The organization has made a change to the management system which has not been accepted by SRI and which could reasonably be expected to affect the organization's basis for registration;
 - C. The organization has failed to implement a change responsive to the registration requirements issued by SRI;
 - D. The organization fails to comply with the registration agreement;
 - E. Uses the registration (for example):
 - 1) In a manner as to bring SRI into disrepute;
 - 2) In a way SRI considers misleading or unauthorized;
 - 3) To imply that a product or service is approved by SRI;
 - 4) Document, symbols, logos, marks, report or any part thereof in a misleading manner;
 - 5) In a way that does not comply with the requirements for communicating its registration status [reference *Conditions for Use of Accreditation Mark(s) and SRI Registration Mark* (R20.6)].
 - F. Any other circumstances arising which could reasonably be expected to adversely affect the management system or basis for registration.
- .2 Upon confirmation that an organization has misused the registration, SRI will take and/or request the organization to take appropriate actions. Such actions may include issuing a corrective action notification to the organization, suspension, or withdrawal of the registration, publication of the transgression and, if necessary, other legal action.

2.9 Suspension or Other Changes to Registration Status

- .1 The Certification Department will make a decision on any violation of a minimum requirement related to maintaining a management system certificate. That decision is typically done within 20 days of the violation. Any failure by an organization to maintain the management system in full compliance with the applicable standard and/or sector specific requirement(s) and registration requirements, will be given a written notification by SRI (i.e., a corrective action notice or some other formal written communication that specifies necessary actions and related time limits). This will result in specific mutually agreed upon actions necessary to bring the organization's system into conformance. If the actions are not satisfied by the methods of verification and within the time specified, SRI will make another certification decision and identify the next steps. Other sector specific status may permit or limit different time frame allotments.
- .2 For current registrants, if an "alert" or other status, is corrected to the satisfaction of SRI, no further action is required, and a letter confirming the corrective actions will be sent to the organization.
- .3 Also, SRI may suspend an organization's registration for a limited period, at SRI's discretion, for any of the following confirmed reasons:
 - A. If a surveillance or re-audit indicates major nonconformance to the relevant requirements but immediate withdrawal is not considered necessary:
 - When Major nonconformities are identified, the recommendation will be either for Immediate or Delayed Suspension. SRI will undertake a documented certification decision as the basis of the final status. The client will receive a written confirmation of the certification decision and its implication on the status of their certificate (see 2.9.4).
 - If conditions specified in the written confirmation are not met, SRI will make a documented certification decision to determine if the status needs to be upgraded (e.g., from Delayed to Immediate Suspension or from Suspension to Withdrawn). If the status is upgraded, the client will receive a written confirmation of the certification decision and its implication on the status of their certificate (see 2.9.4).
 - B. Misuse of the registration, registration document, SRI or accreditation body symbol or logo is not remedied to SRI's satisfaction;
 - C. If there has been any other flagrant significant contravention of the registration requirements, agreement, or of SRI procedures;
 - D. If there is significant legal noncompliance and/or the methods agreed upon for handling such are not followed;

- E. Actions needed to address changes made by the certified client are not undertaken by the client (e.g., allowing special audits, authorizing additional mandays, etc.);
 - F. Client request suspension (see R20.9).
 - G. Required audits, such as annual calendar audits in surveillance year, are not conducted by timing guidelines.
- .4 An official suspension shall be confirmed by SRI in a letter to the organization or by equivalent means, and will indicate the conditions under which the suspension will be removed. SRI may request that the organization cease displaying or otherwise using the registration document, including any advertising matter (and, if applicable, SRI's symbol or logo or any SRI accreditation body symbol or logo) when practicable. SRI may publish notification of suspension.
 - .5 Upon fulfillment of the indicated conditions within the specified period, which may include an on-site corrective action follow-up audit, SRI will remove the suspension and notify the organization accordingly; otherwise, the registration will be cancelled and the registration document withdrawn.
 - .6 The maximum period for suspension is typically three to six months from the notification, depending on the cited standard, at which time SRI may cancel a registration, withdraw the registration document and cancel any registration agreement and other agreements for the use of the SRI or accreditation body, trademark and logos.
 - .7 Short-notice or unannounced audits may be performed due to complaints received, or in response to change or as a follow-up to suspension. Magnitude of the event is predicated on the issue at hand. Due notice will be given the organization should such an event be required. SRI shall describe and make known in advance to the certified clients the conditions under which these visits are to be conducted, and will exercise additional care in the assignment of the audit team because of the lack of opportunity for the client to object to audit team members.
 - .8 Any appeal to SRI decisions should be handled according to the *Appeal and Dispute Resolution System* (QP 8.0).

2.10 Withdrawal/Cancellation

- .1 After a documented certification decision, SRI can cancel a registration, withdraw the registration document and cancel any registration agreement and other agreements for the use of SRI's or its accreditation bodies' symbol or logo including and is not limited to the following:
 - A. Under the relevant provisions of the registration agreement;

- B. If a nonconformance has not been corrected after a Suspension or other required actions' status and/or agreed upon time limit is expired without completing the specified action(s);
 - C. When the reasons for a suspension reoccur;
 - D. At the formal request of the organization;
 - E. If the system rules are changed and the organization either will not or cannot ensure conformance to the new requirements;
 - F. If the organization ceases implementation of the management system or the activities, organizational structure, product, process or service for which the management system is based, including any significant failure to address legal noncompliance and methods of handling are not followed;
 - G. If the registered organization fails to meet financial obligations to SRI;
 - H. On any other grounds specifically provided for under the registration requirements or other agreements between SRI and the organization;
 - I. Misuse of the registration or a violation of the rules of registration of the SRI service mark(s) with/by the US patent and trademark office.
- .2 Withdrawal and cancellation will be communicated in writing. The "Delisting Letter" template is typically completed by the Certification Director, forwarded to the appropriate Manager or Coordinator for required internal actions and notification to interested parties. The organization delisted shall be informed accordingly by registered letter or equivalent means. The organization will cease displaying or otherwise using the registration document, including any advertising matter (and, if applicable, SRI's and the Accreditation Body(s) symbol or logo) when practicable. SRI may publish notification of the withdrawal and cancellation.
- .3 Any appeal to SRI decisions should be handled according to the *Appeal and Dispute Resolution System* (QP 8.0).

2.11 Use of SRI's Certificate, Marks, Symbol or Logo

- .1 SRI is the proprietor of the SRI symbol, mark(s) or logo(s) and intends it for use under the registration system and relevant programs. The organization may use the registration document (certificate and/or the schedule) and the specified SRI and accreditation body(s) symbol, mark(s) or logo only as authorized by SRI [reference *Conditions for Use of Accreditation Mark(s) and SRI Registration Mark* (R20.6)]. The registration document, symbol, mark(s) or logo will not be used on a

product or product packaging seen by the consumer, laboratory test and/or calibration or inspection reports, or in a way that may be interpreted as denoting product or performance conformity.

- .2 SRI will inform the organization, by registered letter or equivalent, of the time and conditions (e.g., suspension, withdrawal, changes) that requires the organization to cease its use of all advertising matter that contains any reference to the registration document, symbols, marks or logos. At SRI's discretion, the organization will destroy or return any registration documents to SRI.

2.12 Corrective Actions

- .1 If SRI determines that a registered company has not complied with the registration requirements and/or registration agreement, SRI may give the organization the opportunity to take corrective actions without prejudice to SRI's right to immediately terminate the registration agreement.
- .2 The organization will accept SRI's assessment whether adequate corrective actions have been taken.
- .3 Any appeal to SRI decisions should be handled according to the *Appeal and Dispute Resolution System* (QP 8.0).


2.13 Extraordinary Events

- .1 If an extraordinary / serious event temporarily prevents SRI from carrying out planned on-site audits, SRI (in consultation with the client) will establish a reasonable course of actions based on an assessment of risks of continuing certification using the steps below.
- .2 SRI's Associate VP, Certification shall assess the risks of continuing certification, including the consideration of the following inputs:
 - A. When will the organization be able to function normally?
 - B. When will the organization be able to ship products or perform the service defined within the current scope of certification?
 - C. Will the organization need to use alternative manufacturing and/or distribution sites? If so, are these currently covered under the current certification or will they need to be evaluated?
 - D. Does existing inventory still meet customer specifications or will the certified organization contact its customers regarding possible concessions?
 - E. Has the certified organization implemented the emergency response plan and was the response effective?
 - F. Will some of the processes and/or services performed or products shipped be subcontracted to other organizations? If so, how will the other organizations' activities be controlled by the certified organization?
 - G. To what extent has operation of the management system been affected?
 - H. Has the certified organization conducted an impact assessment?
 - I. Identification of alternative sampling sites, as appropriate.

- If risks are considered low, alternative short-term methods of assessment to verify continuing system effectiveness may be considered (e.g., submission of every time records, test records, etc.). This consideration includes review of the following potential limitations:
 - 1) First Surveillance after initial certification and whether it may be delayed to up to 18 months.
 - 2) Subsequent Surveillance audits and whether timing adjustments can be justified (e.g., delay for 6 months while facility down and schedule after return).
 - 3) Recertification Audits and whether enough data on effectiveness is present to consider extending the certificate for up to 6 months.
 - If risks are considered high, SRI will determine if the certificate should be suspended or withdrawn.
- .3 SRI will inform applicable accreditation bodies of any deviations and provide documented justifications or seek waivers.
- .4 If events are broad based (e.g., pandemic), SRI will develop a specific plan for addressing the overall event and share that plan with affected parties.

3.0 Records

- 3.1 *SRI Surveillance Plan and Record (Office Record) (R20.23)*
- 3.2 Audit Plan
- 3.3 *SRI Assessment Documentation - Corrective Action Notification (R20.35)*
- 3.4 *Scope Changes, management system Registration and RRP Process (R20.110)*
- 3.5 *Corrective Action Responses - Lead Auditor Approval (R20.53)*
- 3.6 Audit Report
- 3.7 *SRI Audit Team Recommendation (R20.36)*
- 3.8 Non-disclosure and Confidentiality Agreement
- 3.9 Written Consent of Disclosure
- 3.10 *Conditions for Use of Accreditation Mark(s) and SRI Registration Mark (R20.6)*
- 3.11 *SRI Registration Agreement (R20.4x)*
- 3.12 SRI Certificate of Registration and Schedule to the Certificate
- 3.13 Suspension and/or Withdrawal Registered Letters
- 3.14 Risk Analysis

<p>QP 8.0</p>	<p>Appeal Resolution System</p>	
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3.0 Records

1.0 Scope

1.1 General

- .1 A two-level Appeal Resolution Committee (ARC) has been set-up to process any appeal regarding decisions or measures taken by SRI, against which an organization or third-party is entitled to appeal.
 - a) Prior to a formal appeal or complaint being received by SRI as noted below, SRI and the parties involved should attempt to resolve the disagreement through mutual agreement that does not contravene the registration and accreditation requirements. Organizations should contact their Customer Care Coordinator in order to arrange a time to review the issues with SRI management. If mutual agreement cannot be reached, this procedure for *Appeals Resolution System* is available to any party that wishes to make an appeal.
- .2 If an organization makes an appeal against SRI, the organization may request suspension of the decision or action in question. The request shall be made according to this procedure. The organization must be aware that an appeal does not extend the decision timeframe(s) specified by the applicable Accreditation Body for the standard in question (e.g. IATF Rules for Achieving and Maintaining IATF Recognition for ISO/TS 16949).
- .3 Any party entering the appeals process agrees to conform to the requirements and process described within this procedure.
- .4 This process falls under SRI's confidentiality policy.
- .5 Any information typically not included in the SRI documented registration system such as laws, regulations, or customer standards, will be considered predetermined information. Such information must be presented in writing prior to the start of the appeals process. Otherwise, it may not be considered.

1.2 References

- .1 ISO/IEC 17021 *Conformity assessment - Requirements for bodies providing audit and certification of management systems*, and any related guidance document(s), most current revisions.
- .2 *General Registration Information* (R20.1).
- .3 *SRI Application and Cost Proposal Terms and Conditions* (R20.3)
- .4 *SRI Registration Agreement* (R20.4x), the contract between SRI and a

registrant or potential registrant.

- .5 *Articles of Association* (QP 3.0)
- .6 *Pre-Audit Registration Procedures* (QP 4.0)
- .7 *On-Site Audit Procedure* (QP 5.0)
- .8 *Post-Audit Registration Procedures* (QP 6.0)
- .9 *Recordkeeping and Retention* (QP 10.0)
- .10 *Personnel* (QP 11.0)
- .11 *Conditions for Use of Accreditation Mark(s) and SRI Registration Mark* (R20.6)
- .12 *Corrective and Preventive Action* (QP 15.0)
- .13 *SRI Code of Conduct* (R20.10)
- .14 *Conflict of Interest Policy* (R20.29)
- .15 *SRI Policy Manual Management Systems* (QPM)

1.3 Responsibilities

- .1 **President & COO:** shall be responsible for establishing and maintaining an organization reporting to him/her which shall establish, maintain, and continually improve all registration policies and procedures.
- .2 **Certification Department:** the Associate Vice President, Certification is responsible for developing, implementing, managing, and monitoring the management system registration processes.
- .3 **Appeal Resolution Committee (ARC):** a Level 1 or 2 Committee empowered to act by the SRI Board of Directors, in reviewing and resolving any appeal brought to them by the President & COO, CEO, or designate from the SRI registration program.

1.4 Definitions

- .1 **Party making the appeal:** Interested person, party, organization, etc. formally making the appeal.
- .2 **Auditor:** A person qualified to perform management system audits.
- .3 **Lead Auditor:** A person qualified to manage and perform management

system audits.

- .4 **Registration Body (SRI):** Third-party which audits and registers the management system of an organization with respect to published management system standards and any supplemental documentation required under the system. In the U.S., commonly referred to as a “registrar.”
- .5 **Registration System:** System having its own rules of procedure and management for carrying out the assessment leading to the issuance of a registration document and its subsequent maintenance.

1.5 Approvals

This procedure has been approved by the SRI President& COO.

2.0 Procedure

2.1 Appeal Resolution Committee (ARC) and Appeal Process

- .1 The SRI appeal process has two levels.
 - a) An ARC Level 1 appeal is heard by a committee of 3 competent SRI Lead Auditors who have no conflict of interest (i.e., not involved in the assessment and/or any related decision in question). This is the normal level for appeals related to Corrective Action Notices.
 - b) An ARC Level 2 appeal is heard by a committee selected from competent members of the Board of Directors and/or the Advisory Council / Impartiality Committee. This is the only level for appeals related to Certification Decisions. It is also the second level of appeal if either party is not satisfied with the decision made by the ARC Level 1 Committee.
- .2 An appeal shall be lodged in writing by the party making the appeal no later than 30 days after the last day of the audit and/or the date of notification to an organization of an action or decision by SRI. At a minimum, the appeal shall document both a description of the issue under appeal and a description of the party making the appeal's position, including any objective evidence in support of that position. When the appeal involves interpretation of minimum requirements related to a registration standard, such as ISO 9001, and/or an accreditation standard, such as ISO 17021:1, then references to appropriate clauses should also be provided.
- .3 The President of SRI and the Associate V.P., Certification will review the written appeal and determine which ARC Level Committee will be utilized to process the appeal.
- .4 ARC Level 1 Committee members are appointed by the Associate V.P., Certification. ARC Level 2 Committee members are appointed by the

President of SRI. Once the Committee is appointed (with one of the members designated as chair), the party making the appeal and SRI shall be informed of the members of the Committee and have an opportunity to object to the selections. Objections must be communicated in writing no more than 5 business days after notification.

- .5 The ARC Committee (Level 1 or 2) will review the written appeal as well as the written position provided by the Manager of SRI's Certification Department. If the documentation submitted is adequate, the ARC Committee may render a decision. If follow up questions are needed, the ARC Committee can submit written questions and request written answers or arrange a time and date for follow up questions and discussion with both parties. The party making the appeal also has the right to request a time and date to present their position. SRI will make every effort to arrange the meetings within 30 days. Meetings will be held by teleconference or WebEx.
- .6 Appeals are not legal proceedings. Therefore, the party making the appeal must notify SRI immediately if they intend to have legal counsel participate in any meetings arranged to present information related to the appeal. SRI may take up to an additional 30 days to arrange a date for the presentation when both parties' legal representatives can participate.
 - a) The chair of the ARC (Level 1 or 2) will lead any meetings. The party making the appeal will present its position and supporting information first. Next, SRI will present its position and supporting information. The Committee will then direct a question and answer period. Then both parties can make final comments.
 - b) The chair of the ARC (Level 1 only) will inform the party making the appeal of their right to escalate to the ARC Level 2 if they are not satisfied with the decision of the ARC Level 1 Committee.
 - c) The chair will then indicate the expected time frame for communicating their decision (typically one week) and dismiss all parties.
 - d) After the meeting, the ARC Committee members will deliberate without involvement of any other participants. The members of the ARC shall judge the appeal in all fairness. The ARC members, however, are bound by the established registration system requirements/criteria, articles of association, and related accreditation rules.
 - e) The chair will document the ARC Committee's decision and notify SRI management. SRI management will notify the party making the appeal.
 - f) SRI will maintain records related to the appeals per QP 10.0.

2.2 Information

- .1 All parties involved in the registration process of the organization are

obliged to provide to the ARC Committee (Level 1 or 2) all necessary information, if required to do so.

2.3 Secrecy


- .1 The ARC Committee (Level 1 or 2) is obligated to maintain confidentiality concerning knowledge obtained while functioning as the ARC, with regard to all parties involved.

2.4 Corrective and Preventive Action

- .1 When a judgement is unfavorable for SRI, it will take appropriate corrective and preventive action according to its *Corrective and Preventive Action* (QP 15.0) procedure.

3.0 Records

- 3.1 *Appeals Resolution Form* (R20.33)
- 3.2 Pertinent Meeting Minutes entered as a Record

<p>QP 17.0</p>	<p align="center">SRI Policies and Procedures for Responsible Care® Management System (RCMS)</p>	
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1.0 Scope SRI Quality System Registrar is an ANSI-ASQ National Accreditation Board (ANAB) accredited registrar for ISO 14001. To become and maintain status as a “Responsible Care® Management System” (RCMS) accredited registrar, these policies and procedures shall be followed.

Policy SRI shall meet or exceed all recognition and accreditation requirements for being an ISO 14001 Environmental Management System and Responsible Care® Management System (RCMS) Accredited Registrar so as to be capable to certify/register applicants to the American Chemistry Council Responsible Care® Management System.

1.1 General

This procedure establishes an approach, documentation, records, and implementation method for certification/registration of applicants to the American Chemistry Council Responsible Care® Management System. The procedure meets all applicable requirements of the American Chemistry Council Responsible Care® Management System (RCMS) and ANAB requirement documents. This procedure represents additions/clarifications to those defined in SRI Procedures QP 4.0 through QP 8.0, QP 11.0, QP 12.0, QP 15.0 and the relevant Rform documents (R20.XX) where indicated in the above noted and this procedure. The Responsible Care® Management System practices and requirements specified in The American Chemistry Council Responsible Care® Management System and Technical Specification and Guiding Principles are complementary to this procedure and applicable requirements for accreditation.

1.1.a Client transition to RCMS:2019

The transition period to RCMS:2019 ends on 12/31/2020. Use of RCMS:2019 is an option during the 2019 calendar year and mandatory from January 1st, 2020 forward. If the transition audit is conducted at a surveillance, then 0.5 mandays is added to the calculated audit duration. More may be added, if the Lead Auditor believes addition time is needed to conduct an effective audit. Nonconformities identified using the RCMS:2019 standard, up to the end of the transition period, will not negatively affect the certificate status (Option 1). Option 1 certificates issued to RCMS:2013 will have an expiration date of 12/31/2020. Current Option 1 certificates with an end date after 12/31/2020 will be reissued with a 12/31/2020 end date.

1.2 References

American Chemistry Council Responsible Care® Management System (and attachments), most current edition.

ISO/IEC 17021 *Conformity assessment - Requirements for bodies providing audit and certification of management systems*, and any related guidance document(s), most current revisions.

SRI Procedures QP 4.0 through QP 8.0 for conducting registration.

Corrective and Preventive Action (QP 15.0)

Personnel (QP 11.0)

SRI records R20.xx, as referenced in this procedure and QP associated procedures.

SRI registration agreement and model certificate to be issued to Responsible Care® Management System (RCMS) audits.

ACC Responsible Care® Requirements for ACC Members and Responsible Care Partners, most current edition.

ACC Responsible Care® Third Party Audit Requirements for RCMS Audit Service Providers, most current edition.

ACC Requirements for Accreditation Bodies, Certification Bodies, Organizations and American Chemistry Council, most current edition.

1.3 Responsibilities

SRI President & COO: shall be responsible for establishing and maintaining an organization reporting to him/her which shall establish, maintain, and continually improve all registration policies and procedures.

Certification Department: under the direction of the Associate Vice President, Certification is responsible for developing, implementing, managing, and monitoring the Responsible Care® Management System (RCMS) registration processes. The SRI Associate Vice President, Certification has the responsibility for assuring that SRI administrative staff, SRI auditors, and the applicant shall meet or exceed the aforementioned American Chemistry Council Responsible Care® documents, ANAB accreditation requirements, Responsible Care® management system practices and process steps, Responsible Care® Management System (RCMS), and the requirements of this procedure.

Lead Auditor: is responsible for ensuring the efficient and effective conduct and completion of the audit within the audit scope and approved plan, managing all aspects of the audit, representing the audit team in discussions with the client and SRI, reporting the audit results and determining if the practices and requirements have been met.

Auditor: is responsible for following the directions of and supporting the lead auditor, planning, and carrying out assigned tasks objectively, effectively, and efficiently within the scope of the audit, collecting and analyzing information to determine findings and reach a conclusion,

preparing working documents under the direction of the lead auditor, documenting audit findings, safeguarding information, and assisting in writing the audit report.

Applicant: shall be responsible for obtaining copies and complying with the American Chemistry Council Responsible Care® Management System practices and requirements, and for understanding and complying with the applicable SRI Procedures and certification/registration requirements and agreement.

SRI Administrative Staff: shall monitor (SRI Internal Auditor) and support SRI compliance to these procedures.

1.4 Definitions and Acronyms

President & COO: shall be responsible for establishing and maintaining an organization reporting to him/her which shall establish, maintain, and continually improve all registration policies and procedures.

Certification Department: under the direction of the Associate Vice President, Certification is responsible for developing, implementing, managing, and monitoring the management system registration processes.

SRI Board of Directors: refers to the group of business advisors to the CEO. The SRI Board and Advisory Council combined cooperation creates the governing board.

SRI Advisory Council: refers to the SRI Council of Experts, which shall provide, as required, the "Environmental and Responsible Care® Management System expertise" to the government of the registration process. The SRI Board of Directors and Advisory Council combined cooperation creates the governing board.

Applicant: refers to the organization which applied to SRI to become certified/registered to the Responsible Care® management system practices and requirement(s). The term "Applicant" is synonymous to "Supplier" within the context of registration.

Organization (Supplier): the organization that applied to SRI to become certified/registered to the Responsible Care® management system practices and requirement(s). The term "Supplier" is often synonymous to "Applicant" within the context of registration.

SRI: Steel Related Industries Quality System Registrar, Inc.

RCMS (Option 1): client elects annual surveillance audits to maintain a

certificate with a three-year effective date (certification decision date + three years minus one day).

RCMS (Option 2): client elects a stage 1 / stage 2 audit to establish conformity to the RCMS Technical Specification. The effective date corresponds to the Issue date.

1.5 Approvals

This procedure has been approved by the SRI President & COO.

2.0. Procedure

2.1 General

Below are the requirements or practices for American Chemistry Council, Responsible Care® Management System (RCMS) and ANAB accreditation for Responsible Care® for SRI recognition, our audit process, SRI auditor qualifications, registration agreement and certificates. These requirements are binding on SRI to become a Responsible Care® Management System (RCMS) registrar.

SRI is an accredited registrar by ANAB. If SRI would develop multiple or affiliated offices, the following conditions shall be fulfilled. SRI shall use a common certification/registration scheme including the same procedures for all the local offices. The Seven Fields, Pennsylvania office is designated to ANAB, and approved by ANAB, as the contracted office. The Seven Fields office will be the only contact between ANAB and the American Chemistry Council's RC-QC Team or its designated successor. The Associate Vice President, Certification at the Seven Fields Office will be responsible for the control of all Responsible Care® Management System (RCMS) accreditation and certification/registration related activities for the whole SRI group.

SRI shall conform to The American Chemistry Council Responsible Care® procedures. These documents apply in particular, but are not limited to SRI, clients and organizations seeking or obtaining Responsible Care® registration, SRI's procedures, auditor qualification, registration and audit processes, disputes and complaints (reference SRI QP 4.0 through QP 8.0 Procedures).

SRI will maintain on its advisory board at least one member designated as the technical representative with Responsible Care® or chemical industry expertise.

SRI will undergo a successful witness audit by an American Chemistry Council recognized Accreditation Body within the first three Responsible Care® Management System (RCMS) audits as per RC204.3 Section 4.2.

During SRI's accreditation cycle, SRI commits to a negotiated number of witness audits within a five-year accreditation cycle that can be either a Responsible Care® 14001 audit, an RCMS audit, or an ISO 14001 audit at a chemical or similar facility.

SRI will not provide accredited certification/registration services to an organization if SRI has performed any consulting activities to that organization. This restriction includes related bodies of the same parent company or organization. As SRI does not provide consulting services, this statement does not apply. SRI does provide public training according to Responsible Care® Certification Auditor Course Requirements. SRI will not conduct more than two pre-assessments on any one site in the same company.

SRI will not permit a person or person's organization, including any top management, to provide accredited certification/registration services on behalf of, or representing SRI that has performed any consulting services.

SRI ensures its auditors meet ACC requirements, using RC205, ACC provided auditor training, annual ongoing training from ACC and the SRI technical conference, and other activities that are used for continuing professional development. QP 11, QP 12 and R20.41C define the general framework for auditor competency.

SRI ensures that other personnel related to RCMS service provision are aware of RCMS requirement. SRI provides training on related operating procedures and practices, many of which directly reference ACC procedures, such as RC501. Other personnel also participate in the annual SRI technical conference and receive pertinent information from annual ACC conferences.

2.2 Certification/Registration Process General

This procedure, the above referenced external documents, and SRI's certification/registration process supplemented by the above referenced procedures, their attachments, and client organization registration agreement addresses all the requirements for SRI's accredited certification/registration service and auditing of Responsible Care® Management Systems (RCMS).

SRI agrees to give right of access to the American Chemistry Council's representative or member to attend and observe audits. This right of access must be within the appropriate guidelines for maintaining confidentiality and guarding proprietary issues of SRI's client organization(s). This right of access includes the accreditation body representative during periodic witness audits.

SRI will require, through contract documents, its Responsible Care®

Management System (RCMS) to allow an SRI pre-approved, American Chemistry Council (ACC) representative, appropriate ACC member, and/or accreditation body representative access to witness the SRIs audit team performing an accredited certification/registration audit.

A consultant's role at an audit must be limited to that of an observer.

During the quote / contract phase, SRI will establish if the organization will use Option 1 or Option 2 (See RC501.1, Table 1).

For multi-site organizations, it is permitted to select RCMS for some locations and RC14001 for other locations. Each location must be designated for one standard or the other.

A. RCMS and RC14001 sites are not represented on the same certificate.

Sampling is allowed. Audits will occur at HQ and sites. The number of audits required is determined by RC501.1, Table 2. For RCMS (Option 2), the audits are conducted per the ACC Audit Cycle schedule. That three-year schedule begins 1/1/17 and ends 12/31/19. The next three-year begins on 1/1/20. For RCMS (Option 1), sampling is conducted per the certificates three-year cycle.

Calculation of mandays is based on RC502.1, Appendix 2.

2.3 Audit plan

The audit plan shall propose to include all procedures, systems, processes, practices, guiding principles and requirements of the organization's management system to meet Responsible Care® (RC) requirements, even when these go beyond Responsible Care® Management System (RCMS).

The audit plan will be based upon the Responsible Care® Management System (RCMS) procedures, guiding principles, and includes assessment of all procedures, systems, processes, guiding principles, practices and measurements of the organizations management system for effective implementation as well as for effectiveness in practice. Assessment shall evaluate the effectiveness of the system, its linkages, performance and requirements. Inconsistencies between the client's policy, objectives / targets and results will be communicated at daily debriefs or the closing meeting. Part of the evidence required is the result of at least one complete performance measurement activity and management review and reporting cycle.

2.4 Audit Team

Auditors representing SRI for accredited certification/registration services

will meet the Exemplar Global approved certification training programs. Where SRI elects to establish its own auditor training program for accredited certification/registration services, SRI will document its auditor training program. Approval may be in the form of a sanctioned training certificate.

Auditors will be monitored on-site to evaluate performance at least once each three-year period.

2.5 Audit and Registration Process

Any ACC member organization may elect to pursue third-party certification/registration to Responsible Care® Management System (RCMS). Conformance with Responsible Care® Management System RCMS shall be based on objective evidence of meeting each applicable requirement, including any outside influenced specific requirements. The judgment regarding conformance to requirements may be based on the auditors' confidence that implementation of procedures, processes and system assure conformance to requirements. Conformance will be determined during the certification process at the time of audit or follow-up for verification.

Remote locations, e.g., engineering, purchasing, warehouses, shall be included in the initial and, if requested, the optional ongoing surveillance audits as addressed in the annual audit plan. Remote locations shall be audited as they support a site certification. Remote locations shall undergo the optional surveillance audits in accordance with SRI's ISO 14001 environmental management system registration and RCMS process, if requested.

For multiple site certification, sites shall be audited in accordance with SRI's ISO 14001 environmental management system registration and RCMS process.

During the three-year term of a certificate, SRI will assess 100% of the organization's entire certified/registered scope of certification, unless a sampling scheme is utilized.

- A. It is permissible for each surveillance audit to re-examine part of the system so that the equivalent of a 100% assessment is completed within each three-year cycle. The audit report shall clearly show the part of the system that was audited on each surveillance visit. Surveillance audit frequency shall be conducted in accordance with SRI's ISO 14001 or RCMS environmental management system registration process.
- B. Periodic surveillance is not mandatory for RCMS (Option 2).
- C. For RCMS, SRI does not require an on-site initial visit, but does require an initial document review. Recertification of the RCMS is required at the end of the three-year period.

Each on-site audit, including initial and renewal, shall include a review of:

- A. Performance monitoring, measuring, reporting and review of Key performance objectives and targets;
- B. The client's management system and performance as regards legal compliance; including the determination of the level of control of each shift as demonstrated by the client.
 - If the client cannot demonstrate that off shift(s) is at the same level of control as the day shift, then the auditor will physically audit the off shifts.
 - If the client can demonstrate that off shift(s) is at the same level of control as the primary shift, then the auditor will determine if a physical audit of off shift(s) is necessary. If the auditor does not physically audit the off shift(s), a documented justification is required in the report.
- C. Operational control of the organization's processes;
- D. Management responsibility for client's policies;
- E. Links between RCMS requirements, policy, performance objectives and targets, any applicable legal requirements, responsibilities of personnel, operations, procedures, performance data and internal findings and conclusions;
- F. Corrective and Preventive Action and organization response;
- G. Internal auditing and Management Review and Reporting;
- H. Verification and effectiveness of the SRI corrective actions since the last audit event;
- I. Conformance to the SRI registration agreement and use of the term Responsible Care®, a Registered Term.
- J. Any use of SRI, ANAB or other related logos.

Surveillance audits are not necessarily full system audits. Each optional surveillance audit (Option 1), shall include a review of:

- A. Internal audits, Corrective Actions, Management Review;
- B. Actions taken on nonconformities identified on the previous audit;
- C. Effectiveness of the RCMS with regard to achieving the client's objectives;
- D. Progress on planned activities aimed at continual improvement;
- E. Continuing operational control;
- F. Any changes to the management system;
- G. Any use of SRI, ANAB or other related logos.

A major nonconformance is defined as one or more of the following:

- A. Any deviation from planned activities that has caused a total breakdown of a system, process or procedure within the Responsible Care® Management System (RCMS).
- B. A number of minor nonconformities against one requirement can represent a total breakdown of the management system and thus

be considered a major nonconformity.

- C. Any deviation from planned activities within the management system that results in failure or materially reduces conformance to the requirement(s), practice(s), process(es), system(s), procedure(s) and guiding principle(s) and their intended purpose.
- D. Any deviation in planned activities, that in the judgment and experience of the auditor, is likely either to result in the failure of or materially reduce conformance to the management system procedure(s), process(es), system(s), requirement(s), practice(s) and guiding principle(s).

A minor nonconformity is a deviation from planned activities within the management system which, based on judgment and experience of the auditor, is not likely to result in the failure of, or reduce the management systems ability to conform to its procedure(s), process(es), system(s) and guiding principle(s). It may be defined as one of the following:

- A. A failure in some part of the organization's management system relative to Responsible Care® Management System (RCMS).
- B. A single observed lapse of one or a few unrelated items of an organization's management system.

An accredited certificate cannot be issued until all major nonconformance(s) have had satisfactory and effective corrective action implemented and verified by SRI.

2.6 Certificates and Registration

SRI Accredited Certificates for Responsible Care®, RCMS (Option 1), will be valid for a period of three-years.

- A. The certificate will show the period of validity (Option 1).
- B. Statements of Conformity will document the date of issue (Option 2).
- C. SRI uses a certificate template for each option, based on RC502.1, Appendix 1.
- D. For multi-site organizations, if the client elects to use RCMS at some sites and RC14001 at other, a single certificate or statement will not mix RCMS and RC14001 sites.

Responsible Care® is a Registered Term, therefore use of the term on certificates must be controlled closely and can only be used by the ANAB, other approved Accreditation Bodies, SRI, and other approved certification/registration bodies.

SRI will maintain criteria for delisting in accordance with the above referenced procedures for their RC Management System registration process. SRI will provide information to the organization seeking

certification/registration about the delisting procedures.

Information about delisting will be made available to ANAB and the American Chemistry Council upon request.

SRI has not and will not make misleading or nonfactual claims with regard to RCMS registration activities or processes.


2.7 Appeals and Disputes

In the event of a dispute between SRI and the client/organization, SRI will utilize the existing management system certification/registration appeals and dispute resolution process with the following exceptions, where applicable, and/or additional requirements:

- A. In the event a dispute cannot be resolved by existing SRI or ANAB procedure, the dispute will be forwarded to the American Chemistry Council's RC-QC Team or designated successor. The decision of the American Chemistry Council will be final.
- B. SRI will accept this decision. SRI will inform the client/organization about the above requirements in the contract documents. SRI's client/organization seeking or having an existing SRI certificate accepts the American Chemistry Council's disputes requirements through formal acknowledgment of the contract documents. Non acceptance, in any way communicated, is authorization by the client/organization to terminate the certification/registration process or initiate delisting procedures.

3.0 Forms and Records

- 3.1 *SRI Registration Survey for ISO 14001 EMS, RC14001, and/or RCMS (R20.28E)*
- 3.2 *SRI Registration Agreement (R20.4)*
- 3.3 *SRI Application and Cost Proposal Terms and Conditions (R20.3)*

<p>QP 18.0</p>	<p>SRI Policies and Procedures for Conducting IATF 16949 3rd Party Remote Audits Due to COVID-19</p>	
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 - 1.1 Responsibilities
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- 2.0 Remote IATF 3rd Party Auditor Qualification Process
- 3.0 IATF 16949 Remote Audit Justification
- 4.0 Remote/Blended Audit Planning
- 5.0 Remote/Blended Audit Day Calculation
- 7.0 Conducting the Remote/Blended Audit
- 8.0 Audit Reporting

- 1.0 Purpose The purpose of this document is to describe the requirements, justification, planning, performing, and report of remote 3rd party audits for IATF 16949:2016 during the COVID-19 Pandemic. The IATF prefers audits to be conducted on-site. However, in cases where an IATF 16949 audit cannot be conducted on-site within the allowable timing and intervals per IATF Rules, 5th Edition section 5.1, the IATF is permitting the certification body **to conduct the audit using remote auditing methods and technology (i.e., remote audit)** under the following condition (including for audits conducted subsequent to a remote audit). A remote audit can only be conducted when it is demonstrably evident that a regular on-site audit will **not be possible for reasons that are directly linked to the COVID-19 pandemic**.

Note: Although all certificate expiration dates were extended 6 months in the IATF database, the timing requirements per IATF Rules 5th Edition for audits are not extended.

1.1 Responsibilities

- .1 **SRI President & COO:** approves all agreements, processes, and procedures and delegates such authority as deemed necessary.
- .2 **Scheduling Department:** Obtains remote audit justification and schedules events.
- .3 **Customer Care Department:** Primary interface with the client/ organization and auditors. Processes the documents and records and tracks the remote audit process.
- .4 **Certification Department:** Provides Veto Power, auditor training, certification process, and IATF database services. All IATF auditors report to Certification.
- .5 **Lead Auditor:** is responsible for ensuring the efficient and effective conduct and completion of the audit within the audit scope and approved plan, managing all aspects of the audit, representing the audit team in discussions with the client and SRI, reporting the audit results and determining if the practices and requirements have been met.
- .6 **Auditor:** is responsible for following the directions of and supporting the lead auditor, planning, and carrying out assigned tasks objectively, effectively, and efficiently within the scope of the audit, collecting and analyzing information to determine findings and reach a conclusion, preparing working documents under the direction of the lead auditor, documenting audit findings, safeguarding information, and assisting in writing the audit report.

1.2 References

- .1 International Automotive Task Force, IATF Global Waivers and Measures in Response to the Coronavirus Pandemic (COVID-19), current revision
- .2 IAF ID12:2015 – Principles of Remote Auditing
- .3 IAF MD4:2018 – IAF Mandatory Document for the Use of Information and Communication Technology (ICT) for Auditing/Assessment Purposes
- .4 IATF Rules, 5th edition
- .5 QP 19 – SRI Policies and Procedures for IATF 16949:2016 and IATF Rules, 5th

- Edition
- .6 QP 18 – Procedure for Conducting IATF 16949 3rd Party Remote Audits due to COVID-19
 - .7 R20.56IATF - Request Agreement – Remote IATF 16949 Audit Due to COVID-19 - Terms and Conditions
 - .8 R20.57IATF - Justification of IATF 16949 Remote Audit Due to COVID-19
 - .9 R20.58IATF - IATF 16949 Remote Audit Client Agreement Preplanning and Audit Testing
 - .10 R20.19 - SRI Audit Meeting Checklists
 - .11 R20.36IATF – SRI Audit Team Recommendation for IATF
 - .12 R20.60IATF - IATF 16949 Remote Audit Process Flow

1.3 Approvals

This procedure has been approved by the SRI President & COO.

2.0. Remote IATF 3rd Party Auditor Qualification Process

- 2.1 Qualified IATF 3rd party auditors are required to demonstrate a good understanding of the requirements of this document along with the reference documents listed above. Competence is demonstrated by undergoing training and by completing a qualification test based on these requirements

3.0 IATF 16949 Remote Audit Justification

- 3.1 SRI may decide to prevent one (or more) of its auditors from auditing on-site if SRI determines that the auditor's safety could be at risk by being on-site. Where auditors are on-site and remote, a blended approach is used.
- 3.2 During the scheduling phases of the remote audit, SRI will send the client organization SRI Rform R20.56IATF, Request Agreement – Remote IATF 16949 Audit Due to COVID-19 - Terms and Conditions.
- 3.3 The client organization and/or SRI or the SRI Auditor will provide the Justification for the Remote Audit. The Justification will be documented on SRI Rform R20.57IATF, Justification of IATF 16949 Remote Audit Due to COVID-19
- 3.4 The completed R20.57IATF shall be reviewed by Veto Power or COO and/or designates.
- 3.5 After the R20.57IATF, Justification of IATF 16949 Remote Audit Due to COVID-19, is received, the event will be identified as a remote audit.
- 3.6 SRI will document the Justification in the IATF database.

4.0 Remote/Blended Audit Planning

- 4.1 A blended audit approach is used when auditors are at the organization's site and other audit team member(s) are remote for the same audit, for reasons directly related to COVID-19. The audit team needs to operate as if they were all on-site, auditing processes during the same period.
 - 4.1.1 The audit team leader must be on-site.
 - 4.1.2 The audit team members on-site are expected to audit the manufacturing processes and may audit other on-site processes.
 - 4.1.3 Other audit team member(s) can audit remotely.
 - 4.1.4 The audit team leader ensures the audit plan identifies which processes are audited on-site and which ones are audited remotely.
 - 4.1.5 There will be one opening meeting and one closing meeting for the audit.

- 4.1.6 A blended audit is recorded, with justification, as a remote audit in the IATF database and in the audit report.
- 4.2 Customer Care will identify in the R20.58IATF, IATF 16949 Remote Audit Client Agreement Preplanning and Audit Testing, see step 1.) the processes that are scheduled to be audited, (reference the R20.23IATF), and send the R20.58IATF to the client organization. Along with readiness material, the client shall provide their agreement with the IATF Remote Audit Process and the following information related to the COVID-19 pandemic, and document such on SRI form R20.58IATF. This will be used as input for developing an audit plan:
- 4.2.1 Length of time the client was shut down, as applicable;
 - 4.2.2 Startup verification plan/risks identified, etc. [after medium term shutdowns (greater than one, 1, month), including across the different regions of operation];
 - 4.2.3 Any extraordinary measure taken;
 - 4.2.4 Resources lost (permanent or temporary);
 - 4.2.5 Changes in regulations or operating conditions (including operator safety)
 - 4.2.6 List of customers to the site, identifying which are operational or not;
 - 4.2.7 Detailed information related to the “remote audit client agreement checklist
- 4.3 Qualified IATF 3rd party auditors will be selected by scheduling and the SRI auditor(s) will be notified of the schedules.
- 4.4 The SRI Audit Team will conduct the remote audit test and other preplanning activities in accordance with SRI R20.58IATF, Remote Audit Client Agreement Preplanning and Audit Testing, submit the results to Customer Care along with a remote audit plan.
- 4.4.1 The audit team must conduct a successful technology test session with the client prior to the audit for all technology types to be used in all environments, facilities and locations planned for the audit. This includes all areas on the manufacturing floor as applicable (audit planning should include possible contingencies for possible trails, recognizing that some specific individuals identified for the audit may not be needed during the audit due to contingencies). Remote Technology test will include a short mock audit session for each environment to test the operation and effectiveness of the remote audit.
- 4.5 Customer Care will submit the pre-audit packet documents, R20.58IATF, R20.102S, R20.102SA, R20.55IATF (when applicable), R20.23IATF, and the audit plan to the Veto Power for review.
- 4.5.1 If the audit team recommends commencing with the Remote Audit R20.58IATF the remote audit dates are confirmed.
 - 4.5.2 If the above review of the R20.58 identifies the Audit Team HAS Recommended a NOT READY – The Remote Audit CANNOT proceed. SRI certification department in consultation with the scheduling department will make a decision on whether or not to conduct another remote audit test and restart this section 4.4 thru 4.5 of the process.
 - 4.5.3 If the decision is to abandon the remote audit process, STOP the remote audit process and continue with the on-site audit process.
 - 4.5.4 Any missing information, errors or discrepancies with documentation will be returned to Customer Care for resolution within the SRI departments, SRI Auditor(s), and/or with the client. When resolved, Customer Care will forward the corrected documentation to the Veto Power for review and approval prior to

final approval of the remote audit report.

- 4.6 The final audit plan shall clearly identify the audit is to be conducted remotely and/or the audit was a blended audit along with methods to be used. For blended audits, the audit plan must identify which processes are audited on-site and which ones are audited remotely.

5 Remote/Blended Audit Day Calculation

- 5.2 The duration of the remote/blended audit shall be equivalent to that of an on-site audit per the IATF Rules.
- 5.3 The IATF encourages CBs (such as SRI) to add time to ensure an effective and robust audit process, over and above that stated in the IATF Rules due to time to retrieve and display information, connect necessary participants, address any technology issues, allow for breaks to avoid screen fatigue, and follow audit trails beyond the initial audit plan.
- 5.4 An addition of 10% of the total audit days, but no more than a maximum of eight (8) hours, will be applied for time to complete the additional audit planning steps required for a remote audit.

6 Conducting the Remote/Blended Audit

- 6.2 The remote/blended audit is considered to be a regular audit and shall comply with all requirements defined in QP 19, This Procedure QP 18, and the IATF Rules (depending on the audit type).
- 6.3 The remote/blended audit shall be conducted taking into consideration the following - remote audit requirements
- 6.3.1 During an IATF remote/blended audit:
- 6.3.1.1 Conduct the audit using methods and approaches to replicate an on-site audit as much as possible.
 - 6.3.1.2 Conduct an audit team briefing, opening meeting, and closing meeting in accordance with SRI R20.19, SRI Audit Meeting Checklists.
 - 6.3.1.3 Require the client to ensure that all necessary and relevant client personnel are present in the opening meeting and ensure that all participants in the meeting are identified, ideally using a camera to see each person.
 - 6.3.1.4 Require the client to ensure that the auditees are available during the audit and connected prior to speaking with the auditor.
 - 6.3.1.5 Require the audit team and the auditees to activate their camera(s) to capture as much of the body language as possible when auditing. If bandwidth limitations occur in a group meeting, ask all other attendees to turn off their video when one person is being audited.
 - 6.3.1.6 Ensure that for each day the client has backup devices and / or fully charged back up batteries / portable battery chargers.
 - 6.3.1.7 Ensure that regular short breaks are taken to avoid screen fatigue.
 - 6.3.1.8 Ensure the audit team follows all confidentiality and data transmission protocols agreed with the client.
 - 6.3.1.9 Ensure that the audit team maintains full control of the audit steps and discussions to ensure:
 - 6.3.1.9.1.1 The coordinator is not responding for the auditees;
 - 6.3.1.9.1.2 If a mobile camera is used to show evidence or a location, the audit team chooses where to look, including panning the area for an overall view, not controlled by the person holding the camera;

6.3.1.9.1.3 Verbal communication is clear between the audit team and all participants in the audit, repeating and clarifying questions or instructions, with use of noise cancelling headphones/microphones if needed; and

6.3.1.9.1.4 If the audit team needs to see something close-up that the technology can support the required image resolution, including use of a different device to take and send pictures as applicable

6.4 If during the audit, a portion of the audit activities could not be effectively completed, then the equivalent amount of time shall be added to the subsequent audit to adequately cover those activities. This shall be identified on SRI R20.36IATF, SRI Audit Team Recommendation for IATF.

6.5 During the closing meeting of the remote/blended audit, the audit team shall explain to the client any increase in audit days for the subsequent audit based on the outcome of the remote audit.

7 Audit Reporting

7.2 In addition to the CARA Audit Report content, the report shall clearly include an explanation of the following in the Audit Summary section of the Result page in the audit report:

7.2.1 Any portions of the audit activities which could not be effectively completed, or where a complete determination could not be made (e.g., failure of technology).

7.2.2 Any portions of the audit already excluded during audit planning preparation; and

7.2.3 Risks to the customers due to changes related to COVID-19, especially to the IATF OEM customer(s).

7.2.4 The Auditor shall enter into the Audit Summary section of the Results page in the audit report, the remote technology used and whether or not the remote technology used was effective in meeting the audit objectives.


7.2.5 If during the audit, a portion of the audit activities could not be effectively completed, then the equivalent amount of time shall be added to the subsequent audit to adequately cover those activities.

7.3 During the closing meeting of the remote/blended audit, the audit team shall explain to the client any increase in audit days for the subsequent audit based on the outcome of the remote/blended audit.

7.4 The final audit plan shall clearly identify the audit is to be conducted remotely and/or the audit was a blended audit along with methods to be used. For blended audits, the audit plan must identify which processes are audited on-site and which ones are audited remotely.

7.5 SRI will identify the audit as a remote audit in the IATF database per the IATF Rules. A blended audit is recorded, with justification, as a remote audit in the IATF database and in the audit report.

7.6 For a remotely conducted or blended Stage 2 audit (following a stage 1 audit), the validity of the certificate shall not exceed 12 months and the subsequent audit shall be a recertification audit. In this case, all or some of the Stage 2 auditors may conduct the subsequent recertification audit and surveillance audit cycle.

QP 19.0	SRI Policies and Procedures for IATF 16949:2016 and IATF Rules 5 th Edition	
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3.0 Appendices

- 3.1 IATF 16949 Certificate Structures and Single Manufacturing Site with Extended Site(s)
- 3.2 Annual Training Schedule

- 1.0 Scope SRI Quality System Registrar is an ANSI-ASQ National Accreditation Board (ANAB) and Raad voor Accreditatie [Dutch Accreditation Council (RvA)] accredited registrar for ISO 9001 and other specified requirements. To become and maintain status as an "IATF 16949 Qualified Registrar" these policies and procedures shall be followed.

Policy SRI shall meet or exceed all recognition and accreditation requirements for being an "IATF 16949 Qualified Registrar" so as to be capable to certify applicants to the IATF subscribing members' IATF 16949 Automotive Quality System Standard.

1.1 General

This procedure establishes an approach, documentation, records, and implementation method for certification of applicants to IATF 16949, so as to meet the requirements of all applicable specifications/standards, of IATF 16949 documents, the IATF, and of SRI accreditation bodies. Where employee counts are used to establish quotes and audit plans, SRI does not recognize "daily workers" and instead uses actual counts. The following procedure represents additions / clarifications to those defined in SRI Procedures QP 4.0 through QP 8.0, QP 11.0, QP 12.0, and QP 15.0, with relevant documents (R20.XX) as indicated. The system requirements specified in IATF 16949 are complementary to the technical requirements and applicable rules for accreditation.

1.2 References - All references indicated below are the most current edition:

- .1 IATF 16949:2016 (IATF) System Requirements through the transition period.
Note: in this document IATF references apply to IATF 16949:2016.
- .2 *Rules for achieving IATF recognition*, most current edition, SIs and FAQs
- .3 SRI procedures QP 4.0 through QP 8.0 for conducting registrations.
- .4 ISO 9001 Requirements
- .5 SRI procedure QP 15.0 Corrective and Preventive Action
- .6 SRI procedure QP 11.0 Personnel
- .7 SRI record R20.101 IAAR Guidelines on Transfer of Registrations Between Registrars
- .8 SRI record R20.102 and 102S IATF 16949 Registration Readiness Review
- .9 R20.102SA IATF 16949 Surveillance and Renewal Planning – For SRI Auditor Use Only
- .10 SRI Procedure 12.0 Training and Education
- .11 SRI Procedure 10.0 Record Keeping and Retention
- .12 SRI Procedure 13.0 Subcontractor Requirements
- .13 SRI Procedure 14.0 Internal Audit/Management Review
- .14 ANSI/ASQ QE19011 Guidelines for Quality and or Environmental Management System Auditing
- .15 R20.40TS – SRI Internal IATF 16949 Witness Audit
- .16 ISO/IEC 17021 General Requirements for bodies providing assessment and certification of management systems.
- .17 R20.47 Registration Review Panel (RRP) Review and Approval
- .18 R20.92 Registration Process Flow Charts
- .19 IBM Notes (CMS, e-Vents)
- .20 R20.30IATF IATF Nonconformity Resolution (CA Flow Chart), SI 22 and 23

- .21 IATF CARA (Common Audit Report Applications)
- .22 IATF NC CARA (Common Audit Report Applications), i.e., IATF NC Management
- .23 R20.27 SRI Application and Review for Single Manufacturing Site with Extended Manufacturing Site(s)
- .24 R20.24 IATF 16949 Organizational Performance
- .25 QP 18.0 SRI Policies and Procedures for Conducting IATF 16949 3rd Party Remote Audits Due to COVID-19

1.3 Responsibilities

- .1 **President:** shall be responsible for establishing and maintaining an organization reporting to him/her which shall establish, maintain, and continually improve all registration policies and procedures.
- .2 **Certification Department:** under the direction of the Director, Certification is responsible for developing, implementing, managing, and monitoring the management system registration processes. The SRI Vice President, Certification has the responsibility for assuring that SRI administrative staff, SRI auditors, and the applicant shall meet or exceed IATF 16949 documents and process steps and the requirements of this procedure.
- .3 **Lead Auditor:** is responsible for ensuring the efficient and effective conduct and completion of the audit within the audit scope and plan, managing all aspects of the audit (see ANSI/ASQ QE19011), representing the audit team in discussions with the client and SRI, determining if requirements have been met, reporting the audit results using the IATF CARA (Common Audit Report Applications) and IATF NC CARA (Common Audit Report Applications).
- .4 **Auditor:** is responsible for following directions and supporting the lead auditor, planning, and carrying out assigned tasks objectively, effectively, and efficiently within the scope of the audit, collecting and analyzing information to determine findings and reach a conclusion, preparing working documents under the direction of the lead auditor, documenting audit findings, safeguarding information, and assisting in writing the audit report using the IATF CARA (Common Audit Report Applications) and IATF NC CARA (Common Audit Report Applications).
- .5 **Veto Reviewer (Power):** Exercises certification decisions about initial certification, continued certification after each surveillance or special audit, recertification after the recertification audit, certification after conclusion of a transfer audit.
- .6 **Applicant:** shall be responsible for obtaining copies of the IATF 16949 Automotive Quality Management System Standard, and for understanding and complying with IATF 16949, any associated *Rules for achieving IATF recognition* (most current edition), Sanctioned Interpretations, Frequently Asked Questions, and SRI Procedure QP 19.0 IATF requirements.
- .7 **IATF/IAOB:** shall monitor and support SRI compliance to these procedures.

1.4 Definitions and Acronyms

- .1 **President & COO:** Refers to the President & COO of SRI Quality System Registrar, who governs all SRI registration business.
- .2 **Certification Director:** Refers to Director, Certification responsible for technical content and validity of the management system.
- .3 **Certification Department:** Refers to all staff and auditors reporting to the Director, Certification.
- .3 **SRI Board:** Refers to the group of business advisors to the CEO. The board members also serve on the SRI Advisory Council.
- .4 **SRI Advisory Council:** Refers to the SRI Council of Experts, which shall provide, as required, the "Management System expertise" to the government of the registration process. The SRI Board of Directors and Advisory Council combined cooperation creates the governing board.
- .5 **Applicant:** Refers to the organization which applied to SRI to become registered to a management system standard and/or sector specific requirement(s). The term "Applicant" is synonymous to "Organization" within the context of registration.
- .6 **IATF:** Refers to International Automotive Task Forces and its members [BMW, Daimler AG, Stellantis (formerly FCA Italy SpA and FCA US LLC), Ford, Geely, General Motors, Stellantis (formerly PSA/Groupe PSA), Groupe Renault, Jaguar Land Rover (JLR), Volkswagen AG (VW)] and their respective National Automotive Industry Associations (SI 9).
- .7 **SRI:** Steel Related Industries Quality System Registrar, Inc.

1.5 Approvals

This procedure has been approved by the SRI President & COO.

2.0. Procedure

2.1 General

- .1 Below are the requirements, or *Rules for achieving IATF recognition*, most current edition, herein referred to as "Rules", with regard to IATF 16949 implementation including criteria for SRI recognition, our automotive audit process, SRI auditor qualifications and competencies, and certificates. These requirements are binding on SRI, who is recognized by IATF for conducting IATF 16949 audits.
- .2 SRI is accredited by ANSI-ASQ National Accreditation Board (ANAB) and Raad voor Accreditatie [RvA (Dutch Accreditation Council)]. SRI conducts IATF 16949 certification activities in accordance with our scope of accreditation. If SRI would develop multiple or affiliated offices, the following

conditions shall be fulfilled: SRI will provide to the IAOb oversight office a list of regional offices involved in IATF 16949 certification activities. The list will address: a) name and contact address, b) commercial status, c) organizational structure, d) specific activities related to IATF 16949 as required per the current IATF Rules. SRI contracted office will notify the IATF oversight office quarterly in writing of any changes to regional offices. SRI shall use a common management system including the same procedures for all the local offices. The Seven Fields office is designated to IATF, and approved by IATF, as the contracted office. The Seven Fields office is the only contact to IATF and will be responsible for the control of all IATF 16949 certification related activities.

- .3 SRI has developed a description of their processes and associated sequence and interactions. Key processes are defined as Sales, Scheduling, Audit Process, and Registration. The processes are further defined in R20.92 and Appendices 3.1 IATF 16949 Certificate Structures and Single Manufacturing Site with Extended Site(s). All internal audits are performed using the process approach.
- .4 SRI conforms to ISO/IEC 17021 Conformity Assessment - *Requirements for Bodies providing audit and clarification of management systems*, most current edition, the *Rules for achieving IATF recognition*, Sanctioned Interpretations and Frequently Asked Questions, this procedure, and related SRI procedures. These apply in particular, but are not limited to, customer and organization complaints (reference QP 15.0).
- .5 SRI's procedure for customer complaints, internal complaints, internal witness and system audits encompasses at a minimum a documented corrective and preventive action process and a record of resolution. The documented corrective and preventive action process includes containment or correction root cause analysis, defined systematic corrective action, and verification of implemented effectiveness. See the Reference List for the SRI Procedure to be used and SI 23.
- .6 Management Review is conducted at a minimum annually and includes at least the input and outputs identified by the IATF Rules and performance data relating to acceptability and timeliness of problem-solving responses to nonconformities issued by the relevant IATF Oversight office (see SI 24).
- .7 Organizations that have provided management system consulting services within the prior two years to a particular organization are not acceptable as a certification body for that organization, nor may they supply auditors. This restriction includes related bodies of the same parent company or organization. SRI does not provide consulting services. SRI provides public IATF 16949 auditor training which is not considered as Consulting. SRI will not conduct more than one pre-assessment on any one site in the same company.

Pre-assessment:

- A. is not part of the initial audit,
- B. is permitted to be only a single visit,

- C. days quoted must be less than 80% of the Stage 2 audit,
- D. auditors are not permitted to be part of the registration activities,
- E. time will not reduce audit day requirements, and
- F. more than one pre-assessment is considered consulting.

Note: Training open to the public, not organization specific, and held at a public forum is not considered consulting.

- .8 The contract between SRI and the organization addresses the following:
 - A. The organization must notify SRI of any changes relating to legal, commercial, organization status, or ownership.
 - B. The organization cannot refuse IATF Witness Audits.
 - C. The organization cannot refuse an SRI internal witness auditor.
 - D. Access authorization for IATF representatives or delegates including IATF OEM Customers (or their delegate), see FAQ 4.
 - E. Confidentiality of information.
 - F. Authorization to provide the final report to the IATF.
 - G. Only use of the IATF logo is as displayed on the certificate issued by SRI.
 - H. The organization shall notify SRI, their existing certification body, about their intent to transfer to a new IATF-recognized certification body.
 - I. Where the organization intends to transfer their registration, the contract will be extended until all transfer activities to the new certification body is complete.
 - J. Where SRI is the new certification body, we shall advise our client to notify the previous certification body about their intent to transfer.
- .9 The scope of certification shall include all manufacturing and OEM customer-specified accessory part suppliers meeting the applicability of IATF 16949 product supplied to subscribing customers and all automotive customers.
- .10 SRI shall have at least one member, approved by IATF, within its certification decision making function for issuing IATF 16949 certificates. This representative will have veto power with regard to all IATF 16949 certification decisions.
- .11 SRI has identified the persons involved in managing the nonconformity management process, IATF database entry, veto powers for certification decisions, internal auditors, and internal witness auditors for assessing initial competency and continuing evaluation and development of auditor competency. The persons involved in managing the nonconformity management process shall have training on the IATF CB Problem Solving Process (SI 25). The persons involved in IATF database entries shall have training on the IATF database work instructions. The veto power, and IATF internal system and witness auditor must be approved by the IATF oversight office prior to conducting their assignments. SRI maintains a list of veto powers approved by the International Automotive Oversight Bureau (IAOB). In addition, SRI provides access to a minimum of five (5) hours CPD structured training per calendar year for each sponsored auditor.

- .12 SRI shall maintain the database of certificates issued or modified in a format that is acceptable to the IATF. Information is added to the IATF database within seven days of the certification decision. The certificate shall be uploaded into the IATF database twenty calendar days from the date the certificate information was entered.
- .13 SRI maintains the following records (either hard copy or electronic) for the life of the certificate plus three-years minimum (total of 6 years and then destroys) (see QP 10), including organizations that submitted applications and all clients audited, certified, or with certification suspended, withdrawn, or cancelled:
- A. copies of scheduled audits showing date, duration and each assigned auditor and planning information (i.e., readiness material),
 - B. auditor qualification records (full-time and sub-contract),
 - C. application information including the quotation file and justification for determination to the organization, including the audit days and audit day fee,
 - D. the report of readiness review (R20.102), including evidence that all the requirements of IATF are addressed by the organization's Quality Manual, process map or other documented information (i.e., turtle diagrams),
 - E. the audit plan (agenda), and any changes, demonstrating process approach, including coverage of customer-specific requirements where applicable,
 - F. the final audit report from initial, surveillance, renewal events, transfer and special audits, evidence that all requirements of IATF 16949 are addressed by the client's processes, including lead auditor recommendation regarding certification and auditor notes showing compliance and noncompliance to requirements, and justifications for any 100% resolved conditions, (SI 17)
 - G. copies of all findings issued, surveillance audit reports, follow-up (special) reports, and other documentation leading to correction of the nonconformities, including root cause and correction action,
 - H. audit logs as maintained in the IATF database,
 - I. copy of the certificate decision (R20.47),
 - J. copy of the certificate issued in English,
 - K. auditors' initial competency, approval, and continual performance evaluation,
 - L. records of complaints and appeals and any subsequent correction or correction action,
 - M. for remote support locations audited by another CB: audit plan, audit report, all findings, all nonconformities (NC) IATF NC CARA (Common Audit Report Applications), and all verification actions conducted by the other CB,
 - N. receipts from travel expenses,
 - O. committee deliberations and decisions,
 - P. records of the monthly IATF database accuracy checks and subsequent actions.

2.2 Audit Process

- .1 SRI's certification process supplemented by QP 4.0 - QP 8.0 and QP 19.0 addresses all IATF 16949 *Rules for achieving IATF recognition*, most current edition. The initial certification audit must be conducted in two stages, rare exceptions will be pre-approved by the IAOB.
- A. Stage 1 - Site audit based "Readiness Review" which includes a manual review and readiness materials. Refer to SRI form R20.102 *IATF 16949 Registration Readiness Review*, most current revision.
 - B. Stage 2, Surveillance, Transfer, and Recertification - Site audits are based on audit and certificate cycles and audit day determination as identified in the "IATF Rules and Sanctioned Interpretations (see 16, 26, and 27) (26 and 27 effective 30 June 2021)."
 - C. Audits will be based upon the applicable processes to be audited of the organization and include evaluation of all organization management system processes for effective implementation of IATF 16949 requirements as well as for effectiveness and efficiency of the processes, quality and delivery performance and risk to the automotive customers. The audit shall evaluate the effectiveness and efficiency of the processes, its linkages, performance, risk, and requirements. Evidence to support reductions for "dedicated Automotive" portion of facility: physically separated & 100% dedicated personnel must be confirmed with written justification in the audit report.

NOTE: The only permitted exclusion relates to 8.3 Design and Development of products and services of IATF 16949, where the organization is not responsible for product design and development. Organizations must justify and maintain documented information that they are NOT Product Design responsible. Permitted exclusion does not include manufacturing process design.

- .2 Any "site" meeting the eligibility requirements may elect to pursue third-party certification to IATF 16949, however, such "sites" shall have demonstrated capability to conform to the current edition of ISO 9001:2015 and all IATF 16949 requirements. Conformance shall be based on objective evidence of meeting each applicable requirement, including customer specific requirements. Conformance will be determined during the certification process at the time of audit or follow-up (special) for verification. The audit scope shall include all automotive customers for the manufacturing site supplying to a customer requiring third-party certification to IATF 16949. [For example, if a site's customers are General Motors (GM, who required third-party certification) and Honda (who does not require it), then the automotive product manufactured for both GM and Honda shall be included in the audit.]
- For corporate audit schemes, all sites must be audited.
 - Sampling of sites is not permitted.
 - If during the Stage 2 audit, it becomes evident that certification will not be achieved, the audit team leader, in conjunction with the organization, may terminate the audit. If this occurs, a full re-audit is required.

- Each site has a separate audit planning activity, audit plan, audit report, certification decision/certificate.
- A. Organization Eligibility - SRI ensures that companies obtaining registration to the IATF initiative for IATF 16949 must meet at least one of the following applicability requirements:
- 1) The definition of "eligibility" refers to an organization seeking registration, i.e., an organization that has a process of making or fabricating production materials or parts, and includes heat treating, painting, plating, or other finishing services;
 - a) OEM customer-specified accessory parts suppliers:
 - Manufactured to OEM specifications and are procured or released by the OEM;
 - Mechanically attached or electronically connected to the vehicle;
 - Installed on the vehicle or the powertrain before, or after, delivery to the final customer;
 - Customer-specified production parts shall be understood as parts that are an integral part of a vehicle. Note: the only customer-specified parts that do not meet this requirement but are to be included are the following: fire extinguisher, car jacks, floor mats, owner's manuals, warning triangles, and reflective vest, SI 7.
 - 2) One of the registered organization's customers must list IATF 16949 as one of the alternatives of a required standard to which its organizations must comply;
 - 3) Any tier organization may be registered if it has a direct customer (or potential customer) which requires either compliance or third-party registration to IATF 16949;
 - 4) Evidence of being a potential supplier to a customer requiring IATF 16949 could include a request for quote (RFQ) issued to the organization, or the organization being on a current bid list (within the past 12-month period) of the subscribing customer.
- .3 Remote support activity locations, e.g., product design, contract review, engineering, purchasing, warehouses, shall be included in the initial and ongoing surveillance audits as addressed in the audit plan. Remote support activity locations shall be audited as they support a site and cannot obtain independent IATF 16949 certification. For initial audits, remote support activity locations are audited prior to the manufacturing site. Remote support activity locations where the product design and development process are performed shall undergo a complete audit at least once within each consecutive 12-month period. Other remote support activity locations are audited as they support the site at the initial audit or re-certification audit and at least once more during the surveillance audit cycle. Provided all other rules are met, recertification audits of a remote support location within 12

months of the recertification audit can be accepted for audit of a support activity location provided the audit report used for this purpose identifies the remote support activity and location. Surveillance cycle audits cannot be used for this purpose. The audit team will make a recommendation at the conclusion of each scheduled visit to a remote location using the R20.36IATF. Special audit of remote support function/location is not entered into the IATF database.

A. Certificates can be issued based upon a design center audit or other remote support location audit being conducted by another IATF recognized certification body based on the “Rules” provisions:

- 1) the audit by the other recognized certification body shall cover the complete product scope of those functions, consistent with the process-based audit approach,
- 2) the organization shall provide to the certification body, prior to the audit, a copy of the audit plan, audit report, all findings, all NCs IATF NC CARA (Common Audit Report Applications),
- 3) and all verification actions by the other certification body. This information shall be in the language agreed between the organization and the other certification body,
- 4) the information shall confirm during the readiness review that all the interfaces between the remote support location and the site were adequately audited by the other certification body,
- 5) copies of all surveillance and re-certification audit reports of the remote support location by the other certification body shall be provided by the organization to the certification body,
- 6) verification of the organization’s NCs shall be conducted by the certification body that audited the remote support location. Copies of all on site verification activities will be provided by the organization to the certification body.
- 7) When the above cannot be met, SRI will perform the audit. Total number of employees at the remote support location shall be apportioned to each site it supports.

.4 Typically, the entire management system is assessed at a minimum of once every three years. The R20.23IATF is used as the basis of audit planning across the audit cycle regarding process, shifts, and IATF OEM Customer Specific Requirements.

.5 It is permissible for each surveillance audit to re-examine part of the system. The audit plan shall clearly show the part of the system that was audited on each surveillance visit. The audit cycle is based on the date of the initial certification audit and shall not exceed three years. Surveillance audit frequency and audit days are conducted in accordance with the “Requirements on audit days,” as indicated in the current “Rules”.

- Planned audit days for surveillance events must be essentially equal.

.6 Nonconformances have four distinct parts:

- statement of nonconformity,
 - requirements or reference to the requirement,
 - objective evidence that supports the statement of nonconformity and supports/justifies the classification,
 - justification for the nonconformity classification shall be recorded.
- A. A major (hold) nonconformity is defined as one or more of:
- 1) The absence of or total breakdown of a system to meet an IATF 16949 requirement or IATF Rule.
 - a) A number of minor nonconformities against one requirement can represent a total breakdown of the system and thus be considered a major nonconformity.
 - 2) Any noncompliance that would result in the probable shipment of nonconforming product. A condition that may result in the failure or materially reduce the usability of the products or services for their intended purpose.
 - 3) A noncompliance that judgment and experience indicate is likely either to result in the failure of the management system or to materially reduce its ability to assure controlled processes and products.
- B. A minor nonconformity is a failure to comply with IATF 16949 requirement or IATF Rule, which based on judgment and experience is not likely to result in the failure of the management system or reduce its ability to assure controlled processes or products. It may be defined as one of the following:
- 1) A failure in some part of the organization's documented system relative to IATF 16949.
 - 2) A single observed lapse in following one item of a company's management system.

.7 Readiness Reviews – Stage 1:

- A. The organization applying for initial certification to IATF 16949 shall provide SRI with the following information and documentation during an on-site Stage 1 "Readiness Review". The form R20.102 must be completed. Information and documentation are required and are mandated by the International Automotive Task Force (IATF members which include, but are not limited to, IATF members [BMW, Daimler AG, Stellantis (formerly FCA Italy SpA and FCA US LLC), Ford, Geely, General Motors, Stellantis (formerly PSA/Groupe PSA), Groupe Renault, Jaguar Land Rover (JLR), Volkswagen AG (VW)] and their respective National Automotive Industry Associations, SI 9). This information must be reviewed at the organization's site, typically no more than 90 days prior to the anticipated Stage 2 registration audit.

Information that is required to be reviewed at the Stage 1 Readiness Review:

- 1) Management system documentation (Level I and II - policies and required procedures) for each site to be audited, which includes the management manual, procedures and description of the processes showing the sequence and interactions AND information on linkages and interfaces to any remote support functions and identification of outsourced processes.
- 2) Review of the client's website to validate other information provided.
- 3) Information on the use of consultancy.
- 4) Relevant legal obligations/regulations.
- 5) Where applicable, application for single manufacturing site with extended sites.
- 6) Quality Manual, process map or other documented information (i.e., turtle diagrams) demonstrating sequence and interaction and linkages of those processes, including identification of support activities (remote and at site) (refer to Rules 5.5, Supporting activities) and any outsourced processes. If remote sites are audited by another CB, communicate with client regarding all information that must be submitted as an input to stage 2 audit planning (See Rules 5.5 – Option 2). Customer-specific requirements (CSR) are those that are agreed to between the supplier and the customer and must also be addressed in your system and assigned an owner.
- 7) Obtain a copy of the “interaction between the processes” for record purposes.
- 8) Completed IATF 16949 Registration Readiness Review, R20.102.
- 9) Internal audit and management review planning and results from previous twelve months. [One full cycle of internal audits (QMS, Manufacturing and Product) in the process approach to IATF 16949 followed by a management review must be completed prior to a Stage 2 audit and submitted as part of this review package.]
- 10) List of qualified internal auditors and how they were qualified.
- 11) List of customers and customer-specific requirements.
 - a) The IATF definition of eligibility must apply to the organization seeking registration (refer to Rules 1.0, Eligibility for certification to IATF 16949).
 - b) Any tier may be registered if it meets the eligibility requirements. Distributors cannot be registered to IATF 16949.
 - c) Evidence of being a potential supplier to a customer requiring IATF 16949 could include an active request for quote (RFQ) issued to the client, or the client being on a current bid list (within the last 12 months) of the IATF 16949 subscribing customer;
 - d) Provide a copy of the supplier's score (report) card, production part purchase order, or completed PPAP for

each Customer.

- 12) Customer Satisfaction and complaint status (summary sheet of customer complaints for the past year).
- 13) Operational performance trends for the previous twelve months including customer report cards (consider PPM's, delivery, cost of management, objectives, capacity, utilization, productivity, efficiencies, etc.).
- 14) Evidence to support reductions for "Dedicated Automotive" portion of facility: physically separated & 100% dedicated personnel.

B. Prior to each scheduled audit activity, the registered client shall provide SRI with the following information and documentation. This information and documentation are required as indicated in the IATF "Rules", most current edition, and is mandated by the International Automotive Task Force (IATF). This information is required prior to each audit activity where deemed applicable by SRI, along with the completed R20.102S, must be received at SRI /submitted to the assigned Lead Assessor typically ten weeks prior to the scheduled event and accepted by the Lead Assessor at least eight weeks prior to the scheduled event. Failure to submit the information in a timely manner or to omit materials could result in time being added to the one (1) hour on site pre-planning meeting and a nonconformance being issued by the Lead Assessor to initiate the decertification process. Information required prior to the audit:

- 1) Number of employees for the site and all associated remote support locations.
- 2) Where applicable, application for a single manufacturing site with extended sites.
- 3) Documented statements of a quality policy and quality objectives.
- 4) A quality manual and documented processes including identification of outsourced processes and remote support functions and their linkages and interfaces.
- 5) Documented linkages between processes and IATF requirements such as Quality Manual, process map or other documented information (i.e., turtle diagram)
- 6) Current customer and internal performance data since the last audit.
- 7) Internal audit - Summary of internal system, manufacturing process and product audit conducted:
 - a) the total number of nonconformities by audit type,
 - b) the classification of each nonconformity,
 - c) the relevant requirement (audit criteria)
- 8) Management review output/action item list.
- 9) Customer satisfaction and complaint summary (including a copy of latest customer reports and/or scorecard). Includes Customer Status concerning FCA US LLC (Chrysler) Certification Body Notification status, Ford Q1 Revocation, or

- General Motors New Business Hold, Special Status.
- 10) Analysis of internal problems (scrap, nonconforming product, corrective actions, etc.).
 - 11) Changes since the last assessment (refer to Rules 3.2), i.e., Management Systems (MS), equipment, product, processes(s), automotive customer(s), supporting function(s) (refer to Rules 5.5, Supporting activities), employee count, shifts - accreditation body requirements dictate accurate information, failure provide will result in a nonconformance being issued.
 - 12) If remote sites are audited by another CB, submit all information related to the most recent audit (See Rules 5.5-Option 2). SRI Lead Auditor verifies the CB supplying the report is listed on IATF's website.
 - 13) Suppliers to an IATF member [BMW, Daimler AG, Stellantis (formerly FCA Italy SpA and FCA US LLC), Ford, Geely, General Motors, Stellantis (formerly PSA/Groupe PSA), Groupe Renault, Jaguar Land Rover (JLR), Volkswagen AG (VW)]; Provide a copy of the supplier's score (report) card, production part purchase order, or completed PPAP for each customer.
 - 14) Provide a current copy of the interaction between the processes of the QMS (4.2.2.C).
 - 15) In language(s) of the audit (header page to be completed by client), list all non-English spoken languages at the site, where English is not spoken by an employee or translation is required. Also, identify the employee count by language spoken for the same.
 - 16) FOR RENEWAL: Management System performance over the previous three-year cycle (address the goals/targets of effectiveness and efficiency for each identified process over the previous three-year period of certification). Provide Management Review and Internal Audit results for the previous three-year period.
 - 17) FOR RENEWAL: Management system documentation (Level I and II - policies and required procedures) for each site to be audited, including information on linkages and interfaces to any remote support functions and/or outsourced processes.

- .8 SRI shall undertake an analysis of the required information provided by the client to determine critical areas to be prioritized based upon risk to the customer, performance trends, and criticality of the process(es). When the client does not meet the IATF OEM quality and/or delivery targets specified in the IATF OEM scorecard(s), SRI shall increase the total audit days by the hours listed in IATF Rules (SI 26). The increased audit time shall be used to review the corrective actions associated with the IATF OEM quality and/or delivery targets not being met and the associated risk to similar processes/products. The only exception is if the client can provide evidence of effective implementation of the corrective actions for the quality and/or delivery performance issues, then no increase is applied. This increased audit time shall be determined after all permitted reductions have been applied, but before the rounding per IATF Rule 5.2.p). The increase shall be applied to the current audit. The analysis may result in an adjustment to the

audit days (SI 27). The audit plan is the output of the audit planning reviews. The audit plan shall be processed based and consider timing of activities over consecutive days to give a sequence that avoids unnecessary duplication of visits to one process. The audit plan shall be communicated to the client prior to the start of the audit and shall include:

Note 1 IATF OEM scorecard(s): The increase in audit days applies only to surveillance, transfer, or recertification audits.

Note 2 IATF OEM scorecard(s): This requirement does not apply if the audited organization is an IATF OEM.

Note 3 IATF OEM scorecard(s): In a Corporate audit scheme, the increase in audit days applies only to the manufacturing sit(s) where the IATF OEM quality and/or delivery targets are not being met.

- A. Minimum one (1) hour on site for verification of changes to customer and internal performance and review of online or other of customer reports and scorecards.
- B. All applicable processes to be audited of the organization's management system implemented to meet their automotive customer needs their organizations, even when the requirements go beyond IATF 16949.
 - 1. The auditor shall use the client process interaction maps to populate the audit plan. The audit plan shall identify each key, support, and manufacturing process to be audited.
 - 2. The specific name of each manufacturing process to be audited and the shift the audit will take place shall be identified.
- C. Identify when the interactions with remote support functions will be audited.
- D. Time shall be added when on site reviews of NCs IATF NC CARA (Common Audit Report Applications) from previous audits will be verified. This includes any transfer audits.
- E. Which customer specific requirements will be audited.
- F. Record the total number of hours audited per day and the total number of audit days per audit team member.
- G. Prioritized issues from the off-site and on-site planning reviews.
- H. Where applicable, when the applications for a single manufacturing site with extended sites will be verified.
- I. The audit plan should include at least 10% but no more than 15% for report writing (SI 16).
- J. The audit plan is a living document. When changes occur during the audit, the audit plan shall be updated and redistributed to the

applicable parties.

Note: Any changes to the published audit plan shall be retained as part of the audit record. The revised audit plan shall be redistributed to the client prior to or as part of the closing meeting.

9. Each on-site audit (Stage 2, surveillance, recertification, and transfer) shall utilize the automotive process approach and include assessing and evaluating at least the following:

- A. Information and evidence about conformity to IATF 16949 requirements. All requirements shall be audited at the Stage 2 and recertification audit and during the surveillance cycle.
- B. Management responsibility for their policies.
- C. Management review results for effectiveness and actions.
- D. Linkage between the policy, performance objectives and targets, responsibilities, competence of personnel, operations, procedures, performance data, internal audit finding and conclusions, and changes in the client organization or management.
- E. Process based internal audits and analysis of the effectiveness of implemented corrective actions.
- F. Effectiveness of the NCs IATF NC CARA (Common Audit Report Applications) and verification since the last audit. Effective root cause analysis by the organization must be readily apparent when receiving and accepting responses.
- G. Appropriate root cause analysis and effective corrective action verification prior to closure is a mandatory step. Auditors are required to explain that the client must:
 - 1) Address the immediate issue (Containment and Correction)
 - 2) Perform root cause analysis and root cause results
 - 3) Systemic corrective actions including timing and responsible person
 - 4) Actions taken to verify effective implementation
 - 5) Review of evidence of implementation files.

Auditors are required to verify that organization responses to Corrective Action Notifications (NCs) are based on effective root cause analysis followed by systemic corrective action. Documented evidence such as an action plan, instructions, records to demonstrate the elimination of the nonconformity condition, including assigned responsibilities or verification follow-up visit is required. Closure must be achieved within 90 days of the end of the site audit. Auditors must verify effective implementation for each NC during the next audit.

H. Customer complaints and client response, including review of IATF

OEM performance reports online.

- I. What plans are in place to ensure key customer performance objectives and targets are met and corrective actions implemented where objectives and targets are not met.
- J. Implementation of requirements for new customers since the last audit.
- K. The client process for gathering, communicating, and implementing Customer Specific Requirements (CSR's). Priority shall be given to IATF OEM Members. IATF members [BMW, Daimler AG, Stellantis (formerly FCA Italy SpA and FCA US LLC), Ford, Geely, General Motors, Stellantis (formerly PSA/Groupe PSA), Groupe Renault, Jaguar Land Rover (JLR), Volkswagen AG (VW)] and their respective National Automotive Industry Associations, SI 10.
- L. Information and evidence about CSR's, including customer specific quality management system requirements audited. The CSR's shall be sampled for effective implementation over the three (3) year audit cycle and records shall be retained. Priority shall be given to IATF OEM Members.
- M. The client's processes, the sequence and interactions, and performance against the measures defined, with focus on the processes that impact the customer. The process shall be audited at the location where they occur.
- N. The operational controls of the processes.
- O. Manufacturing shall be audited on all shifts where it occurs. Multiple shift patterns shall be audited at each audit. The minimum audit time of one-third of the total audit days shall be spent in manufacturing. (Note: time spent in manufacturing shall be spent on the manufacturing floor/workshop, not in other areas of the site such as conference rooms or administration buildings. The time spent shall not include auditing of documents related to customer complaint status, training, consistency between work instruction, FMEA and control plan and corrective action result of nonconforming product, etc.)
- P. Audit on all shifts where it occurs including sampling of shift changeover. All manufacturing processes shall be audited on each shift at each Stage 2, recertification, and transfer audit; sampling of shifts and processes is not allowed. During the surveillance audit cycle, all manufacturing processes shall be audited at least once on each shift.

**ANNEX 1.2 – EXAMPLE TABLE FOR VERIFICATION OF AUDITING
MANUFACTURING ON ALL SHIFTS**

Manufacturing process name	Operational Shifts	Audit Cycle		
		Initial / Recert	1st surv audit	2nd surv audit
Stamping	1,2,3	1,2,3	1,2	1,3
Welding	1,2,3	1,2,3	1,3	2
Heat Treating	1,2,3	1,2,3	1,2	1,3
Painting	1,2,3	1,2,3	1	2,3
Assembly	1,2,3	1,2,3	1,3	1,2

Note 1: An equivalent version of Annex 1.2 table is embedded into the IATF CARA Common CB Audit Report Application tool and required to be completed in CARA. SRI Auditors shall identify which shift was audited for each manufacturing process at each audit of the three (3) year audit cycle in the IATF CARA Common CB Audit Report Application (SI 19).

- Q. Linkages between customer concerns and relevant process documents such as the control plan, FMEA revisions/updates and effective implementation of any changes.
- R. Effective implementation of the control plan, FMEA, and associated documents during the audit of manufacturing with priority given to special characteristic.
- S. The information included on the IATF 16949 certificate is accurate.
- T. Where applicable, verification of the application for a single manufacturing site with extended sites.
- U. Where applicable, verify the evidence to support reductions for “dedicated automotive” portion of facility: Physically separated & 100% dedicated personnel.

The audit team shall regularly communicate with the client during the audit regarding the progress of the audit. In situations where nonconformities are issued, the audit team shall inform the client of the required next steps and timing of certificate decertification process. Note: initial, surveillance, recertification, transfer, or special audits SHALL NOT be terminated.

The audit team shall record both conformity and, when detected, nonconformity with audit criteria to support the certification decision process (see section 5.12). The audit team shall identify and report any nonconformity and its supporting audit evidence to the client using the IATF Nonconformity (NC) Management form inside the CARA (Common Audit Report Application) tool. When nonconformities are identified, the audit team shall classify each nonconformity as either major or minor according to the definitions in section 2.2.6. Identified nonconformities shall not be reported as opportunities for improvement and shall not be closed during the audit.

The SRI audit team shall not recommend to the client specific solutions to address the identified nonconformities. In case of conformity, it is at the discretion of SRI to allow the audit team to identify any positive aspect or any opportunities for improvement (SI 12). A positive aspect is a strength/good practice observed within the client's Quality Management System by SRI's auditor whilst undertaking an IATF 16949 audit (SI 21).

Surveillance events must occur within a specified frequency as quoted by SRI and accepted by the organization. The allowable timing for a surveillance event quoted for six-month frequency is +/- 30 days, nine-month frequency is -60 days plus 30 days, and annual events is -90 days plus 30 days. For re-registration, the allowable timeframe is - 90 days plus ZERO days. Failure to perform timely assessments will result in Suspension or Delisting depending on the circumstance.

- .10 Special audits may be conducted for the following reasons:
- A. Investigate performance complaints;
 - B. In response to changes to the clients QMS;
 - C. Significant changes at the clients site;
 - D. As a result of a suspended certificate;
 - E. To verify the effective implementation of identified corrective actions for major nonconformities;
 - F. To verify the effective implementation of identified corrective actions for minor nonconformities;
 - G. To verify the effective implementation of identified corrective actions for nonconformities considered open but 100% resolved;
 - H. To verify the implemented corrective actions are showing improvement in the achievement of the customer performance indicator(s), SI 2;
 - I. As a result of a withdrawn certificate.

SRI shall notify the client in advance the conditions under which a special audit will be conducted. Special audits shall not be terminated. A special audit and the reason for a special audit shall be entered into the IATF database within twenty (20) calendar days of the closing meeting. Special audits of support function/location shall not be entered into the IATF database.

SRI shall issue a written report IATF CARA (Common Audit Report Application) Special Audit Report for each special audit including any identified nonconformity (SI 15).

The auditor shall make a recommendation to SRI for increasing the surveillance frequency from twelve (12) months to nine (9) months, where applicable, for special audits relative to a Stage 2 or renewal audit that verify effective implementation of corrective actions. Refer to the R20.24, current revision.

2.3 Audit Team

- .1 SRI evaluates all auditor candidates and maintains evidence to demonstrate

competence:

- A. Employed by or contracted to SRI.
- B. Qualified by ISO/IEC 17021 and the relevant accreditation body rules to perform ISO 9001 audits (SI 1).
- C. Competent in core tool knowledge and fulfills ADP qualification and requalification requirements.
- D. Conducted at least six (6) ISO 9001 third-party audits in manufacturing industries, with at least three (3) as audit team leader (SI 1).
- E. Meets work experience requirements (four-years full time appropriate practical experience, including 2 years dedicated to Quality Management or Quality Assurance activities, within the past 15 years in an organization meeting the applicability of IATF 16949) (SI 1).
 - 1) Experience in industries with similar scopes of applicability (e.g., Aerospace, Telecommunications, Rail, Industrial Off-Road Equipment) in chemical, electrical, or metallic commodities may be considered.
 - 2) Shall observe a minimum of one (1) complete IATF 16949 third-party audit (excluding special audits) with a minimum duration of two (2) days before attending the New Auditor Training and Evaluation process (SI 1).
- F. Previously qualified third-party IATF 16949 auditors can re-apply for entry as a new auditor if:
 - 1) Their credentials were deactivated within the previous 36 months of the application date as a new auditor
 - 2) If the deactivation was due to failure to achieve required ADP results or failure to complete minimum number of auditors/audit day requirements.
- G. Auditors must conduct a minimum of one IATF 16949 audit per three-month period, with a minimum total of ten (10) audit days per year to maintain their auditor credentials. Failure to do so will result in withdrawal of the IATF certificate and identification card.
- H. IATF qualified auditors are required to record their continuing personal development (CPD) hours/records in a centralized online repository in the ADP. IATF qualified auditors are required an annual minimum of twenty (20) hours subject matter related to CPD. SRI will monitor and control the IATF auditor development process, including assessment results and development progress. SRI will provide access to a minimum of five (5) CPD hours per year.
- I. In addition to CPD hours per year, SRI will provide training based on Auditor Performance (Auditor Monitoring, Internal and External Witness Audits, and Customer Complaints) [SRI-WA-18F-NC2]. Note that all CB's who sponsor an auditor will have access to their auditor's CPD record (SI 6).
 - 1) Training will address Internal and External Witness Audit findings, Multiple Repeating Veto Power Rejections, Customer Complaints, IATF 16949 requirements, IATF Rules and their SI's and FAQ's, IATF Auditor Guide for IATF 16949 (current edition), Competencies, knowledge and Skills, and other subjects deemed necessary by SRI and/or its IATF Oversight

Body.

- 2) An annual schedule will be established each December for the following year and published.
- 3) The scheduling will be a living schedule with additions as required to address current training needs.
- 4) Training delivery may be to individuals or groups through power point presentation or other similar media, virtual classroom, remote technology, physical attendance, etc. Record will be maintained, such as attendance sheets or test results to demonstrate the training has been completed.

.2 SRI shall evaluate auditor performance in determining effective implementation of IATF 16949 requirements (reference QP 11.0) and current IATF Rules and applicable FAQs and SIs. This includes the internal witness audit process and also includes feedback from IATF witness audits, post-audit surveys, and customer feedback on the Continual Improvement Questionnaire, R20.52.

- A. Ongoing monitoring and measurement of the performance and continuing development, which shall include:
 - 1) Timeliness of final audit report submission (see section 5.10);
 - 2) Timeliness of final audit report submission which includes the decision regarding the acceptability of client nonconformities (see section 5.11.3);
 - 3) Results of certification decision (see section 5.12);
 - 4) Results of IATF witness audits
 - 5) Individual nonconformity analysis;
 - 6) Results of SRI internal witness audits;
 - 7) Results of post-audit surveys;
 - 8) Feedback from clients and their customers;
 - 9) Completion of the minimum number of audits and audit day requirements;
 - 10) Completion and approval of the minimum CPD hours;
- B. Records for the above for all sponsored auditors shall be maintained at SRI's office.
- C. If an acceptable level of performance is not achieved or maintained, SRI shall define what actions shall be implemented to improve the auditor's performance.
- D. SRI shall notify the relevant Oversight office if fraudulent activity is discovered related to a sponsored auditor.
- E. The IATF can issue a warning to, suspend, or permanently withdraw the credentials of an IATF 16949 auditor due to performance. In such cases, SRI shall immediately limit, or cease, the use of the IATF 16949 auditor. While in suspension, an IATF 16949 auditor shall not perform any IATF 16949 audits. If the IATF 16949 auditor's credentials are withdrawn, the auditor shall be turned inactive by both the relevant Oversight office and the certification body (SI 6).

.3 All IATF 16949 audit teams, including surveillance teams, shall satisfy the applicable SRI procedures requirements (reference QP 4.0, QP 11.0, QP 12.0 and QP 13.0) as well as the following:

- A. Consist of IATF qualified auditors to conduct audits in the name of SRI. Both the IATF certificate and identification card are the property of IATF and must be returned upon request.
- B. Have relevant sector-specific experience for all commodity codes which apply to the scope of registration at that site.
- C. No member of the audit team shall have provided consultancy for the organization in the two years prior to the audit.
- D. No member of the audit has audited the client for IATF 16949 in the past three (3) years.

.3 For consistency, at least one auditor of the initial audit team should participate in all visits of a three-year cycle. For each three (3) year cycle, different auditors shall be used. One auditor from the previous three (3) year period can be assigned to the renewal audit team, but cannot be assigned as the Lead Auditor. In instances, such as specific/special workplace experience, combination of standards to be audited and/or location constraints may affect auditor selection, management approval and IAOB approval is required to continue the initial auditor. Refer to R20.103, *Reassessment and Auditor Independence and Monitoring Assessment Policy*.

Note 1: If a different audit team member is appointed for a surveillance audit, SRI does not need approval from the relevant Oversight office, if the auditor rotation is due to circumstances, such as:

- A. Termination, resignations, or loss of SRI sponsorship;
- B. Inactivation of the auditor in the ADP and IATF database;
- C. Personal issues (such as medical situations, death, etc.);
- D. Force majeure
- E. Conflict of interest with the client;

Note 2: Conflict of interest with the client (If auditor rotation is required due to a conflict of interest between the SRI auditor and the client, IAOB Oversight wants to be notified through the waiver approval process.)

2.4 Audit Report (SI 11, SI 12, SI 13, SI 14, SI 15)

.1 For a Stage 1 audit, the SRI audit team shall use the IATF CARA (Common Audit Report Application) Stage 1 readiness review audit report.

For a Stage 2, surveillance, and recertification audits, the SRI audit team shall use the IATF CARA (Common Audit Report Application) audit reporting tool when creating a draft and/or final audit report.

For remote support function audits, the SRI audit team shall use the IATF CARA (Common Audit Report Application) remote support function audit report.

For a special audit, the SRI audit team shall use the IATF CARA (Common Audit Report Application) special audit report. A special audit report will be issued to the client after on-site verification of major or minor nonconformity corrective action is complete, which shall include verification details of each nonconformity.

All mandatory fields shall be completed.

The draft audit report for a Stage 2, surveillance, recertification, and remote support function audit shall include a description of all nonconformities (CARA NC Management Report, Json File), opportunities for improvement, and the audit team recommendation (R20.36IATF SRI Audit Team Recommendation for IATF) to SRI certification decision function. All mandatory fields shall be completed.

- .2 SRI shall provide an IATF CARA (Common Audit Report Applications) (audit report) with the link to the IATF CARA Nonconformity (NC) management application, where required, on the operations audited consistent with IATF CARA report instructions and *Rules for achieving IATF recognition*, to the organization within 15 working days of each audit.
 - A. The audit team shall submit the IATF final audit report to SRI no later than seven (7) calendar days from the last day of the on-site audit [SRI-OA-19A-NC1].
 - B. Customer Care Department must place the IATF auditor's draft report in pending approval for Veto Power review, within 24 hours after it is received for veto Power review or Monday morning when received over the weekend [SRI-OA-19A-NC1].
 - 1) The current timing status will be monitored by Customer Care Department [SRI-OA-19A-NC1].
 - C. The Veto Power review is due no later than twelve (12) calendar days from the last day of the on-site audit [SRI-OA-19A-NC1].
 - 1) The Veto Power reviewer may conditionally approve a report with questionable or missing supporting audit forms as long as the results of the audit will not be changed. This new status will be known as approval with conditions [SRI-OA-19A-NC1].
 - D. Customer Care Department's final draft report, ready to issue, is due no later than fourteen (14) calendar days from the last day of the on-site audit [SRI-OA-19A-NC1].

The final audit report shall be based on the IATF CARA (Common Audit Report Application)

- .3 The client and SRI have responsibility for managing the effective closure of nonconformities as detailed below. The IATF CARA Nonconformity (NC) Management form and application tool shall be used to exchange the responses between the SRI audit team and the client for each nonconformity.
- .4 Reviews submitted to the SRI auditor from the client for 30 day (non-acceptable or acceptable) and 60 day (non-acceptable or acceptable) will always go through Customer Care Coordinators and not directly to the client, unless a Json file report is required to be sent. Where a Json file is sent to

the Client, Customer Care Coordinators must be sent the Json file at the same time.

For intermediate communications, such as results of reviews prior to closure (30 day review) via the R20.53 or emails, the communication must be sent to the Customer Care Coordinator. The Customer Care Coordinator will communicate the information to the client.

SRI shall review the submitted information in the IATF CARA Nonconformity Management form provided by the client and make a decision regarding acceptability within a maximum of ninety (90) calendar days from the closing meeting of the site audit.

If found acceptable, the SRI auditor will complete the IATF NC CARA (Common Audit Report Application) by filling in the date review, reviewer decision, reviewer comments, when applicable, reviewer name. The nonconformity shall be considered as accepted and closed.

The SRI Auditor will send the completed IATF NC CARA (Common Audit Report Application) Json file to the Customer Care Coordinator who then will submit the IATF NC CARA (Common Audit Report Application) for Veto Review.

If the Veto Review determines that additional information is needed the Veto Reviewer will notify the Customer Care Coordinator.

The Customer Care Coordinator will obtain the information from the required party asking for a revised IATF NC CARA (Common Audit Report Application) Json file and submit the file for the Veto review.

Veto Review will ensure a certification decision is made within 120 days of the last day of the site audit and before expiration of the certificate.

SRI shall verify the effective implementation of the identified corrective actions at the next audit, unless a special audit is conducted.

If found not acceptable, SRI shall resolve the outstanding issues with the client within a maximum of ninety (90) calendar days from the closing meeting of the audit. If resolution cannot be completed, the nonconformity shall be considered as rejected. The final audit result shall be considered failed and the IATF database shall be updated accordingly. The certification decision shall be negative and the client shall start over with an initial certification audit (stage 1 readiness review and stage 2). The current valid certificate shall be immediately withdrawn. In exceptional case(s) where the implementation of corrective actions cannot be completed within a maximum of ninety (90) calendar days from the closing meeting of the site audit, the certification body shall consider the nonconformity open accepted but 100% resolved when the following conditions have been met;

- A. Containment of the condition to prevent risk to the customer has been taken, including a review of the systemic impact on the client's

- process;
- B. Documented evidence of an acceptable action plan, instructions, and records to demonstrate the elimination of the nonconformity condition, including a review of the systemic impact on the client's process;
- C. Scheduled on-site special audit based on the accepted action plan and prior to the next audit (see section 7.2);
- D. In situations where 100% resolution has been determined, the certification body shall maintain records of the justification.

2.5 Other Requirements

- .1 Consultants to the organization cannot participate in or attend the audit in any form (Skype, electronic communication, etc.).
- .2 SRI supports the IATF oversight activities. SRI will not violate copyrights of any IATF documents and logos related to IATF 16949.
- .3 Before SRI was recognized and issued any certificate, SRI worked with the IATF/IAOB to undertake a witness audit as validation of initial compliance. Any resulting corrective actions required were verified for effectiveness before certification activities continued. SRI is fully recognized by the IATF.
- .4 SRI, in cooperation with the IATF, shall develop schedules for ongoing recognition through IATF oversight activities.
 - A. Office assessments of SRI are conducted at the Seven Fields office. Where appropriate, IATF 16949 records and databases shall be accessible to the IATF during the office assessment.
 - B. Schedule ongoing surveillance witness audits so that the IATF may observe many different auditors.
 - C. Submit within 20 days or 90 days or as required from the date of issuance of an IATF Oversight nonconformance(s) - evidence of analysis, problem investigation, correction and/or containment, root cause analysis, and verification of effective implementation. The problem-solving team, staff veto power and Fresh Eye Reviewer shall use as a guide for this process. The IATF 16949 IATF Oversight Office Nonconformity Resolution. See the Reference List for the Procedure.
- .5 SRI does not operate as both a management system certification body and as an accreditation body.
- .6 Certificates to IATF 16949 shall only be issued by the Seven Fields office with a maximum validity of three years.
- .7 When SRI upgrades a current automotive certificate (AVSQ, EAQF, VDA 6.1), SRI will take into account, prior to the initial assessment to IATF 16949, the following:

- A. If the scope is unchanged from the ISO 9001 assessment, at least 50% of the required audit mandays for initial audit shall be applied.
 - B. If the scope is changed, 100% of the required audit mandays for the initial audit shall be applied. Sampling is not permitted.
 - C. SRI shall make an effort to ensure the certification body shall be the same for the former automotive certification and for the new IATF 16949 certification. SRI will apply, in cooperation with the former certification body, applicable transfer procedures (reference R20.101) when a customer requests a transfer or the certification is abandoned. Upgrades will only be conducted after the first surveillance event.
 - D. Current conditions for upgrading certifications to IATF 16949 will apply.
- .8 If an organization certified to ISO 9001 transfers to SRI, at least one (1) surveillance audit to ISO 9001 will be performed PRIOR to an upgrade to IATF 16949. If an organization certified to IATF 16949 by a recognized certification body elects to transfer to SRI and to continue certification to IATF 16949. SRI Office will complete the R20.118 Transfer of Registration and the following steps must be followed:
- A. Be recognized by IATF.
 - B. SRI will implement the IATF database semi-automated transfer checking process.
 - C. SRI will inform and verify that the client will notify the previous certification body about their intent to transfer.
 - D. SRI will verify a valid, extended contract is in place.
 - E. Validate the existing certificate, with no open nonconformities.
 - F. SRI certification department will perform the initial transfer review of the manufacturing site and remote support function audit reports and all findings issued by the existing certification body. For subsequent audits, the lead auditor during the off-site readiness review will review the previous audit reports of any remote support functions and all findings issued by the existing certification body. Time must be added to undertake an on-site review of corrective actions arising from a previous audit, even if this previous audit was undertaken by another certification body.
 - G. Perform a basic document review and a review of key indicators of management system performance.
 - H. Conduct an audit, the equivalent of a re-certification audit.
 - I. Notify IATF of the change in certification.
 - J. The process must in all cases continue to meet the "Rules."
 - K. Enter the previous IATF certificate number into the IATF database.
 - L. Where SRI or a client fails to complete all the required activities prior to the start of the transfer audit shall result in an initial certification audit.
- .9 If an organization certified to IATF 16949 by SRI elects to transfer to another certification body and to continue certification to IATF 16949, then the

following steps must be followed:

- A. The client shall notify SRI about their intent to transfer to a new IATF-recognized certification body.
 - B. The contract will be extended until all transfer activities to the new certification body is complete.
 - C. SRI shall not use the notification of transfer as justification for suspending or cancelling the client's certificate before the transfer process is complete.
 - D. Where a valid extended contract cannot be executed then SRI can suspend, cancel, or withdraw the certificate.
- .10 SRI acknowledges the IATF right to send a delegate to SRI's executive management committee to review the decision-making process regarding IATF 16949.
- .11 If SRI places an existing IATF 16949 certified company on suspension because of management system nonconformities or a violation of the rules of registration, SRI shall enter the information into the IATF database and notify the organization via e-mail or fax within 10 calendar days of the decision.
- A. If the organization is placed on suspension due to a customer concern, the date of suspension is the date of the concern. SRI will verify on site the effective implementation of the corrective action before removing suspension.
 - B. If certification is withdrawn, SRI enters the information into the IATF database and notify the organization via e-mail or fax within 10 calendar days of the decision. The organization is required to return the IATF certificate and must send a written notice that it is no longer certified to its customers who required IATF 16949 certification.
- .12 The following processes apply to IATF 16949 certified organizations:
- A. Decertification process - actions or decisions to be taken by SRI when events occur indicating that the initial conditions of the issue of the IATF 16949 certificate to the organization are no longer satisfied. The starting point could be information coming from the organization (significant changes of ownership, interruption of activity...), from the certification body (nonconformity observed during a surveillance audit, delayed surveillance audits requested by the organization, noncompliance with a clause of the certification contract by the organization...), from an IATF OE special status condition, IATF recognizing customer (poor performance of the organization, ...) or from claims from other customers of the organization or information from the field. The approved veto power individual will document analysis and decisions (CMS, e-mail, letter, etc.).
 - 1. SRI is required to conduct a special on-site verification audit when the decertification (suspension) process has been initiated due to a special status condition from an IATF OEM.

- B. Granting of a certificate - a certificate is issued by SRI, with a defined period of validity and with a defined scope of certification.
- C. Maintaining a certificate - a certificate's validity is subject to ongoing surveillance audits, re-certification audits, and other conditions defined in the contract with SRI.
- Continued registration decision after a surveillance event is evidenced by a review of the report and any nonconformance performed by an approved veto power.
- D. Suspension - a temporary status not exceeding 110 days (unless approved by the IATF oversight office) which can only end by the full reinstatement or withdrawal of the certificate. During the suspension period, the certificate remains valid and is still recognized by the IATF.
- Minor nonconformity (NC) (CARA NC Management Report) starts the decertification process. However, issuance of a minor NC does not initiate the suspension process. Issuance of a major NC initiates the suspension process. For Major/Hold NC, SRI determines status and issues a suspension notification to the organization via e-mail or fax within 20 calendar days of the issuance of the Major/Hold NC. The approved veto power individual will document analysis and decisions (CMS, e-mail, letter, etc.). Failure to close NC's (CARA NC Management Report) within 90 calendar days from the last day of the audit results in a failed audit. The client will start over with an initial audit. The current valid certificate will be immediately withdrawn.
 - Following a suspension, the SRI Veto Power may make a recommendation for increasing the surveillance frequency from twelve (12) months to nine (9) months. The recommendation shall be based on performance during the most recent certification cycle. Poor performance indicators may include but are not limited to numerous Major/Hold nonconformances, multiple IATF certificate suspensions, recurring failure to meet customer performance targets, customer special status notification, customer compliant trends, failure of the organization to notify SRI of changes or changes to the organization that may challenge the integrity of the quality management system.
- E. Withdrawal of a certificate - definitive interruption of the validity of a IATF 16949 certificate, as a sanction from SRI following an organization noncompliance of the certification contract. In the case of withdrawal or cancellation, the previously certified entity is delisted from the current certified database of SRI.
- F. Cancellation of a certificate - action to nullify a certificate at the request of the certified company to interrupt the certification contract, or by decision of SRI after verification of the definitive end of the certified activity, for example when an organization that has been certified no longer has products or services that meet the applicability for a period

of 12 months, SRI shall cancel the certificate. This is not a sanction. In the case of withdrawal or cancellation, the previously certified entity is delisted from the current certified database of SRI.

- G. Corporate site certification - in the event of corporate site certification, if a single corporate site loses its certificate based upon performance issues, only the affected site loses its certification.
- .13 SRI will report to the IATF any changes in status of its management system accreditations.
- .14 SRI is aware that cancellation of IATF recognition of SRI for IATF 16949 may occur upon:
 - A. Violation of any of the IATF contractual rules and provisions,
 - B. Loss of ISO 9001 accreditation,
 - C. Failure to conduct a minimum of twenty-five (25) IATF 16949 site audits (initial or surveillance) per calendar year,
 - D. Inadequate performance as identified by IATF.

In the event of loss of IATF recognition, SRI is responsible for the remedies for any registrants affected, appropriate to the severity of the concern. These remedies will be agreed by IATF.

- .15 If an already IATF 16949 certified site changes its name only they must provide a changed/revised legal registration document. SRI will issue a revised certificate with the new site name. All previous information of the certificate shall remain unchanged, and the certificate is uploaded in the IATF database (FAQ 1).
- .16 If an already IATF 16949 certified site moves to a different address see IATF Rules FAQ 2 and 3.

2.6 Certificates

- .1 Issuing of certificates shall follow the applicable guidelines of SRI procedure QP 6.0 and this procedure, and an English version is maintained on file. The Certification Manager is responsible to ensure the current certificate template complies with IATF requirements. The Certification Manager shall submit a revised certificate template to IAOB after any change that impacts the certificate's layout or content. Only written approval by IAOB will be used as a basis of authorizing changes to the certificate template. SRI shall ensure that the IATF 16949 certificate includes as a minimum:
 - A. Scope statement(s) including all design and manufacturing activities for automotive-related products and services meeting the applicability of IATF 16949 being supplied to all companies subscribing to this document;
 - B. Issue date of the IATF 16949 edition used, date of certification and date of expiration, and permitted exclusions as defined in clause 1.2 of

the IATF 16949 requirements;

- C. List on the front page the company name and address. Any appendix/schedules that are a part of the certificate must note that more pages are included, e.g., page 1 of 3, and be endorsed with the certificate number (Multiple names for a single site are permitted for dba's only. One certificate is permitted per legal entity);
- D. Release date to control the revision level;
- E. Multi-site certificates are not permitted;
- F. Any remote support location(s), e.g., where product design and development process occurs, purchasing, contract review, which are part of the management system and have been audited, their locations and scopes. If a remote support location and their processes support more than one site, the remote support location shall appear on each site certificate. Changes to main site processes identified during a Readiness Review prior to an audit activity will warrant a revised certification after validation and audit by the assigned team;
 - Where multiple IATF Approved Remote Support Location Titles have been rolled into a single IATF Approved Remote Support Location Title, identify all the IATF Approved Remote Support Location Titles listing the single IATF Approved Remote Support Location Title first. Example: Quality System Management – Policy Making – Internal Audit Management – Management Review – Testing.
- G. The name of SRI's contracted office (city/state/country);
- H. The IATF logo of equal prominence with other marks;
- I. For corporate certification, each site must receive a separate certificate, with a common certificate number plus number (or letter) suffix e.g., 0633-01, 0633-02, 0633-03, 0633-04;
- J. Has both the SRI certificate number and the IATF certificate number;
- K. Certificates to IATF 16949 shall only be issued by the Seven Fields office with a maximum validity of three years. New certificates (at subsequent issuances such as renewal) are required to be in place prior to the expiry date of the current registration period.
- L. For clients desiring a separate ISO certificate, due diligence must be maintained. When the scope is equal to or less than the IATF 16949 certificate, no additional time for ISO 9001 events is required. When the scope of ISO is greater than the IATF 16949 scope, additional time must be allotted for all audit activities. Determination for any added time must be ascertained during the Sales and Quoting process.

- .2 SRI does not reference other documents for which the certification is not accredited or recognized.
- .3 At renewal/re-certification, the expert review (Registration Review Panel - RRP) is completed in advance of the expiry date of the current certificate to ensure that there is no break in the certification period. The new three-year certificate begins the date of the certification decision. The effective date of the decision shall be the date of the certificate. The certification decision and the issuance of the certificate shall be completed within a maximum of 120 calendar days from the last day of the Stage 2 registration or subsequent renewal audit.
- A. At renewal/re-certification, the expert review [registration review panel (RRP)] SRI IATF Veto Power may make a recommendation for increasing the surveillance frequency from twelve (12) months to nine (9) months. The recommendation shall be based on performance during the most recent certification cycle. Poor performance indicators may include but are not limited to numerous Major/Hold nonconformances, multiple IATF certificate suspensions, recurring failure to meet customer performance targets, customer special status notification, customer compliant trends, failure of the organization to notify SRI of changes or changes to the organization that may challenge the integrity of the quality management system.
- .4 The audit cycle is three-years maximum from the last day on site at the initial registration audit. Timing is last day on site to last day on site. Failure to (1) have the renewal event within three (3) years (-3 months, /+0 days) of the initial event and/or (2) to have the certificate issued prior to the expiry date will result in delisting and the organization starting the registration process at Stage 1, not a renewal. Valid exceptions to this rule must be submitted to the IAOB Oversight Office and be approved. This is expected to be a rare occurrence.
- .5 A Letter of Conformance may be issued to confirm that processes exist that satisfy the applicable IATF requirements for Automotive Quality Management System(s) and the IATF rules where the client is not able to achieve certification because:
- A. It is a new site without twelve (12) months of internal and external performance data for automotive production and/or service parts in the scope of certification;
- B. It is an existing site that can demonstrate it is on an active bid list for a customer requiring an automotive quality management system certification or compliance to IATF 16949:2016.
- C. SRI may issue a Letter of Conformance (SI 20)
- a. The client is able to supply the information required for the stage 1 readiness review (see section 6.5), including internal and external performance data and one full cycle of internal audits and management review but not twelve (12) months of internal audits and performance data;
- b. The relevant site has completed an initial audit (stage 1

- readiness review and stage 2) using the IATF CARA (Common Audit Report Application) tool with no open nonconformity;
- c. and veto power approval.

The Letter of Conformance Content shall meet the following:

- D. The issue date is the date of the positive decision and is valid for a maximum of twelve (12) months.
- E. The IATF Logo and IATF certificate number Shall Not appear on the Letter Conformance and the Shall Not be entered into the IATF database.
- F. The Letter of Conformance Shall Not appear as a certificate.
- G. The Letter of Conformance template shall be approved by the IATF Oversight Office.
- H. The letter of conformance shall include both the certification body LoC number and the IATF LoC number (SI 29).

The certification body shall enter all the required audit data in the IATF database within twenty (20) calendar days from the closing meeting of the stage 2 site audit. This information shall be in the specified format, in English.

The certification body shall inform the client of the decision and issue the Letter of Conformance to the client. The Letter of Conformance information shall be entered in the IATF database within seven (7) calendar days of the decision and shall be in the specified format, in English. The Letter of Conformance shall be uploaded in the IATF database within twenty (20) calendar days of entering the Letter of Conformance information.

Clients may reapply after the initial twelve (12) months valid Letter if a contract from the customer requiring quality management system certification or compliance to IATF 16949:2016, has not been issued within the twelve (12) months. No stage 1 readiness review is required and a maximum of 50% may be applied to the Stage 2 audit days.

The certification process may proceed once the client has twelve (12) months of performance data for a new site or on the active bid list receives a contract from a customer requiring quality management system certification or compliance to IATF 16949:2016. A stage 1, readiness review and stage audit shall be conducted. The stage 2, audit shall start before expiration of the letter of conformance and may be reduced by 50% of the possible audit days. If the timing is exceed (Letter of Conformance Expired), the client shall start over with an initial audit (Stage 1 and Stage 2) and no reduction shall be applied.

2.7 Forms and Tables

.1 Reports by SRI:

- A. SRI shall transmit to IATF on a regular basis, in an IATF approved

format and in English, the reporting data for IATF 16949 certification.

- B. Data on certification activities shall be entered by SRI in the IATF database within seven calendar days of the certification decision for an initial or re-certification audit, and within twenty (20) calendar days of the completion of an audit. Note: special audits of a remote support location are not entered into the IATF database.
Note: The certification body shall enter the information about each audited support function (i.e., audited location name, audit dates, auditor name(s), and audit days for each auditor) in the comment field under a manufacturing site's audit. If a remote support function supports more than one manufacturing site, the certification body shall enter the audit information under a single manufacturing site. The information shall be in the specified format, in English (SI 5).
- C. Database on auditors will include the format and information required by the IATF.

2.8 Auditor Work Instructions

- .1 Auditor work instructions are determined and approved for use by SRI Certification Department. Auditor work instructions can be temporary or permanent and SRI initiated or information from external parties. These instructions will be placed in an appropriate file such as temporary, Rform, or template electronic file folder. Temporary instruction issued, following this procedure revision will be clearly marked temporary or as an audit alert and will remain valid until it is removed from the electronic file folder. Periodically, the temporary instruction files will be reviewed during internal audits for applicability. Below is a list of Auditor Work Instructions relating to IATF Rules SIs and/or FAQs:
 - A. (SI 18) Annex 1.1. – Table for verifying the completeness of the process – oriented auditing versus IATF 16949 requirements. An equivalent version of Annex 1.1 table is embedded into the IATF CARA (Common CB Audit Report Application) tool and is required to be completed in CARA. See SRI Audit Plan Auditor Work Instruction reference to The R20.17IATF SRI Audit Tool (AT) Audited Clauses and Processes for IATF 16949:2016.
 - B. (SI 28) Annex 3 – Table for Documenting the Output of the Audit Planning Process. See R20.102SA IATF 16949 Surveillance and Renewal Planning – For Auditor Use Only.
 - C. (SI 22 & 23) – R20.30IATF IATF Nonconformity Resolution (CA Flow Chart): Processing IATF/IAOB NCR office assessment, witness audit, or as a special nonconformity due to performance-related issues, complaints received from IATF members, or any violation of the “Rules”.

3.0 Appendices

3.1 IATF 16949 Certificate Structures and Single Manufacturing Site with Extended Site(s)

3.2 Annual Training Schedule