1.0 Scope

This document covers the procedure for the auditing process within MI-CERT AFRIKA. It describes a uniform approach to auditing for all management system certification schemes (see Annexure A for a list of certification schemes). It should be read in conjunction with the document of the system auditing process as well as all the process description documents.

2.0 Definitions

For this document, the relevant definitions given in ISO/IEC 17021-1 -2015 shall apply:

1. Audit: A systematic, independent, and documented process for obtaining records, statements of fact or other relevant information and assessing them objectively to determine the extent to which specified requirements are fulfilled.
2. Auditing Organisation: An organisation that audits as a Certification Body for conformity with quality management system requirements and other regulatory requirements.
3. Auditor: A person with the demonstrated personal attributes and competence to conduct an audit.
4. Competence: Demonstrated personal attributes and demonstrated ability to apply knowledge and skills.
5. Final Reviewer: An experienced auditor, who hasn't participated in the audit under review, who performs a review of the audit and finalises the classification of the audit results.
6. Lead Auditor: An individual responsible for leading the audit team. The lead auditor manages an audit team, prepares the audit plan, conducts any audit-related meetings, and reviews and submits the formal audit report.
7. Technical Expert: A person who provides specific knowledge or expertise to the audit team.
8. Multi-site Organization: A multi-site organization is defined as an organization having an identified central function (normally, and hereafter referred to as a head office) at which certain activities are planned, controlled or managed and a network of local offices or branches (sites) at which such activities are fully or partially carried out.
9. Observers: Observers can be members of the client's organization, trainee auditors, Consultants, witnessing accreditation body personnel, regulators or other justified personnel.
10. Technical Area characterised by commonalities of processes relevant to a specific type of Management System as per the areas defined in MI-CERT AFRIKA's classification system (grouping) for QMS and SCCM documents for ISO 9001:2015, ISO 14001:2015 (EMS); ISO 45001:2018 (OHS) and OHSAS 18001 certification schemes.

3.0 Reference Sources

Terms of reference of the Impartiality Committees for Certification Schemes:

- Selection, training and registration of auditors/senior auditors).
- Composition and functions of the Approvals Board for certification schemes.
- Management System Manual.
- Management System certification.
- Document Information Process.
- Internal Audits.
- Management Review.

- Audit Process Descriptions and Forms.
- Planning Process Descriptions and Forms.
- Sales Process Descriptions and Forms.
- Travel Process Descriptions and Forms.
- In this procedure, reference is made to the following National and International Standards:
- ISO 9000, Quality Management Systems – Fundamentals and vocabulary.
- ISO 9001, Quality Management Systems – Requirements.
- ISO 9004, Quality Management Systems – Guidelines for performance improvements.
- ISO 14001 Environmental Management Systems – Specification with guidelines for use.
- ISO14004 Environmental Management Systems - General guidelines on principles, systems and supporting techniques.
- ISO 17000, Conformity assessment – Vocabulary and general principles.
- ISO/IEC 17021Conformity assessment – Requirements for bodies providing audit and certification.

4.0 Technical Areas

Technical Areas have different meanings for different types of management systems, and these could be:

- For quality management systems, the phrase is related to the processes in the context of fulfilling customer expectations of products, including service as identified.
- For environmental management systems, the phrase is related to the categories of products and processes in the context of environmental aspects affecting air, water and soil and the use of resources as identified.
- For OH&S Management Systems, the phrase is related to the categories of products and processes in the context of occupational health and safety risks as identified.

5.0 Confidentiality

Any information gained in the course of certification activities about a particular commodity or organization shall be confidential to the organization and shall not be disclosed to a third party without the written consent of the organization. Where the law requires information to be disclosed to a third party, the organization shall be informed of the information provided as permitted by the law.

6.0 Documented Information Process

An index to the formal management system documentation for MI-CERT AFRIKA Certification has been placed on the MI-CERT AFRIKA intranet and is maintained up to date by the document control administrator.

6.1 Audit process

Enquiry

When contact has been established with a potential client, an application form (PART A) Application for Certification must be completed in full and registered with the Certification Manager. Once the enquiry has been received, the Certification Manager shall formally contact the organisation to confirm that the enquiry has been allocated and to arrange for a visit to be conducted or for the information required to be emailed. The visit/ email shall explain and discuss aspects of the relevant scheme and obtain information essential for the proper planning and costing of the audit and subsequent audits. A quote shall be sent to the client.

Note: If it is not practically possible to conduct the stage 1 audit on site, the required information shall be obtained from the client remotely online directly or from a qualified second party, in which case it shall be verified and adjusted (if required) during the stage 2 audit.

For a multi-site registration, it is not practical to conduct the stage 1 audit on all sites to be included in the scope of certification. However, in addition to the Head Office, it may be required to visit one or two sites to collect necessary information regarding the scope of the management system, location, processes and related statutory and regulatory compliance.

6.2 Scope of the organisation

The scope of certification by an organisation shall be clearly defined without the use of ambiguous wording and description or value judgement statements. Evidence of the justification for any exclusion and or applicability must be included in the organisation's documentation. Exclusions could include for example Head Office, Marketing, HR, outsourced processes and remote sites. These excluded functions and/or sites shall not claim to be or imply that they are, listed for any purpose whatsoever. The certification process would only apply to the areas that have been audited and found to comply with the requirements of the standard that has been audited.

The organization may reduce the scope of its management system after certification, but this may not compromise the management system or exclude any management system requirements unless permitted by the relevant standard.

Changes shall be communicated to the Certification Body MICERT AFRIKA and the exclusion shall not affect the organisation's ability to provide conforming products and/or services to its customers. An application of reduced scope of certification does not absolve the organization of the responsibility to provide a product and /or service that meets customer-specific requirements. Auditors shall verify the applicability of clause 8.3 – design and development. Most organizations will have some aspect of this clause within their processes, so it may not be automatically excluded as the clause covers both elements of development or design of the product and or service.

Where this is a requirement of a particular scheme, organizations will be required to address all aspects of that particular management scheme. For example – if the organization makes any changes to any process parameters such as adjusting tolerances, temperature, pH etc. or product parameters such as dimensions, weight, colour, using different raw materials, changing raw material suppliers etc. and the customer does not have input nor is required to permit the changes, this can be seen as development.

Note: Where the organisation applies a reduced scope, regulatory requirements are still applicable to the organization and its product and/or service.

The following is a list of “significant changes” (that constitute major modifications) that occur regularly in industry and must be considered carefully for continuing compliance with the management system and any relevant accreditation requirements:

- Change of the manufacturing premises and therefore changes to the manufacturing processes.
- Change of premises of a non-factory facility (occurs mostly in the services sector).
- Change of ownership of the certificated organization.
- Change of legal entity of the certificated organization.
- Changes that consolidate multiple registrations into a single registration or vice versa.
- Changes that result in adding or removing premises/ sites.
- Changes in legislation.
- Changes in management / key staff (i.e. managerial, decision-making or technical staff).
- Major changes to the management system.
- Changes in legislation.
- Changes in management / key staff (i.e. managerial, decision-making or technical staff).
- Major changes to the management system.

The Certification Manager shall call for a short notice audit when an auditor encounters one or more of the major significant changes stated above during an audit or when it is reported by the organization.

The organization should be informed that any short-notice audits conducted to verify the changes may incur additional costs, which may not have been included in the annual certification fees or agreement.

Some changes noted above, such as name change or change of premises, will require a new agreement to be sent to the client.

Reduction of the certification scope may occur under one or more of the following situations:

- Decreasing of number of sites.
- Decreasing of processes or changes in processes.
- Downsizing of organization’s activities/ products/ process.

depending on the scope of activities needed to address subject areas (e.g. regulatory requirements, risk assessment, health and safety and environmental impacts, etc.).

Extension of the certification scope may occur under one or more of the following situations:

- Increase of number of sites.
- Expansion/increasing of processes or changes in processes.
- Upscaling of organization’s activities/products/process.

Note:
Complete form QA 93 when relevant and attach either a new agreement or an addendum to the existing agreement and submit the relevant documentation to the Approvals Board.

6.3 Impartiality

1. All decisions taken need to be based on objective evidence and shall not be influenced by other interests or by other parties.
2. When evaluating any potential threats to impartiality include the following:
    a. Self-interests: e.g. financial shares in a company, company financing auditor’s

studies.

b. Self-review: e.g. work done by a person reviewing their own work, consultancy, training, internal audits.

6.4 Allocation of team leader and team members

Once the file has been handed over to the Certification Manager, the Certification Manager shall allocate the audit team and do the planning for the Stage 1 audit.

The Certification Manager shall allocate the audit team and perform the planning for the stage 2 audit, surveillance and recertification audits. The Certification Manager shall verify resources and the team leader and team shall be allocated according to their areas of speciality, work experience and/ or qualifications. Care shall be taken to avoid any areas of potential compromise of impartiality between the audit team members and the organization. Justification of the selection shall be documented.

6.5 During this planning phase consideration should be given, but not limited to the following:

Additional site visits/audits to evaluate seasonal products and/or periods of non-activity of the company's processes.

At least one member of the audit team shall have been deemed competent in the industry sector at each audit; in the case of one-man audits, the auditor shall have the relevant competence. Where no such technical expert is available within MI-CERT AFRIKA Certification, an external auditor or technical expert may be contracted by the department to augment the audit team.

An external auditor / technical expert shall be suitably qualified and shall be acceptable to the organization as a member of the audit team. In selecting a technical expert significant emphasis should be placed on ensuring that there are no conflicts of interest (it is not uncommon for technical experts to come from the same industrial sector as the auditee, and they may have associations with the auditee's competitors); consequently, all technical experts should be required to sign a statement on avoiding conflicts of interest and on ensuring confidentiality before participating in the audit.

The Administrator shall ensure that the organization's details are captured on the database and updated when necessary.

6.6 The scope and criteria of the audit

Auditors qualified in the relevant technology.
Consideration of the auditor(s) who were involved with the previous audits.
The required involvement of technical experts and/ or external auditors.
Whether trainee auditors or observers shall be present during the surveillance audit.
In the case of a multi-site registration, ensure all the relevant sites for the year have been included in the planning as per the relevant multi-site quotation calculation spreadsheet.
In the case of combined audits, ensure that adequate on-site audit coverage is allocated to effectively audit all the relevant management systems/sites. Man-days are calculated for registered auditors only and neither technical experts nor trainee auditors are regarded as official man-days unless supervised by a competent auditor.

6.7 Preparation for the audit

The preparation should be designed to be flexible to permit changes in emphasis based on information gathered during the audit and to permit effective use of resources.

The allocated auditor / designated person shall contact the organization and agree on a date for the audit to take place, and if necessary, arrange and confirm travel and accommodation requirements for the internal and external auditors. Audits will be planned per the surveillance cycle as in the 3-year cycle for recertification.

Should an organization formally request a postponement of a scheduled audit, such request shall be assessed on the merit of such a request and if possible, the audit may be rescheduled to a mutually acceptable date.

The postponement of a surveillance or recertification audit may not exceed 3 months without a valid reason which has been agreed to by the certification manager (e.g. moving of premises which may require a slightly longer time frame). In the case of a recertification audit, scheduling of the new date must be done with sufficient time in hand to complete the process prior to the expiry of the certificate.

Prior agreement for the presence of observers must be obtained from the organization. Trainee auditors or observers shall be under the supervision of a registered auditor at all times and shall not audit unsupervised in the initial part of their training.

Changes shall be confirmed in writing to the organization. The Administrator shall update the database with any changes.

EMS / OH&S: Legal Audits – Minimum Requirements.

Audit Type EMS / OH&S: Legal auditor to accompany the team.
Classification

High - Yes
Low - Yes
Medium - Yes

Note:
Legal Specialists, where practical, will accompany the EMS / OH&S Audit Team. If the Legal Specialist cannot accompany the Audit Team on the scheduled (Audit) date an EMS/OH&S Auditor shall accompany the Legal Specialist for the Legal Audit when the Legal Audit is conducted.

During a re-certification audit where a company is classified as Limited, Low or Medium the Legal verification.

For EMS and OHSAS audits, where Legal Auditors are involved, no audit conclusion may be presented until such time as the Legal Auditor has provided a recommendation to the Audit Team Leader. The audit team leader shall prepare the notification and the schedule according to the information in the client's file, forward the audit plan to the team members and the client and make a copy for the client's file. This shall take place

6.8 Team Briefing

The Team Leader is responsible for communicating with team members before the audit and shall typically address areas and tasks assigned to team members (if applicable). Such assignments should take into account the need for competence and in situations where a technical expert is used, they should be assigned to the responsibility of a specific auditor on the audit team.
Background information about the organisation such as areas or aspects that need special attention, and any special conditions such as safety or risk areas shall be communicated to the audit team. Audit team members shall be informed of practical arrangements such as time schedules, breaks, travel, accommodation, etc.

Team Leaders shall take all relevant documentation required to the audit, this would include all data raised during the previous audit, whether closed or not.

6.9 Opening Meeting

The Team Leader shall conduct the opening meeting according to the agenda and shall ensure that the attendance register is completed. The audit may be aborted only if conditions are detrimental to the safety of the team, or if the audit cannot be completed in an orderly way, e.g. during strike action. Should the team determine during an audit that the organization fails to meet the requirements of either its own management system or that of the relevant management standard, an agreement with the organization's top management must be reached upon any decision to abort the audit. This must be recorded. In the event where the audit been aborted during a recertification audit, which poses a risk for Certificate to, this must be communicated to the client. The certification manager has to be informed in writing by team leader explaining reason for aborting the audit.

7. The Audit

Team reviews should take place during the course of the audit where the Team Leader shall at least review the following:

- Review non-conformities cleared during the course of the audit.
- Nonconformity reports shall be noted to indicate this situation.
- Identify any interface and / or problems between the different areas.
- Ensure communication is effective between the team members.
- Confirm verification needs in other areas.
- Re-plan subsequent audit activities if necessary.
- Review the audit non-conformities generated by the team (if applicable).

In the event the audit team are not on site where the team members are gathering the Team Leader must inform the client that an agreement of the conclusion can only be reached upon him reviewing the outcome of the other team member(s).

All auditors shall be able to:

- Plan and conduct an audit using the audit reference documents (Audit trails: Attendance Registers, Non- Non-Conformance Reports and Audit Checklists).
- Ensure the organization's process accurately describes reality.
- Audit processes identified in the audit plan and schedule in adequate detail and depth to give confidence that the process (e.g.) is capable of meeting process key objectives, and performance indicators.
- Auditors shall conduct an interview with Senior Management and Executives Context of the Organisation.

The following can be considered when determining top Managements' commitment by eliciting the following:

- commitment to the effective implementation of their management system (e.g. participation in meetings).
- setting objectives, linking objectives and plans, reviewing performance, and allocation of resources.
- What is the organization's overall strategy: is it growth, maintaining or downsizing.

- Process of how business objectives are set by top management.
- Are key targets set for these objectives and are resources provided.
- The measures that they use to evaluate the organizations' performance.
- What mechanisms of communication are there for the cascading of objectives throughout the organisation?
- What information is communicated (both to and from) top management to the organization.
- The degree of their participation in management reviews, actions to address risks and opportunities, and management commitment.
- Needs and Expectations of interested parties and others.

Auditors may not request the customer's business plan, as it is not a requirement of the standard.

During this process it is imperative to collect sufficient data because auditors will be requested to comment on performance of past performance by the organization. If necessary, revise the audit plan based on the information obtained during the interview with top management and communicate the changes to the team.

7.1 Team member(s) shall collect evidence of the following:

- Objectives and targets.
- Core processes.
- Customer needs/ requirements/ specifications.
- Communication with affected parties.
- Parameters for operational control / service provision.
- Corrective action on non-conformities.
- Corrective Action System.
- Risk Management System.
- Performance of audit including comparison to previous results and report.
- Verify the effectiveness of the non-conformances previously raised and report on it.
- Performance of the management system over the period of time of certification is mandatory.

7.2 Team member(s) should in each area verify the following where applicable:

- Make sure the process owner is interviewed. When a technical expert is utilised, they should be allowed to perform interviews under the supervision of the auditor to whom they are assigned.
- Conduct interviews with the auditee where the process occurs.
- Establish the boundaries of the process.
- Tailor questions to reflect the auditees' responsibilities.
- Test if the process is meeting the customer and the organization's objectives, which are related to the outputs of the process; if the process is not meeting the objectives, establish what countermeasures are in place.
- Identify what is dominant in the process that is contributing toward poor performance.
- Establish if there is an impact on any interacting processes.
- Ensure you talk to personnel at all levels within the company when collecting evidence.
- Ask open questions.
- Auditors to collect sufficient data on the performance of the processes as this will be used as input in the report summary. Use audit trail forms to record performance.
- Audit comments or findings by the technical expert should only be communicated to the auditee

via the auditor or audit team leader. In case the auditor needs to clarify the comments or findings made by the technical expert with the client, the auditor may allow the technical expert to directly clarify the issue with the client, under supervision by the auditor.

7.3 Objective evidence (information which can be proven) should be collected through

- Interviews.
- Audit trail document to be used.
- Evaluation of documents and evidence of documents evaluated.
- Observation notes activities and conditions.

Team member(s) shall make use of the non-conformity report. Record the non-conformity immediately while still in the relevant area (if possible), the non-conformity should be concise, factual, and specific. Findings may also be raised (positive comments) and these shall be noted on the audit report.

When team member(s) record nonconformities, they should:
(This could reference other documents or regulated references and may not be limited to the company procedures).

- Focus on areas of highest risk / greatest opportunity for the site.
- Communicate the full extent of the problem and should include:
  - a statement of nonconformity.
  - the relevant standard requirement or technical specification.
- A statement of nonconformity.

This could reference other documents or regulated references and may not be limited to the company procedures.

7.4 Objective evidence

Incorporate sufficient evidence to support the nonconformity and provide sufficient information to enable the organization or site to solve the nonconformity.

The primary purpose of the nonconformity report is to furnish sufficient information for the client to correct the deficiency and for the audit team to make a decision on the severity of the nonconformity. Nonconformities shall be categorized in terms of major and minor nonconformities
(see definitions below).

7.5 A Major nonconformity is one or more of the following:

- Failure to fulfil one or more requirements of the management system.
- Evidence to support the indication that the organization cannot meet its intended management system intended outputs.
- The absence of, or total breakdown of a system to meet requirements. A number of minor nonconformities against one requirement can represent a total breakdown.
- The absence of, or total breakdown of a system to meet the requirement.
- A condition that may result in the failure or reduce the usability of the products or services for the intended purpose.
- Failure to take timely corrective actions on previous audit findings.

- Failure to comply with legislation or permit conditions, without objectives, targets and management programs in place.

Auditors should be objective and open-minded when judging the validity of an explanation and must ensure against making judgements based on preconceived ideas.

Therefore, non-conformities should be raised that shall give added value to the organization. However, team members should not consult as part of the audit. The team leader is to ensure that consultants are not auditing as part of the audit team, provided a contract is in place making him/her a permanent staff member. Consultants in other schemes such as ISO /TS consultants shall not be on site. An audit team member should fully explain his/ her nonconformities and give the organization a clear explanation of the non-conformance in their management system without recommending a solution.
Auditors will ensure that they conduct themselves in accordance to the MI-CERT AFRIKA Code of Conduct at all times. The Team Leader will be in control of the audit and will ensure that the audit is conducted in an orderly manner.

It is the Team Leaders' responsibility to ensure that the relevant documentation is completed e.g.: audit reports, audit trails and non-conformity reports and included for filing.

7.6 Team meeting before closing meeting

The Team Leader is responsible for convening a private team meeting; results shall be captured on the Feedback Form.

The team members shall be present during this meeting (specialists may not necessarily be present on the day of the closing meeting but may have given their feedback at an earlier stage in the audit).

During the meeting the audit team shall at least discuss the following:

- Verification that the audit was conducted in accordance with the audit schedule. If not, the deviations shall be noted in the report and 3-year plan. These should be communicated to the Company during the closing meeting.
- Review the audit findings, and any other appropriate information collected during the audit, against the audit objectives.
- Identify any necessary follow-up actions; these include decisions made as to what form the verification of the effectiveness corrective actions shall take e.g. action plan / on-site clearance etc.
- The team leader is responsible for ensuring that the client is informed of any cost that is incurred by the organization for on-site clearance of findings visits.
- Agree upon the audit conclusions, taking into account the uncertainty inherent in the audit process.
- Confirm the appropriateness of the audit programme or identify any modification required (e.g. scope audit time or dates, surveillance frequency, competence).
- Ensure that the client is informed of any cost that is incurred by the organization for clearance of findings and onsite visits.

7.7 Closing Meeting

The team shall conduct the closing meeting as per the agenda. Present the findings and highlight that any observations raised are not binding on the company and do not automatically have to be addressed.

Occasionally it may transpire that a nonconformity is invalid or worded in such a manner as to imply something different from what the auditor intended; the closing meeting gives an opportunity to clarify all misunderstandings, although it is preferable that questions of fact be resolved before the meeting.

This responsibility will not be shared unless proper arrangements have been made with the certification manager and Lead Auditor.

Audit Report

The written report must be a true reflection of the oral report delivered during the closing meeting of the audit, including the summary of the good practices and nonconformities observed. Reports shall not be used to advise organizations on how to correct non-conformities. Provision shall be made for general comments and conclusion statements that shall contain an evaluation of the management system's adequacy and effectiveness. This should be an overview without entering into details.

The general comments and conclusions statement should reflect briefly the team's overall impressions and may include any good aspects of the system that were observed during the audit process.

Present an overall summary of the team's conclusions based on the audit and a recommendation with regard to registration and state that formal report(s) shall be forwarded by post. If applicable, discuss arrangements for the clearance of non-conformities.

The Team Leader is responsible for drafting and reviewing the concluding report based on the team members' reports (where applicable), non-conformity reports and feedback sessions during the audit. The audit report shall provide an accurate, concise and clear record of the audit to enable an informed certification decision. The Certification Manager shall review the report and then this should be forwarded to the organization within 5 working days.

Where a specialist or technical expert has conducted part of an audit, their comments can either be incorporated into the auditor's report or contained in a separate report, a copy of which must be sent to the client.

Where a multiple or network of sites audit has been performed the report shall record how conformance to the criteria for multiple / network of sites was evaluated.

In the case of a combined audit, one report may be written covering all the codes of practice unless there is a specific format laid down, e.g. the client requests separate reports. The combined report must clearly state whether it was an audit / recertification audit combination and to which codes of practice the audit was conducted.

The audit report shall state that minor nonconformities shall be effectively addressed within 60 days of the audit, if an action plan is required or major nonconformities have necessitated an on-site clearance of non-conformities.

The time allowed for the action plan shall be subject to the severity at the discretion of the Team Leader and / or audit team. The auditor shall evaluate the action plan and supporting evidence, whereafter the organization shall be informed, i.e. verification during the next scheduled audit or interim audit at the organization's cost to verify the effectiveness of corrective action.

Note:

- It is imperative that the report should be detailed, reflecting the processes audited and recorded in the audit report.
- No short-hand writing of the report will be accepted by the certification manager for signing. Reports may be handwritten or typed.

7.8 Clearance of Non-Conformities

The team leader is responsible for ensuring that the necessary information is communicated to the Administrator/ Certification Manager for planning of any on-site clearance of non-conformities.

Based on the severity of the non-conformances as concluded by the audit team and, as agreed to by the organization at the closing meeting, the following might occur:

- Re-audit (The process for Stage 2 audit shall be followed if necessary). The cost for re-audit shall be invoiced to the client.
- On-site or off-site clearance of nonconformities (Within 60 calendar days from the closing meeting maximum).

Exception may be noted due to abnormal circumstances that were noted. This shall be reported to the certification manager within 10 days and be recorded on the system for regular review of progress.

After Stage 1, Stage 2, surveillance or a recertification audit, corrective actions are to be resolved and any nonconformity recorded shall be verified by the designated MICERT AFRIKA auditor as effectively implemented within 60 calendar days from the date of the closing meeting. Alternatively, if the nature of the nonconformity warrants longer periods to resolve, the non-conformities or minor nonconformities, an action plan shall be required by the team leader.

This is to indicate the management of the planned corrective actions. The due date for said corrective action plan to be received by the MI-CERT AFRIKA designated person shall not exceed 2 months and shall be clearly communicated during the closing meeting and stipulated on the audit report. This will give the designated auditor time to evaluate the plan and decide on the need for additional verification action. Therefore, the organization shall notify MI-CERT AFRIKA Certification in writing of the implemented corrective action before MI-CERT AFRIKA Certification can continue with the next phase in the process or prior to submission to the Approvals Board.

The team leader or auditor shall examine the action plan supplied by the organization and determine if the actions taken are sufficient to ensure the elimination or mitigation of the nonconformity as identified. If the auditor is satisfied that the corrective action is adequate, the action plan can be accepted, and the client is notified. Should the corrective actions supplied be inadequate, additional evidence shall be requested from the company and if these are still unsatisfactory, an on-site visit shall be undertaken to verify the effectiveness of the corrective actions.

The designated auditor shall ensure that all correspondence with the client and decisions made in this regard is placed on the client's file.

The certification manager is responsible for developing, implementing and maintaining a suitable tracking system to monitor and control clearance of nonconformities and/or corrective active plans submitted by the client.

If the non-conformities identified during the audit areas and communicated at the closing meeting, warrant an on-site clearance of findings (i.e. if the nonconformities are classified as major), a mutually acceptable date shall be agreed upon with the organization. This date may not exceed 60 calendar days from the date of the closing meeting.

The team leader or one of the auditors who was present at the audit shall visit the client to verify the corrective actions taken. During such a visit, corrective action on minor nonconformities (if present) shall be verified as well. If the auditor is satisfied that all the corrective actions taken are adequate or that substantial progress has been made towards correcting the nonconformity, the auditor shall forward a letter stating that the nonconformities have been cleared.

After a Stage 1 audit, any findings raised and noted as comments on the report, can be verified during the Stage 2 audit for effectiveness.

Gaps identified are raised during a Stage 1 audit, and will not be binding, however, an action plan will

be required to address the shortcomings and be forwarded to the Lead Auditor for acceptance prior to Stage 2. Due to regulated requirements, it may be necessary to verify the effectiveness of the corrective actions taken prior to continuing with a Stage 2 audit, either by means of an action plan or on-site verification. Where it is not possible to verify the effectiveness of the corrective actions taken, the company shall be deemed to have failed the requirements for a successful recommendation for continuation with a Stage 2 audit.

After a Stage 2 audit, where it is not possible to verify the effectiveness of the corrective actions taken, the company shall be deemed to have failed the requirements for a successful recommendation for certification. A new stage 2 audit can be conducted at the company's convenience. Exception: if 90 days from stage 1 has lapsed the organization will start over from stage 1.

During the course of the stage 2 audit verify that corrective action has been taken on nonconformity recorded during the stage 1 audit and indicate such verification in the relevant space on the report.

After the clearance of all (major and minor) nonconformities from a Stage 2 or a recertification audit, a recommendation for granting certification is submitted to the MICERT AFRIKA Approvals Board.

After a surveillance audit, where it is not possible to verify the effectiveness of the corrective actions taken for previous non-conformities, the company shall be deemed to have failed the requirements for a successful recommendation for continuation of certification and must be suspended.

During the course of the surveillance/recertification audit verify that corrective action has been taken on non-conformities recorded during the previous audit and indicate such verification by signing and dating the relevant findings report forms.

Major nonconformities can result in immediate suspension of the organization, depending on the nature of the non-conformity identified.

After a recertification audit, where it is not possible to verify the effectiveness of the corrective actions taken, the company shall be deemed to have failed the requirements for a successful recommendation for certification and the certification shall be cancelled / withdrawn. A new stage 2 audit can be conducted at the company's convenience.

When more than one code of practice is being audited against, the strictest time requirements for clearing of nonconformities shall be adhered to depending on how the findings have been classified.

Clearance of the nonconformities shall be annotated on the copy of a fully completed nonconformity report or equivalent document of the organization, thereby providing objective evidence with the root cause analysis that the nonconformities have been cleared.

Note: "Objective evidence" means that a clear audit trail with sufficient detailed information shall be recorded to substantiate the decision to clear nonconformity as an effective corrective action that was verified by the auditor.

7.8 (B) Audit Programme

An audit programme for the full certification cycle shall be developed to clearly identify the audit activities/required to demonstrate that the client's management system fulfils the requirements for certification to the selected standard(s) or other normative documents.

The audit programme for the certification cycle shall cover the complete management system requirements.

The audit programme for the initial certification shall include a two-stage initial audit, and surveillance audits in the first and second year following the certification decision.

The determination of the audit programme and any subsequent adjustments shall consider the size of the client, the scope and complexity of its management system products and processes as well as the demonstrated level of management system effectiveness and the results of any previous audits.

7.9 Decision on Certification

The audit Team Leader/auditor having the relevant industry competency shall make a formal recommendation to the Approvals Board on whether the organization may be registered. In order for the Approvals Board to make an informed decision, the team leader shall ensure that all documentation pertaining to the audit is fully complete, verified and collated against the required checklist. A summary report for the issue of a registration certificate (shall be completed and a file containing all the necessary information shall be prepared. Approvals Board submission should be done within 10 working days from the closure of non-conformances.

The audit Team Leader/auditor shall submit the completed certification audit file to the Certification Manager for verification and approval where all required documentation shall be forwarded to the Approvals Board. The Certification Manager must have sufficient relevant industry knowledge to make an informed decision. If the Certification Manager does not have relevant industry knowledge, he/she may request another auditor with the relevant industry knowledge to verify the approval board submission.

The Approval Board member shall evaluate the submission and sign the documentation if satisfied. The decision-making process shall be documented and shall form part of the contents of the Approval Board file. The extension, reduction and/or suspension of registration shall go through the same process as for a new registration. The Certification Manager shall, on a weekly basis, issue minutes of the decisions taken by the Approval Board with regard to both accepted and rejected submissions.

MI-CERT AFRIKA Certification Manager, once notified of the Approval Board decisions with regard to acceptance of the submission, shall prepare and dispatch a new certificate for the period of the validity of the certificate. Rejected submissions shall be rectified by the Certification Manager & Team Leader and resubmitted to the Approval Board.

8.Surveillance audits

Surveillance audit shall be conducted at least once a calendar year, except in recertification years. The date of the first surveillance audit following initial certification shall not be more than 12 months from the certification decision date.

9. Recertification

Prior to scheduling and conducting a Recertification audit, an evaluation of past performance shall be conducted using document Recertification Planning.

The audit cycle begins from the last day of stage 2 or recertification audit and the next audit shall be conducted within 12 months in the case of annual audits or within 6 months in the case of bi-annual audits, therefore the cycle should remain within the same time period each year. The three-year certification cycle begins with the certification or recertification decision.

Should the audit cycle be changed for any reason (e.g. postponement of an audit), ensure that when planning is done for the third year, sufficient time is allowed between the recertification audit being conducted and the expiry of the certificate for a clearance of nonconformities to be conducted should the need arise.

Upon completion of the audit a recertification audit report shall be prepared and submitted to the Approval Board for formal approval, as above for the initial certification process.

The Certification Manager shall be notified of the Approvals Board decision in order to prepare and despatch a new certificate for the next three-year period by the minutes of the Approvals Board meeting. Once approved, the client shall be notified in writing of such decision made by the Approvals Board.

10. Suspension

Suspension shall be reported to the Approvals Board. A letter shall be sent to the organization by the certification manager explaining the conditions for suspension and an IR (Improvement Report) shall be logged to monitor progress after suspension. The interval of suspension may not exceed 6 months from the last audit.

The office shall manage the suspension until a logical conclusion can be reached, e.g.to conduct a recertification audit, or initiate the withdrawal / cancellation of registration.

An audit shall be conducted to reinstate the company. The report must clearly indicate that the original reasons for the suspension have been adequately addressed.

The result of the re-audit, along with the Lead Auditor's recommendation shall be submitted to the Approvals Board. (Additional costs incurred during such a re-audit shall be for the organization's account).

11. Voluntary Suspension

Should a company request a voluntary suspension, the Auditor shall review the company's file to ascertain the last audit date. The suspension period for organizations shall not exceed 6 months from the date of the last audit. The recertification audit must be conducted prior to the expiry of the certificate.

A request from a company, subjected to 2 audits per year, to postpone a scheduled audit for longer than 3 months shall result in a suspension. A request from a company only subjected to 1 audit per year to postpone the audit longer than 3 months, shall result in a suspension.

12. MI-Cert Afrika Suspension

If the organization is suspended due to an overall system deficiency, the auditor shall clearly inform the company's management of the reasons for the suspension and shall also determine the suspension period. In making this decision MI-Cert Afrika Certification Manager and Director shall take cognisance of the Organization's past history on corrective and preventive actions requested.

The suspension period for organizations subjected to 2 audits per year shall not exceed 6 months from the date of the last audit. Exception: Should a non-conformance raised be of such a nature as to require a longer period for the corrective actions to be implemented e.g. a legal finding for ISO 14000 or ISO:45001, a concession can be requested by the Team Leader.

This concession must be approved by both the Certification Manager and Group Director, and submitted to the Approvals Board where approval may be granted for a maximum of a further six months for the corrective actions to be implemented by the organization. The organization shall be responsible

for providing a progress report at a frequency determined by the Team leader.

13. Combined audits & surveillance audits

Scope:

The scope of this document covers all certification schemes that can be provided to customers at the same time (combined audits).

Purpose:
The purpose of this document is to clarify the roles, conditions and rules of providing such combined audits. This will ensure that we provide certification services that attract and maintain our customer base and further ensure that we comply with the rules that govern our business.

The purpose of combined audits is not just to provide services that are more cost-effective, but to save the customer from multiple audits.

RULES:

This service can only be provided to customers formally requesting combined audits and accepted by MI-CERT AFRIKA Certification. Combined audits should be introduced during initial application or re-certification. If it is done during a cycle, then the impact should be considered and addressed. Combined audits can further be provided only if the conditions of executing the audit will ensure customer satisfaction and compliance with the rules of the relevant scheme(s).

Combined audits can also be provided when the overall margins are within the pricing policy.

The highest fee for any scheme should be used but will be the decision of the Certification Manager. Combined audits do not mean integrated audits but only a combination of a teams to ensure compliance with the relevant schemes. Man-days must be sufficient for all the schemes involved.

Lead Auditors shall be qualified for all these schemes combined during the audit. No compromise will be allowed on technical capability related to the areas that must be audited by the relevant technical expert. The appointed Lead Auditor will ensure the development of a three-year plan indicating which areas and processes will be audited by which technical expert or auditor. The plan must cover all the schemes requested. For Food and Health yearly plans might apply.

Roles

The Certification Manager who is affected by the request of the customer will discuss the roles and responsibilities of planning (annual and audit planning) and executing the audit.

The Certification Manager identifies the Lead Auditor who will be responsible for the auditing of the common processes such as internal audits, document control, corrective action, preventive action, management review, training and others as applicable. The lead auditor will be responsible for reporting to all the affected managers an unsatisfactory outcome of the audit and issues as defined in the relevant schemes.

The customer must have the staff to accommodate the Audit Team and thus ensure all areas are audited as normally planned. The Manager responsible for the Lead Auditor will ensure that the lead auditor is registered on one scheme and that he/she has done all the theoretical courses for all the affected schemes. Witness verification will also be required by an approved lead auditor.

Additional skills and requirements will be complied with where they exist.

The certification Manager must develop a plan to ensure sufficient audit resources are available for the current requests as well as the forecasted requests for combined audits.

Conditions of such a request must be such that it benefits all effected parties.

Accreditation will ensure and issue certificates for all the schemes with the same expiry dates which are the youngest of any certification.

The Certification Manager will be allowed to increase the competencies of combined auditors to audit more areas as skills improved on the condition that it can be motivated by relevant technical experts and approved by the BU Manager. Due to the complexity of combined audits, the pre-audit team meeting becomes more important and should not be underestimated.

14. Multi-Site listings

Possible multiple-site organizations are:

- Manufacturing companies with a network of sales offices (this would apply but not be limited to the sales network.
- Companies with multiple branches.
- Organisations operating with franchises.

The products/services supplied by all the sites have to be substantially of the same kind and have to be produced fundamentally according to the same methods and procedures.

Rules or requirements for Certification for Multi-site listings:

- One single certification must be issued with the name and address of the central office of the organization.
- A list of all the sites to which the certificate relates shall be issued; either on the certificate itself or on schedule 1 of the valid certificate or appendix to indicate full details of the organization and physical addresses.

The scope of listing shall have to be very specific stating exactly what is included and / or excluded. Any aspect excluded (e.g. Marketing or HR) may not claim to be or imply, that they are listed for any purpose whatsoever. The listing is only applicable to areas that have been assessed and found to comply with the requirements of the standard.

The certificate shall be withdrawn in its entirety, if the central office (H/O) or any of the sites does not/do not fulfil the necessary criteria for the maintaining of the registration.

The list of sites with the number of employees per site shall be kept updated by MI-CERT AFRIKA Certification. To this effect, MI-CERT AFRIKA Certification shall be informed of the deletion/ addition of sites in writing. Failure to provide such information by the client shall be considered as a misuse of the certificate, and it shall act consequently according to its procedures.

Additional sites can be added to an existing certificate or schedule as the result of surveillance or Reassessment.

On the application of a new group of sites to join an already certified multi-site network, each new group of sites, the new sites shall be considered as an independent set for the determination of the sample size. After an initial assessment /audit of the new sites and a positive certification decision, inclusion of the new group in the certificate/schedule, the new sites should be cumulated to the previous ones for determining the sample size for future surveillance visits or recertification audits.

The determination of the sampling of permanent branch offices that form part of the multi-site listing, will be as defined in IAF Guidelines.

Temporary sites: such as building sites set up by an organization in order to perform specific works or services are not to be treated as part of a multi-site operation. Any sampling of the activities performed at such sites shall be for the purpose of confirming the activities of the permanent office whose quality management system is subject to registration, not for the purpose of granting certificates to the temporary sites themselves.

Note: For industries such as Consulting Engineers: Where the scope of certification does not include site supervision or monitoring, then the sampling will not include temporary sites.

Where the scope of consulting engineers includes site supervision and monitoring then the sampling will be such that at least once in the three-year cycle a sample will be taken at the temporary site so as to include all the activities as per the scope of certification were possible based on the risk associated with the activities.

It shall be demonstrated that the central office of the organization has established a common management system in accordance with the relevant standard and that the whole organization meets the requirements of the standard.

The organization shall demonstrate its ability to collect and analyse data from all sites including the central office and its authority and ability to initiate organizational change if required.

Surveillance audits shall ensure that, over a three-year period, the organization's system (including all areas/branches/sites as per the sampling plan covered by the scope of certification) every clause of the relevant code of practice is audited at least once.

15. Information to be obtained at stage 1

One site identified as the head office.
Sites involved.
Activities for each site.
Total number of employees in the organization and each branch/site.

On review, the auditor shall identify the complexity and scale of the activities covered by the management system and any differences between sites as the basis for determining the level of sampling.

The auditor shall check to what extent sites of the organization produce or provide substantially the same kind of products or services according to the same procedures and methods. Only after a positive examination that all the sites proposed for inclusion in the multiple-site exercise meet the criteria, may the sampling procedure be applied to the individual sites.

16. Addressing Non-conformities

When non-conformities are found at any individual site, either through the organization's internal auditing or from auditing by MI-CERT AFRIKA Certification, an investigation shall take place to determine whether the other sites may be affected. Therefore, MI-CERT AFRIKA shall require the organization to review the non-conformities to determine whether they indicate an overall system deficiency applicable to all sites or not. If they are found to do so, corrective action should be performed both at the head office and at the individual sites. If they are found not to do so, the organization shall demonstrate to MI-CERT AFRIKA Certification justification for limiting its follow-up action. The auditor shall require evidence of these actions and increase its sampling frequency until it is satisfied that control is re-established.