



Management of processing of applications

Standard Operating Procedure

Distribution: Internal & External



Table of contents

1	OBJECTIVE	3
2	DEFINITIONS	3
3	RELATED DOCUMENTS	3
4	APPLICATION	4
4.1	Certification Application	4
4.1.1	General	4
4.1.2	Receiving Applications	4
4.1.3	Application Review	4
4.1.4	Transfer Application	5
4.1.5	Application for Change of Scope	6
4.1.6	Application for Change of Address	6
4.2	The Planning of Audit	8
4.3	Conducting The Audits	8
4.4	Evaluation	8
4.5	Arrangement of The Certificate	10
4.6	Usage of The Certificate	11
4.6.1	Maintaining Certification	11
4.7	Recertification	12
4.8	Suspension of The Certificate	12
4.9	Removal of The Suspension Status of The Certificate	13
4.10	Cancellation	14
5	Change History	14



1. OBJECTIVE

The objective of this procedure is determination of methods and responsibilities for receiving applications for management system certificate, conducting assessments, arrangement and granting of certificates to the satisfactory organizations.

2. DEFINITIONS

Certification Committee: is the committee who are appointed by *KGSC(B)L* Management Board. The Committee is fully authorized to make any decision related to certification by evaluation of reports related to *KGSC(B)L*'s system certificates.

Audit Team: is selected among the *KGSC(B)L*'s Auditors and appointed to assess and evaluate management systems of organizations according to the related standard. It is temporarily formed and work in accordance with the work principles of *KGSC(B)L* related to the certification the management systems of organizations. Number of auditors may vary according to the size of the organization, variety of product and process and to the related standard. When necessary, a technical expert may take part in the audit team.

KGS: KGSC(B)L trademark

3. RELATED DOCUMENTS

MSC-F9.2-01	Application/Certification Request Form
MSC-F9.9-01	Preliminary visit/Assessment Form
MSC-F9.1-02	Audit Log Sheet
MSC-F9.1-04	Preliminary visit intimation letter by auditor
MSC-F9.3-01	Initial Certification Form
MSC-P10.3-01	Document Control Procedure
MSC-P9.1-02	Planning Procedure
MSC-P6.4-01	Audit Application Procedure

ISO/IEC 17021:2011

IAF MD 2:2007 Transfer of Accredited Certification of Management Systems

IAF MD 5:2013 Duration of QMS and EMS Audits

IAF MD 11:2013 Application of ISO/IEC 17021 for Audits of Integrated Management Systems (IMS)



4. APPLICATION

4.1 Certification Application

4.1.1. General

KGSC(B)L performs its certification services in Bangladesh and all world countries upon its personnel situation are appropriate.

4.1.2. Receiving Applications

The applications for certification are received by Certification Request Form personally or on electronic media (fax, e-mail or via KGSC(B)L website).

It is provided that the organization applying for certification fills separate Certification Request Forms for each of its facilities with different incorporated bodies.

Information required by *KGSC(B)L* in the course of application is given below:

- a) The desired scope of the certification,
- b) The general features of the applicant organization, including its name and the address (es) of its physical location(s), significant aspects of its process and operations, and any relevant legal obligations,
- c) general information, relevant for the field of certification applied for, concerning the applicant organization, such as its activities, human and technical resources, functions and relationship in a larger corporation, if any,
- d) information concerning all outsourced processes used by the organization that will affect conformity to requirements,
- e) the standards or other requirements, for which the applicant organization is seeking certification,
- f) information concerning the use of consultancy relating to the management system.

4.1.3 Application Review

Planning Officer forms Certification Request Inquiry Form in order to review the application made, and forwards to Head of MSCD.

Head of MSCD reviews related organization's application to ensure followings and approves if appropriate:

- a) the information about the applicant organization and its management system is sufficient for the conduct of the audit,
- b) any known difference in understanding between *KGSC(B)L* and the applicant organization is resolved,
- c) *KGSC(B)L* has the competence and ability to perform the certification activity (Such as at accredited certification requests auditor and technical expert capacity in the scope of EA code of organization, applied EA code),
- d) the scope of certification sought, the location(s) and number of the applicant organization, time required to conduct audits and any other points influencing the certification activity are taken into account (language, safety conditions, threats to impartiality, etc.),



- e) Records of the justification for the decision to undertake the audit are maintained.

If auditor, technical expert or personnel involving in certification decision is not available during this review, procurement of this personnel and competence they need to have is provided by defining at Certification Request Inquiry Form.

Audit durations and the reductions and the increases realized on the audit durations are stated on the Certification Request Inquiry Form at this stage.

After the reviewing and approval by Head of MSCD, proposal is sent to related organization by Planning Officer.

A “Client Code” is given to the organization who accepts the given offer.

Annex of letter including the documents requested in the application phase are prepared. In the application phase, the following documents are requested from the organization:

- The system documents of the organization (Manuals and Procedures)
- Introductory documents, if exists (brochure, catalogue, advertisement cd’s etc.)
- Signature circular of the Authorized person who signs the agreement.
- Copy of the Commercial Registry Gazette
- Commercial Activity Certificate
- Permission documents about legal legislation

For the propose of acceptance of proposal’s confirmation, Document Control Officer creates an Application Form. In this instance, if necessary, by negotiating with the organization’s authority about unclear situations is removed and application’s definition confirmed. After signing and sending back the Application Form by organization’s authority, contract process will be done.

4.1.4. Transfer Application

The transfer of accredited certifications is only applied to the certificates under accreditation of a member of EA, PAC, IAAC and IAF MLA. And it is proceeding with IAF MD 2:2007 document.

Transfer application is reviewed by Document Control Officer by the Transfer Evaluation Form in order to provide followings:

- Whether the activities of the organization is in the accreditation scope of *KGSC(B)L*,
- The reasons for the transfer,
- The accreditation condition, validity and validity period of the certificate,
- The validity of the current certification,
- The assessment reports and the corrective actions aroused in these assessments,
- The complaints received and the actions taken,
- The current state in the certification cycle.

At this stage, conducting transfer is determined either as audit or site visit. Transfer



TITLE: Management of processing of applications

process is conducted as surveillance audit if 10 or 22 months passed after issue date of certificate and is conducted as reassessment if 34 months passed after issue date of certificate. Although 14 or 26 months passed after issue date of certificate, surveillance audit is still not conducted; transfer process is conducted as surveillance audit again.

If transfer is conducted as assessment the system documents of the organization and the records of the assessment conducted by the previous certification body- if exist- is requested and inspected.

If transfer is conducted as site assessment the records of the assessment conducted by the previous certification body- if exist- is requested and inspected after checking the existence of transfer conditions that are stated above by Document Control Officer and Transfer Assessment Form is completed. Subsequently the organization is visited by the personnel charged with a duty. The records of the assessment conducted by previous certification body could also be inspected during visit.

If some doubts arose at the end of these inspections, the applicant organization is treated as new client.

The transfer requests of the companies whose certificates are suspended or in the risk of suspension are not accepted.

The previously aroused nonconformities should be closed prior to the transfer audit by the existing certification body. Otherwise the unconformities are closed by *KGSC(B)L*.

At receiving transfer applications, reviewing and making certain and making contract, method of new certification applications is applied.

4.1.5. Application for Change of Scope

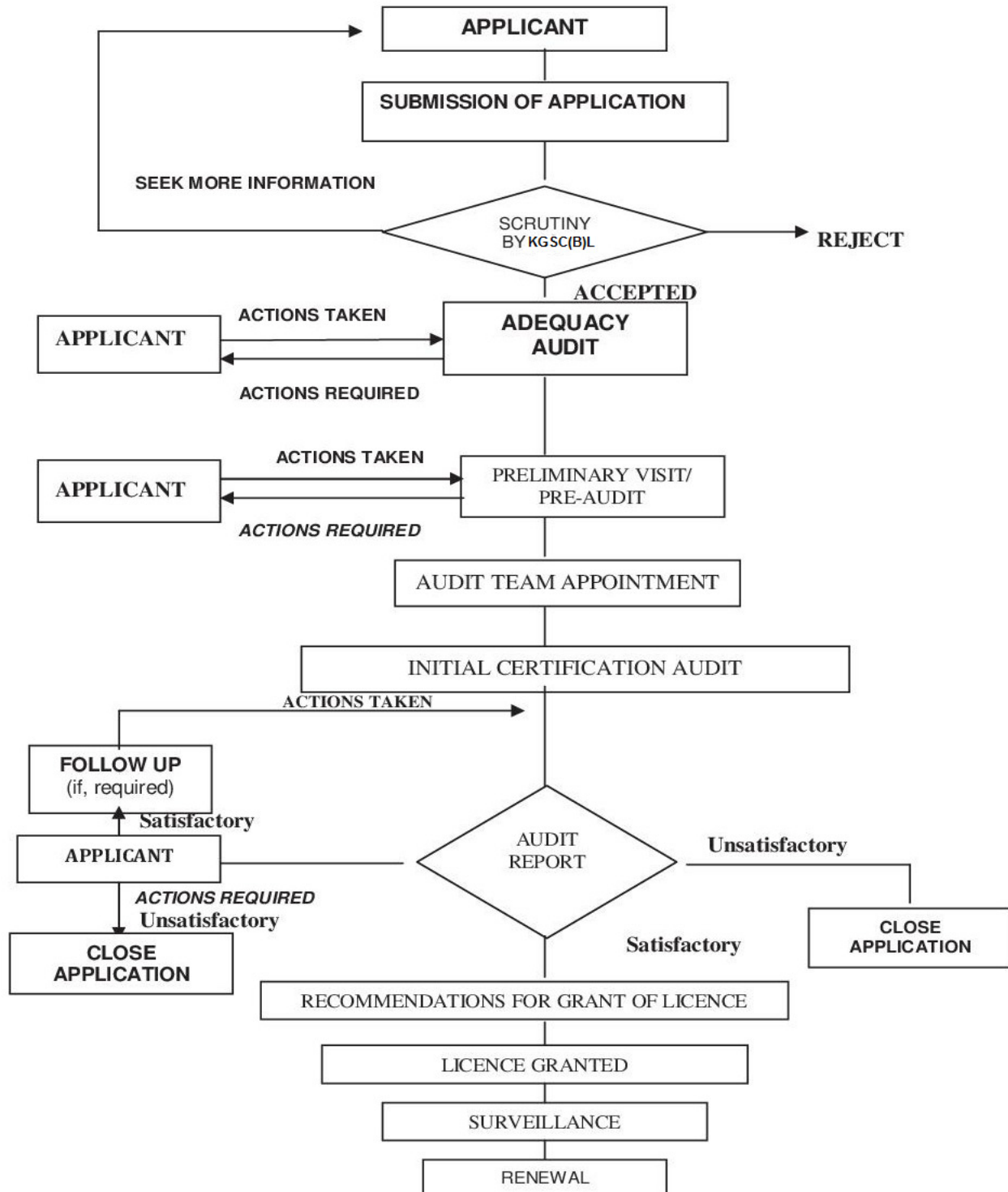
KGSC(B)L, in response to an application for extension to the scope of a certification already granted, makes a feasibility study to decide whether or not the extension may be granted, and determine any audit activities necessary for this. For the organization accepting the proposal given for extensions to scope, scope extension audit is planned and conducted. Extensions to scope, in appropriate situations, may be conducted in conjunction with a surveillance audit.

In the case of a reduction of the scope, a new certificate is arranged without conducting an audit.



4.1.6. Application for Change of Address

In the case of organization having an application for change of address, if the organization, who accepts the proposal, is a production organization or for service offered, performs an activity which has an effect on service offered at related address, change of address audit is planned.





4.2 The Planning of Audit

The audits are planned in accordance with the Planning Procedure.

4.3 Conducting The Audits

The audits are conducted and reported in accordance with the Audit Application Procedure.

Initial/Certification Audit

An Audit Team from KGSC(B)L will visit the organization for assessment of the organization's compliance to the requirements of standard and processes, procedures and activities enumerated in the documented Management System. The Assessment will comprise the following sequence:

a) Opening Meeting

This meeting will be conducted by the leader of the audit team in which the Chief Executive Officer (CEO) of the organization, the management representative and heads of all the departments being audited are expected to be present. The purpose of an opening meeting is to confirm the audit plan; provide a short summary of how the audit activities will be undertaken; confirm communication channels; and to provide an opportunity for the auditee to ask questions.

b) Conduct of Assessment

- Each auditor may be accompanied by a guide who is conversant with the activities of the department(s) the auditor is auditing.
- Observations recorded by the auditors may be signed by the guide as a token of acceptance, if desired by the auditor.
- The non-conformities observed by the audit team will be handed over to the auditee at the end of each day for necessary correction and corrective actions.
- Time frame for the corrective action(s) will be agreed upon between the auditee and the auditors, in any case not more than a period of two months.
- The non-conformity reports will be signed by Management Representative or authorized signatory as a token of acceptance.

c) Closing Meeting

All the members present in the opening meeting should preferably be present in the closing meeting as well, when the audit team will present their findings to the auditee. The audit team leader will present the audit findings and conclusions during the closing meeting. A report will be submitted to the firm by the audit team leader.

4.4. Evaluation

Audit report prepared by audit teams is not last decision; it is a view to Certification Committee.

Unless it is guaranteed that the major and minor nonconformities found are closed following the audits, Certification Committee cannot propose for certification, recertification decisions.

Following the confirmation for entirely closing of the nonconformities,

- Audit Report,
- If any, Audit Finding Report,
- If any, Observation Form,
- Related Auditor Worksheet,
- If any, records related to the audit and their annexes,
- Certificate Draft Form (Certification and Change of Scope Audits)



TITLE: Management of processing of applications

are presented to The Certification Committee.

The presentation of the required records to The Certification Committee for certification and recertification decisions is coordinated by The Head of MSCD.

Persons or committees that make the certification or recertification decisions are different from those who carried out the audits is principal.

Persons or committees that make the certification or recertification decisions, confirms prior to making a decision, that:

- a) the information provided by the audit team is sufficient with respect to the certification requirements and the scope for certification;
- b) it has reviewed, accepted and verified the effectiveness of correction and corrective actions, for all nonconformities that represent
 - 1) Failure to fulfil one or more requirements of the management system standard, or
 - 2) A situation that raises significant doubt about the ability of the client's management system to achieve its intended outputs;
- c) it has reviewed and accepted the client's planned correction and corrective action for any other nonconformities.

The Certificate Decision Forms for certification or recertification decisions are prepared by DCO (DOCUMENT CONTROL OFFICER).

At the end of the review and evaluation of The Certification Committee about related organizations file by Certificate Decision Forms, the decision for certification or recertification is given.

The Certification Committee makes the certification decision on the basis of an evaluation of the audit findings and conclusions and any other relevant information (e.g. public information, comments on the audit report from the client).

KGSC(B)L makes decisions on renewing certification based on the results of the recertification audit, as well as the results of the review of the system over the period of certification and complaints received from users of certification.

At the end of the review and evaluation of The Certification Committee, the auditor who prepared the report could be consulted for the subjects that are unclear or required detailed information. In such situations, the decision for the organization is left to later. The Head of MSCD cooperates with the Lead Auditor to access to the required information.

In the case of not conducting the audit, the organization is informed of the decision with a letter by Head of MSCD.

Following the negative decision of Certification Committee for granting certificate or an obstacle found for the usage of the certificate, she is requested by The Certification Department to remove those causes and to apply in writing for a follow-up audit.

4.5. Arrangement of The Certificate



TITLE: Management of processing of applications

Following the positive decision of The Certification Committee for granting certificate, The Certificate Decision Forms are signed and are given to DCO (DOCUMENT CONTROL OFFICER) by Head of MSCD in order to arrange the certificates.

System certificate is prepared by DCO (DOCUMENT CONTROL OFFICER) according to The Certificate Decision Form approved by Certification Committee and Head of MSCD.

The preparation period of the certificate is normally (1) one week, in the average.

The following information is available on the prepared certificate:

1. Name, geographical location (or geographical location of Head office and sites included multi-site scope) of certified organization,
2. Date of the certificate, validity period and renewal dates,
3. Expiry date consistent with recertification cycle,
4. Identification code (Certificate number)
5. The standards referenced for the certification of the Quality system and/or other related documents having properties of a standard.
6. Certification scope about product (service), process – whenever applicable
7. The title, complete address, logo of *KGSC(B)L*, other logos (ex: Accreditation symbol)
8. Other information required by standard/normative documents used for certification,
9. In case of issue of revised certification documents, a mean to differentiate revised ones with any obsolescent documents.

For surveillance, follow-up, transfer, change of scope, changes of address audits The Certificate Decision Forms are prepared by DCO (DOCUMENT CONTROL OFFICER).

The audit reports for surveillance, follow-up, transfer, change of scope, address and organization name changing requests are reviewed and evaluated by Head of MSCD. After the positive decision of Head of MSCD, The Certificate Decision Forms is signed by Head of MSCD and forwarded to DCO (DOCUMENT CONTROL OFFICER) in order to arrange certificates.

If necessary, for multi-site organizations, additional address information is also available on the certificates for all the sites considered eligible for certification (on the certificate or in the annex).

The numbering of the certificates is performed according to the Document Control Procedure.

After the arrangement and in the coordination with Head of MSCD, the certificates are approved by signature of Managing Director or authorized personnel. A photocopy of the certificate is kept in the client's folder.

On the certificates, the date of the certification decision is noted as "The First Date of Issue". In the case of republishing the certificate in consideration of changing the scope and the address, "Date of Issue" of the certificate is noted in parenthesis beside the new "Date of Issue". "The First Date of Issue" is considered for the duration period.



TITLE: Management of processing of applications

The certificate of the organization is sent by cargo or handed over by taking signature, following the payment of the organization for the invoice. During this phase agreement signed by the *KGSC(B)L* signing authority is also sent to the related organization.

The organizations, to which the certificates are arranged, are recorded in “Certificated Organizations List”.

4.6. Usage of The Certificate

KGSC(B)L management system certificates are valid for (3) three years provided the surveillance audits are positive.

The rules for the organization’s usage of the certificates are declared in the Certification Agreement mutually signed by *KGSC(B)L* and the organization. By signing this agreement, the organization declares that she will comply with the rules. The organizations could only use their system certificates within the scope of the rules stated in the agreement.

KGSC(B)L monitors the organizations about the usage of the certificate after the certificates are arranged. Press, publications and media are monitored in this scope. Corrective action is requested from the organization if the complaints from the clients are examined and a situation detected contrary to the rules. If the corrective actions are not accomplished in the determined time period then *KGSC(B)L* acts as follows:

- The related accreditation body is informed,
- The cancellation of the certificate is announced to the public,
- Legal action is initiated.

4.6.1. Maintaining Certification

KGSC(B)L maintains certification based on demonstration that the client continues to satisfy the requirements of the management system standard. It may maintain a client's certification based on a positive conclusion by the audit team leader without further independent review, provided that

a) for any nonconformity or other situation that may lead to suspension or withdrawal of certification, *KGSC(B)L* has a system, according to this system audit team leader is required to report to *KGSC(B)L* the need to initiate a review by appropriately competent personnel (see 7.2.9), different from those who carried out the audit, to determine whether certification can be maintained, and

b) competent personnel of *KGSC(B)L* monitor its surveillance activities, including monitoring the reporting by its auditors, to confirm that the certification activity is operating effectively.

4.7. Recertification

At the end of the validly period of three (3) years of the certificate, a reassessment is conducted in order to guarantee the effective implementation and maintenance of the organizations’ management systems according to the requirements of the reference standard.

The reassessment is conducted covering the scope audited in the certification audit and considering the past performance and weak points of the organization.



TITLE: Management of processing of applications

The follow-up for the findings and nonconformities found in the re-audits is done in the same way as in the certification audits.

Following the accomplishment of the corrective actions for the nonconformities found in the reaudit, the conformity of the organization's management system to the requirements of the reference standard is confirmed and new certificate is arranged after the required activities, as in the first certification audit, are accomplished.

4.8. Suspension of The Certificate

The Certificate is suspended for six (6) months, in case the following conditions occur:

- The client's certified management system has persistently or seriously failed to meet certification requirements, including requirements for the effectiveness of the management system,
- The certified client does not allow surveillance or recertification audits to be conducted at the required frequencies,
- The certified client has voluntarily requested a suspension,
- Following the major nonconformities found in the audits conducted,
- The minor nonconformities found in the audits are not closed until the determined deadlines,
- Not obeying the certification rules,
- Failure to pay certification or audit fees.

The suspension of the certificate is decided by the Certification Committee and Head of MSCD. The decision of suspension is communicated to the organization in writing. *KGSC(B)L* may extend the suspension period, only once more and for maximum three (3) months, following the decision of the Head of MSCD.

Under suspension, the client's management system certification is temporarily invalid. *KGSC(B)L* secures by Certification Contract that under suspension clients do not make promotion/advertisement of its certification. In the cases of it is determined that client does not abide by this, a written warning is made and if needed legal measures are taken. *KGSC(B)L* can take all legal measures it deems appropriate, including publishing of suspension on web or on media.

KGSC(B)L can reduce the client's scope of certification to exclude the parts not meeting the requirements, when the client has persistently or seriously failed to meet the certification requirements for those parts of the scope of certification. For any such reduction consistency with the requirements of the standard used for certification is considered.

Failure to resolve the issues that have resulted in the suspension in a time established by *KGSC(B)L*, results in withdrawal or appropriate reduction of the scope of certification.

4.9 Removal of The Suspension Status of The Certificate



TITLE: Management of processing of applications

The suspension status is removed upon the written declarations of the organizations to *KGSC(B)L* stating that the reasons for suspension of their certificates are removed.

KGSC(B)L conducts an audit at the organization in order to confirm the removal of the suspension reasons.

The type, scope and duration of the audit for the removal of the certificate are determined according to the suspension reasons.

Suspension status of the certificate of organization whose conformity is verified at the end of the audit is removed. In cases the reasons for the suspension are not removed, the certificate is to be cancelled.

The removal of the suspension status is declared to the company in writing.

4.10. Cancellation

The certificate is cancelled in the following conditions:

- The request of the organization,
- Bankruptcy of the organization or termination of the activities in the scope of certificate,
- The incorporated body of the organization is changed,
- The organization does not accept the suspension conditions,
- The organization does not remove the suspension reasons,
- The organization does not give permission for the audit until the end of the suspension period,
- It is found in the follow up audits for removing suspension condition that the organization did not close the nonconformities in the determined time periods,
- Misleading and unfair usage of the certificate by the organization for the products or service not included in the scope of the certificate,
- The organization is not present in the stated site address,
- The alteration of the organization on the certificate,
- The organization does not confirm the date of surveillance audit.

If the organization does not apply for the follow-up audit within six (6) months following the suspension of the certificate of the organization, the organization may be allowed additional time or the certificate may be cancelled by the decision of Head of MSCD.

In case the certificate is cancelled, the organization should fulfil the following requirements and requirements taking part in Certification Contract and cancellation letter which has exact date of cancellation will be prepared and sent to client and clients have been informed about below situations:

- Stop the usage of *KGSC(B)L* certificate and logo,
- Abandon all the rights in the scope of the cancelled certificate,
- Pay for the unpaid certification and audit fees.



TITLE: Management of processing of applications

The organization should remove the logo from any correspondence and introductory material in one month following the cancellation of the certificate. Otherwise *KGSC(B)L*;

- Informs the related accreditation body and the other certification organizations,
- Provides the announcement via broadcasting organizations that the organization is using the certificate illegally and violating the terms of the agreement,
- Take legal actions in order to compensate the material or moral damage that will take place for this reason.

Furthermore, the certificates are cancelled and a public announcement is made where the organization does not request reaudit of the certificates, stop supplying the product/service in the scope of the certificate or shuts down.

5. Change History

Version	Author / Reviser	Date approved	Changes
1	Md. Ahashan Habib		First version