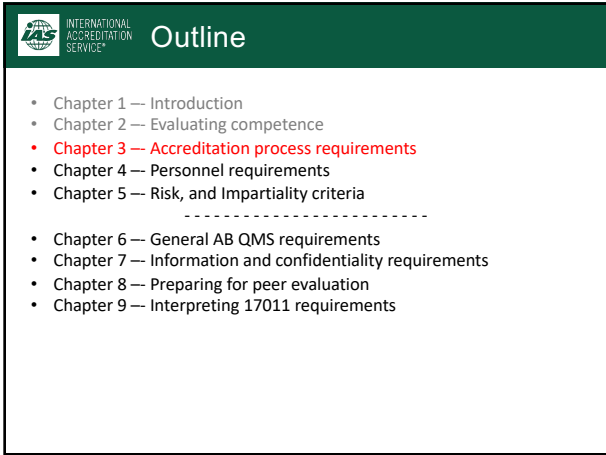
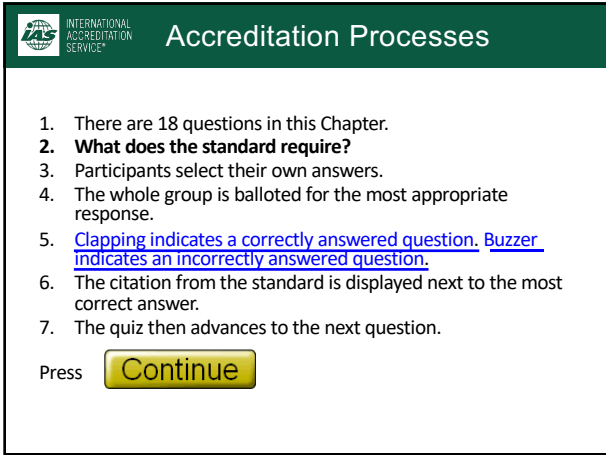


1



2



3



Accreditation Processes

7.1 Accreditation Criteria:

ISO/IEC 17011 provides a listing of **all** normative documents and accreditation body requirements applicable to all types of accreditations:

- A. [TRUE](#)
- B. [FALSE](#)
- C. [NOT APPLICABLE](#)

4



Accreditation Processes

8.2 Publicly available information:

Accreditation criteria must be published on the AB website for all to see:

- A. [TRUE](#)
- B. [FALSE](#)
- C. [NOT APPLICABLE](#)

6



Accreditation Processes

- Application criteria and those requirements to be met prior to any assessment are contained in clauses 7.2.2, 7.2.3 and 7.2.4.
- AB is to review its own capacity to assess and accredit prior to undertaking any related work for a new application.

8



Accreditation Processes

7.2 Application for Accreditation

Formal applications for accreditation are required:

- A. [TRUE](#)
- B. [FALSE](#)
- C. [NOT APPLICABLE](#)

9



Accreditation Processes

7.2 Application for Accreditation

If the application contains fraudulent information, the accreditation body shall reject the application:

- A. [TRUE](#)
- B. [FALSE](#)
- C. [NOT APPLICABLE](#)

11



Accreditation Processes

7.3 Resource Review

For initial assessments, ABs do not need to worry about completing the assessment in a timely manner:

- A. [TRUE](#)
- B. [FALSE](#)
- C. [NOT APPLICABLE](#)

13



Accreditation Processes

7.3 Resource Review

The AB is required to communicate any delay in planned initial assessment activities:

- A. [TRUE](#)
- B. [FALSE](#)
- C. [NOT APPLICABLE](#)

15



Accreditation Processes

6.4 Outsourcing:

When subcontracting assessments, the AB must ensure that:

- A. [Only competent assessors are subcontracted](#)
- B. [Responsibilities are shared with government](#)
- C. [It maintains full responsibility for all activities](#)

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Accreditation Processes

New name for Lead Assessor is Team Leader.
This is primarily to rationalize with other forms of recognition, such as certification audits, etc.

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7.4.4 specifies that other assessment techniques may be considered:

7.4.4 "...These (*assessment*) procedures shall describe the manner in which the scope of an applicant or an accredited conformity assessment body is covered through the use of a combination of on-site assessments and other assessment techniques sufficient to provide confidence in the conformance with the relevant accreditation criteria."

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7.4.6 removes the specification of what must be visited during an on-site visit and changes the consideration from "key activities" to "risk assessment."

Old 7.5.7 For initial assessments, in addition to visiting the main or head office, visits shall be made to all other premises of the CAB from which one or more **key activities** are performed and which are covered by the scope of accreditation.

New 7.4.6 In selecting the activities to be assessed the accreditation body shall consider the **risk associated** with the activities, locations and personnel covered by the scope of accreditation.

21

7.4 Preparation for assessment:

Accreditation bodies should select assessors that have the following prior to the conduct of an assessment of a CAB:

- A. [Knowledge of the desired scope of accreditation](#)
- B. [Specific procedures where consultancy is OK](#)
- C. [Three assessors for each field of recognition](#)

22



Accreditation Processes

7.5 Review of documented information:

The documents that must be examined by the assessment team for the purpose of conducting an assessment and prior to any assessment work are described in:

- A. [Clause 7.5.1](#)
- B. [Clause 7.2.1](#)
- C. [Both 7.2.1 and 7.5.1](#)

24



Accreditation Processes

The onsite assessment clauses, are more specific than in the previous version.

- There is a requirement for an assessment plan and that it is followed.
- Remote assessments are considered (see clause 3.26 within the definitions).
- Comments on both competence and conformance are required in the assessment report.
- Observations on areas of improvement may be provided – but no solutions.

26



Accreditation Processes

7.6 Assessment:

Root cause analysis is required for responses to findings,

AND

Time limits on CAB responses to findings is required in the assessment report.

- A. [TRUE](#)
- B. [FALSE](#)
- C. [NOT APPLICABLE](#)

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7.6 Assessment:

The AB shall use the assessment to determine the competence of the CAB:

- A. [TRUE](#)
- B. [FALSE](#)
- C. [NOT APPLICABLE](#)

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7.6 Assessment:

The following are requirements for the order of the examination of findings by the AB

- A. [written report, meeting, delegate corrective actions](#)
- B. [meeting, written report, decision on accreditation](#)
- C. [meeting, written report, review corrective actions](#)

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7.7 Accreditation decision-making

The following clause lists the information that must be available to decision-makers prior to granting accreditation:

- A. [7.8.1](#)
- B. [7.8.3](#)
- C. [7.7.3](#)

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Accreditation Processes

Where no assessment activity has been conducted, the decisions can be made by persons involved in the activity that leads to a decision.

Otherwise the separation of assessment personnel from decision making personnel remains.

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Accreditation Processes

7.7 Accreditation decision-making

The accreditation body need not have an independent decision made to modify the accreditation of a CAB that was not visited for such modification, such as a scope extension.

- A. [TRUE](#)
- B. [FALSE](#)
- C. [NOT APPLICABLE](#)

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Accreditation Processes

7.7 Accreditation decision-making

Consideration of PT or other QA/QC demonstration is required as a separate component of any decision to accredit or not.

- A. [TRUE](#)
- B. [FALSE](#)
- C. [NOT APPLICABLE](#)

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7.8 Accreditation information:

The Accreditation Information clause is new.

- An accreditation certificate (7.8.1 Note) is now optional.
- Calibration laboratory scopes are now more specified.
- PT providers are now included.
- RM producers are now included.
- Verification and validation bodies (IAW 17029) for GHG conformance determination are now included.
- Broad basic requirements for the delivery of flexible scopes are now included (7.8.4)

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7.9 Accreditation cycle:

Clause 7.9 on Accreditation Cycle is a new approach and replaces the "Reassessment and Surveillance" clause of the previous edition.

- Initial reaccreditation cycle not to exceed 5 years.
- Assessment program to be based on scope and performance of the CAB
- On site assessment cycle not to exceed 2 years.
- Reassessments require decisions.
- ABs are to inform CABs that extraordinary assessments may take place "for cause."
- First visit after initial assessment timeline suggested has been removed.

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7.10 Extending accreditation:

This clause requires the AB to consider scope extensions when planning subsequent visits.

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Accreditation Processes

7.11 Suspending/Withdrawing Accreditation:

17011 contains sanctions and criteria regarding the withdrawal or potential withdrawal of accreditation:

- A. [TRUE](#)
- B. [FALSE](#)
- C. [NOT APPLICABLE](#)

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Accreditation Processes

7.11 Suspending/Withdrawing Accreditation:

ABs must have procedures for the suspension, withdrawal or reduction of the scope of a CAB's accreditation.

- A. [No, the rules set by accreditation bodies may differ.](#)
- B. [Yes](#)
- C. [No, once granted, only courts can remove accreditation](#)

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