

# Evaluations, Certification Status and Control of Registration Certificates

## 1 General

- 1.1 Purpose: Defines the procedure for withdrawing, suspending (including restoration), canceling certificates, refusing, reducing or expanding the scope of registration in a process fair to all parties which upholds the viability of third party registration, and defines the methods and process of reviewing Audit Reports and other related supporting documentation and data to determine if the submitted documentation supports the Lead Auditor conclusions regarding the suitability and effectiveness of the audited Management System to the requirements of the Standard, and requirements regarding certification documents.
- 1.2 Scope: Covers all PRG registration activities.
- 1.3 See also OPs 11 and 12 which detail the audit management program and registration activities, and OP 2 which details certification approver requirements / responsibilities.

## 2 Responsibilities

- 2.1 The Audit Program Manager, upon advice of the President or CEO, is responsible for certificate withdrawal, suspension or cancellation.
- 2.2 Certification approvers are determined following the process in OP2.

## 3 Procedure

### 3.1 Evaluation Process

#### 3.1.1 Granting registration - the certification approver shall:

- 3.1.1.1 review information provided by the audit team for the certification decision. Information provided includes, at a minimum:
  - applicable audit reports for the scheme being reviewed; (A6, A20, AS9101, form A14)
  - nonconformities, with any comments, and applicable corrective actions taken; (A6, A20, AS9104, form A4)
  - confirmation information provided to PRG in the application review is consistent and that audit objectives have been achieved; (A14)

- recommendation provided by team lead. (A6, AS9101, A20, A14)

If PRG is not able to verify the implementation of corrections and corrective actions of any major nonconformity within 6 months after the last day of stage 2, PRG shall conduct another stage 2 before recommending certification. (OP 2, OP11).

3.2.1 Refusing registration – the certification approver shall:

- 3.2.1.1 refuse registration if information contained in 2.2 is not accurate or complete;
- 3.2.1.2 refuse registration if legal issues (litigation that may put the system in question) are in question, until resolution;
- 3.2.1.3 refuse registration if unethical actions are discovered;
- 3.2.1.4 refuse registration if all requested information is not provided upon a transfer.

3.3.1 Maintaining Registration – the certification approver shall:

- 3.3.1.1 consider all information provided by the team lead from surveillance activities; (as captured in 3.1.1);
- 3.3.1.2 consider trends; (forms A12, A23, AS9101)
- 3.3.1.3 closure of nonconformities effectively.

NOTE: ISO 17021-1 does not require review by the certification approvers for surveillance audits, however PRG chooses to continue the review.

3.4.1 Scope Expansions or Reductions to registration – the certification approver shall:

- 3.4.1.1 verify information has been provided by the audit lead to support the expansion or reduction;
- 3.4.1.2 verify the registration scope has been appropriately rephrased.

3.5.1 Renewing registration – the certification approver shall:

- 3.5.1.1 review all information provided by the team lead captured in 3.1.1;
- 3.5.1.2 review trends over the certification cycle; (A12, A23, AS9101)
- 3.5.1.3 review any nonconformities for closure. Failure to close nonconformities may result in a lapse in certificate dates, a re-visit, or suspension.
- 3.5.1.4 If PRG is not able to verify the implementation of corrections and corrective actions of any major nonconformity within 6 months after the last day of stage 2, PRG shall conduct another stage 2 before recommending certification. (OP 2, OP11)

3.5.1.5 If PRG has not completed the recertification audit or PRG is unable to verify the implementation of corrections and corrective actions for any major nonconformity prior to the expiry date of the certification, then the recertification will not be recommended and the validity of the certification shall not be extended. The client will be informed and the consequences shall be explained. (form A4, audit reports)

3.6.1 Suspension of registration – the certification approver (if involved) shall:

3.6.1.1 review all information provided by the team lead, including the recommendation of suspension;

3.6.1.2 determine if ineffectiveness or failure to maintain the management system is well documented in order to provide a fact-based recommendation and decision;

3.6.1.3 notify the CEO and/or APM of the decision;

3.6.1.4 communicate with the CEO and/or APM regarding further steps according to this procedure.

3.7.1 Restoring of registration – the certification approver shall:

3.7.1.1 review all information provided by the team lead. This may include a lapse in a certificate or another full system audit (as in the case of withdrawal, suspension or voluntary termination of registration);

3.7.1.2 consider all information required in sect. 3.1.1.

3.8.1 Withdrawal of registration – the certification approver (if involved) shall:

3.8.1.1 review all information provided by the team lead as required in sect. 3.1.1;

3.8.1.2 communicate with the CEO regarding the decision if it is an involuntary withdrawal.

## 3.9 Registration Audits

Note: Recertification audits are conducted using the same process as registration audits with the exception of the stage 1. Stage 1 may or may not be conducted based on significant changes of the management system over each 3 year certification cycle (see also OP12 – section – recertification audits). The APC, when scheduling, will ask the client if any changes have occurred to the management system or organization in the last year.

3.9.1 The Audit Report and other related supporting documentation and data is received into the office via email (may be by hardcopy).

3.9.2 The Audit Program Coordinator reviews the submitted documentation to ensure that all required information has been received. The Audit Program Coordinator then uses the Audit Forms & Document summary Report to verify that all

documentation is present. If it is determined that the required documents are not present, the Audit Program Coordinator or their designee will contact the Lead Auditor to obtain the required missing documentation.

- 3.9.3 The audit documentation is forwarded to the Audit Program Manager for evaluation.
- 3.9.4 The APM or the appropriate APMD verifies that the submitted documentation demonstrates that adequate objective evidence has been gathered to support the conclusions and recommendations of the Lead Auditor and Audit Team.
- 3.9.5 Documentation to be submitted as the audit package is identified on the Audit Forms & Document Summary Report, form A14.
- 3.9.6 The APM or the appropriate APMD reviews each of the above audit documents to determine if they are complete and accurate.
- 3.9.7 If the APM or the appropriate APMD determines that information is missing from the audit documentation the Audit Program Coordinator contacts the Lead Auditor to obtain the additional information to permit the closure of the audit documentation question.
- 3.9.8 When the APM or the appropriate APMD has determined that all of the required audit documentation is present and that the audit documentation supports the Lead Auditor conclusions the APM or the appropriate APMD takes one of the following actions:
  - The APM or the APMD places the Audit Documentation on **HOLD** until additional information and objective evidence information is provided by the Auditee/ Client. When this information is received, the Audit Program Coordinator notifies the APM or the appropriate Certification Approval Deputy that all data is now available, including approved corrective action plans, objective evidence of corrective action implementation and follow-up information on previous nonconformities and the review can be concluded.
  - The APM or the appropriate Certification Approval Deputy then signs Form # A14 – Audit Forms & Document Summary-- indicating support for a recommendation of Registration Certification
  - The APM or APMD will not approve the audit until all information is present and there are no questionable issues.

### 3.10 Surveillance Audits

- 3.10.1 The Audit Report and other related supporting documentation and data is received into the office and logged by the office staff as being received.
- 3.10.2 The Audit Program Coordinator reviews the submitted documented to ensure that all require information has been received. The Audit Program Coordinator then uses the Audit Forms & Document Summary Report (A14) to verify that all documentation is present. If it is determined that the required documents are not present, the Audit Program Coordinator or their designee will contact the Lead Auditor to obtain the required missing documentation.

- 3.10.3 Documentation to be submitted as the audit package is identified on the Audit Forms & Document Summary Report, form A14.
- 3.10.4 The APC reviews each of the above audit documents to determine if they are complete and accurate. If the APC identifies that a major NCR has been written, the entire audit package must be sent to the APM or deputy. Surveillance audits with minor NCR's are reviewed by the APC.
- 3.10.5 If the APC determines that information is missing from the audit documentation the Audit Program Coordinator contacts the Lead Auditor to obtain the additional information to permit the closure of the audit documentation question.
- 3.10.6 When the APC has determined that all of the required audit documentation is present and that the audit documentation supports the Lead Auditor conclusions the APC signs Form # A14 – Audit Forms & Document Summary-- indicating support for a recommendation of continued certification.

NOTE: See OP 11, Appendix B, for entering audit information (AS audits only) into the OASIS database.

### 3.11 Warning and Involuntary Suspension

- 3.11.1 Registrant who commits a prohibited act as defined in PRG Procedures, the Registration Agreement, or other publications, are advised in writing by the Audit Program Mgr, President, or CEO of the fact of the delinquency. This communication is termed a Warning.  
NOTE: An auditor may recommend suspension, as well, if a re-visit to a site occurs to verify corrective action implementation and it is found to be ineffective. At this point, PRG does not have to issue a formal 30 day warning since the auditor is recommending suspension as stated in para. 3.2. The process skips to para. 3.3.
- 3.11.2 Should suspension proceedings occur the warning, which may be issued by email or fax, includes a deadline, at **30 days forward**, by which time the Registrant is advised to have substantially cured the delinquency. The Auditor, APM, President, or CEO requires objective evidence of the cure.
- 3.11.3 Should the Registrant not have satisfactorily cured the delinquency by the deadline (for corrective action implementation, the deadline is stated on form A4 for submission), the APM, President, or CEO issues the Registrant a letter (may also be an email) officially suspending the registration.
- 3.11.4 AS9104 requires conformance to be re-established within 60 days of issuance of nonconformity. In that case, should conformance not be demonstrated, a letter is issued to the Registrant by the President informing them of suspension. The suspension is documented in OASIS.

Note: an email may be used in lieu of a letter since suspensions are documented in OASIS.

3.11.5 For AS - OASIS must be updated within 14 calendar days after suspension or withdrawal.

## 3.12 Involuntary Termination of Registration

3.12.1 The Termination process is invoked in the following circumstances:

- 3.12.1.1.A Registrant in Suspension status has not cured the cause within 30 days,  
or
- 3.12.1.2.A Registrant, having been under Suspension once during the previous 12 calendar months, or having received a Final Warning within the past 6 calendar months, commits another prohibited act, or
- 3.12.1.3.Re-visits to the site by auditors to verify corrective action implementation has not yielded effectiveness and the auditor recommends suspension. At this point, PRG may withdraw the certificate immediately after suspension in lieu of providing an additional 30 day final warning as stated in 4.3, and proceed to termination.

3.12.2 The President convenes a meeting of the Audit Program Manager and conveys the circumstances to him/her along with the recommendation for the issue of a Final Warning or Termination.

3.12.3 The Audit Program Manager chooses Final Warning or Termination. In the event of Final Warning, the President conveys the decision to the Registrant, in writing, by registered mail (if documented in OASIS for AS, an email may serve as the communication) to provide an additional 30 days to resolve the delinquency.

3.12.4 Should the Audit Program Manager authorize Termination, the President carries out the following:

1. Sends Registrant notice of termination by registered mail, which includes instructions as to Registrants' rights of appeal and the process.
2. The above notwithstanding, President or CEO instructs, by registered mail, terminated Registrant to return Registration certificate and any documents in their possession bearing the PRG registration logo and to discontinuac any advertising that references being certified.
3. Identifies terminated-Registrant on the public website.

## 3.13 Transferring Registrations

3.13.1 In the event PRG discontinues registration services, PRG will provide notice (of at least **30 days**) to all affected Organizations.

3.13.2 In consultation with the Organization's management representative, PRG will establish a plan for transfer of registration to Organization's successor registrar. PRG will cooperate in a reasonable fashion with the successor registrar, including

providing copies of appropriate audit documents with Organization's express written permission. (See OP10 for details of transferring registrations)

## 3.14 Special Audits

### 3.14.1 Scope Reductions & Expansions

- 3.14.1.1 When the client has persistently or seriously failed to meet the certification requirements for those parts of the scope of certification, the APM, and/or CEO, in discussion with the lead auditor, reduces the client's scope of certification to exclude the parts not meeting the requirements. Any such reduction is in line with the requirements of the standard used for certification,
- 3.14.1.2 In addition, the certified portion of the client's management system must still fit the definition of 'organization' as found in the definition sections of the appropriate standard.
- 3.14.1.3 Registration scope statements must be revised to be appropriate to the current situation.
- 3.14.1.4 Certificates of registration will be re-issued, with a revised date (as indicated on the certificate) of the redefined scope
- 3.14.1.5 Scope reductions or expansions are identified during scheduling by the CEO and/or APC, and included when determining the audit duration. There may be occasion where the auditor determines an expansion or reduction once arriving upon site. If this occurs, the PRG office is notified of the reduction / expansion, particularly if it affect audit duration. This information is contained in the audit report submitted by the auditor and reviewed as part of the certification decision.
- 3.14.1.6 PRG, in response to an application for expanding the scope of a certification already granted, undertakes a review of the application and determines any audit activities necessary to decide whether or not the extension may be granted. This may be conducted in conjunction with a surveillance audit or may be done as a special visit.

### 3.14.2 .Short-Notice Audits (OP11, form H3)

- 3.14.2.1 It may be necessary for PRG to conduct audits of certified clients at short notice to investigate complaints (see 6.8), or in response to changes (see 5.6.3), or as follow-up on suspended clients (see 6.6). In those cases
  - a) PRG describes and makes known in advance to the certified clients (e.g. in documents as described in 5.6.1) the conditions under which these short notice visits are to be conducted, and
  - b) PRG exercises additional care in the assignment of the audit team because of the lack of opportunity for the client to object to audit team members.

## 3.15 Registration Certificates

- 3.15.1 Registration certificates are the property of PRG. Client contracts contain provisions to communicate this information.
- 3.15.2 The effective date on a certificate shall not be before the date of the certification decision. Registration certificates contain, at a minimum,
- a) the name and the geographic location of each client who management system is certified (or the geographic location of the headquarters and any sites within the scope of a multi-site certification). This also includes the certification structure on AS certificates for any structure outside of single-sites;
  - b) the dates of granting, extending or renewing certification;
  - c) the expiry date or recertification due date consistent with the recertification cycle, for AS, the expiry date must be 3 years minus 1 day; for revised standards, certificates must contain the a date no later than the expiry date of standard that was revised – example – ISO 9001:2008 certificates shall have expiry dates no later than 9-15-2018, as this is the expiry date of this standard.
  - d) the unique identification code;
  - e) the standard and/or other normative document, including issue number and/or revision, used for audit of the certified client;
  - f) the scope of certification with respect to product, including service, process, etc., as applicable at each site;
  - g) the name, address and certification mark of PRG; other marks (e.g., ANAB) may be used provided they are not misleading or ambiguous;
  - h) any other information required by the standard and/or other normative document used for certification;
  - i) in the event of issuing any revised certification documents, the change will be highlighted on the old certificate and initialed by the president as a means to distinguish the revised certificate from any prior obsolete documents.

## 3.16 Approvals

For all certification (registration, transfers, re-assessment) activities, the client file will be used to verify content of the registration certificate. When certificates are given to the President for signatory approval, the file will also be provided to allow comparison.



Revision History:

Revision Level	Revision Detail	Authorization	Revision Date
5	Inclusion of ISO 17021 requirements. Changes at this revision level are identified in red.	SMB	April 2008
6	Included shared responsibility with CEO in para. 6.6.1	SMB	July 2012
7	Clarification for AS 9100 suspension.	SMB	January 2013
8	Revision of para. 3.1 to include provisions for suspension when an auditor finds ineffective corrective action. Addition of '3' in section 4.1	SMB	January 2014
9	Updated several sections to include revisions for ISO 17021-1. Integrated requirements from OP13 into this procedure. Obsoleted OP13.	SMB	January 2016
10	Added requirement in para. 3.15.2a to include certification structure on AS certificates. Added requirement in para.3.15.2c to include expiry date of 3 years minus 1 day for AS certificates, and for expiry dates related to expiring standards.	SMB	Apr. 8, 2016