	UGANDA NATIONAL BUREAU OF STANDARDS CERTIFICATION SCHEME	Document No: **CERT/OP/02**
Document Title: **PROCEDURE FOR SYSTEMS CERTIFICATION**		Issue No: 03 Revision No: 09
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REFERENCE DOCUMENTS	
Document Number	**Document Title**
Act No.1 of June 1983 as amended 2013	Uganda National Bureau of Standards Act
ISO/IEC 17021-1	Conformity Assessment – Requirements for bodies providing audit and certification of management systems Part 1: Requirements
ISO/IEC 17065	Conformity Assessment – Requirements for bodies certifying products, processes and services
ISO 22003-1	Food safety - Requirements for bodies providing audit and certification of food safety management systems
ISO 22003-2	Food safety - Requirements for bodies providing evaluation and certification of products, processes and services, including an audit of the food safety system
ISO 9001	Quality Management System - Requirements
ISO 9000	Quality Management Systems-Fundamentals & Vocabulary
ISO 19011	Guidelines for Auditing Management Systems
CERT/QM/01	UNBS Certification Quality Manual

Approved by: Deputy Executive Director/Standards	Approval Date: **8th April 2024**
Reviewed by: Manager Certification Department	
Prepared by: Head Audit Planning and Accreditation Management	

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The details of changes made to this document are captured in the Revision History section at the end of this document.

1.0 Scope

This procedure covers the processes from the time an enquiry is made for systems certification to the time the certificate is granted/renewed and the maintenance of certification.

It specifically covers the application, evaluation, review, certification decision, surveillance audits, recertification audits and special audits.

2.0 Purpose

The purpose of this procedure is to define how the systems certification process shall be conducted in fulfillment of the provisions of ISO/IEC17021-1:2015, ISO22003-1 ISO22003-2 and ISO19011.

3.0 Definitions

The definitions given in the UNBS Certification Quality Manual CERT/QM/01 shall apply.

4.0 Responsibility

The Head Systems and Services Certification Division in consultation with the Manager Certification Department shall take responsibility for implementing this procedure.

Other responsibilities have been highlighted under the different clauses.

5.0 Description of the Systems Certification Process

5.1 Enquiry

5.1.1 Enquiries pertaining to systems certification can be made either physically at the UNBS offices, or through a phone call or via email. Whichever the means, all inquiries will be entered into the *Systems Certification Enquiry Register* (CERT/SC/RG01) after handling a specific client/enquiry. The Certification Officers will ensure that the potential client is rightly guided on the scheme requirements and certification process and issued with the following documents as may be deemed necessary:

a) *Self-assessment checklist* (CERT/SC/F01) specific to the system certification sought;

b) *Application Form for Systems Certification* (CERT/SC/F03) and relevant Annex;
c) *Guidelines for System Certification Applicants* (CERT/SC/ID01);
d) *Pre-Application Questionnaire*, CERT/SC/F26.
e) Any other useful information e.g. brochures (as available)

5.1.2 Applicants are advised to carefully read the Terms and Conditions for grant of Certificate as contained in the *Certification Agreement* (CERT/F15) available on the UNBS website or availed upon request.

5.1.3 Certification documentation required to be maintained as public information can be accessed on www.unbs.go.ug or follow the link https://goo.gl/u9veQe

5.2 The Application

5.2.1 A duly filled *Application Form for Systems Certification* (CERT/SC/F03) together with the requisite attachments in the respective CERT/SC/F03 Annex and a *Self-assessment Checklist* (CERT/SC/F01) specific to the system certification being sought (optional) is submitted either physically to UNBS offices or electronically by email by the applicant or their representative.

5.2.2 Physically submitted application documents received at the UNBS Office shall be stamped 'RECEIVED' at the Reception. Applications received through e-mail shall be acknowledged through an e-mail response to the client. The application documents shall thereafter be forwarded to the Certification Administrator for review.

5.3 Application Review

5.3.1 Upon receipt of the Application, the Certification Administrator shall proceed as follows:

a) Conduct an application review to ascertain completeness of the application in terms of filling the required information and submitting of the required supporting documents. *Application Review Form*, CERT/SC/F32 (Part A) is filled and the form attached to the application.

b) If there is any missing information, this shall be requested from the client.

c) Enter application in the *Application Register* (CERT/SC/RG02) within 24 hours of receipt;

d) Open up a file for the company and allocate it a file number in the form CERT/SC/<system code>/<company number>. The company name

and number are entered in the *Master files–System Certification* (CERT/SC/ID05).

5.3.2 The Certification Administrator shall forward the company file to the Head Systems and Services Certification who shall assign a Client Case Officer to conduct an adequacy review of the Application and accompanying information (using, part D of CERT/SC/F32) for purposes of ensuring that:

a) The information about the applicant organization and its system is sufficient to develop an audit programme (refer to clause 9.1.3 of ISO 17021-1:2015, 7.4.1 ISO 22003-2:2022 and ISO 19011).
b) Any known difference in understanding between the certification body and the applicant organization is resolved;
c) The certification body has the competence and ability to perform the certification activities, including auditing and file review to inform the certification decision (as shall be confirmed by the Head Audit Planning and Accreditation Management, HAA);
d) The scope of certification sought, the site(s) of the applicant organization's operations (site locations and processes/activities as confirmed in Part B of the application), time required to complete audits and any other points influencing the certification activity are taken into account (language, safety conditions, threats to impartiality, etc.).

5.3.3 Once the application is accepted, the Client Case Officer (CCO) shall in consultation with the Head Systems and Services Certification (HSC) Division:

i. Calculate the audit time using the *Audit Time Determination Procedure* CERT/OP/12 and CERT/SC/F11 *Audit Time Determination Form* to facilitate billing;
ii. Generate a *Process Matrix* (CERT/SC/F43), (*optional*);
iii. Develop a *Systems Audit Program* (CERT/SC/F07).
iv. Generate a *Systems Activity Schedule* (CERT/SC/F05) to be sent to the client;
v. Prepare a *Certification Proposal Letter* (CERT/SC/F02) informed by (i) above, once the application is accepted.
vi. Prepare the Certification Agreement, CERT/F15, to include information on the client sites for which certification is sought, as informed by Part B of the application.
vii. Complete Part D of the *Application Review Form* (CERT/SC/F32), and have the information verified and confirmed by the HSC.
viii. Share the prepared documents in iii, iv, v and vi, above with the client.

5.3.4 Where UNBS is unable to certify the system and/or scope applied for, this shall be communicated in writing to the applicant stating reasons for declining.

5.3.5 For Food Safety (Management) Systems (FSMS/FSS), UNBS shall advise the client organization to review the scope in cases where activities, processes, products or services that can influence food safety of the end products have been excluded.

5.3.6 The client may request for a pre-audit at their organisation's cost upon application before the stage 1 audit or document review is conducted.

5.4 Certification Agreement with Client and payment of fees

5.4.1 The *Certification Agreement, CERT/F15* shall be signed by the client and submitted along with the evidence of payment of applicable fees.

5.4.2 An application can only be further processed once the signed certification agreement is received and upon confirmation of payment of certification fees.

5.4.3 Evidence of payment of certification fees shall be tracked and verified from the URA online system using the Payment Registration Number (PRN). The CCO shall file the evidence of payment on the audit client's file and complete the required certification fees details in *Application Review Form, CERT/SC/F32* and also confirm receipt of the signed agreement.

5.4.4 The *Certification Agreement, CERT/F15* shall be forwarded by the Certification Administrator using *CERT/SC/F45 Certification Agreement Approval Form* for signature and thereafter shared with the client. A copy shall be maintained on the client file.

5.5 Selection of the Audit team

5.5.1 The Head Audit Planning and Accreditation Management (HAA) shall assign from *the Qualified and Approved Auditors' List CERT/F08*, the lead auditor and auditor(s) suitable for the particular evaluation to be undertaken. The selected audit team shall appear in *Application Review Form*, CERT/SC/F32, Part C and subsequently, the *Certification Audit Schedule* (CERT/F30). The requirements for *qualification and maintenance of competence of auditors* are highlighted in procedure CERT/OP/04.

5.5.2 The HAA will also determine whether the knowledge and skills of an audit team need to be supplemented by that of technical experts in order to meet the audit objectives.

5.5.3 The proposed audit team and audit date(s) shall be communicated by the Head Audit Planning and Accreditation Management (HAA), using CERT/SC/F31, *Confirmation of Audit*. This communication shall be at least 10 days from the proposed date of audit (5 days for Stage 1 audit or document review) and allow the client at least 3 working days within which to accept or object. The applicant may request for background information of any member of the audit team and may object to any particular audit team member with valid reasons. Where justification is provided for objection, the team will be reconstituted or new dates proposed and the client accordingly updated.

5.5.4 The stage 1 audit and follow up audit may be carried out by one auditor, preferably, the Lead auditor. All other audits shall be carried out by at least two auditors whose collective competence shall ensure that the objectives of the audit are achieved effectively. Hence, the selection of auditors shall be done such that the audit team has the totality of the competences required to ensure comprehensive evaluation.

5.5.5 When an audit is initiated, the responsibility for conducting the audit remains with the assigned Lead auditor until the audit is completed.

5.5.6 The initial certification audit of management systems shall be conducted in two stages: Stage 1 and Stage 2. For other systems, a document review may be conducted, as applicable, before the certification audit.

5.5.7 The evaluation shall be conducted and reported in English. Any need for interpretation and/or translation shall be borne by the client and shall be communicated in CERT/SC/F31, *Confirmation of Audit*, for advance planning.

5.6 Stage 1 Audit

The objectives of stage 1 are to provide a focus for planning the stage 2. The stage 1 audit shall be carried out by the lead auditor who may be assisted by an audit team member(s).

5.6.1 Document review

5.6.1.1 The audit client's system documentation (submitted at the time of application) shall be availed to the audit team. The lead auditor shall review the audit client's system documentation against the requirements of the normative document(s) in order to establish the extent of the system documentation, to obtain a good understanding of the audit client's (management) system and to detect possible gaps.

5.6.1.2 A formal audit plan may not be prepared for a stage 1 audit to be conducted offsite.

5.6.1.3 The auditor should consider whether the information in the documents provided is:

a. **c**omplete (all expected content is contained in the document);
b. **c**orrect (the content conforms to other reliable sources such as standards and regulations);
c. **c**onsistent (the document is consistent in itself and with related documents);
d. **c**urrent (the content is up to date);
e. **c**over the audit scope and provide sufficient information to support the audit objectives;

5.6.1.4 For management systems, the Lead auditor shall then generate a *Stage 1 Report*, CERT/SC/F24, for the company's system and forwards it to the audit client for action upon review by the Head Systems and Services Certification Division or by the assigned peer reviewer or evaluator.

5.6.2 **On-site Evaluation** (*Optional for systems other than FSMS)*

5.6.2.1 For the initial certification audit, part of the stage 1 audit may be conducted at the audit client's premises to clarify matters relating to an application, determine the organization's readiness for the stage 2 audit and ensure its effective planning. This shall be conducted by the lead auditor.

5.6.2.2 The lead auditor may also advise on whether to continue with the evaluation without an onsite stage 1. An applicant may also request for a visit. The visit will among others help to resolve any differences in understanding between the lead auditor and the applicant.

5.6.2.3 The lead auditor shall, using the *Audit Plan* template CERT/SC/F06, communicate the objectives of the stage 1 audit to the audit client:

a) Determine if the audit client fully understands the requirements of the standards, is using the system documentation and the purpose of the certification audit ;
b) Discuss the scope of the certification and carry out a brief examination of the processes and available facilities;

c) Evaluate the client's location and site-specific conditions and to undertake discussions with the client's personnel to determine the preparedness for the stage 2 audit;
d) Identify critical gaps and determine if the plans for the evaluation can proceed;
e) Establish if the activities in the different shifts (where applicable) are similar or significantly different and would require auditing the other shifts;
f) Determine that internal audits and management review processes are planned and carried out or that there is a programme and progress is taking place so that the audit client is suitably ready for stage 2 audit.
g) Determine resource requirements to effectively perform the stage 2 audit.
h) Agree with the auditee on the dates for the Stage 2 audit and scheduling of activities.

5.6.2.4 Specifically for FSMS, stage 1 shall be conducted at the client's premises in order to review the extent to which:

a) The organization has identified PRPs that are appropriate to the business (e.g. regulatory, statutory, customer and certification scheme requirements),
b) The FSMS includes adequate processes and methods for the identification and assessment of the organization's food safety hazards, and subsequent selection and categorization of control measures (combinations),
c) the FSMS includes adequate processes and methods for the identification and implementation of relevant food safety legislation;
d) The FSMS is designed to achieve the organization's food safety policy;
e) the FSMS implementation programme justifies proceeding to stage 2;
f) The validation of control measures, verification of activities and improvement programs conform to the requirements of the FSMS standard;
g) The FSMS documents and arrangements are in place to communicate internally and with relevant suppliers, customers and interested parties;
h) There is any additional documentation which needs to be reviewed and/or information which needs to be obtained in advance;
i) Where an organization has implemented externally developed elements of a FSMS, stage 1 shall review the documentation included in the FSMS to determine if the combination of control measures:
    - is suitable for the organization;
    - was developed in conformity to the requirements of ISO 22000 or other sets of specified FSMS requirements;

- is kept up to date.

j) The availability of relevant authorizations shall be checked when collecting the information regarding the compliance to regulatory aspects.

5.6.2.5 Should there be exceptional circumstances that may prevent UNBS from conducting an on-site stage 1 for FSMS, then all or part of stage 1 can take place off-site or remotely through the use of ICT and shall be fully justified and evidence demonstrating that the stage 1 objectives were fully achieved provided.

5.6.2.6 The HAA shall schedule the report conference immediately after the audit for the audit team members to meet and complete the *Stage 1 Report* CERT/SC/F24, prior to review and on-ward transmission to the client within 14 working days from the date of the stage 1 audit.

5.6.2.7 The audit client shall be given time to address any deficiencies and provide a written response for the areas of clarification highlighted in the Stage 1 Report. Using the *Adequacy Assessment of Corrective actions, CERT/F23*, the Lead auditor shall review the client's written response and if adequate shall communicate to the HAA about the readiness of the company for Stage 2.

5.6.2.8 The time period between the stage 1 and the stage 2 audit is dependent on the gaps identified during the stage 1 audit and is mutually agreed between UNBS and the audit client, but not exceeding six months.

5.6.2.9 If the six months elapse before the stage 2 audit is done, another stage 1 audit or part of it may be performed considering any significant changes that would impact the system. If a client´s system is found, after the stage 1 audit, not to be ready for stage 2, another stage 1 audit may be performed at the appropriate time, at the cost of the client.

5.6.2.10 The client shall be informed that the results of the Stage 1 may lead to postponement or cancellation of the Stage 2 audit.

5.7 Preparations for the Stage 2 evaluation or the certification audit

5.7.1 Once the team has been fully constituted and agreed with the audit client, and the audit dates agreed (as per section 5.5.3), the Lead auditor shall, in consultation with the audit team, develop and finalise the *Audit Plan*, CERT/SC/F06 and considering the requirements specified in clause 9.2.1 and 9.2.3 of ISO17021-1:2015 for management systems and clause 7.4.2 of ISO 22003-

2 for food safety systems based on the information contained in the audit programme and the documentation provided by the audit client.

5.7.2 The Lead auditor shall assign to each audit team member responsibility for auditing specific processes, activities, functions or locations. Such assignments shall take into account the competence of auditors and the effective use of resources. The allocation of work shall be reflected in the audit time table that forms part of the *Audit Plan*, CERT/SC/F06. The audit plan shall be sufficiently flexible to allow changes which can become necessary as the audit activity progresses.

5.7.3 For food safety (management) systems (FSMS/FSS), the audit timing and season shall be selected such that the audit team has the opportunity of auditing a representative number of product lines, categories and subcategories covered by the scope of certification.

5.7.4 Signing the *Systems Audit Notice and Audit Plan*, CERT/SC/F06, shall be confirmation by the Head Systems and Services Certification that the audit plan developed ensures that audit team members have been assigned products and processes that they are technically competent to audit; the audit time is optimized; multisite sampling is done appropriately and that the audit objectives can be realized.

5.7.5 The audit client shall then be notified of the audit using CERT/SC/F06 at least 5 working days before the audit date and shall be shared with all involved in the evaluation. Any objections by the audit client to the audit plan shall be resolved between the Lead auditor and the audit client.

5.7.6 The Lead Auditor shall ensure that the audit team receives all the relevant documentation considered necessary for the evaluation and that they are familiar with all aspects of the application.

5.7.7 The Lead auditor shall determine the resource requirements for the evaluation exercise. These shall be arranged in consultation with the Head Audit Planning and Accreditation Management.

5.7.8 The audit team members shall collect and review the information relevant to their audit assignments and prepare work documents like checklists and forms, as necessary, for reference and for recording audit evidence. The template for the *Systems Audit Checklist* is provided in CERT/SC/F08.

5.7.9 At least one day to the audit (as shall be scheduled by HAA), the lead auditor shall convene an audit preparation session with team members and proceed as guided in CERT/SC/F37 *Audit Preparation Meeting Agenda*.

5.7.10 The audit client shall be kept informed of the progress of their application and reason(s) for any delay.

5.8 Stage 2 Audit or Certification audit

The stage 2 audit or certification audit is done on-site and its main objective is to evaluate the implementation as well as the effectiveness of the client's system.

5.8.1 The Opening Meeting

5.8.1.1 On the first day of the audit, the auditors shall hold an opening meeting with the top management and/or their authorized representatives and process owners for the key functions to be audited.

5.8.1.2 The meeting shall be chaired by the Lead Auditor and all items in the CERT/SC/F10, *Audit Opening and Closing Meeting Agenda,* shall be addressed during the meeting.

5.8.1.3 The completed CERT/F06, *Attendance Register for Audit Meetings* is considered the record of the opening meeting.

5.8.2 The Evaluation

5.8.2.1 The Lead Auditor is responsible for ensuring that the identified requirements are assessed and shall assign the audit team to evaluate various aspects of the audit client's company as per the *Audit Plan* and timetable (CERT/SC/F06). Changes to work assignments can be made by the lead auditor as the audit progresses in order to ensure the achievement of the audit objectives. Each auditor shall be expected to audit independently.

5.8.2.2 The auditors shall conduct physical observation of activities, a thorough document review and interviews with the responsible persons who have control over the aspects being audited. The assessment shall be carried out using specifically developed *Systems Audit Checklist*, CERT/SC/F08. All the applicable clauses of the normative document shall be audited during the initial certification and recertification audits.

5.8.2.3 The audit includes an examination of at least the following:

a) Information and evidence about conformity to all requirements of the applicable standard or other normative document.
b) Performance monitoring, measuring, reporting and reviewing against key performance objectives and targets (consistent with the expectations in the applicable standard or other normative document)
c) The client's system and performance as regards legal compliance
d) Operational control of the client's processes – for food safety, a minimum 50 % of total audit duration shall be spent on auditing the operational food safety planning and the implementation of PRPs and control measures
e) Internal auditing and management review processes
f) Management responsibility for the client's policies
g) Links between the normative requirements, policy, performance objectives and targets (consistent with the expectations in the applicable standard or other normative document), any applicable legal requirements, responsibilities, competence of personnel, operations, procedures, performance data and internal audit findings and conclusions.
h) The audit of food safety systems (FSS) shall include a documentation review which shall determine whether:
    i. the organization has identified PRPs that are appropriate to the business (e.g. regulatory, statutory, customer and certification scheme requirements);
    ii. the FSS includes adequate processes and methods for the identification and assessment of the organization's food safety hazards, and subsequent selection and categorization of control measures or combinations thereof;
    iii. the FSS includes adequate processes and methods for the identification and implementation of relevant food safety legislation;
    iv. the FSS is designed to achieve the organization's food safety objectives;
    v. the validation of control measures, verification that the activities and improvement programmes conform to the requirements of the FSS;
    vi. the FSS documents and arrangements are in place to communicate internally and externally;
    vii. there is any additional documentation which needs to be reviewed and/or information which needs to be obtained in advance
    viii. The availability of relevant authorizations shall be checked when collecting the information regarding the compliance to regulatory aspects.

i) Where an organization has implemented a HACCP-based system, the documentation review shall determine if the PRPs and the combination of control measures:
   i. are suitable for the organization;
   ii. were developed in compliance with the internationally accepted principles of HACCP;
   iii. are kept up to date.

5.8.2.4 The findings shall be recorded in the *Systems Audit Checklist*, CERT/SC/F08. Findings that may lead to a non- conformity shall be noted including the place/department where it occurred and the responsible person.

5.8.2.5 For management systems audits, any part of the system that is audited during the Stage 1, and determined to be fully implemented, effective and in conformity with requirements, may not be re-audited during the Stage 2 audit. However, the audit team shall ensure that the already audited parts of the system continue to conform to the certification requirements. In this case, the audit report shall include these findings and shall clearly state that conformity has been established during the stage 1 audit.

5.8.2.6 Audit team briefings shall be held, as appropriate, by the audit team leader.

5.8.3 Termination of Audits

5.8.3.1 The Lead auditor may terminate an audit in the event of:

a) An extraordinary event/circumstance or emergency occurring just before or during the audit;
b) Failure to provide access to relevant locations, key staff and/or information;
c) Intimidation, discrimination, obstruction, aggression, health/safety threat and/or violence towards the audit team;
d) An unforeseen circumstance experienced by an audit team member (e.g. accident or sickness);
e) The client organisation being subject to legal actions by the authorities; or
f) If the audit client requests to terminate the audit, with proper justification.

5.8.3.2 The Lead auditor shall contact the HAA or HSC to discuss the challenges experienced, in order to get consensus that termination is appropriate.

5.8.3.3 The reasons for the team's decision and the implication of terminating the audit (including payment of applicable fees) shall be discussed with the

representative(s) of the management of the audit client to agree on a possible solution and/or way forward.

5.8.3.4 The lead auditor shall record on the *Audit Termination Report* (CERT/F49) that the audit was terminated and no conclusion with regards to the outcome of the audit could be made and that a re-audit of the facility was recommended at the audit client's cost. A copy shall be left with the representative of the audit client.

5.8.3.5 The client shall also be advised on the *Handling of Complaints, Disputes and Appeals Procedure, CERT/OP/06*, (is available on www.unbs.go.ug) as a recourse, should they be dissatisfied by the action.

5.8.3.6 The audit may only be rescheduled once the issue(s) leading to the termination have been satisfactorily resolved.

5.8.4 **Auditors' Meeting**

5.8.4.1 Upon completing the evaluation, the audit team shall hold a private meeting amongst themselves. The purpose of this meeting is to allow team members to review their findings and summarize their conclusions.

5.8.4.2 To gain conclusive evidences of conformity/non-conformity of the items audited, the auditors shall review the submitted supporting documents. The auditors shall reach agreement on whether opportunities for improvement are converted into non-conformances and whether they are classified as major or minor. Classification of non-conformances shall be as per the *Guide on Audit Findings,* CERT/OP/15.

5.8.4.3 The Lead Auditor shall schedule sufficient time for this meeting to allow for a fair conclusion to be made. The Lead Auditor shall then summarize the conclusions of the audit team.

5.8.4.4 The audit team shall also review the *Systems Audit Programme,* CERT/SC/F07, to confirm its appropriateness or identify any modifications required for the future audits. The audit programme shall be agreed with the organization and forwarded alongside the certificate upon confirmation of the certification decision date. The proper timings for the subsequent audits (within the cycle) shall be confirmed upon the certification decision.

5.8.4.5 No minutes of this meeting shall be maintained.

5.8.5 **Recording of Non-conformances**

5.8.5.1 The lead auditor shall fill out the *Corrective Action Request Form*, CERT/F02, where non-conformances have been identified. A finding of nonconformity shall be recorded against a specific requirement, and shall contain a clear statement of the nonconformity, identifying in detail the objective evidence on which the nonconformity is based to allow for a full understanding of its nature and scope by someone reading the non-conformance at a later date. Evidence of non- conformity shall be conclusive.

5.8.5.2 Opportunities for improvement where identified shall be recorded in the *Audit Report*, CERT/SC/F14.

5.8.5.3 Further guidance is given in the *Guide on Audit Findings,* CERT/OP/15.

5.8.6 **The Closing Meeting**

5.8.6.1 At the end of the evaluation, the audit team will once again meet with top management or the authorized representatives. The *Attendance Register for Audit Meetings* (CERT/F06) signed at the opening meeting shall then be ticked off by those who attended the opening meeting while the new members shall sign accordingly and tick off the closing column. This shall be considered the record of the closing meeting.

5.8.6.2 The closing meeting shall be facilitated by the Lead auditor. The presentation of the summary of the audit team's findings by the lead auditor shall be in accordance with ISO/IEC 19011 (Refer CERT/SC/F10, *Audit Opening and Closing Meeting Agenda*. All items on the agenda shall be addressed during the meeting.

5.8.6.3 The auditors shall provide a summary of positive findings (verbally) as well as any deficiencies during the audit and require them to undertake corrective actions. Nonconformities shall be discussed with the audit client to ensure that the evidence is accurate and that the nonconformities are understood. The *Corrective Action Request Form*, CERT/F02, shall be acknowledged by the company representative. The auditors shall refrain from suggesting the cause of nonconformities or their solution.

5.8.6.4 The client shall be given opportunity for questions. Any diverging opinions regarding the audit findings or conclusions between the audit team and the client shall be discussed and resolved where possible. Any diverging opinions that are not resolved shall be recorded and referred to Manager Certification Department in accordance with CERT/OP/06, *Handling of complaints, Disputes and Appeals*.

5.8.6.5 The *Corrective Action Request Forms,* CERT/F02 shall be the only report left with the client after the closing meeting. The audit client shall be given the original copies which shall later be submitted to the certification office upon completion of the filling of the corrective actions undertaken, while the lead auditor shall retain the duplicate copy for the company file.

5.8.6.6 The *Audit Report*, CERT/SC/F14 shall be submitted within 21 working days after the audit. The audit client shall be accordingly informed.

5.8.6.7 The company shall also be informed that they have up to 28 working days from the date of the closing meeting to forward the corrective action plan and up to 45 working days to implement the corrective actions for any major nonconformances for verification by the audit team. Any request for extension shall be properly justified and shall not exceed 6 months.

5.9 Preparing and distributing the audit report

5.9.1 *Report Conference* – For each completed audit, the HAA shall schedule a day immediately after the audit for the audit team members to meet and write the audit report. The respective Section Head shall ensure that the report conference is held and require that the *Audit Report*, CERT/SC/F14 and the completed *Audit Report Review Form*, CERT/SC/F33 are presented by the Lead Auditor to the HSC within 3 working days from the conference date.

5.9.2 The *Audit Report*, CERT/SC/F14 shall be reviewed by the Head Systems and Services Certification Division or by the assigned peer reviewer or evaluator who shall complete:

i. *Audit Report Review Form* (CERT/SC/F33) and make such comments in the draft report for the attention of the lead auditor;
ii. *Systems Audit Reports Monitoring Register* (CERT/SC/RG07) hosted online.

5.9.3 The final audit report shall be issued to the audit client within 21 working days from the date of audit closing meeting. A copy of the *Audit Report*, CERT/SC/F14 and the *Audit Report Review Form*, CERT/SC/F33 shall be retained on the client's file.

5.10 Corrective Actions and Follow-up Visits

5.10.1 Certification can only be granted after UNBS is satisfied that corrective actions have been adequately addressed by the audit client. Corrective action plans shall be submitted for all nonconformities summarized in the *Corrective Action Adequacy Assessment Form*, CERT/F23. The time for submitting of Corrective Action Plan by the audit client is a maximum of 28 working days and the Lead auditor must indicate acceptance of the plan before the client undertakes the actions therein.

5.10.2 For **minor** nonconformities the recommendation for certification can be made based on an acceptable Corrective Action Plan and the effectiveness of implementation of the corrective action shall then be evaluated at the next audit (surveillance audit). The time for carrying out of the corrective action shall therefore be agreed with the audit client.

5.10.3 When **major** nonconformities are raised, the process of certification decision making shall not begin until the corrective actions have been undertaken by the audit client and effectiveness of corrective actions verified within 45 working days and in case of any request for extension, not exceeding 6 months from the time of stage 2 audit closing meeting.

5.10.4 It is the responsibility of the Lead Auditor to monitor the implementation of the corrective actions by the company and to ensure timely notification to UNBS.

5.10.5 The audit client shall notify UNBS of the corrective actions completed after which a follow-up visit(s) shall be conducted if necessary.

5.10.6 Failure on the part of the audit client to take corrective actions or to notify UNBS of completion of such actions within the agreed period, the Lead Auditor shall notify the Head Systems and Services Certification who shall inform the company in writing. If 6 months elapse from the date of the closing meeting, another stage 2 audit shall be conducted prior to recommending certification.

Continued non-compliance shall lead to discontinuance of the evaluation after which the audit client will have to re-apply.

5.10.7 Refer to *Guide on Audit Findings*, CERT/OP/15.

5.11 The Review Process

5.11.1 Upon closing of the audit, the lead auditor shall prepare the company file for review using the *File Folios*, CERT/SC/F22 and complete the Certification Information in Section A of *Certification Review and Decision Form*, CERT/SC/F15, which shall be reviewed and verified by the Head of Division before forwarding to the Certification Review Committee CRC).

5.11.2 The execution of the review process shall be in accordance with CERT/OP/03, *Terms of Reference for the Certification Review Committee*. The review committee shall ensure that requirements under clause 9.5 of ISO/IEC 17021-1 and clause 7.5 of ISO/IEC 17065, as applicable, are fulfilled prior to recommending certification.

5.11.3 In liaison with the Chairperson of the Certification Review Committee (CRC), the Certification Administrator shall schedule and invite the committee members (reviewers) for the meeting.

5.11.4 The Certification Administrator shall forward the file to the Chairperson of the CRC who shall identify and assign a suitable reviewer, using CERT/F20, *File Review Request Form*. The date of the next review committee meeting shall be accordingly communicated.

5.11.5 The reviewer shall come to the review committee meeting having reviewed the assigned file(s) and completed Section B (Certification Process Review) of *Certification Review and Decision Form*, CERT/SC/F15.

5.11.6 Reviewers shall sign confidentiality agreements and declare conflict of interest in a particular company consistent with CERT/POL/05, *Policy on Confidentiality* and CERT/POL/06, *Policy on Management of Impartiality*. Provision has also been given in form CERT/SC/F15, *Certification Review and Decision Form*.

5.11.7 The recommendation of the Committee shall be completed by the Chairperson in Section C of *Certification Review and Decision Form*, CERT/SC/F15.

5.11.8 If all the certification requirements have been met, the company is recommended for grant/renewal of certification. If not fulfilled, then deferral of certification shall be recommended.

5.11.9 The Certification Administrator shall be the Secretary to the Certification Review Committee meeting. The committee discussions shall be reflected in the minutes of the meeting.

5.12 The Certification Decision

5.12.1 The decision to grant certification is made by the Management Signatory following the recommendation of the Certification Review Committee.

5.12.2 The CRC Chairperson shall, after the CRC meeting, forward to the Management Signatory, the filled *Certification Review and Decision Form*, CERT/SC/F15 with the review process outcomes and the CRC recommendations. The Management Signatory shall make the final certification decision by completing Section D of *Certification Review and Decision Form*, CERT/SC/F15.

5.12.3 Upon approval by the Management Signatory, the Head Systems Certification shall using *Payment Notice, CERT/SC/F16* ask the successful clients to pay certification fees (if not already paid) consistent with the *Policy on Certification Fees*, CERT/POL/01.

5.12.4 The Case officer shall complete the certificate information in Section E of *Certification Review and Decision Form*, CERT/SC/F15 which shall be reviewed by the Head of Division. The information in Section A and E of *Certification Review and Decision Form*, CERT/SC/F15 shall be utilized by the Certification Administrator to prepare and print the certificate for the successful company, using CERT/SC/F17, *Certificate Template. (Refer to Section 5.15 for contents of certificate).*

5.12.5 Before approval, the certificate(s) shall undergo a final accuracy review by the SANAS Nominated Representative who shall forward the certificate to the Management Signatory, for signing and sealing by completing Section F of *Certification Review and Decision Form*, CERT/SC/F15. The certificate(s) shall be accompanied by proof of payment of certification fees, the updated *Systems*

Audit Programme (CERT/SC/F07) for the certification cycle and the signed *Certification Agreement*, CERT/F15.

5.12.6 The company that is issued a certificate to use the Certification Mark shall be entered into the *Register of Systems Certified Companies*, CERT/SC/RG05 by the Head Systems Certification which shall be available on the UNBS website. The register is updated at least once every month.

5.12.7 When the company collects a certificate, the details shall be entered in the *Certificate Issuance Register*, CERT/SC/RG04 by the Certification Administrator. A copy of the certificate and evidence of payment (e.g. receipt, or Payment Registration Number) are kept on the client's company file with UNBS. The certificate issued to the client is the formal attestation of conformity of the system to the specified standard.

5.12.8 The system certificate is valid for a period of three (3) years (or as indicated on the certificate) within which time, surveillance audits will be conducted.

5.12.9 The use of the Certification marks and certificates is governed by *Policy on Use of Marks and Reference to Certification and/or Accreditation*, CERT/POL/04.

5.12.10 In cases where the certification is deferred, the affected company shall be communicated to, highlighting the issues to be addressed. The file is presented again when the highlighted issues have been resolved.

5.12.11 Any appeals shall be handled as per Procedure for *Handling of Complaints, Disputes and Appeals*, CERT/OP/06.

5.13 Surveillance Audits

5.13.1 Surveillance audits shall be carried out at least once every year or as found necessary to ensure that the requirements for certification are maintained at all times. For each certification cycle, surveillance audits shall be conducted at intervals of **12 months** in the first and second years. The first surveillance audit will be conducted within 12 months from the certification decision date, the second, within 12 months from the first surveillance audit as specified in the *Systems Audit Programme* CERT/SC/F07.

5.13.2 Notification and confirmation for a surveillance audit is done by the Client Case Officer four (4) months before the month set in the audit programme by

sending a *Payment Notification for Surveillance Audit*, CERT/SC/F25 to the certified client. The audit time required for a surveillance audit shall be determined as per the CERT/OP/12 *Audit Time Determination Procedure* and recorded in CERT/SC/F11, *Audit Time Determination Form*. Clients who make upfront payments are not issued with a payment notice, rather CERT/SC/F31, *Confirmation of Audit*.

5.13.3 Upon confirmation of the surveillance audit date(s) and audit team members with the client (as per 5.5.3), the lead auditor shall prepare a *Systems Audit Notice and Audit Plan*, CERT/SC/F06, at least 5 working days prior to the audit date and communicate with the client.

5.13.4 Only an on-site audit will be undertaken unless there have been significant changes in the documentation.

5.13.5 During planning for the surveillance audit, the lead auditor shall complete the *Nonconformity Matrix*, CERT/SC/F 44, for the respective system and client under consideration. The audit team shall during the audit, verify and subsequently report on whether all the corrective actions arising out of the previous audits have been properly implemented and continue to be effective.

5.13.6 Each surveillance for the relevant standard shall include:

a) Internal audits and management review;
b) A review of actions taken on non-conformances identified during the previous audit,
c) Complaints handling;
d) Effectiveness of the (management) system with regard to achieving the certified client's objectives and the intended results of the respective system(s);
e) Progress of planned activities aimed at continual improvement;
f) Continuing operational control;
g) Review of any changes
h) Use of marks and/or any other reference to certification.

5.13.7 The certified client may also request for more surveillance audits at their cost and the *Systems Audit Programme* (CERT/SC/F07) shall be accordingly adjusted.

5.13.8 Upon completion of the evaluation, the audit team shall forward the *Audit Report,* CERT/SC/F14 to the client within 21 working days. Any major

nonconformance shall be closed within 45 working days from the closing meeting. Minor non-conformances shall be handled as per Section 5.10.2. Once any corrective actions have been submitted, reviewed and accepted, the Lead Auditor shall forward the file to the Head Systems and Services Certification who shall review the file or appoint a Peer Reviewer, or the evaluator, to review the file using CERT/SC/F27, *Surveillance Review Process Checklist*, and recommend to the Manager Certification Department for continued certification. The Peer Reviewer shall be an auditor competent in the scope under consideration.

5.13.9 The client organization shall accordingly be informed in writing of the decision for continued certification using CERT/SC/F20, *Surveillance Compliance Letter*.

5.13.10 Should the company be found not complying with the terms and conditions of the certificate, it shall be reported by the Head Systems and Services Certification Division to the Manager Certification Department who shall write to the certificate holder to immediately (within 7 working days) submit to UNBS an action plan on how to address the non-compliances. Failure to do so shall lead to suspension.

5.13.11 Other Surveillance activities may include:

a) Enquiries from UNBS to the certified client on aspects of certification;
b) Reviewing any certified client's statements with respect to its operations (e.g. promotional material, website);
c) Requests to the certified client to provide documented information;
d) Any other means of monitoring the certified client's performance as deemed necessary.

5.14 Recertification

5.14.1 A *Renewal Reminder Letter*, CERT/SC/F19 shall be sent to the client organisation by the Client Case Officer together with the *Application Form for Systems Certification*, CERT/SC/F03 at least 6 months before certificate expiry. The client shall fill in the application form and indicate any changes in their system.

5.14.2 The recertification audit shall be conducted at least **3 months** before the expiry of the certificate and shall involve a comprehensive reevaluation of the company's processes.

5.14.3 For clients who delay to initiate the process of recertification at least 3 months prior to the certificate expiry, the Manager Certification Department shall send a *Notice of Certificate Expiry – 3 months*, CERT/SC/F29A.

5.14.4 The purpose of the recertification audit is to confirm the continued conformity and effectiveness of the system as a whole, and its continued relevance and applicability for the scope of certification.

5.14.5 The process of recertification remains the same as that for the initial certification. For management systems, the Client Case Officer will determine and advise on whether to have a Stage 1 audit in situations where there have been significant changes to the system, the organisation, or the context in which the system is operating (e.g. changes in legislation). Reporting timelines are the same as for the initial audit.

5.14.6 As part of the planning for the recertification audit, the lead auditor shall complete the *Certification Cycle Performance Matrix* (CERT/SC/F34) upon review of the surveillance audit reports for the most recent certification cycle, including whether all the corrective actions arising out of the surveillance audits have been properly implemented and continue to be effective.

5.14.7 The recertification audit shall include an on-site audit that addresses the following:

a) the effectiveness of the (management) system in its entirety in the light of internal and external changes and its continued relevance and applicability to the scope of certification;
b) demonstrated commitment to maintain the effectiveness and improvement of the (management) system in order to enhance overall performance;
c) The effectiveness of the (management) system with regard to achieving the certified client's objectives and the intended results of the respective (management) system(s).

5.14.8 For any major nonconformity, the corrections and corrective actions shall be submitted and verified within 45 working days from the date of the closing meeting or at least 2 weeks before the expiration of the current certification, whichever comes first. When a certificate expires while UNBS has not completed the recertification audit or is unable to verify the implementation of corrections and corrective actions for any major nonconformity prior to the

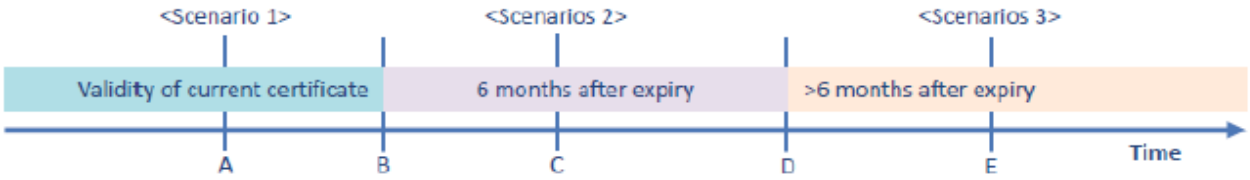
expiry date of the certification, then recertification shall not be recommended and the validity of the certification shall not be extended. UNBS shall notify the client and the consequences shall be explained in *Expiry of Certification Notice – During Recertification*, CERT/SC/F29C signed by the Manager Certification Department.

5.14.9 Following expiration of certification, UNBS can restore certification within 6 months from the date of certificate expiry provided that the outstanding recertification activities are completed, otherwise at least a stage 2 audit shall be conducted.

5.14.10 Upon expiry of certification without any formal communication of interest for recertification, an *Expiry of Certification–Upon Expiry*, CERT/SC/F29B signed by the Executive Director shall be sent to the affected organisation within 2 working days from the date of certificate expiry and consequences explained.

5.14.11 The Head Systems and Services Certification Division (HSC) shall ensure as far as possible that the recertification decision is taken before the certificate expiry date. The effective date for renewal of certification shall then be the day after the current expiry date. Should circumstances cause the recertification decision to be made after the certificate expiry date, then the effective date for renewal of certification shall only be the day of the recertification decision.

5.14.12 The following illustration offers interpretation on application of ISO/IEC17021-1 §9.6.3.2.3/4/5 on recertification dates using scenarios below:



i. *Scenario 1:* When recertification activities are initiated, completed and the decision taken at (A) before certificate expiry (B), then the new certificate starts from the expiry date of the existing certification (B) and is valid until (B)+3 years. The certificate will maintain the history.

ii. *Scenario 2:* When recertification activities are initiated but not completed before expiry (B) and decision taken at (C) after certificate expiry but before (D), then new certificate starts from C and is valid until (B)+3 years.

iii. *Scenario 3*: When recertification activities are not completed within 6 months after expiry (D) and decision taken at (E), then new certificate starts from E and is valid until (B)+3 years.

iv. *Scenario 4*: When recertification activities are initiated after expiry (B), where UNBS agrees with the client to proceed as a recertification, then the new certificate will start from the date the decision is taken and shall be valid until (B)+3years.

v. *Scenario 5*: Where a decision is made to handle the organisation as a new client, then a full initial audit (stage 1 and 2) shall be conducted and the new certificate shall start from the decision date and valid until (Decision date + 3 years). The certificate will not maintain the history, a new certificate number, expiry date and original certification date shall be issued for the new full certification cycle from the effective date of the certificate which shall be the date of the certification decision.

5.15 Preparation, Approval, Issuance and Maintenance of Certificates

5.15.1 Consistent with ISO/IEC 17021-1:2015, clause 8.2 and ISO/IEC 17065, clause 7.7, UNBS shall issue certification documents in form of a *Certificate, CERT/SC/F17* as an attestation of conformity of an organisation's system to the specified standard(s) after successful (re)certification processes as confirmed by the certification decision.

5.15.2 The current template *Certificate, CERT/SC/F17* shall be used each time a certificate is prepared for approval.

5.15.3 The following shall guide how the contents shall be presented in the *Certificate, CERT/SC/F17*:

i. *Certificate No.*: This shall be the unique identifier for each certificate issued and shall appear in the format UNBS/XXXX/0000, where:

   a. XXXX – system standard code, e.g. QMS, FSMS, EMS, etc.

   b. 0000 – Number from 0001, in succession for each standard.

ii. *Name of certified client*: The name of the legal entity as it appears in the legal documents e.g. Act, Certificate of Incorporation or Business Registration, etc.

iii. *Physical address*: geographical location of the certified client. For multisite certification, all the sites within the scope of certification shall be included;

iv. *Standard(s) number and year* – the (management) system standard(s) and year against which conformity of the organisation's system has been determined, e.g. US ISO 22000:2018 or US ISO9001:2015, etc. For integrated management systems, all the standards audited against and certified for the integrated system shall be stated;

v. *Certification Scope Statement*: the certification scope shall be described with respect to the type of activities, products and services as applicable at each site without being misleading or ambiguous. The IAF code and/or food chain (sub)category as applicable, shall be specifically mentioned. Where the scope of the certified client covers more than one IAF code or food chain (sub)category, then, separate scope statements shall be indicated on the certificate.

vi. *Dates*: The certificate shall be valid for a period of 3 years. The following dates shall be included on the certificate.

   a. *Certification Decision Date:* the date when the certification is granted.

   b. *Certification Effective Date*

      i. For initial certification, the effective date is the date that certification is granted (decision date or after).

      ii. For recertification, the effective date shall be the day after the current expiry date, (if recertification decision is made before the certificate expiry date) or the day of the recertification decision (if made after the expiry date). *Refer to guidance in Section 5.14.12 above for different scenarios.*

      iii. For scope extension, the effective date will be the day the certification decision is made to extend scope.

      iv. In all cases, the effective date cannot be earlier than the decision date.

   c. *Certification Expiry Date:*

      i. For initial certification, the expiry date is calculated from the effective date of certification for 3 years minus 1 day.

ii. For recertification, the expiry date shall follow the original cycle. *Refer to guidance in Section 5.14.12 above for different scenarios*.

iii. For scope extension, if done at a surveillance or special audit, the expiry date will remain the same.

iv. In extraordinary events, when expiry date is extended for a period not exceeding 6 months, the extension of the expiry date shall not affect the original certification cycle.

d. *Original Certification Date* – date of first certification decision. To be maintained throughout the life of the certified client on the scheme, unless certificate is withdrawn.

e. *Certificate Issue Date:* date when certificate is issued – changes each time the issue number changes – when a new certificate is issued or re-issued after any amendments.

vii. *Certificate Issue No.* Issued from 01 in succession of previous issue and distinguishes revised certificates from any prior obsolete certificates.

viii. *Name and address of Certification Body*: Shall be maintained as provided in the template, i.e. Name, physical address, email address and official telephone contacts of UNBS.

ix. *Marks and Logos*: The following marks shall, as applicable, be used in a manner that is not misleading or ambiguous:

a. UNBS Systems certification mark;
b. SANAS accreditation symbol;
c. IAF Combined mark

The use of the marks is covered under *CERT/POL/04 Policy on Use of Marks and Reference to Certification and-or Accreditation*

x. Terms and conditions – reference to Certification agreement, CERT/F15 and regulation, as applicable.

xi. Signature – Management Signatory shall sign the certificate.

xii. Seal – red sticker in bottom right corner embossed with the official seal of UNBS.

5.15.4 Use of the certificate shall be as per *CERT/POL/04 Policy on Use of Marks and Reference to Certification and-or Accreditation*

5.15.5 The certificate remains the property of UNBS and must be returned by the client organisation when requested to do so by UNBS. Where a certificate is re-issued, the previous obsolete version shall be recalled and returned to UNBS.

5.16 Special Audits

5.16.1 Scope extension

In response to an application for expanding the scope of a certification already granted, UNBS shall undertake a review of the application and determine any audit activities necessary to decide whether or not the extension may be granted. This may be conducted in conjunction with a surveillance audit.

5.16.2 Short Notice Audits and/or Unannounced audits

Where necessary, UNBS may conduct audits to investigate complaints, or in response to changes, or public food safety risk, or as a follow up on suspended clients. Such audits shall be conducted at short notice or unannounced and the client shall be informed.

Where such audits are conducted unannounced, UNBS shall exercise additional care in the assignment of the audit team because of the lack of opportunity for the client to object to audit team members.

5.16.3 Transfer of Certification

UNBS shall not recognize system certification granted by another certification body for the purpose of issuing its own certification. Hence, all applicants shall be treated as new clients and shall have to undergo the full UNBS certification process leading to the grant of certification. UNBS shall also **not** transfer the certification of its clients to another certification body.

6.0 Records

The records to be maintained on clients' files as detailed in the procedure are listed in CERT/SC/F22 *File Folio* and the *Master List of Documents*, CERT/F21.

7.0 Revision History

Date of Revision	Section/ Paragraph	Description of Changes
January 2017	Entire document	The procedures CERT/OP/02A and CERT/OP/02B were merged into one to form CERT/OP/02.
	Entire document	Procedure amended and aligned to the requirements of ISO/IEC 17021-1:2015 and ISO/TS22003:2013
July 2017	5.11 & 5.12	Amended the review and certification decision clauses
October 2018	Entire document	Replaced '*contract*' with '*agreement*', replaced '*permit*' with '*certificate*'; Replaced 'stage 2 audit report' with 'audit report (CERT/SC/F14)'
	5.1.1d	Introduced CERT/SC/F26 Pre-application Questionnaire
	5.3.2	Amended to include the use of a process matrix template alongside the management systems audit program so as to meet requirements of clause 9.1.3.1 of ISO/IEC 17021-1:2015.
	5.3.5	Amended to cater for pre-audits in line with Clause 9.1.2.2 of ISO/IEC 17021-1:2015.
	5.6.2.6	Amended to reflect a single stage 1 audit report (CERT/SC/F24) for all management systems onsite or offsite. Included CERT/F23 for the lead auditor to review and confirm closure of stage 1 audit findings.
	5.8.3.2	Changed to "*Classification of non-conformances shall be as per the Guide on Audit Findings CERT/OP/15*' and **not** 'Policy on Handling Audit Non-conformities (CERT/POL/02)'.
	5.12.4	Introduced CERT-SC-F 28 Systems Certificate Information to facilitate accurate information gathering for the Certificate.
	5.13.2	Amended to reflect the surveillance notification timeline of 3 months prior to set time in audit program instead of 2 months. Changed CERT/SC/F25 from '*Surveillance Audit Notification*' to '*Payment Notice for Surveillance Audit*'.
	5.13.10	Introduced to cater for other surveillance activities
	5.14.1	Amended to reflect the recertification reminder notification at 6 months prior to certificate expiry instead of 4 months.
	5.14.3	Amended to reflect the notification of certification expiry sent to client 3 months prior to certificate expiry in line with CERT/OP/13.
	5.14.8	Amended in alignment with CERT/OP/13
	5.14.9	Amended in alignment with CERT/OP/13
	5.14.10	Amended in alignment with CERT/OP/13
	5.14.11	Amended to reflect recertification activities after certificate expiry.
December 2018	5.1.3	Added to include provide for access to certification documentation as public information
	5.2.2	Revised and part of the content moved to application review under 5.3 to improve flow.

Date of Revision	Section/ Paragraph	Description of Changes
	5.3.1	Revised as per 5.2.2 above
	5.5.1	Introduced CERT/SC/F31 for assigning audit team members
	5.5.3	Introduced new paragraph to allow for the use of CERT/SC/F31 to communicate audit team members consistent with ISO17021-1, clause 9.2.3.5.
	5.5.7	New paragraph to cover audit language and the need for interpreter and/or translation services.
	5.6.2.6	Revised - stage 1 report to be provided to client within 7 working days and not 3 working days.
	5.7	Revised to improve flow and align to the requirement to agree with clients on audit dates and teams as in 5.5.3.
	5.8.3.4	Revised to have the audit programme forwarded to the client with the certificate and not with the audit report
	5.8.5.6	Revised reporting time to 14 working days and not 7 working days.
	5.8.5.7	Revised timelines for submission of corrective action plan to 21 working days and not 14 working days. Set timelines for implementing and verification of corrective actions to 45 working days and in any case not exceeding 6 months.
	5.9.2	Revised reporting time to 14 working days and not 7 working days. Introduced CERT/SC/F33, Audit Report Review Form. Provided for the retention of copy of the audit report on client's file.
	5.10.1	Revised timelines for submission of corrective action plan to 21 working days and not 14 working days.
	5.10.3	Included timelines for corrective actions – 45 working days and in any case not exceeding 6 months.
	5.10.6	Included the requirement to conduct another stage 2 after 6 months before recommending certification
	5.12.4	Split the paragraph into 2 paragraphs since it was too heavy. Added sentence with guidance on dates for initial certification.
	5.13	Numbering adjusted after 5.13.5 to cater for new paragraph, hence 5.13.6 became 5.13.7 ……. 5.13.10 became 5.13.11.
	5.13.3	Revised to include requirement to agree on audit dates and audit team members with the client
	5.13.5	Revised and introduced statement to include NC matrix in planning for surveillance audit.
	5.13.8	Revised timelines for reporting to 14 working days and corrective actions to 45 working days. Introduced CERT/SC/F27, Surveillance Review Process Checklist.
	5.14.5/6	Sections 5.14.5 and 5.14.6 interswitched to improve flow
	5.14.11	Deleted *"In this case the previous certificate expiry date will be indicated on the certificate along with the date of the recertification audit."*
	5.14.7	Introduced to provide guidance on effective dates and expiry dates for

Date of Revision	Section/ Paragraph	Description of Changes
		recertification
	5.14.8	Amended to define time limits for correction and corrective actions for recertification.
December 2019	5.3.3	Amended to allow for the Client Case Officer to conduct an adequacy review of the application in consultation with the Head Systems and Services Certification Division and the completion of Part D of the Application Review Form (CERT/SC/F32).
	5.4.1	Amended to provide for the confirmation of submission of the signed Certification Agreement (CERT/F15) by the Certification Administrator at application review.
	5.5.1	Amended to allow for the final verification of the signed Certification Agreement (CERT/F15), payment of applicable fees and completeness of the application review by the Head Audit Planning and Accreditation Management before scheduling.
	5.12.5	Amended to provide for the review of accuracy of certificate information by the SANAS Nominated Representative before signing by Executive Director.
	5.15.3	Introduced to clarify UNBS' position on "*Transfer of Certification*"
May 2020	5.2.2	Provided for acknowledgement of applications received by email.
	5.4.3	Removed requirement to obtain receipts as PRNs are sufficient.
	5.6.2.3	Provided for audit plan for stage 1 audits done on-site to align with practice.
	5.6.2.6	Introduced the report conference after the Stage 1 audit to allow for timely and collective writing of the audit report.
	5.7.9	Formalised the audit preparation sessions and introduced *CERT/SC/F37 Audit Preparation Meeting Agenda*
	5.8.2.5	Replaced FSMS with management system for universal application
	5.8.3	Clarified on the circumstances for termination of the audit as envisaged in ISO/IEC17021-1, §9.4.2j and introduced, *CERT/F49 Audit Termination Report*. Accordingly, the subsequent numbering changed.
	5.9.1/2/3	Formalised the *report conferences* after the Stage 2 audit to allow for timely and collective writing of the audit report and streamlined *CERT/SC/F33 Audit Report Review Form* in the process.
	5.13.1	Introduced a *12:12 rule* (12 months intervals) for surveillance audits upon recertification to differentiate from the 6:9:9 rule for the initial (first) certification cycle.
	5.13.1	Provided for handling of minor non-conformances

Date of Revision	Section/ Paragraph	Description of Changes
	5.14.6	Streamlined *CERT/SC/F34, Certification Cycle Performance Matrix* as part of planning for recertification
	5.14.12	Introduced to clarify on recertification dates with an illustration and scenarios arising out of the guidance of the ISO/CASCO maintenance group on ISO/IEC17021-1:2015 §9.6.3.2./3/4/5.
August 2021	5.3.3	ii. Added the *Process Matrix* identification number, CERT/SC/F43
	5.11.3	Removed the requirement for 1 week notification of Certification Review Committee meeting since the CRC now meets 3 times a week.
	5.13.5	Added the *Nonconformity Matrix* identification number, CERT/SC/F44
	Whole document	Minor editorial to *italicize* document names for ease of identification and implementation of procedure.
Novemb er 2021	5.6.2.6	Reporting timelines for stage 1 revised from 7 to 14 working days
	5.8.6.6	Reporting timelines for stage 2 revised from 14 to 21 working days
	5.8.6.7	Timelines for corrective action plan revised from 21 to 28 working days
	5.9.3	Reporting timelines for stage 2 revised from 14 to 21 working days
	5.10.1	Timelines for corrective action plan revised from 21 to 28 working days
	5.13.1	Adjusted frequency of surveillance audits to happen at 12 months intervals within the certification cycle.
	5.13.2	Notification for surveillance moved to 4 months (from 3 months)
	5.13.8	Reporting timelines revised from 14 to 21 working days
	5.14.1	*Added Certification Agreement* (CERT/F15)
	5.14.5	Clarified on reporting timelines for recertification to be the same as for the initial audit.
	5.15	Introduced Section on Certificates
March 2022	Title page	Deleted "*Statutory Instruments Supplement No. 25 of September 1995 - The Uganda National Bureau of Standards (Certification) Regulations*" which were revoked and no longer applicable for systems certification.
	5.1.2	Deleted "…… and the Certification Regulations of 1995….."
	5.11.1	Updated document name of CERT/SC/F15 from *Review Committee Process Checklist* to *Certification Review and Decision Form* and provided for the lead auditor to complete Section A of the form and review by the Head of Division before forwarding to the CRC.
	5.11.5	Provided for the reviewer to complete Section B of *Certification Review and Decision Form*, CERT/SC/F15.

Date of Revision	Section/ Paragraph	Description of Changes
	5.11.6	Updated document name of CERT/SC/F15 from *Review Committee Process Checklist* to *Certification Review and Decision Form.*
	5.11.7	Updated document name of CERT/SC/F15 from *Review Committee Process Checklist* to *Certification Review and Decision Form.* Provided for the CRC Chairperson to complete Section C of *Form*, CERT/SC/F15 with the CRC recommendation.
	5.11.8	Provided for CRC recommendation for deferral where certification requirements have not been met.
	5.11.8 5.11.9	Interchanged to improve flow
	5.12.2	Replaced signed minutes with CERT/SC/F15 Provided for the ED to complete the Certification decision in Section D of CERT/SC/F15
	5.12.4	Changed responsibility of preparing certificate information from Lead auditor to Case officer. Removed CERT/SC/F28, *Systems Certificate Information whose information was incorporated in the revised* CERT/SC/F15.
	5.12.5	Provided for the certificate accuracy review by the SANAS Nominated Representative before ED's approval (moved from 5.15.5 to 5.12.5) to improve flow and coherence. SANAS Nominated Representative to complete Section F of *Certification Review and Decision Form*, CERT/SC/F15. Included updated audit programme (CERT/SC/F07)
	5.15.4	Deleted - *CERT/SC/F28 Systems Certificate Information* was incorporated in *Certification Review and Decision Form*, CERT/SC/F15. Current 5.15.4 was previously 5.15.6
	5.15.5	Deleted - Text moved to 5.12.5 Current 5.15.5 was previously 5.15.7
December 2022	Document title	Changed from '*Procedure for Management Systems Certification'* to *'Procedure for Systems Certification'"* – deleted *'Management'* to provide for all systems, other than management systems
	Title page	Added *ISO 22003-1* and *ISO 22003-2* Added ISO/IEC 17065
	Whole document	Changed from "ma*nagement Systems'* to *'systems'*, as appropriate and applicable
	2	Added ISO22003-1, ISO22003-2 and ISO 19011
	5	Added "…….. systems certification ……."
	5.3.2 a)	Included 7.4.1 ISO 22003-2:2022

Date of Revision	Section/ Paragraph	Description of Changes
	5.3.2 b)	Added '….. ies, including auditing and file review to inform the certification decision …..'
	5.3.3 vi	Provided for preparation of the Certification Agreement, CERT/F15, to include information on the client sites by the Client Case Officer.
	5.3.5	Provided for food safety systems
	5.3.6, 5.5.4, 5.5.5	Added "……or document review ……."
	5.5.1	Deleted the provision for HAA verification of the application review process.
	5.5.7	Provided for document review for other systems
	5.6.1.3	Added "For management systems …….. "
	5.6.2	Deleted "……. *and HACCP*"
	5.6.2.4	Added: i and j to align to ISO 22003-1 Deleted "e) Determine that internal audits and management review processes are planned and carried out,"
	5.6.2.5	Provided for offsite or remote audit
	5.7	Added "…….. or the certification audit"
	5.7.1	Amended to provide for food safety systems
	5.7.3	Amended to align with clause 9.1.3.2 of ISO 22003-1 and clause 7.4.1.1. of ISO 22003-2
	5.8	Added "……or Certification audit"
	5.8.2.3	Amended d) to align with ISO 22003-1 and ISO 22003-2, Annex B Included information to be considered during document review for food safety systems audits, as h) and i) adopted from ISO 22003-2 clauses 7.4.3.2 and 7.4.3.3
	5.8.2.5	Clarified applicability to only management systems audits
	5.9.1	Provided for the Section Head to coordinate report conferencing
	5.9.2	Provided for the completing of the *Systems Audit Reports Monitoring Register* (CERT/SC/RG07)
	5.11.2	Added "…… and clause 7.5 of ISO/IEC 17065, as applicable….."
	5.15.1	Added "…… and ISO/IEC 17065, clause 7.7 ….."
	5.16.2	Provided for unannounced audits
	Whole document	*Updated the document names for:* *Guidelines for ~~Management~~ System Certification Applicants* (CERT/SC/ID01) *~~Management~~ Systems Audit Program* (CERT/SC/F07) *~~Management~~ Systems Activity Schedule* (CERT/SC/F05) *~~Management~~ Systems Audit Checklist* is provided in CERT/SC/F08
April 2024	5.4.4	Provided for *CERT/SC/F 45 Certification Agreement Approval Form*
	5.6.1.2	Introduced to clarify on audit plan for offsite stage 1 audit

Date of Revision	Section/ Paragraph	Description of Changes
	5.6.1.3 (5.6.1.4)	Changed *'approval'* to *'review'* Provided for review by the assigned peer reviewer or evaluator
	5.12 5.15.3 xi	Substituted *'Executive Director'* with *'Management Signatory'*