REFERENCE DOCUMENTS	
Document Number	**Document Title**
Act No.1 of June 1983 as amended 2013	Uganda National Bureau of Standards Act
Statutory Instruments Supplement No. 25 of September 1995	The Uganda National Bureau of Standards Certification Regulations
Statutory Instruments Supplement of 2018	The Uganda National Bureau of Standards (Use of Distinctive Mark) Regulations, 2018
ISO/IEC 17065	Conformity Assessment – Requirements for bodies certifying products, processes and services
ISO/IEC 17021-1	Conformity Assessment – Requirements for bodies providing audit and certification of management systems Part 1: Requirements
ISO 19011	Guidelines for Auditing Management Systems
CERT/QM/01	UNBS Certification Quality Manual

Approved by: Deputy Executive Director/Standards	Approval Date: **13th September 2021**
Reviewed by: Manager Certification Department	
Prepared by: Head Audit Planning and Accreditation Management	

CONTENTS

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

1.0 Scope

The procedure covers quality system documents of the UNBS certification scheme including the Quality Manual, Policies, Operating Procedures, Forms, criteria documents and documents of external origin. It also covers all records generated through the certification process.

2.0 Purpose

This procedure defines the certification documentation and how they are developed, reviewed, approved, accessed, amended, withdrawn and disposed. It establishes how the records generated are identified, accessed, retained, maintained, stored and disposed.

The procedure also indicates the responsibilities of the various personnel involved in the control of the documentation.

3.0 Definitions

Terms used in this document are as defined in the UNBS Certification Manual CERT/QM/01.

Controlled document: A document supplied to authorized persons, who are registered copyholders and are provided with updates thereof.

Uncontrolled document: A document freely issued for operational or promotional use.

4.0 Responsibility

The Manager Certification Department (MCD) shall be responsible for this procedure assisted by the Head Audit Planning and Accreditation Management (HAA).

The other responsibilities are detailed in the different sections of the procedure.

5.0 Description Document control process

5.1 Creation of new documents

5.1.1 A request for creation of a document may be raised by any person, or any relevant source, as applicable.

5.1.2 The request shall be submitted to the Head Audit Planning and Accreditation Management (HAA) who will liaise with the functions that may be affected by the document, to review the request to establish whether the

document is really necessary and that no other document addresses the issue in question.

5.1.3 If it is established that the document is required, the request shall be forwarded to the Manager Certification Department (MCD) for approval of development of the draft by the HAA in consultation with the requestor and the affected functions.

5.1.4 The HAA shall also allocate a number and make sure that the proper document structure is adopted. The header of certification documents shall contain the UNBS corporate logo, UNBS name, certification scheme, document title, identification number, issue number, revision number and effective date. The footer of the documents shall have the identification number, title and pagination. The font type for manuals, policies and procedures shall be '*Book Antiqua'*, while for forms, '*Arial narrow*'. The cover page for manuals and procedures includes the approval table and additionally the reference documents for procedures.

5.1.5 The final draft document is shared with the affected functions to review for completeness, adequacy, accuracy and clarity. They may also comment on the usability of the documents and whether the document reflects actual practices.

5.1.6 The document may be validated through trial implementation before it is forwarded to the DED/S for approval (for manuals, policies and procedures) or the MCD (for forms).

5.1.7 After approval, the HAA shall update the Master list of documents (CERT/F21) and shall distribute the document to the concerned functions.

5.1.8 The master certification documents that have been approved shall be kept by the HAA. In addition, the editable formats shall also be maintained by HAA.

5.1.9 Controlled copies of the documents shall be maintained on the UNBS Server under the folder "Certification Documents". Any printed out copies shall be considered to be uncontrolled.

5.1.10 Users accessing documents from the server are responsible for the use and control of passwords and the confidential nature of the information they access.

5.1.11 Authorization to access certification documents on the server by personnel other than Certification staff shall be by the Manager Certification Department.

5.1.12 Publicly available documents hosted on the UNBS website shall be accordingly replaced with the current versions through email notification to the ICT Department by HAA.

5.1.13 Uncontrolled copies shall be those copies issued to interested parties to whom the Certification Department has no obligation to issue amendments to the documents they may hold.

5.1.14 Table 1 in the Annex provides the hierarchy of the Certification Department's documentation

5.2 Identification of Documents

5.2.1 The Certification documents shall be identified in the following format CERT/XX/000,

where:

- CERT is the code for Certification Department
- XX represents the type of document i.e.
  - QM – Quality Manual
  - POL- Policy
  - OP – Operating Procedure (*also used for Guides*)
  - F- Form
  - RG – Register
  - RD – Reference Document
  - ID – Information Document
- 000 represents the serial number for that type of document in that document group, and this is issued incrementally.

5.2.2 For the Divisions within the Certification Department the format of unique operating forms, registers etc. shall take on the format: CERT/YY/XX/000,

where:

- YY is the Division or service code:
  - PC – Product Certification Division
  - SC- Systems Certification Division
  - MSME – Micro, Small and Medium Enterprises Division
  - TRN – Training Division
  - LRS – Laboratory Recognition Scheme
  - BAT – Batch Certification
  - PMA – Pre-Market Approval

  Note: Documents that are cross-cutting for shall not bear the YY code.
- XX represents the type of document
- 000 represents the serial number for that type of document in that document group, and this is issued incrementally.

5.2.3 Identification of letters and other communications shall follow the format prescribed in the templates.

5.3 Criteria documents

5.3.1 Current versions of criteria documents like standards, laws and regulations shall be obtained from the UNBS Information Resource Centre and made available to users.

5.3.2 A copy of the current standards catalogue shall be made available to certification staff via the server or UNBS website to ensure that only current standards are used.

5.4 Review and amendment to documents

5.4.1 Certification documents shall on a needs-basis be reviewed to ensure continued adequacy and suitability to meet the requirements during use, for example, when new criteria documents are issued or when a formal request is made aimed at improving effectiveness and efficiency of the system. Reviews may also be occasioned by internal and external audits and feedback from Certification Review Committee (CRC) and Certification Impartiality Committee (CIC).

5.4.2 The person requesting the change to the document shall fill a *Document Change Notice*, CERT/F17 giving justification for the change. The nature of a change may be identified within the affected document. The request shall be forwarded to the HAA.

5.4.3 The request shall be reviewed with the respective of Division before it is forwarded to the Manager Certification Department (MCD) to review and approve the request for change.

5.4.4 The request may be rejected if the requester fails to provide adequate justification.

5.4.5 Whereas changes to the documents have previously been identified by issue numbers and revision numbers, going forward, changes shall be identified only by the revision number and the effective date. The issue number for the existing documents is frozen at the current number. For consistency with existing documents, new documents shall be assigned *Issue No. 1* which shall not change during the life of the document.

5.4.6 The amendments shall be traceable through the revision history section of the quality manual and each procedure which shall indicate the nature of the change.

5.4.7 Before implementation, the documents shall be approved by the original approving authority.

5.4.8 Changes related to manuals, policies and procedures shall be approved by the Deputy Executive Director/Standards (DED-S).

5.4.9 Changes to operational forms shall be approved by the MCD.

5.4.10 After approval, the document shall be released to the controlled copy holders. The controlled copies on the server shall be updated accordingly.

5.4.11 The HAA shall be responsible for the distribution of the current versions of the documents and ensuring that the obsolete copies are immediately withdrawn and destroyed by burning or shredding.

5.4.12 Holders of officially printed and distributed controlled copies shall be entitled to receive amendments of the respective documents.

5.4.13 It shall remain the responsibility of all staff and external personnel, certification clients, stakeholders and interested parties to ensure that they use only the current versions of documents and destroy all superseded documents.

5.5 Handling of obsolete documents

5.5.1 The responsibility for removal of obsolete copies of controlled documents from circulation, including the server, lies with the HAA.

5.5.2 A read-only soft copy of obsolete documents shall be maintained by the HAA for reference purposes. Any hard copies retained shall be marked 'OBSOLETE' to prevent inadvertent use.

5.5.3 Final disposal shall be done as per applicable corporate policies and procedures.

5.6 Documents of external origin

5.6.1 All documents originating from outside UNBS shall be stamped 'RECEIVED' at the UNBS office reception before onward transmission and processing.

5.6.2 Each officer is responsible for filing all correspondences specific to their client files.

6.0 Description of the Records Control Process

6.1 Certification Records

6.1.1 The certification records include filled operating forms, reports generated from evaluations and reviews, copies of correspondences with organisations, records arising from operation of the certification quality management system and records on the Certification and/or UNBS online systems.

6.1.2 All correspondence associated with a company shall be filed in the respective company's file. Copies of letters that are sent to specific organizations shall be filed with the documentation for that specific organization.

6.1.3 Records of each Auditor/Certification Officer and Committee members shall be maintained in the respective files by HAA.

6.1.4 Records internally generated to demonstrate that quality system requirements have been effectively fulfilled shall be prepared as per agreed formats or templates established for the purpose.

6.1.5 Client records obtained in the course of the certification process as evidence of fulfilment of certification requirements shall be prepared in the respective company's formats, unless templates are provided for the collection of such information.

6.2 Records Identification

6.2.1 All records relating to the certification services of an organization shall be kept on the respective company files.

6.2.2 Each certification client shall have a separate file, identified with the name of the company and a unique identification number in the form:

i. PC/YYYY/0000 (for Product Certification – *e-file*)

Where: YYYY is the Year the application is submitted;

0000 is the serial number which is assigned incrementally for each new application, and

ii. CERT/SC/XXXX/000 (for Systems Certification).

Where XXXX is the system code to which the company is to be certified:

a. HC- HACCP Certification
b. QMS – Quality Management System Certification
c. FSMS – Food Safety Management System Certification
d. EMS – Environmental Management System Certification

e. OHS – Occupational Health & Safety Management System Certification
f. GHP/GMP - Good Manufacturing/Hygienic Practice Certification
g. LRS – Laboratory Recognition Scheme

000 is the serial number which is assigned incrementally for every new company that applies for certification

6.2.3 The company name and file number shall be entered CERT/SC/ID05, *Systems Certification Master List of Company Files.*

6.2.4 The Lead Auditor shall folio the records in the systems client files using CERT/SC/F22, *Company File Folio (By Section).*

6.2.5 The Case Officer shall ensure that the folio sheet is updated throughout the certification cycle.

6.3 Storage, Protection and Retrieval

6.3.1 The company files shall be stored lockable cabinets in a well secured room with restricted access. Product Certification Files shall be retained on the *Certification Information Management System* (CIMS).

6.3.2 All files shall be stored and organised by Division. Each Division shall have separate cabinets.

6.3.3 The file identification codes shall be indicated on the filing cabinets to ease retrieval.

6.3.4 Access to these files shall be restricted only to auditors, case officers and supervisors and authorised staff in special circumstances, e.g. internal auditors, certification review committee members and impartiality committee members. Should access to a company file be needed, viewing shall be done at the Certification office.

6.3.5 The Certification Administrator shall be the Custodian and shall control access to client files.

6.3.6 Upon receipt of a request, the Certification Administrator shall record in the *File Requisition Book* CERT/PC/RG/07 (for product certification files in hard copy in archives) and CERT/SC/RG/06 (for systems certification) and have the recipient sign for it accordingly. Upon receipt of the file, the Certification Administrator shall update the register as having been returned and store appropriately.

6.3.7 Apart from purposes of audit, client files shall not be removed from the UNBS office. Auditors shall only move with documents relevant to facilitate a particular evaluation.

6.3.8 In the event that a file needs to be removed for unavoidable reasons a copy of the contents of the file is to be made in full.

6.3.9 Non-paper records may also be kept in soft copy and shared on the intranet but with restricted access. Where electronic files are used, a back-up system shall be provided to prevent record loss consistent with the *UNBS ICT Policies and Procedures Manual*, UNBS/ICT/001. Communication received through the official UNBS email address shall be backed up on the UNBS server for retrieval by those with access rights. Key Communications received by email relating to the information on client records shall be printed out and kept on the respective company files.

6.4 Retention and Disposition

6.4.1 When activity associated with the file is terminated or when the file becomes full, the file shall be closed and kept away for safe storage in archive cabinets. Where required, a new file shall be opened/created to maintain the active part of the file for use.

6.4.2 A closed file shall be marked 'CLOSED', accompanied by the year of closing. All the documents on the closed file shall be maintained until disposal is effected.

6.4.3 Consistent with CERT/POL/07, *Records Retention Policy,* files shall not be destroyed before a Six (6) year period unless approved by the Executive Director. After the retention period has expired, the records may be destroyed.

6.4.4 Any obsolete records retained for legal and/or preservation purposes shall be identified and stored separately.

6.4.5 Applications received but not processed beyond the initial application stage shall be kept for a period of 2 years and may be destroyed on the instruction of the Manager Certification Department.

6.4.6 Minimum retention period for other records shall be as per applicable corporate policies and procedures.

7.0 Development, Implementation and Updating of Automated Systems

7.1 Automation of the Certification Quality Management System may be undertaken to improve efficiency and effectiveness in the delivery of certification services.

7.2 Requests for development of new automated systems shall be initiated by the Manager Certification Department, reviewed by the Deputy Executive Director/Standards and approved by the Executive Director.

7.3 The request shall be forwarded to the Manager ICT to schedule and assign an ICT Software Developer to undertake the activity. Where there is no internal capacity, then external providers may be contracted by UNBS.

7.4 The Head Audit Planning and Accreditation Management, shall, on behalf of the Certification Department, coordinate the development, implementation and updating of automated systems to ensure their consistency with specific requirements.

7.5 The automation shall initially be based on approved procedures and templates. During the development, changes shall be accommodated provided the system integrity is maintained consistent with the requirements in the applicable standards, laws, regulations and accreditation requirements. Upon completion of development, any affected procedures shall be aligned and updated for effective implementation.

7.6 Changes required to be made out of the ordinary use, shall be authorised by the Manager Certification Department.

7.7 As applicable, a transition period may be provided to allow for smooth transition from manual to automated systems and for implementation of any updates.

8.0 Records

Identification Number	Record Description	Record Location	Retention Responsibility
CERT/F 17	Document Change Notice	Certification Department	HAA
CERT/F 21	Master list of certification documents	Certification Department	HAA
CERT/SC/ID05	Systems Certification Master List of Company Files	Certification Department	Certification Administrator
CERT/SC/F22	Systems pre-review checklist	Certification Department	HSC
CERT/PC/RG07	Product Certification File Requisition Book	Certification Department	Certification Administrator
CERT/SC/RG06	Systems certification file requisition book	Certification Department	Certification Administrator

9.0 Table 1: Hierarchy of the Certification Department's documentation

Document Category	Document Code	Purpose
UNBS Act CAP 327	CERT/RD/01	Contains the mandate of UNBS Contains terms of reference for operation of the National Standards Council
UNBS Certification Regulations	CERT/RD/02	Contains regulations relating to application, grant, suspension, withdrawal of permit to use certification marks
UNBS Strategic Plan		Describes vision, mission, values and strategic goals and objectives of UNBS for a specified period
Certification Quality Manual	CERT/QM/01	Describes the policies of the Certification Department and its objectives/goals
Certification Policies	CERT/POL/	Describe the UNBS certification policies
Certification Procedures and Guides	CERT/OP/	Describe the internal operational procedures of the Certification Department
Certification Forms	CERT/F CERT/PC/F CERT/SC/F CERT/MSME/F CERT/TRN/F CERT/LRS/F	Used for capturing of data as evidence of activities executed or demonstration of conformance to requirements.
Certification Registers	CERT/RG	Used to record certification applications, permits,
Certification Information Documents	CERT/ID	Used to provide certification information to the certification clients and stakeholders.

10.0 Revision History

Date of Revision	Section/ Paragraph	Description of Changes
June 2017	Whole document	Entire document reviewed in text to align to practice
December 2018	6.3.9	Amended to allow for back up and printing of email communication
September 2021	Title page	Added *"The Uganda National Bureau of Standards (Use of Distinctive Mark) Regulations, 2018".*
	5.1.4	Added …. revision number ……
	5.1.8	Provided for maintenance of editable formats by HAA
	5.2.2	Added Division or service codes MSME, TRN, LRS, BAT and PMA for the respective Divisions or services
	5.4.5	Removed requirement for new issue number. Provided for amended documents to be identified by the revision number and effective date.
	5.4.6	CERT/F32 *Record of changes to forms* expunged from procedure. Changes to forms to be identified in the forms before approval.
	6.1.1	Updated to include records on online systems
	6.2.2	Updated identification numbers for product certification files Added code for Laboratory Recognition Scheme, LRS
	6.2.3	Removed the Product Files Directory (CERT/PC/RG03) which was made redundant by automation. Updated name of CERT/SC/ID05
	6.2.4	Removed the file folio for product certification, CERT/PC/F11 which was made redundant by automation
	6.3.1	Provided for retention of product certification files on CIMS
	6.3.6	Specified the use of CERT/PC/RG/07 for hard copy product certification files in archive.
	6.4.3	Changes record retention to 6 years to meet the requirement of 2 cycles for systems certification files., consistent with CERT/POL/07 *Records Retention Policy*
	7	Section introduced to provide for automated systems like CIMS
	8	Removed redundant forms/records: CERT/F32 Record of Changes to Forms CERT/PC/RG03 Product Files Directory CERT/PC/F11 Company File Folio
	Table 1	Updated Table 1