PROCEDURE PG. - 07.1.1

# Provision of Certification Services of Management Systems

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## 0. REFERENCE STANDARDS

- ISO/IEC 17021-1
- ISO 22003
- ISO 50003
- ISO 27006
- IAF MD2 – IAF MD4 – IAF MD5 – IAF MD11 – IAF MD24

in newer versions.

## 1. INTRODUCTION

This document defines the objectives and modalities for the provision of the audit and certification service that ICDQ provides to its customers.

The ICDQ is only a certification body and do not provide consulting services for the realization or improvement thereof.

The granting of certification and its maintenance are dependent, not only to the final results of the initial audit and monitoring but as well as with the compliance with this document, with the general conditions of contract (Doc PG.03.2-CG) and with the payment of amounts invoiced by ICDQ.

The Organization shall make available to the charged audit group of ICDQ, and to any observers in flanking position, the whole documentation of the system for certification and guarantee the free access to all its business areas, offices, and sectors affected.

ICDQ, on request, will provide any further information and clarification on this procedure and any other matter relating to its activities.

The content of this document and all called procedures, are mandatory and must be implemented and respected in its entirety by all those who provide and receive services to / from the ICDQ form now ICDQ.

## 2. OBJECTIVES OF THE SERVICE

ICDQ is a Certification body that is able to offer high quality services. In order to maintain this quality standard, ICDQ has to:

- ensure a consistent assessment of the significant aspects of the certification process before issuing the offer-contract;
- ensure that are used properly qualified and competent audit teams, respectively to the system that is under audit;
- ensure a proper conduct of the audits;

- ensure that the certification meets the needs and expectations of the customer;
- provides a rapid and effective response to customer needs;
- ensure to all users of the certification that the methodology used allows to fully evaluate the effectiveness of the system implemented by the organization;
- guarantees its customers the respect of the requirements contained in the law on the processing and data protection;
- guarantees impartiality, objectivity and transparency of its activities;
- ensure independence from any kind of situation / entity that represents an unacceptable risk to the impartiality and independence;
- guarantee the absence of any kind of constraint, both personal and business with organizations that can represent an unacceptable threat to impartiality and independence;
- manage effectively and efficiently any conflict of interest that may arise. For this reason, ICDQ conduct an analysis of possible risks associated with its policy, and keeps it constantly updated.

ICDQ issue to the organizations that pass the certification process, a Certificate of Approval. When organizations are operating in areas for which ICDQ has an accreditation, the certificate of approval will also report the logo of the Accreditation Body.

## 3. GENERALITY

The procedure describes the activities to be offered from both the certification body and the organization in order to initiate the certification process.

To maintain the certification, the organization must comply with the provisions herein and in all contractual documents prepared by the CB and accepted by the organization, and maintain their management system in good condition.

## 4. CONDITIONS

Any organization can access the certification ITER of ICDQ without any discrimination.

## 5. REQUEST FOR THE CERTIFICATION

Any organization interested to the certification services of ICDQ should send to our offices a specific offer-request RO.PG.03.1 (different annexes according to the chosen certification scheme).
The offer-contract, which must be completed in all fields, stamped and signed by the legal representative or by whom it has delegated, contains all the information necessary for making the offer-contract regarding the ICDQ PS.PG.03.3 offer-contract (different depending on the chosen certification scheme).

If from the review of the inquiry should emerge shortcomings or mistakes, ICDQ contact the organization to request additional information.
Based on data contained in the offer-request, the ICDQ makes the offer-contract and carries out the revision of the request and of the offer-contract using the document review of offer-contract ROC.PG.03.X (different depending on the certification scheme: ROC.PG.03.04 for ISO 9001; ROC.PG.03.4-14001 for ISO 14001; ROC.PG.03.4-45001 for ISO 45001; ROC.PG.03.01-22000; ROC.PG.03.4 SGE for ISO 50001; ROC.PG.03.4-27001 for ISO 27001; ROC.PG.03.4-22301 for ISO 22301; ROC.PG.03.4-37001 for ISO 37001; ROC.PG.03.4-39001 for ISO 39001; ROC.PG.03.2-INTEGRAZIONE for integrated audit).

**Note: with reference to the ISO/IEC 27701 certification, it should be noted that the standard can also be subject to certification extension by itself, but the organization must already be certified against the ISO/IEC 27001 standard, under accreditation, even by a different body.**
**If the organization already has an ISO/IEC 27001 certification, issued by the same CAB and with a certification scope compatible with the processes covered by the ISO/IEC 27701 Standard, the extension audit will be conducted in one step, entirely carried out at the headquarters of the organization.**
**If the organization has another ISO/IEC 27001 certification under MLA, it will have to request the transfer of the same to ICDQ, to allow the issuance of the integrated certificate.**
**The extension to ISO/IEC 27701 is not allowed, for organizations that use services provided in "cloud" mode, without the support of ISO/IEC 27017:2015 and ISO/IEC 27018.**

In case of successful control, it sends by fax or a with a letter the offer-contract to the Organization (Such as fax, mail, hand delivery, etc.).
ICDQ keep records relating to the calculation of the performed audit times which is at disposal of the client organization, if it so requests.

Upon receipt of the "- Offer Agreement", the applicant should consult the website of www.icdq.gr to view this procedure PG.-07.1.1 (and referenced attachments) and general conditions of contract CG.PG-03.2 as integral parts of the same.

Organizations that do not have the ability to download and / or examine the contract documents (PG.-07.1.1 and its Annex No. 1 - CG.PG-03.2) on the internet, must request such documentation to the ICDQ, who will forward it by mail.
The applicant in order to use the certification services must return by fax or mail a signed copy of “Offer-Contract" which is in effect a contract for the provision of service to receive certification of their management system by the ICDQ.
With the signing of '-Offer Agreement", the applicant expressly declare to know, understand and fully accept the contents of this procedure PG-07.1.1 (and its Annex 1 for the QMS organizations that operate on EA28 sector on Italian territory and in accordance with Presidential Decree 34/2000) and general conditions of contract CG.PG-03.2, already viewed and / or downloaded on the website, or requests in writing to the ICDQ.

## 6. INITIAL AUDIT

ICDQ plan the initial audit, appointing the audit team composed of a lead auditor and possibly one or more additional members of the group audit (auditor), depending on the characteristics of the audit and the time allotted to it.

The audit team may also include one or more technical experts and can predict the presence of observers and / or auditor or lead auditor in training.
The organization is committed, if the Audit Team members are integrated with Accreditation Entity Representatives as observers, to not prevent the participation of the same (or otherwise as punishment will follow the denial of certification or suspension or revocation of certification as an event of a subsequent breach of that obligation).
To the Audits in the "spot" is permitted the participation of the Organization Consultant, however, its participation is limited to the sole role of observer and the Organization, must send written notice to ICDQ before the audit.

For most of the management systems ICDQ will perform the audit Stage 1 at the customer site, in special cases the audit Stage 1 can be made without going to the customer's premises and that fact will from time to time motivated to the document review of the offer-contract of the framework scheme.
For audits in ISO 22000, stage 1 must necessarily be performed on site.

For audits of integrated management systems, depending on the level of integration declared by the customer and verified by ICDQ, an advanced planning session with the customer may be performed, before the final determination of the audit man-days and the effective structuring of the audit plan based on the processes, the IMS and the customer's structure. In this advanced planning session (which can be performed during the stage 1 audit) ICDQ will analyze:
- Scope of the company's activities,
- Scope of the IMS and its components,
- Processes and structure of the organization,
- SGI integration level,
- Auditor competence requirements.

The results of the advanced planning session will be reported on the Stage 1 audit report.
Following the information received from the audit team and in application of its own procedures, in the event that discrepancies are found with respect to the input elements provided by the organization by filling in the offer request (e.g. level of integration), ICDQ may consider it necessary to review the contractual agreements established and accepted by the client organization.
In this case, ICDQ will communicate the changes to the customer organization, awaiting their acceptance in order to schedule the continuation of the initial audit. In the event that the client organization does not accept the changes, the certification process is considered canceled and ICDQ will limit the coverage of its fees to the scheduled and executed processes, including the practice management activities.

ICDQ in some cases, in accordance with the recommendations in the IAF-MD4 document for the conduct of audits, may decide to use the techniques CAAT (Computer Assisted Audit Techniques) as part of the audit methodology.
Techniques CAAT may include, for example:

¬ Conference Call,
¬ web meetings,
¬ interactive web-based communications,
¬ remote electronic access to the documentation of the management system and / or the client organization's management system processes.
The audit time used for remote activity (CAAT) cannot exceed 30% of the planned audit time on site without the specific approval of the accreditation body.
Regardless of the use of CAAT, the organization shall be physically visited at least once a year.

Audit plan.

Before execution of the initial audit, both for Stage 1 and Stage 2 the Lead Auditor sends to ICDQ the audit plan so that the latter can transmit it to the organization audited at least 24 h before the audit.
In the event that Stage 1 and Stage 2 are consecutive, the plan for Stage 2 will be delivered directly by the lead auditor to the audited organization at the end of Stage 1.

The audit plan contains:

- general data organization, and code contractual references EA to which belongs to the organization audited;
- scope;
- standard;
- identification of components of the audit team. In the event that the organization has not received prior names of the members of the audit team, may carry the right to reject the same, in whole or in part, within 24 hours after the receipt of the plan, presenting right reasons in support of this objection*1*;
- official form of communication (language);
- date and place where the audit will take place;
- reliability requirements (privacy);
- description of the / and organization / s that is / are submitted / and to audits;
- time schedule for conducting audits.

The audit objectives of Stage 1 are to demonstrate the degree of implementation of the organization's management system against the requirements of the standard. In particular:

- Review the information documented the customer MS;

*1* Given that the receipt of an objection suspends the planned audit, any objection must be sent to ICDQ in writing by fax or e-mail. ICDQ will send the reasons for the objection and will communicate its decisions to the organization, by fax or e-mail within 24 hours after receipt thereof. In case of acceptance, proceed to replace all or part of the audit group. Where ICDQ not accept the reasons in support of the objection, it gives written notice requesting the organization, however, confirm the same before starting the audit. The organization must respond within 24 hours of receipt of the notice. The organization will send a confirmation of acceptance by fax or e-mail.

- Assessing the specific conditions of the client's site in order to determine whether the personnel readiness allows for the initial Audit Stage 2 with a good chance of a successful outcome;
- Verification of the degree of understanding of the requirements of the standard, in particular the commitment of the management, processes, objectives and significant aspects for the smooth operation of the organization;
- Gather the necessary information related to the scope of MS: location of activities, processes and equipment used, the defined control levels, legal and regulatory requirements applicable to the product and / or service;
- Verification of allocation resources for the carrying out of Stage 2 and defining important aspects for the planning of Stage 2 according to the MS implemented by the organization and activities in the site;
- Verification of the MS of the organization's documentation and the fulfillment of all the requirements of the reference standard;
- Verification of the planning and execution of internal audits, the review by the management and that the level of implementation of the MS is ready for conducting audits of Stage 2.
- For the EnMS (SGE) scheme (Energy Management Systems), the audit team must also:

  - Confirm the purpose and limitations of the management system to be certified;
  - To review the graphic description or narrative of the organization's services, equipment, systems and processes for the scope and boundaries identified;
  - confirm the effective number of EnMS personnel, types of energy, SEU and annual energy consumption, in order to review and confirm the audit times;
  - To review the results documented in the energy planning process;
  - review and confirm that the EnPIs and corresponding EnBs are used by the client organization to determine energy performance;
  - review documented information regarding identified and prioritized energy performance improvement opportunities, as well as energy goals, targets and action plans.

The Initial Audit consists of:

Initial audit Stage 1:

The audit purpose of Stage 1 is proof of the degree of implementation of the organization's management system against the requirements of the standard.

To this end, the organization must:

- provide sufficient information to the Audit Group to check the level of implementation of the system audited and its level of compliance with the reference standard;
- authorize access of the Audit Group offices, sites, business units, etc. to be audited, as well as allowing the interaction with the staff and provide the necessary records;

- provide full cooperation for the resolution of findings that were found.

The Audit Initial Stage 1 will include the following activities:

- An initial meeting with the leadership of the organization (or agent) and possibly with the heads of the areas affected by the audit, to confirm the purpose of provisional certification and explain the method of work;
- The detailed examination of the management system in accordance with the audit plan as defined in the initial Stage 1;
- A final meeting where the Lead Auditor will expose all the conclusions reached by the audit team.

The lead auditor, responsible for the execution of Stage 1, will coordinate the activities of the audit team to achieve the audit objectives.

At the end of the audit, the audit team will carry out a meeting to define the outcomes of the same and present the conclusions which it reached at the Direction of the organization or its representative during the final meeting.

In the final meeting, the audit team will document and communicate to the organization the audit report of Stage 1 doc. RVI.PG.-07.1.7.1 (Copy of which will be given to the organization) and all the reports of the audit, including any situation that can be classified as "non-compliance" during Stage 2 of the initial audit, as well as communicate and document in the report above, the discrepancies (if any) between the initial information provided by the organization and those obtained in the execution of Step 1, as well as any information considered relevant and which may affect resources that ICDQ must have for the execution of Step 2.

The audit team will be able to include in this document also proposed the organization related to the date on which it is prepared to begin the Stage 2 audit in line with the customer's needs for the resolution of potential critical areas identified during Stage 1.

Following the information received from the audit team and application of its procedures, in case that we find any discrepancies with respect to the elements of the input provided by the organization by completing the inquiry (by way of illustration: No. of employees, the scope of certification, exclusions, no active sites, and distance themselves from the corporate office, etc.), ICDQ may consider necessary to review the contractual agreements established and accepted by the organization client. In this case, ICDQ communicate to the customer organization the changes, waiting for their acceptance in order to plan the continuation of the initial Stage 2. In the event that the client organization does not accept the changes, the certification process shall be deemed canceled and ICDQ will limit the coverage of their fees only to the plan and carry out of the processes, including the management practice fees.

In the event that Stage 1 will detect critical elements such as we will not be able to finish the audit on time, to end the same may be used part of the time allocated for Stage 2. In

this case, the timing of Stage 2 will be defined with subsequent remodeling of the conditions of service delivery as defined in the previous paragraph.

In the event that during Stage 1 there were not critical findings and there are not discrepancies with the data present in the letter of appointment, the initial audit of Stage 2 can be performed consecutively after obtaining the approval of the closure of the audit technical direction of the CB. Obtained the confirmation the Lead Auditor will issue to the organization the audit plan Stage 2.

Initial Audit Stage 2

The Audit Initial Stage 2 includes the following activities:

- an initial meeting with the leadership of the organization (or agent) and possibly with the heads of the areas affected by the audit, to confirm the purpose of provisional certification defined in Step 1 and explain the method of work;
- the detailed examination of the management system according to the initial audit plan for Stage 2;
- a final meeting where the Lead Auditor will present the findings to which the audit team arrived.

The Lead Auditor is responsible for implementing and coordinating the activities of Stage 2 of the audit, to assess the implementation and the effectiveness of the company management system. For this reason, should:

- highlight the compliance of the Management System with all applicable requirements of the reference standard;
- evaluate the monitoring, measurement and review of performance, in relation to the objectives and in line with the requirements of the reference standard;
- evaluate the customer's SG capacity and its performance, with regard to compliance with the applicable statutory and regulatory requirements;
- evaluate the operational control of the client's processes;
- assessment of internal audit and management review;
- assess the responsibilities of the Executive Board in relation to the policies of the organization;
- evaluate the links between the normative requirements, policy, objectives, responsibilities, staff skills, activities, procedures, performance data, findings and conclusions of internal audits.

For ISO 22000 only, the minimum time for on-site auditing of the product and/or service realization of the organization must be at least 50% of the calculated audit time.

Only for EnMS (SGE - Energy Management Systems): During the Stage 2 audit, ICDQ collect the evidence necessary to confirm the continuous improvement of energy performance. Confirmation of the improvement in energy performance is required for initial certification to be granted.

**For ISO 27701 only, you will also need to check:**

- **whether the organization periodically undergoes vulnerability assessments / penetration tests, and with what modalities**
- **the adequacy of the data centers through, for example, direct verification of the physical environment, guarantees made available by any suppliers, first- or second-party audit reports. The auditing methods must also provide for the verification of the maintenance of the criteria adopted for the assessment of the adequacy of the data centers.**

Once collected the evidence, the audit team before the final meeting should: prepare the conclusions which it reached in order to present them to the organization;

- sort and classify the relevance's as:

  NO CONFORMITY

  **Major**. - Non-compliance due to inadequate and / or lack of procedures or instructions or technical non-compliance of the totality of a procedure or technical education. In both cases, these faults have to endanger the coherence of the organization's management system.

  **Minor**. – Partial Non conformity documentary and / or partial non-compliance with procedures and technical instructions.

  **Observations.** - (suggestions for improvement).

- Prepare the Audit Stage 2 report doc RVI.PG-07.1.7.2.

At the final meeting the audit group report to the organization and at the final meeting of the audit team communicates to the organization the documentation of the audit report of Stage 2 doc.RVI.PG. 07.1.7.2- (a copy of which will be released at 'organization) all the findings classified by category.
For integrated audits, it will also indicate which standard (s) the relevance impacts. Furthermore, if the relevance relates to a standard but impacts on the other standards, it will be highlighted how it impacts.

The lead auditor, after the audit findings and having regard to the number and severity of non-conformities, may decide to recommend a supplementary audit in 6 months or overtime (§ 10 - § 11): that decision will be communicated to 'organization by completing the appropriate section of the audit report.

The confirmation by the Technical Department of ICDQ of the need for an extraordinary audit, does not allow the certification of the organization until the same is not successfully performed (audit, which must necessarily be made not later than ninety days after the end of 'initial audit Stage 2).

## 7. TRANSFER

ICDQ, on the request of organizations already in possession of a valid certificate, may apply in the presence of all the conditions set by the IAF MD2 document the transfer procedure.

## 8. CORRECTIVE ACTIONS ISSUED AS A RESULT OF THE AUDIT

If after ten working days from the date of the last audit (Stage 2 initial audit, surveillance, extraordinary or renewal), the organization has not received any communication from ICDQ, the non-compliance reported by the audit team will be considered confirmed.

Where the organization nevertheless decides to handle the findings highlighted in the audit report without the expiration of the ten-day period mentioned above, it is aware that can still be reclassified.

In any case, once it decided the proposed corrective action, the organization must:

- prepare a report of internal noncompliance agreement as defined by its own procedure, in which, in the Description section of the finding must be copied exactly the detour highlighted;
- a full analysis of the causes that led to the non-conformities;
- Transmit the reports of internal non-compliance to ICDQ, so that the lead auditor can assess the adequacy of the proposed corrective action (for the non-compliance classified as larger, the organization must submit the proposed corrective action together with evidence of implementation of the same), and may recommend the issuance of the Certificate.
- propose appropriate corrective actions to resolve the non-conformities in accordance with own procedure, within 45gg from the date of the audit, both for mayor non-conformities that for minor non-conformities;
- transmit the reports of non- conformities to ICDQ, so that the lead auditor can assess the adequacy of the corrective actions proposed (for a non-conformity classified as a major, the organization will have to send in addition to proposals of corrective actions, the implementation of evidence too), and to recommend the issuance of the Certificate.

In the case of the initial audit / renewal, passed 45 days, ICDQ reserves the right to repeat the audit. The cost of such audit shall be borne by the organization with the tariff auditor / day at the date of the execution thereof.
In the case of maintenance / supplementary audit, past 45 days, ICDQ will proceed to the suspension of the certificate (see point 15).

In any case, the effectiveness of the proposed closing procedures of the non-conformities found, will be evaluated in the course of the next audit.

At the end of the audit and before leaving the organization, the Audit Group will return all the documents acquired to the Organization for the preparation and execution.

## 9. CERTIFICATION AND USE OF THE LOGO

After having successfully completed the Initial Audit Stage 2 and saw the audit report, the ICDQ Decision Commission (other than the audit team persons) has to carry out the review of all documentation including the audit certification scope defined by the audit team.

In the case where from the assessed documentation it appears appropriate to take the decision to issue the certificate, you will provide to its release.

For audits of integrated management systems, ICDQ will issue a certificate for each standard.

The Certificate of Approval contains:

- The number of the certificate;
- CB generalities including the address;
- The general dates of the organization (name, legal form, full address and, on request, phone numbers, fax, email);
- organization logo (on demand);
- The standard of reference;
- The scope of the certification with the identification of the EA code (only for ISO 9001/ISO 45001/ISO 39001/ISO 27001/ISO 37001/ISO 37301/ISO 22301)/ Category (ISO 22000);
- Only for ISO 37301, it must be clarified in the field of application whether the organization has control over other organizations, specifying the characteristics of this control (e.g. shareholdings in capital, contractual obligations, and other), in the event that these fall within the purpose of the certificate;
- The date of issue;
- The date of modification;
- The date of expiration;
- audit of the renewal date (only in the case of post-expiration renewal);
- the expiry date of the previous certification cycle (only in the case of post-expiration renewal);
- signed by the legal representative of the CB;
- logo ICDQ;
- Logo of the Accreditation Body for the areas covered by accreditation schemes with its registration number;
- Logo of IAF (only for standard IAF-MLA/EA-MLA) for the areas covered by accreditation schemes;

- Any reference to the RT (Technical Regulations) of the Accreditation Body if applicable or other regulatory / legislative documents.

In the event that the examined document, according to the Certification Committee, is not exhaustive, these will:

- alter the scope,
- change the classification of non-compliance,
- require to the organization additional documentation and decide the creation of a special audit in order to allow more evidence to prove the state of the company management.

The final decision on certification, the purpose of certification and the need to perform any additional or extraordinary audit is of exclusive responsibility of the Body resolution.
After the document control ICDQ inform in writing the client about the outcome of the audit.
Following the payment of all its obligations and after the fulfillment of all the contractual conditions, the ICDQ issue to the Organization a certificate of certification and register the same in the Register of Certified Organizations and shall publish the Certificate on its website and gives a communication to the competent authorities as provided by them.

The certificate is delivered to the organization with the most appropriate means (eg. Shipment by mail, hand delivery, etc.).

In any case ICDQ will provide, upon request received in writing (by fax, email or postal mail), to the parties concerned, info about:

- The geographical areas in which it operates;
- The state of a specific certification;
- The name, normative documents, the scope and geographical location (city and country) of a specific client certificate, except in exceptional cases, where, for security reasons, the customer has requested limiting access to certain information.

## 9.1 VALIDITY OF THE CERTIFICATION

The certification granted to the Organization is valid only on the premises and purposes specified in the Certificate.
The Certificate Management System does not exempt the organization from their responsibilities and legal obligations arising from products, processes and services and those provided to its customers, employees and third parties.

ICDQ Certification is valid for three years from the date of first issue of the certificate, provided the organization's Management System is certified subject to surveillance audits over the three years, the regular payment of the services performed by ICDQ, and the issue by ICDQ a declaration, stating the confirmation of validity of the certificate. The certificate will be effective and will be used only and exclusively if accompanied by such statements.

Once the three-year period will proceed to the renewal audit.

If within 3 months of the three-year deadline is not received the notice of termination by the Organization, ICDQ deem the contract automatically renewed and will perform the audit of renewal planning.

Since the surveillance audits serve to validate the effectiveness of the quality system for the period between an audit and the other, any notice of termination of contract were to intervene in this period, requiring the CB to withdraw (no later than 7 days from receipt termination of contract) the certificate of the Organization. If within the 7 days provided the organization renounces the contract termination, the same should immediately seek the surveillance audits.

Frequency Scheme of audit QMS

| | | | |
|---|---|---|---|
| Initial Audit | 12 months after completing the initial audit Stage 2 | 24 months after completing the initial audit Stage 2 | 36 months after completing the initial audit Stage 2 |
| Certification | First surveillance | Second surveillance | Renewal |

* Note: The surveillance audit shall be conducted at least once a year (calendar year), except in the years of renewal of certification.

## 9.2 FAILURE TO GRANT THE CERTIFICATE

In the event that the certification is not granted, ICDQ communicates to the Organization the reasons for the denial, stating at the same time, what are the minimum conditions to restart the certification process.
The organization that has not been granted the certification may submit a written complaint against the refusal to grant the same, stating the reasons for his disagreement in the manner described in paragraph 16, "Appeals and Complaints" section of this document.

## 9.3 USE OF THE LOGO OF THE CERTIFICATION

Organizations that sign a contract for the certification of its management system and achieve certification, together with the certificate of compliance receive a copy of Internal instruction II-2.6.8 "Use of the logo" which describes in detail how to use the certification logo.

## 10. MAINTENANCE OF THE CERTIFICATION

Maintenance of Certification is conditional on maintaining continuous implementation of the system according to the standard of reference. ICDQ will ensure that continuity through a program of continuous assessment based on periodicals audit according the frame of reference (see § 8.1).

The ICDQ plans the surveillance audit with about 4 months earlier than the period of execution of the same in this regard will send a notice to customers Organizations (fax, e-mail or regular mail) stating the period within which the surveillance audits will be made and asking them to communicate their availability.

ICDQ before planning each surveillance audit will contact the organization asking for confirmation of data in its possession (by way of illustration: No. of employees, the scope of certification, exclusions, no active sites, and distance of themselves from the corporate office, level of integration for SGI audits, etc.) and evaluate whether there are any changes that may affect timing of audits under the existing contract. ICDQ reserves the right to revise the contractual terms (time and audit costs).
Once agreed the date for conducting audits, ICDQ forwards the audit plan at least 24 hours before the execution of the same.
The time to devote to individual surveillance audits (as long as there have been no changes to the SG organization) can never be less than one third of the time (day / man) as that taken for the initial audit.

During surveillance audits the points listed below will be seen every year:

- Storage under control of documents;
- Storage under control of records (documented information);
- Management review;
- Design and development;
- Production and delivery of services;
- energy plan (complete), operational control, monitoring, measurement and analysis (for SGE);
- Internal Audit;
- Keeping under control of non-conforming product;
- Corrective actions;
- Preventive actions (for applicable scheme);
- Verification of the effectiveness of corrective actions to the closure of the CN identified during the previous audit;
- Use of the logo - type;
- Confirmation of the purpose of certification.

The remaining clauses of the standard reference will be tested on a sample during the three years of validity of the certificate, paying particular attention to specific critical point of Organization (three-year plan).

For ISO 22000 only, the minimum time for on-site auditing of the product and/or service realization of the organization must be at least 50% of the calculated audit time.

Only for SGE (of Energy Management Systems), ICDQ review the evidence necessary to demonstrate that the organization has been implemented action for energy performance improvement.

The Organization is required to resolve non-compliance in a timely manner (in the manner you see at point 7 of this document), the effectiveness of this is evaluated during the next surveillance audit.

## 11. STRAORDINARY AUDIT

The extraordinary audit to be performed in "spot" at the office or the headquarters of the Organization, previously planned and communicated to the Organization, may be required by ICDQ for:

1. Evaluating the effectiveness of the resolution of the non-compliance identified during the audit certification, or Maintenance or Renewal;
2. Decision of the Board Resolution, as a result of the review of audit documents before issuing the certificate or confirmation;
3. Failure to resolve the non-compliance, despite the expiry of the deadline for their resolution;
4. Recovery of certification following an earlier suspension, in this case, the visits are extended to all the extraordinary SG;
5. Substantial changes in the SG organization as defined in Section 13.1 of this procedure;
6. Complaints to relevant and obvious failures or situations of non-compliance of the Management System, as defined in paragraph 15 of this Procedure;
7. At the request of accreditation body or the same ICDQ.

Audit with short or without notice

It may need that ICDQ perform audits overtime without notice in cases in sections 4, 5, 6 and 7. In such cases ICDQ will give particular care in the appointment of the audit team because of lack of opportunity, by the client organization, to object on the members of the audit team.

Note: In the case of unannounced audit, ICDQ will not send the audit plan to the organization.

## 12. SUPLEMENTARY AUDIT

Additional Audits "spot" at the office or the headquarters of the Organization, previously planned and communicated to the Organization, may be required by ICDQ when:

- Despite having voted positively for the certification, there is evidence that the SG has been operating for a short time (approximately three months), and therefore requires an in-depth audit;

- Despite having voted positively for the certification, the number and / or the importance of non-compliance reported show a relative weakness of the MS;
- On need of the Organization to extend or reduce the scope of the certificate or to change the rules and / or conditions for granting the certification.

## 13. RENEWAL AUDIT

Within 4 months after the expiry of the certificate, ICDQ organization will send the document "offer-contract" of the certificated schema that must be completed in its entirety and submitted to the CB via fax, e-mail or postal mail in order to check if there have been substantial changes that may affect the time to be assigned to the audit, the purpose of certification, and the number of operating sites and / or traveling time.
Based on the information received, is reformulated the new contract offer fees to apply.
The new economic condition takes into account the economic conditions in force at the time of renewal.
In case you find any material changes in company management, the CB can perform the renewal audit in two phases (Stage 1 and Stage 2) if there have been significant changes in the management system of the client or context in which the management system operates (ex. changes in legislation), such event is formalized in the the contract.
The audit for renewal is scheduled at least 33 months from date of end of Stage 2 and follows the same procedure provided for the initial audit Stage 2 (§ 6).

For ISO 22000 only, the minimum time for on-site auditing of the product and/or service realization of the organization must be at least 50% of the calculated audit time.

Only for EnMS (SGE - Energy Management Systems), ICDQ will review the necessary evidence to confirm continuous improvement in energy performance. The renewal audit shall also take account of any major change in the structure, equipment, systems or processes. It is requesting confirmation of a continuous improvement of energy performance for granting renewal of certification.

ICDQ in some cases, in accordance with the recommendations in the IAF-MD4 document for the conduct of audits, may decide to use the techniques CAAT (Computer Assisted Audit Techniques) as part of the audit methodology.

So that we can proceed with the renewal of the certification, the audit must be made before the expiry of the certificate subject to renewal and the organization must take action to resolve any non-conformity detected within the period of validity. The certificate issued in the process of renewal keeps the same numbering of the initial one.

If, however, the renewal tasks are completed after the expiry date of the subject to renewal certificate, the certificate issued will keep both the number and the date of the original certificate, together with the expiry date of the previous certification cycle and the renewal date so as to clearly highlight the period in which the organization did not appear to be covered certification. Late renewal does not extend the period of validity of the new certificate is issued, and the expiration date will be based on the previous certification cycle.
The following situations where renewal activities can be managed after the certificate expiration date:

- Renewal process undertaken but incomplete on the expiry date of the certificate (eg. Audit is not completed, no management of any non-conformities found within the terms of the certificate expires, etc.), But still completed no later than six months the expiry date of the previous certification cycle;
- Renewal process does not begin within the terms of the certificate expires to renew, but taken no later than six months from the expiry date of the previous certification cycle.

## 14. CHANGES IN THE MANAGEMENT SYSTEM OF THE ORGANISATION

If the organization introduces substantial changes in its management system, linked to:

- the production process, products, product sectors;
- production technology / processes;
- production sites;
- standards / schemes for the certification of reference;

is required to quickly inform the CB highlighting the changes made.

The CB analyzes the documentation and depending on the impact that changes have on the organization's management system, consider whether or not to conduct an extraordinary audit.
In the event that the changes proposed by the organization are going to impact on the PURPOSE of certification, the CB, on request of the client organization, assess any changes in the scope of certification during regular or special audits.

All organizational changes, such as:

- change of name;
- change of 'corporate structure;
- change of direction;
- change of 'address.

allow the maintenance of certification provided with the condition that such changes are immediately communicated in writing to ICDQ and provided that such variations do not interfere with the compliance of the SG.

In the case of Integrated Management Systems, if the organization decides to renounce or if only one certificate is withdrawn, for defaults or deficiencies such as to compromise

compliance with a specific standard, ICDQ will assess that the IMS guarantees that compliance requirements still exist for the remaining standards.

## 15. SUSPENSION OR WITHDRAWAL OF THE CERTIFICATE

The CB reserves the right to suspend or withdraw the Certificate of Approval at any time, always justifying its decision.

The possibility of suspension or withdrawal of the Certificate is considered when:

- the organization fails to complete with the corrective action within the allotted time, after a periodic visit (if you do not get feedback in a reasonable period of time, including the additional time may be granted with respect to the quantity specified (see § 7), the certification will be suspended or withdrawn).
- organization persists in non-compliance with the standard, despite having recorded the corresponding non-conformities;
- the organization refuses to submit to periodic audits on time;
- there is sufficient evidence of the use of incorrect certificate and / or logo of the certification;
- the organization does not meet the financial conditions derived from the contract for the provision of service (non-payment of bills);
- for actions of the organization's that violate the prestige of ICDQ;
- the organization does not submit to an audit of maintenance, renewal, semestral or star ordinary on time (see § § 9 and 12).

The suspension measure may also be issued on specific request of the Organization due to force majeure (ex, redundancy, etc. ...).
The suspension has a maximum duration of 6 months.
If before that time, the organization restore its shortcomings, the effectiveness of the certificate is restored.
After the period of 6 months and without the organization has remedied its default, the certificate is permanently revoked.
The withdrawal does not increase the period of validity of the certificate.
ICDQ is obliged to make public the suspension of the certification, therefore, will report to all relevant and interested bodies in the ways that they consider most useful, and will report the measure on the register of the certified organizations.

The organization may withdraw from the certification of its management system in its possession only for the following reasons:

- at the expiry of the certificate by sending a Registered A / R letter, 3 months in advance from the date of expiry;
- after one party has notified the other of a material breach of contract;
- If a party is subject to bankruptcy proceedings and / or fails to fulfill the economic conditions (amount, payment, etc. ...) provided in the contract-offer accepted;

- if the organization ceases the activities subject to certification, in this case, however, this event should be documented by objective evidence;
- in case of rejection of the economic changes of the existing contract, subject to the possibility that these changes are justified by substantial changes of the Organization;
- in case of rejection of substantial revisions of these regulations or procedures or standards of reference and / or requirements, (to which ICDQ plans to retroactively), in this case, any revisions required by the standards of reference and the accreditation body of which ICDQ, and therefore certified organizations are subject.

The suspension and / or revocation of certification due to administrative failures is of the responsibility of the lawyer CB.
The suspension and / or revocation of certification due to technical issues is of the responsibility of the Committee Resolution.

## 16. APPEALS AND COMPLAINTS

### APPEALS

If an applicant organization, wants to appeal to a decision taken by ICDQ, in connection with (below are cited by way of illustration and not limitation, the following examples):

- reject an application for certification;
- refuse to perform the service despite the existence of a signed contract;
- suspend, revoke and / or withdraw a Certificate of Approval;

The applicant must submit a written appeal against the decisions taken by ICDQ within 30 days from the communication / refusal.
The ICDQ confirm in writing the receipt of the appeal to the applicant.

The legal representative of ICDQ takes notice of appeal, and identifies a person responsible for the evaluation of the same.

The manager identified evaluates the appeal, even considering the results of similar complaints, and inform the legal representative of its conclusion.
The legal representative takes its decision by communicating in writing to the organization.
The receipt of the appeal does not stop/suspend the application of the decision taken by ICDQ.
Decisions must be made or reviewed and approved by a person/not involved/on the contents of the application itself, while ICDQ ensures that the submission of appeals, and their examination and their decisions will not lead to any action on a discriminatory basis against those who submitted it.

For all the controversy that are not the responsibility of the Directorate (Legal Representative of the figure) of ICDQ, the parties elect as a court of competent jurisdiction, the Court of Athens, expressly waiving their own jurisdiction and that build on what is regulated by the Civil Code.

COMPLAINTS

If an Applicant or an interested party wants to present a complaint against the conduct of ICDQ or a member thereof in connection with (below are cited by way of illustration and not limitation, the following examples):

- behavior of some members or the whole team of the AUDIT GROUP of ICDQ during the audit process;
- activities of members of the CB during the provision of administrative services or otherwise;
- all activities of the members of the CB that the organization thought to cause her preconception.

The organization can:

1. At the conclusion of an audit, in an appropriate field of the audit report, express reservations about the behavior of some members or the entire AUDIT GROUP;
2. After the audit, submit a written appeal within 30 days after the action complained of.

As stated in paragraph 1 (so for strictly technical aspects) the management of reserves is done directly during its deliberations and its decision shall be communicated in writing to the customer organization. If the organization does not accept the Committee's decision, the Resolution of CB has the ability to start the appeal process by contacting the Directorate of CB.
The Directorate of ICDQ examines the complaint and identifies a person with appropriate technical skills to be assessed.
The controller evaluates the identified action brought by communicating their views to the management.
The Department shall notify in writing the organization's decision.
The decision issued by the Directorate of ICDQ is fully binding on the claimants.

As stated in paragraph 2. ICDQ confirm in writing the receipt of the complaint to the recurrent.
The Directorate of ICDQ examines the complaint and identifies a person responsible for the evaluation of the same. The manager identified evaluates the complaint to the Department by communicating its opinion.
The Direction under the PG-09 can open internal actions of non-compliance, consultation or otherwise, and shall notify in writing the decision to the organizations.

If a third party wants to file a complaint against any behavior of the CB and / or a member of the CB, both internal or external to the CB decision to grant a certificate of approval, must submit it in writing to the Directorate of ICDQ.
The ICDQ confirm in writing the receipt of the complaint.
The final conclusions will be communicated in writing to the complainant.

If the complaint involves a third party client certificate, ICDQ provide within 3 working days to inform the organization concerned that a process has been initiated against it by specifying the object and that the outcome of the same will be forwarded in the form written.

If the complaint appears justified, the organization must notify the ICDQ for the proposed corrective action that it intends to take and the deadline for the implementation thereof.

The ICDQ verify that the actions planned are carried out on time.

The ICDQ reserves the right to conduct an extraordinary audit "on site" if the result of the check requires it to verify the effectiveness of the remedies proposed by the applicant. Depending on audit results "on site" the ICDQ may adopt the penalties provided in section 14 of this procedure.

Complaints, if found to be justified, must be treated, managed and registered as no internal compliance.

ICDQ warrant that the submission of complaints, their review and the decisions will not give rise to any kind of discriminatory acts against those presenting it.

ICDQ will establish with the client certificate and to those who lodged the complaint, if and how the contents of the complaint and its resolution should be made public.

They keep records of appeals and complaints.

## 17. RIGHTS AND DUTIES

RIGHTS

- Appeals and complaints: Presenting complaints and appeals to the ICDQ, as reported in paragraph 16 of this Procedure.
- Objection: To present direct actions to reject all or part of the audit team.
- Appeals and appeals: Presenting complaints, appeals and appeals to the decisions of the Technical Department of ICDQ as reported in paragraph 15 of this Procedure.
- ICDQ take appropriate action in accordance with the law, to protect the confidentiality of information obtained in the course of its certification activities. All staff part of the CB, including the Committee for the Protection of impartiality and external entities or persons that are authorized to use the name of ICDQ or represent the CB have to sign before beginning any activity with the 'CB, a

statement that expressly requires them to respect the covenant of secrecy and maintaining the confidentiality of data.

- Obtain comprehensive information on the qualifications of the audit team and the enclosed documentation that supports such a qualification. Based on this documentation, the organization can present, stating the reasons, the request for recusal of all or part of the audit team.
- After the successful initial audit, it is permissible to use the certification logo of ICDQ and the certificate of approval, with the only limitation stated under "Description of the logo certification" of Sec. 8 of P.G. and I.I.-2.6.8-07.1.1.
- Presenting complaints, appeals and inquiries motivated, against decisions of the Management of ICDQ to the terms defined in paragraph 15 of PG-07.1.1.
- Request limitations, for safety reasons, access to certain information relating to regulatory documents, the scope and geographical location (city and country) of a specific certificate.

DUTIES

- Facilitate the conduct of audits.
- Allowing the presence of auditors and / or technical experts and / or representatives of the accreditation, upon notice of their presence.
- To declare publicly that the organization is certified only for those activities contained in the scope of the certificate of approval.
- Do not use the certification in a way that could undermine the prestige of ICDQ, or make any statement that may be considered improper.
- Do not use, once the certification suspended or canceled, any copies or reproductions and all technical documentation and / or advertising with your company logo and / or reference to the Certification ICDQ, destroying everything in case of withdrawal.
- Do not use deceptive form of references about the status of the certified organization.
- Comply with the provisions of the II-2.6.8 to publicize its status as a certified organization.
- Promptly inform ICDQ in the event that it becomes involved in any critical situation that could compromise the guarantee of compliance system certification (for example news of public interest that harms the company's reputation, or involvement in legal proceedings for violation of compliance). Likewise, promptly notify ICDQ of any legal proceedings in progress, and of the consequent actions taken to contain the effects of this event, therefore of the analysis of the root causes and the related corrective actions. The disclosure is due even if the events involve senior figures for other areas or sites/processes that are not certified.
- Return the original of the Certificate in case of withdrawal.

## 18. COMMITTEE FOR THE PROTECTION OF IMPARTIALITY

All activities carried out by ICDQ, are subject of review by the Committee for the Protection of impartiality in order to ensure, in fact, the impartiality, the independence and the transparency of the activities of ICDQ.

At the Committee for Safeguarding of impartiality participate, without the existence of special interests, all parties interested to the certification activities (stakeholders).