PROCEDURE PG.-07.1.1

Provision of Certification Service of Management Systems

DOCUMENT STATUS

REV.	PAR.	PAGE	DESCRIPTION	Date REV.
01			Issuance of the document	26/08/2019
02	5, 6, 10, 13	5, 6, 11, 16, 18	Updated	14/09/2020
03			Updated	17/02/2022
04	6, 9, 10, 13, 17	8, 10, 12, 16, 18, 24	Adaptation to ISO 50003:2021 + ISO 37301	13/03/2023
05	5, 6	5, 10, 11	Updated for ISO 27701	31/08/2023
06		7	Updated	21/10/2024
07	1	5	Updated for ISO 41001 & ISO 20121 and Adaption of ISO 37001:2025	18/04/2025

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DRAWN UP	SEEN AND APPROVED
Minutes of extraordinary meeting n.01/25	Minutes of extraordinary meeting no. 01/25

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0. REFERENCE REGULATIONS

- ISO/IEC 17021-1
- ISO 22003
- ISO 50003
- ISO 27006
- IAF MD2 – IAF MD4 – IAF MD5 – IAF MD8 - IAF MD9 - IAF MD11 – IAF MD24

in the latest versions.

1. INTRODUCTION

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

The ICDQ is exclusively a certification body and does not provide consultancy services for their implementation or improvement.

The granting of the certification and its maintenance are subject, in addition to the final results of the initial and surveillance audits, to compliance with this document, the general contract conditions (Doc. CG - PG.03.2) and to the payment of the amounts invoiced by ICDQ.
The Organization must give access to the appointed ICDQ audit team, and to any accompanying observers, all documentation of the system being certified and guarantee free access to all its areas, offices, and sectors involved.
ICDQ, upon request, will provide any further information and clarification on this procedure and on any other aspect relating to its activity.

The content of this document and all procedures referred to herein is mandatory and must be implemented and respected in its entirety by all those providing and receiving services to/from ICDQ.

2. SERVICE OBJECTIVES

ICDQ is a Certification Body able to offer high quality services. To maintain these quality standards, ICDQ:

- ensures a consistent assessment of the significant aspects of the certification process before issuing the offer-contract;
- ensures that appropriately qualified and competent audit teams are assigned, with respect to the system being audited;
- ensures correct execution of audits;
- ensures that the certification meets the customer's needs and expectations;
- ensures a rapid and effective response to customer needs;

- guarantees to all users of the certification that the methodology used allows for a full evaluation of the effectiveness of the system implemented by the organization;
- guarantees its customers compliance with the requirements contained in the legislation on data processing and protection;
- guarantees the impartiality, objectivity and transparency of the activities carried out;
- ensures independence from any type of situation/entity that represents an unacceptable risk to impartiality and independence;
- ensures the absence of any type of personal or business connection with organizations that may represent an unacceptable threat to impartiality and independence;
- effectively and efficiently manages any conflict of interest that may arise. For this reason, ICDQ carries out an analysis of the possible risks associated with its policy, and keeps it continuously updated.

ICDQ issues an approved Certificate to organizations that pass the Certification process. In the event that organizations operate in sectors for which ICDQ has accreditation, the Certificate will also display the logo of the Accreditation Body.

3. GENERAL INFORMATION

The procedure describes the activities that both the Certification Body and the organization must carry out for the Certification process.

To maintain the Certification active, the organization shall comply with the provisions of this document as well as in all contractual documents prepared by the CB and accepted by the organization, and maintain its Management System in satisfactory operating conditions.

4. CONDITIONS

Any organization can access the ICDQ certification process without any discrimination.

5. CERTIFICATION REQUEST

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 request for quotation, which must be filled in in all its fields, stamped and signed by the Legal Representative or by the person delegated, contains all the data necessary for

the ICDQ to formulate the offer–contract PS.PG.03.3 (different depending on the chosen certification scheme).
If the review of the request for quotation reveals any deficiencies or inaccuracies, ICDQ will 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 **and 27701**; 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.03.4-DM for ISO **13485**; ROC.PG.03.4-41001 for ISO 41001; ROC.PG.03.4-20121 for ISO 20121 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, ICDQ sends by fax or a with a letter the offer-contract to the Organization (Such as fax, e-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 its requested.

Upon receipt of the “Offer-Contract”, the applicant is required to consult the website www.icdq.gr to view this procedure PG.-07.1.1 (and reference attachments) and the general contract conditions CG.PG-03.2 as integral parts thereof.

Organizations that do not have the possibility to download and/or view the contractual documents (PG.-07.1.1 and related attachment no. 1 - CG.PG-03.2) on the internet must request such documentation from ICDQ, which it will be forward it by e-mail.
In order to benefit from the certification services, the applicant must return by fax or e-mail a signed copy of the "Offer-Contract" which constitutes for all intents and purposes the contract for receiving the provision of the certification service of their Management System by ICDQ.
By signing the "Offer-Contract”, the applicant expressly declares to know, understand and fully accept the content of this procedure PG-07.1.1 (and related attachment no. 1 for the organizations of the QMS scheme sector EA28 that operate on Italian territory and in compliance with current legislation) and of the general contract conditions CG.PG-03.2, already viewed and/or downloaded on the website, or requested in paper form from the ICDQ.

6. INITIAL AUDIT

ICDQ plans the initial audit, appoints the audit team consisting of a lead auditor and possibly one or more additional members of the audit team (auditors), depending on the characteristics of the audit and the time allocated to it.

The audit team may also include one or more technical experts and may include the presence of observers and/or auditors or lead auditors in training.

Before the audit process, the person in charge for the planification of the audit ensure the presence in the List of qualified Auditors and Technical Experts (Doc. 6.2.01) of an appropriate audit team based on the relevant technical areas / sectors. In the event that there is a lack of a qualified audit team, it will ensure the existence of a technical expert.(For details se the instruction I.I. 2-6-6 SG Audit process).
After defining the audit team, sent the Designation to the audit team and sent the communication to the company for the audit team and remember to the same the possibility disagree with the audit team.
With the designation the person in charge sent the last audit reports and audit programe (necessary documentation for the issue the audit plan)

The Organization undertakes, in the event that the Audit team is joined by Representative members of the Accreditation Body as observers, to not prevent their participation (under penalty of failure to grant certification or suspension or revocation of certification in the event of subsequent failure to comply with the obligation).
The Organization's Consultant may participate in on-site audits, but his participation must be limited to the role of observer only. and the Organization must send written communication to ICDQ prior to the audit.

For most management systems, ICDQ will carry out the stage 1 audit at the customer's premises; in some particular cases the stage 1 audit may be carried out without going to the customer's premises but this circumstance will be motivated from time to time in the contract offer review document of the reference scheme.
For ISO 22000 audits, stage 1 must necessarily be performed on site.

For integrated management system audits, depending on the level of integration declared by the client and verified by ICDQ, an advanced planning session may be performed with the client, before the final determination of the audit time and the effective structuring of the audit plan based on the processes, the IMS and the client structure. In this advanced planning session (which may be performed during the stage 1 audit) ICDQ will analyze:

- Scope of the company's activities,
- Scope of the IMS and its components,
- Organization processes and structure,
- MS integration level,
- Auditor competence requirements.

The results of the advanced planning session will be reported in the Stage 1 audit report. Following the information received from the audit team and in application of its procedures, in the event that discrepancies are detected with respect to the input elements provided by the organization with the completion of the request for quotation (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 client 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 cancelled and ICDQ will limit the coverage of its fees to the processes planned and performed, including the audit management activities of that customer.

In some cases, ICDQ, in compliance with the provisions of the IAF-MD4 document, may decide to use ICT techniques as part of the audit methodology to carry out audits.
ICT techniques may include, for example:

- Teleconference,
- web meetings,
- interactive web-based communication,
- remote electronic access to the client organization's management system documentation and/or management system processes.

The audit time used for remote activities (ICT) cannot exceed 30% of the audit time foreseen on site unless specifically approved by the accreditation body.
Regardless of the use of ICT, the organization must be physically visited at least once a year.

Audit plan.

Before carrying out the initial audit, both for Stage 1 and Stage 2, the Lead Auditor draws up the audit plan and sends it directly or through ICDQ to the organization, so that the latter transmits it to the organization to be audited at least 24 hours before the audit.
In case Stage 1 and Stage 2 are consecutive, the Stage 2 plan will be delivered directly by the Lead Auditor to the organization at the end of the Stage 1 audit.

The audit plan contains:

- general data of the organization, contractual references and EA code to which the activity of the organization to be audited belongs;
- scope;
- reference standard;
- identity of the members of the audit team. In the event that the organization has not previously received the names of the members of the audit team, it may

exercise the right to challenge the same, in whole or in part, within 24 hours of receiving the plan, presenting justifiable reasons to support such challenge [1];
- official form of communication (language);
- date and place where the audit will take place;
- reliability requirements (privacy);
- description of the area(s) of the organization(s) that will be audited;
- audit execution schedule.

The objectives of the Stage 1 audit are to demonstrate the degree of implementation of the organization's Management System with respect to the requirements of the standard. Specifically:

- review the customer's MS documented information;
- assess the specific conditions of the client's site in order to determine whether the state of preparation of the personnel allows the initial Stage 2 Audit to be carried out with a good chance of a positive outcome;
- Verification of the level of understanding of the requirements of the standard, in particular the management commitment, processes, objectives and aspects significant for the proper functioning of the organization;
- Collect the necessary information corresponding to the scope of the MS: location of the activities, processes and equipment used, defined control levels, legal and regulatory requirements applicable to the product and/or service;
- Verification of resource allocation for the implementation of stage 2 and definition of important aspects for the planning of stage 2 based on the MS implemented by the organization and on-site activities;
- Verification of the adequacy of the organization's MS documentation and the fulfillment of all the requirements of the reference standard;
- Verify that internal audits are planned and executed, that management reviews are conducted and that the MS implementation level is ready for the Stage 2 audit to be performed.
- for the EnMS (Energy Management Systems) scheme, the auditor will also have to:
- confirm the scope and limitations of the Management System to be certified;
- review the graphic or narrative description of the organization's services, equipment, systems and processes for the identified scope and boundary;
- confirm the actual number of EnMS staff, energy resources, significant energy uses and annual energy consumption, in order to confirm audit times;
- review the documented results of the energy planning process.

The Initial Audit consists of:

[1] Given that receipt of a challenge suspends the scheduled audit, any challenge must be submitted to ICDQ in writing by fax or email. ICDQ will evaluate the reasons for the challenge and communicate its decisions to the organization by fax or email within 24 hours of receiving the challenge. If accepted, it will proceed to replace all or part of the audit team. If ICDQ does not accept the reasons for the challenge, it will communicate this in writing to the organization, requesting confirmation from the organization before starting the audit. The organization must respond within 24 hours of receiving the communication. The organization must send confirmation of acceptance by fax or email.

Initial Audit Stage 1

The purpose of the Stage 1 audit is to demonstrate the degree of implementation of the organization's Management System with respect to the requirements of the standard. The Initial Audit will be carried out in compliance with article 9.2.3 of the EN ISO 17021 standard.

To this end, the organization shall:

- provide the Audit team with sufficient information to verify the level of implementation of the system being audited and its level of compliance with the reference standard;
- authorize the Audit Team's access to the offices, sites, operating units, etc. to be audited, as well as allow interaction with staff and provide the necessary records;
- provide full cooperation in resolving any issues that may arise.

The Initial Audit Stage 1 will include the following activities:

- an initial meeting with the organization's management (or its representative) and, where applicable, with the managers of the areas affected by the audit, to confirm the provisional scope of certification and explain the working method;
- the detailed examination of the Management System in accordance with what is defined in the initial audit plan Stage 1;
- a final meeting where the Lead Auditor will present all the conclusions reached by the audit team.

The Lead Auditor, responsible for the execution of Stage 1, shall coordinate the activities of the audit team to achieve the audit objectives.

At the end of the audit, the audit team will hold a meeting to define the results of the audit and present the conclusions reached to the Management of the organization or its Representative during the final meeting.

At the final meeting, the audit team will communicate to the organization and document in the Stage 1 audit report doc .RVI.PG.-07.1.7.1 (A copy of which will be given to the organization) all audit findings, including any situation that can be classified as "non-conformity" during Stage 2 of the initial audit, as well as communicate and document in the aforementioned report, any discrepancies found (if any) between the initial information provided by the organization and that obtained in the execution of Stage 1, as well as any information considered relevant and that may affect the resources that ICDQ must have available for the execution of Stage 2. The audit team may also have the organization's proposals included in this document regarding the date on which it is willing to start the Stage 2 audit in line with the client's needs for the resolution of the areas of potential criticality identified during Stage 1.

Following the information received from the audit team and in application of its own procedures, in the event that discrepancies are detected with respect to the input elements provided by the organization with the compilation of the request for quotation (for purely indicative purposes: number of employees, scope of certification, exclusions, number of active construction sites and distance of the same from the company headquarters, etc.), 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 client organization, awaiting their acceptance in order to schedule the continuation of the initial Stage 2 audit. In the event that the client organization does not accept the changes, the certification process is considered cancelled and ICDQ will limit the coverage of its fees to the scheduled and performed processes, including the practice management activities.

In the event that critical elements are detected in Stage 1 that do not allow the audit to be completed within the expected timeframe, part of the time foreseen for Stage 2 may be used to complete the audit. In this case, the times of Stage 2 will be redefined with a consequent remodulation of the conditions for the provision of the service as defined in the previous paragraph.

In the event that during Stage 1 there were no findings considered critical and there are no discrepancies with the data in the letter of assignment, the initial Stage 2 audit may be carried out consecutively after issuing the authorization by the technical management of the CB at the end of the audit. Once confirmation has been obtained, the Lead Auditor will issue the Stage 2 audit plan to the organization.

Initial Audit Stage 2

The Initial Audit Stage 2 includes the following activities:

- an initial meeting with the organization's management (or its representative) and, where applicable, with the managers of the areas affected by the audit, to confirm the provisional scope of certification defined in Stage 1 and explain the working method;
- the detailed examination of the Management System in accordance with the initial Stage 2 audit plan;
- a final meeting in which the Lead Auditor will present all the conclusions reached by the audit team.

The Lead Auditor is responsible for the execution and coordination of the Stage 2 audit activities, in order to evaluate the implementation and effectiveness of the organization's Management System. For this reason, he/she must:

- 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 set and in accordance with the provisions of the reference standard;
- assess the customer's MS capacity and related performance, with reference to compliance with applicable mandatory requirements;
- assess operational control of customer processes;
- evaluate internal audits and management review;
- assess management responsibilities in relation to the organization's policies;
- assess the links between regulatory requirements, policy, objectives, responsibilities, personnel competencies, activities, procedures, performance data, findings and conclusions of internal audits

For ISO 22000 only, the minimum time to be dedicated to the audit on the production / service delivery process must be at least 50% of the calculated audit time.

For EnMS (Energy Management Systems) only: During the Stage 2 audit, ICDQ will collect evidence to determine whether energy performance improvement has been demonstrated. Confirmation of energy performance improvement 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 the evidence has been collected, the audit team must:

- prepare the conclusions he has reached to present to the organization;
- sort and classify the findings as:

  NON-CONFORMITY

  Major. - Non-conformities due to the inadequacy and/or lack of procedures or technical instructions or failure to comply with the entirety of a procedure or technical instruction. In both cases, such deficiencies must endanger the coherence of the organization's management system.

  Minor. - Partial non-conformities of a documentary nature and/or partial non-compliance with procedures or technical instructions.

  Observations (suggestions for improvement).

- Draft the Stage 2 Audit Report doc RVI.PG-07.1.7.2.

In the final meeting the audit team communicates to the organization and documents in the Stage 2 audit report doc.RVI.PG. -07.1.7.2 (a copy of which will be released to the organization) all the findings classified by category.
For integrated audits, it will also be indicated on which standard(s) the relevance impacts. Furthermore, if the relevance is related to a standard but impacts other standards of the IMS, it will be highlighted how it impacts.

The Lead Auditor, having seen the results of the audit and depending on the number and severity of the non-conformities detected, may decide to recommend an additional audit after 6 months or an extraordinary one (§10 - §11): this decision must be communicated to the organization by completing the appropriate section in the audit report.

The confirmation by the ICDQ Technical Management of the need to carry out an extraordinary audit does not make it possible to certify the organization until the same has been carried out with a positive outcome (the audit must necessarily be carried out within and no later than ninety days from the conclusion of the initial Stage 2 audit).

7. TRANSFER

ICDQ, upon request of organizations already in possession of a valid certification, can apply the transfer procedure in the presence of all the conditions set out in the IAF MD2 document.

8. CORRECTIVE ACTIONS ISSUED FOLLOWING AUDITS

After ten working days from the date of the last audit (initial Stage 2 audit, surveillance, supplementary, extraordinary or renewal), the organization may consider the non-conformities detected by the audit team as confirmed if it has not received any communication from ICDQ.

If the organization decides to address the findings highlighted in the audit report without the ten days mentioned above having elapsed, it is aware that they may still be reclassified.
In any case, once the corrective action proposal has been decided, the organization must:

- draw up an internal non-conformity report in accordance with the provisions of its own procedure, in which, in the section relating to the description of the non-conformity, the deviation highlighted must be copied exactly;
- carry out a complete analysis of the causes that led to the non-compliance;
- propose appropriate corrective actions to resolve the non-conformity in accordance with what is defined by its own procedure, within 45 days from the audit date, for both major and minor non-conformities;
- transmit the Non-Conformity Reports to ICDQ, so that the Lead Auditor can evaluate the adequacy of the proposed corrective actions (for non-conformities

classified as major, the organization must send, in addition to the corrective action proposals, also the evidence of their implementation), and can recommend the issuance of the Certificate.

In the case of initial / renewal Audit, after 45 days, ICDQ reserves the right to repeat the Audit. The costs of this Audit will be borne by the organization with application of the auditor/day rate in force on the date of its implementation.
In the event of a maintenance/supplementary audit, after 45 days, ICDQ will proceed to suspend the certificate (see point 15).

In any case, the effectiveness of the proposals for closing the non-conformities detected will be evaluated during the subsequent audit.

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

9. CERTIFICATION AND USE OF THE LOGO

Upon successful completion of the Initial Stage 2 Audit and in light of the audit report, the ICDQ Decision-Making Body will review all audit documentation including the certification scope defined by the audit team.
If the documentation assessed is deemed suitable for making the decision to issue the certificate, it will be issued.
For integrated management system audits, ICDQ will issue a certificate for each standard.

The Certificate of Approval contains:

- The certificate number;
- the general information of the CB including the address;
- the organization's general information (company name, legal form, full address and, upon request, telephone, fax and email numbers);
- organization logo (upon request);
- the reference standard;
- 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 certification purpose with identification of the EA code / Category / Macrosector / Supply Chain;
- the date of issue;
- the modification date;
- the expiration date;

- the date of the renewal audit (only in case of post-expiration renewal);
- the expiry date of the previous certification cycle (only in case of post-expiration renewal);
- signature of the legal representative of the CB;
- ICDQ logo;
- logo of the Accreditation Body for the sectors and schemes covered by accreditation accompanied by the following description “Member of the EA, IAF and ILAC Mutual Recognition Agreements - Signatory of EA, IAF and ILAC Mutual recognition agreements” and the details of the accreditation schemes of the body with the relevant registration number [2];
- any reference to the applicable Accreditation Body's TR (Technical Regulations) or other regulatory/legislative documents.

In the event that the documentation examined, in the opinion of the Certification Committee, is not exhaustive, it may:

- change the scope of certification,
- change the classification of non-conformities,
- request additional documentation from the organization and possibly decide to carry out an extraordinary audit that allows for better verification of the evidence of the status of the organization's Management System.

The final decision on whether to issue the certification, on the scope of certification and on the need to carry out any additional or extraordinary audits is the responsibility of the Certification Committee.
Once the documental check is completed, ICDQ will inform the client in writing of the outcome of the audit.
Following payment of all its fees and compliance with all contractual conditions, ICDQ issues the Organization with the certificate and register the same in the Register of Certified Organizations and provides for the publication of the Certificate on its website and the relative communication to the competent authorities according to the methods established by the same.

The certificate is delivered to the organization by the means deemed most appropriate (e.g. e-mailing, hand delivery, mail, etc.).

In any case, ICDQ will provide, upon written request (via fax, email or regular mail), to the interested parties, information relating to:

- the geographical areas in which it operates;
- the status of a specific certification;
- the name, regulatory documents, scope and geographical location (city and country) of a specific certified customer, except in exceptional cases where, for security reasons, the customer has requested that access to certain information be restricted.

9.1 VALIDITY OF THE CERTIFICATION

The certification granted to the Organization is valid only for the locations and purposes indicated in the Certificate.
Management System Certification does not exempt the Organization from its responsibilities and legal obligations arising from the products, processes and services provided and from those towards its customers, employees and third parties.

The ICDQ Certification is valid for 3 years from the date of first issue of the certificate, provided that the Management System of the certified Organization is subjected to surveillance audits during the 3 years, regular payment for the services performed by ICDQ, and the issue by ICDQ of a declaration, declaring the confirmation of validity of the certificate. The certificate will be effective and can be used, only and exclusively, if accompanied by such declarations.
At the end of the three-year period, a renewal audit has to be carried out.

If any cancellation declaration is not received from the Organization to the CB within 3 months of the three-year expiry, ICDQ will consider the contract tacitly renewed and will proceed with the planning of the renewal audit.

Since surveillance audits serve to validate the effectiveness of the quality system for the period between one audit and the next, any contractual termination that occurs during this period, obliges ICDQ to revoke (within and no later than 7 days from receipt of the contractual termination) the Organization's contract. If within the 7-day period provided for, the Organization renounces the contractual termination, it must immediately undergo a surveillance audit.

Management system audit frequency schedule.

Initial audit	within 12 months from the certification decision date	approximately 24 months after the end of the initial Stage 2 audit and in any case within the calendar year	within 36 months of the completion of the initial Stage 2 audit
Certification	First surveillance	Second surveillance	Renewal

*Please note: Surveillance audits must be conducted at least once a year (calendar year), except in certification renewal years.

9.2 FAILURE TO GRANT CERTIFICATION

In the event that Certification is not granted, ICDQ communicates to the Organization the reasons for the denial, indicating at the same time what the minimum conditions are to restart the certification process.
The Organization that has not been granted Certification may submit a written complaint against the failure to grant it, setting out the reasons for its dissent in accordance with the procedures described in paragraph 15 “Appeals and Complaints” of this document.

9.3 USE OF THE CERTIFICATION LOGO

Organizations that sign a contract for the certification of their management system and obtain certification, receive, together with the certificate of conformity, a copy of Internal Instruction II-2.6.8 “Use of the logo” in which the methods of use of the certification logo are described in detail.

10. MAINTAINING CERTIFICATION

Maintenance of Certification is subject to the continuous maintenance of the implementation of the System in compliance with the reference Standard. ICDQ will monitor this continuity through a continuous evaluation program based on periodic audits according to the reference scheme (see § 8.1).

ICDQ plans surveillance audits approximately 4 months in advance of the period foreseen for their execution. In this regard, it sends client organizations a communication (fax, e-mail or ordinary mail) indicating the period within which the surveillance audit must be carried out and asking them to communicate their availability.

Before planning each surveillance audit, ICDQ will contact the organization to request confirmation of the data in its possession (for purely indicative purposes: number of employees, certification purpose, exclusions, number of active construction sites and their distance from the company headquarters, level of integration for IMS audits, etc.) and assess whether there have been changes that could affect the audit times provided for in the existing contract. ICDQ reserves the right to review the contractual terms (audit times and costs). ICDQ keeps records relating to the calculation performed, which are available to the client organization upon request.

Once the date for the audit has been agreed, ICDQ will send the audit plan at least 24 hours before the audit is due to take place.

The time to be dedicated to individual surveillance audits (provided that there have been no changes to the organization’s MS) may never be less than one third of the time (man/days) of that adopted for the initial audit.

During surveillance audits the following points will be seen each year:

- documents control;
- records control;
- management review;
- design and development;
- production and provision of services;
- energy plan (complete), operational control, monitoring, measurement and analysis (for EnMS);
- internal audit;
- monitoring of non-compliant products;
- corrective actions;

- preventive actions;
- verification of the effectiveness of corrective actions to close the NCs detected during the previous audit;
- use of logo – type;
- confirmation of the scope of certification.

The remaining points of the reference standard will be verified on a random basis during the three years of validity of the standard, paying particular attention to the specific critical issues of the Organization (three-year planning).

For ISO 22000 only, the minimum time to be dedicated to the audit on the production / service delivery process must be at least 50% of the total calculated audit time.

For EnMS (Energy Management Systems) only, ICDQ will review the necessary evidence to determine whether energy performance improvements have been demonstrated.

The Organization is required to resolve non-conformities within the expected timeframes (for the methods see point 7 of this document), the effectiveness of the same is evaluated during the subsequent surveillance audit.

11. EXTRAORDINARY AUDIT

Extraordinary audits to be carried out “on site” at the Organization’s headquarters or headquarters, previously planned and communicated to the Organization, may be requested by the ICDQ for:

1. Evaluate the effectiveness of the resolution of non-conformities detected during Certification, Surveillance or Renewal audits;
2. upon decision of the Certification Committee, as a consequence of the review of the audit documents prior to the issuance or confirmation of the certificate;
3. failure to resolve non-conformities, despite the deadline for their resolution having expired;
4. reinstatement of certification following a previous suspension; in this case, extraordinary visits are extended to the entire MS;
5. substantial changes in the organization's MS as defined in point 13.1 of this procedure;
6. complaints for significant and manifest failures or situations of non-conformity of the Management System, as defined in point 15 of this procedure;
7. at the request of the Accreditation Body or of ICDQ itself.

Short or no-notice audits
It may be necessary for ICDQ to perform extraordinary unannounced audits in the cases referred to in points 4, 5, 6 and 7. In such cases ICDQ will take particular care in the assignment of the audit team due to the lack of possibility for the client organization to object to the members of the audit team.

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

12. ADDITIONAL AUDITS

Additional “on-site” audits at the Organization's headquarters or locations, previously planned and communicated to the Organization, may be requested by the ICDQ when:

- despite having decided positively for the Certification, there is evidence that the MS has been operating for a short time (approximately three months), and therefore requires an in-depth audit;
- despite having decided positively for the Certification, the number and/or importance of the non-conformities detected highlight a relative weakness of the MS;
- upon the Organization's need to extend or reduce the scope of the certificate or for changes to the standards and/or conditions for issuing the certification. These activities may also be conducted in conjunction with a surveillance audit, upon request by the organization and subsequent review by ICDQ to establish feasibility, timing and costs.

13. RENEWAL AUDIT

Within 4 months of the certificate expiry, ICDQ will send the organization the document "Request for quotation" of the certified scheme which must be filled in in all its parts and forwarded to the CB by fax, e-mail or ordinary mail in order to verify whether substantial changes have occurred that may affect the time to be assigned to the audit, the scope of the audit, and the number of operational and/or itinerant sites.
Based on the information received, the new contract offer is reformulated with the economic quotations to be applied.
The new economic condition takes into account the economic conditions in force at the time of renewal.
In the event that substantial changes are detected in the organization's Management System, the CB can carry out the renewal audit in two stages (Stage 1 and Stage 2) if there have been significant changes in the client's management system or in the context in which the management system operates (e.g. changes in legislation), this eventuality is formalized in the offer-contract.
The renewal audit is scheduled at least 33 months after the end date of Stage 2 and follows the same process as the initial Stage 2 audit (§ 6).

For ISO 22000 only, the minimum time to be dedicated to the audit on the production / service delivery process must be at least 50% of the calculated audit time.

For EnMS (Energy Management Systems) only, ICDQ will review the necessary evidence to determine whether energy performance improvements have been demonstrated. The renewal audit must also take into account any significant changes in facilities, equipment, systems or processes. Confirmation of continuous improvement in energy performance is required for renewal of certification.

In certain cases, ICDQ, in compliance with the provisions of the IAF-MD4 document, may decide to use CAAT (Computer Assisted Auditing Techniques) as part of the audit methodology to carry out audits.

In order to proceed with the renewal of the certification, the audit must be carried out before the expiration of the certificate being renewed and the organization must resolve any non-conformities detected within the validity period of the certificate. The certificate issued during the renewal stage maintains the same numbering as the initial one.

However, if the renewal activities are completed after the expiration date of the certificate being renewed, the issued certificate will retain both the number and the date of the original certification, together with the expiration date of the previous certification cycle and the renewal date, so as to clearly highlight the period in which the organization was not covered by certification. Late renewal will not extend the validity period of the newly issued certificate and the expiration date will be based on the previous certification cycle. The following are situations in which renewal activities can be handled after the certificate expiration date:

- renewal process started but incomplete at the certificate expiry date (e.g. audit not completed, failure to manage any non-conformities detected within the certificate expiry date, etc.), but still completed within and no later than six months from the expiry date of the previous certification cycle;
- renewal process not started within the expiry date of the certificate to be renewed, but undertaken within and no later than six months from the expiry date of the previous certification cycle.

14. CHANGES IN THE ORGANIZATION'S MANAGEMENT SYSTEM

If the organization introduces substantial changes to its Management System, relating to:

- the production process, products, product sectors;
- production technologies/processes;
- production sites;
- reference standards/identification schemes ;cert

is required to promptly inform the CB highlighting the changes made.
The CB analyses the documentation and, depending on the impact that the changes have on the organization’s management system, evaluates whether or not to carry out an extraordinary audit.

In the event that the changes proposed by the organization impact the certification scope, the CB, upon request of the client organization, evaluates any changes to the certification scope during a periodic or extraordinary audit.

All organizational changes, such as:

- change of company name;
- change in corporate structure;
- change of direction;
- change of address.

allow the maintenance of the Certification provided that such changes are immediately communicated in writing to ICDQ and provided that such changes do not interfere with the conformity of the MS.

In the case of Integrated Management Systems, if the organization decides to renounce or if only one certificate is withdrawn, due to non-compliance or deficiencies that compromise compliance with a specific standard, ICDQ will assess whether the IMS guarantees that the compliance requirements for the remaining standards still exist.

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 taken into consideration when:

- the organization you do not complete the corrective actions within the expected time, after a periodic visit (if no feedback is obtained within a reasonable period of time, including any additional time granted in addition to the established time indicated (see § 7) the Certification will be suspended or withdrawn).
- the organization persists in failing to comply with the regulation, despite the corresponding non-conformities having been detected;
- the organization refuses to undergo periodic audits within the required timeframes;
- there is sufficient evidence of incorrect use of the Certificate and/or the certification logo;
- the organization you fail to comply with the financial conditions arising from the service provision contract (failure to pay invoices);
- for actions of the organization that undermine the prestige of the ICDQ;
- the organization does not undergo maintenance, renewal, half-yearly or extraordinary audits within the established times (see § 9 and § 12).

The suspension order may also be issued upon explicit request of the Organization for reasons of force majeure (for example, redundancy payments, etc.).
The suspension has a maximum duration of 6 months.

If the organization corrects its non-compliances before this period, the validity of the certificate is restored.
After a period of 6 months has passed without the organization having remedied its non-compliance, the certificate is permanently revoked.
The suspension time does not increase the validity period of the certificate.
ICDQ is obliged to make the suspension of the Certification public, therefore it will communicate it to all competent and interested bodies in the ways it deems most useful, and will report the provision in the Register of Certified Organizations.

The Organization may waive the Management System Certification in its possession only for the following reasons:

- upon expiry of the certificate, by sending a registered letter with return receipt, 3 months before the expiry date of the certificate;
- after one party has communicated to the other a material breach of the contract;
- if one of the parties is subjected to bankruptcy proceedings and/or does not respect the economic conditions (amount, payment, etc.) set out in the accepted offer-contract;
- if the Organization ceases the activity which is the object of the certification; in this case, however, this event must be documented with objective evidence;
- in the event of non-acceptance of economic changes to the current contract, except in the event that such changes are justified by substantial changes to the Organization;
- in the event of non-acceptance of substantial revisions to this Regulation or to the reference procedures or to the Standards and/or Requirements (to which ICDQ intends to give retroactive value); without prejudice, in this case, to any revisions imposed by the reference standards and by the Accreditation Body to which ICDQ, and consequently the certified organizations, are subject.

The suspension and/or revocation of certification due to administrative non-compliance is the responsibility of the Legal Representative of the CB.
The suspension and/or revocation of certification due to technical issues is the responsibility of the Resolution Committee.

16. APPEALS AND COMPLAINTS

APPEALS

If a Requesting Organization wishes to appeal a decision adopted by the ICDQ, in relation to (the following examples are given below for purely indicative and non-exhaustive purposes):

- reject a certification request;
- 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 of the communication/refusal.
The ICDQ confirms in writing that the appeal has been received by the appellant.

The legal representative of the ICDQ examines the appeal and identifies a person responsible for its evaluation.

The identified person in charge evaluates the appeal presented, also considering the results of similar appeals, and communicates his conclusions to the legal representative.
The legal representative makes his/her decision by communicating it in writing to the organization.
Receipt of the appeal does not interrupt/suspend the application of the decision adopted by the ICDQ.
Decisions must be made or reviewed and approved by person(s) not involved in the content of the appeal itself, at the same time ICDQ guarantees that the submission of appeals, their examination and the related decisions will not give rise to any discriminatory action against the person who submitted it.

For all disputes that do not fall within the jurisdiction of the Management (in the person of the Legal Representative) of ICDQ, the parties elect the Athens Court as the competent court, expressly waiving their own jurisdiction and referring to the provisions of the civil code.

COMPLAINTS

If a requesting organization or interested party wishes to submit a complaint about the conduct of the ICDQ or a member of the ICDQ in relation to (the following examples are given below, but are not limited to):

- behavior of some members or the entire ICDQ audit team during the audit process;
- activities of the members of the CB during the provision of administrative or other services;
- any activities of the members of the CB which the organization believes may cause it harm.

The organization will be able to:

1. at the conclusion of an Audit, in a specific field of the audit report, express reservations on the behavior of some members or of the entire audit team;
2. outside of the audit, submit a written appeal within 30 days of the action that is the subject of the complaint.

As stated in point 1 (therefore for strictly technical aspects), the management of the reserve occurs directly during the deliberation stage and the relative decision is communicated to the client organization in writing. If the organization does not accept the

decision of the CB's Deliberation Committee, it has the possibility of starting the appeal process by contacting the CB Management.
The ICDQ Management examines the complaint and identifies a person with the appropriate technical skills to evaluate it and not involved in the previous evaluation stages.
The identified manager evaluates the appeal presented by communicating his opinion to the Management.
The Management communicates the decision taken to the organization in writing.
The decision issued by the ICDQ Management is completely final for the complainants.

As stated in point 2, the ICDQ confirms in writing that the complaint has been received by the appellant.
The ICDQ Management examines the complaint and identifies a person responsible for evaluating it and not involved in the complaint itself. The identified person evaluates the complaint submitted, communicating his conclusions to the Management.
The Management, in application of PG-09, may open internal non-compliance actions, consultation or other, and communicates the decision taken to the organization in writing.

If a third party wishes to submit a complaint against any conduct of the CB and/or a member of the CB, whether internal or external, or against the CB's decision to grant a certificate, he/she must submit it in writing to the ICDQ Management.
The ICDQ confirms in writing that the complaint has been received.
The final conclusions are communicated in writing to the complainant.

In the event that the third-party complaint concerns a certified customer, ICDQ shall inform the organization concerned within 3 working days that an audit has been initiated against it, specifying the subject and that the outcome of the audit will be forwarded to it in writing.

If the complaint is found to be well-founded, the organization must communicate to ICDQ the proposed corrective action it intends to adopt and the deadline for its implementation.

The ICDQ verifies that the planned actions are undertaken within the established timeframes.

ICDQ reserves the right to carry out an extraordinary “on-site” audit if the outcome of the inspection requires it to verify the effectiveness of the corrective measures proposed by the applicant.
Based on the results of the “on-site” audit, ICDQ may adopt the sanctions provided for in paragraph 14 of this procedure.

Complaints, if deemed well-founded, must be treated, managed and recorded as internal non-conformities.

ICDQ guarantees that the submission of complaints, their review and the related decisions will not give rise to any discriminatory action against the person submitting them.

ICDQ will establish together with the certified customer and the person who submitted the complaint, whether and how the content of the complaint and its resolution should be made public.

Records of appeals and complaints are maintained.

17. RIGHTS AND DUTIES

RIGHTS

- Appeals and Complaints: Submit complaints and appeals to the ICDQ, as set out in paragraph 16 of this Procedure.
- Recusal: To file appeals aimed at rejecting the audit team in whole or in part.
- Appeals and grievances: Submit complaints, grievances and appeals against decisions of the ICDQ Technical Department as set out in paragraph 15 of this Procedure.
- ICDQ takes appropriate action, in compliance with current legislation, to protect the confidentiality of information obtained during its certification activities. All personnel who are part of the CB, including the Committee for the Safeguarding of Impartiality and external entities or persons who are authorized to use the name of ICDQ or represent the CB, sign, prior to the start of any activity with the CB, a declaration that expressly obliges them to respect the secrecy pact and maintain the confidentiality of data and information.
- Request comprehensive information on the qualifications of the audit team and attached documentation that supports such qualification. Based on such documentation, the organization may submit, with justification, a request for the recusal of all or part of the audit team.
- Once the initial audit has been successfully passed, the use of the ICDQ certification logo and the approval certificate is permitted, with the only limitation indicated in the point “Description of the certification logo” of par. 8 of PG-07.1.1 and II-2.6.8. which is delivered to the customer together with the certificate of conformity, the certification logo and the satisfaction questionnaire;
- Submit complaints, appeals and motivated requests against the decisions of the Technical Management of ICDQ in the manner defined in point 15 of PG- 07.1.1.
- Request restrictions, for security reasons, on access to certain information regarding regulatory documents, the scope and geographical location (city and country) of a specific certificate.

DUTIES

- Facilitate the performance of audits.
- Authorize the presence of auditors and/or technical experts and/or representatives of the Accreditation Body, after having communicated their presence.
- Declare to the public that the organization is certified and its scope of application, unless the certified customer requests limitations;

- Do not use the certification in any way that might undermine the prestige of ICDQ, nor make any statement that might be considered improper.
- Do not use, once the certification has been suspended or cancelled, any copies or reproductions and all technical and/or advertising documentation containing the logo and/or references to the ICDQ Certification, destroying everything in the event of revocation.
- Do not mislead references to certified organization status.
- Comply with the provisions of II-2.6.8 to publicize your status as a certified organization.
- Return the original Certificate of Certification in cases of revocation.

18. COMMITTEE FOR THE SAFEGUARDING OF IMPARTIALITY

All activities carried out by ICDQ are subject to the control of the Committee for the Safeguarding of Impartiality in order to ensure, precisely, the impartiality, independence and transparency of the activities of ICDQ.
All parties interested in the certification activities (stakeholders) participate in the Committee for the Safeguarding of Impartiality, regardless of the existence of specific interests.