| **Decision**  **Number** | **Topic** | | **Decision** | **Meeting and**  **minute reference** |
| --- | --- | --- | --- | --- |
| 24/11/01 | CABAC and UAC Discussion Paper re Amendment to ISO Management System Standards | | **Statement of the Issue**  At the 19 September 2023 ISO Technical Management Board, the TMB agreed Resolution 75/2023 with a revision of ISO supplement to the ISO/IEC Directives Part 1, Consolidated ISO Supplement, Annex SL, Appendix 2 (Harmonized structure for MSS [Management System Standards] with guidance for use).  This Resolution means that all ISO Management System Standards will have an Amendment published to incorporate this Annex SL change.  The following is the full text of the ISO TMB Resolution, the change is in bold.  *“ISO TECHNICAL MANAGEMENT BOARD RESOLUTION 75/2023*  *Adopted at the 88th meeting of the Technical Management Board, Brisbane, 19 September 2023*  *Revision of ISO supplement to the ISO/IEC Directives Part 1, Consolidated ISO Supplement, Annex SL, Appendix 2 (Harmonized structure for MSS [Management System Standards] with guidance for use).*  *According to IAF MD5 sec. 4.1. The determination of audit time for management systems involved in combined off-site activities (Clause 2.1) shall not reduce the total duration of on-site management system audits to less than 80 percent of the audit time calculated from the tables according to the methodology in Section 3. If additional time is required for planning and/or reporting, this does not justify reducing the on-site duration of management system certification audits.*  *Once the audit time has been initially calculated according to Section 3 of IAF MD5, additional time considered as necessary for audit preparation activities or audit report writing can still be added to the audit duration resulting from the calculation according to Section 3 of IAF MD5.*  *In this case it may turn out that, after the increase in off-office time, the proportion recommended in section 4.1 of IAF MD 5 (20% off-site / 80% on-site) is no longer met?*  *The Technical Management Board, Noting the comments and concerns raised by TMB members, approves the additions (in red below) to Appendix 2 of Annex SL of the Consolidated ISO Supplement to ISO/IEC Directives, Part 1 as follows:*  *4.1 Understanding the organization and its context*  *The organization shall determine external and internal issues that are relevant to its purpose and that affect its ability to achieve the intended result(s) of its XXX management system.*  ***The organization shall determine whether climate change is a relevant issue****. – new text*  *4.2 Understanding the needs and expectations of interested parties*  *The organization shall determine:*   * *The interested parties that are relevant to the XXX management system;* * *The relevant requirements of these interested parties;* * *Which of these requirements will be addressed through the XXX management system.*   ***NOTE: Relevant interested parties can have requirements related to climate change****. – new text.*  *Key next steps/actions are from the TMB are:*   * *Invites CPAG (Commercial Policy Advisory Group) to review the resolution and decide how to take forward the commercial aspects of the amendment* * *Requests ISO/CS (Central Secretariat) in conjunction with JTCG to develop appropriate communications to be issued to the members and the technical community* * *Asks ISO/CS, with the support of JTCG (Joint Technical Coordination Group on Management System Standards), to initiate discussions with the IAF with the aim of having a joint communiqué between ISO and IAF and that the comments received during the ballot are considered and addressed in the communication,* * *Requests ISO/CS to ensure that all existing MSS (Type A) are automatically amended without delay and in an effective manner, only to address the changes in the Harmonized Structure (HS) related to climate change* * *Asks ISO/CS to provide a progress report during the March 2024 TMB meeting regarding the automatic updates and the creation of the communication and guidance materials intended to support committees.”*   **Consensus of the TC**  **Suggested Plan**   * Communication with IAF, ISO and CASCO to be completed soon.   + CABAC and UAC will lead (consider members who spoke up in the MSC WG)   + Can use Joint Strategic Group at ISO (under the current MOU) * Open communication channels to make sure IAF is addressing the changes at an appropriate level that ISO was thinking. (CABAC could take the action to work with ISO, CASCO on communication.) * Request ISO to provide the impact assessment to IAF to better understand what ISO understands the impact of the change to the MSS mean. * Consider PR 7, to minimize impact and address consistency among ABs and CBs.   + CABAC and UAC will lead (consider members who spoke up in the MSC WG)   Further discussion and points:   * IAF needs to assure confidence and conformity assessment continues to produce the proper outcomes. * Cooperative activity needs to focus on what the change means to the accredited certification process and the organizations. * Do we need to consider an element for auditor / assessor competence? How many MS auditors / assessors are already competent to assess if climate change is relevant? Is additional competence needed to audit the change to the MSS? * Organizations need to establish something meaningful for themselves and industry. * Need to consider that focus will be on each specific MS standard and objectives of that standard and the accredited certifications and the impact on the organization and certification. * Should prepare an impact assessment, on each MSS and what it means being added to section 4. * IAF, ISO and CASCO should work together closer, IAF should not work alone in communication, path forward. * Must support organizations with our communications, etc. * Focus on the questions that need to be asked of certified organizations and minimize the risk of those questions that they will need to respond to. However focus can be kept and risk managed, is the best; a communication document may not do that. * If an organization determines climate change is relevant, it is the organization’s decision what it means to them, and what they do about it; not the CB or ABs decisions. * Want to minimize the auditors focus as there are other relevant items to an organization that the auditors need to audit and focus on as well, not just climate change being called out in the new revision. * The change is not small it could have a big impact. * Don’t try and interpret the revision in ISO, move ahead and decide what is needed to strengthen our process (PR 7) * Should not be very complex related to auditing the change. * The changes are planned for the next 12 months. * Potential Option 5 – is there an existing document/process with just a very small change to give confidence to the user community and to make sure it supports the level of trust already established between ABs and CBs   **IAF Final Decision following 30 days consultation.**  **Addition of Climate Change notes to the Management Systems Standards.**  **Introduction**  IAF and ISO have published a joint communiqué, highlighting the changes being made to a number of Management Systems standards, in the form of additional text highlighting the importance of Climate Change as a consideration within the organisational context for the management system concerned. As the joint communiqué explains, the changes having been instigated in response to the London Declaration on Climate Action.  The purpose of this IAF communication, answering to the IAF Technical Committee Paper raised in Montreal 2023, is to clarify the expectations for management systems Certified Organisations, Certification Bodies and Accreditation Bodies, noting that, as stated in the joint communiqué:  “The overall intent of the requirements for clauses 4.1 and 4.2 remain unchanged; these clauses already include the need for the organization to consider all internal and external issues that can impact the effectiveness of their management system; these new inclusions are assuring that Climate Change is considered within the management system and that it is an external factor that is important enough for our community to require organizations to consider it now.”  Because of the above statement noting that the overall intent of the requirements remains unchanged, and with this change being treated as a clarification rather than a new requirement, it is considered that a full transition programme is not needed in this case, however, the guidance below should be considered.  **Expectations on Certified Organisations**  Certified organisations should ensure that they have considered Climate Change aspects and risks within the development, maintenance, and effectiveness their own management system(s).  Climate Change, along with other issues, should be determined as relevant or not and if so, considered within an evaluation of risk, within the scope of the management systems standards. Where an organisation operates more than one management system (for example Quality Management and Health and Safety Management), it should ensure that Climate Change, if determined to be relevant, is considered within the scope of each management system standard.  It is noted that some climate change aspects and risks may be of a general nature, independent of the applicable management system scope or the industry (e.g. when related to regulatory compliance or operational adaptability and organizational resilience), while others will be specifically indexed to the requirements of the management system standards, to specific industries (e.g. energy production, agriculture and fisheries) and to characteristics of the organization (e.g. geographical location, nature of its supply-chain or workforce dynamics).  **Expectations on Certification Bodies**  Certification Bodies should already be ensuring that all internal and external issues have been determined by the organization as relevant or not and if so, considered in the development and effectiveness of the management system(s), as required by clauses 4.1 and 4.2.  With the new additions on Climate Change, Certification Bodies are expected to ensure that Climate Change has been considered and if determined to be a relevant issue for its management system, included in any objectives and mitigation activities by the organization, as required. If it was considered not to be a relevant issue by the organization for its management system, the CB is expected to ensure the effectiveness of the organization’s process to make this determination and implementing related actions, when applicable.  **Expectations on Accreditation Bodies**  Accreditation Bodies should be, as part of the ongoing accreditation cycle, ensuring that Certification Bodies are confirming that their management systems certified clients have considered Climate Change aspects along with other aspects of clause 4.1 and 4.2.  **Timing**  The Amendments are expected to be published for the standards on 29 February 2024. As noted above, issues related to Climate Change affecting the context of an organisation’s management system(s) are typically already being considered by organizations.  Therefore, upon publication, certification bodies should include the new text in their auditing of the organisation and its context. As with normal practice, where a certified organisation cannot demonstrate that all external and internal issues that have been determined as relevant, including Climate Change, have been considered, a suitable finding should be raised.  The MS standards will go through the ISO amendment process, however a revised certificate should not need to be issued, considering that:   * The publication year of each MS standard will not change. * There is no change in the scope of application for the certified MS. * There is no significant impact on the effectiveness of the certified MS. * The method and actions that certified organizations will eventually enter into, due to the new requirement, will resemble methods and actions they would apply in the case of future changes in any other contextual issue they already address within the scope of the MS. | Montreal 8.1 |
| 23/05/01 | IQ Net Discussion Paper re Meeting 80/20 Audit Duration Proportion Following the Application of OffSite Time Increase Factors | | **Statement of the Issue**  IAF MD 5 – meeting 80-20 audit duration proportion following the application of off-site time increase factors.  According to IAF MD5 sec. 4.1. The determination of audit time for management systems involved in combined off-site activities (Clause 2.1) shall not reduce the total duration of on-site management system audits to less than 80 percent of the audit time calculated from the tables according to the methodology in Section 3. If additional time is required for planning and/or reporting, this does not justify reducing the on-site duration of management system certification audits.  Once the audit time has been initially calculated according to Section 3 of IAF MD5, additional time considered as necessary for audit preparation activities or audit report writing can still be added to the audit duration resulting from the calculation according to Section 3 of IAF MD5.  In this case it may turn out that, after the increase in off-office time, the proportion recommended in section 4.1 of IAF MD 5 (20% off-site / 80% on-site) is no longer met?  **Consensus of the TC**  Once a CB calculates the audit duration using IAF MD 5 including meeting the 80%-20% proportion requirement (IAF MD 5 section 4.1), the CB can increase the offsite time, if needed, and will still be meeting IAF MD 5. The key is that the CB conducts an effective audit.  Also, please keep in mind IAF MD 5 is being reviewed for a potential revision. | Belfast 8.1 |
| 23/05/02 | RvA Discussion Paper re IAF MD 2 Transfer of Certificates | | **Statement of the Issue**  IAF MD2 states in clause 2.3.5 “The accepting certification body shall take the decision on certification before any surveillance or recertification audits are initiated.”  Does “take the decision on certification” also mean “issue a certificate” with all applicable data (scope, validity dates, etc,) or could the CAB take the decision, but wait with issuing a certificate until after the first audit.  **Consensus of the TC**  IAF MD 2 (2.3.5) states that a decision on certification shall be taken on a transfer prior to the (accepting) CB conducting a surveillance or recertification audit.  While MD 2 (2.3.5) does not state that the certification decision includes issuing a certificate; it is understood that processing a certification decision includes issuing a certificate as the decision to issue the certificate has been decided and the process is being implemented. Recognizing the issuance of a certificate may take time for processing.  If a CB is delaying the issuance of the certificate until a surveillance or recertification audit has been conducted violates IAF MD 2. As the decision on certification referred to in IAF MD 2, is being taken on the transfer and not the upcoming audit.  Furthermore, IAF MD 2 (2.4.5) does imply that a certificate must be issued, therefore the certificate issuance timing should not take long or the conformance ofIAF MD 2 will be questioned as would the effectiveness of the CB’s transfer process. | Belfast 8.2 |
| 23/05/03 | RvA Discussion Paper re Interpreted the New Text of IAF MD 9:2022 Concerning Continuous Professional Development (CPD) in Annex C | | **Statement of the Issue**  We would like to know how other ABs interpreted the new text of IAF MD 9:2022 concerning Continuous Professional Development CPD) in Annex C:  *“Each auditor shall undertake a minimum of 8 hours of CPD activities per year such as training, participation in scientific meetings, and self-study for Table A.1.7 and a minimum of 16 hours of CPD for Tables A.1.1 – A.1.6”.*  Does “take the decision on certification” also mean “issue a certificate” with all applicable data (scope, validity dates, etc,) or could the CAB take the decision, but wait with issuing a certificate until after the first audit.  **Consensus of the TC**  The intent of IAF MD 9, Annex C, Continuing Professional Development, is that each auditor shall undertake a minimum of 16 hours of CPD activities per year such as training, participation in scientific meetings and self-study. For auditors approved under table A1.7 ONLY, the minimum time may be reduced to 8 hrs of CPD activities per year.  As a reference, IAF MD 9, Issue 4, Application Date: 01 Feb 2023:  **“C.4.1 Continuous** *Professional* **Development (CPD)**  *Each auditor shall undertake a minimum of 8 hours of CPD activities per year such as training, participation in scientific meetings, and self-study for Table A.1.7 and a minimum of 16 hours of CPD for Tables A.1.1 – A.1.6. Such activities should ensure timely awareness of new or modified regulatory requirements, policies, procedures, etc., as well as emerging technologies. Training in emerging technologies may be provided through co-operation with manufacturers developing or using the concepts. Knowledge is also gained from experience in enforcing regulatory requirements, implementing procedures, and applying policies and interpretations.*  *It is recognised that medical device manufacturing constitutes a highly specialised, technology driven and fast evolving sector. Additionally, new regulatory requirements, standards, policies, and procedures are introduced, and existing ones are modified from time to time. Therefore, the CAB shall ensure maintenance of the knowledge and skills of the auditors appropriate to cover the scope of audits of organizations, through appropriate and timely training and encouraging CPD.”* | Belfast 8.3 |
| 22/11/01 |  | | **Consensus of the TC**  ISO 22003-2 – Food safety – Requirements for bodies providing evaluation and certification of products, processes and services including an audit of the food safety system” is recommended for use by scheme owners in developing a certification scheme in combination with ISO/IEC 17065 Conformity assessment — Requirements for bodies certifying products, processes and services. ISO 22003-2:2022, however, cannot be used as a formal level 4 standard (definition see clause 4.4, IAF PR 4) under ISO/IEC 17065:2012 for the assessment of CBs. | Virtual Item 7.4 |
| 22/04/01 | RvA Discussion Paper re Applicability of IAF MD 5 Clause 4.4 to Surveillance and Recertification | | **Statement of the Issue**  IAF MD5 states in cl. 4.4 “The CAB shall provide the audit time determination and the justification to the client organization as part of the contract and make it available to its Accreditation Body.” The requirement intends to ensure transparency of the quotation process, in order for organisations to be able to make an informed decision on the selection of a Certification Body (e.g., during a tendering process, however, could be just as applicable during maintenance of a certification).  However, this requirement is only listed under Chapter 4 “Initial Management System Audits (Stage 1 plus Stage 2) and is not repeated (or rephrased) under Chapters 5 “Surveillance” or 6 “Recertification”.  **Consensus of the TC**  Including this requirement in only the initial certification section of IAF MD 5, was not intentional. The CB is required to provide the audit time determination and the justification to the client organization as part of the ongoing contract. When there are changes, the contract (or referenced documents) will need to be revised to be accurate.  The intent was to maintain the information for transparency, not to provide it at initial certification and not keep it up to date. | Virtual Item 6.1 |
| 22/04/02 | CABAC (ABCB, EFAC, EOQ, IAAR, IIOC, IQNet and JACB) Discussion Paper re New ISO Documents Regarding Remote Activities | | **Statement of the Issue**  IAF CABAC members (listed above) and IAF TF Remote Audit/Assessment leadership are both concerned about the worrying trend from ISO of two documents relating to remote activities. Whilst two may not be a trend… yet, there is precedent with the ISO/IEC ‘dash’ documents, with ISO/IEC 17021-2 to -14 now in existence for competency requirements, documents with unknown impact.  These documents require resources in their development, implementation and monitoring, with unknown results.  The two new documents are:  1. ISO/IEC 17012 - ISO have announced a New Work Item Proposal ‘Guidelines for the use of remote methods in conducting management system audits’, which will be published as ISO/IEC 17012. This document is out for vote amongst ISO members (the national standards bodies) until 27 May 2022  2. ISO/AWI PAS 14018 ‘Guidelines for the Remote Auditing of Environmental Management Systems’ is already being developed by ISO/TC 207/SC2.  These items should not be developed for a number of reasons:   * Very simply, these documents are concerning, because ISO/IEC 17021-1:2015 4.4.2 states:   “*The certification body has the responsibility to assess sufficient objective evidence upon which to base a certification decision. Based on audit conclusions, it makes a decision to grant certification if there is sufficient evidence of conformity, or not to grant certification if there is not sufficient evidence of conformity.*  *NOTE Any audit is based on sampling within an organization's management system and therefore is not a guarantee of 100% conformity with requirements.”*   * Using remote techniques is simply an alternate method for CBs to fulfill their role. * This work will both be a duplication of existing IAF documents and the work currently being carried out by the IAF TF Remote Audit/Assessment. For example, IAF MD12 already exists and could easily be reviewed and updated to expand the scope to CBs and other assessors and to "alternative to face-to-face techniques" as currently proposed by the TF Remote Audit/Assessment. * IAF has IAF MD4 which - especially since the pandemic - has been a key document in the use of remote techniques for audit/assessment. * There is also additional accreditation body guidance such as UKAS' TPS74 which is serving as input for the TF Remote Audit/Assessment activities. * By the conformity assessment community (ISO, CASCO, IAF, ILAC, ABs, CBs, etc.) working together and not apparently in competition with one another to produce documents, we can collectively make things much easier for all - CBs, ABs and most importantly the beneficiaries of our services * There is a danger that this growing proliferation of documents will create an administrative burden for CBs, ABs and beneficiaries as duplicated procedures and subsequent compliance methods are introduced. This introduces risk to the conformity assessment system, and with it, a potential reduction in confidence.   **Consensus of the TC**  1. IAF members support the need for guidance for remote audit assessment, however, we would like to see a broader scope to better align with the existing IAF MD 4:2022 IAF Mandatory Document for the Use of Information and Communication Technology (ICT) for Auditing/Assessment Purposes.  2. IAF members are invited to express their concerns via their national standards body mirror committee and are asked to consider objecting to the NWIP for ISO/NP TS 17021.  3. IAF, as an A Liaison, to propose a NWIP to revise ISO 19011:2018 “Guidelines for auditing management systems” to enhance guidance in the use of remote techniques for auditing/management systems.  4 Consider how to improve the process between IAF and ISO, to coordinate closer on new work to ensure duplication does not exist between documents, causing confusion, inefficiency, possibly contradictions, and undermining the quality infrastructure and its work. | Virtual Item 6.2 |
| 21/10/01 | IQ Net Discussion Paper re Calculation of Audit Duration | | **Statement of the Issue**  If, for justified reasons, a working day is planned with more than eight hours, whether the following working days be planned with a reduced number of working hours? (Sum of working hours correspond to calculated audit duration).  **Consensus of the TC**  Yes, if the audit is planned and conducted effectively, and justified (e.g., covering shifts).  For each audit; the CB must be able to plan an effective audit for the audit team, the organization, and to meet the audit objectives. IAF MD 5 requirements have flexibility to allow the CB to do this.  The focus must be on the process the CB has to plan and conduct an effective audit and the CB effectively implementing the process. | Virtual 6.1 |
| 21/05/01 | Conformity Assessment Body Advisory Committee (CABAC) Discussion Paper re Document on Remote Auditing/ Assessment | | **Statement of the Issue**  Creation of an IAF Task Force to produce a definitive IAF document on remote auditing and assessment.  **Consensus of the TC**  IAF TC to agree to the creation of a TF to produce a definitive document on remote auditing/assessment, with the TF:   * Proposing the exact content of the document (e.g., generic framework then specific sections), its status and any recommendations on other IAF documents * Working with the IAF/ILAC/ISO JSG to gather stakeholders’ opinions * Carrying out a literature search of all relevant remote audit and assessment documentation is undertaken to bring the best ideas together. | Virtual 5.1.6 |
| 21/05/02 | International Aerospace Quality Group (IAQG) Discussion Paper re Performance Based Surveillance / Recertification Process | | **Statement of the Issue**  The current AQMS scheme utilizes all the basic requirements of ISO/IEC 17011 and 17021-1 with modifications. The scheme developed its own methodology for establishing definitions of sites (site, multi-site, campus, several site, complex) and the methodology for determination of audit time for each structure (a 20 percent increase over MD 5). To accommodate the scheme prohibition of site sampling per IAF MD 1, the current scheme had its own rules and utilized the use of IAF MD 3 ASRP. Since ASRP has been removed by the IAF, the IAQG would like to replace it with a process for reduction of audit time for high performing organizations called “PBS/RP”.  **Consensus of the TC**  The IAF TC accepts the IAQG Performance Based Surveillance / Recertification Process for AQMS, including ISO 9001, as presented, and to be included in the AQMS documentation to be published in 2021. | Virtual 5.1.1. |
| 21/05/03 | Dutch Accreditation Council (Raad Voor Accreditatie) (RvA) Discussion Paper re Justification  Off-site Audit Time | | **Statement of the Issue**  A CAB with offices and operations in various countries cannot (in some of the countries) demonstrate the actual use of the calculated off-site audit time (identified as part of the total audit time). The CAB states that the ABs in those countries do not require this. The ISO/IEC17021-1:2015 criteria on this subject are considered to be ambiguous.  **Consensus of the TC**  The WG MSC recommends that, per the requirements, the focus for CAB demonstration (to the AB) is on the:  • Audit duration (opening to closing meeting) per ISO/IEC 17021-1 9.2.3.2.e (audit plan) and 9.4.8.2.g (audit report); and  • Justification for audit time (audit duration and offsite time) determination per IAF MD 5, Clause 4.3.  The focus is not on how the CAB used the calculated offsite time as long as:  1. The report is sufficient to make decisions (e.g. certification decision)  2. Corrective actions are reviewed appropriately, and  3. When audit duration (“onsite” time) is reduced because of activity that will be performed offsite (e.g. report writing), then time cannot be spent during the audit duration (“onsite”) completing those activities (e.g. report writing). | Virtual 5.1.2 |
| 21/05/04 | ACCREDIA Discussion Paper re Question on IAF MD 1 | | **Statement of the Issue**  Clarification of whether “sites” (x in the formula) in IAF MD 1 includes headquarters (HQ).  **Consensus of the TC**  The IAF TC agrees with the WG MSC recommendation that headquarters (central function) would not be part of the number of sites used for calculating the sample. The Central function must be left out of the number for sampling as it cannot be sampled, it must be audited regularly due to its activity. | Virtual 5.1.4 |
| 21/01/01 | Competence requirements for the personnel of the certification body | | **Statement of the issue:**  An IAF Member accreditation body has implemented an equivalence principle. This means that the auditor must have the same or higher level of education to the people being audited in the certified organization from the point of view of the AB. In some cases, this was also required at process owner level. This point of view has resulted in the identification of several non-conformities.  **Consensus of the IAF TC**  The MSWG can confirm that ISO/IEC 17021-1 does not refer to an equivalence principle.  The MSC WG indicates that ISO/IEC 17021-1 requires that auditors have “knowledge and skills necessary to effectively perform audit” (7.1.2) these knowledge and skills being detailed in annex A.  These requirements do not request the auditor to have the same level of education of the person(s) being audited, as the output of the audit is the verification of the effective implementation of a MS and nothing else or nothing more.  Furthermore; it is up to the CAB to have implemented a process for the establishment of competence criteria for the personnel involved. The CAB shall have a process to ensure that personnel have appropriate knowledge and skills relevant to the types of management systems. Education may be used to demonstrate knowledge. | Balloted out of session |
| 21/01/02 | Documents to be requested and kept by the certification body | | **Statement of the issue:**  An IAF member Accreditation Body is increasingly demanding documents be kept by the CAB. Sometimes the requirement includes documents such as management review, which are already requested for the preparation of an offer. The clarification provided by the ISO P member has not prevented the Accreditation Body from issuing further non-conformities, confirmation by the IAF TC is required that no customer documents have to be kept at the CAB to be in compliance with ISO/IEC 17021-1:2015 clause 9.4.5.1.  **Consensus of the IAF TC**  The MSWG confirms that no auditee’s documents have to be kept at the CAB to be in compliance with ISO/IEC 17021-1, Clause 9.4.5.1. The answers provided by the ISO P member is further supported by other requirements in ISO/IEC 17021-1, as follows:  * 9.4.8, audit report, states what is to be included in the report and it does not include customer documents. It goes on to include “summary of the evidence” not specifically the evidence. * 9.4.10 Effectiveness of corrections and corrective actions, also states “The evidence obtained to support the resolution of nonconformities shall be recorded.” It “shall be recorded”, it does not say it shall be maintained. * 9.5.3.1 b) requires the audit team to provide “comments on the nonconformities and, where applicable, the correction and corrective actions taken by the client”. The decision maker requires comments on the nonconformities, not records. * 9.9.2, “Records on certified clients shall include the following…” does not specifically include client’s documentation.   Whilst not specifically drafted in response to the two questions, that are the subject of this discussion paper, the Auditing Practices Group (APG) papers on Evidence Collection and Nonconformity – Documentation, also support the ISO P Member’s position. | Balloted out of session |
| 20/12/01 | IAF MD5:2019 cl 11.3 b) | | **Statement of the issue:**  Comparison of MD5:2019 clause 11.3 b) which states “*contractor’s personnel shall be interviewed*” and MD22 clause G9.4.4.2 which state “*contractors’ management and personnel should be considered for interview*”. The TC was requested to clarify whether this is a new requirement that auditors must interview part of contractor’s personnel who operate at organization’s premisesor if thepurpose of IAF MD5 is to provide guidance/suggestions for the determination of audit time.  **Consensus of the IAF TC: Decision Log: 20/12/01**  Due to the different context of the two documents, it is acknowledged that there could be a possible misunderstanding between MD5:2019 clause 11.3 b) and MD22 clause G9.4.4.2. However, to prevent such a misunderstanding, the more rigorous interpretation will prevail whenever contractors’ personnel is operating on processes included in the scope of the organization’s OH&SMS. | Virtual 5.5 |
| 20/12/02 | Change of MD5:2019  cl 4.5 & 9.3 | | **Statement of the issue:**  New version of MD5:2019 cl4.5 states “*For OH&SMS, these activities shall be limited to reviewing documents/records and to interviewing staff and workers. In addition for OH&SMS, processes control and OH&S risk control cannot be audited using remote audit techniques”* and the old version of MD22:2018 Appendix B cl B.4.5 states “*the CAB shall justify the audit plan and maintain the records of this justification, which shall be available to an Accreditation Body for review (see IAF MD4). Activities and OH&S risk controls cannot be remotely witnessed this way*”.  New version of MD 5:2019 cl 9.3 states “*For OH&SMS the above methods could be considered as alternatives to replace only those parts of on-site audits not related to witness the process control and other OH&SMS risk control”* and the old version of MD22:2018 Appendix B cl B.9.3 states “*Typically on-site audits of temporary sites would be performed. However, the following methods could be considered as alternatives to replace only those parts of on-site audits not related to witness the operational control and other OH&SMS activities*”.  These two clauses both provide limitations on the use of remote audits. The TC was requested to clarify if the change is considered a new requirement or an edit modification.  **Consensus of the IAF TC: Decision Log: 20/12/02**  1. When Appendix B of the IAF MD22:2018 was transferred to the IAF MD5:2019, some of the text was “adapted” to an existing text and language used and therefore there is not a one-to-one correspondence as an output of this transfer.  2. Furthermore, transferring Appendix B Clause 4.5 (IAF MD22:2018) in the new IAF MD5:2019 Clause 4.5, we have also considered the new IAF MD4:2018 version.  3. The same considerations have been applied in modifying Clause 9.3.  4. In both cases, the changes introduced are only having an editorial impact as the wording used is not changing the meaning of the two related statements. | Virtual 5.5 |
| 20/12/03 | Clarification to IAF Resolution 2015-14 re unaccredited certificates within the accredited scope | | **Statement of the issue:**  Request for clarification regarding the interpretation of the statement included in IAF Resolution 2015-14, specifically whether a CB which is accredited for ISO 9001 scope 38 is able to issue “non-accredited” certificates for quality management systems within scope 38?  **Consensus of the IAF TC: Decision Log: 20/12/02**  No, the CB cannot issue unaccredited certificates for ISO 9001 scope 38, as this would be in contravention of Resolution 2015-14. However, it can for other management system standards with scope 38 for which the CB holds no accreditation.  Resolution 2015-14 requires IAF Accreditation Body members to have legally enforceable arrangements with their accredited CABs that prevents the CAB from issuing non-accredited management systems certificates in scopes for which they are accredited.  TC decision 19/10/07, from the Frankfurt meeting, provided clarification of “scopes” used in the Resolution. Item 1 of the TC decision (below) made it clear that economic sectors are part of the AB’s scope of accreditation. Therefore, in accordance with Resolution 2015-14, CB’s must only issue accredited certificates into economic sectors that appear in their scope of accreditation. Ipso facto, CBs cannot issue unaccredited certificates into economic sectors that are included in the CB’s scope of accreditation.  “*TC Decision 19/10/07*  *1. is it acceptable to issue unaccredited certificates to the same standard for those economic sectors that are outside its accreditation? (IAF ID1:2014 refers).* ***Yes, as economic sectors (e.g. scopes) are part of the scope of accreditation. See the definition for scope of accreditation definition in IAF MD 17 (1.3)***.” | Virtual 5.7 |
| 19/10/01 | Sub clause 5.2.3 of IAF MD 9:2017 point iii) | | **Statement of the issue:**  IAF MD 9: 2017 contains a list of examples to ascertain whether impartiality might be compromised. In particular, point 5.2.3 iii) refers to the case in which the auditor is “a member of staff from research or medical institute or a consultant having a commercial contract or equivalent interest with the manufacturer or manufacturers of similar medical devices“.  The TC was requested to clarify whether this requirement is applicable only to “manufacturers of medical devices” or also to “marketing, installation, maintenance, servicing or supply of the medical device, or any associated parts and services”?  **Consensus of the IAF TC: Decision Log: 19/10/01**  1. This was only given as an example. There could be other types of examples as defined by IAF MD 9, clause 5.2.3.  2. The intent was to be limited to the organization being audited.  Note: In the current revision process of IAF MD 9, the removal of the examples is being considered. | Frankfurt 12.01 |
| 19/10/02 | AB Consistency | | **Statement of the issue:**  ABCB has received several questions from a multinational CAB in relation to being assessed by different AB’s in different locations and the lack of consistency in the application of standards.  **Consensus of the IAF TC: Decision Log: 19/10/02**  MSC WG – Recommendation to create a task force to revise IAF MD 12:  Considering the new ISO/IEC 17011:2017:   * Is IAF MD 12 still needed? * IF IAF MD 12 is still needed; then revise to accommodate the changes in ISO/IEC 17011:2017. * If IAF MD 12 is not needed; recommend a withdrawal of IAF MD 12, with a transition period for ABs to revise processes in accordance with ISO/IEC 17011:2017.   Note: IAF MD 12 refers to A5 which also refers to ISO/IEC 17011:2004 and key activities (for the JWG). | Frankfurt 12.02 |
| 19/10/03 | Use of Agent’s Marks on Certificates | | **Statement of the issue:**  Use of a certification body’s agent’s logo on an accredited certificate.  **Consensus of the IAF TC: Decision Log: 19/10/03**  It is agreed that the certificate shall not include an agent’s logo, as it would be considered misleading and in violation of ISO/IEC 17021-1 8.2.2. | Frankfurt 12.03 |
| 19/10/04 | IAF MD 2 | | **Statement of the issue:**  Request for confirmation that it is sufficient for an accepting AB to be provided the documentation from a transferring client as long as the issuing CB confirms that there are open Issues (nonconformity, complaints etc.) exist.  **Consensus of the IAF TC: Decision Log: 19/10/04**  Transfer documentation required in IAF MD 2, should be provided by the issuing CB. In accordance with IAF MD 2, section 2.4 Cooperation Between the Issuing and Accepting Certification Bodies.  When reviewing section 2.4.1; “When requested”, does not mean “if requested”, it means the timing of when the accepting CB requests the information to be provided by the issuing CB. The accepting CB must contact the issuing CB for the documentation, it is not an option. | Frankfurt 12.04 |
| 19/10/05 | IAF MD 2 Communications between CBs for transfers | | **Statement of the issue:**  Request for clarification regarding communication between original and accepting CB for transferring certificate.  **Consensus of the IAF TC: Decision Log: 19/10/04**  Transfer documentation required in IAF MD 2, should be provided by the issuing CB. In accordance with IAF MD 2, section 2.4 Cooperation Between the Issuing and Accepting Certification Bodies.  When reviewing section 2.4.1; “When requested”, does not mean “if requested”, it means the timing of when the accepting CB requests the information to be provided by the issuing CB. The accepting CB must contact the issuing CB for the documentation, it is not an option. | Frankfurt 12.05 |
| 19/10/06 | Sector Applications of ISO 9001 – ISOTC176 TG02 | | **Consensus of the IAF TC:** **Decision Log: 19/10/06**  **Statement of the issue and consensus of the IAF TC (indicated in bold font following the question):**  Request for clarification about the accreditation criteria for sector-specific applications of ISO 9001 (and potentially other standards) that are not subject to specific sector schemes:  1. For sector-specific standards that provide guidance on the application of ISO 9001 (for example, ISO 18091:2019 - Quality Management Systems - Guidelines for the Application of ISO 9001 in Local Government):  a. Is accreditation covered by the CB’s “normal” accreditation for QMS, considering the relevant scope to cover local government? We understand that certification can only be to ISO 9001 (since ISO 18091 contains no requirements). **No, also see the definition of conformity assessment in ISO/IEC 17000.**  b. Is it acceptable for the certificate to mention the guidance standard (in this case ISO 18091) in addition to ISO 9001? **No it is not.**  2. For sector-specific standards that provide requirements in addition to those in ISO 9001 (for example ISO/TS 29001, “Petroleum, petrochemical and natural gas industries - Sector-specific quality management systems - Requirements for product and service supply organizations” and ISO 54001 “Quality management systems - Particular requirements for the application of ISO 9001:2015 for electoral organizations at all levels of government”:  a. Is accreditation covered by the CB’s “normal” accreditation for QMS, considering the relevant scope(s)? **No, because the sector-specific standards are different certification schemes, assuming “QMS” is accreditation for certification to ISO 9001. An AB may choose to offer accreditation for the ISO 54001 standard; however, it would be managed by the AB and “in addition” to the accreditation for ISO 9001.**  b. If the accreditation scope does not specifically mention these standards, is it acceptable for CBs to issue unaccredited certificates? Y**es, if the CB is not accredited for the sector specific standard then they can issue unaccredited certifications.**  3. We are seeing a tendency for the development and publication of “XXX Management System” standards that are not ISO 9001-based, but are “aligned with ISO 9001” (for example, ISO 21001:2018 “Educational organizations - Management systems for educational organizations - Requirements with guidance for use”):  a. Is a separate accreditation required for certification to such standards? **Yes.**  b. If the accreditation scope does not specifically mention these standards, is it acceptable for CBs to issue unaccredited certificates? **Yes, if the CB is not accredited for the sector specific standard then they can issue unaccredited certifications.** | Frankfurt 12.06 |
| 19/10/07 | Unaccredited Certificates REV1 - ISO TC176 TG02 | | **Consensus of the IAF TC:** **Decision Log: 19/10/07**  **Statement of the issue:**  Request for clarification whether or not it is acceptable for a CB that is accredited for scopes with limited economic sectors / activities and / or geographical regions to issue unaccredited certificates to organizations that are outside these scopes.  **Consensus of the IAF TC (indicated in bold font following the question):**  1. is it acceptable to issue unaccredited certificates to the same standard for those economic sectors that are outside its accreditation? (IAF ID1:2014 refers). **Yes, as economic sectors (e.g. scopes) are part of the scope of accreditation. See the definition for scope of accreditation definition in IAF MD 17 (1.3).**  2. is it acceptable to issue unaccredited certificates to the same standard for those geographical regions that are outside its accreditation? (IAF ID1:2014 refers). **If the AB includes geographical regions limitation within the scope of accreditation, then the CB can issue unaccredited certificates in the geographic regions that are outside of their scope of accreditation.**  **If the AB does not include geographical region limitations within the scope of accreditation, then the CB cannot issue unaccredited certificates in a specific geographic region, because they are considered accredited for all geographical regions.** | Frankfurt 12.07 |
| 19/10/08 | ISO 45001 – End of Migration Period | | **Statement of the issue:**  Is the formal the end of the period for the migration to ISO 45001 31 March 2021?  **Consensus of the TC: Decision Log: 19/10/08**  The end of the ISO 45001 migration period is 31 March 2021.  If needed, ABs are requested to revise their migration process and communicate to CBs that BS OHSAS 18001 certifications will expire on 31 March 2021, instead of 12 March 2021. | Frankfurt 12.08 |
| 19/10/09 | Maintaining OHSMS Certification history | | **Statement of the issue:**  Request for confirmation of the requirements for maintaining OHSMS Certification history.  **Consensus of the TC: Decision Log: 19/10/09**  The initial certification date, including a statement as to what the initial certification was for, can be maintained on certification documents when an accredited certification has been migrated from BS OHSAS 18001 to ISO 45001. | Frankfurt 12.09 |
| 19/10/10 | IAF MD 1 | | **Consensus of the IAF TC:** **Decision Log: 19/10/10**  **Statement of the issue and consensus of the IAF TC (indicated in bold font following the question):**  1. IAF MD 1 Point 5:  a. It is necessary that all contracts with client must be made via the “Central Function IAF MD1 2.5” or is it possible that the Site (IAF MD 1 Point 2.2 and 2.3) has the right to have direct contacts with clients? **This is outside of the scope of IAF MD 1. IAF MD 1 does not specify requirements about contracts between the organization and their clients.**  b. Is it necessary that the central function as per IAF MD 1 3.5 has the organizational Authority to employee and dismiss Personnel? **This is outside of the scope of IAF MD 1. IAF MD 1 does not specify requirements that the central function must have the authority to employ and dismiss employees.**  2. IAF MD 1: Is the Central Function as per IAF MD 1 identical with the Top Management as defined within ISO 9000 Point 3.1.1? **IAF MD 1 does not specify that the central function and the top management has to be identical.**  3. IAF MD 1 Point 3.3: Is it possible to audit and certify a Multisite Franchise organization? **Yes, as long as the organization meets the definition of a multi-site organization and eligibility criteria in IAF MD 1.**  4. 7.5 Initial Audit: Stage 1: Is it necessary to perform at all sites a Stage 1 Audit? **It is not required to perform a Stage 1 at every selected site; however, it depends on the scope of activity at each site and what may need to be audited to meet the stage 1 objectives. Per ISO/IEC17021-1, 9.1.5 a sampling programme must be developed by the CB.**  5. IAF MD 1 Point 7.1: Is it required by the CAB to have in addition with the central function a contract for certification with all sites (Permanent, Temporary, Virtual) in case the organization is not a unique legal entity as per IAF MD 1 3.1.1? **It is not required for the CB to have a contract with each site. However, the contract should cover all of the sites per ISO/IEC 17021-1, 5.1.2.** | Frankfurt 12.10 |
| 19/10/11 | IAF MD 5 \_Surveillance | | **Statement of the issue:**  Request for confirmation that the meaning of audit duration (MD 5 2019) means the total time inclusive offsite activities.  **Consensus of the IAF TC: Decision Log: 19/10/11**  Request the TC to revise IAF MD 5, as an editorial revision only, to add “duration” to the note to section 6.  We believe this is an error and should be corrected. | Frankfurt 12.11 |
| 19/10/12 | Transfer of Persons Certification Under ISO/IEC 17024 | | **Statement of the issue:**  Is transfer of persons certification a possibility and should IAF define rules for transfer of certification for persons under ISO/IEC 17024?  **Consensus of the IAF TC: Decision Log: 19/10/12**  After discussing the request, the MSC WG did not feel that there was support for the development of any criteria to support effective transfer. | Frankfurt 12.12 |
| 19/10/13 | Management System Schemes and Integrated Management System –IAFMD 11 | | **Statement of the issue:**  1. Can (FS) Management System schemes like FamiQS, EFISC, HACCP/SLS1266/SANS10330 and ISO22000 be considered as ‘Integrated Management System’ audits as described in MD 11 (or other standards in which the level of overlap is considerably more than for standards like QMS and EMS (see cl.1.3 MD 11 and rationale for 0.2 of MD 11)?  2. Can the current MD 11 be amended to accommodate highly overlapping schemes/standards (perhaps by defining this as a new term)?  3. How should ISO/IEC 17065 based FSMS schemes like BRC, IFS, GRMS applying auditing as evaluation methodology be considered regarding audit duration calculation?  **Consensus of the IAF TC: Decision Log: 19/10/13**  The subject of this paper was already provided to the previous task force for the revision of IAF MD 11 and was not considered in the comment process. The new MSC WG team, reviewing IAF MD 11 now, should consider this in the current revision. | Frankfurt 12.13 |
| 19/10/14 | Scopes Covered in IAF MD 23 | | **Statement of the issue:**  In the practical use of IAF MD 23 it appears difficult to determine which entities are within the scope of the document and which are not. It seems that ownership is an important factor and so, is the entity is operating according to its own management system or to the CB’s management system?  **Consensus of the IAF TC: Decision Log: 19/10/14**  When a CB has common ownership with another entity, IAF MD 23 is not applicable. | Frankfurt 12.14 |
| 19/10/15 | Audit Time for Multi Legal Organization | | **Statement of the issue:**  is it possible to calculate the Audit time considering the total number of employees employed with the organization or is the Audit time to be calculated for each legal entity, even in reality it is only one organization?  **Consensus of the IAF TC: Decision Log: 19/10/15**  The number of legal entities should not matter when calculating the number of employees. The CB would use the total number of employees per IAF MD 5, because the people are functioning as one organization (with three legal entity names). | Frankfurt 12.15 |
| 12.16 | Sampling of Temporary Sites in accordance with IAF MD 1 – EACC | | **Statement of the issue:**  Request for clarification of how temporary sites are included in sampling activities.  **Consensus of the IAF TC: Decision Log: 19/10/16**  It is the responsibility of the CB to demonstrate the effectiveness of its process of auditing temporary sites and including the sites in the scope of certification. The CB must determine their process; based on the organization and temporary sites and also taking into account the risk and other factors to consider. In some situations, square root may apply, in others it may not. | Frankfurt 12.16 |
|  | | | | |
| 19/04/01 | Pre-Audit | | Additional note to TC Decision 10/03/08  “Pre-audits prior to transition/ migration is acceptable.” | Mexico City 12.3 |
| 19/04/02 | 17021-1 & IAF MD 1 | | Regarding IAF MD 1, section 7.7.1:  • The organization is responsible for investigating ALL NCRs (minor and major)  per 7.7.1.  • The CB is to verify corrective actions in accordance with ISO/IEC 17021-1   (e.g. sections 9.4.10 Effectiveness of corrections and corrective actions, 9.5.2.b   and 9.5.3.2 Actions prior to making a decision, etc.) | Mexico City 12.4 |
| 19/04/03 | IAF  MD 1-6.1.3.6 | | That IAF MD 1 was written as a general document and cannot be written for all situations. Furthermore, when there are exceptions they cannot become the general rule and the discussions/agreements are between the CAB and AB, not IAF. | Mexico City 12.5 |
| 19/04/04 | IAF MD 1-7.3.1 | | That IAF MD 1 was written as a general document and cannot be written for all situations. Furthermore, when there are exceptions they cannot become the general rule and the discussions/agreements are between the CAB and AB, not IAF. | Mexico City 12.6 |
| 19/04/05 | IAF MD 1-7.8.3 | | That IAF MD 1 was written as a general document and cannot be written for all situations. Furthermore, when there are exceptions they cannot become the general rule and the discussions/agreements are between the CAB and AB, not IAF. | Mexico City 12.7 |
| 19/04/06 | Conflict of interest | | As provided the TC considered this a conflict of interest with no possibilities to move forward. | Mexico City 12.9 |
| 19/04/07 | Clarification of a single site | | The TC confirms that IAF MD 1 was written as a general document and cannot be written for all situations. Furthermore, individual situations cannot become the general rule and the discussions/agreements should be between the CAB and AB, not IAF. | Mexico City 12.10 |
| 19/04/08 | Implementation of 2018 IAF GA: IAF Resolution 2018-13 | | As the Resolution was previously discussed at length and approved at the GA, the TC does not recommend further discussion. The TC indicated a Note is provided for exceptions.  Note: If there is an exception to the above, the CAB must justify the exception to the AB, and if accepted by the AB, the certification is still considered accredited. | Mexico City 12.11 |
| 19/04/09 | IAF MD5 Surveillance | | The TC confirms that the note in IAF MD 5 section 5, is referring to audit duration in  relation to audit day. The new version of MD5 should consider this.  Proposed Edited Note: It is unlikely that a surveillance audit duration will be less than one (1) audit day. | Mexico City 12.12 |
| 19/04/10 | IAF MD22 Effective Employees | | The TC confirms that IAF MD 22 is to be followed by the CAB, including the considerations to determine effective number of personnel. The CAB is to be reminded that IAF MD 5 & 22 are to be applied in request a) and IAF MD 5 & 22, and ISO/IEC 17021-1, include requirements for request b). IAF MD 5 and MD 22 revisions will be published soon. | Mexico City 12.13 |
| 19/04/11 | IAF MD22 Personnel Responsible | | The TC confirms that IAF MD 22 must be followed and IAF MD 22 includes doctors and nurses as an example of personnel responsible for monitoring employee’s health. IAF MD 22 does not state that doctors and nurses are responsible for the OHS.  It is the responsibility of the company to define the role/s within their management system as to who is responsible for monitoring the health of the workforce and when this is defined within the management system, and audited by the CB. IAF MD 22 was revised and is to be published soon and in the revised MD it states when the CAB has a type of deviation from the MD the CAB must justify it. | Mexico City 12.14 |
| 19/04/12 | ISO/IEC 17021 Committee Safeguarding Impartiality | | The TC confirms that the standard is clear; the committee (for safeguarding impartiality) is no longer required in ISO/IEC 17021-1  Per ISO/IEC 17021-1, the CB determines what interested parties are required and how they will consult with them (e.g. through committee or another method).  The CB must be able to demonstrate  • that the interested parties identified are appropriate and  • that the consultation with the interested parties is effective.  Some industry requirements may require additional requirements above ISO/IEC 17021-1. | Mexico City 12.15 |
| 19/04/13 | ISO/IEC 17021 Process Approached Audit Plan | | It is expected, for some MS standards, that the CAB performs a process audit; however, ISO/IEC 17021-1 section 9.2.3.2 states “…organizational and functional units or processes” and the CAB’s audit plan is to be designed for the organization being audited.  The plan needs to be clear as to what is planned to be audited during the audit and it is up to the CAB and client to establish the best way to plan the audit, but the CAB does need to be able to demonstrate (to an AB) how it plans the audits. | Mexico City 12.16 |
| 19/04/14 | IAF MD1 2018 | | The following expectations as it relates to IAF MD 1 (application date 29 January 2018):  It is expected by now:  • all contracts issued by a CAB after the IAF MD 1 application date are now in   conformance to IAF MD 1  • contracts in existence prior to the application date of IAF MD 1 may not have been  revised by the CAB  • by now (over a year later) the CABs are in conformance to IAF MD 1 and are   implementing the requirements; no matter the contract.  The TC to answer the questions as follows:  Question 1 - Is it this clear difference in expectation an acceptable situation? Inconsistency among ABs as to the application of IAF MD 1; one “immediately” apply to all contracts and one as contracts are renewed.  No; it is not appropriate for multiple ABs to have such a clear difference in implementation of the new/revised MD requirements.  However, the MD does say that specific arrangements can be made between the CB and AB (last para in section 0).  Question 2 - Is it appropriate and acceptable to apply an IAF position / interpretation across a much wider context, including where there is the absence of consistent features (e.g. a defined transition period)?  No and there is another resolution (2018-24) referring to the end of an application date that requirements become mandatory.  Resolution states “…application date is the date by which requirements in a document become mandatory for application”. | Mexico City 12.17 |
|  |  | |  |  |
| 18/10/01 | Calculation of Audit time under ISO/IEC 27006. | | The number of person shall be seen as a continuum. | Singapore 12.2 |
| 18/10/02 | Interpretation of IAF MD 8 in terms of categorization of scopes. | | Where a CAB applies for this scope they need to identify the devices included. Addressed in the comment period to MD8. Need more definitions for clarity.  Note: MD8 is being revised and this DP will be address in the revision and TC members will have the opportunity to comment in the 30 day comment period. | Singapore 12.3 |
| 18/10/03 | Application of IAF MD 12 for Certification of Persons to ISO/IEC 17024 | | For persons certification Clause 3.1 (1) IAF MD12 is interpreted as: the minimum information to be provided by person’s certification bodies is details of countries in which they conduct certification activities. | Singapore 12.4 |
| 18/10/04 | Standardise IAF Transition period start dates | | The TC recommends, through a resolution, to endorse the start date and end date of all future IAF Transition periods be the last (end) day of the month of publication, as outlined on the ISO standard.  Suggest this is applied to all accreditation programs; not just management systems. This will apply to all future transitions; current transitions can remain as planned by the specific WG and IAF TC. | Singapore 12.5 |
| 18/10/05 | IAF MD 1 applicability for other standards | | It is necessary to state on the certification document, the site location and what support activities are performed at that location, but not necessary to list those support activities. | Singapore 12.6 |
| 18/10/06 | IAF MD 1:2018 describes two methodologies for assessment of a multi-site organization | | IAF MD 1, Section 7.3, including the 2nd paragraph (below), is applicable to sites eligible for sampling AND sites not eligible for sampling.  Unless precluded by specific schemes, the reduction of audit time per sampled site shall not be greater than 50%.  We remind the ABs and CB organizations to communicate to all CBs.  The MSC position was further validated in IAF MD 1, section 7.9 and 7.10, where both sections state:  7.9.1 Surveillance of multi-site organizations that can be sampled shall be audited in accordance with Section 6.1. The audit time per site shall be calculated in accordance with Clause 7.3 above.  7.9.2 Surveillance of multi-site organizations that cannot be sampled in accordance with Section 6.1 … The audit time per site shall be calculated in accordance with Clause 7.3 above.  7.10.1 Recertification of multi-site organizations that can be sampled shall be audited in accordance with Section 6.1. The audit time per site shall be calculated in accordance with Clause 7.3 above.  7.10.2 Recertification of multi-site organizations that cannot be sampled shall be audited … The audit time per site and central function shall be calculated in accordance with Clause 7.3 above. | Singapore 12.7 |
| 18/10/07 | IAF MD 2 competence requirement | | The pre-transfer review and visit are two separate activities.  IAF MD 2 separates the competence of the review and the visit in 2.2.3.  For the pre-transfer review, the CB has to determine the competence necessary to complete the pre-transfer review and it may or may not include the competence needed of an audit team, but must meet the competencies necessary in ISO/IEC 17021-1 Appendix A.  IAF MD 2 does not require the competence to be the same as an auditor. | Singapore 12.8 |
| 18/10/08 | IAF transition documents | | The IAF MD on Transition will be the answer in the future; however, we are at least 6-9 months from the publication of this MD.  We should consider resolutions for transitions in the interim.  A resolution can include timeline and pertinent information to allow consistency among ABs and CBs for the transition process. The pertinent information would have to be determined by a Work Group or Task Force with the technical knowledge for the specific standard in transition, to make sure all aspects are addressed, including the date after which audits to the old version of the standards should no longer be conducted.  One example is the ISO 50001 resolution (2017-14) which includes additional information, not just the transition timeline.  Only an interim position is necessary seeing that the IAF MD on the transition process is going out for comment soon. | Singapore 12.9 |
| 18/10/09 | Restriction on certification activity - IIOC | | To begin; we were reminded that the AB referenced in the discussion paper did not “dictate” to the CB they could not offer certification to ISO 22716; they requested the CB to avoid certifying to the standard because it did not contain requirements; furthermore, the CB agreed, so there was no further discussion between the AB and CB.  It was discussed that if certification activity has been reviewed by the CAB and is in accordance with, and does not compromise, the various accreditation requirements, including but not limited to, impartiality, managing conflicts of interests, integrity and ethical behaviour and it is not compromising the IAF recognized third party accredited conformity assessment industry, then an AB/IAF cannot require a CAB to not perform unaccredited certification, outside of the scope of accreditation.  Understanding there may be national requirements or concerns that local ABs are managing and may have to consider that when approached by a CB to certify to a given standard. There may be national issues whereby certifying to a specific standard may not be appropriate.  Understanding there are ISO documents that do not include requirements, but guidance. These standards should not be used for certification. In some cases, CBs may create requirements, from the ISO standard with guidance, and certify to the new requirements (based on the ISO document).  It was also discussed that if the CB disagreed with the AB’s request then the AB and CB would have had further discussions. ABs also mentioned that the CB would be required to conduct a risk analysis as it relates to offering the new service, to make sure impartiality, conflicts, etc. were addressed and any unacceptable risk was mitigated. | Singapore 12.10 |
|  |  | |  |  |
| 18/04/01 | IAF Decision 15/10/03 Non Accredited Certification 1 | | The correct answer is interpretation A.  The accreditation scope is the standard (used for certification, e.g. ISO 9001, ISO 14001) and the scopes (e.g. IAF 03, if the AB accredits by scope category). The scope is not at the ISO/IEC 17021-1 level. | Frankfurt 12.1 |
| 18/04/02 | Clarification for calculation method of multi-site organization MD1 | | IAF MD 1:2018 takes precedence over IAF MD 5, as stated in the introductory notes of IAF MD 1:2018. IAF MD 5 is currently under revision. IAF MD 19 has been withdrawn and is not applicable.  For certification of multiple sites where sampling is not permitted, detailed requirements will be covered in more detail in a new IAF MD. The starting point for calculating audit time of the management system is the total involved on all of the sites, consistent with Table QMS 1 and Table QMS 2 for quality management systems and Table EMS 1 and Table EMS 2 for environmental management systems.  Paragraph 1 – IAF MD 1:2018, 7.3.1 takes precedence over IAF MD 5 - 10.2 per introduction in IAF MD 1. IAF MD 5 is under revision.  Paragraph 2 – “Selected site” is defined in the text in IAF MD 1:2018, clauses 6.1, 6.2, and 6.3.  Paragraph 3 – Yes, it is applicable.  Paragraph 4 – IAF MD 1:2018 takes precedence over IAF MD 5.  Paragraph 5 – The reduction is not embedded in the table so one can apply the reduction after determining complexity.  Paragraph 6 – All sites must be audited during initial and recertification audits.  Paragraph 7 – Yes. The recertification audit must include any sites added between the initial audit and the recertification audit and will not include any sites subtracted between the initial audit and the recertification. | Frankfurt 12.2 |
| 18/04/03 | Issuing non-accredited certificates to ISO 45001 | | There is no migration period planned. ISO 21001:2018 and ISO 29990:2010 are two (2) different standards. ISO 21001:2018 is a new standard, and ISO 29990 will be withdrawn.  Yes, IAF resolution 2016-17 does apply. A CB can issue unaccredited certificates to ISO 21001. | Frankfurt 12.3 |
| 18/04/04 | ISO 21001:2018 | | There is no migration period planned. ISO 21001:2018 and ISO 29990:2010 are two (2) different standards. ISO 21001:2018 is a new standard, and ISO 29990 will be withdrawn.  Yes, IAF resolution 2016-17 does apply. A CB can issue unaccredited certificates to ISO 21001. | Frankfurt 12.4 |
| 18/04/05 | ISO/IEC 17021-1: IAF MD17 | | The consensus was that the number of witnesses should be adjusted according to the accreditation cycle on a pro rata basis. MD 17 is being revised and this issue will be addressed at that time. | Frankfurt 12.5 |
| 18/04/06 | Multisite certificate | | It is necessary to state on the certification document, the site location and that support activities are performed at that location, but not necessary to list those support activities. | Frankfurt 12.6 |
| 18/04/07 | Transition of ISO 9001 & 14001 | | We reaffirm that on 15 September 2018 all ISO 9001:2008 and ISO 14001:2004 certificates will expire and will no longer be valid.  When transition activities are successfully completed prior to 15 September 2018, the expiry date of the new certification can be based on the expiry date of the existing certification. The issue date on a new certificate shall be on or after the certification decision.  If the certification body has not completed the transition audit or the certification body is unable to verify the implementation of corrections and corrective actions for any major nonconformity prior to 15 September 2018, then certification to the | Frankfurt 12.7 |
| 18/04/08 | Relation with Consultancy | | It is expected that the CB should complete a detailed risk analysis to determine if this is an unacceptable risk or not. If not, the CB shall develop a plan to mitigate the risk (real or perceived). The CB should demonstrate to the AB how impartiality is maintained.  One of the mitigation strategies is applying the minimum two-year rule as it relates to the customers of the sister consultancy company. It is recommended that a CB should not certify a company where the sister consulting company has provided MS consulting for a minimum of a 2-year period. Being in the “family” of companies creates the relationship per ISO/IEC 17021-1. | Frankfurt 12.8 |
| 18/04/09 | Fraudulent activity | | MSC WG recommends the establishment of an IAF TC Ad-Hoc Task Force on “fraudulent behaviour by certified organizations” to discuss the issues in more detail and to provide recommendations to the TC on how to address them by the Singapore meeting.  Nigel Croft has agreed to be one of the Convener. Member were asked to contact Nigel if they were interested in participation in the TF. | Frankfurt 12.8 |
|  |  | |  |  |
| 17/10/01 | ISO/IEC 17021-1:2015, clause 9.6.1 | | The TC agreed that each recertification requires a decision (required by ISO/IEC 17021-1, 9.1.3.2), and that this decision should include an independent review (required by ISO/IEC 17021-1, 9.5.2), carried out by appropriately competent personnel, different from those who carried out the audit (required by ISO/IEC 17021-1, 9.5.1.1).  The TC confirms that for recertification; the ISO/IEC 17021-1 requirements of 9.1.3.2, 9.5.2 and 9.5.1.1, specifying an independent and competent decision, take precedence over the requirements of 9.6.1. | Vancouver 12.4 |
| 17/10/02 | MD5 clauses 2.3.2 and 4.4 | | The justification included in the written contract must be enough for the client to understand the calculation and may not include all of the calculations the CAB used to determine the audit time (which can be reviewed by the AB within the CAB records).  The detail in the contract may include; determination and number of effective personnel, the number of audit days, and the factors without the percentage that were applied based on the information supplied by the organization seeking certification, for all of the requirement documents (e.g. IAF MD 11).  It is not acceptable for the contract to just refer to IAF MD 5 to understand the audit time determination.  Note; the contract may include annexes that include this level of detail. As long as the annex is part of the contract this would be acceptable in meeting IAF MD 5.  Additional Discussion  The reason for the new requirements in IAF MD 5 was to make sure the CAB was open and transparent with the clients, as well as the ABs (upon request). And to prevent unfair competition by withholding information from the client.  If we focus too much on the numbers, we have lost the intent as it relates to the value of the audit and it will be lost on the client. We question getting too prescriptive.  There is a need to build awareness with the clients to understand the outliers and the jeopardy that has on the certification. The information should be enough to understand the outliers. | Vancouver 12.5 |
| 17/10/03 | MD1 clause 3.0.1 | | IAF MD 1 is clear, if the processes are not the same you cannot put all the sites into the same lot for sampling. The answer would be the 2nd option above:  Per IAF MD 1; Where processes in each location are not similar but are clearly linked, the sampling plan shall include at least one example of each process conducted by the organization (e.g. fabrication of electronic components in one location, assembly of the same components – by the same company in several other locations).  The processes are linked (per IAF MD 1); however, the sampling plan shall be developed based on 1 HQ and 4 processes each in 5 different sites, resulting in an annual sample size of 1 site HQ + 8 remote sites (calculation ref. IAF MD 1, surveillance audit-√5\*0,6\*4) | Vancouver 12.6 |
| 17/10/04 | MD17 clauses 4.2.2 and 4.2.3 | | In whatever manner the CAB has arranged its competence management system, the AB is still required to witness in line with the requirements of IAF MD17. | Vancouver 12.7 |
| 17/10/05 | Charging of Fees for the handling of  unsuccessful Appeals | | If the entity considers the risk to impartiality and have mitigated any identified risks and the process is considered effective; then it is up to the entity if they are going to charge a fee or not. | Vancouver 12.9 |
| 17/10/06 | MD17 implementation for existing CBs | | For implementing IAF MD 17 as of 2018/01/07; an AB can conduct a gap analysis on the witnessing activities already completed before January 2018 for each CAB and address any difference in the witnessing programme during the CAB’s current accreditation cycle. The differences could be addressed based on a risk analysis/approach with justifications. The AB can consider the scopes that were already covered in the earlier witnessing, within the accreditation cycle, and the witnessing activities already completed can be taken into account.  The AB cannot wait on the CABs next accreditation cycle to begin to implement IAF MD 17. The Technical Committee did not agree to reopen IAF MD 17 for revision to define the cycle. | Vancouver 12.13 |
| 17/10/07 | Implementation of ISO 50003 | | By the 14th of October 2017, ISO 50003 must be met, no matter the terms of the contract.  All CAB contracts (related to EnMS certification) shall have been revised to conform to the entire ISO 50003; including the time allocation requirements.  Note; if there are current contracts that do not conform to ISO 50003 the AB and CAB must manage the situation, in accordance with this decision, because the transition period has been completed.  Action – Provide this situation to the Transition Task Force for consideration in the future transition process documentation. | Vancouver 12.14 |
|  |  | |  |  |
| 17/04/01 | Impartiality Committee | | First question; Could a CB which is a critical office, use the Committee Impartiality of its Head office?  Answer: It depends on the structure of the CB. Refer to ISO/IEC 17021-1, sections 5.2 and 5.2.3 to manage risk of impartiality.  Second question; If the CB uses the Impartiality Committee of another CB, It would consult with relevant stakeholders? They were being represented their clients or customers certifies organizations?  Answer: It also depends on the structure of the CB; both CBs could belong to the same organization. However, it seems the question is asking about two (unrelated) CBs belonging to different organization; then this is not acceptable, a CB can’t use the committee from another (unrelated) CB.  Note; Stakeholders are to be defined by the CB; however, it should at least include local input. | Frankfurt 12.1 |
| 17/04/02 | Required knowledge and skills of Decision Makers | | ISO/IEC 17021-1:2015 is very clear as it separates the competence necessary for an audit team and the decision maker (may include more than one person in the decision-making process); therefore, the decision maker does not have to have the same level of competence as an audit team of the terminology, practices and processes common to a client’s business sector.  It is required for the decision maker/s to have some competence in the client’s business sector for the decisions being made; however, not the same as an audit team and the competence can be determined by the CB following ISO/IEC 17021-1 as well as additional competence requirements (e.g. ISO/IEC TS 17021-2:2012 & ISO/IEC TS 17021-3:2013, etc. have additional competence necessary for the decision makers).  Note; Scheme owners may have additional requirements necessary of the decision makers (in addition ISO/IEC 17021-1). | Frankfurt 12.2 |
| 17/04/04 | Clause 8.3.3 of ISO/IEC 17021-1:2015 | | The AB should allow the CB to manage this exception with their customer and then the AB can evaluate if the situation is acceptable and under control. It does not need to have so many conditions nor IAF’s acceptance. | Frankfurt 12.5 |
| 17/04/05 | Delay in Transition ISO/IEC 17021:2015 | | Is 9.6.3.2.5 only applicable for the post-audit process, closure of major non-conformities that could not have been solved before expiry of the certificate?  No; it states “recertification activities”, it does not refer to specific parts of the recertification process.  Are postponed recertification audits within the six months after expiry of the certificate acceptable to restore certification (violation of 9.6.3.1.1)?    Yes; as long as the recertification process is completed within the 6-month period and the certification documents are clear there was a gap in certification.  How interprets paragraph 9.6.3.1.1 and 9.6.3.2.5?  ISO/IEC 17021:1, section 9.6.3.1.1, is in regard to the CB’s process for planning & con-ducted the recertification audit.  ISO/IEC 17021-1, section 9.6.3.2.5, is managing exceptions of “recertification activity” not being completed before the expiration.  In conclusion; ISO/IEC 17021-1 does not define what is included in “recertification  activities”; however, ISO/IEC 17021-1, section 9.6.3.2.4, includes the CB explaining the consequences to the client if the audit is not completed or corrective actions are not completed prior to expiration. Then the next section, 9.6.3.2.5, explains the process when “recertification activities” are not completed. This can lead us to conclude “recertification activities” can include the recertification audit.  ISO/IEC 17021-1 section 9.6.3.2.5, is addressing an exception and should not be the normal process. The CB must manage the recertification process and risk with its clients, considering all circumstances.  Keep in mind if the recertification (activity) is not completed prior to expiration, the certification does expire on the expiration date and the client remains uncertified throughout the (up to) 6-month timeline as recertification activities are completed.  Also, as we learned through our discussions; IIOC and EACC issued a clarification to ISO on this same subject. Responses were provided by CASCO and should be reviewed by the author of this discussion paper as well as other members.  <http://isotc.iso.org/livelink/livelink?func=ll&objId=17855094&objAction=browse&viewType=1> | Frankfurt 12.6 |
| 17/04/06 | Monitoring auditors on site | | The TC decided IAF should not determine a maximum number of years between onsite monitoring.  The frequency of onsite monitoring should be left up to the CB; based on the CB’s process and how the CB determines risk and what is appropriate; however, the standard does require “periodic monitoring” so the CB must include the timeline in its process.  Because this requirement is not prescriptive; the AB’s focus must be on effectiveness, not just conformance. The AB must evaluate the CB’s process and decide if the process is effective or not. If the output of the process demonstrates the process is not effective (e.g. incompetent auditors) then the AB may take issue with the onsite monitoring process. | Frankfurt 12.8 |
| 17/04/07 | Reference to ISO IEC 17021 series standards | | Some ABs reference ISO/IEC 17021 on the certificate with the assumption that it includes the dash standards (e.g. ISO/IEC 17021-2) as it is applicable to the scope of accreditation, and they do not reference all the parts. The ABs feel this is appropriate because the foreword of ISO/IEC 17021 standard states, ISO/IEC 17021 consists of the following parts…  Some ABs include all normative documents used in the assessment of the CB (per ISO/IEC 17011), including all individual parts of ISO/IEC 17021 (e.g. ISO/IEC 17021-2) and IAF MDs. One word of warning with including everything (including versions) is that it can become an issue of maintenance; however, it is the ABs decision on the level of detail included.  The TC reached consensus that the ABs can decide how to manage the accreditation certificate on their own, recognizing accreditation certificates can vary in level of detail. | Frankfurt 12.9 |
| 17/04/08 | Inconsistency between ISOIEC 17021-1-2015 and the IAF MD5 | | The IAF MD 5 was written to support ISO/IEC 17021 (not ISO/IEC 17021-1). The revision to ISO/IEC 17021-1 now includes the term “calendar year” instead of “annual” causing inconsistency; however, ISO/IEC 17201-1 takes precedence as the main standard for accreditation.  The intent of the term “calendar year” within ISO/IEC 17021-1 is 1 January through 31 December (unofficial clarification).It is possible that the program for surveillance audits may result in a gap between surveillance audits extending beyond12 months | Frankfurt 12.11 |
| 17/04/09 | ISOIEC 17021-1 2015 9.3.1.2.2 and stage 1 requirement | | ISO/IEC 17021-1 section 9.3.1.2.1 allows for a Stage 1 to be conducted onsite or offsite and the CB must have evidence that ALL objectives were met.  It was noted that there are several objectives that would be difficult to meet offsite; however, it is recognized there are situations that all objectives could be successfully met offsite | Frankfurt 12.13 |
|  |  | |  |  |
| 16/10/01 | Conflict of Interest | | The AB can hire a full time CAB employed person, the potential conflicts of interest should be recognized and managed including informing the CAB. ISO/IEC. 17011  allows the CAB to refuse an assessor and this situation could be a valid reason for the CAB to refuse an assessor. | New Delhi 12.1 |
| 16/10/02 | Confidentiality | | An AB can make an investigation autonomously, not only during the assessment, but also in other moments, contacting the auditors/organization to check the information provided by the CAB.  There would not be an infringement of the confidentiality agreement between the CAB and the AB. | New Delhi 12.2 |
| 16/10/03 | Scopes of Certification | | Referencing a standard/normative document/code of practice that is outside of the scope of accreditation is not allowed due to being misleading on an accredited certificate. Refer to ISO/IEC 17021-1, 8.2.2 e & f. | New Delhi 12.3 |
| 16/10/04 | Impartiality | | Yes, it (an AB directly perform an assessment according to ISO 17021-1) is allowed provided the “outsourced” company is providing part of the certification activities on behalf of the CB. Refer to ISO 17011 7.7.2. & IAF MD12. | New Delhi 12.4 |
| 16/10/05 | Scope Recognition | | The requirements for witnessing are stipulated in IAF MD 17. | New Delhi 12.5 |
| 16/10/06 | Scopes on Accredited Certificates | | The accredited certificate must be clear and not misleading. With the new resolution (14-2015), an accredited certificate shall be issued for the part of the scope of certification that falls within the scope of accreditation.  If a portion of the scope of certification is outside the scope of accreditation (when allowed within the certification standard), then multiple certificates shall be issued.  Refer to ISO 17021-1 8.2.2 9 (g). | New Delhi 12.6 |
| 16/10/07 | Audit Time | | The clauses in IAF MD 5 are not to be used in isolation. Clause 2.2.1 in conjunction with 1.8 provides clarification. | New Delhi 12.9 |
| 16/10/08 | Clause 7.1.3 of ISO/IEC 17065 | | If the explanations are required, the product CB has an obligation to provide explanation to the questioner; however, the CB is not always required to prepare explanation of the application of certification standard(s) by itself, it may be prepared by the standardization organizations, regulators, scheme owners etc. In such cases, at least the CB shall request confirmation that such explanation is prepared by the impartial and competent person(s) or committee. | New Delhi 12.12 |
|  | |  |  |  |
| 16/04/01 | IAF Resolution 2015-14 | | The resolution applies to all ISO/IEC 17021-1 programs. The client cannot decide if its certificate is accredited or not. Per the resolution all certifications under the scopes of accreditation must be accredited.  When a CB holds multiple accreditations it shall decide under which accreditation the certification will be issued. The certification does not have to be issued under multiple accreditation. | Frankfurt 12.1 |
| 16/04/02 | Application of IAF MD 15 | | The application date is 14 July 2016 and the document was published in July 2014, there is no justification to extend the application date. The ABs and CBs have had time to put a process in place to collect the data as of 14 July 2016; recognizing the data may be limited at first.  Overdue audits is still appropriate data to collect; the first surveillance audit has a due date and subsequent audits are required each calendar year (ISO/IEC 17021-1 section 9.1.3.3). Also, CBs may have a process for determining overdue audits that can be considered when collecting this data.  The relevance of the data should be discussed when the MD is revised in the future. In order to implement the MD the data must be collected as required.  IAF MD 15 should not be limited to the standards within the MLA. IAF MD 15 applies to all ISO/IEC 17021-1 programs. IAF MD 15’s scope statement (section 1) states “this document applies to all AB members of IAF” and section 3 states “the indicators below shall be reported by country and by certification standard under the accreditation of each AB”. | Frankfurt 12.2 |
| 16/04/04 | Certification Body accredited by two ABS | | Though it is good practice that an AB samples primarily from files under its own accreditation however there are circumstances where an AB may request access to a client (file or witnessed audit) that is accredited under another AB. | Frankfurt 12.5 |
| 16/04/05 | Extension of Timeline Resolution 2015-14 | | CBs are required to transition all unaccredited certifications to accredited certifications (within the scopes of accreditation) at the time of recertification. As the date of application for the resolution is 2016/11/04, all unaccredited certifications shall be transitioned to accredited certification by 2019/11/04. | Frankfurt 12.6 |
|  |  | |  |  |
| 14/04/07 | Evaluation Activities ISO/IEC 17065 | | Concerning the question if a certification body can be accredited to ISO/IEC 17065 where the CB does not undertake any evaluation activity and just undertakes review and decision the answer is yes as ISO/IEC 17065 Clause 7.4.5 and 6.2.2.4 permits the acceptance of the evaluation. Nevertheless, all other clauses of ISO/IEC17065 need to be met.  and decision the answer is yes as ISO/IEC 17065 Clause 7.4.5 and 6.2.2.4 permits the acceptance of the evaluation. Nevertheless, all other clauses of ISO/IEC17065 need to be met.  **Addition:**  **CB verifies incoming test report against the certification scheme requirements is considered an evaluation activity.**  Note: The discussion does not accurately reflect the two schemes operated in the USA, because such schemes are not type testing. | Milan 05.1.2 |
| 15/10/01 | IAF MD1:2007 | | In the specific\* example IAF MD 1 is not applicable because the organization does not satisfy the eligibility requirements of IAF MD1 section 3. However, the new MD in regard to multi-site certification (without sampling) may assist in this situation in the future.  \**consulting company running a centralized management system umbrella for a number of independent organizations and not reflecting the scopes of each company in the main certificate.* | Milan 12.1 |
| 15/10/02 | ISO/IEC 17021-1 | | It is acceptable for CB decision taking group to be composed of people who are hired as external personnel; provided the personnel meet the competence requirements outlined in ISO/IEC 17021 and ISO/IEC 17021-1 (e.g. section 7.2.8) and the CB has organizational and operational control outlined ISO/IEC 17021-1, section 6.2 as it relates to the decision making person/s.  There are many examples today of this type of situation and ABs have found it acceptable in accordance with ISO/IEC 17021.  Note: ISO/IEC 17021 (nor ISO/IEC 17021-1) does not differentiate between permanent and non-permanent staff. | Milan 12.2 |
| 15/10/03 | Non Accredited Certification | | AB shall enforce the CAB, via legally enforceable agreement that CAB cannot issue unaccredited certificates for scopes in which they hold ISO/IEC 17021 accreditation. | Milan 12.3 |
| 15/10/04 | Certification Transition | | 1. The expiry date of the certification to ISO 9001/14001:2015 can be three years from the last certification decision to ISO 9001:2008/ISO 14001:2004 based on the successful transition to ISO 9001/14001:2015 by 14 Sept 2018.  2. The certification document to ISO 9001:2008/ISO 14001:2004 issued during the transition period can state the expiry will be changed to the date consistent with three-year certification cycle, after successfully completing the transition to ISO 9001/14001: 2015 before 14 Sept 2018.  **An example for item 1:**  ISO 9001:2008 certification decision made on 20 April 2014 and the certificate is issued on 20 April 2014 and expires on 20 April 2017.  The organization successfully transitions to ISO 9001:2015 in March 2016 and the transition decision is made on 15 March 2016. The certificate is revised to include ISO 9001:2015, issue date 15 March 2016 with the expiration of 20 April 2017 (original 3-year expiration).  **An example for item 2:**  ISO 9001:2008 certification decision made on 1 July 2016 and the certificate is issued on 1 July 2016 and expires 15 September 2018 (transition expiration).  The organization then successfully transitions to ISO 9001:2015 in June 2017 and the certificate is revised to include ISO 9001:2015, issue date 1 August 2017 and the new expiration is 1 July 2019 (3-years from the last certification decision). | Milan 12.4 |
|  |  | |  |  |
| 15/04/01 | ISO 50001 Certification Conflict of Interest | | The IAF TC could not reach consensus regarding whether an energy audit in accordance with ISO 50002 is management system consultancy.  The performance of energy audits - in accordance with ISO 50002, as well as environment and energy management system certification for the same client is considered to be an unacceptable threat to impartiality. | Frankfurt 12.1 |
| 15/04/02 | Transition to ISO 9001: 2015 | | It is recognized that ABs methodology may differ, however, the following should be demonstrated: Each CAB has to demonstrate the ability to deliver effective certification against the requirements of ISO 9001:2015 with the intent to improve the credibility of accredited certification. This paper defines possible evidence to be obtained by the AB prior to accrediting the CAB to deliver certification to the new standard as well as expectations of the AB throughout the transition process.  The following items should be considered by the AB when transitioning a CAB:   * Where needed, amended internal procedures and documents of the CAB, which reflects the changed requirements of the standard; * Demonstration of appropriate skills and knowledge, as identified by the CAB, based on the requirements of ISO 9001:2015, including evaluation of achieved competence. Skills and knowledge should be tailored and delivered to all relevant functions of the CAB; * Ability to audit the application of risk based thinking by the certified client. Understanding of risk analysis techniques (SWOT, FMEA etc.) will be necessary where required by the industry; * Ability to verify the identified risks and opportunities, as well as actions to mitigate risks; * The style of reporting and the information submitted to decision making; * Ensuring consistent process based approach among its audit teams; * Ability to analyze whether the management system reflects the context of the organization; * Ability to plan audits based on the context of the organization, with more emphasis on stage 1 audit, during initial certification audits and recertification audits (when applicable), which is used to understand organisational context; * Alignment of audit program to reflect the requirements of new standard; * Understanding by auditors of internal and external factors, needs and expectations of related interested parties; * Recognition of organisational boundaries. * Time interval between stage 1 and stage 2 audits during initial certification audits and recertification audits (when applicable); * When witnessed audits are completed to ISO 9001:2015, the following should be specifically considered: * Evidence of process approach used, e.g. auditing starts from the system up to the standard; * Instead of focus on documentation, focus should be on good techniques for interviewing and understanding the method of auditing an organization without a documented system or with a limited documented system. * Planning and organising the audit are essential * Risks are identified throughout the processes and in the context of the organization; * Selection of relevant interviewees to cover leadership; * Understanding the implications of the new terminologies in the standard; * Interaction between audit team members is vital. * The previous knowledge of AB regarding the performance of CABs should be considered during establishing the approach to transition. * The effective communication between ABs and sharing information on their approaches regarding the transition is welcomed. It is also important to share its transition assessment results on a higher level, not violating confidentiality requirements.   In working with the IAF Informative Document 9, AB’s may have differing transition approaches; however, AB’s are expected to:   * consider the history of other transitions when developing its transition process * have competent resources for the new standard in order to fulfil its transition process * have the necessary resources to support CAB’s when ready for transition without causing undue delay * consider the history of the CAB when transitioning a given CAB * cooperate with other AB’s for a CAB’s transition, when requested and appropriate | Frankfurt 12.2 |
| 15/04/03 | MD5 | | The way the paper is written the process would not conform to ISO/IEC 17021 requirements, specifically the recertification requirements. IAF MD 5 has a sequence of events and the paper outlines an improper methodology adding all the days together.  However, alternative approaches to audit duration (IAF MD 5 calculations) could be considered by a CB; however, the requirements of ISO/IEC 17021 must be considered and the CB must still demonstrate how its processes are conforming (and effectively implemented) to the requirements; in ISO/IEC 17021 and IAF MD 5. | Frankfurt 12.7 |
|  |  | |  |  |
| 14/04/01 | Access to Witness Audits | | Accredited CABs shall have enforceable arrangements with organizations holding an accredited certificate, to ensure access to witness the CABs audit team performing an audit at the organization’s site. (A5: M.8.1.1.e). Clause 5.1.2 of ISO/IEC 17021 requires that the CAB shall have an enforceable arrangement for provision of certification activities to its clients. An action taken by the CAB to remove one AB’s accreditation mark, leaving other ABs’ marks on the certificate, is not considered by the TC as effective corrective action in respect to nonconformity. | Frankfurt 12.1 |
| 14/04/02 | Separate legal entities activities for Consultancy ISO/IEC 17065 | | The requirements for impartiality in ISO/IEC 17021 and ISO/IEC 17065 need to be considered separately. | Frankfurt 12.4 |
| 14/04/03 | Accreditation to multiple parts of ISO/IEC 17021 | | The ISO/IEC 17021-#’s (e.g. ISO/IEC 17021-2) -# series of documents should be part of the normally scheduled office assessments. Transition plans and special assessments should not be required or necessary in most cases.  During the transition period (e.g. 2 year period) if the CB is not in conformance to the -#’s during their normally scheduled office assessment/s then the AB should issue findings; the category of the finding (observation, minor NCR, major NCR, etc.) depending on the AB process and depending on when the office assessment is conducted within the transition period.  Accreditation Bodies should make it clear to Certification Bodies that where an assessment is conducted including ISO/IEC 17021-#, any nonconformities identified should be dealt with according to the Accreditation Body's normal processes and must be cleared before the end of transition before accreditation including ISO/IEC 17021-# can be granted.  All accredited CB’s must have demonstrated full conformance to the new document/s by the end of the transition period. | Frankfurt 12.5 |
| 14/04/04 | Application of MD12 | | The IAF Technical Committee consensus was to endorse that IAF MD 12 should be applied as written and intended, and that the assessment programme should be based on risk with locations assessed on a representative sample basis.  Note: TC agreed to request the JWG AB Inconsistency to review this once experience has been gained. | Frankfurt 12.6 |
| 14/04/05 | Certification Transfer IAF MD2 | | The IAF decision remains that the transfer decision must be made prior to the surveillance or recertification audit. If an onsite audit is necessary it must be performed prior to a transfer decision. | Frankfurt 12.7 |
| 14/04/06 | Evaluation Activities – ISO/IEC 17065 | | Concerning the question if a certification body can be accredited to ISO/IEC 17065 where the CB does not undertake any evaluation activity and just undertakes review and decision the answer is yes as ISO/IEC 17065 Clause 7.4.5 and 6.2.2.4 permits the acceptance of the evaluation. Nevertheless, all other clauses of ISO/IEC17065 need to be met.  Note: The discussion does not accurately reflect the two schemes operated in the USA, because such schemes are not type testing. | Frankfurt 12.10 |
|  |  | |  |  |
| 13/10/01 | ISO 14065:2013 | | Re Transition to ISO 14065:2013 As there are no changes in requirements and therefore there are no additional actions required by V/VBs and a transition period from the 2007 version is not necessary. | Seoul 05.1.7 |
| 13/10/02 | Consultancy of non- accredited activities | | TC agreed that ISO/IEC 17021 cl 5.2.5 & 5.2.9 is applicable to any management systems consultancy, no matter if the CB is accredited for certification of that management system or not. All three cases presented are not in conformance to ISO/IEC 17021 | Seoul 12.4 |
| 13/10/03 | ISO 9001 clause 4.1 | | IAF TC agrees that it is possible to issue a certificate when a process is outsourced; however, the full scope of certification must be audited by the CB. The CB must still audit the management or control of the process and the organization is still responsible for the process. The scope statement must be clear that the organization is managing the process and not necessarily “performing” the process. | Seoul 12.5 |
| 13/10/04 | IAF MD2 clause 2.3.1 | | Each request to transfer accredited certification must be considered by the accepting CB and AB. The accepting CB will develop an overall plan for transfer (that is approved by the AB); understanding that the validity of some certificates may be questionable in regard to previous audits, scope, etc.  The impact on the certified organization should be considered and the accepting CB (and AB) should try and minimize the impact on the certified organization and their certification.  *Note; IAF TC is not saying that an AB must approve each transfer; but the overall transfer process/plan the CB will follow.* | Seoul 12.6 |
| 13/10/05 | Appeals 17011 | | ISO/IEC 17011 requires the appeal to be heard by an independent person. It also states the AB can make the decision; therefore, the IAF TC believes there could be a situation where a person or group of people (independent of the decision being appealed) hear the appeal and then provide the results to the AB for a decision to be made. | Seoul 12.7 |
| 13/10/06 | IAF MD5 clause 3.9 | | *Current document IAF MD5 (Issue 2) allows for a reduction of up to 30% in all cases (MD5-clause 3.9). The limitation may not be appropriate in multi-sites where sampling is allowed (MD1). In cases of multi-sites where sampling is not allowed each site must be treated individually in accordance with MD5 (i.e. Maximum reduction of 30% per site).* | Seoul 12.8 |
|  |  | |  |  |
| 13/04/03 | Re: Application of the Security Risk | | AB’s shall be able to provide appropriate oversight for certificates bearing their AB’s mark no matter the country the certificate is issued in. Efforts should be made to utilize another IAF member AB to provide oversight on the AB’s behalf.  When this is not possible, for temporary situations refer to IAF ID 3, for long lasting situations (e.g. due to the country operating in circumstances of weakened governances where the rule of law has been undermined or in unstable and/or dangerous environments where security and military operations are ongoing), the AB shall reduce the CB’s scope of accreditation to not include these geographical areas. | Frankfurt 05.2.1 |
| 13/04/12.1 | Re: Accreditation Symbol on Products | | There was no consensus on the use of AB symbols on products and it is the responsibly of individual ABs to decide on this issue within the requirement in ISO/IEC 17011(clause 8.3). | Frankfurt 12.2 |
| 13/04/13 | Re: Cross Frontier | | If there is no regulation then IAF cannot mandate this, however, CABs should be encouraged to seek local accreditation where possible. As accreditation status is in the public domain this information can be exchanged between Accreditation Bodies, however, exchange of detailed information is subject to IAF MD01. | Frankfurt 12.3 |
| 13/04/17 | Multi-site Audit Duration | | The TC agreed that applying MD1 before MD5 is the correct approach and the note at clause 3.9 of MD5 allows a CB to justify additional reductions (above 30%) when appropriate for individual sites of a multi-site organization, where sampling is permitted. | Frankfurt 12.7 |
| 13/04/18 | Sanctions for failed Transitions | | At the end of the transition period the certificates to the old standard become invalid and withdrawn. There may be exceptional cases where regulatory scheme owners are unable to reference the new standard within the transition period and the AB should have a policy to manage these situations on a case-by-case basis. | Frankfurt 12.8 |
| 13/04/19 | Team Competencies | | A specific audit team member need only have the competence to audit those activities assigned. | Frankfurt 12.9 |
| 13/04/20 | Reduced Fees | | TC agrees that a reduced fee is acceptable and not necessarily discriminatory. | Frankfurt 12.10 |
|  |  | |  |  |
| 12/10/02 | Product Certification | | IAF GD5 to remain in effect during the transition period of ISO/IEC 17065. | Rio 4.2 |
| 12/10/13 | Implementation of ISO/IEC  TS 17022  IAF-TC-49-12 | | IAF TC encourages the application of ISO/IEC TS 17022 but it not be made mandatory until after the revision of ISO/IEC 17021 | Rio 12.4 |
| 12/10/14 | IAF MD 8, 9 IAF-TC-50-12 & IAF-TC-50.1-12 | | IAF TC agreed that it is allowed to certify management systems for activities such as wholesale and retail trade, transport and service of medical devices compliance with ISO 13485, and MD9 does not currently apply to services and needs to be amended to include service. | Rio 12.5 |
| 12/10/16 | ISO/IEC  17021 cl 8.2  IAF-TC-51-12 | | As the inclusion of a logo of certified organization on a certificate is not prohibited in ISO/IEC 17021, it is allowed as long as it is not misleading. | Rio 12.7 |
|  |  | |  |  |
| 12/05/08 | Combined application of IAF MD1 and IAF MD5 | | There was consensus of the IAF Technical Committee that when applying IAF MD1 and MD5 to determine audit time for multi-site organizations the recognized methodology is to first apply IAF MD1 to select sites and then IAF MD5 to determine the final audit duration. | Frankfurt 12.3 |
| 12/05/13 | Default Two year Transition | | There was consensus of the IAF Technical Committee to endorse a two year (from publication) transition for the implementation of all relevant newly published ISO/CASCO conformity assessment standards unless overridden by the need to produce a specific guidance document as agreed by the IAF TC. | Frankfurt 12.8 |
| 12/05/15 | IAF MD1 Clause 4.4.3 Scope Description | | There was consensus of the IAF Technical Committee that Clause 4.4.3 of IAF MD1 is applicable for an audit of multi-site organization applicable to site sampling audit and it allows for a single statement including all processes in the scope in certain conditions. A single statement can be also allowed for multi-site organizations not applicable to site sampling as long as the statement is not likely to give confusions to customers and/or stakeholders. | Frankfurt 12.10 |
|  |  | |  |  |
| 11/03/02 | IAF Working Group on ISO/IEC 20000 | | It was agreed by the IAF Technical Committee that this document should follow the procedure drafted by the IAF Technical Committee chair for the IAF Executive Committee, namely:   * 30 days for comment by IAF Technical Committee members (IAF Technical Committee chair to check the comments) * 60 day for comment by IAF members * 30 day for ballot by IAF members | Epsom 4.3 |
| 11/03/01 | IAF Working Group on Programme for the Endorsement of Forest Certification [PEFC] | | It was agreed by the IAF Technical Committee that, **for this document only**, editorial changes due to the new standard could be incorporated without a comment/ballot cycle. | Epsom 4.2 |
| 11/03/03 | AF Working Group on Product Certification Accreditation | | The ISO/CASCO secretary recommended that the IAF Working Group on Product Certification Accreditation comments on ISO/IEC 17067 go directly to the ISO/CASCO WG 29 because the document was an ISO/Working Draft (WD). The IAF Technical Committee agreed that when the document becomes an ISO Committee Draft (CD), then the IAF Working Group on Product Certification Accreditation comments need to be approved by the IAF Technical Committee. | Epsom 4.4 |
| 11/03/04 | IAF Working Group on Product Certification Accreditation | | It was agreed by the IAF Technical Committee that the IAF Working Group on Product Certification Accreditation will consider the proposal for a “*Product Certification Expected Outcomes*” document and will come back to the IAF Technical Committee. | Epsom 4.4 |
| 11/03/07 | IAF-ILAC Joint Inspection Group | | The decision to move the responsibility for this to ILAC was taken at the IAF General Assembly in Shanghai in October 2010. It was agreed by the IAF Technical Committee to add an item to the Bangkok meeting agenda for feedback from the IAF members on the ILAC committee. | Epsom 4.8 |
| 11/03/14 | IAF MD 5: Complex multi-site certification | | There was consensus of the IAF Technical Committee to create an IAF Task Force to address complex, multi-site certification without sampling (Title: “*IAF Task Force on Complex, Multi-site Certification without Sampling*”). | Epsom 12.1 |
| 11/03/14 | Guidance for application of ISO/IEC 17021 Clause 8.2.3 a) | | Note: this decision addressed both Discussion Papers IAF-TC-33-11 and IAF-TC-11-11. | Epsom 12.5 |
| 11/03/15 | Management System Marks | | There was **no** consensus of the IAF Technical Committee with the proposal; the majority of the participants were against the proposal. There was agreement in the IAF Technical Committee to request ISO/CASCO for interpretation. | Epsom 12.2 |
| 11/03/16 | MLA Scope Extension to include ISMS | | There was consensus of the IAF Technical Committee to create an IAF Working Group titled “*IAF Working Group on Information Security Management Systems (ISO 27001) MLA Scope*” initially to address Accreditation Body scoping. | Epsom 12.3 |
| 11/03/17 | Consistent | | There was consensus in the IAF Technical Committee that all Accreditation Bodies members must ensure that their accredited Certification Bodies comply with the requirements of ISO/IEC 17021:2006/2011 Clause 8.3.  Accredited Certification Bodies must be able to demonstrate to their Accreditation Body(s) how they have chosen to make this information accessible or available on request, keeping in mind the IAF Technical Committee decision 08/03/03 that providing only a means to confirm the validity of a given certification does not conform to the requirement of clause 8.3. | Epsom 12.4 |
| 11/03/19 | Disclosure of Certified Organization | | There was consensus in the IAF Technical Committee for the following: “*The IAF Technical Committee endorses the position that the public disclosure of information collected from Conformity Assessment Bodies (CABs) about their clients should be limited to that required by ISO/IEC 17021 unless otherwise agreed with their clients (or required by law).*” | Epsom 12.7 |
|  |  | |  |  |
| 10/10/01 | Relationships with Consultancy Bodies | | Consensus of the IAF TCisthat there are alternative methods to the 2 year option to manage impartiality in the case of payment of commission/finder’s fee to consultants.  A CAB has to demonstrate the following:   1. Transparency - all documentation relevant to this relationship are recorded and available on request to AB. The client and relevant CAB personnel are aware of this relationship and/or payment of commission/finder’s fee and that the CAB does not provide special treatment. 2. Management of the CAB has signed the relevant declaration of impartiality that includes reference to such relationships and their management. 3. Risk assessment conducted for the specific relationship between the involved parties. Special attention given to the threats arising from relationships of the parties/individuals involved. 4. Impartiality committee reviews the effectiveness of management of risk due to such relationships. 5. A process is established to ensure there is no special treatment of clients during the certification process. 6. Instances of pressure or influence from management, consultant or client are reported and mitigated. 7. Additional witnessing of the audits may need to be conducted by the CAB. 8. Closer scrutiny of audit output and certification / recertification decisions. 9. Monitoring of such relationships through internal audit.   An AB may need additional time to assess the management of such relationships and may also need to conduct additional witness audits. | Shanghai 4.11.1 |
| 10/10/02 | IAF TF on ISO/IEC 17021: 20xx transition | | There was consensus in the IAF TC to forward 2 resolutions to the IAF GA on the transition period of 2 years and the change of the voting process for the transition document. | Shanghai 5.10 |
| 10/10/03 | Change of accreditation to avoid witness audits | | There was consensus in the IAF TC that a change of the accredited certification initiated by the CB for this reason is a misbehaviour of the CB.  The AB should consider whether this is a NC with respect to ISO 17011, 8.1.1 e.  The principle question will be addressed in a TF which has to be established. | Shanghai 12.1 |
| 10/10/04 | Reduction of audit duration by more than 30% | | There was consensus in the IAF TC to accept the following proposal of the TF on  MD 5: Section 3.9 was amended as follows:  The reduction of audit duration shall not exceed 30% of the times established from tables QMS 1 or EMS 1.  Note: This may not apply to the situations described in the IAF MD 1 for the individual sites | Shanghai 12.2 |
| 10/10/05 | Clarification on clause 10.1 of IAF MD 5 | | JACB described a situation where a client has more than one site, but these sites are not suitable for sampling (for details see discussion paper TC 43-10).  There was consensus in the IAF TC that IAF MD 5 is applicable in this specific case.. | Shanghai 12.3 |
| 10/10/06 | Single Site or Multi Site | | Representatives of CBs submitted a discussion paper on situations in which an organization may have activities being fulfilled at several physical locations, but it is considered as one site for certification purposes (for details see discussion paper TC 44-10).  There was consensus in the IAF TC to form a TF on this subject respectively to forward the issue to the existing WG on Management Systems (QMS). | Shanghai 12.4 |
| 10/10/07 | Possible reductions according to IAF MD1 and 5 | | There was consensus in the IAF TC to accept the following proposal of the TF on MD 5:  Section 3.9 was amended as follows:  The reduction of audit duration shall not exceed 30% of the times established from tables QMS 1 or EMS 1.  Note: This may not apply to the situations described in the IAF MD 1 for the individual sites in multi site operations where a limited number of processes are present and the implementation of all the requirements of the management system standards can be verified. | Shanghai 12.5 |
| 10/10/08 | Reduction time includes 20% for planning and reporting?? | | Is the reduction percentage for planning/reporting part of the maximum reduction of 30%?  There was consensus in the IAF TC that the assumption is a misreading of the document IAF MD 5.  The document applies to total audit time.  Reduction reasons apply to audit time in the table QMS 1 and EMS 1, of which 80% have to be spent on site. | Shanghai 12.6 |
|  |  | |  |  |
| 10/03/01 | WG for ISO/IEC 17024 | | **Overdue action item:** There was consensus to circulate for 60-day comment to the TC the scheme criteria developed by the WG for ISO/IEC 17024.  **Overdue action item:** There was consensus to circulate for concurrent 60-day comment by IAF and ILAC the definitions of key activities for accreditation of certifiers of persons developed by the WG for ISO/IEC 17024 for inclusion in A5.  **Overdue action item:** There was consensus to circulate for concurrent 60-day comment by IAF and ILAC the competencies for AB assessor teams developed by the WG for ISO/IEC 17024 for inclusion in A5. | Rio 4.1 |
| 10/03/02 | PEFC-IAF Requirements for Chain of Custody | | There was consensus to circulate the IAF/PEFC joint document ‘PEFC Guidance on requirements to CBs for CoC certification’, rev. 9 for 60-day comment to the TC and for 30 day balloting. | Rio 4.2.1 |
| 10/03/03 | IAF Document on the Application of ISO/IEC 20000 | | There was consensus to circulate on the application of ISO/IEC 20000 for 60-day comment to the TC. | Rio 4.3.1 |
| 10/03/04 | Relationships with Consultancy Bodies | | Consensus of the IAF TCisthat there are alternative methods to the 2 year option to manage impartiality in the case of payment of commission/finder’s fee to consultants.  The WG on Credibility of MS Certifications was assigned the task to further develop the methods based on the principle of transparency. | Rio 4.12.1 |
| 10/03/05 | TF on Sanctions | | There was consensus to circulate the amended MD document to all IAF members for 60-day comment, followed by a 30-day IAF ballot. | Rio 5.1 |
| 10/03/06 | TF on Indicators of CB Performance | | There was consensus to circulate the draft document on indicators of CB performanceto IAF-TC members for 30-day comment. | Rio 5.3 |
| 10/03/07 | Cross Frontier Accreditation of MS CBs | | The IAF TC agreed on recommendation of the TF to extend communication to the IAF MLA committee and the IAF executive committee. | Rio 5.6 |
| 10/03/07 | Expected Outcomes | | The IAF-TC decided to propose the following resolution to IAF-GA in Shanghai.  **IAF Resolution 2010 – XX *Deployment of IAF/ISO Joint communiqué on expected outcomes for accredited certification to ISO 9001 and 14001***  The IAF General Assembly, acting on the recommendation of the Technical Committee, resolves that Accreditation Bodies; translate the "expected outcomes" documents into their local language(s) (as used on their website and other promotional material) and make them available and;   * promote the documents within their own organizations, with particular emphasis on their assessors and; * communicate and promote to their accredited Certification Bodies the existence of these documents and the importance for auditors and other certification body personnel to understand their content and; * provide feedback in the assessment report on the knowledge and awareness of the content of these documents by certification bodies.   The General Assembly further resolves to request all association members of IAF to communicate these documents to their members and other interested parties. | Rio 5.8 |
| 10/03/08 | Certification audit process, stage 1 and stage 2 | | There was consensus in IAF TC   * that more than one stage 1 audit is possible with proper justification; * that pre-audits prior to stage 1 are acceptable as long as impartiality is not compromised , but not appropriate between stage 1 and stage 2 * Pre-audits prior to transition/ migration is acceptable | Rio 12.2 |
| 10/03/09 | Termination of WG/TF | | There was consensus in the IAF TC to terminate the following TFs   * Task Force on Expected Outcomes * Task Force on Transfer of Accreditation | Rio 5.8  Rio 5.9 |
| 10/03/10 | New WG/TF | | There was consensus in the IAF TC to establish the following new TFs   * TF to develop an IAF document on transition to ISO/IEC 17021 20XX * TF on the harmonized approach for assessing the certification bodies process for managing the personnel competence | Rio 6.3  Rio 12.3 |
| 10/03/11 | Prevention of misuse of standards | | There was consensus in the IAF TC that there will be no accredited certification on ISO 26000 and a proposal for a resolution regarding this subject will be developed for the GA in Shanghai. | Rio 12.5 |
|  |  | |  |  |
| 09/10/01 | WG for Product Certification Accreditation | | There was consensus that Mr. Moliski would serve as an IAF TC liaison to CASCO WG 32. | Vancouver 4.4 |
| 09/10/02 |  | | There was consensus to discontinue the TF on improving accredited certification and to form a WG on management systems certification with Mr. Kameyama (ykameyama@jab.or.jp) and Mr. Savov (isavov@moody.bg) serving as co-conveners. Anyone interested in participating can send e-mail to the conveners and copy Mr. Borzek (norbert.borzek@dgq.mbh.de). | Vancouver 5.1 |
| 09/10/03 |  | | There was consensus to form a TF to plan deployment of the expected outcomes documents within the accredited certification community. Dr. Croft (nhc@isto.ch) and Mr. Palmes (pcpalmes@cableone.net) will serve as co-conveners. | Vancouver 5.3 |
| 09/10/04 |  | | There was consensus to discontinue the TF on measurement traceability. | Vancouver 5.9 |
| 09/10/05 |  | | There was consensus to discontinue the TF on the need for QMS scopes. | Vancouver 5.11 |
| 09/10/06 | Revision on MD 5 | | There was consensus to form a task force to revise IAF MD 5. Mr. Bennett (roger.bennett@bsigroup.com) and Mr. Ezrakhovich (alex.ezrakhovich@saiglobal.com) will serve as co-conveners. Discussion papers TC-53-09, TC-54-09, and TC-56-09 are to be considered by the task force as the subject of the revision. Those who wish to participate in the task force should contact the co-conveners and/or Mr. Borzek (norbert.borzek@dga-mbh.de).  There was consensus to revise IAF MD 5 as proposed in paper TC-54-09 to include the following concepts (but not the specific language):   * The 80% value should be associated with an audit including stage 1 and stage 2 (the initial audit).   + The intent is that 80% of the audit-day time is spent actively auditing and not doing document review. * The period of time for document review (not audit preparation) should only be considered for audits that include stage 1.   In response to paper TC-55-09, a task force was formed:  There was consensus to form a task force to create an IAF document on integrated management systems separate from IAF MD 5. Mr. Savov (isavov@moody.bg) and an EA representative to be named will serve as co-conveners. Those who wish to participate in the task force should contact the conveners and/or Mr. Borzek (norbert.borzek@dga-mbh.de).  In response to paper TC-56-09, there was consensus that as currently published in IAF MD5, the combined or integrated audits already factor into justifications for reductions, which normally should not exceed 30%. | Vancouver 12.1 |
| 09/10/07 | Transfer of certification | | There was consensus that the practice of including pre-transfer review time in a surveillance audit schedule is not acceptable because a surveillance audit cannot be undertaken until the transfer is completed. | Vancouver 12.2 |
| 09/10/08 | Maintaining Certification | | There was consensus that sampling of reports is acceptable per clauses 9.3.3.a and 9.3.3.b of ISO/IEC 17021. There was also consensus that there does not have to be an independent review, provided the conditions of clauses 9.3.3.a and 9.3.3.b of ISO/IEC 17021 are satisfied. | Vancouver 12.3 |
| 09/10/09 | Improving the Credibility of Management Systems Certification Schemes | | There was consensus to have the issue of disclosure of information related to accreditation and certification to improve the credibility of management systems certifications monitored by the WG on management systems certification. | Vancouver 12.4 |
| 09/10/10 | Identification of Legal Entity on Certificate | | There was consensus that nothing precludes including the name of both entities (a head office and a manufacturing facility which are separate legal entities that share a quality management system) on the certificate but locations included in the scope of certification should be identified. | Vancouver 12.5 |
| 09/10/11 | Relationships with Consultancy Bodies | | There was consensus to ask the WG on management systems certification [see agenda item 5.1] to consider the issue of CB payments to consultants and other threats to impartiality. | Vancouver 12.6**.** |
| 09/10/12 | Withdrawal of TC-12-09 | | There was consensus to withdraw the TC decision in TC-12-09 and delete it from the decision log, and the decision log is to refer to the CASCO Web site for the CASCO interpretation. | Vancouver 12.7 |
| 09/10/13 | Transparency and Customer Feedback | | There was consensus that ABs and CBs should make it easy to understand how to provide feedback and/or lodge a complaint. | Vancouver 12.9 |
| 09/10/14 | Medical Device Transfer Proposal | | There was consensus that because there is no MLA for medical devices, IAF MD2 does not apply during the process of transfer of certification. | Vancouver 12.10 |
| 09/10/15 | Implementation of ISO/IEC 17021 Clause 5.2.7 | | There was consensus to ask the WG on management systems certification to consider the issue of external auditors acting as consultants and other threats to impartiality. | Vancouver 12.11 |
|  |  | |  |  |
| 09/03/01 | Log of Key IAF TC Decisions | | The decision log shall be publicly available on the IAF site.  The decisions will be categorised and the IAF TC will decide, which decision-category will be publicly available. | Mumbai 3.1 |
| 09/03/02 | MD on CF Accreditation of Management Systems CB | | The IAF TC agreed to insert the definition of a critical location as a key activity in a revision of the MD on the application of ISO/IEC 17011, following the IAF process for comment and ballot, with GD 3 to apply in the interim. | Mumbai 5.9 |
| 09/03/03 | TC Liaiason | | The document on IAF Liaisons (TC-22-09) will be moved forward as an IAF internal procedure. | Mumbai 5.12 |
| 09/03/04 | MLA for FSMS and ISMS | | There was consensus that the TC should recommend moving forward on a MLA for FSMS based on ISO 22000 and ISO 22003 and a MLA for ISMS based on ISO/IEC 27001 and ISO/IEC 27006. | Mumbai 9.1 and 9.2 |
| 09/03/05 | Forestry MLA | | There was no consensus to recommend moving forward on an MLA for forestry. | Mumbai 9.3 |
| 09/03/06 | Transfer of Accreditation  (see discussion paper) | | There was consensus about the need for a document but with cautions with regard to brevity and reliance on equivalence of accreditation, and inclusion of European input. It is to be determined whether it will be a mandatory document. | Mumbai 12.1 |
| 09/03/07 | Interpretation of Guide 65, Clause 15  (see discussion paper) | | There was inadequate information provided for the TC to reach a decision about the specific situation. It was suggested that PAC refer the matter to the CASCO Interpretations Panel for a formal interpretation.  The TC agreed that in general terms, where surveillance is not part of the scheme, the answer to question 1 would be yes and the answer to question 2 would be no, and in general terms, where surveillance is part of the scheme, the answer to question 1 would be no and the answer to question 2 would be yes. | Mumbai 12.2 |
| 09/03/08 | Partial or Temporary Shutdown  (see discussion paper) | | Due to the actual situation of the global economy, management systems CBs may be faced with the fact that companies temporarily shut down their activities partly or in full and therefore make it impossible to timely perform surveillance or recertification audits. It is important for a CB to demonstrate reasonable due diligence and ask appropriate questions to establish an appropriate course of action. If these special conditions apply, transfer of certification is not allowed.  **Initial Surveillance Audit**  **There is no option to postpone the first surveillance after the initial stage 2 audit.** The first surveillance audit after initial certification is to be within 12 months of the last day of the initial stage 2 audit (ISO/IEC 17021:2006, 9.3.3.2). The client should be encouraged to plan the audit well in advance. Otherwise the certificate has to be withdrawn or the scope reduced according to the remaining activities.  **Subsequent Surveillance Audits**  There may be specific circumstances by which a CB can justify adjusting the timing of a subsequent surveillance audit. If an organization has to shut down completely, the IAF TC would consider it reasonable for a CB to postpone an audit that had been scheduled to occur during the shutdown until the client resumes operations. The client shall agree to inform the CB when operations resume so the CB can promptly conduct the audit. The CB should make use of the limited flexibility given by the standard, which requires an annual surveillance.  **Recertification Audits**  **There is no option to postpone a recertification audit past the certification expiration date.** The recertification audit must be completed and the recertification decision made prior to expiration to avoid loss of certification (ISO/IEC 17021:2006, 9.1.1). If this is not possible because of the shutdown of the company the certification is considered expired, but if the audit occurred following the expiration it could still be considered a recertification (rather than an initial) audit. The postponement shall not normally exceed six months. | Mumbai 12.3 |
| 09/03/09 | Certificate Expiry Dates  (see discussion paper) | | The TC agreed that if a CB completes the recertification requirements within three months in advance of the certification expiry date, it can issue the new certification based on three years from the original expiry date. | Mumbai 12.4 |
|  |  | |  |  |
| 08/12/01 | Revision of IAF GD 24:2004 | | There was consensus to revise/reformat GD 24 with the intention of converting it to an IAF mandatory document. | Stockholm 4.1.1 |
| 08/12/02 | ISO 9000 Advisory Group | | It was confirmed that ABs are to assess CBs to the full standard (ISO 9001) if option 1 was selected by the CB. | Stockholm 4.8 |
| 08/12/03 | Mandatory Document on QMS Scopes of Accreditation | | There was agreement to continue the status quo with an informative document having a minimum of 39 scopes (and the AB able to cross reference in some manner with regard to competence). | Stockholm 5.6 |
| 08/12/04 | Implementation of ISO 9001:2008 | | There was consensus that it is at the discretion of the CB whether to start a new three-year cycle after the recertification process or simply issue a new (upgrade) certificate to ISO 9001: 2008 with the same expiration date as the old (ISO 9001:2000) certificate on the normal schedule after a surveillance audit. Further, the TC confirmed that no new process is required for continuing accreditation (that is, the CB need only demonstrate that it has communicated that a new standard applies). | Stockholm 5.12 |
| 08/12/05 | Issues not addressed elsewhere | | It was proposed to deal with this section of the agenda separate from the rest of the meeting. The conclusions for each discussion paper submitted would be worded as consensus statements and ideally published in a searchable database. | Stockholm 7 |
| 08/12/06 | Protocol to Move Forward TC Documents | | There was some clarification on the process of publishing IAF documents:  When a document is ready to move from one stage to the next, it should be submitted to the chair, who decides with the recommendation of TF on the next step. Whenever a ballot is completed, the chair can authorize a TC ballot, but the TC must authorize a ballot to the IAF membership. In the meantime, an Executive Committee task force has been established to update IAF PR 2 to ensure that there is a consistent process that is understood by all. | Stockholm 7.1 |
| 08/12/07 | Outsourcing Audits to MS Consultant | | This issue again was discussed because the opinion of the TC on outsourcing audits to individuals employed by management systems consultancies had caused problems in some countries, because of some national tax and other financial regulations regarding the employment of individual external auditors.  Previously, there was TC consensus that it was acceptable to outsource audits to a one-person management systems consultant, but unacceptable to outsource audits to employees of a larger management systems consultancy.  After the discussion there was consensus to affirm the original decision of the TC. | Stockholm 7.7 |
| 08/12/08 | MS Mark on Product Packaging | | There was consensus that it is not acceptable to use a QMS accreditation mark on consumer product packaging. | Stockholm 7.15 |
|  |  | |  |  |
| 08/03/01 | Conformance with IAF-ILAC JGA Resolution 7 | | The product certification Working Group, in seeking confirmation of conformance of IEC schemes for qualifying manufacturer testing laboratories, suggested four points for a document that used to show that a facility is qualified: 1) there should be no reference to ISO/IEC 17025; 2) there should be reference to the type of qualification; 3) there should be no reference to the term accreditation; and 4) acceptable terms are “authorization”, “verification”, and “qualification; and also “certification” is not used on a predominant format.  There was recognition that someone who met these four points would satisfy the resolution, although some felt this would go beyond the resolution. | Bonn 4.4 |
| 08/03/02 | Certification Decision | | There was consensus that the person(s) making certification decisions are not required to have the same competence as the audit team, except as may be required by specific schemes. | Bonn 7.2 |
| 08/03/03 | Validity of certificates and Directory of Certified Organizations | | There was consensus that by providing means on its website to confirm the validity of a given certification by entering a certificate number, a CB conforms to clause 8.1.4 of ISO/IEC 17021 but does not conform to the requirement of clause 8.3 of ISO/IEC 17021. | Bonn 7.3 |
| 08/03/04 | Validity of surveillance methodology | | A CB introduced a new methodology for surveillance audits to provide assessment of business assurance that supports ensuring the client’s business by focusing the audit on what the organization identifies as true importance…and consider this as part of the audit when each auditor evaluates each function; and have the audit results oriented more to the report to top management. There was consensus that this approach is acceptable as long as the CB continues to conform to all applicable requirements. | Bonn 7.4 |
| 07/10/01 | Decision log | | Decision 06/11/27 will be removed from the decision log (see also 06/11/03 in the new numbering system). | Sydney 3.1 |
| 07/10/02 | Implementation of Cross Frontier Accreditation | | The consensus of the TC is that AB’s *should* share assessment results, findings, and corrective action details with other ABs that have accredited the same CB. | Sydney 4.6 |
| 07/10/03 | IAF-ILAC Joint Inspection Group | | **Resolution:** The IAF and ILAC Joint General Assembly endorses that a new work item is started in the Joint Inspection Group to draft a single top-level document that approaches the forensic process as a whole and provides common guidance for both ISO/IEC 17020 and ISO/IEC 17025 in areas where the activities overlap. The guidance will be based on the guidance document to ISO/IEC 17020 for crime scene investigation that has already been drafted by EA and ENFSI and on the ILAC G19 for forensic laboratories. | Sydney 4.8 |
| 07/10/04 | Termination of TF on Auditing Regulatory Compliance | | **Action:** The TC agreed to dissolve the TF on auditing regulatory compliance. There was consensus by the TC to terminate the TF acknowledging that EA has published EA 7/04 **(**Legal Compliance as a part of Accredited ISO 14001:2004 Certificationhttp://www.european-accreditation.org/n1/doc/ea-7-04.pdf) that addresses this issue in Europe, and the publication Managing compliance with environmental law: a good practice guide, IEMA Practitioner Series Vol 6 <http://www.iema.net/books> that addresses this issue within the UK | Sydney 5.2 |
| 07/10/05 | CBs Certifying to ISO/IEC 17025 | | **Resolution:** The IAF and ILAC General Assemblies resolve jointly that when a CAB accredited by an AB is providing certification to any standard used as a basis for accrediting CABs (e.g., ISO/IEC 17025 or ISO 15189), the AB shall initiate its process for suspension of accreditation, as this behaviour of the CAB will put the AB in the condition of providing the same service that a CAB performs, in violation of clause 4.3.6 of ISO/IEC 17011. Further decisions shall be based on the actions taken by the CAB.  All IAF AB members shall include a suitable provision on such a possibility in their contracts with CABs.  Note: It is accepted that a CAB may have to assess subcontractors to confirm that they meet the CABs’ requirements, which may include e.g. ISO/IEC 17025. Documentation issued to subcontractors as a result of a successful assessment should clearly state that this is only for the purposes of the subcontract and is not certification or accreditation in accordance with ISO/IEC 17011. | Sydney 5.6 |
| 07/10/06 | QMS Scopes of Accreditation | | There was consensus that the document “Criteria on QMS Scopes of Accreditation” be mandatory (normative criteria). | Sydney 5.9 |
| 07/10/07 | Reconsideration of **“**Informative Criteria” | | **Resolution – Designation of IAF Documents:** The General Assembly, acting on the recommendation of the Technical Committee, resolved that in the future IAF will designate documents that are mandatory for IAF member accreditation bodies and their accredited conformity assessment bodies as “normative criteria”, and will designate documents that are informative as “informative guidance.”  Note: Changed during the General Assembly to be “normative document” and “informative document” | Sydney 7.2 |
| 07/10/08 | Acceptable Information for Accreditation Decisions | | There was consensus that for an acceptance of another AB’s report a summary report could be useful, but there should also be access to the full report from the originating AB. | Sydney 7.6 |
| 07/10/09 | Application of ISO/IEC 17021:2006, 5.2.8 | | Because a CB cannot provide management systems consultancy, it also cannot outsource services to a management systems consultancy.  The IAF Technical Committee had discussed this issue at its meeting in Vancouver in February 2004 (item 9.5 of the meeting summary). What ended up in clause 5.8.5 of ISO/IEC 17021:2006 derived from this IAF TC decision.  In the case of a single person being the consultancy, if a CB and AB can confirm this is a single person, then it is reasonable to consider it ok to contract this person as an auditor according to ISO/IEC 17021:2006, 7.3.  However, in the case of body with several persons, it is not ok if this “body” also provides management systems consultancy. | Sydney 7.7 |
| 07/10/10 | Transfer of certificates | | A situation was described and discussed where the IAF procedure regarding transfer of certificates obviously was used by auditors to increase their salary.  There was agreement that the practice as described in the paper is unacceptable. However, there was not consensus for any specific remedy. | Sydney 7.8 |
|  |  | |  |  |
| 07/03/01 | Competence of Accreditation Assessors | | In Cancún Mr. Pierre had said Ms. Savéant would oversee work on a project intended to have the participation of ILAC. ILAC G11 and the outputs of WG21 will be taken into consideration by the TF. Mr. Balakrishnan, Ms. Brough-Kerrebyn, Mr. Carmody, Carmen Pilar, Dr. Thione, and Ms. Cynthia Woodley volunteered to participate. | San Francisco 5.2.1, 12.2 |
| 07/03/02 | Appendices on IAF Guidance | | New task forces were formed to review and to revise the existing IAF guidance documents. | San Francisco 5.8 -5.14, 12.2 |
| 07/03/03 | Formation of WG on Product Certification | | Formed new WG on product certification accreditation: Mr. Moliski to chair with Messrs. Beer, Boboige, Dixon, Hernandez, Inman, Paladino, Phua, Romyanont, and Shaw, and Ms. Liu, Ms. Makino, and Ms. Savéant participating. | San Francisco 7.1, 12.2 |
| 07/03/04 | Formation of WG in Medical Devices | | Formed new WG on certification of QMS for medical devices: Mr. Ramaley will chair with Messrs Arnold, Keeling, and Richter, Ms. Brough-Kerrebyn, Ms. Liu, a GHTF person to be named by Mr. Beer, a BSI person to be named, and a JAB person to be named participating. Mr. Ramaley will work with Mr. Dougherty to identify a co-chair. | San Francisco 7.2, 12.2 |
| 07/03/05 | Use Term “Normative Criteria” for Mandatory IAF Documents | | There was consensus to move ahead using the terms “normative criteria” (for mandatory documents) and “informative criteria” rather than the term “guidance.”  There was consensus to submit a resolution for consideration by the General Assembly with regard to using the terms “normative criteria” and “informative criteria” instead of “guidance.” Mr. Dougherty and Mr. Inman will draft a resolution to put before the TC members prior to the Sydney meeting. | San Francisco 7.4, 12.3 |
| 07/03/06 | EMS Multi-site Sampling. | | There was consensus that the specific clauses in GD6 relating to EMS multi-sites should remain in effect until they are superseded. | San Francisco 7.5 |
| 07/03/07 | TFs on IAF Initiatives | | New task forces were formed regarding IAF initiatives #4 and #5. IAF initiative #6 will be included in TF on reengineering. | San Francisco 7.6 |
|  |  | |  |  |
| 06/11/01 | **IAF Resolution 2006-09** Transition Period for ISO/IEC 17021 | | The General Assembly, acting on the recommendation of the Technical Committee, resolved that the transition period for conforming to ISO/IEC 17021:2006 be 24 months following publication. Therefore, on 15 September 2008, accreditation to ISO/IEC Guide 62:1996 and ISO/IEC Guide 66:1999 will no longer be valid. The annexes to GD2 and GD2 should continue to be applied until superseded. | Cancun 6.4 |
| 06/11/02 | Guidance on ISO/IEC 17021 | | Decision to not develop application guidance on ISO/IEC 17021 until after experience implementing it. | Cancun 6.2 |
| 06/11/03 | Certification to ISO/IEC 17025 | | **Removed from the decision log due to IAF TC decision in Sydney (3.1)** | Cancun 8.2 |
| 06/11/04 | Certificates for Equipment | | There was consensus that CBs issuing certificates for equipment to run effective ISO 9001 systems is an unacceptable practice and should not continue. | Cancun 8.4 |
|  |  | |  |  |
| 06/03/01 | Annexes from Guidance to ISO/IEC 17021 | | There was consensus to break out the annexes from guidance to ISO/IEC 17021, but the TC postponed any action on developing standalone guidance in light of the intention to reengineer the business of certification and accreditation. | Rome 5.5 |
| 06/03/02 | Information  Exchange on ISO/IEC 20000 | | There was consensus to form a working group to provide a forum for exchange of information on ISO/IEC 20000. Mr. Kawaberi and Mr. Keeling will co-chair the group. | Rome 7.6 |
| 06/03/03 | Transition Period for ISO/IEC 17021 | | There was consensus to have an 18-month transition period for ISO/IEC 17021, but to revisit the matter at the Cancun meeting in November 2006. | Rome 8.1 |
| 05/09/01 | Decision Log | | A standing task force was formed to maintain the log of key IAF TC decisions with appropriate headings and indexing. | Auckland 3.1 |
| 05/09/02 | Use of APG/ AAPG Papers | | The Auditing Practises Group (APG) and the Accreditation Auditing Practises Group (AAPG) were formed with the intention of drafting papers for reference but not as normative documents. The papers may / can be used by respective working groups as input for other documents. | Auckland 4.3 |
| 05/09/03 | Implementation Period | | As the revisions to GD 2 and 6 would likely have limited impact on CBs, there was consensus for the usual implementation period of 12 months after publication. | Auckland 5.2 |
| 05/09/04 | Suspension of TF on Auditing Regulatory Compliance | | There was consensus to suspend activity of the task force on auditing regulatory compliance; it will remain on agenda as a suspended project. The TC will await input in reaction to the UK document and see if an IAF position is still needed. | Auckland 5.5 |
| 05/09/05 | Impartiality | | A person who is involved in the auditing process shall not take the certification decision even if there is no other competent person. | Auckland 6.3 |
| 05/09/06 | Definition of Nonconformity | | There was consensus that the definition of nonconformity is that which is in ISO 9001:2000 – which is non-fulfilment of a requirement – and not the definition in GD 2. A CB should have a process for dealing with all nonconformities. The definition in GD 2 relates to those specific nonconformities that affect the certification decision. | Auckland 6.4 |
| 05/09/07 | Monitoring of Examiners | | The TC affirmed as good practice, that monitoring of examiners is necessary. It is not possible to monitor examiners on a sampling basis (which means that some examiners might not be monitored), and an appropriate monitoring cycle for examiners is three to five years. | Auckland 6.5 |
| 05/09/08 | Extended Certification Cycle | | Five-year re-certification cycle in the interest of harmonizing ISO 9001 and ISO 14001 certifications with other certifications in the regulated areas are possible according to IAF Guidance on Guides 62 and 66. However, ISO/IEC 17021 proposes a very strict three-year cycle. | Auckland 6.6 |
| 05/09/09 | Certification Scope | | The certification scope should be sufficiently clear to reflect the services being provided, especially with regard to design and development. | Auckland 7.2 |
| 05/09/10 | Inconsistencies of ABs Performances | | There was consensus to form a task force to determine any course of action by the TC regarding any of the issues of inconsistencies among accreditation bodies as identified by the IAF MLA survey. | Auckland 7.3 |
| 05/09/11 | Transition Period for ISMS Standards | | The EA has acknowledged an 18-month transition period from British ISMS standards to ISO 17799 and TS 27001 from the publication of those documents. | Auckland 10.1 |
| 05/09/12 | Initiative to Meet Customer Expectations | | Customers’ feedback and discussions with industry concluding that certification to ISO 9001:2000 was not meeting industry’s expectations.  There was consensus for identifying initiatives to address these problems. | Auckland 10.4 |
| 05/09/13 | Scheduling IAF TC Meetings | | There was consensus to hold the official annual TC meeting earlier in the calendar year (February/March/April) to feed into meetings of the General Assembly later in the calendar year (September/October/November). A second annual TC meeting would still be scheduled in conjunction with the General Assembly. | Auckland 10.5 |
| 05/09/14 | **IAF Resolution**  **2005-12**  Cross Frontier Application | | The IAF General Assembly, acting on the recommendation of the IAF Technical Committee, resolved that the principles of the IAF Cross Frontier Policy apply to all fields of accredited certification offered under IAF membership. (See item 6.1, above.) | Auckland 11.3 |
| 05/09/15 | **IAF Resolution**  **2005-14**  Accreditation of Training Course Providers | | Given that a training course provider is not a conformity assessment body and so by definition assessment and approval of a training course provider is not accreditation, and given that as ISO/IEC 17011:2004, clause 4.3.6.a, states that an accreditation body will not provide any service that affects its impartiality such as those conformity assessment services that CABs perform, the IAF General Assembly, acting on the recommendation of the IAF Technical Committee, resolved that accreditation of training course providers is not in conformance with ISO/IEC 17011:2004. (See item 7.1, above.) | Auckland 11.3 |
|  |  | |  |  |
| 05/02/01 | Audit Time - Inclusion of Auditor Training Time | | The consensus of the IA FTC is that auditor-in-training, as determined by a CB in consideration of ISO 19011: 2002, cannot conduct audits without supervision, and inappropriate to include time of both an auditor-in-training and the supervisor in audit duration. | Taipei 7.1 |
| 05/02/02 | Complaints and Confidentiality | | In responding to complaints, it may be possible to disclose that investigations were undertaken, what conclusions were drawn, and whether there was subsequent correction. Parties involved in a specific complaint may grant permission to disclose what would normally be considered confidential. | Taipei 11 |
| 05/02/03 | IAF TC Process | | The consensus of the IAF TC is that is inappropriate to comment on a question posed in regard to standard under development (in response to a question about ISO/IEC DIS1 17021 and personnel who work for a CB and related consultancy). | Taipei 6.3 |
| 05/02/04 | IAF TC Process | | IAF TC leadership will ensure appropriate processes are established and followed for distribution of papers prior to meetings. | Taipei 7.2 |
| 05/02/05 | IAF TC Process - Consideration of an Issue for Consensus Decision | | The consensus of the IA FTC is that a discussion paper be required for any issue to considered by the IAF TC for a consensus decision, to provide members the opportunity to study the issue in advance of making a decision, and to not consider an issue raised orally at the meeting (this was in response to an issue raised orally regarding the monitoring of examiners for certification of personnel). | Taipei 7.2 |
| 05/02/06 | Review of Surveillance Reports | | ABs have been accused of inconsistently applying IAF GD 2, clause 3.6.10, and IAF GD 6, clause 5.6.12. The proposal to establish a Task Force to draft a revision of IAF Guidance to incorporate draft wording of ISO/IEC 17021 was rejected, and with IAF TC consensus that existing rules be enforced by all ABs. | Taipei 6.4 |
|  |  | |  |  |
| 04/10/01 | Transition Period ISO 14001 | | There was consensus to ask the General Assembly to recommend balloting IAF members on TC-10-04 as IAF guidance on the transition for new ISO 14001. | Cape Town 5.2 |
| 04/10/02 | Co-Certification Scheme of CBs | | A CB Peer-Evaluation Schemes (TC-34-04, process for co-certification) was presented.  The TC Chair noted that the presentation was to promote understanding and that there would be no endorsement by the TC.  During the discussion it was noted that there are no provisions in the ISO guides or IAF guidance for co-registration. Where co-registration has been accepted, it has been under the requirements related to subcontracting. It was also noted that there are implications related to cross-frontier accreditation.  It has to be up to each AB to ensure that relevant requirements are being met. | Cape Town 7.4 |
| 04/10/03 | “Document Review” is Not Audit Time | | The IAF TC affirmed that the TC Chair's response to the query was correct, in that the “document review” is not considered part of the on-site auditor time in current guidance. | Cape Town 7.5 |
| 04/10/04 | Compatibility of Certification to ISO 13485 and ISO 9001 | | Conformance with ISO 13485 does not necessarily indicate conformance with ISO 9001, but an organization can be certified to both standards. | Cape Town 7.7 |
| 04/10/05 | Definition of Critical Locations | | There was consensus that if any of the three processes in the first bullet of clause 2.2 of IAF GD 3are done at the location, it would be considered a critical location. | Cape Town 7.11 |
| 04/10/06 | CB Participation on Impartiality Committee | | It was agreed that it is acceptable for a CB to have staff serve on the impartiality committee as long as staff, as a single interest, does not dominate. It would even be acceptable for a staff person to chair the committee, although this may not be preferred. | Cape Town 7.13 |
| 04/10/07 | Different AB Requirements | | There was no consensus on what a CB should do when it confronts differing applications by ABs, it was noted that ABs should attempt to resolve the differences between themselves. | Cape Town 7.13 |
|  |  | |  |  |
| 04/10/08 | Auditor’s Qualification for Surveillance Audits | | There was consensus on the IIOC position that the CB has responsibility to determine if an auditor is qualified to perform the duties of the audit team leader as defined by guidance in ISO 19011, recognizing that for one-person surveillance audits the auditor may not have to have demonstrated competence to lead a team. | Cape Town 7.14 |
| 04/02/01 | ISO 19011 | | It was agreed, that better clarity was needed in the market as to the application of ISO 19011 to third party certification, for QMS, for EMS and for other management systems. | Vancouver 6.3 |
| 04/02/02 | Regulatory Compliance | | Members agreed that a major aspect of the topic was the managing of the expectations of the market. In particular, all interested parties needed a common understanding of the mutually supporting, but different, roles of a regulator performing a compliance audit and a management systems auditor auditing a system that underpinned compliance. | Vancouver 7.1 |
| 04/02/03 | consultant as subcontractor | | After much discussion about clauses 2.1.2 o), 2.1.3 b) and 2.2.3.2 f) of Guide 62, it was agreed that the term “subcontract” gave rise to confusion. A recommendation was made that future ISO/IEC 17021 give consideration to using “outsourcing” the ISO 9001 term in place of subcontracting.  Nevertheless, there was clarity that differentiation needs to be made between contracting in an external auditor to play a part in a CB’s operations and subcontracting out a task to an external body to be performed by that body on behalf of the certification body.  While the standard requires the legal entity that is the certification body not to be a consultant, contracted auditors or subcontracted bodies may in theory be consultants. However, if a body is subcontracted to represent a certification body and perform the main certification functions on its behalf, it is extremely unlikely that that body can also be a consultant in the same field without giving rise to an unacceptable conflict of interest. | Vancouver 9.5 |
| 04/02/04 | Non-accredited certification in accredited scopes | | Members expressed support for accredited certification, but tended to feel that the way to promote this was through active promotion and meeting of market needs rather than through tighter accreditation requirements. | Vancouver 9.6 |
| 04/02/05 | Cross Frontier Policy | | It was agreed that what was essential was that ABs had collected the information on the overseas activities of all the CRBs they accredited, and had developed appropriate assessment regimes to cover the branch offices. It could not be expected that by 1 May 2004 each AB would have in place all the necessary arrangements to take proper account of work by other ABs. This has to be built up over time through a strengthening of network of IAF member ABs. | Vancouver 13 |

ABOUT SEARCH

────────────────────────────────────────────────────────────────────

The search process uses the MS Word search engine (Find Method) to look for test strings in the Decision Log. There are two   
types of searching tools, Basic and Advanced. For simple text searching use the Basic search tool by selecting one of the   
following column options to search in the document:

- All Decision Log Columns

- Decision Log Number

- Decision Log Topic

- Decision Log Decision Content

- Decision Log Meeting and minute reference

Enter your search text in the text box and then click the "Search" button. There is a maximum length of 50 text characters and   
the search validation process will truncate the search text if it exceeds this maximum. If you are a “Power" user who is familiar   
with the MS Word "Find" functionality, you can click on the "Advanced Search Tools" button to reveal the advanced   
searching options. Note that MS Word only allows one Match option per search.

The search will create a new word document with the search results, where you can choose to Print or Save the results  
to an external file. Click on the “Save´ button and you will be prompted for a folder location to save the results file.  
You can also navigate the results with four navigation buttons:

- Scroll Down

- Scroll Up

- Move to the end of the Document

- Move to the beginning of the Document

============================================================================

Basic Search

The following describes the various text searching operations that are   
available for the Basic Search Tools

============================================================================

CASE SENSITVE

────────────────────────────────────────────────────────────────────

Search operation to locate words with upper and lower case characters, the default setting for  
basic searching is non-case sensitive. Click in the checkbox to enable this option.

============================================================================

Advanced Search

The following describes the various text searching operations that are  
available for the Advanced Tools

============================================================================

USE WILDCARD

────────────────────────────────────────────────────────────────────

A wildcard character is a keyboard character that you can use to represent one or many characters. For example,   
the asterisk (\*) typically represents one or more characters, and the question mark (?) typically represents a single character.

In our case, a regular expression is a combination of literal and wildcard characters that you use to find patterns of text.   
he literal text characters indicate text that must exist in the target of text. The wildcard characters indicate the text  
that can vary in the target string. Click on the Help button bellow to see more details on Wildcard searches.

FIND WHOLE WORD ONLY

────────────────────────────────────────────────────────────────────

Search operation to locate only entire words, not text that's part of a larger word. This option allows you to  
find "Right" and "Set" without also finding words like "righteous" and "upset".

SOUNDS LIKE

────────────────────────────────────────────────────────────────────

This option allows you to search for homonyms, or words   
that sound the same as the search word. Example: The Search Text "Certify" will find "Certification" and "Certifiers".

FIND ALL WORD FORMS

────────────────────────────────────────────────────────────────────

Search operation to locate all the irregular forms of an English word, such as “ran” from “run” or “children” from “child.”  
It allows you to search for "is" which will then find "are," "were," "be," etc. The search is based on  
a grammar-based lexicon.

============================================================================

Extract Search Results

============================================================================

This Extract button will activate after a successful search. You can create a new word document with  
search results where you can click on the "Save" button and be prompted for a folder name to save a  
word file "Search\_Results\_yyyy-mm-dd" that will be created with the search results, where "yyyy-mm-dd"   
is the date the file was created. Please note that the Search process will deleted this file if it already exists.

WILDCARD CHARACTER REFERENCE

The following table lists and describes the wildcard characters that are available for use in Word. Keep one fact in mind  
as you go: Wildcard characters become more powerful when you combine them.

TO FIND THIS TYPE THIS EXAMPLES

Find any single character. ? s?t finds "sat" and "set." This character also   
 finds the chosen combination of characters within a   
 word. For example, it could locate "set" within "inset."

Any string of characters \* s\*d finds "sad" and "started." The asterisk returns all   
 characters and spaces that lie between the literal   
 characters. For example, use the s\*t expression

to search for the phrase "analysis system." the following   
 show you the string matches that search highlights:

sis syst

syst

sys

st

Notice that the asterisk returns st as a match.

That is default behaviour. Word does not limit the  
 number of characters that the asterisk can match, and   
 it does not require that characters or spaces reside   
 between the literal characters that you use with the  
 asterisk. So, be careful when using the asterisk,   
 because it can return a lot of unwanted results.

The beginning of a word < <(inter) finds all the words that start with "inter,"   
 such as "interesting" and "intercept,"   
 but not "splintered." Type <(pre)\*(ed)> to find   
 "presorted" and "prevented".

The end of a word > (in)> finds all the words that end with "in" such

as "in" and "within," but not "interesting."

Type <(pre)\*(ed)> to find "presorted" and "prevented".

One or more specified [ ] w[io]n finds "win" and "won" but not "worn," because  
characters the "r" is not specified. Always use brackets in pairs.

If you use an opening bracket, you also use

the closing bracket .

Any single character in a [x-z] [r-t]ight finds "right" and "sight." The ranges you specify   
given range of characters must be in ascending order. In other words, you can   
 specify [a-m], but not [m-a].

Any single character except [!x-z] t[!a-m]ck finds "tock" and "tuck," but not "tack" or "tick."  
the characters in the range   
inside the brackets

Exactly n occurrences of {n} fe{2}d finds "feed" but not "fed." f[a- z]{2}d finds "find,"

the previous character "feed," and "food," but not "fed." f([a-z]){2}d finds "feed" or expression  
 and "food," but not "find" or "fed." Always use braces in   
 pairs. If you use an opening brace, you also use the   
 closing brace.

At least n occurrences of {n,} fe{1,}d finds "fed" and "feed."   
the previous character   
or expression

From n to m occurrences of {n,m} 10{1,3} finds "10," "100," and "1000."   
the previous character

or expression

One or more occurrences of @ lo@t finds "lot" and "loot."   
the previous character   
or expression

Find any wildcard character. \wildcard char [\?] Finds all question mark wildcard characters, [\\*]   
 finds all asterisk wildcard characters, and so on.

To group characters and () Use parentheses (also called round brackets) to create   
establish orders complex regular expressions. The example earlier   
 of evaluation in this column, and the reference article

Putting, demonstrate some of the ways you   
 can use parentheses.