1. Purpose

To ensure that the **Comply Quality & Standardization Certificates Issuing Services** CQC certificates of approval for management systems are FSMS and / or HACCP.

Correctly approved and issued when the organisation/site demonstrates compliance with the audit criteria and objectives through the certification audit process.

Correctly withdrawn when the organisation/site is found no longer to comply with the requirements of management systems and those conditions which are said certification terms and conditions of CQC.

The certified client complies with the conditions governing the use of the certificate of approval and/or the mark/symbol of the accreditation body logo and the CQC certification mark.

2. Scope

All management system certificate of approval issued by the CQC.

3. References

ISO 17021-1:2015, Clause 9.6 Suspending, Withdrawing, or reducing the scope of certification.

ISO/TS 22003:2013.

4. Procedure

4.1 LEAD AUDITOR RECOMMENDATION

For each certification audit and re-audit, the auditor shall submit to the CQC the certification audit report for the respective management system containing written reasons for recommendation or rejection for certification or re certification.

The lead auditor’s recommendation shall be based upon the auditees management system meeting the audit criteria.

4.2 MANAGEMENT SYSTEM CERTIFICATION

For a recommendation to certificate an operator with a newly introduced management system, the following degree of development must have been achieved.

a) To be certified an organisation must demonstrate that the specific management system functions and the various control mechanisms are properly operational. In practice, this means that:

   i. The management system(s) to be certified has been operational for a minimum of two months.

   ii. The internal audit system is fully operational and can be shown to be effective.

   iii. One management review has been conducted.

b) A management system certificate can only be issued if:

   i. Any nonconformity identified has been addressed and any major nonconformity has been eliminated.

   ii. The certification body has justified confidence that all provisions in the specific standard to be certified have been met, and that provision for compliance with the organisation's policy objectives including regulatory requirements is effective.

   iii. The principle of 'continuous improvement' of specific management system performance has been made concrete in management system programme and is being adhered to.

   iv. All staff has been made aware of the organisation's management system effects, objectives, and the system.

   v. All key staff has undersigned a training needs analysis and has received training accordingly.

5. Review of Lead Auditor’s Recommendations

The technical reviewer shall review the lead auditors’ report and associated material along with the reasons for recommendation/rejection for a client’s certification. He / she shall complete the technical review form for the approval or rejection to the certification manager for them to endorse.

A peer review shall be required if the technical reviewer does not have the scope approval of the sector. In all the cases, the review of audit reports and the certification decision making process shall be carried out by individual or committee who are different from those who carried out the audit.

The individual or committee for decision making process shall be selected if they fulfil CQC competence criteria as per the certification scheme requirements as per Basic Competence Criteria, which are updated as and when required based on the scheme requirements.

The certification manager shall be the final approver for FSMS / HACCP management system certifications to be issued.

Certification manager shall be responsible for and shall retain authority for all the decisions made by it relating to certification, including the granting, refusing, maintaining of certification, expanding, or reducing the scope of certification, renewing, suspending, or restoring following suspension or withdrawing of certification.

Certification manager shall verify the client's details, including the audit scope of supply and prepare the Certificate of management system approval.

The following shall be the minimum criteria for enabling the decision-making process:

1) The lead auditor has recommended for certification in audit report, and this has been approved by the technical reviewer.
2) There is no outstanding major non-compliance.
3) Required corrective actions are accepted and verified successfully by the lead auditor.
4) Evidence of conformity and nonconformity are addressed in auditor notes.
5) The approver /committee ensures that the coverage of management system certificates granted to an organization shall be defined in terms of the activity/activities, location, and effective control of the management system.

In addition to the report, the decision maker shall verify the results of the following:

1) Application, application, and contract review results,
2) Audit results of document review
3) Auditor Notes,
4) Corrective action requests and required evidence of corrective actions implemented,
5) Any complaints on client organization if received by CQC.

6. Terms of Decision Maker

The certification manager is as the decision maker for the certification activities.

Decision on granting or refusing, expanding, or reducing the scope of certification, suspending, or restoring, withdrawing, or renewing the certification shall be made by the certification manager.

As a decision maker shall also be,

1) Decision making on the final approval of lead auditor's recommendation on the client's management system.
2) Decision making on technical amendments to the Certification and certification process as per the standard requirements and as per relevant accreditation procedures.
3) Decision making on certification status as per the decision given by the appeals and complaints handling person / committee.
4) To act on the directions of impartiality committee and to be impartial in taking decision on certification.
5) To periodically identify and verify the skills and competence of personnel involved in certification activities and to advice CQC management on the need of necessary resources and to ensure adequate provisions.
6) Report to impartiality committee on situations and issues identified as threat to CQC impartiality.

7. Issuance of Certificates

Upon certification approval, certification manager shall sign the certificate of authorisation.

The certificate upon approval shall be printed at critical office designated by CB manager using the certificates issued from head office, carrying unique code. The code enables the traceability back to the critical office, the personnel responsible for printing and ensures authenticity of the certificate. The unique code, number of certificates and its distribution shall be controlled using certification register.

The designation of critical office and authorization for printing shall be determined based on the results of country / location risk analysis.

The details of certification shall be recorded in certificate register and certification number shall be raised.

The effective date of granting/ certification date, expansion or reducing the scope of certification or renewal of existing certificate is after the date of technical review and final decision (decision making date) by the certification manager.

To comply with the legislations of the accreditation body and the local government, the certificate shall be redesigned accordingly. If required, a certificate change plan shall be prepared to meet such requirements and the certification coordination shall be delegated the responsibility to reissue the certificates as per ongoing requirements.

8. Certification Documents

The Certification documentation of CQC delivered to its certifying clients identifies the following:

i. Client's organisation name.

ii. Complete physical address, including complete geographical location of the client organization or the geographical location of the headquarters and any sites within the scope of a multi-site certification.

iii. Scope of activity with respect to the type of activities, products, and services as applicable at each site without being misleading or ambiguous.

iv. Certifying Standard and other normative document including indication of issue status (e.g., revision date / number).

v. Surveillance date.

vi. Validity of the certificate.

vii. Unique identification number for the certificate.

viii. CQC 's critical office address.

ix. EIAC Accreditation Symbol, as applicable

x. Any other information required by the standard and /or normative document used for certification.

For recertification audits, CQC keeps the original certification date on the certificate when a certificate lapses for a period if.

1) The current certification cycle start, and expiry date are clearly indicated.
2) The last certification cycle expiry date is indicated along with the date of recertification audit.
3) The expiry date or recertification cycle date is indicated along with the date of recertification audit.

The effective date of granting/ certification date, expansion or reducing the scope of certification or renewal of existing certificate is after the date of technical review and final decision (decision making date) by the certification manager.

The use of logo procedure by CQC defines the use of name, address, and certification mark of CQC and accreditation marks (e.g., accreditation symbol, client's logo) may be used provided they are not misleading or ambiguous.

When the certification document is revised by CQC, CQC follows the procedure given in the control of documents procedure. This means that in the event of issuing any revised certification documents by CQC, a means to distinguish the revised documents from any prior obsolete documents issued. Necessary arrangements and care are made to make clear that the documents revised, and the prior documents are obsolete and are updated in the obsolete documents list.

When the issued certificate is revised based on the information by the client, depending on the nature of the change (change in trade name, location etc), CQC will issue a new certificate(s) recalling the existing certificate(s) based on the decision by CB Manager, if such reissue needs a special audit (to verify the address, nature or change of scope etc) reissue will be done only after successful completion of special audit.

In case of reissue, the nature of change will be recorded in the certification register of CQC and the new (revised) certificate will reflect the revision date along with the original certification date. The reissued certificate will be given the existing certificate number along with the revision number, (for example, "Re-Issue 01") to identify that the certificate is reissued from the previous certificate. For reissue, the validity of the certificate is maintained as in first issue.

Certification coordinator shall make sure that each certification in the certification document carries the above-mentioned details before it is being delivered to the respective client.

9. Suspension, Withdrawal or Reducing Scope of Certification Approval

If the Client/certificate holder fails to maintain compliance with the requirements of ISO 17021, specific management requirements, requirements detailed in certification contract and those commercial and operating requirements of CQC then.

1) For the clients who fall under suspension, withdrawing or reducing the scope of certification, the final decision is made after completing the technical review. The technical review will be done by scheme manager and will be approved by CQC certification manager.

2) The client is formally informed in writing email about the failure of compliance with the above conditions and asked to detail corrective action.

3) If the client refuses to respond to correct the failure of non-compliance with the above conditions, then the certification manager shall contact the client and inform the client that the certificate may be suspended initially for 6 months and after 6 months the client is informed that the certificate is cancelled, and would the client return the certificates and cease to use and distribute any literature, stationary, etc., referencing the certificate of CQC mark/symbol;

4) If the period of surveillance exceeds the contracted period or the recertification period exceeded the three-year period, the rules of suspension also apply.

5) If the client/certificate holder has persistently or seriously failed to meet the certification requirements for certain parts of the scope of certification.

When a client does not want to continue their certification to ISO the validity of the certificate is only until the last full surveillance visit therefore cancellation is from the date of the last surveillance visit.

10. Quality Records

Quality Record Number	Quality Record Title	Retention Time
CQ-F12-01	Certificate	Six Years
CQ-F12-02	Certificate register	Six Years
CQ-F12-03	Letter of Issuance / suspension/ withdraw/ cancellation of suspension or withdraw or transfer	Six Years