

Title:	QP09 – Issue of Certificate, Suspension, Withdrawal	Responsible:	VP – Mary Ann Llanes	Last Update:	2-1-2020	Controlled: Y/N	Yes
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Procedure – 9. Issue of Certificate, Suspension, Withdrawal	QP09
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1.0 Purpose

To describe a procedure for issuing the certificate, suspension and withdrawal of the certificate

2.0 Scope

This procedure covers overall activity for certificate issue, suspension and withdrawal of certificate for all types of certification activities done by us.

3.0 Responsibility

3.1 **Program Quality Manager** is responsible for review, approval and issuing of certificates, as well as sending suspensions or withdrawal letters/e mails to client.

3.2 **President** is responsible for approval and signing of certificates. In the absence President, the Vice President of Administration can sign the certificate.

4.0 Description of Activity

4.1 Receipt and review of Audit report

4.1.1 The team leader is responsible for submission of audit report documents. This contains at a minimum the client-signed audit report, corrective action plan for non-conformances and auditor notes.

All audit reports (which may include but not limited to Stage 1, Stage 2, routine surveillances, follow-up, special audit, recertification, etc.) are reviewed at multiple stages.

4.1.2 Audit Review

Step 1: includes administrative review.

The submitted set of documents is reviewed for completion (also called administrative review). Audit report review checklist (D27) is used to record the review. If reviewer finds a deviation from the norm/procedure, the reviewer issues a variance notice against the team leader (D28 – Variance Notice).

Step 2: includes technical review.

The audit report, along with audit report review checklist (D27), is submitted to the Certification committee for review. The committee reviews: (1) the information provided by the audit team to ensure it is sufficient with respect to the certification requirements.

(2) the scope of accreditation and effectiveness of corrections and corrective actions for all non-conformances raised during the audit.

Review of the Stage 2 audit is carried out a qualified auditor who did not participate in the audit and has not declared any conflict of interest or of impartiality regarding the client. The person responsible for technical review and previously identified

Title:	QP09 – Issue of Certificate, Suspension, Withdrawal	Responsible:	VP – Mary Ann Llanes	Last Update:	2-1-2020	Controlled: Y/N	Yes
---------------	---	---------------------	----------------------	---------------------	----------	---------------------------	-----

during the contract review is also included as applicable. If necessary after the technical review, a variation notice (D28) is issued to the team leader. All auditors must have been trained for the review process.

In cases where technical experts are used for the audit, the technical reviewer may discuss with the technical expert on the NC / observations used. The reviewer may also discuss any particular part of the report with the team leader / specific auditor. The reviewer also identifies if corrections to the variation notice (D28) issued needs to be completed prior to Step 3. In case the audit report does not require review by the certification committee chair, the report is allowed to proceed to Stage 4.

Step 3: includes decision making by certification committee chairperson.

Any audit report requiring issue of certificate (Stage two audit, change in scope or address, triennial audit etc.) requires review and approval by the certification committee chairperson. For routine surveillance audits, the review by the certification committee chairperson is not required.

The technical reviewer shall decide whether the report needs submission to the certification committee chair. Certification committee chairperson reviews the findings of Stage 1 and 2 in addition to review of the audit report prior to making the decision. Correspondence related to the client (which may include but is not limited to, complaints received against the client, changes in scope, media reports, etc.) are also reviewed during recertification decision.

The decision taken is recorded using form D27. For stage 1 audit, the stage 2 audit may be planned after technical review: however, the certification committee chairperson shall review the stage 1 audit report along with the stage 2 audit before making his decision. The certification committee may ask for specific inputs from the client or send any auditor to the client to verify any part of the report.

In case the certification committee chairperson is involved in the audit, is not available, or has declared conflict of interest or impartiality related to the client, any other director reviews the audit report and makes the decision. The change is recorded on form D27.

Step 4: includes further action by Account Representative.

The AR reviews the decision taken by the technical review member and / or certification committee chairperson for the following:

1. Preparing the certificate as per process detailed below.
2. Updating the client database with the changes in client details, NC's issued in the audit, planning for next audit, etc.
3. Filing the report in the client file along with all relevant papers like audit notes, corrective actions submitted by client etc. Corresponding auditor performance evaluation sheets etc. are filed in respective files.
4. Verify compliance to all ICG. quality and certification requirements

Title:	QP09 – Issue of Certificate, Suspension, Withdrawal	Responsible:	VP – Mary Ann Llanes	Last Update:	2-1-2020	Controlled: Y/N	Yes
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4.2 Certificate preparation and issue

4.2.1 This involves preparation and review of the certificate, certificate signature by the President and updating the register of certified firms. In the absence of the President, the VP of Administration may sign the certificate.

Certificates are issued to clients following initial audit, extension to accredited scope, triennial audit, upgrade on surveillance or change in company details (name, address etc).

The certificates will be numbered sequentially starting with C-0001 followed by the global client code of International Compliance Group.

4.2.2 Account Representative prepares the certificate:

- No certificates will be issued until ICG has evidence that all non-conforming notices raised have been closed out.
- Select the appropriate blank certificate(s) based on the standard as indicated on the audit report. Be sure to check for any changes indicated on Comment Sheets attached to audit report.
- Determine the certificate number for EMA accredited certificates.
- Set the issue date to be the date of approval by the certification committee chairperson indicated on form D27. Set the expiration date to be three years from the time of the issue date.
- The expiration date may differ from the three-year period explained above for transfer cases, where the expiration date shall be the same as the earlier certificate. Refer is made of any specific instructions given by the Program Quality Manager.
- The initial registration date shall be the issue date for the first three (3) year cycle. In the triennial case, the initial registration date shall be the issue date of first certificate issued. The certificate number shall continue to be the same. The scope shall be the same as in earlier certificates.
- In case the client goes for a second cycle but not as triennial (i.e. a gap between expiry of first cycle and second initial date), the certificate shall be considered as fresh and an initial registration date shall be the same as issue date. The earlier certificate shall not be considered and a new certificate number shall be issued.
- On each certificate to be issued, fill in the client organization's name, base office, address, standard (including issue year of standard), and scope, based on the information on the audit report. Be sure to check for any changes indicated on comment sheets included in the audit report.
- The Program Quality Manager reviews the certificate for any errors. Submit the corrected and final certificate to President for his signature.
- In cases of multiple sites, each operating with a common system and with the same scope of certification shall have all the addresses on the same certificate. The client may request individual certificates. In such cases, each site receives its own certificate with the same certificate number and a suffix is added. The certificate number shall be sequential and reference number.
- In cases of group of companies, where locations may have different scopes of certification or trading names, each is issued with respective names, addresses

Title:	QP09 – Issue of Certificate, Suspension, Withdrawal	Responsible:	VP – Mary Ann Llanes	Last Update:	2-1-2020	Controlled: Y/N	Yes
---------------	---	---------------------	----------------------	---------------------	----------	---------------------------	-----

and scope. The certificate shall have the same certificate number with a suffix (as explained above).

- Clients may have integrated systems where certificates for multiple standards are issued. In such cases, the EMA accredited certificate is issued as above. The rest of the certificates shall be issued by ICG. using its own format and process. Necessary comments shall be added to the client file and client database for future reference / use.
- In the event of issuing any revised certification documents, then the original certificate number will have a suffix of revision number. E.g. C-0001/X, for first revision. The expiry date of the certificate does not change and continues the same as the original. Issue date shall be the date the Certification Committee Chairman approved the issue of the certification.

The ICG database is amended and the completed certificate with the audit report is reviewed by the Program Quality Manager for correctness and completeness of the certificate.

4.2.3 The certificate with all attachments like logo rules, cover letter, etc., is submitted the President for his signature. The President does not have authority to reject or deny the issuance of the certificate. The President may, however, hold the sending of the certificate to client and must issue to the Chairman of Certification Committee a note clearly stating the reason for holding the issue. The Chairman of Certification Committee shall review the reason for the hold and proceeds to investigate. However, if the Chair concludes that the issuance of the certificate is warranted, the Chairman sends the certificate back to the President for issuance without further holds. The above process can be carried out by the Vice President of Administration in the absence of the President.

4.2.4 The Program Quality Manager sends the certificate to the client at his address or any other address he has specifically requested. The certificate shall not be issued to any other person without a written approval from the client. The certificate docket shall contain at least the following –

- Cover letter from International Compliance Group Inc.
- Electronic sent files with the ICG logos and marks.
- Physical copy of the Certificate – additional costs may apply
- Rules accompanying the logo (D22)

A copy of the certificate together with all other documents supporting the approval shall be placed in the client's file or scanned-in and stored on ICG's document database.

4.3 **Change in Certificate**

4.3.1 The client may request changes in the certificate. Changes may be requested due to:

- Change in ownership
- Change in name of the company
- Change in location
- Increase or decrease in scope (products, services offered etc.)
- Increase or decrease in locations (opening / closing of site etc.)

Title:	QP09 – Issue of Certificate, Suspension, Withdrawal	Responsible:	VP – Mary Ann Llanes	Last Update:	2-1-2020	Controlled: Y/N	Yes
---------------	---	---------------------	----------------------	---------------------	----------	---------------------------	-----

4.3.2 Client may request for change in certificate or reduction / expansion in scope to the Program Quality Manager. The PQM shall review the request and decide for a special audit if the next audit is not due in near future or if the next audit cannot be proposed. PQM also determines if the changed scope is within accreditation scope of ICG.

4.3.3 In case of change in name of company or location without any change in management, the client shall submit ROC approval for the change. Where the management has changed, the details of the acquisition and supporting documentation must be part of the review process and must accompany the request.

4.3.4 The duration for the special visit shall be decided by the PQM and communicated to the client. The lead auditor submits a descriptive report detailing the changes, justification for reduction / expansion of scope and review of the impact of change in the scope (use of logos etc.). Where expansion of scope is requested, the auditor confirms compliance of the QMS for the respective activities. In case the special visit is carried out as a part of routine surveillance, the descriptive report is added to the surveillance report.

The report is reviewed as detailed in sections 4.1 and 4.2. A new certificate is issued with the same expiration date on successful completion of the above process. PQM reviews the contract to determine change in contract duration for further visits etc.

4.4 **Suspension and withdrawal or cancellation of certificates**

4.4.1 This instruction covers suspension procedures through withdrawal or cancellation of the certification certificate and revision of the register of approved firms.

- Grounds for action are brought to the attention of the PQM, who reviews the information and decides whether to proceed. The PQM issues a letter to the client via a medium, which confirms receipt by the intended recipient, advising on the grounds for action and the decision on whether to proceed.
- If the PQM decides to proceed, the client must reply to ICG within fourteen days of the confirmed receipt of the letter.
- If the PQM determines that the action or position contained in the client reply is satisfactory, he issues a letter stating this, and mails it to the client via registered mail.
- If additional actions are required, due dates must be set and the PQM must review the actions at those times to ensure that they are effectively completed in order to prevent suspension or cancellation.
- If the client does not reply within fourteen days of the confirmed receipt of the notification, or if the reply is not satisfactory, or if the actions required are not effectively completed in the allowed time, the PQM determines whether to suspend or cancel certification.
- If the decision is to cancel the certification, the President is responsible for suspending the client or canceling the client from the Register of Approved Firms, advising the client by registered mail / courier, and publicizing the cancellation, if necessary. The President cannot over-rule the decision made by PQM.

4.4.2 The following reasons are grounds for suspension or cancellation:

Title:	QP09 – Issue of Certificate, Suspension, Withdrawal	Responsible:	VP – Mary Ann Llanes	Last Update:	2-1-2020	Controlled: Y/N	Yes
---------------	---	---------------------	----------------------	---------------------	----------	---------------------------	-----

- Major non-conformance(s) or failure to implement effective corrective actions within the specified period.
- Improper use of the certificate, symbol or logo not remedied to the satisfaction of ICG.
- Client ceasing to supply product or services of the certified quality system for an extended period of time.
- Client's certified management system has persistently failed to meet any of the requirements for certification including requirements for the effectiveness of the management system.
- Client fails to meet financial obligations to ICG.
- Client makes a formal request to withdraw certification.
- Infringement by the client of any contractual conditions between the client and ICG.
- Client is unable or unwilling to ensure conformance to revised standards.
- Existence of a serious complaint, or a large number of second or third-party complaints, which indicate that the quality management system is not being maintained.
- Client does not allow routine surveillance to be conducted at the required frequency.

4.4.3 The suspension or cancellation can be initiated if the client does not allow the routine surveillance to be conducted at the required frequency. The routine surveillance is carried out not more than twelve (12) months from the last audit. In case the audit is not done within twelve (12) months (13 months in case of yearly surveillance), the certificate is suspended and a letter is sent to the client requesting agree to receive the audit. In case of a delay of up to 3 months (15 months from the last audit), the audit time shall be extended by 50% of the routine surveillance time (a minimum of one day will be added). Successful completion of the audit within 15 months shall not impact the certification.

In case the audit is not done within 15 months, the certificate is cancelled and the client shall be considered as a fresh case for certification.

The above are for special conditions like strike, natural calamities, business operations (case-to-case basis) etc.

4.5 **Conditions for Suspension or Cancellation of Client Certification***

4.5.1 Subject to actions by the client, the following steps will be taken leading to possible suspension or cancellation of the client's certification:

- Unless a reply is received to the letter accompanying the notification within 14 days, certification will be suspended and a notification of suspension may be published at the discretion of ICG.

Title:	QP09 – Issue of Certificate, Suspension, Withdrawal	Responsible:	VP – Mary Ann Llanes	Last Update:	2-1-2020	Controlled: Y/N	Yes
---------------	---	---------------------	----------------------	---------------------	----------	---------------------------	-----

- The client's response to the letter will be reviewed and the proceedings may be put on hold while seeking clarification.
- Where mutually agreed-upon corrective action is to be implemented, a time-period for implementation will be specified and a review of the corrective action undertaken at the appointed time. This may be the subject of a special surveillance visit or of review of submitted objective evidence, at the discretion of ICG. Should the corrective action not be considered adequate or not be completed by the appointed time, certification will be automatically suspended.
- In the case of serious circumstances, ICG may invoke suspension during the period pending the implementation of corrective action.
- Where suspension has been invoked, unless otherwise specified, the client must advise ICG every 14 days of the current situation of corrective action. Failure to meet this requirement will result in cancellation of the client's certification.
- Where suspension has been invoked due to failure to conduct surveillance audit, the client shall give justification for failure and offer suitable date. An additional day shall be added to routine surveillance days. The date shall not be later than 15 months from last audit. Failure to offer for audit within 15 months shall result in cancellation of certification.
- When corrective action to resolve the problem(s) taken by the client has been verified, certification will be resumed. The period of certification will not be revised / extended to cover the period of suspension.
- Cancellation of certification will be invoked where, following suspension of certification, the client fails to respond to ICG's communications within the 14-day grace period or fails to implement corrective action within the appointed time period.
- Under extreme circumstances, ICG may invoke the cancellation of certification with immediate effect without recourse to initial certification suspension.
- Cancellation of certification will require the client to assume the status of non-approval and return all certification documentation to ICG.
- Use of certification documents, symbols, or logos by the client following certification cancellation may result in legal action against the client.
- Re-approval after certification cancellation will be on the same basis, and follow the same process, as that of the client's initial application. This will require a full assessment, with optional document review at the discretion of ICG.
- The de-certification will be published on a separate list and will be available at ICG's website and made available upon request.
- The client has the right to appeal any decisions of ICG and a copy of the appeals procedures will be made available upon request.
- The Account Representative shall remove the company whose certificate has been cancelled from the register of companies. During suspension, suspension remarks shall be placed in the registered of approved firms.

Title:	QP09 – Issue of Certificate, Suspension, Withdrawal	Responsible:	VP – Mary Ann Llanes	Last Update:	2-1-2020	Controlled: Y/N	Yes
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- The client files for all cancelled cases shall be archived for a period of 3 months and then destroyed.

4.6 **Reduction in scope of Certificates issued**

ICG shall, wherever applicable, reduce the scope of certification if during the time of routine surveillance audits / Re approval or Renewal audits if it finds that the certified client has continually / seriously failed to meet the certification requirements for those parts of the scope of certification. The reduction in scope will be approved by the PQM.

5.0 Reference

5.1	ISO 19011	Auditing standard
6.0	Enclosure	None
7.0	Formats / Exhibits	
7.1	D20	Certificate specimen
7.2	D27	Review checklist for Audit Report
7.3	D28	Variance Notice
7.4	D22	Use of Mark and Logo
7.5	D29	Certified and Registered Firms Log