

KQC Certification Policy

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1. Purpose

This policy document serves to set the principles of the certification schemes that KQ Certification Limited (KQ Certification) apply in their Certification process and decisions relating to it.

2. Scope

This policy applies to the full scope of KQ Certification operations, Certification activities and geographies in which it operates.

The Certification process offered by KQ Certification is applicable to manufacturing and service organisations, in public and private sectors, it is administered in a non-discriminatory and impartial manner no matter what the commercial arrangements and interests are.

The Certification process is designed to provide the client service of system assessment and Certification by assessing and monitoring the client's definition and implementation of their management system in an objective and impartial manner, against the audit criteria defined.

KQ Certification's management system is maintained in accordance with, the current requirements of:

- ISO/IEC 17021 series, including the management system requirements of 17021-1:2015 - Option A
- IAF Mandatory and Guidance Documents
- IAF Decisions as applicable
- Accreditation body specific requirements

3. Definition

Term	Definition
Certification Body	An organisation that provides Certification services, ensuring that products, services, processes, or management systems meet specified standards and requirements.
Certification Scheme	Conformity assessment system related to management systems to which the same specified requirements, specific rules and processes apply.
Management System	A system to establish policy and objectives and to achieve those objectives. A management system of an organization includes for example, different management systems, such as a quality management system, environmental management system, a financial management system etc.
Certification	The process by which a certification body confirms that a product, services, processes, or system meets specified standards and requirements.
Applicant / Client	An organisation that applies for certification from the certification body.
Certified Client	An organisation whose management system has been certified.
Certification Agreement	A legally binding document that outlines the terms and conditions under which the certification service is provided and maintained.
Audit	A systematic, independent, and documented process for obtaining audit evidence and evaluating it objectively to determine the extent to which the audit criteria are fulfilled.
Scope	Extent and boundaries of a management system or audit. The audit scope generally includes a description of the physical locations, organizational units, activities, processes and potentially markets served.
Audit Criteria	The Standard and/or specification that sets the effectiveness and compliance requirements that the audit evidence is compared with.
Audit Evidence	Records, statements of fact or other information which are relevant to the audit criteria and verifiable - audit evidence can be qualitative or quantitative.

Audit Plan	A description of the activities and arrangements for an audit.
Audit Day	The duration of an audit day is normally 8 hours and may or may not include a lunch break depending upon local legislation.
Lead Auditor	Person who Leads and conducts the audit.
Audit Team	One or more auditors conducting an audit, supported if needed by technical experts. One auditor of the audit team is appointed as the Lead Auditor. The audit team may include auditors-in-training, under supervision.
Technical Expert	Person who provides specific knowledge or expertise to the audit team. Specific knowledge or expertise is that which relates to the organization, the process or activity to be audited, or language or culture. A technical expert does not function as an auditor in the audit team.
Observer	Person who accompanies the audit team but does not audit. An observer is not a part of the audit team and does not influence or interfere with the conduct of the audit. An observer can be from the Certification Body, auditee organisation, a regulator or other interested party who witnesses the audit.
Guide	Person appointed by the client to assist the audit team.
Audit Programme	Arrangements for the set of audits planned for the duration of the three-year certification cycle, to cover the full scope of the management system. Note: Mandatory elements are to be covered at each audit.
Multi-site Organisation	<p>An organization covered by a single management system comprising of an identified central function (not necessarily the headquarters of the organization) at which certain processes/activities are planned and controlled, and a number of sites (permanent, temporary or virtual) at which such processes/activities are fully or partially controlled or carried out.</p> <p>Central Function: The function that is responsible for and centrally controls the management system. See additional requirements for central function under section - multi-site clients.</p> <p><i>Note 1: Where it is not practicable to define a physical location (e.g. for central services), the coverage of the certification should consider the organization's headquarters activities as well as delivery of its services. Where relevant, the certification body may decide that the certification audit will be conducted only where the organization delivers its services. In such cases all the interfaces with its central office shall be identified and audited for the effectiveness and compliance of the relevant processes and controls</i></p>
Audit Findings	Results of the evaluation of the collected audit evidence against audit criteria. Audit findings indicate conformity or nonconformity. Audit findings can lead to the identification of opportunities for improvement or recording of good practices. If the audit criteria are selected from legal or other requirements, the audit finding is termed compliance or non-compliance.
Auditor Recommendation	The auditor recommended certification outcome after consideration of the audit objectives, audit findings based on the objective evidence reviewed.
Certification Decision	The KQC Certification Decision Maker (Authority) determines the outcome after consideration of the audit objectives, objective evidence reviewed, audit findings and auditor recommendation.
Competence	Ability to apply knowledge and skills to achieve intended results.
Non-Conformity	Non-fulfilment of a requirement.
Major nonconformity	<p>A nonconformity that affects the capability of the management system to achieve the intended results. Examples include:</p> <ul style="list-style-type: none"> • If there is a significant doubt that effective process control is in place, or that products or services will meet specified requirements.

	<ul style="list-style-type: none"> A number of minor nonconformities associated with the same requirement or issue could demonstrate a systemic failure and thus constitute a major nonconformity.
Minor nonconformity	A nonconformity that does not affect the capability of the management system to achieve the intended results.
Corrective Action	Action taken to eliminate the causes of non-conformities or other undesirable situations, so as to prevent recurrence.
Impartiality	The principle of maintaining objectivity and fairness throughout the certification process, avoiding conflicts of interest.
Objectivity	Where decisions are made based on the evidence reviewed against the requirement being assessed.
Management system consultancy	<p>Participation in establishing, implementing, or maintaining a management system. Giving specific advice, instructions or solutions towards the development and implementation of a management system, and its internal auditing.</p> <p>The provision of generic information, but not client specific solutions, for the improvement of processes or systems, is not considered to be consultancy. Such information may include:</p> <ul style="list-style-type: none"> Explaining the meaning and intention of certification criteria. Identifying improvement opportunities. Explaining associated theories, methodologies, techniques, or tools. Sharing non-confidential information on related best practices. Other management aspects that are not covered, within the scope of the management system being audited.
Audit time/duration	Time needed to plan and accomplish a complete and effective audit of the client organization's management system.
Effective Number of Personnel (ENP)	<p>The effective number of personnel consists of all personnel (permanent, temporary, and part-time) involved within the scope of certification including those working on each shift. When included within the scope of certification, it shall also include non-permanent (e.g. contractor) personnel.</p> <p>Note: The ENP represents the number of full-time equivalent staff.</p>
Confidentiality	The obligation of the Certification Body to protect any proprietary and/or sensitive information received from clients or applicants and not disclose it to unauthorized parties.
Confidential Information	Any data or information, whether oral, written, electronic, or in any other form, which is considered private and/or proprietary to the organization, its clients, or stakeholders. This includes, but is not limited to, trade secrets, client records, certification reports, audit findings, financial data, and strategic plans.
Data Protection	The process and policies involved in ensuring the security and privacy of personal and sensitive data, in compliance with legal and regulatory requirements. This includes measures to prevent unauthorized access, disclosure, alteration, and destruction of such data.
Conduct	The manner in which a person or company behaves, especially in a particular place or situation.
Ethics	The moral principles that govern a person's behaviour or the conducting of an activity.
Accreditation	The formal recognition by an authoritative body that the Certification Body is competent to conduct specific tasks or services according to international Standards.
Appeal	A request by a certified client or applicant for reconsideration of a decision made by the Certification Body related to their certification status.

Complaint	An expression of dissatisfaction, other than an appeal, by any party related to the activities of the certification body or a certified client.
Certification Mark	A symbol or logo used to indicate that a product, the Certification Body has certified service, process, or system.
Surveillance	Ongoing monitoring and assessment activities conducted by the Certification Body to ensure continued compliance with certification requirements.
Suspension	The temporary removal of a certification status due to non-compliance with certification requirements, pending corrective actions.
Withdrawal	The permanent removal of a certification status due to significant non-compliance or failure to meet certification requirements.

4. Responsibility and Authority

Responsibility	
Director, Operations	The Director, Operations has ultimate responsibility for approval of the Certification Body's Certification Policy and decisions related to it, with the relevant technical input.
Operations and Technical Manager	The Operations and Technical Manager has responsibility for the definition of the Certification Body's Certification policy, processes, and controls, with the relevant technical input. In addition, Operations and Technical Manager has responsibility for coordinating the implementation of the Certification Body's Certification policy.
Employees	Employees are each individually responsible, relative to their role, for the implementation of the Certification Body's Certification policy, processes, and controls.
Contractors and sub-contractors	Individual Contractors and sub-contractors have no decision-making authority with respect to the Certification arrangements that KQ Certification make, unless they are specifically contracted for the purpose (in the case of direct individual contract Certification decision making).
Authority	
Director, Operations	The Director, Operations has ultimate authority for the implementation of processes and controls that reflect the organisation's Certification Policy (this document). This authority may be delegated to the Operations and Technical Manager as required.
Operations and Technical Manager	The Operations and Technical Manager, under the authority of the Director, Operations, has operational authority for the implementation of processes and controls that reflect the organisation's Certification Policy (this document). This extends to orientation of new recruits (employee and contract) to the organisation.

5. Reference documents

Document number	Document title
ISO 17021-1 (2015)	Conformity assessment - Requirements for bodies providing audit and certification of management systems Part 1 Requirements
ISO 17021-3 (2018)	Requirements for bodies providing audit and certification of management systems Part 3 QMS
ISO 19011:2018	Guidelines for auditing management systems
As applicable	IAF Mandatory documents - as applicable

As applicable	IAF Decisions - as applicable
As applicable	Accreditation body specific requirements - as applicable to the accreditation held and operated.

6. Policy

KQ Certification's philosophy is to work in partnership with clients and provide them with a high quality and value-added certification service.

The aim of a Certification provided is to give confidence to all parties that a management system fulfils the specified requirements, from an impartial and competently executed certification process.

7. Impartiality

KQ Certification has an Impartiality Policy (P004) and Impartiality Process (SP504) which details the importance of impartiality in conducting its management system certification activities, manages conflict of interest and ensures the objectivity of its management system certification activities.

An assessment of the client's management system is made based on objectivity, managing any potential or actual conflict of interest to ensure that an objective assessment is delivered.

KQ Certification Ltd ensures the impartiality of its certification activities, free from commercial, financial, or other pressures. All personnel, whether internal, external, or on committees, involved in certification activities must also act impartially and avoid any pressures that could compromise impartiality.

It is recognized that a KQ Certification source of revenue is its client paying for Certification services, and that this is a potential threat to impartiality that must not influence the objectivity of the Certification process.

KQ Certification's Impartiality Process (SP504) identifies, analyses, evaluates, treats, monitors, and documents the possibilities for conflicts of interest arising from the provision of Certification services, including any conflicts arising from its relationships within KQ Certification, or from the activities of other persons, bodies, or organisations, within or outside of KQ Certification.

Note: Unless otherwise defined, in scheme or accreditation requirements, a minimum of a two-year break in the engagement with a KQ Certification client is required for a KQ Representative to be involved in their Certification process. i.e. a period that is long enough to ensure that the assessment or decisions related to it does not compromise impartiality.

KQC makes the following unambiguous commitments as part of its policy to ensure impartiality in the provision of its assessment and certification services:

- All personnel to conduct their work in accordance with the organisation's Code of Ethics (F001-3)
- Having full authority and taking full responsibility for all its assessment and Certification decisions
- Ensuring that its assessment and support staff act impartially and are perceived to be impartial
- Require all personnel to register any conflicts of interest as defined by this policy
- Ensuring its relationships with other individuals and bodies does not compromise impartiality
- Ensuring that activities are not marketed or offered as linked with the activities of a management system consultancy
- Always responding to threats to impartiality with appropriate action to eliminate or mitigate the risk.

KQC equally shall not:

- Offer or provide management systems consultancy
- Install, distribute, or maintain a product, process, or service, which is produced under a management system that it has certified
- Offer or provide internal audits to its certified clients or those seeking its assessment or Certification
- State or imply that certification would be simpler, easier, faster, or less expensive if a specified consultancy organisation were used
- Outsource assessment or Certification audits to a management system consultancy
- Use a member of staff, to assess an organisation, who has been active for the client organisation within the last two years from the date of the first day of the assessment
- Certify the quality management system of another management systems certification body

8. Competence

An effective Certification process is built on the competence of KQ Certification's personnel to deliver Certification that provides confidence. Competence is the demonstrated ability to apply appropriate experience, knowledge, and skills effectively.

KQ Certification employees and sub-contractors are suitably qualified and are required to represent their qualifications and experience accurately by the organisation's Code of Conduct and Ethics, declaring if they are put in position that is beyond the scope of their competence.

KQ Certification employees and sub-contractors are subject to competency evaluations and ongoing monitoring programmes.

9. Responsibility

KQ Certification has the responsibility to assess sufficient objective evidence upon which to base a decision for Certification.

Based on audit conclusions, it makes a decision to grant Certification if there is sufficient evidence of conformity, or refuse Certification if there is insufficient evidence of conformity.

Note: Any management system audit is based on sampling and is not therefore a warranty of full conformity, nor does it serve as a regulatory compliance audit.

KQ Certification has full responsibility for Certification of the client's management system. This includes responsibility and authority for its decisions relating to Certification, including the granting, refusing, maintaining of Certification, expanding, or reducing the scope of Certification, renewing, suspending, or restoring following suspension, or withdrawal of Certification.

The client organisation has the responsibility for conformity with the requirements for Certification and maintaining this position.

10. Openness and Client Feedback

10.1. Public Access

KQ Certification provide public access to, or disclosure of, appropriate and timely information about its audit and Certification process, (through publications, electronic media, or other means), in order to gain confidence in the integrity and credibility of Certification.

To gain and maintain confidence in Certification, KQ Certification provides appropriate access to, or disclosure of, non-confidential information about the conclusions of specific audits (e.g. audits in response to complaints), to specific interested parties.

The following sections of this document describe the principles and provisions of this information access or disclosure:

Section 2	Scope – types of Management Systems and Schemes KQ Certification operates
Section 7	Impartiality
Section 11	Audit Process
Section 11.6.1	Granting and Refusing Certification
Section 11.7.1	Maintaining Certification
Section 11.8.1	Renewing Certification
Section 11.10	Expanding scope of Certification
Section 11.12	Suspending, reducing, or withdrawing scope of Certification
Section 11.8.1 11.12	Restoring Certification
Section 12	Certification documents
Section 13	Directory of certified clients
Section 14	Reference to Certification and use of marks

Section 15	Certification process information
Section 16	Information exchange between KQ Certification and its clients

KQ Certification provides upon request the following information:

- Geographical areas in which we operate
- The status of a given Certification
- The scope of Certification
- The name, related normative document, scope and geographical location (city and country) for a specific certified client

KQ Certification is committed to providing open, impartial, and objective channels of communication and resolution for clients when their expectations are not met from the Certification process.

Information provided by KQ Certification to any client or to the marketplace, including advertising, shall be accurate and not misleading.

10.2. Complaints, appeals and disputes

Complaints, appeals, and disputes received by KQ Certification are managed in accordance with the organisation's Client Feedback Policy (P008) and Complaints, Disputes and Appeal Process (SP506).

Similar channels are also open for complimentary feedback, as defined in the Client Feedback Policy (P008) and Client Satisfaction Process (SP513).

10.3. Confidentiality

To gain the privileged access to information that is needed for KQ Certification to assess conformity to requirements for Certification sufficiently, KQ Certification will keep confidential any proprietary information that it has access to about a client, in line with the KQ Certification Confidentiality Policy (P005).

The only exception to this is for information that the client makes publicly available, when agreed in writing between KQ Certification and the client (e.g. for the purpose of responding to complaints), or is required to meet regulatory requirements.

All KQ Certification employees and sub-contractors are required to sign contractual agreements and confidentiality agreements concerned with all confidential information that they may be exposed to at a client premises.

KQ Certification shall inform the client, in advance, of the information it intends to place in the public domain. (Please see section 13 Directory of certified clients below).

When KQ Certification is required by law or authorised by contractual arrangements to release confidential information, the client or person concerned shall, unless prohibited by law, be notified of the information provided.

10.4. Evidence based assessment

Assessment is made of client management system solely by:

- Assessing the requirement being evaluated from the applicable audit criteria(s) and other normative document(s)
- Assessing the objective evidence available related to the requirement, which may be sampled.
- Making a conclusion if the organisation is effective and compliant against the requirement based on the objective evidence available.

10.5. Risk-based approach

KQ Certification takes into account the risks associated with providing competent, consistent, and impartial Certification. Risks may include, but are not limited to, those associated with:

- Health and safety and security of the audit team
- The context in which the audit is conducted, including locality, culture, and commercial aspects
- Perception of interested parties in relation to the audit process
- Prevailing legal, regulatory and liability requirements
- Actual and perceived impartiality
- The client organisation being audited and its operating environment
- Scope and objectives of the audit
- The sampling plan used in the audit process
- Communications by the organisation being assessed, including use, and intended use of certificates and Certification and accreditation marks
- The impact of the audit on the client and its activities

10.6. Data Protection

KQ Certification has a Data Protection Policy (P024) which sets out how we will look after client (data subject's) information. This includes what information the client shares about themselves, what we learn about the client, and the choices the client makes about the marketing the opts in to receiving. The client is provided with details their privacy rights and how to exercise those rights with KQ Certification.

11. Audit / Certification Process

The Certification process that the KQ Certification operate, includes the following activities to support Certification:

11.1. Application for Certification Services

A client application form is available on the KQ Certification website or off-line. Upon receipt of a completed application form, KQ Certification will conduct review of the information supplied. For those organisations where KQ Certification can offer Certification services a quote and subsequent audit documents (certification agreement) will be issued, for those organisations where Certification services cannot be offered the decision will be communicated to the applicant providing the justification for the decision.

11.1.1. Non-Discriminatory conditions

KQ Certification operates its policies and procedures in a non-discriminatory manner, ensuring that access to its services is not restricted based on factors such as client size, association membership, or the number of certifications already held. Its certification process is open to all applicants whose activities fall within the scope of its operations, and there are no unjust financial or other conditions.

KQ Certification may decline or terminate certification contracts if there are valid reasons, such as illegal activities, repeated non-compliance, or other significant issues related to the client. The company's requirements, evaluations, and surveillance are strictly limited to matters related to the scope of certification.

11.2. Fees

Fees for Certification services will be included within the Quotation for Certification Services (F507) or an Indicative summary presentation, detailing approx. costs associated with Initial, Stage One, Stage Two, Surveillance, and Recertification audits.

Prior to any audit activity, KQ Certification will review the audit duration to ensure it remains suitable for the organisation and scope of certification, taking into account any changes since the quotation was signed.

Fee structure can vary and can be requested via email at info@kqcertification.com

Payment is required for each audit activity. Additional charges apply for extra visits due to non-compliance, complaints, or changes to business.

Certificates will only be issued once the audit invoice has been settled.

11.3. Audit duration and method

In determining the audit time and suitability for remote/blended audit delivery KQ Certification shall consider, among other things, the following aspects:

- The requirements of the relevant management system standard
- Complexity of the client and its management system
- Technological and regulatory context
- Any outsourcing of any activities included in the scope of the management system
- The results of any prior audits
- Other accreditations and certifications already in place
- Size and number of sites, their geographical locations and multi-site considerations
- The risks associated with the products, processes, or activities of the organisation
- Whether audits are combined, joint or integrated
- ICT capability

11.4. Audit Report

KQ Certification will provide the client with an audit report for each audit completed (Stage One, Stage Two, initial, Surveillance, Recertification, Special etc.). Within this report the audit team may identify non-conformities, areas of good practice or improvement opportunities but will not recommend specific solutions.

Ownership of the audit report is maintained by KQ Certification. If the client provides copies of the certification documents (inc report) to third parties, the documents must be reproduced in their entirety.

The audit report will be prepared by the Lead Auditor, and will provide an accurate, concise, and clear record of the audit to enable an informed certification decision to be made and will include, within the report, the following:

- Identification of KQ Certification as the Certification Body
- The name and address of the client and the client's representative
- The type of audit (e.g. initial, surveillance, recertification, or special audit)
- The audit criteria
- The audit objectives
- The audit scope, particularly identification of the organisational or functional units or processes audited and the time of the audit
- A summary (brief history of the company when it was established etc.)
- An Executive summary (brief synopsis of the audit, what went well, what did not, summary of findings, any trends established and confirmation of the robustness of the leadership commitment, policies, and procedures etc.)
- Any deviation from the audit plan and justification for doing so
- Any significant issues impacting on the audit programme
- Confirm percentage of remote / onsite audit activities
- Confirm effectiveness of ICT within audit method - were they suitable and effective?
- Identification of the audit team leader, audit team members and any accompanying persons
- The dates and places where the audit activities (on site or offsite, permanent, or temporary sites) were conducted
- Audit findings, reference to evidence and conclusions, consistent with the requirements of the type of audit
- Changes, if any, that affect the management system of the client since the last audit or application review
- Any unresolved issues, if identified
- Where applicable, whether the audit is combined, joint or integrated
- A disclaimer statement indicating that auditing is based on a sampling process of the available information
- Recommendation of outcome, from the audit team
- A review of the use of the certification documents and marks, if applicable
- Verification of effectiveness of taken corrective actions regarding previously identified nonconformities, if applicable

Within the audit report the lead auditor must also confirm:

- A statement on the conformity and the effectiveness of the management system together with a summary of the evidence relating to:
 - ⊕ the capability of the management system to meet applicable requirements and expected outcomes
 - ⊕ the internal audit and management review process
- A conclusion on the appropriateness of the certification scope
- Confirmation if the audit objectives have been fulfilled

The Lead Auditor will make a recommendation to the client at the closing meeting and recorded within the audit report, and could include one of the following:

- Recommended for approval – Initial or maintained Certification
- Recommended for approval – change in scope
- Recommended, subject to the closure of any non-conformities
- Re-visit required
- Proceed to the next stage, where relevant
- Not recommended

The Lead Auditor's recommendation will be taken into consideration through the KQ Certification decision making process, along with the audit evidence. Once reviewed by KQ Certification, approval will be granted or refused as relevant.

11.5. Possible findings during an audit

Audit findings are categorized into conformity and nonconformity (NCR), with nonconformities being classified into Major and Minor types. These are documented within the report to assist KQ Certification in making an informed decision about certification status (granted, maintained, withdrawn, reduced, expanded etc.). All nonconformities are recorded in an audit report and subsequently in the NCR template.

Each nonconformity (Major or Minor) must be supported by objective evidence, which can include direct observations, records, or verifiable data. The auditor will provide:

- ⊕ **Finding:** A clear, concise description of the failed process, avoiding overly specific language to ensure the client reviews the entire process.
- ⊕ **Requirement:** The relevant audit criteria or clause, possibly referencing both the audit criteria and client documentation.
- ⊕ **Objective Evidence:** Evidence supporting the nonconformity, such as specific documents or actions observed.

In addition to nonconformities, auditors may also provide:

- ⊕ **Improvement Opportunity:** Suggesting areas for improvement
- ⊕ **Good Practice:** Highlighting practices that are working well
- ⊕ **Area of Concern:** Typically observed in Stage One audits, indicating potential risks or issues

This structured approach ensures all findings are clearly documented, helping the client address nonconformities and maintain or achieve certification.

11.6. Initial audit

Initial audits are conducted to establish the client's suitability for Certification, including when they are new to Certification for the Standard to be Certified against, or have requested a new Certification where a Certification has lapsed.

All initial audits are conducted in two stages; Stage One and Stage Two as follows, according to the organisation's Audit Execution process (OP103).

A. Stage One audit

The Stage One audit objectives are as follows:

- Review the client's management system documented information
- Evaluate the client's site-specific conditions and to undertake discussions with the client's personnel to determine the preparedness for Stage Two
- Review the client's status and understanding regarding requirements of the standard(s), in particular with respect to the identification of key performance or significant aspects, processes, objectives and operation of the management system
- Obtain necessary information regarding the scope of the management system, including:
 - ⊕ The client's site(s)
 - ⊕ Processes and equipment used
 - ⊕ Levels of controls established (particularly in case of multisite clients)
 - ⊕ Applicable statutory and regulatory requirements
- Review the effectiveness of ICT capability and allocation of resources for Stage Two - agree the details of Stage Two with the client
- Provide a focus for planning Stage Two by gaining a sufficient understanding of the client's management system and site operations in the context of the management system standard or other normative document
- Evaluate if the internal audits and management reviews are being planned and performed, and that the level of implementation of the management system substantiates that the client is ready for Stage Two

With the Stage One audit objectives positively met Stage Two of the Initial Certification audit can be scheduled and planned.

B. Stage Two audit

The objectives of the Stage Two audit are:

- To evaluate the implementation and effectiveness of the client's documented management system, records and by interviewing relevant members of staff regarding their working practices, including:
 - ⊕ Information and evidence about conformity to all requirements of the applicable management system standard or other normative documents
 - ⊕ Elements of leadership
 - ⊕ Performance monitoring, measuring, reporting, and reviewing against key performance objectives and targets (consistent with the expectations in the applicable management system standard or other normative document)
 - ⊕ The client's management system ability and its performance regarding meeting of applicable statutory, regulatory, and contractual requirements
 - ⊕ Operational control of the client's processes
 - ⊕ Internal auditing and management review.
 - ⊕ Management responsibility for the client's policies
- Provide an initial evaluation of the performance of the management system as implemented
- Verify the policy and process linkages between elements of the management system

11.6.1. Initial Certification (Granting or Refusing)

The outcomes of the Initial audit are the audit conclusions and a recommendation for Certification (certification granted, refused or further actions required).

KQ Certification is responsible for, and shall retain authority for, its decisions relating to certification, including the granting, and refusing certification.

The audit pack (including the audit plan, audit report, non-conformances and client responses, and recommendation for Certification) completed by the audit team are forwarded to the KQC Certification Maker (Certification Authority) for decision.

The audit pack and recommendation are reviewed in accordance with the Certification decision making policy (P022), when the certification authority is satisfied that the audit has been completed as required and the client's management system meets the KQ Certification scheme requirements and the audit criteria, certification will be granted and a Certificate issued to the client.

The Certification Authority making the certification decision should not normally overturn a negative recommendation of the audit team. If such a situation does arise, the Certification Authority will document and justify the basis for the decision to overturn the negative recommendation.

Where certification is refused, the organisation will be kept informed as to the reasons of the refusal, examples of such are as follows (the list is not exhaustive):

- Failure to resolve any issues/nonconformities raised during an audit
- Failure to meet regulatory requirements
- Client failure to supply information to enable correct audit duration
- Audit invoices not settled in the required timeframe
- Threatening behaviour or bullying tactics or other undesirable behaviour towards KQC Personnel, which precludes a satisfactory audit environment.

11.7. Surveillance audit

An audit programme will be established that includes the surveillance audits and sampling required.

At least annually (each calendar year) surveillance audits, except in recertification year, to ascertain that the client's management system continues to satisfy the requirements of the audit criteria for which Certification has been provided shall be completed.

The date of the first surveillance audit following initial certification must be no more than 12 months from the certification decision date. Any variation of this will be justified on the client organisation's file.

Prior to a surveillance audit, KQ Certification will check the certified scope, size of organisation and site details with the client and request confirmation if anything has changed, as this may affect the surveillance audit duration.

The frequency and timing may be adjusted based on factors that include, for example the following, which can potentially impact the management system's ability to satisfy the audit criteria:

- Context of operation
- Risk to the performance of the management system and its ability to meet requirements.
- Applicable legislative and regulatory requirements
- Reported issues
- Performance of the management system
- Scope of activity, including changes of scope
- Seasonality of operations
- Changes to the management system

On-site surveillance audits may be supplemented by other surveillance activities, which shall be conducted in accordance with the requirements of the Audit Execution Process (OP103).

Other surveillance activities may include:

- Enquiries to the certified client on aspects of certification
- Reviewing any certified client's statements with respect to its operations (e.g. promotional material, website)

- Requests to the certified client to provide documented information (on paper or electronic media)
- Other means of monitoring the certified client's performance

Each surveillance for the relevant management system standard includes:

- Internal audits and management review
- A review of actions taken on nonconformities identified during the previous audit
- Complaints handling
- Effectiveness of the management system with regard to achieving the certified client's objectives and the intended results of the respective management system(s)
- Progress of planned activities aimed at continual improvement
- Continuing operational control
- Review of any changes
- Use of marks and/or any other reference to certification

11.7.1. Maintaining Certification

On completion of the surveillance activity, the audit pack generated by the audit team is forwarded to the Certification Decision Maker (Certification Authority), with a recommendation for Certification (suitable for maintaining certification and/or further actions), for review by a Certification Decision Maker (Certification Authority)

KQ Certification shall maintain certification based on demonstration that the client continues to satisfy the requirements of Certification, including the relevant standard.

When satisfied that the client's management system continues to meet the requirements of the audit criteria, the client will be notified of the maintenance of their Certification.

11.8. Recertification audit

The Recertification audit of the client organisation's management system will take place every third year, prior to the expiry of the Certification.

The Recertification audit assesses continued conformity and effectiveness of the management system as a whole, and its continued relevance and applicability for the scope of Certification.

The purpose of the Recertification audit is to confirm the continued conformity and effectiveness of the management system as a whole, and its continued relevance and applicability for the scope of Certification.

Planning the Recertification audit will take into account factors, including those for a surveillance audit, but over the course of the Certification period (three years), including review of the surveillance reports.

The audit shall be planned and conducted in time to enable for timely renewal before the certificate expiry date.

Prior to a recertification audit, KQ Certification will check the certified scope, size of organisation and site details with the client and request confirmation if anything has changed, as this may affect the recertification audit duration.

Recertification audit activities may need to have a Stage One audit in situations where there have been significant changes to the management system, the client, or the context in which the management system is operating (e.g. changes to legislation).

In the case of multiple sites or certification to multiple management system standards being provided by KQ Certification, the planning for the audit shall ensure adequate on-site audit coverage to provide confidence in the certification.

The Recertification audit shall cover the entire management system and be performed in accordance with the requirements of the Audit Execution Process (OP103).

The audit addresses:

- The effectiveness of the management system in its entirety in the light of internal and external changes and its continued relevance and applicability to the scope of certification
- Changes to the management system
- Continued relevance and applicability to the scope of Certification
- Commitment to maintain the effectiveness and improvement of the management system
- Overall performance of the management system
- How the operation of the management system contributes to the achievement of the organisation's policy and objectives

Where nonconformity or lack of evidence of conformity is identified, time limits for corrective actions are to be defined by the audit team and implemented prior to the expiration of Certification.

KQ Certification shall make decisions on renewing certification based on the results of the recertification audit, as well as the results of the review of the system over the period of certification and complaints received from users of certification.

When recertification activities are successfully completed prior to the expiry date of the existing certification, 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 recertification decision.

If KQ Certification has not completed the recertification audit or is unable to verify the implementation of corrections and corrective actions for any major or minor nonconformity prior to the expiry date of the certification, then recertification will not be granted, and the validity of the certification will not be extended. The client will be kept informed and the consequences explained.

Following expiration of certification, KQ Certification can restore certification within 6 months provided that the outstanding recertification activities are completed, otherwise at least a Stage Two audit shall be conducted. The effective date on the certificate shall be on or after the recertification decision and the expiry date shall be based on prior certification cycle.

11.8.1. Renewing Certification

On completion of the re-certification activity, the audit pack generated by the audit team, including when applicable, completed improvement action reports, and a recommendation for Recertification (renewal), is forwarded, to a Certification Decision Maker (Certification Authority) for review and decision-making.

The Certification Decision Maker (Certification Authority) reviews the audit pack submitted against the requirements of the Certification decision making policy (P022).

When satisfied that the client's management system continues to meet the KQ Certification scheme requirements, and the audit criteria requirements Certification will be renewed for a further three-year period.

11.9. Special audits

Special audits are required when the scope of the Certification is intended to change or a risk to the safety of the Certification is identified, as follows:

- To verify an improvement action
- Investigation of complaints, allegations, or regulatory breaches

11.10. Extensions (expanding) the scope of Certification

When the client organisation applies for an extension to scope of their Certification the additional assessment activity required will be determined and new proposal arranged.

The determination of activity required will consider factors that include:

- The audit criteria

- Additional activity, processes, functions, and locations to be assessed
- Employee, sub-contractors, and contractors within scope
- Working patterns
- The risks associated with the incremental scope change
- Audit team expertise required for a competence and effective assessment
- The duration required to effectively assess the incremental scope

Extension to scope visits shall be conducted in accordance with the Audit Execution Process (OP103) and can take place in conjunction with a surveillance audits, or at short notice/unannounced as required to establish if confidence remains in the Certification status.

11.11. Short notice audits

It may be necessary for KQ Certification to conduct audits of certified clients at short notice or unannounced to investigate complaints, or in response to changes, or as follow up on suspended clients.

If a short notice audit is required, KQ Certification shall:

- Describe and make known in advance to the certified clients the conditions under which such audits will be conducted
- Exercise additional care in the assignment of the audit team because of the lack of opportunity for the client to object to audit team members

11.12. Suspending, Withdrawing, or Reducing the scope of Certification

KQ Certification's policy is to ensure that a client Certification continues to be operating, as a Certified client wherever possible. Where confidence, from objective evidence, is not available to support a Certification, KQ Certification shall take action that can include certification scope reduction, suspension, or withdrawal.

The criteria for Certification scope reduction, suspension or withdrawal are defined in the Certification scope reduction, suspension, or withdrawal process (OP106).

KQ Certification will restore the suspended, withdrawn, or reduced scope if the issue that has resulted in the suspended, withdrawn, or reduced scope is satisfactorily resolved. Re-instatement, following suspended, withdrawn, or reduced scope, will require reassessment of the company's systems. A review will be necessary to determine/verify the scope of assessment required. KQ Certification will make all necessary amendments to certification documents, public information (certified client register and website information).

12. Certification Documents

With the successful completion of the Certification activities a client will be provided with an electronic Certificate of Registration produced via the KQ Certification Accredible account.

The Certificate of Registration provides a clear definition of the Certification provided, including:

- The name and geographical location of each certified client (or the geographical location of the headquarters and any sites within the scope of a multi-site certification)
- The effective date of granting, expanding, or reducing the scope of certification, or renewing certification which shall not be before the date of the relevant certification decision

Note: KQC can keep the original certification date on the certificate when a certificate lapses for a period of time provided that:

- ✚ the current certification cycle start, and expiry date are clearly indicated.
- ✚ the last certification cycle expiry date is indicated along with the date of recertification audit.

- The expiry date or recertification due date is consistent with the recertification cycle
- A unique identification code

- The management system standard and/or other normative document, including indication of issue status (e.g. revision date or number) used for audit of the certified client
- The scope of certification with respect to the type of activities, products, and services as applicable at each site without being misleading or ambiguous
- The name, address, and certification mark of the certification body; other marks (e.g. accreditation symbol, client's logo) may be used provided they are not misleading or ambiguous
- Any other information required by the standard and/or other normative document used for certification
- In the event of issuing any revised certification documents, a means to distinguish the revised documents from any prior obsolete documents

In addition to the above, for multi-site clients, the certification document shall reflect the scope of certification and the sites and /legal entities (where applicable) covered by the multi-site certification.

Full certificate of registration details can be found in Certification document policy (P037).

Certification registration is on an annual basis subject to continued compliance with the relevant IEC/ISO Standard following a successful annual surveillance visit. Certificates remain the property of KQ Certification Ltd.

13. Directory of Certified Clients

KQ Certification maintains a list of those organisations that it has Certified (including scope extensions and reductions), withdrawn certifications and suspended certifications.

The list contains the following publicly available information:

- The name and location (city and country) of each certified organisation, including the addresses of the Head office and any sites within the scope of a multi-site certification. The ISO/IEC Standard to which the organisation is certified
- The scope of the certification
- Unique certificate number
- The status of the certification (valid, suspended or withdrawn)

On request KQ Certification will confirm, in a timely manner, the status of any certification that it has granted, with the exceptions of where there is a security limitation or potential conflict of interest.

When appropriate and required non-confidential information about the conclusions of specific audits (e.g. audits in response to complaints) to specific interested parties will be made in accordance with the Confidentiality Policy (P005).

Where required by an accreditation authority KQ Certification supplies the information required for a consolidated certification directory directly.

14. Reference to Certification and Use of Marks

Accompanying the issue of a Certificate of Registration KQ Certification will issue a KQC Certification Mark, relevant to the certification achieved. The mark is legally protected, and its use defined in the Certification Agreement between KQ Certification and the client.

KQ Certification provides each certified client with documents that outline the rules governing the KQC certification mark that certified clients can use, as follows:

- Certification mark and logo guidelines for use (G107-1)
- Use of KQC logo and Certification Mark Policy (P021)

Once a certificate has been issued, the certified client has the right to publish the fact and use the relevant certification mark on their stationery, web-based communications and promotional material relating only to their certified scope of certification.

Certification marks must not:

- Be used on a product nor product packaging nor in any other way that may be interpreted as denoting product conformity.
- Be applied by certified clients to laboratory test, calibration or inspection reports or certificates.

KQ Certification has rules governing the use of any statement on product packaging or in accompanying information that the certified client has a certified management system – these can be found in Use of KQC logo and Certification Mark Policy (P021).

Product packaging is considered as that which can be removed without the product disintegrating or being damaged. Accompanying information is considered as separately available or easily detachable. Type labels or identification plates are considered as part of the product. The statement shall in no way imply that the product, process, or service is certified by this means.

The statement shall include reference to:

- Identification (e.g. brand or name) of the certified client
- The type of management system (e.g. quality, environment) and the applicable standard
- The certification body issuing the certificate

KQ Certification require each certified organisation, to ensure that there is no misuse of certification mark in the following ways:

- Conforms to the requirements of KQ Certification when making reference to its certification status in communication media such as the internet platforms, brochures or advertising, or other documents
- Does not make or permit any misleading statement regarding its certification
- Does not use or permit the use of a certification document or any part thereof in a misleading manner
- Upon withdrawal of its certification, discontinues its use of all advertising matter that contains a reference to certification, as directed by the KQ Certification
- Amends all advertising matter when the scope of certification has been reduced
- Does not allow reference to its management system certification to be used in such a way as to imply that KQ Certification certifies a product (including service) or process
- Does not imply that the certification applies to activities and sites that are outside the scope of certification
- Does not use its certification in such a manner that would bring KQ Certification and/or the certification system into disrepute and lose public trust

KQ Certification Ltd reserve the right to request immediate removal of the certification mark, in the circumstances outlined within Certification mark and logo guidelines for use (G107-1) and Use of KQC logo and Certification Mark Policy (P021).

15. Certification Process Information

KQ Certification provides public access via its web site (kqcertification.com), with standalone electronic files available on request and for download, to the following resources:

- KQ Certification's Certification Policy (P010) – this document
- A description of the Certification services provided.
- A description of its Certification process and requirements
- KQ Certification's Process for granting, refusing, maintaining, renewing, suspending, restoring, or withdrawing certification or expanding or reducing the scope of Certification (P010 and OP10)

- Complaints, Disputes and appeals process (SP506)
- Client Feedback Policy (P008)
- Commercial policy (P012)
- Confidentiality Policy (P005)
- Impartiality Policy (P004)
- Privacy Policy (P006)
- Quality Policy (P001)
- Use of KQC logo and Certification Mark Policy (P021)
- Certification mark and logo guidelines for use (G107-1)
- A list of its accredited and operational offices

The information provided on the KQ Certification website, and the available downloads shall be accurate and not misleading.

16. Information Exchange between KQ Certification and its Clients

KQ Certification will provide all information contained within Section 10.1- 10.3 to its clients:

16.1. Information on the Certification activity and requirements

The information, described in Section 10, is provided on the KQ Certification website (and via electronic files that can be downloaded or distributed) to ensure that its Certification process and principles for operation are open and transparent.

In addition, the notice of changes to the process by KQ Certification or client-side requirements, are detailed in the following sections:

16.1.1. Notice of changes by KQ Certification

KQ Certification will formally and in a timely manner notify its clients of any changes to its requirements for Certification, including any transitions for revised audit criteria and/or Standards.

For transitions, notification will be provided as per the requirements established with regard to the implementation of the change. KQ Certification will verify that each certified client complies with the new requirements, according to the requirements and within the timeframe specified.

If the certified client advises KQ Certification that it is not prepared to accept the changes to the requirements within the time specified, or if the certified client allows the terms for acceptance to lapse, or if a positive result of any additional audits is not achieved, the certificate originally issued to the certified client shall cease to be valid on the date on which the change specifications become effective to KQ Certification.

16.1.2. Notice of changes by a client

Certification clients are contractually required to inform KQ Certification in a timely manner of any changes that may affect the capability of their management system to continue to fulfil the requirements of the audit criteria(s) used for Certification.

These include, but not limited to, changes relating to:

- The legal, commercial, organizational status or ownership
- Organisation and management (e.g. key managerial, decision-making, or technical staff)
- Contact address, sites operating and their scope of work
- Scope of operations under the certified management system
- Major changes to the management system and processes

Changes notified will be assessed to consider the potential impact on the Certification and the audit activity and/or action required.

The actions taken by KQ Certification to implement changes affecting certification shall include, if required, the following:

- Evaluation
- Review
- Decision
- Issuance of revised certification documentation to extend or reduce the scope of certification
- Issuance of certification documentation of revised surveillance activities

These actions shall be completed in accordance with applicable ISO 17021-1:2015. Records held shall include the rationale for excluding any of the above activities.

17. Contractual Arrangements

Certification services provided to KQ Certification clients are covered by a legally enforceable Certification Agreement (F101-1) established between the client and KQ Certification Limited. Where multi-site certifications are provided, the agreement will cover all sites covered by the scope of certification.

18. Internal Audits

The Certification process and supporting processes (the Certification system) are audited under KQ Certification's Internal Audit system (P027 – Internal audit policy, SP508 - Internal audit process, L508 - Internal audit schedule), the output of the internal audit programme is an input to the Management Review process (SP509), with individual actions managed under the organisation's Corrective and Preventive Action process (SP507).

The internal audit process verifies conformity with KQ Certification's own requirements, accreditation Standard requirements and relevant Accreditation Body requirements. Internal audits are conducted in accordance with the requirements of Internal Audit Process (P027 – Internal audit policy, SP508 - Internal audit process, L508 - Internal audit schedule).

19. Improvement

Improvement to the Certification process and supporting processes are managed as per the organisation's Corrective and Preventive Action process (SP507) and Management Review process (SP509).

20. Records and Resources

Records and resources in relation to the Certification Policy are maintained for a minimum of 7 years, in accordance with P023 Control of Records Policy.

Revision log		
Version No.	Description of Change	Release Date
1.0	Initial release	18 th March 2025
1.1	Updated to included revised titles and references	13 th August 2025