Procedure for Evaluation/Auditing

1.0. Purpose

The purpose is to describe a procedure for evaluation/audit planning, conducting the evaluation/audit of product and/or quality management systems, respectively, and the preparation of reports and submitting the reports for both ISO/IEC 17065 and ISO/IEC 17021-1. The annexures 1 to 3 of this document refer to GLOBALG.A.P. Auditing procedures, integrated auditing procedures and remote audit procedures (respectively).

2.0. Scope

This procedure covers evaluation/audit planning, conducting evaluation and/or execution of the audit, and reporting the results of evaluations as listed below.

ISO/IEC 17065:	Evaluation planning
	Conducting the evaluation
	Periodic evaluation
	Re–evaluation before expiration of present certificate
ISO/IEC 17021-1:	Stage 1 audit
	Stage 2 audit
	Follow up audit
	Surveillance audit
	Recertification audit
	Transfer audit
GLOBALG.A.P.	Audit planning
	Conducting the audit
	Re-audit before expiration of present certificate

3.0. Responsibility

Quality Manager/Scheme Manager is responsible for planning the evaluation/audit and ensuring that the evaluation/audit reports are received timeously in the office and review of the evaluation/audit reports. They are responsible for ensuring that all administration information and documentation for each client has been received timeously.

The Quality Manager/Scheme Manager is also responsible for:

- Establish the extent of the audit program
- Identify and evaluate the risk for the audit program
- Establish audit responsibilities
- Establish procedures for audit program
- Determine necessary resources
- Implementation of audit program

- Ensure records are managed and maintained
- Review and improve audit program

Evaluators/Auditors are responsible for conducting evaluation/audit (respectively) against the specific requirements, preparation and submission of evaluation/audit reports.

CB Farm Auditors ensuring that all administration documentation for their clients has been adequately completed and sent to the Scheme Manager timeously. They are responsible for conducting the CB farm audit against the specific requirements, and the preparation and submission of CB farm audit reports and other documents.

4.0. Description of Activity

4.1. Introduction

The objective is to provide consistent service delivery norms. Evaluators and/or Audit Team Leaders and auditors (i.e., evaluation/audit personnel) are responsible for ensuring the objectives of their assigned evaluations and/or audits are fully met.

The various activities needed to be carried out are:

ISO/IEC 17065:	Initial evaluation
	Periodic evaluations
	Re-certification evaluation
ISO/IEC 17021-1:	Document review / Adequacy Audit - Stage 1 Audit
	Registration Audit - Stage 2 Audit
	Follow- Up Audit
	Surveillance Audit
	Tri-annual Audit
	Special Visit
GLOBALG.A.P.	Initial audit
	Subsequent audits
	Renewal audit

NOTE: *The term quality management system as applied in this procedure includes management system in accordance with ISO 9001 standard.*

4.2. Planning

4.2.1. Planning: ISO/IEC 17065 for Timber Preservation and Sawmilling

4.2.1.1. Calculation of Man Days

Number of audits per client

Standard(s) applied for	Minimum number of man days
SANS 457-3 and / or SANS 1288	½ day
SANS 754 (could include SANS 457-3 and SANS 1288)	1 day

Note: *the audit time for initial evaluation may increase based on the feedback from the application review, or upon the request of the Managing Director or Quality Manager.*

Minimum Number of Evaluations per year:

SANS Standard Applied For	Minimum Number Evaluation days/year
SANS 754	10 days/year
SANS 457-3	6 days/year
SANS 1288	6 days/year
SANS 1783	6 days/year
System Evaluations	1 day/year (inclusive in numbers mentioned above)

In the case of an initial inspection, there is a 30-day period after the application form has been reviewed and accepted by ACT to conduct the initial inspection at the client. In the case that the client requests it, the initial inspection may take place out of the 30-day period only on a valid reasoning from either the client or from ACT. This reasoning will be documented and kept in the client file for reference.

4.2.1.1.1. Individual Systems Evaluation for Timber Preservation:

Scope Name:	Scope Description:	No. audits per cycle:	Documents
Quality Control/QMS	**Evaluation of the following scope:** **Quality Control /QMS Inspection:** Including, but not limited to: - Control of quality Documentation - Retaining of Records - Internal Quality Audits/ Checks - Training - Inspection and Measuring equipment - Corrective action of non-conforming material - Incoming Material and records - Before treatment seasoning (Air drying and records) - Treatment with preservative - After Treatment Inspection - Marking of products - Sampling Procedure - Fibre strength testing facilities - Final inspection (100%) - Kiln Drying and Records	2	PI9, PI4, PI5
Incoming and Outgoing Inspection	**Evaluation of the following scope:** **Incoming Inspection:** Including, but not limited to: - Incoming material - Before Treatment (sampling and moisture) - Air drying Records - Kiln Drying Records - Sampling process - Verification of measuring equipment (calibration) - After Treatment Records (B&F) - Final inspection (SANS 754) - Product	3	PI1
Treatment Procedure	**Evaluation of the following scope:** **Treatment Procedure** Including but not limited to: - Treatment Procedure	4	PI1, PI4, PI5

	- Treatment records (CCA/Creo or both) - Sampling Process (moisture/penetration) - Stock Control - Competence of Operator - Volume Tables - Titration (CCA) - Titration chemical shelf life - Verification of Measuring Equipment (calibration) - Product		
Recertification	**<u>Evaluation of the following scope:</u>** **Recertification** Including but not limited to: - Control of quality Documentation - Retaining of Records - Internal Quality Audits/ Checks - Training - Inspection and Measuring equipment - Corrective action of non-conforming material - Incoming Material and records - Before treatment seasoning (Air drying and records) - Kiln Drying and Records Treatment with preservative - After Treatment Inspection - Marking of products - Sampling Procedure - Fibre strength testing facilities - Final inspection (100%)	Every 3 years	PI9, PI4, PI5

*Note: *The number of audits per year amounts to the number of audits as agreed in the certification agreement. Audit types with (*) should alternate and be conducted equal times as far possible.*

Clients whose products and quality management system (ISO 9001) are both certified by ACT will have their Quality Management System Audit, as mentioned in the table above, replaced by surveillance audits as per ACT's ISO/IEC 17021 system

The scope of the evaluation may be extended at the discretion of the lead evaluator.

*** It is under the discretion of the auditor to amend the number of audits conducted per scope due to justification. The justification for the amendment of number of audits per scope is to be recorded on the F79 for the particular client.*

4.2.1.1.2. Individual Systems Evaluation – Sawmilling

	Number of inspections per year of certification	Audit
Product Inspection	9*	Including but not limited to and as applicable: 1. Training 2. Work Instructions 3. Verification of measuring instruments 4. Glue Room (for example: temperature control and shelf life) 5. Marking 6. Finger Joint (for example: profile, records and weakening ratio) 7. Moisture content and control (for example: kiln and air stack) 8. Grading Records (for example: visual -, mechanical stress - and proof grading) SANS 1288 (if applicable): 1. Treatment procedure 2. Treatment records (for example: stock control, mixing, issue/receipt and charge sheets) 3. Titration equipment, chemical and shelf life 4. Sampling 5. Marking
Quality Management System Audit	1	Including but not limited to: Product Inspection The content given in PI3.sm

ACT will carry out at least 1* audit per year that covers the client's Quality Management System.

If a client is certified for more than one standard, the maximum number of audits will apply.

Notes:

*If the number of Quality Management System Audits increase, the number of Product inspections will decrease such that the total number of audits correspond with the certification agreement with the client (General Permit Conditions – QP13 and applicable Specific Permit Conditions including the notes).

Clients whose products and quality management system (ISO 9001) are both certified by ACT will have their Quality Management System Audit, as mentioned in the table above, replaced by surveillance audits as per ACT's ISO/IEC 17021 system.

If a client's facility is not operational for a period of more than 12 months, ACT will decide on the appropriate action for the remainder of the certification cycle.

If a client's facility is not operational for a period of less than 12 months, the number of audits conducted for that certification year will be adjusted proportionally to the number of months remaining in that year of certification. As long as a minimum of 1 audit is conducted during a year of certification.

For example: suppose the required number of audits is 10 per year of certification and in a year of certification the client's facility is not operational for a period of 6 months and thereafter operates again. Then the number of audits will be adjusted proportionally to 5 audits (5 audits = 10 audits / 12 months X 6 months) for the remainder of that year of certification.

Products manufactured and marked as per the requirements of SANS 1288, SANS 1783, SANS 10096 and SANS 10149 (or relevant SANS standards) is subjected to inspection and testing at ACT's discretion.

4.2.1.2. Evaluation Program (F79) – Timber Preservation and Sawmilling

The evaluation program (F79) is used to determine how many man days are required for each client that has applied to ACT. This evaluation program also states which individual system evaluations (refer to clause 4.2.1.1.1. and 4.2.1.1.2.) to be conducted for each month per client. This evaluation program will also ensure that all individual system evaluations are being conducted at least once a year and the client has received their minimum evaluation man days per year. This evaluation program starts at beginning of the client's current cycle and covers the whole 3-year cycle.

Please refer to F79 – Evaluation Program for more information.

4.2.1.2.1. Evaluation Program Resources

Financial: The costs of all evaluations including travel and accommodation is determined as in accordance with Pricing Model F24.

4.2.1.2.2. Objectives of the Evaluation Program

An evaluation program has been developed for all the ACT clients to ensure the product supplied under the ACT mark continuously complies to the product standard and end user requirements. These aspects are verified during the individual system evaluations conducted at each client.

Objectives of evaluation program:

1. Determine if the system and product comply to required specification on a regular basis.
2. Reflect the level of performance of the clients in the wooden pole industry in the occurrences of product failures, non-conformances and/or customer complaints.
3. Contribute to the improvement of the ACT client's quality management systems.
4. Enable end users to obtain and maintain confidence in the ACT clients.
5. Enable ACT clients to comply to legal and contractual requirements.
6. Reduce risks to ACT clients and the wooden pole industry.
7. To contribute to the improvement of the wooden pole industry by reviewing ACT clients' audits and inspections

4.2.1.2.3. Importance of Regular Evaluations:

The following is taken into consideration before each evaluation:

- Similar products and systems
- Contractual requirements of client
- Results from previous audits
- Language
- Customer complaints or non-conformance to legal requirements
- Occurrence of product failures

For Information Only:

Program Product Evaluation

Products to be inspected	Inspection of product per year	Sample Size	Number of samples per inspection
SANS 754 Transmission poles Cross-arms Spacers	Minimum 10	Refer to QP21	Refer to QP21
SANS 457 Structural poles Fencing poles Vineyard poles Guardrail posts Spacer blocks	Minimum 6	Refer to QP20	Refer to QP20
SANS 1288 Sawn Softwood H6 Sawn Softwood H5 Sawn Softwood H4 Sawn Softwood H3 Sawn Softwood H2 Sawn Softwood H0-i Sawn Hardwoods H6 Sawn Hardwoods H5 Sawn Hardwoods H4 Sawn Hardwoods H3 Sawn Hardwoods H2 Sawn Hardwoods H0-i Sawn Hardwoods H0-it Round Softwoods H5 Round Softwoods H4 Round Softwoods H3 Round Softwoods H2 Round Hardwoods H5 Round Hardwoods H4 Round Hardwoods H3 Round Hardwoods H2	Minimum 6	Refer to QP19	Refer to QP19

4.2.1.3. Evaluation Plan

Each individual evaluation is based on documented evaluation objectives (according to above "Objectives of Evaluation Program"), scope and criteria. Refer to F29 for the scope and criteria. Each client will receive F29 stating the objectives, scope, and criteria for the evaluation to be taken place in the following month.

4.2.1.3.1. Evaluation Risks

The following is considered risks during an evaluation:

- Failure to plan sufficient scheduled audits
- Ensure confidentiality
- Ensure competence of auditors
- Selection of audit team
- Use of appropriate sampling methods
- Conducting audit follow ups
- Monitoring and reviewing effectiveness of the audit
- Reporting to top management

4.2.1.3.2. Evaluation Method

When conducting evaluation reviews, the following is taken into consideration:

- The information is complete
- The content is correct
- The document is consistent with related documents
- The content is up to date

Sampling:

Sampling is used when it is not practical or cost effective to examine all product(s) and information during the audit. Sampling is measured in accordance with the applicable standard and the General and Specific Permit Conditions of ACT.

Judgement Based Sampling is used during evaluations. In this case, objective evidence may be obtained through the following methods:

- Interviews
- Observations that include photos
- Document reviews

4.2.1.4. Selecting Evaluation Team Members

The Quality Manager selects the auditing team and technical expert if required. If 2 or more auditors are present, the team leader is appointed. The size of the team is determined by the size and complexity of the audit. Clients are made aware through Evaluation/Audit Plan via email or other electronic format of the complete audit team and any other participants outside of ACT (for example members of an accreditation body such as SANAS) for the Initial evaluation. For all surveillance and recertification evaluations, the client is notified on the date and the evaluator through F29 Audit Plan.

4.2.1.5. Evaluation Date Confirmation

For the product certification, planning is done, evaluation checklist (i.e., PIX document) is prepared based on the following:

- Specific requirements identified and needs to be verified based on the study of the relevant national / international standard, against which product needs certification.
- Specific requirements identified and needs to be verified based on the study of the relevant customer directives, against which product needs certification.
- Applicable legal requirements (Country specific, if country specific requirements are not there, then follow international legal requirements) related to the product under the certification.
- Health and safety requirements considering its intended applications.

After completion of the checklist (i.e., PIX document), the same is reviewed for adequacy and incorporation of all critical points in the checklist to ensure 100 % evaluation of the product considering all the relevant requirements.

Client is informed for the tentative date for the evaluation and is agreed with the client through email or other electronic confirmation where the client accepts the date for evaluation. Upon confirmation of the date with the client and evaluator, Quality Manager then creates the Audit Plan which is then sent to the client.

As agreed with the client, the evaluator visit the client place for conducting the evaluation.

4.2.2. Planning: ISO/IEC 17021-1 for Timber Preservation

4.2.2.1. Audit Man Days

ACT makes use of IAF Mandatory Document (IAF MD5) to determine the audit man days required, this number is recorded on the Audit Program (F79).

Considerations are made to aspects stipulated in this Quality Manual, which are, as a minimum:

a) the requirements of the relevant management system standard;
b) complexity of the client and its management system;
c) technological and regulatory context;
d) any outsourcing of any activities included in the scope of the management system;
e) the results of any prior audits;
f) size and number of sites, their geographical locations and multi-site considerations;
g) the risks associated with the products, processes, or activities of the organization;
h) whether audits are combined, joint or integrated.

These considerations, their result on the required audit man days and justification, are recorded in the Audit Program (F79) for each client.

The time spent by any team member that is not assigned as auditor, is not considered in the Audit Program.

Refer to external document MD5 IAF Mandatory Document for Duration of QMS Audits and use the Audit Program (F79) to determine the audit time.

Regarding Multi site sampling and Multi management system standards, ACT make use of IAF MD1 and IAF MD11 as guidance documents, respectively.

4.2.2.2. Audit Program – ISO 9001 Audits

The audit program is used to determine how many man days are required for each client that has applied at ACT. This evaluation program also states which clauses need to be conducted at each audit. This audit program will also ensure that all clauses of the ISO 9001 standard are being conducted over the client's cycle and the client has received their minimum audit man days per cycle. This audit program starts at the initial stage 1 and stage 2 audit and follows the whole audit cycle. In the case that a new cycle has started for the client, the audit program will start from the recertification audit and follow the new cycle. All data for the previous cycle in F79 will be maintained and stored in the client file for future reference.

Please refer to F79 – Evaluation Program for more information.

4.2.2.2.1. Audit Program Resources

Financial: The costs of all evaluations including travel and accommodation is determined as in accordance with Pricing Model F24.

4.2.2.2.2. Objectives of the Audit Program

The following are considered the audit objectives:

The audit is intended to:

- Assess that the auditee organization's registered quality management system has been maintained.
- Verify that changes to quality management system, subsequent, to the previous visit, are in compliance, with respective standard and that objective evidence is available to substantiate implementation.
- Re-confirm that quality management system is appropriate to auditee organization's product, process or service provided, with the capability of managing and improving performance.
- Promote the effectiveness of quality management system.
- Assess major changes in auditee organization's operations, technology that could affect the certification / registration.

In order to achieve the abovementioned, the following are included:

- Determination of the conformity of the client's management system, or part of it, with the audit criteria.
- Determination of the ability of the management system to ensure the client meets applicable statutory, regulatory, and contractual requirements.
- Determination of the effectiveness of the management system to ensure the client can reasonably expect to achieve its specified objectives.
- As applicable, identification of areas for potential improvement of the management system.

These objectives are also found on the audit plan (F29).

4.2.2.3. Audit Plan

Each individual audit is based on documented audit objectives (according to above "Objectives of Audit Program"), scope and criteria. Refer to F29 for the scope and criteria. Each client will receive F29 stating the objectives, scope, and criteria for the audit to be taken place in the following month.

4.2.2.3.1. Audit Risks

The following is considered risks during an evaluation:

- Failure to plan sufficient scheduled audits
- Ensure confidentiality

- Ensure competence of auditors
- Selection of audit team
- Use of appropriate sampling methods
- Conducting audit follow ups
- Monitoring and reviewing effectiveness of the audit
- Reporting to top management

4.2.2.3.2. Audit Method

Sampling:

Sampling is used when it is not practical or cost effective to examine all product(s) and information during the audit. Sampling is measured in accordance with the applicable standard.

Judgement Based Sampling is used during audit. In this case, objective evidence may be obtained through the following methods:

- Interviews
- Observations that include photos
- Document reviews

The auditor needs to perform interviews and check records and evidence during interview. The number of samples to be taken depends on the complexity of the processes being audited and the quality of information received from the auditee during the interview. It is also important that the auditor maintains the schedule outlined in the audit plan. At the end of the day the auditor needs to feel comfortable that the samples and the objective evidence seen are representative, in order to draw appropriate conclusions regarding the implementation of QMS.

4.2.2.4. Selecting Audit Team Members

Quality Manager or their designee is responsible for selection of the audit team, consider the competency of the auditor. Unless required for technical reasons and logistics, care shall be taken to ensure that same auditor does not visit the client more than three consecutive visits. This shall ensure “no bias” and a fresh look at the system. All auditors / subcontractors are responsible for identifying any conflict of interest with the specified client and report to the Quality Manager who shall review and take the necessary decision which may include replacing the person with some other auditor.

The Quality Manager selects the auditing team and technical expert if required. If 2 or more auditors are present, the team leader is appointed. The size of the team is determined by the size and complexity of the audit. Clients are made aware via email or other electronic format of the complete audit team and any other participants outside of ACT (for example members of an accreditation body such as SANAS) through the Audit Plan F29.

The team leader leads the audit in accordance with the referenced instructions. A set of updated documents pertaining to audit like client details, open non conformances, surveillance plan and comments from prior visits as applicable) is provided to every audit team. Activities include the opening meeting with the auditee organization, team briefings, audit interviews, nonconformance issuance, auditee organization briefings, and the closing meeting with the auditee organization. The team leader issues an audit report reflecting the recommendation concerning registration based on the team findings.
If nonconformance is found, the recommendation will be on hold until suitable corrective action has been taken and evidenced.

4.2.2.5. Audit Visit

Prior to the first audit visit, the client receives an audit confirmation via email or other electronic format which is accepted by the client. Successive visits only need to be preceded by an audit plan (F29) which states the auditors and the date.

The purposes of the audit visits are to provide reasonable assurance that the auditee organization's quality management system conforms to the requirements of standard applied, as stated in the Certification Contract, and to verify that the documented system has been implemented. The audit also serves to verify that the quality management system is appropriate to auditee organization's activities.

During the audit if the auditor finds a breach of legislation i.e., legal/regulatory/ statutory requirement not having been followed, the auditor will communicate their finding to the team leader who in turn will notify the auditee organization's management of the violation. The auditor will further investigate the same and check as to why the auditee organization's management has failed to detect and address the same. If and when after proper investigation, it is clear that the auditee organization's management system has short comings / the infringement of ISO standard is established, a major/minor nonconformance as appropriate will be raised. Follow-up visits are made to verify that major nonconformance(s) are effectively remedied before registration is granted. In case of legal / statutory / regulatory requirements by the auditee organization, the following policy shall apply:

In the event of the auditee organization conducting a violation of the legal requirement, the auditee organization, as a part of the rules and regulations of ACT Certification, will inform act on its own pro-actively and voluntarily. This pro-active information communication by the auditee organization is not to be confined to onsite-audit activity but is applicable to the complete registration period which the auditee organization is entitled to by way of ACT certification. In case of violation of legal requirements that is observed during the course of a Registration Audit (Stage 2 Audit) or Surveillance Audit(s), ACT audit team will notify the auditee organization's management about the observation. Further the audit team will conduct a proper investigation on the issue and check as to why the auditee organization's management system has failed to detect and address the same. Based on the investigation of the audit team, if it is established that the management system has shortcomings / an infringement of ISO standard is observed, a major or minor non-conformance note will be issued.

Additionally, the auditee organization has to ensure and to provide evidence to that effect to ACT that the appropriate authorities have been notified of the violation of legal requirements, as per the prescribed procedure instituted by the relevant authorities.

4.3. Conducting the Audit/Evaluation

4.3.1. Conducting Evaluation: ISO/IEC 17065 – Preservative Timber and Sawmills

4.3.1.1. Evaluation Procedure and Documents

Evaluation is conducted as per the F79 Audit Program. The Audit Plan states the planned dates as well as the actual dates. Planned/provisional dates are subject to change as stated on the audit plan. F79 Audit Program also states the type of evaluation to take place (i.e., treatment procedure).

Evaluator(s) make use of PI1, PI4, PI5, PI9 and PI9.sm as applicable to the type of evaluation.

Opening meeting is conducted (Evaluator should use F42 as guidance) with the representatives of the client before commencement of the evaluation. The objective of the evaluation and introduction of the evaluation team is done during the meeting. Also introduction of client representative is done and the concern person of the client is identified for escorting during evaluation.

Evaluator(s) and any other member of ACT participating in the evaluation sign F39 whereby they declare to adhere to the Confidentiality, Impartiality and Non-Disclosure Agreement.

Evaluation is conducted after completion of the meeting. During evaluation, evaluation team checks the performance of the product with respect to the followings by making use of or referring to QP13, QP14, QP18, QP19, QP20, QP21, QP20.S and QP21.s and/ or applicable standards:

- Compliance of the products with respect to the relevant test standards by evaluating the design and performance records of the product maintained by client.
- Compliance of the products with respect to the relevant customer directives by evaluating the product and records of the product maintained by client.
- Evaluating the records of calibrations of the instruments used for the inspection and testing of the products.
- Evaluation of product with respect to the health and safety aspects.

Based on the above evaluations, details of observations are recorded in the evaluation checklist and relevant papers. All the observations are clearly recorded in the evaluation records for drawing the conclusion of the product certification. Evaluation team identify the observations (Opportunities for improvement) as well as non–conformity with respect to the relevant requirements at the end of evaluation, if any.

The evaluation may be prematurely terminated/ aborted if:

- An emergency occurs at the client.
- In the event of bribery or threat that might be imposed by the client.
- Major malfunction of the client's system.

If the evaluation deviates from the audit plan (F29) for any reason it is the responsibility of the lead evaluator to state, the reason for the deviation in the audit report.

4.3.1.2. Recording of NCR:

4.3.1.2.1. Classification of non-conformities

Description of findings	Allowed Timeframe for corrective action
MAJOR: Several product failures (3 or more) Re-occurrence of findings (evidence that corrective action for either Minor or Major findings were not effectively implemented)	25 working days

a serious cumulative number of minor non-conformities are found overall Several non-conformities may be grouped together as one major non-conformity.	
Product failure (minor): Applicable SANS requirements regarding: • Moisture • Penetration • Retention Any other non-conformance (minor)	To be verified and evaluated for clearance at the next evaluation or within 60 days, which ever comes first.

During an evaluation, F35.p will be used to generate any of the abovementioned non-conformities.

The evaluation team leader is required to report any major non-conformance or other situation that could lead to suspension or withdrawal of the certificates to the Quality Manager or Managing Director. This reporting must be done in the audit report as well as telephonically. This reporting is done to initiate a certification review process by competent personnel other than those who conducted the audit. The personnel will complete F86 Certification Review and a decision can be made on the outcome of this document. The Managing Director and/or Quality Manager will make the final decision. Refer to QP10 on the withdrawal and suspension of certification.

The following conditions apply if a product failure is identified during an audit. A non-conformance raised due to a product failure needs to be cleared before that particular product may be dispatched.
Refer to the following scenarios:

a) Products to be dispatched before the next audit:

The client needs to send the records of corrective action(s) taken on failed products to the ACT office so that it can be reviewed and a decision can be made on the clearance of the non-conformance, if cleared the product will be deemed to conform to relevant SANS requirements and the product may be dispatched.

b) Products to be dispatched after the next audit:

The client needs to keep the records of corrective action(s) taken on failed products and make it available to the ACT audit team during the next audit. The evaluation of the effectiveness of the corrective action(s) taken will include the review of these records. If the non-conformance is cleared the products will be deemed to conform to the relevant SANS requirements and the product may be dispatched.

The following conditions apply if a non-conformance, other than product failure in the scenario stipulated is raised:

a) Outstanding non-conformance past its due date:

ACT will take appropriate actions to deal with non-conformance(s) that are past their due date. These actions may include (I to VI):

1) Request for corrective actions,
2) Withdrawal of certificates or reports issued by the client,
3) Publication of transgression,
4) Suspension of certification,
5) Withdrawal of certification status, and if necessary
6) Legal action

b) Non-conformances within its due date:

ACT will evaluate the corrective action(s) taken on non-conformance(s) raised during the next audit.

4.3.1.2.2. Testing or Inspection of samples from the open market

Should ACT receive a complaint from the open market; more specifically, from any of the customers of ACT certified clients, it will result in ACT conducting a product inspection according to the sampling procedure as stipulated in applicable Specific Permit Condition(s) from the open market (end-user).

ACT will conduct at least one product inspection according to the sampling procedure as stipulated in applicable Specific Permit Condition(s) samples from the open market (end-user) per year.

4.3.2. ISO/IEC 17021-1: Conducting the Audit

4.3.2.1. Audit Procedure

The audit is conducted according to F79 Audit Program. The Audit Plan states the planned dates as well as the actual dates. Planned/provisional dates are subject to change as stated on the audit plan (F29). F79 Audit Program also states the which ISO 9001 clause and which process is to be audited.

At least one month prior to the scheduled ISO 9001 audit (i.e., surveillance and recertification), the client shall complete F22.21A Application Form A to ensure that any changes to the organization, number of personnel, the processes of the company and any additional sites are recorded and can be planned for prior to the audit taking place. Once the completed F22.21A has been received by the client, the audit can be scheduled, and the correct number of man days can be planned for. F79 Audit Program is completed for such client to ensure the accurate planning.

Auditor(s) make use of PI2, PI8 and F74. PI2 and PI8 is completed during the audit and F74 Audit Report is completed after the audit has been conducted.

Opening meeting is conducted in accordance with F42 Opening and Closing Meeting with the representatives of the client before commencement of the audit. The objective of the audit and introduction of the audit team is done during the meeting. Also introduction of client representative is done and the concern person of the client is identified for escorting during evaluation.

The Opening and closing meeting are a critical part of the audit process. Opening meeting ensures that all parties understand what is going to happen and how best they can cooperate and coordinate their efforts. Closing meeting ensures that all parties understand the relevance of findings, what they need to do and what happens next. The meeting agenda contains a number of essential requirements which must be advised to the auditee organization in addition to other useful items which make for a clearer understanding of what is expected from both parties. It is hence essential that all the agenda items covered in this instruction, as appropriate and applicable to the situation.

Auditor(s) and any other member of ACT participating in the audit sign F39 whereby they declare to adhere to the Confidentiality, Impartiality and Non-Disclosure Agreement.

4.3.2.2. Non-Conformity and Sentencing of major and minor non-conformances

A non-conformity is defined as failure to fulfil one or more requirements of the management system standard or a situation that arises serious doubts about a client's management system to achieve its intended output. Non-conformities will be classified in two categories – Minor and Major.

During an audit a minor non-conformity shall be deemed present when any activity is not undertaken, and which is stipulated in the client's management system as a requirement or which was undertaken and is relevant but is not controlled within the system, and is deemed to be of a minor nature (of little importance to the quality of the firm's product or service). Several non-conformities in any one section, or procedure, shall constitute a major breakdown of the system.

A major non-conformance shall be declared when a system or procedure is not working at all, or where there is complete failure to fulfil one or more requirements of the management system, or where there is significant doubt that the client's system can achieve the intended output, or where a serious cumulative number of minor non-conformities are found overall, or when there is a complete lack of system control. Several non-conformities may be grouped together as one major non-conformity.

If all non-conformities have been rectified within three months of the audit, then the award will be recommended. If not, a complete re-audit is to be carried out at the discretion of the Director Ops. If on a follow-up visit it is found that the major nonconformity has not been satisfactorily addressed, then another visit is to be made within two weeks. If this fails then a full re-audit must take place. All visits will be charged at the standard rate and the client invoiced. The Quality Manager will confirm the time and auditors for the close out visit and will continue with the invoicing.

In all cases of "follow-up" the auditor must complete a continuation sheet indicating the areas covered. Head the sheet "Close out Visit". Any small points not fully closed out may be re-raised as minor discrepancies at the discretion of the Lead Auditor. After a "follow up" visit the audit report will be completed again by the auditor. Clients whose systems are rejected on initial audit and are accepted on "follow up" partial audit may have surveillance visits set at one extra to that stated on the Contract Review for the first year of registration, if considered necessary by the Lead Auditor i.e. depending on the severity of the major non-conformance. The time (half a day minimum) for 'follow-up' partial re-audit is indicated by the Lead Auditor on the audit report along with the suggested re-audit date.

All non-conformances cleared by the relevant auditor are to be sent to the Quality Manager for review. The closed out F35 Non-conformance report and the accompanied evidence is to be sent to the Quality Manager who will then issue a letter to the client stating that all non-conformances have been cleared. The letter can be in the form of an email or a formal letter on the ACT letter head (F53).

4.3.2.3. Stage 2 Audit (Registration Audit (RA))

The objective of the Registration Audit (Stage 2 Audit) is as follows:

1. To confirm that the auditee organization adheres to its own policies, objectives and procedures.
2. To conform that the management system of the auditee organization conforms to all the requirements of the current version of respective standard(s), normative document and achieving the organization's policy & objectives.
3. To evaluate compliance to applicable legal and regulatory requirements.

The following activities will be carried out to meet the objectives of Stage 2 Audit:

- Assess that the auditee organization's quality management system has been implemented and objective evidence is available to demonstrate its effective implementation in line with its policies, objectives and procedures.
- Establish that all requirements of the standard are addressed where they apply to the activities covered by the scope of registration.
- Confirm that quality management system is appropriate to the product, process or service provided by the auditee, with the capability of managing and improving performance.
- Encourage auditee organizations to improve their management system on an on-going basis.

While accomplishing this, the registration audit must be conducted to satisfy the needs of the auditee organization and maintain the integrity of the registration process as a whole. The team leader is responsible for managing and documenting the results of the registration audit. He/She may delegate specific responsibilities for conduct of audit activities to assigned audit team members.

The registration audit (Stage 2 audit) addresses the implementation of all the elements in the standard and focuses on –

- Procedures to ensure compliance with legal & other requirements
- Inconsistencies between organization's policy, objectives & targets and its procedures to achieve them or the results of their application. The registration audit team shall appreciate that it is for the organization to define the means by which its policy

commitment to continual improvement, customer satisfaction and prevention of pollution is achieved and to develop processes for achieving / measuring performance.

- Auditee's procedure & application for investigation / development of opportunities for improvement and programs for improvement.
- Auditee's process for achieving continual improvement and its effectiveness.
- Operational control to maintain consistent performance and compliance to procedures
- Performance monitoring, measuring, reporting & reviewing against the legislative requirement, objectives and targets.
- Internal auditing, identification / evaluation of non-conformities and completion of effective corrective actions.
- Management review and management responsibility for quality management system.
- Interfaces and links between policy, aspects & impacts, objectives & targets, responsibilities, programs & procedures, performance data, internal audit and management review.
- Seeking evidence for competence, experience, training & independence of internal auditors; auditing procedure & methodology; reference & standards; resource availability; organization & planning of audits; checks & reports; timeliness & effectiveness of corrective action and management of audit follow-up.

Process steps for Stage 2 Audit

1. Quality Manager or designee schedules the audit and informs the Audit team leader(TL). A set of necessary documents like client details, Stage 1 audit report etc. is given to TL. On receiving the audit schedule from the Quality Manager, TL discusses the logistics and audit plan with auditee organization. TL prepares the audit Plan and inform the client normally a month before the planned audit date and the same is agreed upon prior to the audit. In case of any changes required by the client the same is captured as part of the Incident Report and necessary actions taken. In case of any changes in the audit plan during the audit the same is captured as part of the audit report. Auditor background details are provided to client on request.
2. During the audit planning, the EAC sector specific guidelines and audit trails is used to identify critical processes. At least 60% of audit time shall be used for auditing critical processes.
3. Where the assignment is complex (multi-site, has specific technological requirements, and/or utilizes a large audit team etc.), a team briefing may be planned before the scheduled audit date to coordinate details.
4. An opening meeting is held to advise the auditee organization of the objectives of registration audit, details of the audit and schedule and obtain for the auditee organization's cooperation.

5. Where more than one person has been assigned, daily team meeting may be scheduled after the auditee organization meeting / site visit to plan the day's strategy and cover any points not included in the pre-visit team meeting.
6. Changes to the auditee organization's documentation since the previous visit is reviewed. The auditee organization's quality management system is assessed according to the schedule and audit trails identified during adequacy audit. Documents reviewed, personnel interviewed, and other pertinent data is recorded in the auditor's note pads. Non-conformances are raised after proper investigation against activities found non-compliant. The Observations are issued identifying areas of improvement only. The caution will be observed in recording the Observations so that the issues pertaining to non-conformance are not reflected as observations and vice versa. The recording of observations will be strictly confined to areas of improvement only.
7. When audit is for more than a day, daily team debrief meeting is used to discuss findings, followed by auditee organisation debrief to present the findings of day.
8. On the final day of the audit, the team discusses overall performance during the audit, review of stage 1 report and prepares the formal audit report (F74). The team decision to approve or defer registration is recorded in the report.
9. An organization can be recommended only if no major non-conformance is found. In case of a major non-conformance complete / limited audit is necessary and the audit time requirement is estimated by the auditor in discussion with the Managing Director. The audit schedule for the special audit is detailed and agreed upon with the client.
10. The visit ends with a Closing Meeting where the recorded findings and team recommendations are formally presented to the auditee organisation and any follow-up actions agreed upon. Similar to the stage 1 audit findings are collated and handed over at the closing meeting, during which the timeframe for taking corrective action is explained. A detailed audit report (F74) is prepared and needs to be issued within a week after the audit was conducted.
11. Should a major non-conformance require an additional full audit or an additional limited audit to effectively evaluate the corrective action taken for its clearance, such a requirement will be recorded in the audit report (F74).
12. Adequacy audit report issued is also returned to the Quality Manager.
13. A client is only recommended after satisfactory verification of corrective actions taken for the non-conformance(s). Within 25 working days after the audit, clients need to, as applicable:
    a. address major non-conformances and submit evidence of the corrective actions taken
    b. submit the action plan for taking corrective with regards to minor non-conformances

Evidences of corrective actions taken with regards to minor non-conformances is to be submitted within 3 months of the audit.
Failure to satisfactory closure can result in complete re-audit.

14. For minor and major non-conformances clients are required to complete the applicable sections of the Non-conformance corrective action and clearance report (F35) as evidence of addressing the deviation recorded on F35.

    Clients are required to complete the 5 Why's (F58) as evidence of the root cause analysis conducted to address the deviation identified in F35.
    The completed F58 forms part of the applicable F35, therefore both F35 and F58, as well as the applicable supporting evidence of implementation, need to be submitted to ACT.

4.3.2.4. Follow-Up Audit

The purpose of follow-up audits is to conduct the follow-up of non-conformance(s) of a auditee organization's quality management system, identified during a visit, that were determined to require corrective action. Follow-up audit is required where a major non-conformity is raised. Minor non-conformity does not require formal follow-up visit and may be closed off site based on evidence submitted. The time required for follow-up audit shall be determined based on number and nature of major non-conformities issued.

The team leader will plan and determine the type of follow-up that is required. An off-site follow-up may only be conducted when the corrective action can be objectively evaluated on the basis of documented evidence sent to African Certification and Testing (Pty) Ltd (hereafter referred to as ACT) by the auditee organization. A complete Re-audit will be carried out if the follow-up audit is not performed within 6 months.

The non-conformances should be updated to reflect the new status, where the corrective actions are verified. These are reviewed by the team leader and then the Certification Committee. Quality Manager initiate withdrawal/suspension procedures, if auditee organisation fails to effectively respond to a corrective action request or if the corrective action is not satisfactory. Audit report for Follow-up audit shall be the same as for Registration Audit.

4.3.2.5. Surveillance Audit (SA)

The registered quality management system should continue to meet the requirements of specific standard and should be managed effectively by the auditee organisation. SA is intended to verify the continued effective maintenance of the auditee organization's quality

management system, satisfy the needs of the auditee organisation and maintain the integrity of the registration process as a whole.

The various mandatory elements to be audited at every surveillance are –

- Changes to documented system
- Legal regulatory compliance
- Internal audits
- Document control
- Management responsibility & review
- Use of certificate and logo
- Corrective action
- achievement of objectives and Continual improvements
- Appeals / Complaints / communication from external interested parties
- Effectiveness of quality management system to achieve auditee organization's policy, objectives & targets.
- Progress of the planned activities and continuing operational
- Follow-up on identified non-conformities (internal / certifying body)
- Appeals / complaints received by ACT

The surveillance audit may be combined with the audits of other management systems. The report should clearly indicate the aspects relevant for each management system.

4.3.2.5.1. Process steps for Surveillance Audit

The team leader is responsible for managing and documenting the results of SA. The team leader may delegate specific responsibilities for conduct of audit activities to assigned audit team members. Quality Manager is responsible for review of audit report to assess effectiveness. The process steps for the Surveillance Audit are –

1. Quality Manager or designee schedules the audit and informs the Audit team leader (TL). Care is taken that the audit is scheduled within 12 months interval – date being last day of Certification Audit. A set of necessary documents like client details, earlier audit report etc. is given to TL. On receiving the audit schedule from the Quality Manager, TL discusses the logistics and audit plan with auditee organisation.
2. TL shall review the functions / processes audited in the earlier surveillances before finalizing the audit plan. TL shall ensure that all critical processes are audited at least twice and rest at least once in the three-year period.
3. Where an assignment is particularly complex (i.e. begins at several different locations, has particular technological requirements, and/or utilizes a large number of team members), it may be beneficial to call a team briefing some time before the scheduled surveillance date to coordinate details.

4. An opening meeting is held to advise the auditee organisation of the objectives of audit, details of the audit and schedule and obtain auditee organization's cooperation. Auditee organisation brief may be conducted if audit extends beyond a day.
5. Where more than one person has been assigned, a daily team meeting is scheduled immediately following the auditee organisation meeting to plan the day's strategy and cover any points not included in the pre-visit team meeting. Changes to the auditee organization's documentation since the previous visit are reviewed and outstanding non-conformances followed-up. The scope on the certificate will be checked against the scope of activities being carried out by the company. If these are not the same, the auditor will discuss this with the company and inform the Quality Manager or appointed person for further consideration.
6. The auditee organization's quality management system is assessed using the Audit Program. Documents reviewed, personnel interviewed, and other pertinent data is recorded in the auditor's note pads. This information is confidential and not part of the formal audit report. Non-conformances are raised after proper investigation against activities found non-compliant. The observations are issued identifying areas of improvement only. The caution will be observed in recording the observations so that the issues pertaining to non-conformance are not reflected as observations and vice versa. The observations will be strictly confined to areas of improvement only.
7. On the final day of the surveillance, the team discusses overall auditee organisation performance and determines the recommendation (registration to continue or follow-up is required). The team prepares the audit report (F74). The team decision is recorded on the Audit Report. Areas to be reviewed at the next visit are also detailed.
8. The visit ends with a Closing Meeting where the findings and team recommendation are formally presented to the auditee organization and any follow-up actions agreed upon. The Record of Findings is handed to the auditee organisation and a copy forwarded to Quality Manager for review and processing.

   Similar to the stage 1 and stage 2 audit the timeframe for taking corrective action is explained during the closing meeting and the audit report (F74) is prepared and needs to be issued within a week after the audit was conducted.
9. At least one third of the management system will be checked by the auditor at each surveillance visit. It is essential to ensure that the full system (as a minimum) is covered over a three-year period by surveillances. At each visit complaints, audits, registration marks, documentation changes, and evidence of improvement will be reviewed.

Any auditee organization has to notify ACT in writing of any major change in the management system and / or the scope of activities. Quality Manager decides if the verification of changes can be assessed during next surveillance audit or if a special visit has to be scheduled. The

performance of the special visit shall be similar to normal surveillance and Quality Manager shall inform the assigned auditor to audit the required changes in system.

Note to all types of audits:

(1) Successive audits are preceded by the client receiving the Audit plan (F29).

(2) The audit team leader needs to review the content of the audit report using F91, after which the audit report and completed F91 needs to be sent to the ACT office for a final review.
The final review is conducted by either the Quality Manager of ACT or Managing Director of ACT, whoever was not the audit team leader and does not have any conflict of interest with the ACT client relating to the audit report.
If completed satisfactory F91 is to be signed off by person who conducted the final review, and the report is sent to the ACT client.

(3) The entire audit team is required to complete the Confidentiality, Impartiality and Non-Disclosure agreement (F39) as a mechanism for safeguarding confidentiality and Impartiality in an on-going manner.

(4) Audits may be prematurely terminated or aborted if:
   a. An emergency occurs at the client
   b. In the event of bribery or threat that might be imposed by the client
   c. Major malfunction of the client's system

(5) The Process approach worksheet (PI8) can be used to record audit findings.

(6) Non-conformances are recorded on the audit reports (F73 or F74, which ever are applicable) and by using F35 and is submitted to the client within a week of the audit. After each audit clients receive pre-report feedback (PI9), which enables clients to start address their non-conformities before receival of the audit reports.

(7) Audits are recorded using the audit database (F61)

(8) ACT employees who work with the client records are monitored to safeguard confidentiality and non-disclosure by completing F39. Should there be any interest or association to any of the clients, employees are to complete F39.

NOTE: the first surveillance audit after certification decision shall be conducted within 12 months of the certification decision date. This audit date should be planned 3 months prior to the end of the 12-month period to accommodate any changes that are required. In the case of force majeure and the audit cannot be completed on-site, a remote audit is to be completed at the scheduled dates and an on-site audit scheduled once allowed.

4.3.2.6. Recertification Audits

The purpose of the recertification audit is confirm the continued and effective management system as a whole is followed and the continued relevance and applicability of

the scope of certification, commitment to enhance and maintain overall effectiveness and improvement of the management system and whether the operations of a certified client contributes to the achievement of the clients policy and objective.

The following steps should be followed when planning three-year re-approval visits:

- The planning and extent of the visit are in accordance with the accreditation board requirements and that determined at the last surveillance visit. The tri-annual visit is planned based on client's performance during the certification period, previous surveillance audit reports, trends in NC raised, complaints received during the period and corresponding investigation reports etc.
- Tri-annual audit may include stage 1, if there is considerable internal / external change in QMS, activities, location and scope of certification.
- During recertification audit planning OD shall ensure auditor rotation in case the complete cycle is carried out by a same auditor as Team Leader.
- Tri-annual audit shall include review of effectiveness and improvements in the QMS performance
- The tri-annual audit is a full audit of the auditee organization's quality management system and generally follows the same process as the Stage 2 Audit.
- Tri-annual audits and review follow the same instructions as those for initial audits. Care should be taken for review of changed scope or activities of the client.

Decision on renewing the certificate will be made by ACT based on results of recertification audit (review of report), review of the certified client's system over the period of certification and any complaints received against the certified client over the certification period.

In accordance to ISO/IEC 17021–1:2015, the tri-annual audit, closure of all issues and certification committee decision need to be completed prior to expiry date of the current certificate. The new certificate shall then be considered as continuation of certification. "Certified since…." date shall be the initial certification date. (The tri-annual audit should be completed about 2 months before certificate expiry). In case of situation that corrective action is not submitted in time to complete certification decision, an additional surveillance shall be planned after 6 months (for 12 months surveillance schedule) or 1 day is added to first surveillance (for 6 / 9 months surveillance schedule).

Where the activity cannot be completed before certificate expiry, the client shall be considered as a fresh case and man-days for stage 1, stage 2 and surveillance audit shall be given. Also, if the surveillances are not done as per schedule, the client shall be considered as a fresh case.

4.3.2.7. Short Notice Audits for clients registered with ACT

These audits are necessary to investigate any complaints, changes in management systems, follow up on suspended clients. Requirements of short notice audits are informed to client.

Special care will be taken in assigning the audit team for short notice audits

4.3.2.8. Transfers

This applies only to transfers from other accredited certification bodies. Only transfers from companies which have certificates covered by an accreditation of an IAF signatory should be eligible for transfer. Certificates which are not accredited as below shall be treated as new clients. ACT makes use of the IAF MD2 document as guidance.

4.3.2.8.1. Pre-transfer review

Refer to IAF MD2 for the requirements of the pre-transfer review.

4.3.2.9. Extension to scope change in management for clients already registered with ACT

- An application form should be completed by the client and returned to ACT
- Contract Review will always be carried out by the Quality Manager or appointed person to determine whether a full or partial Stage 1 is required.
- An off-site Stage 1 must be completed and sent to the Quality Manager or appointed person for review. Under exceptional circumstances an on-site Stage 1 may be required.
- Under no circumstances must the above visit be carried out at the same time as surveillances unless extra time or extra auditor has been allocated. However, Stage 1 shall be completed before the on-site audit.

Audits for the above reasons will be carried out in the same way as the initial audit. An Audit Report must be completed in the normal way and submitted to the Certification Committee for approval.

If successful, a new certificate will be issued by ACT.

4.3.2.10. Other Considerations:

4.3.2.10.1. Multi-Site Audits

This procedure only applies in certain circumstances, e.g. distribution companies, recruitment companies etc. and it is the responsibility of the Contract Review process and the person planning the audit to determine its use. The program is particularly suited to those organizations:

- Engaged in distribution, having a number of strategically placed geographic distribution centers; or
- Operating a multi-outlet wholesale business; or
- Performing simple, repetitive processing at a number of different sites.

The program may be applied to the whole of the organization under an initial registration, or only part of the total number of sites may be registered initially, with others to be added later at the client's convenience.

Be particularly careful when planning audits on multi-site companies to take into consideration the working shifts and those that may require particular expertise. Ensure that the programme caters for a representative sample of the activities undertaken.
It is usual to audit the company Head Office and a sample of sites if all sites are working to the same management system and activities on each site are the same (e.g. a recruitment agency). (Company Head Office is usually where most of the system records are kept but this is not always the case, each job is to be judged individually.)

There may be situations where sampling is not permitted due to the nature of the work or because the activities on each site are not common to each other. In this situation, the programme would need to allow for visiting each site, and would determine the need for a full audit with resulting documentation at each site visited.

If the activities are common and a sample is taken initially, a rolling programme of surveillance visits must be established.

If additional sites need to be added, the client must be able to demonstrate that the new sites are included in a controlled manner. These will normally be treated as an extension to scope. They must be added to the rolling programme, increasing the amount of surveillance time and costs as appropriate.

With large, multi-site companies it is usual to appoint a Project Leader who will be responsible for on-going liaison with the client, arranging dates for surveillances,

coordinating the rolling programme, and dealing with any day to day queries and sorting out extensions to scope. This ensures continuity with the client and that correct sites are visited on rolling programme.

With multi-site companies it is not necessary to raise opening and closing meeting for every site visited, but a schedule is to be available for each auditor.

4.3.2.10.2. Auditing Integrated management systems

ACT makes use the IAF MD11 document as guidance for the application of ISO/IEC 17021 for audits of integrated management systems

4.3.2.10.3. Auditing Multi-Site Organizations (where the application of site sampling is not appropriate)

ACT makes use of the IAF MD1 document as guidance for the audit and certification of a management system operated by a multi-site organization (where application of site sampling is not appropriate).

4.3.3. Post-Evaluation Procedures

4.3.3.1. ISO/IEC 17065: Timber Preservation and Sawmill Post Evaluation Procedures

4.3.3.1.1. Review Evaluation Records

Quality Manager reviews the filled evaluation checklist / records and supportive documents submitted by Evaluators (Evaluation personnel). If the Quality Manager performs the evaluation the Managing Director review the records.

If required, they may consult Quality Manager and Technical Experts for such review.

Based on review of evaluation records, decision for the issue of certificate for the product is taken subject to closure of the non–conformities / observations issued during the evaluation.

Records of evaluations are logged and maintained on the Evaluation Database (F61) which is updated monthly.

ACT employees who work with the client records are monitored to safeguard confidentiality and non-disclosure by completing F39 during each evaluation as well as F12 is signed annually.

Should there be any interest or association to any of the clients, employees are to complete F12 and declare such interest.

4.3.3.1.2. Periodic evaluation

The Quality Manager plans and conducts the periodic evaluation of the product certified by deputing the Evaluators (Evaluation personnel), the evaluation schedule according to F79 is used to plan the periodic evaluation dates.

Results of periodic evaluations are evaluated as per the details given in the clause no. 4.3.3.1.1. above and based on successful completion of the evaluation, the continuation of the certification is informed to the client.

Refer to QP23: Procedure for Certification Review.

4.3.3.1.3. Re-Certification (Re-evaluation)

Quality Manager plan and conduct the re–certification before the expiry of the product certification. During re-certification, for the re-certification decision the following will be considered, as a minimum:

- The recertification audit report consisting of a minimum of PI9
- The certification review (F86)
- The history of the client's performance during their certification cycle as per the ACT database (F61)

Results of re–certification is evaluated as per the details given in the clause no. 4.3.3.1.1. and based on successful completion of the evaluation, the new certificate is issued to the client as per renewal requirements.

4.3.3.1.4. Certification Decision

All records and data for the client under review is taken to the Certification Committee Members for final review and final certification decision. The following information is taken to the certification committee meeting:

- Client file
- F86 Certification Review
- Recertification Audit Pack

The certification committee members will review all records and data presented to them on that client and will make their final decision. Refer to annexure 3 of the quality manual.

5.0. References

5.1. Applicable to the scope of certification sought by the client:
- 5.1.1. SANS 754: Eucalyptus poles, cross-arms and spacers for power distribution and communications systems
- 5.1.2. SANS 457-3: Wooden poles, droppers, guardrail posts and spacer blocks Part 3: Hardwood species
- 5.1.3. SANS 1288: Preservative-treated timber

5.2. QP23 Procedure for Certification Review

5.3. ISO 9001 QMS standard

5.4. IAF MD1: IAF Mandatory Document for audit and certification of a management system operated by a multi-site organization

5.5. IAF MD2: IAF Mandatory Document for the transfer of accredited certification of management systems

5.6. IAF MD5: IAF Mandatory Document Determination of audit time of quality and environmental management systems

5.7. IAF MD11: IAF Mandatory Document for the application of ISO/IEC 17021 for audits of integrated management systems

6.0. Forms

6.1.	PI1	Product Certification Audit: Inspection of Product
6.2.	PI4	WCC Oxide Stock Control
6.3.	PI5	Creosote Stock Reconciliation Product Inspection Audit
6.4.	PI8	Process Approach Worksheet
6.5.	PI9	Initial and Recertification Audit
6.6.	F29	Client Audit/ Evaluation Plan
6.7.	F35	Non-Conformance Corrective Action and Clearance Report
6.8.	F35.p	Non-Conformance Corrective Action and Clearance Report
6.9.	F35.V6	Non-Conformance Corrective Action and Clearance Report
6.10.	F39	Confidentiality, Impartiality and Non-Disclosure Agreement
6.11.	F42	Evaluation Meeting Agenda
6.12.	F61	Evaluation Database
6.13.	F73 (Part 1)	Stage 1 Audit Report
6.14.	F73 (Part 2)	Stage 1 Audit Report
6.15.	F74 surveillance	Management system audit report applicable to: stage 2-, and recertification audits
6.16.	F79	Audit Program
6.17.	F87	Management system report applicable to: Pre-transfer review

6.18.	QP13	General Permit Conditions
6.19.	QP18	Addendum 4 to Specific Permit Conditions
6.20.	QP14	Sampling Procedure
6.21.	QP19	Addendum 1 To Specific Permit Conditions
6.22.	QP20	Addendum 2 To Specific Permit Conditions
6.23.	QP20.s	Addendum 2 To Specific Permit Conditions (Softwood Species)
6.24.	QP21	Addendum 3 To Specific Permit Conditions
6.25.	QP21.s	Addendum 2 To Specific Permit Conditions (Softwood Species)

ANNEXURE 1: GLOBALG.A.P. Auditing Procedures

1.0. Audit Scope

During registration, the producer defines the scope of certification. In doing so, the producer generates a customized set of P&C's and corresponding GLOBALG.A.P. GR which will apply to the audit process. During each CB's opening meeting at the audit, ACT shall check that the checklist used by the producer for the self-assessment/internal audit is correct according to the certification scope defined during the registration by completing the Instructions tab identified in the checklist with the producer to confirm whether the contents are to be included or not in their self-assessment (and, therefore, the external audit). These Instructions will be cross-referenced with the Instructions completed by the producer in the self-assessment to ensure they are the same.

During registration, questions regarding the producer's specific certification process (e.g. PHU included/excluded, covered crop/in field, GMO applicable or not, seedlings additionally purchased etc.) are included to filter the P&C's applicable to each specific producer and thus provide a customized checklist. These questions are included in the application form (F22.V6) which is completed annually to determine the certification scope.

A directory of clients is used to record all information from the application form as well as record the expiry dates of certificates.

The CB shall carry out the audit using the complete checklist of the applicable scope annually.

The CB audit shall cover:

- All registered products and production processes
- All registered production sites
- All registered PHUs
- Where relevant, the administration sites

The CB audit content shall be organized in a three-year cycle:

- First CB audit: all requirements included in the applicable checklists
- Subsequent CB audit (year 2): operational items as identified in the applicable checklists
- Subsequent CB audit (year 3): operational items as identified in the applicable checklists
- Recertification audit: all requirements included in the applicable checklists (same as initial audit)
- A letter is emailed to each client after the first CB audit stating the three-year cycle.

The three-year cycle is planned according to F76.V6 for each IFA Version 6 client after the certification decision is completed. The client is informed on their three-year cycle through a letter on F53 letter head.

The CB may conduct additional announced or unannounced audits or on-site visits to investigate complaints.

In the case that there is an already existing client who is certified for Version 5, this client will be evaluated by the Scheme Manager and F79.V6 is completed to determine where the client is in their cycle and how to transition from version 5 to version 6.

2.0. Option 1 Producer without QMS – GLOBALG.A.P. Requirements

2.1. Announced CB Farm Audits

a) The announced CB farm audit shall follow the three-year cycle as described above in 1.0.
b) ACT may divide the announced CB farm audit into 2 modules: an off-site module and an on-site module if this is to be communicated with the producer. Both modules will be performed by the same CB farm auditor.
a) See Information and Communication Technology for guidance on using information and communication technology (ICT) for an audit's off-site stage (based on IAF MD4:2018).
b) The off-site stage shall be conducted no more than 4 weeks before the on-site module. It shall consist of a desk top review of documentation sent by the producer to ACT before the on-site inspection. ACT shall schedule a date as a deadline for the producer to submit the requested documents for off-site evaluation. The onsite module then needs to be done within 28 days after this specified date.
c) Documentation that can be audited off-site by the CB farm auditor includes, for example, self-assessment, Risk Assessments, Procedures required in several P&C's, Analysis programs (frequency, parameters, locations), Analysis reports, Licenses, List of plant protection products used, Proof of lab accreditation, Certificates or assessment reports of subcontracted activities, Plant protection product/fertilizer application reports. The documentation may be supported by interviews and a remote CB audit of facilities.
d) The off-site stage shall be recorded in the audit checklist through sufficient comments for the specific P&Cs. Comments shall be supplied for all Major must and all non-compliant and non-applicable Minor Must P&Cs unless otherwise indicated in the guideline for audit methodology, if available.
e) Date, time, and duration of the off-site and on-site modules of each CB audit shall be recorded by the CB farm auditor and signed or specifically confirmed by email by the producer.
f) The on-site module is conducted after this technical review of the producer's documentation to verify the information and the way the production process works on-

site and to inspect the remaining content of the checklist, the production processes, the registered sites/PHUs, and the verification of the information already reviewed off-site. On-site inspection activities shall include, as a minimum, the inspection of Good Agricultural Practices and food safety related control points to determine compliance.

g) In the case that non-conformances (NC) are found during the whole assessment process (whether on-site or off-site together), the countdown to the deadline for closing these NC begins with the on-site closing meeting, when the audit result is signed or specifically confirmed by email by the producer.
h) This system does not reduce the overall CB audit duration (see requirements regarding CB audit duration below) but allows more efficient use of time on-site. The duration of the on-site stage shall never be shorter than two hours.

2.2. CB Farm Audit Duration

a) The audit report shall include a recording of the CB farm audit duration (start and end times for each day).
b) The usual CB farm audit duration for the GLOBALG.A.P. IFA standard is between 3 and 8 hours on-site (for an Option 1 multisite producer without QMS).
c) The minimum duration of 3 hours shall apply to the simplest circumstances (one production site, one or few products, simple machinery, few workers, no product handling, subsequent CB farm audit, well-organized documentation etc.). This minimum duration excludes preparation, travel (during the CB audit) and the GRASP assessment or any other add-on CB audit included in the registration scope.
d) A sufficient CB farm audit duration shall allow the CB farm auditor to have an opening meeting with farm management (e.g. reconfirming the scope); audit all applicable P&Cs; audit the production process of all the products included in the scope; visit all production sites, storage, processing and other critical locations (e.g. water sources); audit the machinery used; interview personnel; evaluate records; complete the checklist with sufficient comments; and present the results to the producer during the closing meeting immediately after the CB farm audit has finished.
e) Factors that will increase the minimum of 3 hours are as follows:
    i. Initial CB farm audit
    ii. Addition of new products during a subsequent CB farm audit
    iii. Addition of a location during a subsequent CB farm audit
    iv. Storage included
    v. Produce handling included
    vi. Different types of products/product groups
    vii. Different times of harvest
    viii. Multiple locations/sites
    ix. More sub-scopes included

x. Subcontractors used by producer

2.3. Unannounced CB Audits

a) During subsequent CB audits, a minimum of 10% of all certificate holders of ACT shall be audited unannounced. The calculation of the 10% shall be carried out for each scope and for each standard covered by the General Regulations.
b) The selection of 10% shall not only take into account total numbers, but shall also be calculated and carried out based on risk assessment and considering factors such as geography, legislation (where several jurisdictions are covered by ACT), crop type, compliance history etc. Risk Assessment for Unannounced Audits (F93) is completed to determine whether a client is eligible for an unannounced audit due to a risk assessment conducted. F93 should be completed at the beginning of the calendar year to ensure that all unannounced audits are identified and scheduling of such audits is recorded in F52.V6 Audit Schedule.
c) The 10% shall be calculated for a 12-month period. The number of unannounced CB audits and audits per 12-month period shall reflect 10% of the certificates issued without QMS included and with QMS included, respectively.
d) The 10% shall be distributed amoung the countries where ACT has certificate holders, and it shall be representative of the countries.
e) The calculation of the 10% shall be carried out per year, per scope, and per option (Option 1 or Option 2); i.e. if ACT have less than 10 certified Option 1 producers without QMS, at least one producer shall be audited unannounced.
f) The notification of the unannounced CB audit shall not exceed 48 hours (two working days). In the exceptional case where it is impossible for the certificate holder to accept the proposed date (for medical or other justifiable reasons), the certificate holder will receive one more chance to be informed of an unannounced CB audit. There shall be objective evidence of the jurisdiction available (e.g. a medical document).

If no evidence of a justifiable reason is available, the producer shall accept the unannounced CB audit or be suspended. The producer shall receive a written warning if the first proposed date has not been accepted, regardless of whether the rejection is justified or not. The producer will receive another 48-hour notification for a new unannounced CB audit. If that audit cannot take place, a suspension of all products (i.e. certificate suspension) will be issued. The suspension will be lifted when the unannounced CB audit has been conducted.

IFA Version 6 GFS addition: there is no notification to the producer before the CB audit takes place. In the exceptional case where it is impossible for the certificate holder to accept the proposed date (for medical or other justifiable reasons), the certificate holder will receive one more chance to be informed of an unannounced CB audit. There shall be objective evidence

of the jurisdiction available (e.g. a medical document). If no evidence of a justifiable reason is available, the producer shall accept the unannounced CB audit or be suspended. The producer shall receive a written warning if the first proposed date has not been accepted, regardless of whether the rejection is justified or not. The producer will receive another unannounced CB audit. If that audit cannot take place, a suspension of all products (i.e. certificate suspension) will be issued. The suspension will be lifted when the unannounced CB audit has been conducted.

g) During registration, the certificate holder may indicate a maximum of 15 days where they are unavailable for an unannounced CB audit.

2.4. Using ICT for a CB audit's off-stage (Option 1) (based on IAF Md4:2018)

Information and Communication Technology (ICT) refers to the use of technology for gathering, storing, retrieving, processing, analyzing and transmitting information. It includes software and hardware such as smartphones, handheld devices, laptop computers, desktop computers, drones, video cameras, wearable technology, artificial intelligence, e-mails and others.

2.4.1. Security and Confidentiality

a) In accordance with information security and data protection measures and regulations, before the CB audit, the use of ICT for auditing purposes shall be mutually agreed upon between the producer and ACT. Video and/or audio recording, screenshots, and storage of evidence shall also be mutually agreed upon. ACT shall keep records of such agreements. If no evidence of agreement is available, ICT shall not be used for the off-site.

2.4.2. Planning and Scheduling

a) The feasibility of the CB farm audit shall be determined to provide confidence that the CB audit objectives can be achieved. This shall take into consideration factors such as:
   a. Sufficient and appropriate information for planning and conducting the CB audit
   b. Adequate cooperation from the producer.
   c. Adequate time and resources for conducting the CB audit
b) ACT shall define eligibility criteria for determining when it is appropriate to perform a CB audit using ICT, such as:
   a. The acceptable period for performing the off-site CB audit.

b. The producer's ability to designate one or more representatives or contact persons who are capable of communicating in the same language as the CB auditor and using the agreed platform.
c. ACT's capability and aptitude to conduct the off-site audit in the chosen medium/forum.
d. The availability of a list of activities, areas, information and personnel to be involved in the off-site audit.

c) Before the off-site module takes place, ACT shall:
a. Determine the platform (e.g. virtual meeting, telephone/video call, messaging app etc.) for hosting the CB audit. This platform will be agreed upon between ACT and the producer.
b. Explain to the producer which documents, activities and facilities are expected to be audited via video streaming (real time) and which will be evaluated based on records/recorded information, and additionally, if applicable, which people need to be interviewed.
c. Test the ICT platform compatibility between ACT and the producer prior to the CB audit. A trial meeting using the same media platforms agreed upon shall be conducted to ensure the scheduled audit can be performed as planned.
d. Encourage and consider the use of webcams and cameras etc. when physical evaluation of an event is desired or necessary.

If the use of ICT is impossible due to technical restraints (e.g. no phone or internet connection on the farm etc.), the off-site module is limited to document or record review.

d) Off-Site Stage Using ICT
a. The off-site audit shall be facilitated in quiet environments whenever possible to avoid interference and background noise (e.g. through speakerphones).
b. Both parties shall make their best effort to confirm what was heard, stated and read throughout the CB audit.
c. All off-site CB audit shall be conducted in the same way as the on-site CB audit according to this procedure (e.g. opening meeting, closing meeting, clarifying of non-conformances and findings).
d. The start time, end time and the participants of the off-site audit shall be recorded. Evidence of opening and closing meetings shall be kept even if there were multiple sessions. Electronic acknowledgements of receipt is equivalent to 'signature'.
e. The fact that the CB audit was conducted off-site, as well as the software and any technical problems during the CB audit, shall be noted in the CB audit report.
f. If it is not possible to maintain satisfactory connections or conditions during the scheduled time of the off-site stage, ACT's CB auditor may terminate the CB audit before the scheduled time. This shall be recorded in the CB audit report.

g. The CB audit may continue later only if ACT and the producer both agree on this. The continuation of the off-site stage shall follow the planning as described above. This shall be confirmed during the opening meeting.
h. The CB auditor shall be aware of the ICT's risks and opportunities and the impacts that they may have on the credibility and objectivity of the information gathered. It ACT's responsibility to train the CB auditor accordingly.
i. The means (tools) of verifications that may be used:
    i. Interview with the individual producer. Worker interviews may be conducted by phone or video call interviews.
    ii. Video call in which the individual producer shows records.
    iii. Video call in which the producer streams video of the site/facility to the CB auditor. However, all the observed evidence shall be recorded in the checklist. Video streaming of the site/facility may be done by the producer or by an assigned person in which ACT chooses, who need not necessarily be a CB auditor.
    iv. Sending videos/pictures instantly during interviews. The files shall include information on the time and geo-reference for the location, or this information shall be available by other means.
j. The CB audit report shall contain details about the different means (tools) used during the audit in order to demonstrate the proper implementation of this procedure.
k. ACT shall inform the producer when, how, why and of what to make recordings, pictures or video footage and which will be saved as evidence, why, and for how long will they be stored. The producer shall agree and, if applicable, give consent and send/submit/transmit the evidence to ACT within the agreed timeframe.

2.5. GLOBALG.A.P. Full Remote – not applicable for IFA v6 GFS, HPSS and PHA

GLOBALG.A.P. Full Remote is an emergency procedure in the case of official travel restrictions to specific countries or regions, due to pandemic, war, neutral disaster etc. To implement this solution, ACT shall use the procedure outlined in "GLOBALG.A.P. Full Remote".

3.0. Pre-Audit Procedure

3.1. Audit Planning

Audit planning is conducted using F79.V6 Three-Year Cycle Program and F52.V6 Audit Scheduling. The three-year cycle (F79.V6) is used to determine the three-year cycle and where in the three year cycle the client currently is.

3.2. Objectives of auditing program

An auditing program has been developed for all the ACT clients to ensure the product supplied under the GLOBALG.A.P. and ACT mark continuously complies to the GLOBALG.A.P. and ACT standard, respectively.

Objectives of auditing program:

1. Determine if the product complies to required specification on a regular basis/annually/seasonally.
2. Enable end users to obtain and maintain confidence in the ACT clients.
3. Enable ACT clients to comply to legal and contractual requirements.
4. Reduce risks to ACT clients and the Fruit and Vegetable Industry.

3.3. Extent of audit program

Each individual audit is based on documented audit objectives, scope and criteria. Refer to F29.V6.

3.4. Number of audits per client

Each client will have one audit annually which will take place during the harvesting season or during a period with the highest argonomic activities. The length of the audit (i.e., number of hours and/or days) depends on the complexity of the producer and which parts need to be audited. For example, a producer with one site, one hectare of product and no product handling will have an audit of only a minimum of 3 hours. A producer that has many sites in different locations, product handling on the different sites and many hectares of product may take more than one day to complete the audit.

3.5. Audit Risks

- Failure to plan sufficient scheduled audits
- Ensure confidentiality
- Ensure competence of CB farm auditors
- Selection of audit team
- Monitoring and reviewing effectiveness of the audit
- Reporting to top management

3.6. Audit program resources

The costs of all audits including travel and accommodation is determined as in accordance with the pricing list for that particular year which is determined at the beginning of the year (January). This price list may be shared with producers or potential producers if requested. All GLOBALG.A.P. annual fees will be included in this pricing list.

3.7. Audit Timing

3.7.1. Initial (First) Audit

a) The initial audit shall cover harvesting activities of each product to be included for the certification.
    a. Produce handling will also be included if this is to be included in the certification.
    b. Other field work can be checked at a different time where feasible but this is not mandatory.
b) The audit shall take place as soon to harvest as possible for the CB Farm auditor to verify as many control points as possible.
c) If the audit is done before the harvest period, it will not be possible to inspect all control points and as a result of this, a follow up audit/visit will be required. If this is not possible, proof of compliance to the outstanding control points will be sent to the CB farm auditor via fax, photos or any other acceptable means.
    a. NOTE: NO certificate will be issued until all control points have been verified and all non-conformances are closed.
d) If harvest takes place before the audit happens, the producer shall retain all evidence for the compliance of all control points that are related to the harvest of the product.
    a. NOTE: If the producer does not retain evidence for compliance of all control points then certification will not be possible until the following harvest.
e) ACT shall ensure that included in the sampling for unannounced audits/visits, that the producers that did not receive a first audit or the subsequent audit during the next harvest period.
    a. This needs to be communicated with the producer when discussing audit timing.
f) Additionally, ACT shall make every effort to carry out the subsequent audit during the harvest season.
g) In the case of the producer seeking certification for multiple crops (more than one crop to be certified) that don't have the same harvesting periods:
    a. The requirements mentioned above will be applicable to crop groupings based on similarities in production and harvest processes and their risks.
    b. ACT shall verify all control points of these groupings before the product(s) can be added to the certificate.

c. Example: an CB farm auditor does an audit of apples during the harvest period – an audit/visit during pear season is not necessary when the scope already includes apples. However, the pears can only be added to the certificate once all the control points have been verified (that are applicable to them). If spinach were to be included to the scope of certification would require an assessment during the spinach harvesting period.

3.7.2. Subsequent Audit:

a) A subsequent audit shall take place during argonomic activities and/or handling are being carried out. The audit timing shall allow ACT to gain assurance that all the registered crops (even if they are not present at the time of the audit) are handled in compliance with the certification requirements.
b) Audits during the off-season or when the farming activities are at minimal shall be avoided.
c) If produce handling is included in the scope of certification:
    a. The produce handling facility/facilities shall be inspected annually.
    b. This audit will be timed while the produce handling is in operation.
    c. Only once ACT has carried out a risk assessment that states clearly that the risk is low, can produce handling be inspected during operation every 2 years.
    d. The risk assessment should take into consideration the following:
        i. Product being packed
        ii. Known food safety incidences related to the respective product(s)
        iii. Any directives from GLOBALG.A.P. to look at specific points.
    e. ACT shall keep justification of the reason for the chosen audit timing on record.
    f. The only exception for this is for producers under Option 1 without QMS.
d) If the produce handling is excluded from the scope of certification:
    a. Audit has to be scheduled during the harvest season at least every 2 years.
    b. In the respective year, the harvest season of at least one registered product per product grouping has to be inspected.
    c. Crop groupings are based on similarities in production and harvest processes as well as their risks.
    d. ACT shall keep justification of the reason for the chosen audit timing and the crop groupings used on record.
e) Crops may be grouped according to the following:
        i. Mechanical harvest:
    b. The only method of harvesting.
    c. In this case there is no need to observe the harvesting while in operation.
    d. It is sufficient to check only the machine and harvesting machine operation related records after or before harvest.

i. Manual harvest of low risk products.
ii. The product is classified as low risk when:

e. Always cooked before eating
f. Always cleaned before eating
g. Dry nuts
h. Products with inedible skin or shell
i. Products with pathogen reduction step after harvest (still unprocessed)
j. No known food safety incidences related to the respective product.
   i. Manual harvest of high-risk products.
k. All other products not mentioned under b.i. above are considered high-risk.
   i. Harvest that involves water or ice.
   ii. Packing in field.

f) If the producer does not commit to continue with certification for the next cycle:
   a. ACT shall make sufficient provisions to avoid situations where one certificate could be used to cover more than one harvest and growing cycle of the same annually harvested crop, for example by shortening the certificate validity.
   b. ACT can set a deadline for the reconfirmation according to the harvest period of the crop.
   c. Example: if the harvest period for Blueberries is the whole of October month and the first audit took place in October 2015 and the certificate was issued at the end of November 2015 until the end of November 2016. This certificate, therefore, covers the harvesting and the sale of the blueberries for 2015 and 2016 harvests. Therefore, ACT shall set a deadline for reconfirmation and if the producer does not confirm by this date, then ACT shall shorten the validity date of the certificate.

g) Multiple consecutive crops:
   a. During the audit, the production process of all crops that are included in the certification scope shall be assessed on farm via site visits, interviews with the producers and their workers, reviews of records etc.
   b. The producer shall keep evidence of compliance with the applicable control points for all the registered crops.
   c. In the years during which there is no requirement to carry out an audit during the harvest season and when crops do not have the same seasonal periods, ACT shall select a date where relevant argonomic activities can be seen on farm for at least one of the products.

3.8. Selecting the audit team members

The Scheme Manager selects the auditing team. If 2 or more CB farm auditor are present, the team leader is appointed. The CB farm auditors are chosen according to the criteria set out by the GLOBALG.A.P. Regulations.

Please refer to Procedure for HR Functions (QP06) for more information on CB Farm auditors qualifications.

3.9. Communication with the Client

Clients are made aware of the audit team by an Audit which is sent to the client via email or other electronic format to accept. Emails for audit confirmations are saved for evidence. The audit plan (F29.V6) is emailed to the client to state the CB farm audit team.

As agreed with the client, the CB farm auditor visits the client place for conducting the audit.

4.0. Conducting Evaluation

The CB farm audits are conducted according to the Schedule (F52.V6) which states the provisional dates in which the CB farm audits will take place for each client as well as the actual date in which the audit was conducted.

The audit will take place according to what is stipulated by the client in the Application Form (F22.V6). The CB farm auditor will be notified on the details of the producer that they will be conducting the CB farm audit before hand.

The opening meeting is conducted once the CB farm auditor has arrived. The CB farm auditor should use F42 as a guidance. The objective of the CB farm audit as well as an introduction of the CB farm audit team as well as other members present in the audit (i.e. the client representative and other members). During the opening meeting, the client will sign the Food Safety Policy Declaration. The CB farm auditor is requested to have already completed the Inspection Notes before the CB farm audit. All CB farm auditors as well as other members from ACT or any observer present in the CB farm audit shall sign a Confidentiality, Impartiality and Non-Disclosure Agreement (F39) before the end of the opening meeting.

After completion of the opening meeting, the CB farm audit can take place. The CB farm auditor will make use of the GLOBALG.A.P. Integrated Farm Assurance (IFA) checklist for the

relevant Plant Base sub-scopes. All findings during the CB farm audit will be stated in the checklist by the CB farm auditor.

Details of non-conformities, non-compliances and recommendations are recorded in the checklist and the client will be notified during the CB farm audit.

The closing meeting is conducted once the GLOBALG.A.P. Checklist has been completed and the CB farm auditor is content with the information provided by the client. The CB farm auditor should use F42 as a guidance. The non-conformances, observations and recommendations are communicated with the client in the closing meeting where the client has the opportunity to state any concerns or issues with the non-conformances raised. If no complaints or issues have been mentioned by the client, the client will accept the non-conformances by signing F35.

The evaluation may be prematurely terminated/ aborted if:

- An emergency occurs at the client
- In the event of bribery or threat that might be imposed by the client
- Major malfunction of the client's system

Requirements for Client to Achieve Certification:

The Control Points and Compliance Criteria consists of three types of control points: Major Must, Minor Must and Recommendations. In order for the client to obtain certification the following needs to be met:

- Major Must: 100% compliance with all applicable Major Musts control points is compulsory.
- Minor Must: 95% compliance with all applicable Minor Must control points is compulsory.
- Recommendations: no minimum percentage of compliance is required.

The producer shall also comply with the agreements signed in the GLOBALG.A.P. Sublicense and Certification Agreement and ACT's service agreement (QP13.gg) in their current version. The producer shall also comply to the requirements defined in the General Regulations in their current version.

4.1. Recording of NCR

Non-conformities and non-compliances are classified as follows:

A non-compliance with a certain control point is when a minor must or recommendation is not fulfilled according to the compliance criterion.

A non-conformance is when a GLOBALG.A.P. rule that is necessary for obtaining certification is infringed upon. For example, a non-compliance with one or more Major Must or more than 5% of Minor Musts.

Contractual non-conformance is a breach of any of the agreements signed in the contract between ACT and the producer that has to do with GLOBALG.A.P. related issues. For example, trading with a product that does not comply to legal requirements or false communication by the producer regarding GLOBALG.A.P. certification.

Calculations for Minor Must Compliance:

(Total no. Minor Must – not applicable minor must scored) x 5%
= Total minor must non-compliance allowed

E.g.: (All farm base + crop base + fruit and vegetables: 122 – 52 NA) x 0.05 = 70 x 0.05 = 3.5.

This example above shows that the total number of Minor Must control point non-compliance allowed is 3.5 which shall be rounded down (i.e. rounded down to 3). Therefore, the producer may only have 3 Minor Must control points that are non-compliant.

Note: a score example of 94.8% cannot be rounded up to 95% (the pass percentage).

In all cases, the calculation to show compliance (or non-compliance) shall be available after the audit has been completed.

4.2. Applicable Principle and Criteria

Compliance of a specific P&C is indicated with a “Yes” for compliant, “No” for not compliant, and N/A for non-applicable. P&Cs indicated as a “No N/A” cannot be answered as “not applicable”. In exceptions in which the P&C is not applicable, the answer shall be given as “Yes” with a clear justification.

The control points to be taken into consideration to calculate the percentage of compliance for Minor Musts and Major Musts depend on the product and certification scope. The applicant shall ensure that each individual site and product complies with the certification requirements. Thus the compliance percentage shall be calculated taking into account all the control points applicable to each site and product.

For example, for a producer seeking certification for Fruit and Vegetables needs to comply with 100% of the applicable Major Musts and at least 95% of the applicable Minor Musts for all the All Farm Base (AF), Crop Base (CB) and Fruit and Vegetables (FV) modules combined together.

Example A: a producer that seeks certification for both Combinable Crops and Dairy needs to comply with 100% of applicable Major Musts and 95% of applicable Minor musts as follows:

- Combinable crops: the all farm base (AF), crop base (CB) and combinable crops (CC) modules combined together.
- Dairy: all farm base (AF), livestock base (LB), cattle and sheep (CS) and Dairy (DY) modules combined together.

Example B: A producer that is seeking certification for green beans as well as roses and a non-conformance of a Major Must is detected in the Flowers and Ornamentals sub-scope. The roses, therefore, cannot be certified and the green beans can only be certified if ACT justifies that there is no concern for the integrity of the producer and the production as a whole resulting from the Major Must non-conformances in the Flowers and Ornamentals sub-scope.

In a multi-site operation without QMS, the compliance level is calculated for the entire operation in one checklist. Any applicable control point common to all sites needs to be taken into account for all sites.

In a multisite with QMS, the compliance level is calculated per sampled production site. Each production site shall comply with the certification requirements. Any applicable control point common to all sites needs to be taken into account for all sites.

In a producer group, the compliance level is calculated per sampled producer. Each producer member shall comply with the certification requirements. Any applicable control point common to all producers needs to be taken into account for all producers.

4.3. Closing of the Non-Conformance

The client has 28 days after the actual day of audit in order to submit evidence and clear all outstanding non-conformances from the audit. The certification decision can only be done once all evidence has been received by the CB farm auditor and the CB farm auditor has closed all outstanding non-conformances.

The non-conformances are closed by the client by submitting the evidence to the CB farm auditor via the communication means as discussed in the closing meeting. Once the evidence of closing the non-conformances is accepted by the CB farm auditor, the audit Pack can be sent to the certification committee for final decision.

5.8. Post Audit Procedure

5.9. CB Farm Auditor Report

Once the non-conformance have been cleared by the CB farm auditor, the CB farm auditor will compile the final report (F05). In the case that the producer requests an audit report from the CB farm auditor before the non-conformances have been cleared, a provisional audit report is generated for the client.

IFA V6 GFS: ACT shall provide the final CB audit report including the completed audit checklist to producers registered for IFA Version 6 GFS, at the latest by the time of the certification decision.

The CB farm auditor uploads the client onto the Audit Online Hub before certification decision can take place.

1.0. Review of evaluation records

The CB farm auditor is responsible for their own clients administration documents. All administration documentation to be completed pre-audit (i.e., application form, quotation, contracts and audit confirmation), is to be sent to the Scheme Manager before the date of the scheduled audit. This documentation is reviewed by the Scheme Manager prior to the audit. After the CB farm audit, the auditor is to send all audit and post-audit documentation (i.e., audit pack, clearance and evidence of non-conformances etc.) to the Scheme Manager and/or certification decision maker at least 5 days prior to the clients expiry date. In the case of an initial client, the relevant documentation is to be sent to the Scheme Manager / certification decision maker at least 5 days post CB farm audit. The Scheme Manager and/or the certification decision maker reviews all relevant documentation prior to the certification decision. Any outstanding documentation can be sorted out with the respective client. CC02.V6 is used as a guideline for reviewing of documentation.

The clients documentation as well as other information is then taken to the certification committee for final approval of certification.

If required, the Scheme Manager may consult another CB farm auditor or other technical experts for such review.

Based on review of audit records, decision for the issue of certificate for the product is taken subject to closure of the non–conformities / observations issued during the audit and all records will go through the Certification Committee.

Records of audits shall be uploaded onto the GLOBALG.A.P. Database within one week of the audit taking place. All information, as well as evidence of closure, on non-conformances will also be uploaded to the GLOBALG.A.P. Audit Online Hub.
ACT employees who work with the client records are monitored to safeguard confidentiality and non-disclosure by completing F39. Should there be any interest or association to any of the clients, employees are to complete F39.

ANNEXURE 2: INTEGRATED AUDITS

1.0. Purpose

The applicability of this annexure pertains to the planning and delivery of audits of Integrated Management Systems (IMS) and, if appropriate, the certification of an organization's management system(s) against two or more sets of audit criteria/standards.

2.0. Scope

The scope of this document includes:

- Initial audits (including stage 1 and stage 2 audits)
- Surveillance audits.
- Re-certification audits of clients.
- Note: clients whose certification has been transferred from another certification body are also included in the scope of this document.
- Extensions to a non-critical scope of certification.
- Extensions within an existing scope of certification.
- Follow-up audits where only the management system is to be verified.

3.0. Responsibility

The Quality Manager of ACT in consultation with top management including the Managing Director of ACT shall decide upon and justify the use of integrated audits.

4.0. Description of Activity

4.1. Definitions:

4.1.1 Audit of Integrated Management System (also refer to as integrated audits)
An audit of an organization's management system against two or more sets of audit criteria/standards conducted at the same time (IAF MD 11).

4.1.2 Integrated Management System (IMS)
A single management system managing multiple aspects of organizational performance to meet the requirements of more than one management standard, at a given level of integration (4.1.3). A management system may range from a combined system adding separate management systems for each set of audit criteria/standard, to an Integrated Management System, sharing in single system documentation, management system elements, and responsibilities (IAF MD 11).

4.1.3 Level of Integration

The level to which an organization uses one single management system to manage multiple aspects of organizational performance to meet the requirements of more than one management system standard. Integration relates to the management system being able to integrate documentation, appropriate management system elements and responsibilities in relation to two or more sets of audit criteria/standards (IAF MD 11).

4.2. Establishing the audit program

The level of integration of the management system is considered in establishing the audit program.
Refer to Integrated audit program (F79).

4.3. Audit planning

Audit plans cover all areas and activities applicable to each management system standard/specification covered by the scope of the audit and are addressed by competent auditor(s).
Refer to Integrated audit plan (F29)

ACT allocates sufficient time to accomplish a complete and effective audit of the organization's management system for the management system standards/specifications covered by the scope of the audit.
Refer to Integrated audit program (F79).

Note: Audit of an IMS could result in increased time, but where it results in reduction, it shall not exceed 20% from the starting point T (IAF MD 11 clause 2.1.5.1b).

The starting point figure and justification for increase or reduction are documented, refer to Integrated audit program (F79).

Existing application documents (e.g., IAF Mandatory Documents) relating to audits of management systems standards/specifications are considered when developing audit program and audit plans for an IMS.

4.4. Selecting the audit team members

The audit team as a whole shall satisfy the competence requirements, established by the ACT, for each technical area, as relevant for each management system standard/specification covered by the scope of the audit of an IMS.
Refer to QP06, as applicable.

The audit shall be managed by a team leader, competent in at least one of the audited standards/specifications.

4.5. Conducting Audits

All applicable requirements of each management system standard/specification relevant to the scope of the IMS shall be audited.

4.5.1 Initial audit and certification

4.5.1.1 Client application

(1) New applicants and
(2) clients certified by ACT, applying for an extension of scope

The relevant application forms (F22 and F22.21) need to be completed and submitted to the ACT office with information relating to the level of integration, including the level of integration of documents, management system elements and responsibilities.
Refer to IAF MD 11 Annex 1.

Note: Clients certified by ACT, for all the standards applicable to the integrated audit do not have to submit information relating to the level of integration, including the level of integration of documents, management system elements and responsibilities as this would have been observed and verified, if applicable, during previous audits.

The Quality Manager of ACT in consultation with top management, including the Managing Director of ACT can approach the auditor who usually conducts and/or the auditor who conducted the last audit at the organization to confirm the appropriateness of conducting integrated audits at the organization.

Stage One Audit
During a Stage One Audit, the audit team shall confirm the level of integration of the IMS. ACT reviews and modifies, as necessary, the audit duration that was based on information provided at the application stage.

4.5.2 Surveillance and Recertification audits
During surveillance and recertification audits, ACT confirms that the level of integration remains unchanged throughout the certification cycle to ensure that the established audit durations are still applicable.

4.6. Raising findings during integrated audits

Audit reports can be integrated or separate, with respect to the management systems audited. Each finding raised in an integrated report shall be traceable to the applicable management system standard(s)/specification(s).
Refer to F35.

The Quality Manager of ACT in consultation with top management, including the Managing Director of ACT, shall consider the impact that a nonconformity found for one of the management system standard(s)/specification(s) has on the compliance with the other management system standard(s)/specification(s). When such an impact is deemed significant, ACT will take appropriate action. These actions may include:

- Request for corrective action
- Reduction of the scope of certification
- Suspension of certification
- Withdrawal of certification

4.7. Suspension, reduction, and withdrawal of certification

If certification to one or more management system standard(s)/specification(s) is subject to suspension, reduction or withdrawal ACT shall investigate the impact of this on the certification to other management system standard(s)/specification(s).

ANNEXURE 3: REMOTE AUDITS

1.0. Purpose

Circumstances may exist where through unforeseen circumstances it may not be possible or feasible to conduct on-site audits, and in such circumstances, audits may be conducted remotely, without compromising the integrity of the certification granted by African Certification and Testing (Pty) Ltd (hereafter referred to as ACT).

The purpose of this document is to define the requirements to conduct audits remotely and is relevant to the ACT's Quality Management System (ISO 9001) certification.
Note that this document is supplementary to the Procedure for Audit – Planning, Conducting and Reporting (QP09.21).

2.0. Scope

The scope of this document is limited to:

- Extraordinary events or circumstances.
- Travel to a certified client, prospective client or specific location is not permitted or possible (i.e., for safety reasons, travel restrictions, etc.).
- Initial (stage 1 and 2), surveillance and recertification audits.
- Extensions not requiring a separate set of competencies.
- Extensions within an existing scope of certification.
- Follow-up audits for example clearance of findings visits and re-instatement visits.

Note: clients whose certification has been transferred from another certification body will also be permitted to have their audits conducted remotely.

3.0. Responsibility

The **Quality Manager** shall decide upon and justify the use of remote audits.

4.0. Description of Activity

4.1. Definitions:

4.1.1. Extraordinary event or circumstance:
A circumstance beyond the control of the organization, commonly referred to as "Force Majeure" or "act of God". Examples are war, strike, riot, political instability, geopolitical

tension, terrorism, crime, pandemic, flooding, earthquake, malicious computer hacking, other natural or man-made disasters.
(as per IAF ID 3).

4.1.2. Residual risk:
risk remaining after risk treatment
NOTE 1 Residual risk can contain unidentified risk.
NOTE 2 Residual risk can also be known as “retained risk”.
(as per ISO Guide 73).

4.1.3. Remote audit:
Audit of the physical location or virtual site of a client, using electronic means.
“On-site” audits can include remote access to electronic site(s) that contain(s) information that is relevant to the audit of the management system. Consideration can also be given to the use of electronic means. (as per ISO/IEC 17021-1:2015 clause 9.4.1 note).

4.2. Introduction

The audit process is critical to ensuring the integrity of certification, and this is typically achieved through an on-site audit activity of the certified client.

ISO/IEC 17021-1: 2015 notes under 9.4.1 that “On-site” audits can include remote access to electronic site(s) that contain(s) information that is relevant to the audit of the management system. Consideration can also be given to the use of electronic means for conducting audits.

Due to extraordinary circumstances, ACT may also determine that an on-site audit is not possible, and in such cases resort to a remote audit.

The Quality Manager in consultation with the Managing Director shall justify the use of remote audits where this replaced a scheduled on-site audit.

For all initial audits and extensions for a new scope the Managing Director of ACT in consultation with the appointed audit team shall conduct a risk evaluation to determine if the risk, after any mitigating factors, is acceptable.

The risk evaluation considers the risks associated with providing competent, consistent, and impartial certification which may include, but is not limited to, those associated with:

- The objectives of the audit.
- The sampling used in the audit process.

- Real and perceived impartiality.
- Legal, regulatory and liability issues.
- The client organization being audited and its operating environment.
- Impact of the audit on the client and its activities.
- Health and safety of the audit teams.
- Perception of interested parties.
- Misleading statements by the certified client.
- Use of marks.

(as per ISO/IEC 17021-1: 2015 - 4.8 Risk-based approach).

4.3. Prerequisite requirements for remote audits

The following requirements must be in place to conduct audits remotely, as applicable:

- Preferably and where possible a suitable private meeting room where the audit team can all be present.
- Should it not possible for the audit team to meet in one location, the members of the audit team need to be able to remain in regular contact with the audit team leader.
- Access to the Internet through a fast, reliable internet connection, by all the audit team members as well as the client.
- Suitable video conferencing or communication software (for example MS Teams* Skye, Zoom, etc.), and associated computer network to enable communication with the client as necessary, including opening and closing meetings (* preferred).
- Confirmation of confidentiality of information that will be accessed via the internet shall be obtained before the remote audit may be conducted.
- Where necessary a separate computer or an additional screen for dual display to run the communication channel and to access records and complete ACT audit forms.
- The standard ACT audit pack are to be made available electronically; and
- Audit team members need to have access to the client's contact personnel during the audit. Upon request of the audit team the rest of the client's staff are to be made available, as far as possible, for interview purposes.

4.4. In addition to the requirements listed in 4.3 above, the following requirements must be in place to conduct initial audit and extensions for a new scope, as applicable:

- The client must agree to a follow-up on-site audit/s should it be deemed necessary after it is considered safe to do so.
- The client shall provide a contingency plan for internet connection during the audit.

4.5. Documented information to be submitted prior to the audit

The client is required to submit electronically (for example drop-box, one drive or similar) the following documented information at least 2 weeks prior to the audit:

- A copy of their Quality Management System (as applicable) manual, policies, procedures, and work instructions.
- The latest Internal audit schedule (typically not older than 12 months).
- The latest Internal Audit Report/s (typically not older than 12 months).
- The names of all internal auditors, along with their competency records.
- A copy of the Management Review minutes or records, (typically not older than 12 months).
- A list of all records of appeals and complaints received and how these have been addressed since the client's last audit.
- A list of non-conformances and corrective actions taken.

Note: failure to submit the required information within the required time-period may result in the postponement of the remote audit.

4.6. The Remote Audit

4.6.1. Confidentiality

The audit team members shall complete and sign the ACT's Confidentiality, Impartiality and Non-Disclosure Agreement form (F39.21). Under no circumstances may an audit team member allow any unauthorized third-party to be present, involved or assist during the remote audit.

On completion of the audit the audit team shall confirm deletion of any confidential documents, images, recordings, from personal computers where used.

4.6.2. Prior to the Opening Meeting

Prior to the commencement of the remote audit the audit team leader will meet privately with the audit team.

4.6.3. The Opening Meeting

The opening meeting is facilitated using a suitable electronic communication channel (for example MS Teams, Skype, Zoom, etc.).

The remote audit opening meeting will be conducted using ACT's standard checklist for audit activities (F48) and is chaired by the audit team leader (lead auditor).

The audit team and the client will be requested to complete the attendance register (F33) and submit this to the audit team via the drop box or email.

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The audit team leader (lead auditor) must establish the names of the personnel who will provide additional information, along with contact information should they not be available (over and above the records submitted prior to the audit).

4.6.4. The Audit

The audit team members will review the records submitted and complete the applicable ACT audit forms.

The audit team shall request documented information as needed to verify the effectiveness of the Quality Management System pertaining to the main processes that were sampled to form part of the audit scope (typically not older than 12 months).

The audit team shall interview the client's staff as needed to seek additional clarifications and/or confirmations, using the established communication channel or channels.

In the event where non-conformities are identified, they need to be discussed and verified with the client to ensure accuracy of information.

All non-conformities need to be submitted to the audit team leader for review, who may seek any clarifications from the audit team members.

All non-conformities must then be signed by the audit team leader, and then printed as PDF or scanned and sent using electronic means to the client for their signature.

Note: the audit time as stated in the audit plan (F29.21) may be altered by the audit team depending on the responsiveness of the client whilst adhering to the following requirements:

- the audit does not exceed the audit scope stated in the audit plan.

- the need for an alteration is communicated to the client, and
- the resulting alteration is communicated to the client.

For example: if the audit plan states an audit time of one calendar day and audit team receives the requested documented information too late to be able to complete the audit in the one calendar day, an alteration may be made to extend the audit time to two calendar days whilst adhering to the abovementioned requirements.

4.6.5. Prior to the closing meeting

The audit team meets privately to prepare for the closing meeting.

4.6.6. The Closing Meeting

The closing meeting will be held on conclusion of the remote audit, using ACT's standard checklist for audit activities (F48).

The attendance register (F33) is then circulated for signature (or equivalent). Where available, the attendance register available from the meeting platform (MS Teams, etc.) could be downloaded as evidence of participation.

The audit team leader will communicate with the client the recommendation reached by the audit team, as well as the non-conformities. The client will be given the opportunity to seek clarification on any non-conformities.

The audit team leader needs to confirm that the client received all non-conformities, and request the client to sign, scan and send them back to ACT without delay.