



SRI LANKA ACCREDITATION BOARD
for CONFORMITY ASSESSMENT

RULES & PROCEDURES
for ACCREDITATION of
CERTIFICATION BODIES



ACCREDITATION SCHEME FOR CERTIFICATION BODIES

Rules and Procedures for accreditation of certification bodies

Introduction

The Sri Lanka Accreditation Board for Conformity Assessment (SLAB) is the National Accreditation Authority of Sri Lanka established under Act No. 32 of 2005. The SLAB offers accreditation services to bodies that provide Conformity Assessment Services such as Testing, Medical and Calibration Laboratories Certification Bodies for systems, products and persons, Inspection Bodies, GHG Validation/Verification Bodies, good laboratory practices and proficiency testing providers.

The work procedures of the SLAB for Certification Bodies are based on ISO/IEC 17011: 2017.

Conformity assessment — Requirements for accreditation bodies accrediting Conformity assessment bodies. Preference will be given to Subject Specific Documents published by International Accreditation Forum (IAF) and Asia Pacific Accreditation Corporation (APAC), wherever applicable. The Governing Council of SLAB or relevant advisory committees, if required, will develop specific guidelines and advice the SLAB management in the areas for which there are no IAF, APAC or other acceptable interpretation documents available.

1. General

1.1 Scope

This document outlines the rules and procedures to be adopted when certification bodies seek accreditation for their certification activities from SLAB. Certification activities for accreditation by SLAB cover Product Certification, Systems Certification and Certification of Persons. Accreditation will be granted against the applicable International/Regional or National Standards or widely accepted standards or guidelines that are auditable or verifiable. Conformity assessment schemes/criteria for certification are reviewed by the SLAB and determine its suitability.

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1.2 References

- Sri Lanka Accreditation Board for Conformity Assessment Act No 32 of 2005
- ISO/IEC 17011:2017 - Conformity assessment –Requirements for accreditation bodies accrediting conformity assessment bodies
- AC-RG (P)-01 - Policy for Governing the use of SLAB accreditation symbols
- AC-RG(P)-07 - Policy on cross frontier accreditation
- AC-RG(P)-04- Policy on the traceability of measurement results
- AC-RG(P) -20 - SLAB Policy on management of extraordinary events or circumstances affecting SLAB accredited bodies and their customers
- AC-PR(P)-18 - Procedure for conducting remote assessments
- CS-RG(P)-03 - Terms & conditions for maintaining accreditation of system certification bodies
- CP-RG(P)-03- Terms & conditions for maintaining accreditation of product certification bodies
- BP-RG(P)-03- Terms & conditions for maintaining accreditation of certification bodies of persons

2. Accreditation requirements

2.1 Accreditation Criteria

The applicable standards used by the SLAB along with specific criteria developed subject-wise, as applicable and required for accreditation of certification bodies and accreditation body's rules and procedures explained in this document, Terms and conditions for maintaining accreditation and other General policies identified as reference documents in this document.

All applicant and accredited certification bodies are advised to read this document and other related documents prior to apply for accreditation and contact SLAB for any clarification/ further information, if required.

If this document or documents referred in this document are revised, the SLAB will announce in the official website (www.slab.lk) and automatically adopt those modifications in its criteria, but will give the parties concerned a realistic period of time for the transition.

Development of accreditation criteria involve a step to obtain views of interested parties and public comments prior to publication. Therefore, applicant and accredited certification bodies are requested to forward any written views/suggestions directly to the SLAB.

As relevant to the Accreditation Schemes, the following mandatory documents and resolutions published time to time by International and Regional Accreditation Organizations as applicable as Accreditation Criteria. Depending on each accreditation scheme / scope (s) Specific criteria have been laid down and the above standards shall be read in conjunction with the relevant specific criteria documents.

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LIST OF APAC ENDORSED NORMATIVE AND APPLICATION DOCUMENTS

Levels / Schemes	IAF MLA - Schemes		
	Certification - Management Systems	Certification - Persons	Certification - Products, Processes and Services
Level 1 Generic criteria for an AB	ISO/IEC 17011:2017 - Conformity assessment - General requirements for accreditation bodies accrediting conformity assessment bodies		
Level 2 Accredited conformity assessment activities	Certification - Management Systems	Certification - Persons	Certification - Products, Processes and Services
Level 3 Accreditation Standard	ISO/IEC 17021-1:2015 Conformity assessment - Requirements for bodies providing audit and certification of management systems – Part 1: Requirements	ISO/IEC 17024:2012 Conformity assessment - General requirements for bodies operating certification of persons	ISO/IEC 17065:2012 Conformity Assessment - Requirements for bodies certifying product, processes and services
Level 4 Scope specific criteria	<ul style="list-style-type: none"> • ISO 50003:2014 Energy management system – Requirements for bodies providing audit & certification of energy management systems • ISO 50003:2021 Energy management systems — Requirements for bodies providing audit & certification of energy management systems • ISO/IEC 17021-2:2016 — Part 2: Competence requirements for auditing and certification of environmental management systems • ISO/IEC 17021-3:2017 — Part 3: Competence requirements for auditing & certification of quality management systems • ISO/IEC TS 17021-6:2014 — Part 6: Competence requirements for auditing & certification of business continuity management systems • ISO/IEC TS 17021-9:2016 — Part 9: Competence requirements for auditing & certification of anti-bribery management systems • ISO/IEC TS 17021-10:2018 — Part 10: Competence requirements for auditing & certification of occupational health and safety management systems • ISO/IEC 27006:2015 AMD 1:2020 – Information technology – Security techniques – Requirements for bodies providing audit and certification of information security management systems – Amendment 1 	<ul style="list-style-type: none"> • Not Applicable 	ISO 22003-2:2022 Food safety — Part 2: Requirements for bodies providing evaluation and certification of products, processes and services, including an audit of the food safety system (<i>*should not be included as a normative reference unless adopted by a 'scheme'</i>)

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	<ul style="list-style-type: none"> • ISO 22003-1:2022 Food safety — Part 1: Requirements for bodies providing audit and certification of food safety management systems • ISO/TS 22003:2013 Food safety management system – Requirements for bodies providing audit & certification of food safety management systems (<i>superseded by ISO 22003-1:2022</i>) • ISO/TS 22003:2013 FAMI-QS Rules for CBs • ISO/TS 22003:2013 FSSC 22000 Scheme Parts 3 and 4 		
<p>Level 5 Scope specific conformity assessment standards</p>	<ul style="list-style-type: none"> • ISO 9001:2015 Quality management systems – Requirements • ISO 14001:2015 Environmental management systems - Requirements with guidance for use • ISO 13485:2016 Medical devices – Quality management systems – Requirements for regulatory purposes • ISO 22000:2018 Food safety management systems - Requirements for any organization in the food chain • ISO 22301:2019 Security and resilience - Business continuity management systems – Requirements • ISO 37001:2016 Anti-bribery management systems — Requirements with guidance for use • ISO 45001:2018 Occupational health and safety management systems -- Requirements with guidance for use • ISO 50001:2018 Energy management systems — Requirements with guidance for use • ISO/IEC 27001:2013 Information technology - Security techniques - Information security management systems – Requirements • FAMI-QS Certification Scheme Code • FSSC 22000 Certification Scheme Part 2 		

INTERNATIONAL ACCREDITATION FORUM (IAF) – Application documents

<https://iaf.nu/en/iaf-documents-categories/>

» POLICY DOCUMENTS (PL SERIES) – https://iaf.nu/en/iaf-documents/?cat_id=5

- **IAF PL 8:2016** Rules for the Use of the IAF Logo
- **IAF PL 9:2019** General Principles for the Use of the IAF CERTSEARCH Mark

» MLA DOCUMENTS (ML SERIES) – https://iaf.nu/en/iaf-documents/?cat_id=6

- **IAF ML 1:2016** Guidance for the Exchange of Documentation among MLA Signatories for the Assessment of Conformity Assessment Bodies
- **IAF ML 2:2016** General Principles on the Use of the IAF MLA Mark
- **IAF ML 3:2012** Guidance for responding to Inquiries on Multilateral Recognition Arrangement (MLA) Signatory Equivalence and on the acceptance of certification documents
- **IAF ML 4:2016** Policies and Procedures for an MLA on the Level of Single Accreditation Bodies and on the Level of Regional Accreditation Groups

» MANDATORY DOCUMENTS (MD SERIES) – https://iaf.nu/en/iaf-documents/?cat_id=7

- **IAF MD 1:2018** IAF Mandatory Document for the Audit and Certification of a Management System Operated by a Multi-Site Organization
- **IAF MD 2:2017** IAF Mandatory Document for the Transfer of Accredited Certification of Management Systems
- **IAF MD 4:2022** IAF Mandatory Document for the Use of Information and Communication Technology (ICT) for Auditing/Assessment Purposes
- **IAF MD 5:2019** Determination of Audit Time of Quality, Environmental, and Occupational Health & Safety Management Systems
- **IAF MD 7:2010** Harmonisation of Sanctions
- **IAF MD 8:2020** Application of ISO/IEC 17011:2017 in the Field of Medical Device Quality Management Systems (ISO 13485)
- **IAF MD 9:2017** Application of ISO/IEC 17021-1 in the Field of Medical Device Quality Management Systems (ISO 13485) [*SUPERSEDED BY IAF MD 9:2022*]
- **IAF MD 9:2022** Application of ISO/IEC 17021-1 in the Field of Medical Device Quality Management Systems (ISO 13485)
- **IAF MD11:2013** IAF Mandatory Document for Application of ISO/IEC 17021 for Audits of Integrated Management Systems (IMS)
- **IAF MD12:2016** Accreditation Assessment of Conformity Assessment Bodies with Activities in Multiple Countries
- **IAF MD13:2022** Knowledge Requirements for Accreditation Body Personnel for Information Security Management Systems (ISO/IEC 27001)
- **IAF MD15:2014** IAF Mandatory Document for the Collection of Data to Provide Indicators of Management System Certification Bodies' Performance

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- **IAF MD16:2015** Application of ISO/IEC 17011 for the Accreditation of Food Safety Management Systems (FSMS) Certification Bodies
- **IAF MD17:2019** Witnessing Activities for the Accreditation of Management Systems Certification Bodies
- **IAF MD20:2016** Generic Competence for AB Assessors: Application to ISO/IEC 17011
- **IAF MD21:2022** Requirements for the Migration to ISO 45001:2018 from OHSAS 18001:2007
- **IAF MD22:2019** Application of ISO/IEC 17021-1 for the Certification of Occupational Health and Safety Management Systems (OH&SMS)
- **IAF MD23:2018** Control of Entities Operating on Behalf of Accredited Management Systems Certification Bodies
- **IAF MD24:2021 Transition Requirements for ISO 50003:2021**
- **IAF MD25:2022** Criteria for Evaluation of Conformity Assessment Schemes
- **IAF MD26:2022** Transition Requirements for ISO/IEC 27001:2022

» **INFORMATIVE DOCUMENTS (ID SERIES)** – https://iaf.nu/en/iaf-documents/?cat_id=10

- **IAF ID 1:2020** IAF Informative Document for QMS and EMS Scopes of Accreditation
- **IAF ID 3:2011** Informative Document for Management of Extraordinary Events or Circumstances Affecting ABs, CABs and Certified Organizations
- **IAF ID 4:2020** Market Surveillance Visits to Certified Organizations
- **IAF ID12:2015** Principles on Remote Assessment
- **IAF ID13:2017** IAF Medical Device Nomenclature (IAF MDN) Including Medical Device Risk Classifications
- **IAF ID14:2022** Guidance on the Determination of Audit Time for Integrated Audit of Multi-Site Management Systems

» **IAF GA RESOLUTIONS** – <https://iaf.nu/en/iaf-documents/resolutions/>

SLAB Documents

1. CS-GL(P)-02(AA)-Specific Criteria for EMS
2. CS-GL(P)-03(AA)-Specific Criteria for QMS
3. CS-GL(P)-04- Specific Criteria for bodies providing certification of FSMS
4. CP-GL-(P)-03- Specific Criteria for Textile Exchange Programmes
5. CP-GL-(P)-04- Specific Criteria for Product Certification

If any document mentioned above is revised, the SLAB will automatically adopt those amendments/modifications in its criteria and parties concerned are given sufficient time as prescribed in publications of International/Regional Accreditation Organizations or as deemed suitable by SLAB for transition.

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2.2 Eligibility

The applicant Certification Body must comply with all criteria of applicable standard. In addition to this the applicant Certification Body must comply with the relevant regulations (if any) and specific criteria (if any) of SLAB for the scopes covered in their certification scheme.

Certification Bodies that perform Systems Certification activities (Quality Management System, Environmental Management System, and Food Safety Management System, Energy Management System etc.), product certification, certification of persons or any other certification that has international or local recognition and acceptance can be accredited by SLAB.

SLAB does not accredit certification bodies that provide accreditation services or certification bodies that issue declarations of conformity using accreditation standards or standards similar to the accreditation standards.

The applicant certification body must ensure that their auditors are competent and involved in continual professional development activities gaining skills and competencies as well as updating themselves to meet the demands and expectations of the interested party/ stakeholders.

For initial application or scope extension, certification body must complete at least one audit and records shall be available for each certification given in the scope of accreditation and there shall be competent auditors for each certification given in the scope of accreditation.

The applicant certification body shall have conducted at least one internal audit and one management review before the submission of application to the SLAB

3. preparation for accreditation

3.1 Preparing for accreditation of certification bodies

The management of certification bodies should first decide to obtain accreditation for their certification activities from SLAB. It is important for a certification body to make a definite plan of action for obtaining accreditation and nominate a responsible person to co-ordinate all activities related to the accreditation process. The person nominated should be familiar with the certification body's existing quality system. SLAB will coordinate matters related to accreditation process only through the authorized representative of the certification body.

A request can be made to SLAB in person, by post, by telephone or by e-mail for relevant information on accreditation. Information regarding SLAB accreditation process, relevant documents and application form will be available as freely downloadable documents from the SLAB website (www.slab.lk). The certification body should be acquainted with the SLAB assessment procedure & methodology before submitting the application in the prescribed format.

A quality manual/ management system documents shall be prepared in accordance with the requirements specified in the applicable standard and this should be supplemented by a set of other documents such as procedures, standards, regulations work instructions etc. to be accordance with the particular quality system requirements. The certification body must ensure that the procedures described in the quality manual and other documents are being implemented.

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3.2 Scope of accreditation

The scope of the accreditation, often referred to as the 'scope', is defined as those activities for which to be covered under SLAB accreditation. Applicant certification body shall include scope of accreditation in the relevant section of application or make reference to further document which contain same format in the application. The scope also specifies the locations/branches where the certification body carries out its activities.

During the pre-assessment process, the scope of the accreditation is discussed with the certification body in detail, and the nature and extent of the assessment will be based on that.

The details of scopes with regard to all other management systems are given in **Appendix I**.

4. Accreditation process

The accreditation process consists of registration followed by a resource review, Document and record review, a pre-assessment, an initial assessment, grant of accreditation, Surveillance assessment and re assessment.

4.1 Application and registration for accreditation

The certification body shall submit application documents (CS/CP/BP-FM (P)-01) along with required documents-to SLAB.

The application shall be accompanied with the prescribed application fee stated in the fee structures (CB-RG (P)-01), (CP-RG (P)-01) (BP-RG (P)-01). Application fee is nonrefundable.

Applications are not accepted and registered until the submission of required documents and application fee.

Applicant certification body may withdraw its application or discontinue accreditation process before granting accreditation. In such case, applicant certification body shall settle all due payments, if any.

Foreign applicant/accredited certification bodies shall follow policy on cross frontier accreditation (AC-RG(P)-07) and accreditation fee as stated in fees structures (CB-RG(P)-01)/(CP-RG(P)-01)/ (BP-RG(P)-01),

Certification body has to take special care in filling the scope of accreditation for which the certification body wishes to apply. In case, the certification body finds any clause of the standard (in part or full) not applicable to the certification body, it shall furnish justifiable reasons

4.2 Special cases

• Additional accreditation

If a certification body that is already accredited wishes a second or further accreditation against another internationally accepted standard or for that matter any recognized and accepted standard, the procedure is the same as for a new registration. However, in such case, the assessment effort by the SLAB may be limited to cover the areas not covered by the existing accredited system and certain specific areas as decided by SLAB.

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- **Already accredited certification activity**

In case an applicant certification body is already accredited for the applied scope by another accreditation body with IAF/MLA or APAC membership, incompliance with the SLAB cross frontier accreditation policy explained in AC-RG(P)-07, SLAB will communicate with the particular accreditation body to collect necessary information and will seek possibilities to act in collaboration with the said accreditation body when processing the accreditation application. In such circumstances the SLAB may grant accreditation after an assessment; however, any such decision will be taken at the sole discretion of SLAB.

- **A Certification body operating in a foreign country**

In case if an applicant certification body operating in a foreign country of which accreditation body has been a IAF MLA partner is seeking accreditation, SLAB will initially communicate with that accreditation body inquiring its obligations or objections with regard to processing of such application and based on the response will proceed with the application following the SLAB cross frontier policy explained in AC-RG(P)-07.

- **Non routine cases**

In case a certification body requests accreditation for a certification activity where an established Standard is not available, SLAB, in consultation with the technical advisory committee will decide on the suitable accreditation criteria to be followed by the certification body.

The applicant certification body has to submit necessary supportive documents as evidence to substantiate their claim when they seek accreditation under special cases. As result, SLAB may also require additional time for the development required competencies in the new fields and required criteria. Applicant certification bodies will be notified if the SLAB requires such additional time for processing of new applications.

- **Certification bodies with multi-locations**

Applicant certification bodies operating through main office and locations shall declare in the initial application or subsequent application on its certification activities in main office, locations and how common management system covers both main office and locations

4.3 Acknowledgement and registration of application

SLAB on receipt of application, the quality manual, other relevant documents and the fees, will issue an acknowledgement to the certification body. After scrutiny of application for its completeness in all respects, a unique customer reference number will be allocated to the particular application, which shall be used for correspondence with the certification body thereafter. SLAB may request for additional information / clarification(s), if necessary, from the applicant certification body.

In case of any certification body with multiple sites controlled by a main organization, same number shall be continued unless requested by the certification body /decided by the Technical manager.

SLAB may request for additional information/ clarification(s), if necessary, from the applicant certification body.

If, on the basis of documents and information provided by the certification body, SLAB is of the opinion that an assessment cannot result in accreditation, the applicant certification body shall be informed in writing giving reasons. An Authorized Officer under the supervision of Technical Manager of the

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accreditation scheme, will be appointed on behalf of SLAB to deal with the application and the case file being maintained thereafter. All information of the certification body will be kept strictly confidential.

The SLAB's policies, processes /and procedures are non-discriminatory and applied in a non-discriminatory way. SLAB makes its services accessible to all applicants whose application for accreditation falls within the scope of its accreditation activities as defined within its policies and rules. Access shall not be conditional upon the size of the applicant certification body or membership of any association or group, nor shall accreditation be conditional upon the number of certification bodies already accredited

4.4 Appointment of authorized officer & resource review

Once the registration of application is completed with required documents, Technical manager of accreditation scheme for certification bodies appoints one of competent Assistant Director/Deputy Director (Accreditation) as Authorized officer for the application and continuation of accreditation process.

A resource review will be carried out by the Authorized officer in consultation with Technical manager and collect additional information from the certification body, if required. Authorized officer may indicate in the application form the additional information to be collected if required, for the assessment

If relevant resources are not locally available steps will be taken to obtain resources through another accreditation body with the consent of the certification body. If the initial assessment cannot be conducted in a timely manner, this shall be communicated to the certification body.

Authorized Officer will contact the certification body with respect to application and further information required, if any. Authorized officer is the contact person for the applicant certification body.

4.5 Document and record review

4.5.1 Appointment of assessor/ team leader

The SLAB shall appoint a competent internal Assessor/Team Leader from the pool of assessors to carry out document and record review on the documented management system adopted by the applicant certification body

4.5.2 Adequacy of quality manual /management system document

The Assessor / Team Leader with of SLAB will commence the assessment process with an adequacy assessment of document and record review based on the application submitted within one month. The aim of the adequacy assessment is to determine whether the certification body is sufficiently prepared for a pre-assessment and prepared accreditation process and to ascertain the compliance of the documents with the criteria specified in applicable standard. The adequacy assessment is also meant to obtain a clear idea of the intended scope of the accreditation.

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The Team leader/assessor, shall inform SLAB regarding the adequacy of the quality manual/management system documentation, indicating inadequacies (if any) in the documentation which in turn should be communicated to the applicant certification body. Based on this feedback the certification body shall take corrective actions submit objective documentary evidence for corrective actions taken before not later than three months. An extension of two months may be considered based on justifiable reasons. Any failure to submit satisfactory documentary evidences within five months, a fresh application documents including application fee shall be submitted.

If the certification body satisfies the relevant requirements at the adequacy assessment stage or after the certification body has taken necessary corrective action based on the adequacy assessment, the assessment process will move to next accreditation process.

The document and record review process shall be satisfactorily completed within six months.

If, on the basis of documents and information provided by the certification body, SLAB is of the opinion that an initial assessment cannot result in accreditation, the applicant certification body shall be informed in writing and the documents concerned will be returned to the certification body for necessary improvement.

If the outcome of the document and record review is not satisfactory, SLAB may decide not to proceed with the application. In such cases, results with justification shall be reported in writing to the certification body.

4.6 Appointment of assessment team

Towards the task of on-site assessment, the Team leader shall be assisted by a team of assessors/technical experts who will be appointed by SLAB as appropriate with the scope of accreditation and in accordance with the criteria adopted for the selection of team leader. The SLAB shall propose the composition of assessment team. The certification body may lodge an objection in writing against specific team members with justifiable reason to do so. Such an objection shall be reviewed by technical manager to determine the validity of objection to ensure the impartiality and credibility of accreditation process. If the objection found to be valid ,a new member is nominated in place of the member(s) in question . If no replacement is available, it is possible that the visit will be postponed, or that a part of the scope will not be assessed until a suitable replacement is found.

SLAB may also nominate one of its officers to participate in the assessment, unless an officer is appointed as an assessor/observer/staff officer during the on-site assessment to convey his/her opinions to the Team leader and to provide clarification on the international standard and SLAB specific criteria (if any) to the assessment team and keep coordination with SLAB whenever necessary.

As MLA partner of APAC and IAF, SLAB may select assessment of certification bodies for peer evaluations and appoint peer evaluators as observer of assessment. In addition, assessment team may consist witnessing assessor from SLAB to evaluate the performance of SLAB assessors.

4.7 Onsite assessment plan

The SLAB contacts the certification body to agree on the date(s) and assessment plan for the assessment. Based on this SLAB prepares the assessment plan (CB-PL-01) and the composition of the team and send it across to the certification body well in advance. Authorized officer of SLAB will request information on due certification with auditors in order to plan witnessing of certification performed at different locations. For this purpose, certification body shall include possibilities of witnessing of certification by the accreditation body assessors into contractual agreements with certification body and its customers.

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4.8 Onsite /Remote assessment

4.8.1 The onsite assessments will be carried out two stages namely pre-assessment and initial assessment (initial assessment is the final assessment for the grant of accreditation). During both these assessments, witness assessments at the site of the certification body's clients may be required. Although there are no strict demarcations for these two assessments, the objectives of these assessments may be expressed in the following manner. On site assessments consist of an opening and a closing meeting with assessment team members and key personnel of the certification body. Therefore, certification body shall arrange required facilities to conduct meetings and the assessment.

4.8.2 In the initial assessment, in addition to visiting the main or head office, based on the scope of accreditation, visits will be made to all locations from which one or more following risk base activities are performed.

- Policy formulation;
- Process and/or procedure development;
- process of initial selection of auditors;
- On-going monitoring of auditing personnel;
- Contract review;
- Planning & conducting conformity assessments;
- Review and approval of conformity assessments

Whenever a new location has applied, that location shall also be witnessed.

4.8.3 Assessment of non-key activities

The certification bodies shall identify non-risk activities carried out at the head office and other its locations (eg. audit planning, marketing, promotion, financing etc.). Depending on the non- risk activities SLAB will decide whether to assess from the head office or visits may be arranged to relevant locations accordingly. The information provided by the certification body will be verified during assessments by the assessment team.

4.8.4 Conduct of witness assessments

The certification body shall demonstrate that it is competent in all the activities at all sites for which accreditation has been requested. Both Stage I and Stage II assessments shall be considered for assessing witness assessments depending on the complexity and risk involved in the scope sectors. The audits conducted at foreign clients of the certification body will also be selected for witnessing based on the scope of accreditation.

4.8.4.1 Management Systems except Food Safety Management Systems (FSMS)

At least 40% of the scopes for the pre and initial assessments and the rest for the surveillances as per Annex 1 shall be witnessed. For re-assessments, the number of scopes may be decided upon the changes added to the system but which should not be less than 25% of scopes including surveillances.

If the certification body has been accredited by another Accreditation Body (AB) for the respective scopes applied or accredited, witness assessments may not be arranged for all scope sectors.

In case of Scope extensions at least 50% of scopes shall be considered and the rest for the surveillances.

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4.8.4.2 FSMS

Accreditation shall not be granted to a given category in Annex I without at least one witness assessment performed in a cluster. The number of witness assessments in a cluster may be decided considering the specific nature of individual certification body.

For the initial assessment and for the re-assessment in one or more Categories, a witness of an initial certification audit, including stage I shall be conducted. At least one of the witness audits per accreditation cycle will include a stage I audit.

4.8.4.3 In the area of product certification and certification bodies of persons depending on the type of product disciplines/ occupational/skilled categories and the risk & complexities associated with those shall be considered when planning witness assessments initially and throughout the accreditation cycle.

4.8.5 As and when required, SLAB will decide to conduct assessments remotely in agreement with the medical testing laboratory. Remote assessments are conducted as per the procedure for conducting remote assessments (AC-PR(P)-18).

4.9 Pre-assessment

Upon completion of document and record review, a pre assessment is conducted to gather information on following;

- a. Assess the completeness of the documentation structure of the implemented system.
- b. Assess the degree of preparedness of the certification body for the initial assessment.
- c. Study the scope of accreditation so that the time frame, number of assessors required in various disciplines and visits to sites/locations, if applicable.

Pre assessment is conducted by a Team leader/Assessment team which consists Team leader/Assessor/ Technical assessor/Technical expert. If required, on site witnessing may also be arranged at the pre assessment stage. At the end of pre assessment, assessment team complete pre assessment report and deficiencies identified during the pre-assessment and obtain the acknowledgement for recommendation and findings from the certification body. Assessment team verifies the man day requirement for the initial assessment and propose and report required changes and planning of initial assessment.

Certification body shall take necessary corrective action for the deficiencies and submit documentary evidences within two months. On request with justifiable reason, an extension of two months will be given. However, if the certification body submits corrective actions within four to eight months and wishes to continue the application, a fresh pre-assessment shall be conducted. Any failure to submit corrective actions within eight months, application shall be discontinued and inform the decision to the applicant certification body.

Upon the successful completion of pre assessment, certification body shall be notified and request to prepare for initial assessment.

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4.10 Initial assessment

Upon completion of pre assessment, initial assessment is conducted to,

- a. Assess the effectiveness of the implementation of the documented system
- b. Certification body's competence in performing certification activities
- c. Finalize the scope of accreditation
- d. Take a decision on the recommendation for the grant of accreditation
- e. Decide follow up actions required to verify the effectiveness of corrective actions taken for previous nonconformities

At the end of each assessment, a closing meeting is conducted to disclose findings of the assessment. Initial assessment reports contain, assessment report, scope of accreditation, recommended authorized signatories, nonconformities and other relevant assessment records. Initial assessment report shall also provide a recommendation towards grant of accreditation or otherwise. Assessment team is not allowed to take decisions on granting accreditation.

Certification body shall submit corrective actions within two months with satisfactory documentary evidence. However, depending on the severity of actions to be taken, certification body may take additional time up to one year from the date of initial assessment, for taking suitable actions in agreement with SLAB. If the corrective actions cannot be submitted for all nonconformities within one year another initial assessment shall be arranged. The CB shall provide with the assessment team a list of certified companies, scopes certified, certification files, list of auditors and experts, audit programme of each certified company and use of certification & accreditations symbols.

In doing so, the assessment team will take a representative sample in the areas within the scope of the accreditation.

At least 40% files of auditors/ technical experts covering the scopes shall be reviewed during the assessment. Remaining files shall be reviewed during the surveillance assessments.

At least 40% client files of certification bodies, covering the scopes (e.g. IAF codes, NACE codes, FSMS Scope sectors) shall be reviewed during the assessment. Remaining scopes shall be witnessed during the surveillance assessments.

If follow up assessment is recommended, it shall be conducted within six months from the date of Initial assessment and corrective actions for remaining non-conformities shall be submitted within two months. If the corrective actions cannot be submitted within one year from the date of initial assessment, another initial assessment shall be arranged.

Based on the corrective actions submitted the assessment team may recommend to conduct on-site verification of effective implementation of corrective actions

In case of a joint assessments conducted at a certification body with a foreign accreditation body, the recommendation shall be given to the certification body based on both assessment reports

The assessment should not proceed into next stage unless all non - conformities are satisfactorily addressed and closed.

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4.11 Assessment techniques

The SLAB Assessors use one or more combination of the following assessment techniques when conducting the assessment.

- **Document review:** quality system documentation etc. for compliance with the criteria; a document review can also involve records at the certification body's location, such as personnel files, quality control charts, audit reports, management review reports, audit files etc.;
- **Office assessment:** an assessment at the premises of the certification body in order to assess the implementation of the system;
- **Interviews:** evaluating the expertise of the certification body's personnel via targeted interviews.
- **Witnessing:** observing audits/ examinations carried out by the certification body shall be requested to submit to SLAB. Please refer Sec. 4.8.4.

4.12 Accreditation decision

After satisfactory closure of all nonconformities, the SLAB prepares a summary of all relevant information gathered during the processing of the application, the assessment report prepared by the assessment team, additional information received from the certification body and the consequent verification activities. The summary report is placed before the accreditation committee which is appointed by the governing council as per the provision of SLAB Act. The accreditation committee for certification bodies studies the final report nonconformities and corrective actions, scope of accreditation, final report (CB-FM-46) and the recommendation given by the team and then makes its own decision on grant of accreditation.

The decision on the approval of grant of accreditation shall be submitted to the Council through Director/CEO, SLAB for information.

All decisions taken by SLAB regarding grant of accreditation will be open to appeal by the certification body consistent with the appeal procedures (GN-PR(P)-09).

4.13 Issue of accreditation certificate and schedule

As soon as a decision is taken to grant accreditation, SLAB will prepare the following documents.

Accreditation certificate with a unique number for identification duly signed by the Director / CEO, SLAB. This certificate specifies the date on which the accreditation was granted, the standards based on which the accreditation was granted and the period of validity of the certificate.

A schedule referring to the Scope of accreditation. with type of certification and information and validity period of locations/sites covered under accreditation.

Terms and condition for maintaining accreditation (CS/CP/BP-RG(P)-03) is considered as the agreement between SLAB and certification body. This contains the rights and obligations of parties; the party providing the accreditation and the party being accredited and signed by both parties. The applicant certification body must fulfil all the financial obligations payable to SLAB, before receiving the certificate(s).

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4.14 Post accreditation assessments

The SLAB accreditation certificate will be valid for a period of 3 years unless specified by the SLAB. During the validity of accreditation, the certification body must continuously comply with the requirements of applicable standard and “Terms and condition for maintaining accreditation” (CS/CP/BP-RG(P)-03). In this regard SLAB will periodically review the validity of Accreditation. To this end, the SLAB carries out surveillance assessment annually and a re-assessment within three years. During the accreditation period, the scope of the accreditation may be changed.

4.15 Surveillance

The frequency of surveillance is one year from the date of granting accreditation. SLAB shall conduct annual surveillance of all accredited certification bodies or following surveillance activities may be decided by the technical manager based on the risks associated with the activities;

- Special on-site assessment/remote assessment
- Review of changes to certification body’s management system
- Review of performance in proficiency testing and/or other inter-laboratory comparisons
- Conduct advanced surveillance assessment

Surveillance is aimed at examining whether the accredited certification body is maintaining all the requirements of the relevant standards and SLAB specific criteria (if any).

As planned in the assessment schedule, Authorized officer of SLAB shall in writing inform the accredited certification body of the surveillance assessment at the beginning of the year and agree on the dates of surveillance assessment before the due date of assessment

The certification body during the validity of accreditation may request to extend the scope of accreditation for which they should preferably apply three months before the conduct of assessment/surveillance. The mode of surveillance visit is similar to the initial assessment and it will cover only selected areas. The non-conformities, if any, shall be closed within two months of conduct of surveillance. The summary of the surveillance report along with other relevant information shall be submitted to the Director / CEO, SLAB to make a decision on the continuation of accreditation or otherwise. SLAB shall inform the certification body, in writing, about the decision.

If there are remaining nonconformities with a justification by the Technical manager considering the associated risks, a letter of continuation of accreditation may be sent to the certification body with conditions or suspend accreditation relevant to the particular nonconformity.

When a follow-up assessment is recommended and conducted, documentary evidence for corrective actions for remaining nonconformities/ new nonconformities, if any shall be sent to the SLAB within a month unless there is any issue which may be compromised with reasonable justification.

On practical situations, faced by either party with reasonable justification, the maximum time that should be allowed for advancing or delaying the annual surveillance shall only be three months from the planned surveillance assessment

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4.16 Reassessment and renewal of accreditation

As planned in the assessment schedule, Authorized officer shall in writing inform the accredited certification body of the re-assessment at the beginning of the year

Accredited certification body shall apply four months before the expiry of accreditation for renewal of accreditation as per the terms and conditions for maintaining accreditation (CB/CP/BP-RG (P) -03). Application for renewal of accreditation is similar as initial application described above 4.1.1. re – application shall be accompanied with the application fee as described in the fee structure.

The certification body may request for extension of scope of accreditation, which should be explicitly mentioned in the application form.

The procedure for processing of renewal of application is similar to that of first application except that no pre-assessment is conducted and likewise, the procedure for the on-site reassessment visit is similar to that of initial assessment. If the results of reassessment visit are positive and all non-conformances are closed before the expiry of the validity of accreditation certificate, then the validity of the certificate is extended by a further period of three years without any discontinuity unless specific by the SLAB. In case of renewal, a new certificate and schedule of accreditation is issued while the certificate number is retained. The decision on renewal of accreditation is also taken by the accreditation committee for certification bodies.

4.17 Supplementary/ Special assessments

The SLAB may organize Supplementary/ Special Visits under the following circumstances:

- Repeatedly finds nonconformities or many nonconformities during the surveillance/ reassessment which directly affect to the credibility of accreditation.
- Receiving complaints that are substantiated with facts or on instances where the certification body is found to be misusing the Certificate/ Accreditation symbol.
- Based on public complaints, publications or information from interested parties and the government.

The Director/CEO, SLAB with the recommendation of Technical manager may decide to carry out Special Assessments at any time during the period of validity of accreditation. The execution of special assessments may take place with no prior notification or with very little time between notification and execution.

Special assessment may also become necessary when changes occur in Accreditation criteria, organizational structure and in management/ ownership. However, in these cases the SLAB will give certification bodies sufficient time for preparation.

All costs associated with special assessments will be charged to the certification body.

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4.18 Changes in the accreditation / specific criteria

If there is a change in the applicable standard or in the accreditation criteria of SLAB, SLAB shall inform the certification body of this in writing indicating the transition period for complying with new criteria, upon receiving such information, the certification body must confirm to SLAB's transition policy on implementation of changes, its willingness in writing to modify its quality system in accordance with the changes. SLAB may assess the implementation of changes during surveillance and re assessments or conduct special assessment.

4.19 Changes affecting the certification body operations

In the event of the certification body informing SLAB about any changes affecting the certification body's activities and operations, SLAB may organize a supplementary/ special visit. Certification Body shall communicate this with relevant documentary evidence. The final decision is communicated to the certification body along with an amended certificate and schedule of accreditation. The costs associated with the issue of amended certificate and schedule will be charged to the certification body.

4.20 Reduction of the scope

During assessments by the SLAB, the accredited certification body shall demonstrate that it complies with all accreditation criteria regarding the entire scope and that it has complied with these criteria from the date on which accreditation was granted. If a certification body is of the opinion that parts of the scope no longer conforms to the accreditation criteria, it is expected that the Certification Body will withdraw the relevant part of the scope itself. If during an assessment it becomes clear that it is necessary to withdraw accreditation for parts of the scope, the SLAB will also review the validity of the remaining accredited scope.

In order to demonstrate that a certification body has complied with and is complying with the criteria for the complete scope of accreditation, the certification body shall be able to provide records of the activities carried out. During SLAB assessments, these records shall demonstrate that the procedures for carrying out specific activities (product certification and system certification decisions) have been applied correctly by qualified personnel in the past year.

The concerned part of the scope shall be withdrawn if records do not demonstrate this. If this means that the entire scope is withdrawn, then the entire accreditation is withdrawn. However, the certification body concerned can again be granted accreditation for the applicable standard and the scope involved, under the same registration number, after submission of application as scope extension and a full assessment of areas withdraw.

4.21 Extension of scope

At any given moment, the certification body can request an extension of the scope. To this end, a written application shall be sent to the SLAB. An assessment for extension of scope will not be initiated if nonconformities are currently open in related parts of the scope or in the general management system of the certification body.

The SLAB distinguishes between extension within and extension outside the scope already accredited. Extensions of the scope that fall within the framework of the same accreditation standard will be considered. Extension within the scope and if not, it will be considered otherwise. Requests for accreditation involving a different accreditation standard shall be treated as a new application.

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Depending on the size and nature of the extension requested, the extent of the assessment needed for the extension will be determined by SLAB on a case by case basis. All costs for extension of scope will be charged to the certification body.

4.22 Transfer of accreditation

If the ownership or name of an accredited certification body changes, the accreditation may be transferred to the new owner or to the new name if the certification body involved make such requests in writing. For such a transfer the following pre-conditions apply:

- The certification body remains operating within the legal and regulatory framework of the country in which it operates;
- The policy and management system remain unchanged;
- The management and key personnel remain unchanged;
- The former owner does not remain active in the same sphere of activity or a similar area under the old name or a related name;
- The general composition of the certification body’s personnel remains the same;
- The basic infrastructure and other facilities are not compromised.

The certification body shall provide the SLAB with the necessary documents showing that the above conditions are met. The costs for reviewing the documents/ conducting onsite review will be charged to the certification body.

If all requirements are met, the new certification body retains the registration/accreditation number and receives the new accreditation documents. The surveillance and re-assessment schedule will remain unchanged.

5. Obligations

5.1 Certification body

5.1.1 General

A certification body shall always comply with the relevant regulations and accreditation criteria. This not only applies to accredited certification bodies but also to certification bodies whose accreditation has been suspended.

5.1.2 Co-operation

The certification body shall provide the SLAB assessment teams with all the necessary support in order to carry out their work efficiently, safely and honestly, whereby:

- It shall be possible to check the compliance of the certification body’s management system within the criteria;
- It shall be possible to gain insight into the relationship between the documented system and the applicable standard via an up-to-date review;
- It shall be possible to observe the activities at the certification body.
- The certification body shall provide the assessment team with the necessary safety instructions and safety equipment;
- If requested, the certification body shall provide access to all relevant locations, dossiers and documents;
- In case the assessment of SLAB requires the participation of clients or other related bodies of the certification body, the certification body shall take measures to assure this participation; in

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particular certification bodies shall have enforceable arrangements with its clients holding an accredited certificate, to ensure SLAB access to witness the certification bodies audit team performing an audit at the certification body’s client’s site.

- Assessors of SLAB shall not be put in a position where their independence and objectivity could be compromised.

5.1.3 Accreditation symbols

Accredited certification bodies have the right to use the applicable accreditation symbol. As such, on grant of accreditation, the certification body may use SLAB symbol on letterheads, brochures and any other material issued to its clients including the certificates. However, such usage shall be confined within the scope of Accreditation. The certification body shall comply with the “Policy on governing the use of the accreditation symbol” (AC-RG (P)-01).

Misuse of the symbol by accredited certification bodies may lead to suspension or withdrawal of the accreditation. If non-accredited certification bodies use the symbol, the SLAB can resort to legal action.

5.1.4 Reporting changes

The certification body shall inform the SLAB immediately of every change that can have considerable impact on the activities covered by the scope. Such changes may be of following nature:

- Changes in the legal, commercial or certification body’s organizational status;
- Changes in the sphere of activities or economic activities of the certification body
- Change in management and its structure;
- Policy changes;
- Changes in personnel that fill key positions, such as managers and decision-makers and personnel with specific and unique expertise for the certification body;
- Changes in location and other resources that can have a significant influence on the accredited activities carried out;
- Significant changes in working procedures.

If a certification body expects the changes to have a temporary negative effect on the accredited activities, then the Certification Body can request a voluntary suspension. In case of that the SLAB possesses the right to carry out extra assessments to ensure that the certification body again complies with the accreditation criteria before lifting the suspension. If during a surveillance activity of SLAB, it is found that SLAB was not informed about changes may decide to extend the assessment to review the changes and their impacts.

5.1.5 Financial obligations

The certification body will receive an invoice for all the assessment activities carried out by the SLAB. The amount invoiced will depend on the number of man-days worked; the applicable fee and other costs be found in CS/CP/BP-RG(P)-01. A certification body take prompt actions to settle the such payments. If a certification body does not make payment on time, the SLAB sends a reminder. If payment still does not take place then, the suspension procedure will begin. If there are payments outstanding during the

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initial phase of the accreditation process, the SLAB has the right to halt the accreditation process until payment is done.

5.2 SLAB

5.2.1 Behavior of assessment teams

The assessment team will limit its assessment activities to an investigation of whether the certification body complies with the applicable criteria. In doing so, Assessors will make use of the relevant criteria documents, scope-related documents (including standards, descriptions of methodology, diagrams etc.) and generally accepted interpretations. Assessors may not accept any gifts, presents etc. from certification bodies that may compromise their neutral role in assessments. Assessors shall follow the safety instructions of the certification body being assessed.

5.2.2 Confidentiality

SLAB shall treat all the information obtained or created during the accreditation process of certification body s/sources other than the certification body's as strictly confidential, unless otherwise required to be disclosed under a legal or regulatory framework and unless agreed by the source.

Legally enforceable agreements are made available to safeguard the confidentiality of the information obtained in the process of accreditation at all levels of SLAB including the staff of SLAB, committees, service providers, assessors, or other bodies or individuals acting on behalf of the SLAB. Confidential information related to any certification body shall not be disclosed, outside the SLAB without written consent of that particular certification body, unless otherwise required by law. Any information about a certification body obtained from other sources is not shared with that certification body, unless agreed by the source.

6. Suspensions, withdrawals and reductions

Suspension, withdrawal and reduction of scope of accreditation arises, in the event of a certification body persistently failing to meet the requirements of accreditation criteria, and/or violating the rules and procedures and terms and conditions agreed upon at the stage of granting accreditation. On certification body's request, the scope may also be suspended, withdrawn or reduced.

SLAB shall take decision on suspension of accreditation for a maximum of four months or withdrawal/reduction of accreditation with immediate effect. Any failure to rectify the issues related Suspension within the given period, accreditation shall be withdrawn/reduced with immediate effect. The decision will be informed to the certification body and published in the web site. SLAB may issue a revised certificate/schedule of accreditation.

6.1 Suspensions

During the suspension period, the certification body may not make use of the accreditation symbol or in any other way actively refer to the accredited status. Certification bodies may not accept any new certification requests for issuing accredited certificates. Existing certification contracts shall be respected, which means that the certification body continues to carry out the necessary surveillance activities.

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A suspension is lifted if an additional assessment shows that the reason for the suspension no longer exists. If the suspension period ends without this being the case, the SLAB implements the withdrawal procedure. In exceptional cases, the Director/CEO, SLAB may extend the period for further period of six months.

The certification body may request a voluntary suspension from the SLAB if it is temporarily unable to comply with the accreditation criteria. In such circumstances, the certification body is not permitted to make use of the logo or refer to the accredited status. It is not possible to submit a request for a voluntary suspension during the period that a SLAB assessment is being carried out.

6.2 Withdrawals and reduction

The accredited certification body and the SLAB can withdraw/reduce the scope of accreditation. From the moment of withdrawal/reduction, the certification body will have to refrain from using the accreditation symbol or otherwise referring to the accredited status for the full/part of scope of accreditation. In such situations the certificates issued under SLAB-accreditation shall also have to be withdrawn/re issued.

If certification body wishes, for whatever reason, to terminate its scope of accreditation in full/part, it shall submit a request to the SLAB for voluntary withdrawal/reduction in writing. Withdrawal may apply to a part of the scope or the entire scope and reduction shall be applied for the part of the scope. The SLAB confirms the withdrawal/reduction in writing.

When SLAB determines that a suspension of full/part of the scope of accreditation, has not been lifted applicable period or if evidences are found to substantiate that the certification body brings the Accreditation into grave disrepute, the SLAB will impose the withdrawal/reduction. SLAB informs the certification body of the withdrawal/reduction in writing. After a withdrawal, the SLAB will not accept an application for accreditation from the same certification body within a period of six months.

7. Disputes, complaints and appeals

7.1 Disputes

The SLAB defines a dispute as difference of opinion between the accredited certification body or the certification body to be accredited and the SLAB with regard to:

- The interpretation of a requirement of a standard;
- The working procedure of the SLAB.

The certification body can report the existence of such dispute to the Director/CEO, SLAB in writing. The Director/CEO, SLAB will consult with the parties involved and with the technical advisory committee and takes a decision. The decision will be communicated to the parties in writing.

7.2 Complaints

The SLAB distinguishes two types of complaints:

- Complaints about the SLAB and its assessors.
- Complaints about registered or accredited certification bodies.

In both these cases Director/CEO, SLAB or the panel appointed by him/her will investigate the complaints.

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The complaints will be handled in accordance with the Procedure for complaint handling (GN-PR(P)-08), which is available on SLAB website www.slsb.lk.

7.3 Appeals

Certification bodies are free to make appeal against decisions taken by the SLAB such as appointment of assessors, grant of accreditation, reduction/ expansion of scopes, suspensions/ withdrawal etc. All such appeals will be dealt with in accordance with the SLAB procedure for dealing with Appeal (AC-PR(P)-09) which is available on SLAB website.

8. Publicity

SLAB shall publish the details of scope of accreditation & accreditation status of the accredited certification bodies along with their contact addresses and suspension/withdrawal of accreditation status in SLAB web site.

SLAB posts all rules and procedures, terms and conditions, fee structures, specific criteria's and applications and supporting documents and subsequent changes in the SLABs official website. certification bodies are required to implement such changes as per instructions given by the SLAB.

9 Liability

SLAB shall not be responsible for any damages, which the certification body may suffer as a result of any action or negligence by those who are carrying out the tasks on behalf of SLAB and any failure to the grant of accreditation or abeyance / suspension / forced withdrawal of the accreditation, and neither shall SLAB be held responsible for any damage whatsoever, caused to SLAB and any failure to the grant of accreditation or abeyance / suspension / withdrawal of the accreditation, and neither shall SLAB be held responsible for any damage whatsoever, caused to any party by the acts of certification Body.

Certification body shall have adequate provisions (Insurance coverage or reserve) to cover liabilities arisen from its operation

10. Measurement traceability

It is the policy of SLAB that certification body shall comply with the measurement traceability policy explained in AC-RG(P)-04. In the process of granting certification to its clients certification body shall comply with the measurement traceability policy of SLAB and ensure that traceability of measurement to SI units is maintained as described in the prescribed certification criteria.

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Annex 1
Selection of Scope sectors for Witness assessments

A 1.1 Food Safety Management Systems

In selecting scope sectors for witness audits at the companies of CABs, the food chain categories given in ISO/TS 22003: 2013 are clustered as follows.

Cluster	Sector codes given ISO/TS 22003
Farming	A + B
Food and Feed processing	C + D
Catering	E
Retail, Transport and Storage	F+G
Auxiliary industries	H+I+J
(Bio) chemicals	K

A 1.2 Quality Management Systems (QMS)

All the IAF codes (see IAF ID1) have been merged into a series of technical clusters for QMS.

Technical cluster	IAF code	Description of economic sector/activity, according to IAF ID1	Critical code(s)
Food	1	Agriculture, forestry and fishing	3
	3	Food products, beverages and tobacco	
	30	Hotels and restaurants	
Mechanical	17	Basic metals and fabricated metal products	22 or 20
	18	Machinery and equipment	
	19	Electrical and optical equipment	
	20	Shipbuilding	
	22	Other transport equipment	
Paper	7	Limited to "Paper products"	9
	8	Publishing companies	
	9	Printing companies	
Minerals	2	Mining and quarrying	2 or 15
	15	Non-metallic mineral products	
	16	Concrete, cement, lime, plaster, etc.	
Construction	28	Construction	28
	34	Engineering services	
Goods production	4	Textiles and textile products	5 or 14
	5	Leather and leather products	
	6	Wood and wood products	
	14	Rubber and plastic products	
	23	Manufacturing not elsewhere classified	
Chemicals	7	Limited to "Pulp and paper manufacturing"	12
	10	Manufacture of coke and refined petroleum products	
	12	Chemicals, chemical products and fibres	
Supply	25	Electricity supply	26
	26	Gas supply	
	27	Water supply	
Transport & Waste management	24	Recycling	24
	31	Transport, storage and communication	
	39	Other social services	
Services	29	Wholesale and retail trade; Repair of motor vehicles, motorcycles and personal and household goods	37 or 33
	32	Financial intermediation; real estate; renting	
	33	Information technology	
	35	Other services	
	37	Education	
Nuclear	11	Nuclear fuel	11
Pharmaceutical	13	Pharmaceuticals	13
Aerospace	21	Aerospace	21

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A 1.3 Environment Management Systems (EMS)

All the IAF codes (see IAF ID1) have been merged into a series of technical clusters for EMS.

Technical cluster	IAF code	Description of economic sector/activity, according to IAF ID1	Critical code(s)
Agriculture, forestry and fishing	1	Agriculture, forestry and fishing	1
Food	3	Food products, beverages and tobacco	3
	30	Hotels and restaurants	
Mechanical	17	Limited to "Fabricated metal products"	20 or 21
	18	Machinery and equipment	
	19	Electrical and optical equipment	
	20	Shipbuilding	
	21	Aerospace	
	22	Other transport equipment	
Paper	7	Limited to "Paper products"	9
	8	Publishing companies	
	9	Printing companies	
Construction	28	Construction	28
	34	Engineering services	
Goods production	4	Textiles and textile products	4 and 5
	5	Leather and leather products	
	6	Wood and wood products	
	23	Manufacturing not elsewhere classified	
Chemicals	7	Limited to "Pulp and paper manufacturing"	7 and 10 and 12 and 13
	10	Manufacture of coke and refined petroleum products	
	12	Chemicals, chemical products and fibres	
	13	Pharmaceuticals	
	14	Rubber and plastic products	
	15	Non-metallic mineral products	
	16	Concrete, cement, lime, plaster, etc.	
	17	Limited to "Base metals production"	
Mining and quarrying	2	Mining and quarrying	2
Supply	25	Electricity supply	25 or 26
	26	Gas supply	
	27	Water supply	
Transport & Waste management	31	Transport, storage and communication	24 and 39 (limited to NACE 37, 38.1, 38.2, 39)
	24	Recycling	
	39	Other social services	
Services	29	Wholesale and retail trade; Repair of motor vehicles, motorcycles and personal and household goods	29 or 35 or 36
	32	Financial intermediation; real estate; renting	
	33	Information technology	
	35	Other services	
	36	Public administration	

	37	Education	
Nuclear	11	Nuclear fuel	11
Health	38	Health and social work	38

A 1.4 Occupational Health & Safety Management Systems (OH&SMS))

All the IAF codes (see IAF ID1) have been merged into a series of technical clusters for OH&SMS.

Technical cluster	IAF code	Description of economic sector/activity, according to IAF ID1	Critical code(s)
Agriculture, forestry and fishing	1	Agriculture, forestry and fishing	1
Food	3	Food products, beverages and tobacco	3
	30	Hotels and restaurants	
Mechanical	17	Limited to "Fabricated metal products"	20 or 21
	18	Machinery and equipment	
	19	Electrical and optical equipment	
	20	Shipbuilding	
	21	Aerospace	
	22	Other transport equipment	
Paper	7	Limited to "Paper products"	9
	8	Publishing companies	
	9	Printing companies	
Construction	28	Construction	28
	34	Engineering services	
Goods production	4	Textiles and textile products	4 and 5
	5	Leather and leather products	
	6	Wood and wood products	
	23	Manufacturing not elsewhere classified	
Chemicals	7	Limited to "Pulp and paper manufacturing"	7 and 10 and 12 and 13
	10	Manufacture of coke and refined petroleum products	
	12	Chemicals, chemical products and fibres	
	13	Pharmaceuticals	
	14	Rubber and plastic products	
	15	Non-metallic mineral products	
	16	Concrete, cement, lime, plaster, etc.	
17	Limited to "Base metals production"		
Mining and quarrying	2	Mining and quarrying	2
Supply	25	Electricity supply	25 or 26
	26	Gas supply	
	27	Water supply	
Transport & Waste management	31	Transport, storage and communication	24 and 39 (limited to NACE 37, 38.1, 38.2, 39)
	24	Recycling	
	39	Other social services	
Services	29	Wholesale and retail trade; Repair of motor vehicles, motorcycles and personal and household goods	29 or 35 or 36
	32	Financial intermediation; real estate; renting	
	33	Information technology	

	35	Other services	
	36	Public administration	
	37	Education	
Nuclear	11	Nuclear fuel	11
Health	38	Health and social work	38

Notes:

The following witnessing rules apply for the granting and extension of accreditation of each Management System scheme to be complemented with other assessment activities to guarantee the appropriate coverage of the applicant scope:

i) if a technical cluster has only 1 critical code, the SLAB shall perform a witnessing activity in this critical code to grant accreditation for all the IAF codes in that cluster - e.g. for QMS, cluster Food, with 1 witnessing activity in IAF code 03, the SLAB can grant accreditation in the other IAF codes (01 and 30) of that cluster; for EMS, cluster Paper, with 1 witnessing activity in IAF code 09, the SLAB can grant accreditation in the other IAF codes (7 and 8) of that cluster;

ii) if a technical cluster has more than 1 critical code, the SLAB shall perform at least a witnessing activity:

- a. in all the critical codes that are identified with an “and” (on the “Critical code” column);
e.g. for EMS, cluster Goods Production, with 1 witnessing activity in IAF code 04 or 05, the SLAB can grant accreditation in all the non- critical codes (06 and 23) of that cluster, but the other critical code (04 or 05) needs to be witnessed to be granted.
- b. in one of the critical codes that are identified with an “or” (on the “Critical code” column);
e.g. for QMS, in cluster Mechanical, with 1 witnessing activity in IAF code 20 or 22, the SLAB can grant accreditation in the other IAF codes (17, 18, 19, 20, or 22) of that technical cluster;
- c. in all critical codes that are identified with an “and”, i.e. the critical codes within the square brackets [...] or in the critical code identified with an “or” (on the “Critical code” column);
e.g. for OH&S, cluster “Chemicals”, with 1 witnessing activity in IAF code 7 or 10 or 12 or 13 or 16, the SLAB can grant accreditation in all non-critical codes, i.e. 14 and 15, plus 17 of that cluster, but the other critical codes need to be witnessed, i.e. 7 or 10 or 12 or 13 or 16, to be granted.

Instead, for the same cluster mentioned above, with 1 witnessing activity in IAF code 17, the SLAB can grant accreditation in the IAF code 17 and in all other IAF codes, i.e. 7, 10, 12, 13, 14, 15 and 16, of that technical cluster;

iii) if it is not possible to perform a witnessing activity in the IAF code/s identified as critical, the SLAB can agree with the CAB on one of these two options:

- a. the SLAB can grant accreditation only in the non-critical IAF code/s of the technical cluster for one of which a witnessing activity is performed (e.g. for QMS - Food cluster - with 1 witnessing activity in IAF code 30, the SLAB can grant accreditation for both IAF code 30 and 01), or
- b. the SLAB can grant accreditation in all the codes of the cluster, performing an office activity in the critical code/s, but on condition:
 - that the CAB has demonstrated its competence on a documental basis in all the codes of the cluster; and
 - that the witnessing activity in the critical code/s takes place before any certificate in the critical code/s based on accreditation is issued.

However, in such cases, if the result of the witnessing activity is negative, the SLAB shall consider reducing the scope of accreditation.

- If the CB wants to be accredited only in one or more non-critical IAF codes, a minimum of one witness audit is required in each cluster with non-critical IAF codes.

- For initial accreditation for each Management System scheme, the SLAB shall witness both stage 1 and stage 2 audits, for at least one of the CAB's clients. Prior to witnessing the stage 2 of the same audit, the applicant CAB shall submit the completed report and / or conclusions from the stage 1 audit to the SLAB's assessment team. If the CAB does not have any new clients, it is possible to witness one renewal or two surveillances which cover the key processes.

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- In addition to the above, it is necessary to assess competence also for all non-critical codes before the SLAB can grant accreditation. Therefore, accreditation shall be granted only:

- i) in IAF codes where the CAB has already taken decisions for certification (e.g. for QMS, with 1 witnessing in IAF code 03, the AB shall grant accreditation only for IAF codes 30 and 03 in cases where the CAB has taken no decisions for certification in IAF code 01), or
- ii) in IAF codes where the CAB has demonstrated its competence by other means (e.g. demonstrating to have competent personnel for all the specific certification functions)

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