SOP 10:

Procedure for Certificate issue, suspension and withdrawal

Global Sustainability
Certification & Inspection
Services

A. Identification Number: SOP 10

B. Title: Procedure for Certificate issue, suspension and withdrawal

C. Purpose: To establish the procedure for Certificate issue, suspension and withdrawal

D. Pertinence:

1. All operations, projects, activities, products, services under certification control of GSCI SERVICES are subject to this SOP.

E. Responsibility:

1. Certification department is responsible for handling new enquiries for certification, providing application package and relevant information to the applicant.
2. Auditor is responsible for conducting the audit (desk audit as well as on-site audit), sampling from client's premises or from market and report writing.
3. Evaluator is responsible for evaluation of audit report and associated documents submitted by the auditor.
4. Evaluator is responsible for review the results of evaluation and recommendation of certification as per ***Audit Report Review Checklist (F34).***
5. Head of certification/ Sr. Manager Accreditation is responsible for decision making on certification.
6. Managing Director, GSCI - India & USA are responsible for signing the certificate, either electronically or physically.
7. Managing Director, GSCI – India or the person nominated by him is responsible to send suspension or withdrawal letters/e mails to client .
8. GSCI SERVICES and the client through their authorized signatories are responsible for signing the certification agreement/ contract.
9. Head of International Process Certifications oversees the certification decisions and entire process of certification.
10. Client is responsible for submitting duly signed and sealed, completely filled application form and organic management plan to GSCI SERVICES at the time of audit.
11. Client is responsible for providing free access to the inspector to all parts of unit, its documentation and sampling.
12. Client is also responsible for providing any additional information to the auditor during audit, which is necessary to conduct the audit and report writing.
13. Certification decisions summary are reviewed by the management during the management review meetings.
14. Impartiality Committee does random checks of client files to ensure the objectivity.

F. Procedure:

a. Receipt and review of Audit report

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

b. All audit reports (Stage 1, Stage 2, routine surveillances, follow-up, special audit, recertification etc) are reviewed at multiple stages.

i. **Step 1** includes administrative review. The submitted set of documents is reviewed for completion (also called administrative review) by Evaluator. ***Audit Report Review Checklist (F34)*** is used to record the review.

ii. **Step 2** includes technical review. The audit report (corrected if possible) along with ***Audit Report Review Checklist (F34)*** is submitted to Head of Certification for technical review which includes review of the information provided by the audit team is sufficient with respect to certification requirements, scope of accreditation and effectiveness of corrections and corrective actions are effective for all non-conformances raised during the audit. Stage 2 shall be carried out by the auditor qualified for the specific scope applied, provided he has not participated in the audit and has not declared any conflict w.r.t. the client. The person responsible for technical review is identified during the ***Contract Review Checklist (F28)***. It is the responsibility of the auditor to pro-actively declare of any conflict. The technical review may lead to a ***Audit Report Review Checklist (F34)***, which is issued against the team leader, if a deviation is found. All auditors are trained for the review process. In cases where technical expert is used for the audit, the technical reviewer may discuss with the technical expert on the NC / observations used. The reviewer may also discuss any particular part of the report with the team leader/ specific auditor. The reviewer also identifies if correction to ***Audit Report Review Checklist (F34)***, issued needs to be completed prior to *Step 3.*

iii. **Step 3** includes decision making by Head of Certification/ Sr.Manager Accreditaiton. Any audit report requiring issue of certificate (Stage 2 audit, change in scope or address, triennial audit etc) requires review and approval by Head of Certification. For routine surveillance, the review by Head of Certification/Sr.Manager Accreditaiton is not required. The technical reviewer shall decide whether the report needs submission to Head of Certification/Sr.Manager Accreditaiton. Head of Certification reviews the findings of Stage 1 and 2 in addition to review of audit report prior to taking the decision. Correspondence related to the client (e.g. complaints received against the client, changes in scope, media reports etc) are also reviewed during recertification decision. The decision taken is recorded on ***Audit Report Review Checklist (F34)*** form. For stage 1 audit, the stage 2 audit may be planned after technical review, however the Head of Certification/ Sr.Manager

Accreditaiton shall review the stage 1 audit report along with stage 2 audit before making his decision. The Head of Certification may ask for specific inputs from the client or send any auditor to the client to verify any part of the report.

iv. In case Head of Certification is involved in the audit or is not available or has declared conflict w.r.t. any client, the Sr. Manager-Accreditation reviews the audit report and takes the decision. The change is recorded on ***Audit Report Review Checklist (F34)*** form.

v. **Step 4** includes further action by Evaluator. Evaluator reviews the decision taken by technical review member and/ or Head of Certification for the following

1. Preparing the certificate ***Certification Format-General (F33), Certification Format-Multisites (F33A), Certification Format-FSMS (33B), Certification Format-ISMS (F33C)*** as per process detailed below.

2. Updating the ***Customer Database (F44)*** w.r.t. changes in client details, non-conformities issued in the audit, planning for next audit etc.

3. Filing the report in the client file along with all relevant papers like audit notes, corrective actions submitted by client etc. ***Auditor / Team Leader Evaluation Form (F15)*** etc are filed in respective files.

4. Verify compliance to all GSCI Services quality and certification requirements

5. If GSCI Services is not able to verify the implementation of corrections and corrective actions of any major non-conformity within 6 months after the last day of Stage 2 Audit, GSCI Services shall conduct another Stage 2 Audit prior to recommending certification.

b. Certificate preparation and issue

i. This involves preparation and review of ***Certification Format-General (F33), Certification Format-Multisites (F33A), Certification Format-FSMS (33B), Certification Format-ISMS (F33C)***, certificate signature and updating the ***Customer Database (F44).*** In absence of MD/Director, his authorised person can sign the certificate.

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

iii. *No certificate to be issued unless the issuance decision is given by HOC / Sr. Manager-Accreditation.*

iv. The certificates will be numbered sequentially starting with I001 followed by the global client code of GSCI Services.

v. Draft certificate shall be checked and reviewed for correctness and appropriateness by accreditation department prior sending draft certificate to the client.

c. Evaluator prepares the certificate:

a. No certificate will be issued unless GSCI Services has evidence that all non-conforming notices raised have been closed out.

b. Select the appropriate blank certificate(s) based on the standard as indicated on the audit report. Be sure to check for any changes indicated on comment sheets attached to audit report.

c. Set the issue date to be the date of approval by Head of Certification indicated on the ***Audit Report Review Checklist (F34)***. Set the expiration date to be three years later.

d. The expiry date may vary from above for transfer cases, where the expiry date shall be the same as earlier certificate. Also refer to any specific instructions given by Head of Certification w.r.t. expiry dates e.g. during transition to revised standard, the expiry of old standard may be pre-decided by the accreditation board.

e. The initial registration date shall be the issue date for first 3 year cycle. In the triennial case, the initial registration date shall be the issue date of first certificate issued. The certificate number shall continue to be the same. The scope shall be the same as in earlier certificate.

f. In case the client goes for second cycle but not as triennial (i.e. a gap between expiry of first cycle and second initial date), the certificate shall be considered as fresh and initial registration date shall be the same as issue date. The earlier certificate shall not be considered. A new certificate number shall be awarded.

g. On each certificate to be issued, fill in the client organization's name, base office, address, standard (including issue year of standard), and scope, based on the information on the audit report. Be sure to check for any changes indicated on comment sheets included in the audit report.

h. Have the Head of Certification review the certificate for any errors. Submit the corrected and final certificate to MD (USA/India) for signing.

i. Multiple sites each operating a common system with the same scope of certification shall have all the addresses on the same certificate. The client may request for individual certificates. In such cases, each site is issued with its own certificate with the same certificate number and a suffix is added. The certificate number shall be I/01A, I/01B etc.

j. In cases of group of companies, the locations may have different scopes of certification or trading names, each is issued with respective names, addresses and scope. The certificate shall have the same certificate number with a suffix (as explained above).

k. Clients may have integrated system where certificates for multiple standards are issued. In such cases, the UAF accredited certificate is issued as above. Rest of the certificates shall be issued by GSCI Services using its own format and process. Necessary comment shall be added to the client file and client database for future reference/ use.

l. In the event of issuing any revised certification documents, then the original certificate number will have a suffix of revision number. e.g. I/001/07 – R1, for first revision. The expiry date of the certificate does not change and continues the same as the original. Issue date shall be the date of Head of Certification approval. Initial registration date shall be the same as original.

m. Client database is amended as per the database management process. The completed certificate with the audit report is reviewed by Head of Certification for correctness and completeness of the certificate.

n. The certificate with all attachments like logo rules, cover letter etc is submitted to Head of Certification for his review.

o. The signed certificate is sent to the client at his address or any other address he has specifically requested. The certificate shall not be issued to any other person without a written approval from the client. The certificate docket shall contain at least the following:

   i. Cover letter from GSCI Services
   ii. ***Certification Format-General (F33)***
   iii. ***Certification Format-Multisites (F33A)***
   iv. ***Certification Format-FSMS (33B)***
   v. ***Certification Format-ISMS (F33C)***
   vi. ***Rules for use of Certification Mark and Logo (F36)***
   vii. ***Customer Satisfaction Survey Form (F37)***

p. A copy of the certificate together with all other documents supporting the approval shall be placed in the client's file or scanned in and stored on the doc server.

q. The Accreditation number shall be printed centrally underneath UAF logo. It consists of three fields as per Clause 2.1 of UAF-GEN-CAB-02. The first field consists of two alphabets CB, which stands for CAB. The second field consists of two alphabets, which identify the type of CAB, whether it is a Management System Certification body, Inspection body, Personnel Certification body etc. and: For the CABs having two-digit CAB number, the third field consists of four numbers, out of which the first two digits is the CAB number, and the last two digits are the last two digits of the Accreditation number.

6. Unique ID creation for numbering the certificate:

The unique ID for independent certificates numbering are followed as below, e.g., For QMS-ISO 9001 Certificates will be identified with "GSCI -DE-QMS-10001"

GSCI – GSCI Services Pvt.Ltd

DE – Country code

QMS- Quality Management System

10001 – 5 digit Serial number starts with 10001

The unique ID for combined certificates numbering are followed as below,

e.g., For IMS certificate in combination of QMS-ISO 9001, EMS-ISO 14001, and OHSMS 45001 Certificate will be identified with "GSCI-DE-QMS-EMS-OHSMS-10001"

GSCI – GSCI Services Pvt.Ltd

DE – Country code

QMS- Quality Management System

EMS – Environmental Management System

OHSAS- Occupational Health safety Management Systems

OHSMS – Occupational Health and Safety Management System

10001 – 5 digit Serial number starts with 10001

QMS – ISO 9001 Certificates	GSCI -DE-QMS-10001
EMS – ISO 14001 Certificates	GSCI -DE-EMS-10001
BS OHSAS-18001 Certificate	GSCI-DE-OHSAS-10001
OHSMS – ISO 45001 Certificates	GSCI -DE-OHSMS-10001
EnMS – ISO 50001 Certificates	GSCI -DE-EnMS-10001
iTSMS – ISO 20000-1 Certificates	GSCI -DE-iTSMS-10001
ISMS – ISO 27001 Certificates	GSCI -DE-ISMS-10001
BCMS – ISO 22301 Certificates	GSCI -DE-BCMS-10001
AMS – ISO 55001 Certificates	GSCI -DE-AMS-10001
MDQMS – ISO 13485 Certificates	GSCI -DE-MDQMS-10001
FSMS – ISO 22000 Certificates	GSCI -DE-FSMS-10001
IMS certificate in combination of QMS-ISO 9001, EMS-ISO 14001, and OHSMS 45001	GSCI -DE-QMS-EMS-OHSMS-10001

a. Change in Certificate

i. The client may request for change in certificate. This may be due to:

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

ii. Client may request for change in certificate or reduction/ expansion in scope to Head of Certification. Head of Certification shall review the request and decide for a special audit if the next audit is not due in near future or if the next audit cannot be proposed. Head of Certification also determines if the changed scope is within accreditation scope of GSCI Services

iii. In case of change in name of company or location without any change in management, the client shall submit details for approval for the change. Where the management has changed, the details of change for approval shall be submitted along with the request.

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

v. The report is reviewed as detailed above. A new certificate is issued with the same expiry date on successful completion of the above process. Head of Certification reviews the contract to determine change in contract w.r.t. duration for further visits etc.

b. Suspension and withdrawal or cancellation of certificates

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

i. Grounds for action are brought to the attention of the Head of Certification, who reviews the information and decides whether to proceed. Either way, he/she issues a letter to the client via registered mail/ courier advising them of the details of the grounds for action and the decision on whether to proceed.

ii. If the Head of Certification decides to proceed, the client must reply to GSCI Services within fourteen days of receipt of letter.

iii. If the Head of Certification determines that the action or position contained in the client reply is satisfactory, he issues a letter stating this, and mails it to the client via registered mail.

iv. If actions are required, due dates must be set and Head of Certification to review the actions at those times to ensure that they are effectively completed in order to prevent suspension or cancellation.

v. If the client does not reply in fourteen days, or if the reply is not satisfactory, or if the actions required are not effectively completed in the allowed time, the Head of Certification determines whether to suspend or cancel certification.

vi. If the decision is made to cancel certification, the Head of Certification is responsible for suspending the client or canceling the client from the Register of Approved Firms, advising the client by registered mail/ courier, and publicizing the cancellation, if necessary.

vii. The following reasons are considered grounds for suspension or cancellation:

1. Major non-conformance(s) or effective corrective action not implemented within a specified time period.
2. Improper use of the certificate, symbol or logo not remedied to the satisfaction of GSCI Services
3. Client ceases to supply product or service of the certified quality system for an extended period of time.
4. Client’s certified management system has persistently fails to meet any of the requirements for certification including requirements for the effectiveness of the management system.
5. Client fails to meet financial obligations to GSCI Services
6. Client makes a formal request to withdraw certification.
7. Infringement by the client of any contractual conditions between the client and GSCI Services

8. The certified client has voluntarily requested a suspension.
9. Client is unable or unwilling to ensure conformance to revisions of standards.
10. Existence of a serious complaint, or a large number of second- or third-party complaints, which indicate that the quality management system is not being maintained.
11. Client does not allow routine surveillance to be conducted at the required frequency

viii. The suspension or cancellation can be initiated if the client does not allow the routine surveillance to be conducted at the required frequency. The routine surveillance is carried out not more than 12 months from the last audit. In case the audit is not done within 12 months (13 months in case of yearly surveillance), the certificate is suspended and a letter is sent to the client requesting him to agree for the audit. In case of a delay up to 3 months (15 months from the last audit), the audit time shall be extended by 50% of the routine surveillance time (at least 1 day). Successful completion of the audit within 15 months shall not impact the certification.

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

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

xi. Information on incidents such as a serious accident, or a serious breach of regulation necessitating the involvement of the competent regulatory authority, provided by the certified client or directly gathered by the audit team during the special audit, shall provide grounds for GSCI Services to decide on the actions to be taken, including a suspension or withdrawal of the certification, in cases where it can be demonstrated that the system seriously failed to meet the OH&S certification requirements. Such requirements shall be part of the contractual agreements between GSCI Services and the organization.

xii. Deliberate or consistent non-compliance shall be considered a serious failure to support the policy commitment to achieving legal compliance and shall preclude certification or cause an existing OH&SMS standard certificate to be suspended, or withdrawn.

c. Conditions for Suspension or Cancellation of Client Certification

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

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

ii. The client's response to the accompanying letter will be reviewed and the proceedings may be put on hold while clarification is sought.

iii. Where mutually agreed-upon corrective action is to be implemented, a time period for implementation will be specified and a review of the corrective action undertaken at the appointed time. This may be the subject of a special surveillance visit or of review of submitted objective evidence, at the discretion of GSCI Services Should the corrective action not be considered adequate or not be completed by the appointed time, certification will be automatically suspended.

iv. In the case of serious circumstances, GSCI Services may invoke suspension during the period pending the implementation of corrective action.

v. Where suspension has been invoked, unless otherwise specified, the client must advise GSCI Services every 14 days of the current situation of corrective action. Failure to meet this requirement will result in cancellation of the client's certification.

vi. Where suspension has been invoked due to failure to conduct surveillance audit, the client shall give justification for failure and offer suitable date. An additional day shall be added to routine surveillance days. The date shall not be later than 15 months from last audit. Failure to offer for audit within 15 months shall result in cancellation of certification.

vii. When corrective action to resolve the problem(s) taken by the client has been verified, certification will be resumed. The period of certification will not be revised to cover the period of suspension.

viii. Cancellation of certification will be invoked where, following suspension of certification, the client fails to respond to GSCI Services communications within the 14-day grace period or fails to implement corrective action within the appointed time period.

ix. In extreme circumstances GSCI Services may invoke the cancellation of certification with immediate effect without recourse to initial certification suspension.

x. Cancellation of certification will require the client to assume the status of non-approval and return all certification documentation to GSCI Services

xi. Use of certification documents, symbols, or logos by the client following certification cancellation may result in legal action being taken against the client.

xii. Re-approval after certification cancellation will be on the same basis, and follow the same process, as that of initial application for a new client. This will require a full assessment, with optional document review at the discretion of GSCI Services

xiii. The de-certification will be published as a separate list and will be available at GSCI Services office and made available upon request.

xiv. The client has the right to appeal any decisions of GSCI Services and a copy of the appeals procedures will be made available upon request.

xv. Person responsible shall remove the companies where the certificate has been cancelled. During suspension, suspension remark shall be placed in the registered of approved firms.

xvi. The client files for all cancelled cases shall be archived for a period of 3 months and then destroyed.

d. Reduction in scope of Certificates issued

i. GSCI Services shall wherever applicable reduce the scope of certification if during the time of routine surveillance audits/ re-approval or renewal audits it finds that the certified client has continually/ seriously failed to meet the certification requirements for those parts of the scope of certification. The reduction in scope will be approved by the Head of Certification

Associated Records/ Formats:

Sr. No	Identification	Format Number	Version
1	Audit Report Review Checklist	F34	1.0
2	Certification Decision Letter Template	F69	1.0
3	Certificate Format-General	F33A	1.0
4	Certificate Format-Multisites	F33B	1.0
5	Certificate Format-FSMS	F33C	1.0
6	Certificate Format-ISMS	F33D	1.0
7	Customer Database	F44	1.0
8	Contract Review Checklist	F28	1.0
9	Auditor Evaluation Form	F15	1.0
10	Registered Firms	F38	1.0
11	Rules for use of Certification Mark and Logo	F36	1.0

Revision Status- SOP 10

Sr. No.	Page No.	Description of change	Revision No.	Revision Date
01	03	Step 2 – Responsibility for Preparing technical review report and reviewing the report	01	24-12-2019
02	11	Subpoint xi added under point b	01	24-12-2019
03	11	Subpoint xii added under point b	01	24-12-2019
04	05	F.b.iii and v added for decision making, check and review by accreditation of draft certificate	02	30-01-2020
06	06	Issuance of certificates with the applicable accreditation numbers to the client organizations from next audit, as per Clause 2.1of UAF-GEN-CAB-02.	03	17-06-2021
07	all	Version No. Made 02, revision made 00	02	22-03-2023