# Product Certification Bodies

# (ISO/IEC 17065)

Update History

Table A shows the changes that have been made to each version of this document and who made them:

| TABLE A | | | |
|---|---|---|---|
| Version | Issued | Modified by | Comments |
| Draft 1 | 28 July 2009 | John Hulbert & Heather Craig | Initial draft for GAC comment |
| 1 | 01 August 2013 | B. Houla | Incorporation of new Logo |
| 2 | 15 December 2013 | B. Houla | Updating to ISO/IEC 17065 |
| 3 | 01 January 2015 | B.Houla | Updating new accreditation Cycle |

# Contents

# 0 Introduction

0.1 ISO/IEC 17065:2012: *Conformity assessment -- Requirements for bodies certifying products, processes and services,* is an International Standard which sets out criteria for bodies operating certification of products, services and processes. This document provides information and supplementary accreditation requirements to enable accreditation bodies to harmonize their application of the standards against which they are bound to assess certification bodies. This is an important step towards mutual recognition of accreditation worldwide. It is intended that this Standard should also be useful to certification bodies themselves and to those whose decisions are guided by their certificates.

0.2 The requirements against which conformity is determined are found in ISO/IEC 17065. This guidance document does not include the text of ISO/IEC 17065. Users must purchase that document from the appropriate Standards organization.

0.3 Notes are used for matters of an explanatory, advisory or informative nature.

0.4 Product certification bodies that wish to be accredited by the GAC must demonstrate fulfilment of both the ISO/IEC 17065 requirements, and the supplementary requirements found in this document.

0.5 The Appendices contain further information and requirements including more general information on the GAC and its accreditation process (see Appendix A).

0.6 The term “shall” is used throughout this document to indicate those provisions which, reflecting the requirements of ISO/IEC 17065, are mandatory. The term “should” is used to indicate guidance, which, although not mandatory, is provided as a recognized means of meeting the requirements. Certification bodies whose systems do not follow this guidance in any respect will only be eligible for accreditation if they can demonstrate to GAC that their solutions meet the relevant clause of ISO/IEC 17065 in an equivalent way.

0.7 This document has been prepared and is used by the Accreditation Centre of the Cooperation Council for the Arab States of the Gulf (GAC) in the delivery of its accreditation services.

0.8 Information and the supplementary accreditation requirements in this document are intended to assist organizations seeking or holding accreditation with the GAC. They are regarded as requirements for accredited certification bodies for products.

0.9 Accreditation is formal third-party recognition of the competence of certification bodies. Such recognition offers benefits for many parties interested in the outcomes of accredited certification activities.

0.10 Accreditation allows certification bodies to demonstrate that they meet the requirements of the relevant standard(s), that they systematically manage their practices, and identify and manage their technical competence.

0.11 Accreditation results in certification bodies being publicly identified as being competent to perform defined scopes of certification. Accreditation offers users of certification services, stakeholders and the community added assurance regarding the independence, impartiality and competence of the certification body.

0.12 Any references to the GAC Rules, Fee Schedule, Technical Notes, and other documents etc imply the current version of such documents.

0.13 Where the words 'policy' and 'procedure' are used it is possible that one document may meet the requirements of the standard. This will be determined at assessment.

# 1 Scope

1.1.1 The material contained below is mainly directed at certification of tangible products. It can also be applied to certification of non-tangible products (e.g. software, service) and to process certification. The distinctive features of service certification and of process certification are addressed in Annex A and Annex B, respectively. Unless otherwise noted, the word “product” is intended to include services and processes.

1.2.1 In establishing a product certification system the purpose is to demonstrate to the marketplace and/or regulators that a supplier can and does produce products in conformity with a normative document.

1.2.2 Within a product certification system the roles of a supplier and of the certification body are complementary, the former being responsible for conformity of the product and the latter being responsible for the operation of a certification scheme providing confidence on the conformity of the product to the marketplace and/or regulators.

1.2.3 In some cases inspection is a part of product certification. The purpose of inspection is to provide information on the compliance of a specific product to the party on whose behalf the inspection is performed. If inspection is part of a product certification scheme then that party is the certification body.

1.2.4 Guidance on different types of product certification systems including various types of assessment may be obtained from ISO/IEC 17067 or other relevant ISO/IEC documents.

# 2 References

2.1 This document must be read in conjunction with all relevant requirements that comprise the GAC accreditation requirements. Product Certification bodies accredited by the GAC must comply with:

a) this document;

b) all requirements of ISO/IEC 17065;

c) the regulations, standards, codes or guidelines detailed in their scope of accreditation;

d) specific industry application guidance published and identified by GAC;

e) the GAC Rules;

f) relevant GAC technical notes and any other policies or requirements that may be issued from time to time; and

g) relevant statutory requirements.

2.2 Updated and additional information relating to specific areas of product certification or changes or additions to accreditation requirements may be issued from time to time. These shall supersede any previous requirements where indicated and may be either mandatory for accreditation or intended to provide guidance.

2.3 The GAC website contains the most up to date list of applicable accreditation requirements (see www.gcc-accreditation.org).

2.4 Technical Notes are also available to assist facilities in relation to particular technical issues. A number of these are referenced in this document. They are intended to provide guidance and therefore do not contain requirements for accreditation, unless specifically indicated. Copies may be obtained from GAC offices or from the GAC website.

2.5 The following standards are also applicable for reference and guidance:

a) ISO/IEC 17067 Conformity assessment -- Fundamentals of product certification and guidelines for product certification schemes;

b) ISO/IEC 17000 Conformity assessment – Vocabulary and general principles;

c) ISO/IEC 17011 Conformity assessment – General requirements for accreditation bodies accrediting conformity assessment bodies;

d) ISO/IEC 17020 General criteria for the operation of various types of bodies performing inspection;

e) ISO/IEC 17021 Conformity assessment – Requirement for bodies providing audit and certification of management systems

f) ISO/IEC 17025 General requirements for the competence of testing and calibration laboratories;

g) ISO/IEC 17030 Conformity assessment – General requirements for third-party marks of conformity;

h) ISO/IEC 19011 Guidelines for auditing management systems.

# 3 Terms and definitions

3.1.1 The following definitions apply to the Guidance in this document:

3.1.1.1 Normative document:

A document that provides rules, guidelines or characteristics for activities or their results. The term “normative document” is a generic term that covers such documents as standards, technical specifications, codes of practice and regulations. A “document” is to be understood as any medium with information recorded on or in it. The terms for different kinds of normative documents are defined considering the document and its content as a single entity (ISO/IEC 17000).

3.1.1.2 Certification System

Conformity assessment system that includes selection, determination, review and finally certification as the attestation activity.

3.1.1.3 Certification Scheme:

Certification system related to specified products to which the same specified requirements, specific rules and procedures apply (ISO/IEC 17000). A scheme may be developed among others by a certification body or by a “scheme owner”

representing a specific group of interests. The scheme may contain requirements on conformity assessment procedures and functions of the certification bodies complementary to those established by ISO/IEC 17065.

3.1.1.4 Nonconformity:

Deviation from specified requirements related to the product or to certification requirements defined by the certification body. The certification body is free to define different grades of deviations and areas for improvement (e.g. major or minor nonconformities, observations, etc). However all deviations which lead to any doubts about the conformity of the product to specified requirements should be dealt with as set out in clause 12.6 below.

3.1.1.5 Validation:

confirmation, through the provision of objective evidence, that the requirements for a specific intended use or application have been fulfilled.

NOTE 1 The term “validated” is used to designate the corresponding status.

NOTE 2 The use conditions for validation can be real or simulated.

3.1.1.6 Process

set of interrelated or interacting activities which transforms inputs into outputs.

NOTE 1 Inputs to a process are generally outputs of other processes.

NOTE 2 Processes in an **organization** are generally planned and carried out under controlled conditions to add value.

NOTE 3 A process where the **conformity** of the resulting **product** cannot be readily or economically verified is frequently referred to as a "special process".

3.1.1.7 Consultancy

Participation in:

a) designing, manufacturing, installing or maintaining a product to be certified (excluding service);

b) designing, implementing, providing or maintaining of a service to be certified;

c) designing, implementing, operating or maintaining of a process to be certified.

3.1.1.8 Service

Result of at least one activity necessarily performed at the interface between the supplier and client and is generally intangible;

NOTE: Provision of a service can involve, for example, the following:

- An activity performed on a client-supplied tangible product (e.g. automobile to be repaired);
- An activity performed on a client-supplied intangible product (e.g. the income statement needed to prepare an income tax return)
- The delivery of an intangible product (e.g. the delivery of information in the context of knowledge transmission;
- The creation of ambience for the client (e.g. in hotels and restaurants).

3.1.1.9 Authorized Representative

An individual appointed by the conformity assessment body to be responsible for all formal dealings with GAC.

3.1.1.10 Certification Body

Throughout this document the term “certification body” is used in keeping with the terminology of ISO/IEC 17065, and when used the term holds the same meaning as “conformity assessment body” as defined in ISO 17000.

3.1.2 Any references to the GAC Rules, Fee Schedule, Technical Notes, and other documents etc imply the current version of such documents.

3.1.3 Where the words 'policy' and 'procedure' are used it is possible that one document may meet the requirements of the standard. This will be determined at assessment.

# 4 Interpretations

## 4.1 Interpretation of the requirements on independence, impartiality and integrity

### 1. Principles

Principles for inspiring confidence and threats to impartiality are described in the accreditation standards. It is the responsibility of the certification body to prove, that it has analysed threats and taken corrective actions to safeguard its impartiality.

ISO/IEC 17065 4.2.3 "The certification body **shall identify** risks to its impartiality on an ongoing basis". The term "**identify**" is used and is distinctly different than "address" or "respond to". The use of "identify" indicates a pro-active effort to find risks to impartiality. The use of "ongoing basis" indicates a continuous activity.

Certification bodies and their staff should possess broad professional experience. Therefore, certification bodies and in particular their employees may, under certain circumstances, perform other activities than auditing or certification. This is particularly applicable when such activities contribute to the broadening of the personnel’s practical experience, and hence to an increase in quality of the certification audits. Tasks that are performed by the certification bodies and their staff besides the certification of products, management systems or personnel, should not, however, conflict with the requirements on independence, impartiality and integrity. This leads to the following regulations.

## 2. Regulations

### 2.1 Organisation

If the certification body is part of a larger organisation that also provides other services, then the organisational division between the two should be clearly visible. The GAC is to examine this division. In doing so, it may extend its assessment work to other aspects of an organisation that is superior to or detached from the certification body.

### 2.2 Participating firms

No participating firm[1] of a certification body is allowed to actively participate in the establishment of the management system or in the product development of a client of the certification body, in that it e.g.

- drafts manuals or establishes processes for him,
- takes part in decision-making relating to quality issues,
- regularly improves his management system or products,
- offers specific advice on the development and introduction of management systems or products with an eventual certification (consultation).

Certification bodies can no longer be considered impartial to clients, who have received services in the above-listed form from participating firms. Consequently, they are not permitted to perform a certification audit for these clients for a period of three years, following the termination of the business connections between the client and the participating firm. We advise the certification bodies, to request their participating firm to inform their clients, in a detailed manner of this regulation.

If two firms within a company offer on the one hand services as described above, and on the

[1] The term "participating firm" is understood here as a firm, which owns shares (also minority shares) in the certification body, or in which the certification body owns shares (also minority shares), or with which the latter has concluded contractual agreements (see also Chapter 5.2 of Standard ISO/IEC 17021:2006). If a firm, in which the certification body owns shares, wants to carry out activities, covered under the latter's accreditation, it has to meet the requirements of a "branch office.

other, certification, these conditions apply correspondingly. Only one of the provided services is allowed to be mentioned in advertising documents.

The certification bodies provide the GAC with comprehensive information on their participating firms and submit prior to the assessment or surveillance a client list of the participating firm(s).

The certification bodies shall ensure through contractual regulations that their certification staff meets these requirements.

## 4.2 Interpretation of the requirement concerning the "Steering Committee" or an equivalent structure

### 1 - "Without the prevalence of individual interests"

Individual interests prevail then, when they are represented by more than a third of the members.

Example:

Sector associations, e.g. of product manufacturers or of service suppliers, which establish an individual certification body, may only occupy a maximum of a third of the seats on the Steering Committee with persons that are directly connected to the product

ISO/IEC 17065 4.2.4 ". . . information [regarding elimination or minimization of risks to impartiality] shall be made available to the mechanism specified in 5.2." : The participants in the 5.2 mechanism shall have access to information about the elimination or minimization of impartiality risks supplied by the certification body.

### 2 - "Representation of all interested parties" and "involvement of all circles concerned"

To be represented:

- Suppliers, manufacturers and clients
- Other circles interested in certification, where relevant (e.g. authorities, consumers, environmental organisations)

### 3- Number of Steering Committee members

Normally, a minimum of 5 persons is required. 3 or 4 persons are permitted in exceptional cases of small bodies, on condition that impartiality and independence are guaranteed through additional organisational measures or circumstances (e.g. government offices).

If the Steering Committee comprises 5 or more persons, then one representative of the certification body with the right to vote is acceptable (but not recommended). Should this be the case, written regulations should be available in order to avoid conflicting interests and to guarantee independence at any time (duty to abstain or withdraw).

The members of the Steering Committee are expected to possess the necessary knowledge concerning branches, or even better, the entirety of tasks fulfilled by a certification body.

### 4- Documentation concerning the Steering Committee

The founding of the Steering Committee and the latter's working method (tasks, criteria, requirements, procedure directives etc.) shall be regulated and documented. The Steering Committee meetings have to be protocolled.

## 4.3. Number of certifications that are to be performed by the certification body before granting accreditation

An applicant should have provided at least two certifications before accreditation can be granted. These two certifications are assessed by the GAC and, where needed, observed by the latter.

In defining and granting the scope of accreditation, the GAC will consider as a high priority the risk associated with the technical sector concerned. The certification body has to perform a risk assessment and has to demonstrate to the GAC which resources (internal and/or external) are available, and how it can cover the technical sector(s) of the requested accreditation scope.

The level of risk can vary depending on the application field. The certification activities to be witnessed will be defined by the GAC, based on the risk sectors being part of the accreditation scope.

# 4.4.. interpretations concerning the accreditation scope

## 1. Duties on acceptance of a certification assignment

Before accepting a certification mandate, the certification body should examine, whether the activities of the potential client lie within its accredited scope.

A product to to be certified may cover several technical fields. Therefore, the certification body has to assemble a team which, through its members, covers all the technical fields to be certified. In doing so, it should be noted, that each team member can only be appointed to the field, for which he is authorised. Particular attention should be paid to activities or products of a high potential danger. The team is to be assembled such that it can convince the GAC at any time of its technical competence in the specific field.

## 2. Definition of the accreditation scope

### 2.1. General

Basically, the accreditation scope has to be formulated in a way that the technical fields can be seen. In its accreditation resp. accreditation extension request, the certification body has to let the GAC know, in which fields it plans to carry out its activities, covered under accreditation.

The certification body has to demonstrate that it has

- defined the certification procedure for the requested technical field, according to the requirements of the relevant normative bases;

- defined the requirements imposed on the technical competence of the certification personnel , based on an analysis of the technical risks per technical field[2], and is able to cover these requirements with the certification personnel at its disposal.

Together with the accreditation request, the certification body has to submit the following, for the requested accreditation scope relevant documentation to the GAC:

[2] The risks to be identified are those, which can lead to the failing of the certification activity, and therefore have to be countered by the technical knowledge of the certification personnel appointed to the requested certification scope.

- Normative documents (unless no internationally recognised standard is involved).
- All for the certification pertinent documents (e.g. certification procedures, check-lists,

  test regulation, test questions, evaluation criteria, sanction regulation, certificate template, etc.).
- The requirements imposed on the technical competence of the certification personnel.
- The proof of technical competence of the certification personnel appointed to the requested certification scope.

## 2.2 Prerequisites for the certification personnel

The certification body should have certification personnel with specific experience at its disposal.

The term "certification personnel" includes all the persons involved in the certification activity, specifically the certification officers, auditors, experts, examiners etc. (simply called **certifiers**) as well as persons, who make certification decisions or are part of the decision-making. Whether the personnel is employed on a regular basis or external personnel is hired, is not relevant. However, the external personnel has to be bound by an unlimited contract.

The certification body provides the following evidence concerning the certification personnel it intends to appoint in regard to the requested certification scope:

- Employment contract or temporally unlimited contract.
- The training, professional experience and audit experience of the certifiers.
- The training and professional experience of the persons involved in the certification decision.
- The further training regarding the certification scopes, for which the personnel is authorised

  (includes also particularly the further training in the field of relevant normative bases).
- The internal further training of the certifiers, in regard to the application of certification regulations in the requested certification program.
- The surveillance/monitoring and the mutual exchange of experiences between the certifiers, regarding the certification scopes for which they are authorised.

In the event that external specialists ("Technical Experts") are hired in order to punctually strengthen the team or to handle specific issues, the evidence to be provided restricts itself to the necessary technical competence needed for the task of a specialist.

The certification body has to define the requirements concerning the technical competence of the certification personnel per technical field and, where relevant, also the requirements concerning the aspects of the audit techniques. It has to be able to prove at any time to the GAC that the appointed certification personnel meets these requirements permanently.

In order to maintain the necessary technical competence, the certification body establishes a training and continuous training plan, which includes the internal and external certification personnel. The further training can be absolved in form of regular instruction or through active participation in specialised professional organisations and associations. The proof of attended further training has to be documented for all the certification personnel and submitted, on request, to the GAC.

For the preparation of audits to be observed by the GAC, the proof of technical competence of the appointed certification personnel has to be submitted, together with the necessary documents for the witness audit, **without being asked**, to the GAC.

## 2.3 Exemptions

The GAC reserves the right - subsequent to consultations with the Techical advisory Committee to loosen or place further requirements on certain scopes as a result of legal requirements or specifically GCC situations.

## 2.4 Review

**ISO/IEC 17065 7.5.1 ". . . The review shall be carried out . . ."**

**ISO/IEC 17065 3 "For the purposes of this document, the terms and definitions given in ISO/IEC 17000 . . . apply"**

**ISO/IEC 17000 5.1 "review – verification of the suitability, adequacy and effectiveness of [evaluation] activities, and the results of these activities . . ."**

A review is required in the certification process without exception and must be verification of the suitability, adequacy and effectiveness of [evaluation] activities, and the results of evaluation. Full information regarding the evaluation and the results must be available to the individual(s) performing review. Without full information (e.g., relying solely on an existing certification without complete evaluation information) a review, by definition, is not possible.

**ISO/IEC 17065 7.5.1 "The certification body shall assign at least one person to review . . ."** Only the certification body can assign the person(s) performing the review. Because there are no requirements for outsourcing review certification body shall meet all requirements in 6.1.2 and 6.1.3 for the person(s) it assigns to perform the review. However, once all these requirements are fulfilled there are no restrictions on whether the person(s) assigned to review are employed or contracted by other organizations.

**ISO/IEC 17065 7.5.1 "The review shall be carried out by a person(s) who have not been involved in the evaluation process."** The details of the certification process are set by the certification scheme. ISO/IEC 17065 section 7 is requirements for the certification body as it executes the certification scheme for the products within the scope of certification covered by the application. As a result the person(s) involved in the evaluation process are those persons involved in any evaluation activity for products covered by the process starting with the application. A person can be involved in evaluation activities covered by one application and be involved in review for products covered by a different application. However, the same person cannot be involved in the evaluation activities and the review for products covered by the same application. The same logic applies to person(s) assigned to make a certification decision.

## 2.5 Decision on certification

Persons involved in decision-making on the awarding of certificates or technical specialists involved in the certification decision-making, shall possess the necessary technical competence in the corresponding scope. This technical competence has to be proven to the GAC as mentioned in the above 2.2.

## 2.6 Extension of the accreditation scope

Should a certification body wish to provide services in a new scope, which is not yet part of its accredited scope, it is to submit a written application to the GAC (application forms can be downloaded from the internet under (www.gcc-accreditation.org).

The certification body has to prove, analogous to the accreditation, that it

- has defined the certification procedure for the requested technical scope, in accordance with the requirements of the relevant normative bases;
- has defined the requirements concerning the technical competence of the certification per-

sonnel, based on an analysis of the technical risks per technical scope[3] and is able to meet these requirements with the certification personnel it has at its disposal.

Together with the application for scope extension, the certification body has to submit the following relevant documents concerning the requested scope to the GAC:

- Normative documents (unless no internationally recognised standard is involved).
- All for the certification pertinent documents (e.g. certification procedures, check-lists, test regulation, test questions, evaluation criteria, sanction regulation, certificate template, etc.).
- The requirements imposed on the technical competence of the certification personnel.
- The proof of technical competence of the certification personnel, appointed to the requested certification scope.

On receipt of the application and the examination of the submitted documents, the GAC in- forms the certification body on the further procedure. Generally, the scope extension includes an audit on the certification body's premises, accompanied by an GAC technical expert for the particular scope, followed by an examination of the technical competence by observing a certification audit.

For the scopes placing higher requirements on competence, such as higher risks or strict legal regulation, the GAC may require to observe 2 audits; to take place prior to any decision to approve the new scope.

## 2.7 Prerequisites for branch offices, covered by the accreditation of the main office

The internal and external personnel of the branch office, involved in the certification activities, has to meet the requirements, according to the above Chapter 2.2. The certification body shall ensure that the technical competence of the certification personnel corresponds permanently to the defined requirements.

The procedures with the corresponding requirements and specifications for the certification, which have been defined by the certification body for each certification scheme under the accreditation, have also to be valid for the branch office(s) and applied by the latter(s).

[3] The risks to be identified are those, which can lead to the failing of the certification activity, and therefore have to be countered by the technical knowledge of the certification personnel appointed to the requested certification scope

### 2.8. Determination of the audit duration

In the present case, “audit” means the certification activity that deals with the “on-site” verification of the client’s compliance with the requirements. the verification can be carried out in form of a production control in a firm;.

In cases where normative bases and additional ISO-, IAF- or GAC Documents haven’t issued guidelines concerning the determination of an audit duration, the certification body shall define its own regulations. In any case, departures from the rules have to be documented and justified in a qualitative and quantitative comprehensible way.

## 4.5. Observed audits conducted at the sites of product certification bodies

Within an accreditation period, the entire accreditation scope has to be covered through observed audits. Where relevant and useful, the following risk aspects have to be taken into account:

| **Risk** | **Classification** |
|---|---|
| High | Products that are in and of themselves dangerous or can, in combination with other products endanger people’s lives |
| Medium | Products that are in and of themselves dangerous or can, in combination with other products endanger people’s and animal’s health or affect the environment. |
| Low | Products that, when being used for their intended purpose, can’t fulfill requirements without major, far-reaching consequences. |

# Appendix A Information for Applicants and Accredited Bodies

## A.1 GCC Accreditation Center – An introduction

### A.1.1 Introduction

Accreditation is defined in international standards (ISO/IEC 17000) as:

*third-party attestation related to a conformity assessment body conveying formal demonstration of its competence to carry out specific conformity assessment tasks*

Accreditation is about assessing and giving an attestation about competence, especially in relation to the competence of organizations that undertake any form of:

- testing (for example testing laboratories);
- calibration (for example calibration laboratories);
- inspection;
- product certification;
- management systems certification (including quality (QMS), environmental (EMS), food safety (FSMS) management system certification and others designed for specific outcomes.

The regional organization in the Gulf that provides accreditation services, and consequently third party attestations, is the Accreditation Centre of the Cooperation Council for the Arab States of the Gulf (GAC).

The accreditation process is highlighted in Clause A.3 of this document and other administrative requirements are identified in Clause A.2 of this document.

### A.1.2 The Accreditation Centre of the Cooperation Council for the Arab States of the Gulf (GAC)

In the Gulf the Accreditation Centre of the Cooperation Council for the Arab States of the Gulf (GAC) is the region's accreditation body. It is established by the GCC through a formal Agreement and is governed by a representative General Assembly, a Board of Directors and an appointed Secretary-general.

The structure and provision of accreditation services by the GAC is in accordance with ISO/IEC 17011, *Conformity assessment -- General requirements for accreditation bodies accrediting conformity assessment bodies*.

The ***GAC Rules*** have more information about the GAC and also set out obligations that the GAC, applicants for accreditation and accredited bodies must adhere to.

The GAC publishes and updates requirements for accreditation covering specific ***scopes of accreditation*** from time to time. These requirements are drafted by Technical Advisory Committees for specific technical areas and approved by the Secretary-general.

### A.1.3 Scopes of accreditation for conformity assessment

Accreditation is described by scopes of accreditation to facilitate searching for appropriate CABs. These scopes are fixed descriptors with free text being used to qualify or amplify the scope as necessary. Where the scope of activities of a CAB cannot be adequately described by existing descriptors, the GAC may adopt or establish new scopes. Further details on the scopes of accreditation is provided in Appendix B of this document.

### A.1.4 Relationship between GAC and accredited bodies

Accreditation offers formal third-party attestation or recognition of the competence of a CAB to undertake certification as identified in the *scope of accreditation* of the CAB.

Conformity assessment bodies are free to apply for accreditation at any time and the GAC will then arrange for the accreditation process to be initiated including on-site assessments. In this process the GAC must be deemed to be impartial and objective, and must not be subjected to undue political or other influences.

The accreditation process is not only an independent assessment of competence; it is also an enabler to improve the CAB's knowledge and capability. The interaction between the CAB staff, GAC staff and GAC's technical assessors is a wonderful opportunity to share peer experiences, build capacity and transfer knowledge. It is this focus on fairness and the building of technical competence for the benefit of the Gulf community that is at the centre of GAC's accreditation services.

### A.1.5 Other technical areas and programs

GAC operates other accreditation programs that may be relevant. A full list of programs is available on the GAC website (www.gcc-accreditation.org).

## A.2 Administrative information

### A.2.1 Fees for services

GAC offers its accreditation services for a fee. The standard fees are available from the GAC website or by contacting any of the GAC offices.

Invoices are raised from time to time and must be paid within the prescribed timeframes in order to continue with the accreditation process or maintain accreditation once granted.

Non-payment of invoices may result in suspension or cancellation of accreditation.

### A.2.2 The role of the Authorized Representative

At the time of applying for accreditation the CAB will be required to nominate a single official contact person for all formal dealings between the CAB and the GAC. This person is to be known as the *Authorized Representative*.

Any changes to the name of the authorized representative must be advised to the GAC using the *Nomination for New Authorized Representative* form.

At a practical level, the authorized representative is normally a senior staff member who is in a position to make decisions regarding the CAB's accreditation and to effectively communicate with internal colleagues. The authorized representative may also choose to direct GAC to other CAB staff with whom relevant issues may be discussed.

Typically it is the authorized representative who monitors and advises GAC of changes affecting the accreditation, as detailed in 9.4 of the GAC Rules.

### A.2.2.1 Authorized Representative

The authorized representative is an accredited CAB's official contact with GAC. The personal information collected will include name; position; business address, business telephone, mobile phone and fax numbers; email address. Credit card details may also be held for those purchasing materials or services from GAC.

This information may be used to:

a) administer and manage the accreditation process;
b) seek feedback on ways to improve GAC's services;
c) provide information on GAC's activities and services.

The information may also be made available to enquirers requiring the services of accredited CABs.

Personal information may be disclosed to organizations outside GAC. Such organizations may include:

a) government and regulatory authorities and other organizations, as required or authorized by law and/or with which GAC has a Memorandum of Understanding or similar formal agreement;
b) accreditation bodies with which GAC has a Mutual Recognition Agreement (MRA);
c) professional advisers including accountants, auditors and lawyers;
d) credit providers;
e) outsourced service providers contracted to GAC.

### A.2.2.2 Conformity assessment body contact

Recognising that the authorized representative is not necessarily the most appropriate person to answer day to day and technical queries regarding an accredited CAB's activities, GAC provides CABs with the opportunity to nominate a person to deal with technical and other enquiries (this person can, however, also be the authorized representative).

The personal information collected will include name; position; business address, business telephone, mobile phone and fax numbers; email address. This information may be given to enquirers and may be included in the on-line Directory.

### A.2.2.3 Conformity assessment body personnel

The personal information collected on personnel of the applicant or accredited CAB may include name, position, professional, technical or other relevant qualifications, membership of professional associations, employment history.

This information is used for the conduct of the assessment, reporting on the assessment and the process of granting/continuing accreditation. It may be disclosed to GAC staff members, assessors, assessment observers and committee members, all of whom have signed confidentiality agreements. It may also be disclosed to agencies to which GAC has a legal obligation or with which GAC has a formal agreement.

In order to determine compliance with some accreditation criteria, it will be necessary to sight personal information at assessments. Examples might include personal information held in training records, complaints records, lists of approved suppliers etc. CABs should advise individuals that personal information collected may be disclosed to GAC.

## A.2.3 Confidentiality

All information provided by a CAB in connection with an inquiry or an application for accreditation, and all information obtained in connection with an assessment, is treated as confidential by GAC staff, technical assessors, Committee and Board members. All such personnel are made aware of this requirement and have signed confidentiality agreements.

## A.2.4 Privacy

GAC respects and upholds the rights of individuals to privacy protection.

## A.2.5 Endorsed documents

Accreditation allows a CAB to issue the results of work performed within its scope of accreditation as endorsed documents. The requirements associated with issuing endorsed documents are detailed in section 12.2 of the Rules.

## A.2.6 Legislation and regulations

Accreditation is a competence based attestation and does not confer legal compliance. It is the responsibility of each CAB to ensure that it complies with all relevant legislation and regulations. Legislative requirements may take precedence over, or provide additional criteria, to those detailed in this document. It is also strongly recommended that

conformity assessment bodies familiarize themselves with and understand relevant legislation and regulations.

### A.2.7 Safety

GAC does not define mandatory safety measures but does draw attention to any unsafe practices that are observed in the course of an assessment.

When clauses related to safety are written into test methods covered by the accreditation these must be observed.

## A.3 Accreditation requirements

### A.3.1 Coverage of these supplementary accreditation requirements

In addition to meeting the requirements of the relevant standard (for example ISO/IEC 17065:2012: *Conformity assessment -- Requirements for bodies certifying products, processes and services*), the GAC has produced supplementary accreditation requirements for various technical areas.

To be accredited conformity assessment bodies must demonstrate they fulfil the requirements of:

a) the relevant standard (e.g. ISO/IEC 17065);
b) any relevant supplementary requirements; and
c) the GAC Rules.

The supplementary requirements are generally available for each standard and for specific scopes covered by that standard

Supplementary accreditation requirements also include the scopes of accreditation available.

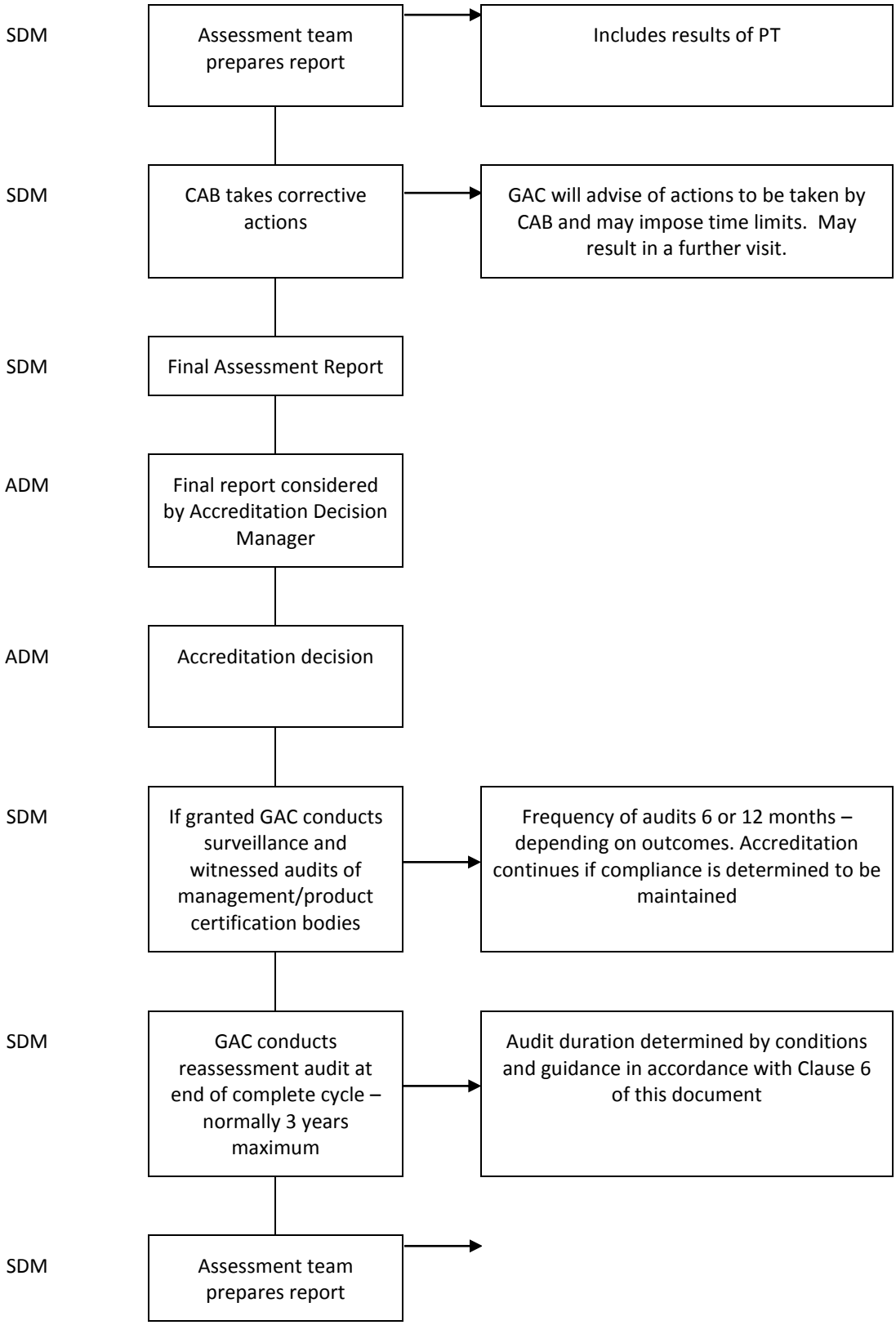
## A.4 The accreditation process

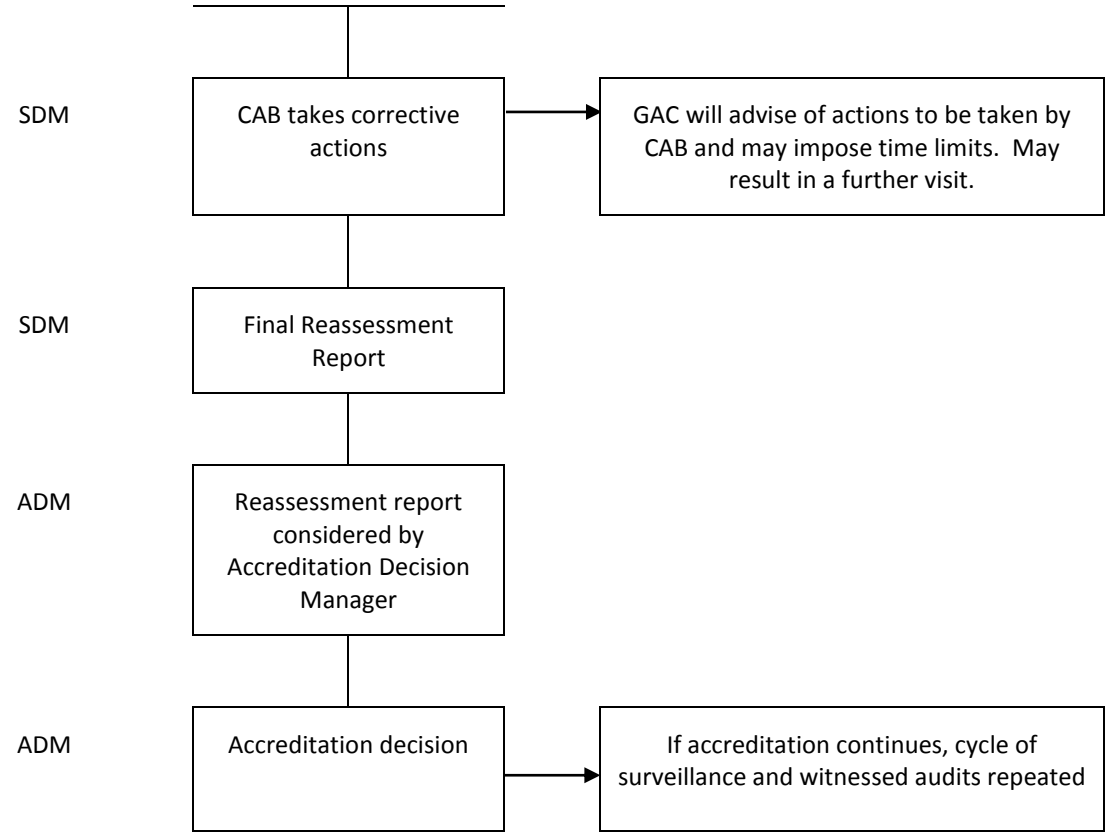
The GAC Rules set out in general terms the accreditation processes followed in order for the GAC to meet the requirements of ISO/IEC 17011.

The following information is provided to assist conformity assessment bodies seeking accreditation or extensions to scope or signatory approval(s). General information is also provided with regard to accreditation policies and procedures.

In summary the following process is normally followed:

| Responsibility | Activities/Process | Outcome |
|---|---|---|
| SDM | CAB contacts GAC & makes application for accreditation | Application includes information on desired scope, CAB's quality system and technical resources available. |
| SDM | GAC provides advisory visit | Optional. Staff officer will provide non-binding advice on requirements and possible non-conformances. |
| SDM | GAC carries out review of documentation & prepares briefing for assessment team | Normally conducted by lead assessor selected for the assessment. Serious deficiencies to be corrected prior to progressing process |
| SDM | Assessment team does on-site assessment | One to multiple days depending on scope. Team – lead assessor plus at least one technical assessor. |
| SDM | CAB's performance tested | As relevant, some CABs may be required to test samples or do measurement audits provided by GAC, or their assessment/surveillance audits will be witnessed. |


SDM
Assessment team prepares report
Includes results of PT
SDM
CAB takes corrective actions
GAC will advise of actions to be taken by CAB and may impose time limits. May result in a further visit.
SDM
Final Assessment Report
ADM
Final report considered by Accreditation Decision Manager
ADM
Accreditation decision
SDM
If granted GAC conducts surveillance and witnessed audits of management/product certification bodies
Frequency of audits 6 or 12 months – depending on outcomes. Accreditation continues if compliance is determined to be maintained
SDM
GAC conducts reassessment audit at end of complete cycle – normally 3 years maximum
Audit duration determined by conditions and guidance in accordance with Clause 6 of this document
SDM
Assessment team prepares report




SDM: Service Delivery Manager

ADM: Accreditation Delivery Manager

## A.4.1 Preliminary steps

The CAB is encouraged to hold discussions with relevant GAC staff before lodging a formal application for accreditation.

When seeking accreditation, conformity assessment bodies must obtain, and familiarize their staff with, the requirements for accreditation as detailed in this document.

## A.4.2 Application for accreditation (see ISO/IEC 17011 7.2 and GAC Rules 12.1)

Applications for accreditation with GAC may be made by any legally identifiable organization and must be made on the prescribed application form. This form will be provided at an appropriate time with regard to the intended time of application. The application must be accompanied by the current application fee.

With the application the applicant body must identify the Authorized Representative (see A.2 above).

Prior to lodging an application CABs should contact a GAC staff member to discuss their accreditation, other supporting documentation that may be required and the readiness for assessment.

Applications for accreditation may be made for one or more scope of accreditation.

The scopes of accreditation of all GAC-accredited conformity assessment bodies are available at the GAC website and in the supplementary accreditation requirements documents.

### A.4.3 Advisory visit (optional cf ISO/IEC 17011 7.5.1)

An informal review of CABs can be undertaken to explain the significant requirements that relate to an application for accreditation. The aim is to provide guidance concerning the requirements of accreditation to help the CAB prepare for an initial assessment and ensure it is ready for accreditation, although the formal assessment is the process whereby accreditation requirements will be identified.

The advisory visit may be conducted either prior to, or after, an application has been made. A fee will be levied for this service. The most appropriate timing for such a visit will be a matter for negotiation between the CAB and the relevant field technical staff.

While an advisory visit is not mandatory it is strongly recommended that applicant conformity assessment bodies avail themselves of this service. There are of course cases in which conformity assessment bodies have good knowledge of accreditation. In such cases, the merits of an advisory visit should still be discussed with relevant field technical staff.

Prior to an advisory visit being conducted the CAB may be asked to provide a copy of its quality manual and associated documentation for review. Technical staff will advise exactly what information is required for this review. This activity is known as 'document review' and is described below.

## A.4.4 Document review (see ISO/IEC 17011 7.5.5)

The document review provides a comparison of the CAB's documentation and procedures with the accreditation requirements. The document review allows the assessment team to identify particular references within the CAB's documented system that require review at the assessment or areas that appear to require further explanation or investigation. Written feedback will be given. Depending on the extent of the action required the CAB may be asked to provide further information prior to the assessment or this information will be sought at the assessment.

## A.4.5 Assessment (See ISO/IEC 17011 7.5.2 – 7.5.9, 7.7 and 7.8 and GAC Rules 12.2)

Compliance of an applicant with accreditation requirements is determined primarily by an on-site assessment.

The objective of an assessment is to establish whether the CAB can competently perform the services for which accreditation has been sought. The assessment team is required to investigate the operation of the CAB against the accreditation requirements detailed in this document. The assessment team reports its findings to both the CAB seeking accreditation and the GAC.

The assessment team is comprised of at least one lead assessor and specialist technical assessors as required. The size of the assessment team is dependent upon the areas that must be covered in the course of the assessment.

Assessments will generally take at least one working day and may extend over a number of days depending on the range of activities to be covered. Technical assessors are chosen according to their specialist knowledge and are matched as closely to the activities of the CAB as is possible. Consideration is given to possible concerns about conflicts of interest in selecting assessors.

CAB staff will be called upon to discuss, with the technical assessors, technical issues relating to conformity assessment activities that are carried out. For laboratories the assessment team may also request prior to the assessment or in the course of the assessment that particular procedures be demonstrated, and occasionally, such discussion may be hypothetical. For certification bodies the assessment team will also schedule the witness audits that will be carried out involving a third party being subjected to

certification assessment/surveillance. CABs undergoing an assessment should expect all areas for which accreditation is sought to be covered in some way.

An exit interview or meeting is held at the conclusion of the assessment at which the assessment findings are presented by the lead assessor. It is the prerogative of the CAB to decide which of their staff should attend this meeting. Generally, the authorized representative would be expected to attend as well as relevant senior staff. The purpose of the exit meeting is to allow frank and open discussion about the findings of the assessment. Conformity assessment bodies are strongly encouraged to clarify issues they consider may have been misunderstood by the assessment team and to seek clarification about assessment findings where this may be necessary.

An interim report is usually prepared by the Lead Assessor left with the conformity assessment body on the day of the visit. This report is reviewed by other experienced GAC staff and, after any amendments, a final report issued to the conformity assessment body. Where necessary, the report will detail the action required by the conformity assessment body to allow accreditation to be recommended. In these cases the conformity assessment body will be asked to provide the necessary evidence that action has been taken as claimed. Occasionally, the reviewers may direct that a further visit or another assessment be carried out. There are a number of reasons for this, including concerns about the competence of the conformity assessment body, the inability to assess certain aspects of the conformity assessment body during the visit because of a lack of availability of key conformity assessment body staff, or to review the effective implementation of the corrective action taken as the result of the assessment. The same procedures for assessment will be followed but may concentrate on only the area(s) found to be deficient. Charges will be levied for such visit.

### A.4.6 Response by conformity assessment body (see ISO/IEC 17011 7.8)

The CAB is required to respond to the findings of the assessment team. Conformity assessment bodies must respond to assessment findings by the nominated response date, otherwise the status of their accreditation will be reviewed.

The response is reviewed to determine that it is sufficient and effective, and reflects an implementation rather than an intention. If found to be insufficient a further response can be requested. Responses are reviewed by such members of the team as are considered relevant.

## A.4.7 Granting accreditation (see ISO/IEC 17011 7.9)

GAC grants accreditation following a recommendation of the Accreditation Decision Manager, who may seek advice from the relevant Technical Advisory Committee. This recommendation is made when the CAB has met all the requirements for accreditation. The authorized representative is formally advised of the granting of the accreditation and issued with a certificate of accreditation and the scope of accreditation.

## A.4.8 Variations to accreditation details (see ISO/IEC 17011 7.12)

Accredited conformity assessment bodies may request variations to their scope of accreditation (including extending and reducing their scopes of accreditation), approved signatories or other accreditation details. Significant variations will require an assessment. GAC staff will provide direction on the information required and the process that will be followed. Charges will be levied.

## A.4.9 After accreditation (See ISO/IEC 17011 7.11)

Accredited conformity assessment bodies must continue to comply with all accreditation requirements detailed in this document.

The term of accreditation shall normally be two years, with a surveillance of the accredited conformity assessment body to be undertaken before the end of the 12$^{th}$ month anniversary of the date of the first accreditation.

Reassessments are generally carried out every two years. Shorter reassessment intervals may also be specified. The reassessment follows the same processes and has the same broad objectives as the initial assessment.

Unscheduled reassessments or extraordinary audits may be conducted. These are normally in response to information that casts doubt over the CAB's (or facility's) continuing compliance with the accreditation requirements. Such information may include:

a) unsatisfactory performance in proficiency testing program(s);
b) significant changes to the CAB operations, staffing or equipment;
c) re-location of the CAB;
d) complaints.

At such assessments, specific activities may be targeted for review rather than the entire CAB operation. In general, a fee is charged for such visits.

### A.4.10 Non-compliance with accreditation requirements

In accordance with the Rules, non-compliance with the accreditation requirements may lead to the accreditation status of a CAB being suspended or cancelled.

In these circumstances the CAB is not able to issue endorsed reports or claim to be accredited for those services affected by the change in status. The Rules define the reasons, processes and the appeals mechanisms that will be followed.

### A.4.11 Provision of information on the scope of accreditation

Details of a CAB's scope of accreditation are publicly available once accreditation has been granted. A list of signatories as appropriate may be included in the scope of accreditation, or held separately but will be made available, on request, from relevant field staff.

# Appendix B Scopes of Accreditation and Management of Accredited Scope by Certification Bodies

## B.1 Purpose of This Appendix

B.1.1 This appendix details GAC policy for the purpose of determining, granting, extending, reducing and maintaining the scope of accreditation. The policy is also applicable for the management of GAC accredited scope by certification bodies for the purpose of determining supplier certification, as well as to determine resource and the technical expertise to be applied to the audit of an organization.

B.1.2 The policy shall apply to all certification bodies applying to GAC for accreditation and those already accredited by GAC.

B.1.3 This policy shall remain current until otherwise amended, replaced or withdrawn by GAC.

## B.2 Policy

### B.2.1 Basis for Defining Scope

B.2.1.1 The accredited scope(s) of a certification body shall be expressed in terms of one or more elements from an agreed list of industrial sectors or product categories, known as the "scopes of accreditation" as in Annex 1. GAC has adopted the statistical nomenclature for economic activities (NACE Rev.1.1) 2002, published by the Commission of European Communities (official Journal L6,10.1.2002) as the basis for defining the scope of accreditation and certification.

### B2.2 Application for Accreditation Scope

B.2.2.1 Accreditation scope for certification bodies under the GAC accreditation system is to be defined based on the general scope heading of NACE classification or code. There is no limitation placed on the sub-divisions of the broad description given in Annex 1, for which a certification body may seek accreditation. However, for certification bodies operating in a limited area, such as industry sector-specific certification schemes, the accreditation scope would normally be limited to one broad description as described in ANNEX 1**.** In

some cases, it may be appropriate for the certification body to define its scope at the group or class level.

B.2.2.2 The accreditation scope for product certification bodies will normally detail the certification scheme and product standard(s) covered by accreditation. The appropriate NACE code for accreditation purposes would be at the two digit level, and in determining the most appropriate scope for accreditation, certification bodies may consult the GAC prior to making application [See also B.2.3 below].

B.2.2.3 The application of the appropriate NACE code is necessary for the product certification body to be able to correctly identify the appropriate area of expertise that the audit team will require, and would normally be identified at a four digit sub-level. Details

of the areas covered at the four digit level are available on the website of the European Commission

B.2.2.4 A certification body shall conduct a competence analysis prior to undertaking the contract review, as described in the relevant accreditation criteria. The certification body will only be given the accreditation scope where they have demonstrated their understanding of the technical area by the development of an acceptable competence analysis.

## B.2.3 Accredited Scope and Administrative Ability to Manage an Audit

B.2.3.1 Accreditation by GAC of a certification body for a scope element does not imply or mean that the body is necessarily competent to certify all suppliers whose activities lie within that scope sector. It means that in the judgment of GAC, the management of the certification body has the necessary understanding of the sector, and the administrative ability, to manage audits in whatever part of that sector it decides to operate [See 2.5].

B.2.3.2 Accreditation by GAC shall only be granted where the certification body has qualified their auditors / technical experts in the scope sought for accreditation. This policy applies to all applicants and accredited certification bodies that seek for extension of scope.

B.2.3.3 A certification body shall make adequate provisions for the acquisition of the necessary knowledge and experience before applications for accreditation could be accepted by GAC.

B.2.3.4 A GAC accredited certification body shall inform GAC of the scopes or parts of the scope sectors in which it is active and dormant.

B.2.3.5 If a certification body intends to provide accredited certification in new areas, or in dormant areas, or in specialized fields (within parts of accredited scope sectors) not previously notified to GAC, it shall submit names and technical sector competence of auditors as well as competence analysis of the scope concerned before proceeding to certify any organization. The certification body will then be informed whether a witness

audit is necessary depending on the complexity of the scope. Failure to inform GAC on the activation of dormant scope can result in its removal from the accreditation scope.

B.2.3.6 Dormant scope /area is defined as the scope /area where the certification body has qualified auditors / technical experts but does not have any certified organization.

### B.2.4 Sub-element of a General Scope:

B.2.4.1 A certification body can request a scope, which is only part of a sub-element of a general scope heading, to be specified.

### B.2.5 Certification Scope.

B.2.5.1 Certification bodies shall ensure that at least one member of an audit team should have experience in the technology concerned. Experience in the technology concerned shall be judged using the following guidance:

- identification of scope of industrial or service sector in which certification is offered; and
- relevant experience and competence to be within the defined area/sector.

B.2.5.2 The scope of certification shall be defined to be precise and clear so that clients of the suppliers and the organizations themselves will know accurately and unambiguously the certification scope. In some cases, additional descriptors may be necessary to more closely define the scope of certification. In defining the scope of certification, some attempt should be made to limit the additional descriptors to common terms, so that a uniform description may be applied to all suppliers from that specific industry.

## B.3 Implementation

B.3.1 GAC will confine its requirements, assessment and decisions on accreditation to those matters specifically related to the scope of the accreditation being considered.

# Annex 1 – GAC Guidelines on Scopes of Accreditation

This list of scopes of accreditation is based on the statistical nomenclature for economic

activities NACE Rev. 2 published by the Commission of European Communities (official Journal L393/1, 30.12.2006).

| No | Description | NACE rev.2 |
|---|---|---|
| 1 | Agriculture, fishing | 01, 02, 03 |
| 2 | Mining and quarrying | 05, 06, 07, 08, 09 |
| 3 | Food products, beverages and tobacco | 10, 11, 12 |
| 4 | Textiles and textile products | 13, 14 |
| 5 | Leather and leather products | 15 |
| 6 | Wood and wood products | 16 |
| 7 | Pulp, paper and paper products | 17 |
| 8 | Publishing companies | 58.1, 59.2 |
| 9 | Printing companies | 18 |
| 10 | Manufacture of coke and refined petroleum products | 19 |
| 11 | Nuclear fuel | 24.46, 20.13 |
| 12 | Chemicals, chemical products and fibres | 20, except 20.13 |
| 13 | Pharmaceuticals | 21 |
| 14 | Rubber and plastic products | 22 |
| 15 | Non-metallic mineral products | 23, except 23.5 and 23.6 |
| 16 | Concrete, cement, lime, plaster etc | 23.5, 23.6 |
| 17 | Basic metals and fabricated metal products | 24 except 24.46, 25 except 25.4, 33.11 |
| 18 | Machinery and equipment | 25.4, 28, 30.4, 33.12, 33.2 |
| 19 | Electrical and optical equipment | 26, 27, 33.13, 33.14, 95.1 |
| 20 | Shipbuilding | 30.1, 33.15 |
| 21 | Aerospace | 30.3, 33.16 |

| | | |
|---|---|---|
| 22 | Other transport equipment | 29, 30.2, 30.9, 33.17 |
| 23 | Manufacturing not elsewhere classified | 31, 32, 33.19 |
| 24 | Recycling | 38.3 |
| 25 | Electricity supply | 35.1 |
| 26 | Gas supply | 35.2 |
| 27 | Water supply | 35.3, 36 |
| 28 | Construction | 41, 42, 43 |
| 29 | Wholesale and retail trade; Repair of motor vehicles, motorcycles and personal and household goods | 45, 46, 47, 95.2 |
| 30 | Hotels and restaurants | 55, 56 |
| 31 | Transport, storage and communication | 49, 50, 51, 52, 53, 61 |
| 32 | Financial intermediation; real estate; renting | 64, 65, 66, 68, 77 |
| 33 | Information technology | 58.2, 62, 63.1 |
| 34 | Engineering services | 71, 72, 74 except 74.3 |
| 35 | Other services | 69, 70, 73, 74.3, 78, 80, 81, 82 |
| 36 | Public administration | 84 |
| 37 | Education | 85 |
| 38 | Health and social work | 75, 86, 87, 88 |
| 39 | Other social services | 37, 38.1, 38.2, 39, 59.1, 60, 63.9, 79, 90, 91, 92, 93, 94, 96 |

# Annex 2 - Scope of Accreditation Advisory Form

Please attach this list to the application form.
Column under **"Applying for**" should be ticked (√) as appropriate.
For the column under **"Number of certifications granted so far"**, please write down the number, or the approximate number to date.

| No | Description | Applying for | NACE Code | Number of certifications granted so far |
|---|---|---|---|---|
| 1 | Agriculture, fishing | ☐ | 01,02,03 | ☐ |
| 2 | Mining and quarrying | ☐ | 05-09 | ☐ |
| 3 | Food products, beverages and tobacco | ☐ | 10-12 | ☐ |
| 4 | Textiles and textile products | ☐ | 13,14 | ☐ |
| 5 | Leather and leather products | ☐ | 15 | ☐ |
| 6 | Wood and wood products | ☐ | 16 | ☐ |
| 7 | Pulp, paper and paper products | ☐ | 17 | ☐ |
| 8 | Publishing companies | ☐ | 58.1, 59.2 | ☐ |
| 9 | Printing companies | ☐ | 18 | ☐ |
| 10 | Manufacture of coke and refined petroleum products | ☐ | 19 | ☐ |
| 11 | Nuclear fuel | ☐ | 24,46,20.13 | ☐ |
| 12 | Chemicals, chemical products and fibres | ☐ | 20 minus 20.13 | ☐ |
| 13 | Pharmaceuticals | ☐ | 21 | ☐ |
| 14 | Rubber and plastic products | ☐ | 22 | ☐ |
| 15 | Non-metallic mineral products | ☐ | 23 minus 23, 23.5, 23.6 | ☐ |
| 16 | Concrete, cement, lime, plaster etc. | ☐ | 23.5, 23,6 | ☐ |
| 17 | Basic metals and fabricated metal products | ☐ | 24 less 24.56, 25 less 25.4,33.11 | ☐ |
| 18 | Machinery and equipment | ☐ | 25.4, 28, 30.4, 33.12, 33.2 | ☐ |

| No | Description | Applying for | NACE Code | Number of certifications granted so far |
|---|---|---|---|---|
| 19 | Electrical and optical equipment | ☐ | 26, 27, 33.13-14, 95.1 | ☐ |
| 20 | Shipbuilding | ☐ | 30.1, 33.15 | ☐ |
| 21 | Aerospace | ☐ | 30.3, 33.16 | ☐ |
| 22 | Other transport equipment | ☐ | 29, 30.2, 30.9, 33.17 | ☐ |
| 23 | Manufacturing not elsewhere classified | ☐ | 31, 32, 33.19 | ☐ |
| 24 | Recycling | ☐ | 38.3 | ☐ |
| 25 | Electricity supply | ☐ | 35.1 | ☐ |
| 26 | Gas supply | ☐ | 35.2 | ☐ |
| 27 | Water supply | ☐ | 35.3, 36 | ☐ |
| 28 | Construction | ☐ | 41-43 | ☐ |
| 29 | Wholesale and retail trade; Repair of motor vehicles, motorcycles and personal and household goods | ☐ | 45-47, 95.2 | ☐ |
| 30 | Hotels and restaurants | ☐ | 55,56 | ☐ |
| 31 | Transport, storage and communication | ☐ | 40-53, 61 | ☐ |
| 32 | Financial intermediation; real estate; renting | ☐ | 64-68, 77 | ☐ |
| 33 | Information technology | ☐ | 58.2, 62, 63.1 | ☐ |
| 34 | Engineering services | ☐ | 71,72,74 except 74.3 | ☐ |
| 35 | Other services | ☐ | 69,70,73,74.3, 78, 80, 81, 82 | ☐ |
| 36 | Public administration | ☐ | 84 | ☐ |
| 37 | Education | ☐ | 85 | |
| 38 | Health and social work | ☐ | 75,86-88 | |
| 39 | Other social services | ☐ | 37,38.1,38.2,39,59.1,60,63.9,79,90-94,96 | |

# Appendix C Terms and Conditions Governing the Use of the Accreditation Mark

## C.1 General

C.1.1 The Accreditation Mark provides industry with a clear and public demonstration that those products, processes or services awarded an accredited certificate have been provided by a body accredited by the GAC.

C.1.2 Accredited bodies may use the accreditation symbol on all stationery, documents and/or publicity material which is used within the scope of accreditation and subject to the applicable conditions as specified in Clause 2 of this document or otherwise specified in applicable GAC accreditation criteria.

C.1.3 Accredited certification bodies' clients may also use the accreditation symbol subject to the applicable conditions set out in Clause 2 of this document.

## C.2 Condition of Use of Accreditation Mark

### C.2.1 General

C.2.1.1 The accreditation symbol shall not be used by an accredited body or their client on any stationery, document and/or publicity material unless it relates in whole or in part to the scope of the scheme(s) under which the right to use the symbol was obtained. Where the accreditation symbol only relates in part, the user of the symbol shall clearly identify in the same document the part to which the symbol applies.

C.2.1.2 Neither an accredited body nor its clients have the right to use the accreditation symbol in isolation of the symbol of the accredited body.

C.2.1.3 The accreditation symbol shall not be used in such a way as to suggest that the GAC has certified or approved the activities of the accredited body's client, or in any way suggest or imply that GAC has certified or approved product, process, system, person

or licensee of an accredited certification body, applicant or non-accredited certification body in any misleading.

C.2.1.4 If necessary, GAC will develop other requirements with regard to the use of the Accreditation Mark in consultation with interested parties. Such requirements shall be formally documented.

## C.3 Accredited Bodies

C.3.1 Where an accredited body uses the accreditation symbol on stationery, documents and/or promotional material, it shall include on the same sheet of paper:

(a) its own mark not disproportionately represented with reference to the actual accreditation symbol, and positioned in a manner that ensures the relationship between the accreditation symbol and the mark of the accredited body is obvious;

(b) the URL for the GAC register (www.gcc-accreditation.org) where interested parties might go to verify the validity of the information contained in the document. If the accreditation symbol is used more than once in the same document the phrase need only appear once when the accreditation symbol is first used.

C.3.2 An accredited body shall avoid use of the same mark to indicate different accredited programmes and shall avoid confusion between the meaning of its own marks if there are more than one.

## C.4 Accredited Certification Bodies

C.4.1 There is no need for an accredited certification body's client to use supplementary text in association with the accreditation symbol as stated in Para C.3.1 (b) above.

C.4.2 Where an accredited certification body's client uses the accreditation symbol, the client shall include:

(a) its own name and/or logo;

(b) the mark of the accredited certification body not disproportionately represented with reference to the actual accreditation symbol, and positioned in a manner that ensures the relationship between the accreditation symbol and the mark of the accredited body is obvious.

## C.5 Termination

C.5.1 If accreditation, in respect of all of its accredited activities, is withdrawn from an accredited body it shall immediately cease use and distribution of any certificates, stationery and literature bearing the accreditation symbol.

C.5.2 If accreditation, in respect of some of its accredited activities, is withdrawn from an accredited body the accredited body shall immediately cease the use and distribution of any stationery and literature bearing the accreditation symbol, saving those which relate in whole or in part to activities which remain accredited.

C.5.3 If accreditation is withdrawn, the accredited body shall take all reasonable steps to ensure that its clients understand the consequences of the withdrawal and require their clients to immediately cease use of the accreditation symbol, including any that are affixed to product.