Quality Innovation Performance Certifications Pty Ltd

M01 Quality Manual

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Contents

List of Figures

List of Tables

1. Revision History

Revision	Effective Date	Section	Change Description
1	3/05/2018	All	Initial document release.
2	12/06/2018	Various	Various grammatical changes; Removal of 11.5 Operational Control; and Removal of 14.7.3.3 Guides. Change note M01 12-06-2018.
3	12/06/2018	12.1; 12.2	Updated form reference from F21 to F71.
4	28/08/2018	Various	Refer Change Note Record dated 28 Aug 2018.
5	26/11/2018	All	Change to title from EGM to EM, Insertion of 11.4– Delegation of Authority
6	4/12/2018	All	Major changes to wording to reduce size of Manual.
7	14/01/2019	Annexure 1	Updated organisational chart to reflect correct titles and addition of NDT to SLA
8	7/02/2019	All	References to other documents updated to match current QMS
9	25/03/2019	Front Page	Update to email address.
10	8/05/2019	7 &Annexure 1	Update to Figure 1 – AGPAL Group of Companies Update to Annexure 1 to change Board to Board Chair.
11	21/06/2019	All	Update to all sections to add wording to meet requirements in ISO 17021 Part 1 and ISO 17065.
12	7/08/2019	All	Update for JAS-ANZ Document Review
13	21/08/2019	Annexure 2	As per JAS-ANZ, Names of Impartiality Committee Members added
14	23/08/2019	Annexure 2	Additional details added to define further the members of the impartiality.

2. Purpose

The purpose of this manual is to describe *Quality Innovation Performance Certifications Pty Ltd* (QIP Certifications) framework, objectives, commitment, structure and associated controlled documentation for operating as a Conformity Assessment Body (CAB) in Accordance With (IAW) Section 6-Normative References.

With reference to Section 6-Normative References (Table 2.), this manual is prepared for the purpose of:

- Defining the company's interpretations and demonstrations; and
- Identifying and documenting management control functions.

3. Scope

This manual is applicable to all QIP Certifications staff regardless of geographic location.

4. Workplace Health & Safety

No identified workplace health and safety issues have been identified.

5. Terms and Definitions

AGPAL	Australian General Practice Accreditation Limited
AGPAL Group	Australian General Practice Accreditation Limited Group of Companies
Audit Team (HSQF)	A team of at least two persons appointed to conduct an audit which includes an audit team leader.
ATL	Audit Team Leader
CB	Certification Body
CAB	Conformity Assessment Body
Central Office	The main administrative office of a client with multiple sites, with the right to implement corrective actions at any site and/or outlet. The central office is the central point for the administration of the common policies and procedures relating to its services. For a consortium, the central office is the lead agency from where the affairs of the consortium are managed.
Certification	Process by which a CB, accredited as conforming to the criteria in the relevant scheme or standard, attests in writing that a client conforms to the standards.
Certification Audit	All activities related to the initial certification of a client to determine whether the client meets the requirements of the standards and / or scheme.
Certification Body	A body accredited as conforming to the criteria specified in this scheme which audits and certifies to the standards.
Client	The client as defined in ISO/IEC 17065, and in the context of this scheme, any person or body providing human services that is also required to achieve and maintain third party certification in order to satisfy the requirements of a responsible body.
Close out	Verification by a CB that corrective action has been implemented by a client to address a major nonconformity or nonconformity, and is effective.

Conflicts of Interest	A relationship between the CB, or a person working for the CB (paid or unpaid, staff or contractor), and a client, other organisation or person that threatens the impartiality of the CB. Such relationships apply to past, present or future involvement and include: • Having worked with, or been a consumer of, or consulted to the client in the last two years, or reasonable prospects of such work in the next two years • Any financial interest in the client or relatives or friends with a financial interest in the client • Being in competition with the client • Any other commercial or voluntary arrangement or directorship with the client • Having immediate family members employed by the client, or in any of the above situations • Any personal bias, obligation, loyalty or inclination which would affect decisions in relation to the client.
Conformity	The requirements of a standard, or an element associated with a standard such as a KPI or indicator, are met.
Consent	The voluntary agreement of a person or a person's authorised representative (e.g. a family member, carer, guardian or advocate) empowered to make an informed decision about a proposed action, such as participate in an interview, or review personal records etc.
Consortium	Two or more entities which have entered into a written arrangement for the purposes of jointly delivering human services, and which have appointed a lead member (the lead agency) with authority to act on behalf of all members of the consortium.
Consulting	Participating in designing, implementing or maintaining a client's policies, procedures or practices. Note: identifying opportunities for improvement is not consulting.
Consumer	Primarily, a person who is receiving / has received a service / support from the client being audited in the last 12 months. Consumer may also mean family member/s or an unpaid primary carer or advocate of that person using the service. Also known as "client", "participant", "service user", "person using/accessing services" etc.
CRRS	Complaints Resolution and Referral Service-The independent and impartial service funded by the Australian Government to assist in the resolution of complaints about organisations funded under the Commonwealth Disability Services Act.
CSA	Client Service Agreement
CV	Curriculum Vitae
EM	Executive Manager
Full-time Site	A permanent site controlled by a client that operates full-time – normally five days per week during normal working hours (e.g. 8:30 AM to 4:30 PM, Monday to Friday) or more.
Human Service	A service specifically provided by a client to support a person using any of the services referred to in this scheme.
IAW	In Accordance With

IC	Impartiality Committee
Independent Advocate	An independent person who can support someone. With respect to consumers and the audit process, an independent person who can support a consumer to participate in the audit process. If an advocate is required during an audit process, in this instance the independent advocate shall not be a paid employee or volunteer of the client being audited.
Indicator	A measurable element of practice that may be used to assess whether practice meets a particular standard. Indicators ensure that the expectations for conformity with each standard are clear. Also known as standard indicator, evidence indicator or KPI.
KPI	Key Performance Indicator
Management system	System to establish policy and objectives and to achieve those objectives (can be a combination of systems for different purposes).
Maintenance Audit	A periodic audit to evaluate whether the human service organisation's activities are functioning effectively and continuing to meet the requirements of the standards. Also known as a surveillance audit.
Major Non-Conformity	The requirements of a standard, or an element associated with a standard such as a KPI or indicator, are not met, or the outcome is ineffective. A number of related nonconformities may also constitute a major nonconformity.
MDR	Master Document Register
Non-Conformity	the requirements of a standard, or an element associated with a standard such as a KPI or indicator, are not fully met, or the outcome is only partly effective.
Notifiable Issue	Evidence or allegations of a serious health, safety or abuse risk, harm or risk of harm, financial impropriety and/or professional misconduct. See Sec. 6.3.5-Table 3-Issues that meet the threshold of a Notifiable Issue
OFI	Opportunity for Improvement
Outlet	A physical location from which services are delivered. Private homes are not included as outlets.
Outreach Site	A site set up in the premises of another organisation in the community, or in a private home. An outreach site is not permanently open but may be accessed by the client for a period on a regular basis such as weekly or monthly, or on demand. Outreach sites in private homes may be entered with the consumer's consent.
Outsourcing	Outsourcing can refer to either intercompany or external sub-contracting arrangements
PY	Policies
Part-Time Site	A permanent site that regularly operates on only some days of the working week or for part of normal working hours on some days. (See Full-time Site)
Permanent site	Location (physical or virtual) where the audit client performs work or provides a service on a continuing basis
Person with Disability	Persons with disabilities include those who have long-term physical, mental, intellectual or sensory impairments which in interaction with various barriers may hinder their full and effective participation in society on an equal basis with others.

Private Home	A residence that is owned or leased privately by the consumer or their family. This includes residences that are leased through social housing providers. Private homes are not included in site sampling. A residence that is owned or leased by the client or the responsible body is not considered to be a private home and can be included in site sampling.
QIP	*Quality Innovation Performance Pty Ltd*
QIP Certifications	*Quality Innovation Performance Certifications Pty Ltd*
QM	Quality Manual
QMR	Quality Management Representative
QMS	Quality Management System
Responsible Body	Normally a State / Territory or Commonwealth government department that has regulatory responsibility for the client's service delivery and the standards applicable to the client. The responsible body and standards applicable to a particular scheme are described in subsequent parts. A responsible body may also be a non-government organisation responsible for the standards applicable to the client.
Self-assessment	A critical review, conducted internally, that documents the extent to which the client's policies, procedures and practices ensure that they meet the standards. Self-assessments may be conducted by peer organisations. Also known as internal review or internal audit.
Site	A physical location from which human services are managed. Sites may manage outlets and/or deliver services. 'Sites' includes sites controlled by sub-contractors at which human services are provided. Private homes are not included as sites.
SLA	Service Level Agreement
Standards	The standards and any associated elements such as KPIs or indicators which together comprise the requirements defined by the responsible body for the client to achieve and maintain certification. The responsible body and standards applicable to a particular scheme are described in subsequent parts.
Technical Expert	A person who provides specific knowledge or expertise to an audit team, and is engaged by the CB to participate in the audit or relevant part of the audit.
WI	Work Instructions

Table 1-Terms and Definitions

6. References

6.1. Normative References

Standard	Title
	JAS-ANZ Management System Accreditation Manual
JAS-ANZ	Procedure 03 – Rules of Procedure Governing the Use of the Accreditation Symbol
ISO/IEC 17021-1	Conformity assessment – Requirements for bodies providing audit and certification of management systems – Part 1: Requirements
ISO/IEC TS 17021-3	Conformity assessment – Requirements for bodies providing audit and certification of management systems – Part 3: Competence requirements for auditing and certification of quality management systems
ISO/IEC 17065	Conformity assessment – Requirements for bodies certifying products, processes and services
ISO/IEC 19011:2018	Guidelines for Quality and/or Environmental Management System Auditing
HS Scheme Part 1	Common requirements for bodies certifying Human Services
HS Scheme Part 2	Additional requirements for bodies certifying human services in Queensland
ISO/IEC Guide 23	Methods of indicating conformity with standards for third-party certification systems
IAF MD 1	IAF Mandatory Document for the Certification of Multiple Sites Based on Sampling
IAF MD 2	IAF Mandatory Document for the Transfer of Accredited Certification of Management Systems
IAF MD 3	IAF Mandatory Document for Advanced Surveillance and Recertification Procedures
IAF MD 5	Determination of Audit Time of Quality and Environmental Management Systems
IAF MD 11	IAF Mandatory Document for the Application of ISO/IEC 17021 for Audits of Integrated Management Systems
IAF ML 2	General Principles on the use of the IAF MLA Mark
ISO 9001	Quality management systems – Requirements

Standard	Title
1993	National Disability Service Standards
1992	Disability Discrimination Act (Cwlth)
1986	Disability Services Act (Cwlth)
NDA	National Disability Agreement
	Privacy Act (Cwlth) 1988 as amended 2000
	United Nations Convention on the Rights of People with Disabilities

Table 2-Normative References

6.2. Documents

M01	Quality Manual, Annexure 2 Impartiality Committee
M02	Governance Manual
PY01	Quality Policy
PY02	Confidentiality Policy
PY03	Impartiality Policy
PY04	Workplace Health and Safety Policy
PY05	Privacy Policy
PY08	Risk Policy
PY09	Fit and Proper Person Policy
PY10	Complaints and Appeals Policy
P01	Document Control Procedure
P02	Records Management Procedure
P03	Internal Audit
P04	Corrective Actions and Preventative Actions
P05	Management Review
P06	Auditor Competency and Training
P07	Appeals Management Procedure
P08	Contract Approval and Management Procedure
P09	Audit Planning Procedure
P10	Certification Procedure for Audit Clients
P11	Risk Management Procedure
P12	Fit and Proper Person Procedure
P14	Rules for Logo and Certification Mark
P17	Staff Competency and Training Procedure
P19	Management of Impartiality Procedure

P20	Transfer of Certification
P25	Complaints Management Procedure
P26	Certification Changes Procedure
P27	Evaluation of Audit Clients
F01	Confidentiality and Impartiality Declaration
F10	Contract for Employment
F11	Auditor Relationship Contract
F12	Quotation
F17	Competency Measurement-Auditor
F20	Competency Measurement-Appeals Committee
F46	Competency Measurement-Quality Management Representative
F48	Certificate Template
F49	Risk Register
F50	Supplier Matrix
F51	Supplier Assessment
F69	Client Service Agreement
F73	Competency Measurement-Executive Manager
F75	Competency Measurement-Certification Committee
F76	Competency Measurement-Impartiality Committee
F77	Risk Assessment
F78	Continuous Improvement Register
CV's	Staff and Contractors
Records	Personnel
Minutes	Management Meeting
Website	QIP Certifications

Table 3-Document References

7. Company Overview

QIP Certifications is an independent Certification Body (CB) established to cater to the needs of third-party clients seeking certification services. QIP Certifications forms part of the Australian General Practice Accreditation Limited Group of Companies (AGPAL Group).

The AGPAL Group comprises of the companies listed below and is represented as per Figure 1:

- Australian General Practice Accreditation Limited (AGPAL);
- *Quality Innovation Performance (QIP)*;
- QIP Consulting;
- QIP International;
- QIP Certifications.

Figure 1-AGPAL Group of Companies

AGPAL and QIP are accreditation organisations dedicated to supporting health and community services to manage risk and quality.

7.1. Quality Management System Scope

This Quality Manual (QM) describes the Quality Management System (QMS) adopted by QIP Certifications to carryout audit and certification activities listed within Section 7.2 Scope of Services.

7.2. Scope of Services

QIP Certifications provides certification services throughout Australia including:

- ISO 9001:2015 Quality management systems–Requirements;
- Human Services Quality Framework Scheme. (HSQF).

8. Control and Distribution

8.1. Structure of the Quality Manual

The QM is supported by a documented QMS covering Policies, Procedures, Work Instructions (WI), Forms, Guides and Frameworks. A Master Document Register (MDR) contains all documents under QIP Certifications control.

This manual may be issued in hard copy or electronic media (read only) and is accessible both to staff and clients.

Changes made in this manual are put into effect through P01 Document Control procedure and must be approved by the Executive Manager (EM).

8.2. Responsibility

8.2.1. Quality Management Representative

The Quality Assurance Officer is the Quality Management Representative (QMR) having accountability and authority for ensuring the establishment, implementation and maintenance of the QMS, identifying the occurrence of departures from the QMS and initiation of actions to prevent or minimise such departures. This responsibility also includes reporting to the EM on the performance of the QMS including any need for improvement and the promotion of an awareness of client requirements.

The QMR shall oversee the management of all registers for audit programming, auditor competencies, certification registers and other registers as directed by the Executive Manager.

The QMR in times of absence shall be that of the EM (or another qualified member as delegated by the EM). Before acceptance, the nominated QMR must understand and accept the responsibilities and requirements of the role, to which, a record will be included in his/her personnel file. The delegation will be communicated to all staff.

The QMR is responsible for:

- QM maintenance and control;
- Maintaining an MDR;
- Issuing "Uncontrolled" copies to the accreditation body, prospective clients and others upon the request of the EM or other concerned employees;
- Completing the Revision History detailing amendments made.

8.2.2. Executive Manager

The EM responsibilities include:

- Overall approval of the QM.
- Overall responsibility of the QMS
- Reporting on the performance of the management system to the Board Chair.

8.3. Distribution

The QM is made available to the various business departments on a “uncontrolled" basis. The QMR maintains the distribution list of the QM.

"Uncontrolled" hard copies of the QM are watermarked “Uncontrolled Copy” on all pages and given a sequential copy number for maintenance purpose.

9. Principles

9.1. General

The overall aim of certification is to instil confidence to all parties that a management system or service fulfils specified requirements. The value of certification is the degree of public confidence and trust that is established by an impartial and competent assessment by a third-party. If an explanation is sought to support the consistent application of any referenced standards or scheme such explanations will only be valid if approved and published by the relevant ISO or JAS-ANZ technical Committee.

Potential customers and stakeholders that have an interest in certification include, but are not limited to;

- Clients of the certification bodies;
- Customers of the organisations whose management systems are certified;
- Governmental authorities;
- Non-governmental organisations;
- Consumers and other members of the public.

Principles followed for inspiring confidence are Impartiality, Competence, Responsibility, Openness, Confidentiality, Responsiveness to Complaints and Risk Based Approach.

9.2. Impartiality

QIP Certifications is impartial, and also should be perceived to be impartial as a CB, to deliver certification that provides confidence to its clients.

To obtain and maintain confidence, QIP Certifications decisions are based on objective evidence of conformity (or non-conformity) obtained, and are not influenced by other interests or by other parties.

QIP Certifications activities are not marketed or offered as linked with the activities of an organisation that provides consultancy. QIP Certifications, does not state or imply that certification would be easier, simpler or faster by promoting any specified consultancy organisation.

QIP Certifications ensures that activities of any separate legal entities with which QIP Certifications has had relationships with, will not compromise our impartiality of our certification activities. Should this separate legal entity offers or produce the certified product or provide consultancy, QIP Certifications will not involve itself in the separate legal entities' activities. Further, the separate legal entity shall not involve itself with QIP Certifications management or certification activities.
QIP Certifications, its Board Chair, EM and staff are fully committed to ensuring that all management system certification activities are impartial. Any relationships between individuals employed by or contracted to QIP Certifications with other organisations or individuals will be declared, reviewed, documented and risk assessed. All activities are taken impartially and its auditors are not involved in commercial, financial and other pressure to compromise quality.

9.3. Competence

All personnel of QIP Certifications are competent at all functions of the certification process. Competence is supported by the QMS.

QIP Certifications has identified, documented and implemented a procedure for the establishment of competence criteria for personnel involved in an audit or other certification activities to perform an evaluation of documented criteria.

9.4. Responsibility

The client organisation, not QIP Certifications, has the responsibility for conformity with the requirements for certification.

QIP Certifications has the responsibility to assess sufficient objective evidence upon which to base a certification decision.

9.5. Openness

QIP Certifications needs to provide public access to, or disclosure of, appropriate and timely information about its audit and certification process, and about the certification status (i.e. the granting, extending, maintaining, renewing, suspending, reducing the scope of, or withdrawing or refusing of certification) of any organisation, in order to gain confidence in the integrity and credibility of certification. Openness is a principle of access to, or disclosure of, appropriate information.

To gain or maintain confidence in certification, QIP Certifications provides appropriate access to, or disclosure of, non–confidential information about the conclusions of specific audits (e.g. audits in response to complaints) to specific interested parties.
QIP Certifications shall make publicly available upon request through electronic media or other means requests regarding the validity of a given certificate.

9.6. Confidentiality

QIP Certifications is responsible, through legally enforceable commitments, for the management of all information obtained or created during the performance of certification activities. Except for information that the client makes publicly available, or when agreed between QIP Certifications and the client (e.g. for the purpose of responding to complaints); all other information, including information obtained from sources other than the client, is considered proprietary information and shall be regarded as confidential. QIP Certifications informs the client, in advance, of the information it intends to place in the public domain.
When QIP Certifications is required by law or authorised by contractual arrangements to release confidential information, the client or person concerned shall, unless prohibited by law, be notified of the information provided.
All staff including contractors employed by QIP Certifications is bound by confidentiality clauses as per their employment contracts. The Client Service Agreement (CSA) clearly outlines the responsibilities by QIP Certifications throughout the certification activity including the exchange of information during the process.

9.7. Responsiveness to Requests for Information

QIP Certifications will reply upon request to information requested about:

- Geographical areas in which we operate;
- The status of an audit clients given certification;
- The name of the specific certified clients and any relative normative documents, the scope their geographical location (City and Country only).

All information provided by QIP Certifications to any client or the marketplace will be accurate and not mis-leading at the time of printing. All information provided by QIP Certifications to any client or the marketplace shall be reviewed as per the internal audit schedule.

9.8. Responsiveness to Complaints and Appeals

Parties that rely on certification expect to have complaints investigated and, if these are found to be valid, should have confidence that the complaints will be appropriately addressed and that a reasonable effort is made to resolve the complaints. Effective responsiveness to complaints is an important means of protection for QIP Certifications, its clients and other users of certification against errors, omissions or

unreasonable behaviour. Confidence in certification activities is safeguarded when complaints are processed appropriately.

9.9. Risk-Based Approach

QIP Certifications has identified the risks associated with providing competent, consistent and impartial certification.

Risks include the following but not limited to, those associated with:

- The objectives of the audit;
- The sampling used in the audit process;
- Real and perceived impartiality;
- Legal, regulatory and liability issues;
- The client organisation being audited and its operating environment;
- Impact of the audit on the client and its activities;
- Health and safety of the audit teams;
- Perception of interested parties;
- Misleading statements by the certified clients;
- Outsourcing of services;
- Use of certification marks.

The above risks are identified and mitigation against each risk is prepared and implemented on a day-to-day basis.

10. Legal and Contractual

10.1. Legal Responsibility

QIP Certifications is the legal entity responsible for all its certification activities. The relationship between QIP Certifications and its principal, the AGPAL Group is detailed within Section 7-Company Overview.

10.2. Certification Agreement

QIP Certifications has established a legally enforceable CSA for the provision of certification activities to its clients and all the sites covered by the scope of certification (all agencies and offices reporting to QIP Certifications included). Where there are multiple client sites, the agreement covers all the locations covered by the scope of the certification.

QIP Certifications ensures that the CSA contains all the required information to which the client must comply. Verification for the requirements found in the CSA may be performed by QIP Certifications.

10.3. Use of License, Certificates and Marks of Conformity

QIP Certifications exercises control as specified by the certification scheme over ownership, use and display of licenses, certificates, marks of conformity, and any other mechanisms for indicating a product is certified for the identified scheme. Guidance on the use of certificates and marks permitted are issued to the certified client.

Incorrect references to the certification scheme, or misleading use of licenses, certificates, marks, or any other mechanism for indicating a product is certified, found in documentation or other publicity, is dealt with by suitable action. Such actions are addressed and can include corrective actions, withdrawal of certificate, publication of the transgression and, if necessary, legal action.

10.4. Responsibility for Certification Decisions

QIP Certifications retains both responsibility and authority for its decisions relating to the granting, maintaining, renewing, extending, reducing, suspending, refusing, restoring and withdrawing of certification decisions initially and following suspension or withdrawing of certification.

Decisions for any individual clients are made under the authority of the EM or through individual employees of QIP Certifications, including outsourcing under our company Service Level Agreement, who are assessed competent and appointed by the EM, (where necessary in consultation with other 'experts' whose technical expertise is required to make a judgement and those individuals possess the necessary competence).

No certificate will be issued, refused (deferrals), amended, suspended or withdrawn without the authority and approval of the EM.

All certification decision and certificate distribution shall be recorded in the certification decision record.

10.5. Liability and Finances

QIP Certifications ensures that it has taken adequate steps to ensure that potential liabilities/risks arising from its certification operations are covered and the amount of cover reflects the risks. Levels and types of cover are set and agreed following a full disclosure of all information to the Insurance Broker. It will cover all geographic locations and hence all activities of QIP Certifications operations are covered.

Regular financial review meetings are held between the EM and the AGPAL Group financial team to ensure that the finances of the company are such that adequate resources are always available to meet any liabilities; refer Insurance policies.
QIP Certifications produces independently audited accounts which together with the accountant's report are examined in detail by the EM to ensure that the finances of the company are on a sound basis and to

establish as far as possible that commercial, financial or other pressures do not compromise the company's impartiality.

Financial activities are contractually outsourced to the AGPAL Group and monitored by the EM.

10.6. Non-discriminatory Conditions

The policies and procedures for the operation of various activities, and the administration of them, are non–discriminatory. Procedures are not used to impede or inhibit access by applicants, other than as provided for IAW Section 6-Normative References.

QIP Certifications make its services accessible to all applicants whose activities fall within the scope of its operations. Access to the certification process is not conditional upon the size of the client or membership of any association or group, nor the certification is conditional upon the number of certifications already issued. There are no undue financial or other conditions. However, QIP Certifications can decline to accept an application or maintain a contract for certification from a client, when fundamental or demonstrated reasons exist, such as the client participating in illegal activities, having a history of repeated non–compliances with certification/product requirements, or similar client–related issues.

QIP Certifications confines its requirements, evaluation, review, decision and surveillance (if any) to those matters specifically related to the scope of certification.

11. Company Overview

11.1. Company Details

Company name	*Quality Innovation Performance Certifications Pty Ltd*
Street address	20 Railway Terrace, Milton BC, QLD, 4064
Postal address	PO Box 2058, Milton, QLD, 4064
Phone number	1300 089 981
Fax number	07 3876 6373
Business hours contact	1. EM; 2. QAO.
After hours contact	1. EM-Mobile: 0418 863 818; 2. QAO–Mobile: 0428 952 554.

Website	www.qipcertifications.com.au
Social networking	TBA
Australian Business Number	61 613 590 499

11.2. Facilities

A safe working environment has been provided for employees. Factors such as lighting, temperature and noise have been minimised to ensure quality outputs.

11.3. Infrastructure

AGPAL Group of Companies, through a contractual agreement, provides QIP Certifications the infrastructure required to undertake certification activities including:

- Buildings;
- Workspace;
- Equipment;
- Support services.

Staff will be provided with the correct tools (including hardware and software) to perform duties as per their position description. Equipment will be maintained and regularly checked to ensure the well-being and safe operation.

11.4. Organisational Structure and Top Management

The responsibilities, authorities, duties and interrelationships of all personnel involved in management, performance and certification of work are defined in position descriptions and the organisational structure. The organisational structure is depicted in Annexure 1–Organisation Chart.
Management are committed to ensuring that the planning, implementation, monitoring and continued development of the QMS is carried out to meet the quality objectives, certification, client satisfaction, statutory and regulatory requirements.

11.5. Board

The QIP Certifications Board of Directors roles and responsibilities are governed by:

- The Constitution of Quality Innovation Performance Certifications Pty Ltd;
- M02 Governance Manual.

The Board provides governance responsibilities and attributes to the overall success including:

- Financial operations and solvency;
- All matters as prescribed by law;

- The organisation's strategic direction.

Note: The EM provides the bridge between management and the Board and as such, the EM has the day-to-day responsibility for the management of the operations of the company-implementing strategies and policies approved by the Board.

11.6. Areas of Responsibility

The responsibilities, authorities, delegations and interrelationships of all personnel involved in management, performance and verification of work performed as a CAB incorporating the QMS are defined in position descriptions.
In addition, management are responsible for:

- Monitoring the quality objectives and their team's performance in meeting these objectives;
- When changes are planned and implemented that the QMS and operational integrity are maintained.

Table 3 listed below outlines responsibilities, authorities and delegations:

Area of Responsibility	Responsibility	Overall Authority	Delegation (Succession Planning)
Development and control of policies relating to the operation of QIP Certifications	EM	Board Chair	EM
Development and control of Procedures relating to the QMS and Operations of QIP Certifications	EM and QMR	EM	QMR
Supervision on implementation and review of the policies and procedures	QMR	EM	QMR
Ensuring that the Quality Policy is communicated, understood and applied within QIP Certifications	EM	EM	QMR
Reporting to the board on the performance of the management system and	EM	EM	QMR

Area of Responsibility	Responsibility	Overall Authority	Delegation (Succession Planning)
Ensuring impartiality	All staff	EM	QMR
Supervision of the finances	EM	EM	QMR
Development of management system certification services and schemes	EM	EM	QMR
Performance of audits and certification, and responsiveness to complaints	QMR	EM	QMR
Decisions on certification	QMR	EM	QMR
Delegation of authority to committees or individuals, as required, to undertake defined activities	EM	EM	QMR
Evaluation of certification scheme, process, reports (including certification audit report) etc.	EM	EM	QMR
Review of certification scheme, process, reports (including certification audit report) etc.	QMR	EM	QMR
Personnel competence requirements	QMR	EM	QMR
Management system of the certification body	QMR	EM	QMR
Contractual arrangements	QMR	EM	QMR
Provision of adequate resources for certification activities	EM	EM	QMR

Area of Responsibility	Responsibility	Overall Authority	Delegation (Succession Planning)
Continual Improvement	All staff	EM	QMR
Management of Complaints	QMR	EM	QMR
Strategy	EM	Board	EM
Education and Training	QMR	EM	QMR
Business Development	All staff	EM	QMR
Information Technology	QMR	EM	QMR
Facilities	QMR	EM	QMR
Human Resources	QMR	EM	QMR
Marketing and Communications	QMR	EM	QMR
Governance	Board	Board Chair	EM

Table 3-Responsibilities, Authority and Delegation

11.7. Delegation of Authority

As per the table above, delegation of authority may be exercised:

- To ensure effectiveness and efficiency of QIP Certifications administrative process;
- To ensure that the appropriate officers and / or staff have been provided with the level of authority necessary to discharge their responsibilities;
- To ensure delegated authority is exercised by the most appropriate and best-informed individuals within QIP Certifications;
- To ensure internal controls are effective.

Delegations are a key element in effective governance and management of QIP Certifications and provide formal authority to particular staff to commit QIP Certifications and/or incur liabilities for QIP Certifications.

11.8. Committees

QIP Certifications has formal rules for the appointment, terms of reference and operation of any committees that are involved in the certification process.

The EM may form committees as required to undertake defined activities. Any formation of a committee shall be communicated to the organisation. Such committees are free from any commercial, financial and other pressures that might influence decisions. QIP Certifications retains authority to appoint and withdraw members of such committees.
Committee meetings shall be determined by the committee and carried out ad hoc when necessary. An output of all committee meetings shall be recorded in the minutes.
Some examples of committees may include:

- Impartiality Committee;
- Certifications Decisions Committee;
- Appeals Committee.

12. Competence of Personnel

QIP Certifications has:

- A sufficient number of personnel employed to cover its operations related to Section 7.2. Scope of Services;
- Personnel with appropriate knowledge and skills relevant to the Scope of Services (refer Section 7.2.) and geographic areas in which the certification processes are carried out.

Personnel include employees as well as contractors working under an individual contract or a formal agreement that places them within the management control system of QIP Certifications.

Resourcing requirements have been established to maintain client and regulatory standards for operation as a CAB. QIP Certifications therefore employs personnel based on their competence and skill level to fulfil the strategic and overall Group plan.
The competence requirements of all managers and staff who undertake management or administrative functions are established.
Management will ensure that QIP Certifications is represented at all meetings coordinated by relevant responsible bodies to maintain competency currency and improve consistency of audit outcomes through information and knowledge sharing.

12.1. Determination of Competence Criteria

QIP Certifications has documented processes for determining the competence criteria for all personnel involved in the audit and certification process which include all key personnel.

Criteria are determined with regard to the requirements of the Scope of Services listed within Section 7.2 and includes required knowledge (product, process and applicable statutory and regulatory requirements) and skill for the job assigned. Where additional specific competence criteria have been established for a specific standard or certification scheme (e.g. ISO/IEC TS 17021–2, ISO/IEC TS 17021–3, ISO 19011:2018 or ISO/TS 22003), these also will be identified and required competence and skill level will be proved.

12.2. Evaluation Process

QIP Certifications has documented processes for initial competence evaluation and on–going annual competence measurement for all its personnel, applying the determined competence criteria.
The procedure covers:

- Determining the criteria for the competence of personnel for each function in the certification process, considering the requirements of the schemes;
- Identifying training needs and provide, as necessary, training program on certification processes, requirements, methodologies, activities and other relevant certification scheme requirements;
- Demonstrating that the personnel have the required competencies for the duties and responsibilities they undertake;
- Formally authorise personnel for functions in the certification process;
- To monitor the performance of the personnel.

QIP Certifications shall meet the applicable requirements of ISO/IEC 17065:2012, ISO/IEC 17021 parts 1 & 2 and Human Services Scheme Part 2 in its evaluation activities, either with its internal resources or other resources under its direct control.

12.3. Other Considerations

QIP Certifications has access to technical expertise (either from within the company or from an external source) to advise on matters relating to certification for the Scope of Services listed within Section 7.2. The competence of individuals or companies have been assessed and recorded.

Where a need for technical expertise is identified and QIP Certifications do not have access to that expertise (no previous experience of that individual), QIP Certifications will source an individual and ensure their competence and independence prior to being asked/contracted to provide technical expertise or advice. The level and type of technical expertise will be determined at Application Review Stage and therefore the appropriate competence requirements for the technical expert determined.

QIP Certifications will ensure that the technical expert has the appropriate expertise to undertake the role of technical expert at the audit through qualifications, experience, interview etc. In cases where the technical expert is not an auditor he/she will not be allowed to work unsupervised or to raise any non-conformances.

12.4. Personnel Involved in Certification Activities

QIP Certifications has sufficient:

- Employees with appropriate competence to manage the type and range of audit programs and other certification work performed;
- Auditors, team leaders or contractors to cover all its activities, the volume of audit work it has and the volume and type of audit work it anticipates. Staffing levels are kept under constant review and are reviewed during management meetings.

External Auditors and Technical Experts (referred to as contractors) have a written signed agreement with QIP Certifications that commits them to comply with applicable policies and procedures.

All personnel involved in the certification process have signed a contract to commit themselves to the following requirements to maintain impartiality and competence level:

- To comply with the rules defined by QIP Certifications, relating to confidentiality and independence from commercial and other interests;
- To declare any prior and/or present association on their own part, or on the part of their employer, with:
    - A supplier or designer of products;
    - A provider or developer of services;
    - An operator or developer of processes to the evaluation or certification of which they are to be assigned;
    - To reveal any situation known to them that may present them or QIP Certifications with a conflict of interest.

This information is used as input into identifying risks to impartiality raised by the activities of such personnel, or by the organisations that employ them as a certification body.

Conflicts of interest could refer to past, present or future involvement and/ or relationships and include:

- Having worked with, or been a consumer of, or consulted to the client in the last two years, or reasonable prospects of such work in the next two years;
- Any financial interest in the client or relatives or friends with a financial interest in the client
- Being in competition with the client
- Any other commercial or voluntary arrangement or directorship with the client
- Having immediate family members employed by the client, or in any of the above situations

Any personal bias, obligation, loyalty or inclination which would affect decisions in relation to the client.

If information is provided that establishes any management or other system consultancy towards an audit client, that personal will not be contracted for that client for a minimum of two years from the end date of that consultancy.

12.5. Personnel Records

QIP Certifications maintains up-to-date personnel records both in hardcopy and softcopy format (as appropriate) for all staff and contractors that comply with regulations concerning retention of records and includes amongst other items, relevant qualifications, training, experience, affiliations, professional status and relevant consultancy services that may have been provided.
These files must contain at a minimum:

- Name and address;
- Who employs them and their position held;
- Educational qualification and professional status;
- Experience and training;
- Competency assessments;
- Monitoring of performance;
- Authorisations (if any) held with QIP Certifications;
- Date the file was updated.

12.6. Outsourcing

Any process performed by a third party is considered an “outsourced process” and must be controlled.

Third party outsourcing of services is the responsibility of the QMR including that of the process, and the control methods implemented.

QIP Certifications:

- Takes responsibility for all the activities we outsource or sub-contract;
- Will ensure that AGPAL and our contracted auditors are not involved, either directly or through any other employer, in such a way that the credibility of the results could be compromised;
- Has documented policies, procedures and records for the qualification, assessing and monitoring of all the Contracted auditors and AGPAL Decisions Team and any other service used for certification activities;
- Will maintain a list of approved providers of outsourced or subcontracted services;
- Will implement corrective actions for any breaches of the contract requirements, either for Contracted auditors or AGPAL that we become aware of;
- Will notify the client of any auditors we intend to use, in order to provide the client with a chance to object.

QIP Certifications outsources the following services to the AGPAL Group of Companies:

- Finance;
- Information Systems;
- Administrative Services;
- Facilities Management;
- Management and project support;
- Corporate Services;
- Marketing and Communications;
- Education and Training;
- Human Resources;
- National Development Team;
- Certification Decisions Support.

QIP Certifications outsources its evaluation activities to Contracted Auditors that have been assessed as competent. The certification decisions which are outsourced to the AGPAL Group under our Intercompany Service Agreement, are performed by decision makers assessed as competent by QIP Certifications. Only decision makers assessed as competent by QIP Certifications are used by the AGPAL Group national decisions team.

12.7. Supplier Audits

Where QIP Certifications outsources services, an SLA shall be put in place. The SLA shall define the schedule of service(s) provided by the supplier with the acceptance that QIP Certifications (with prior advanced notice) will perform a supplier audit at least annually. The audit will be used as a measurement tool to ensure fulfilment of the agreed upon services.

13. Public Information

QIP Certifications makes public (principally through the QIP Certifications website, however, this may involve publications, electronic media or other means) information regarding the:

- Audit processes;
- Processes for granting, refusing, maintaining, renewing, suspending, restoring or withdrawing certification or expanding or reducing the scope of certification;
- Types of management systems and certification schemes;
- The rights and duties of applicants and clients including the use of the QIP Certifications name and certification mark or logo;
- Processes for handling requests for information, complaints and appeals; and
- Policy on impartiality;
- A description of the means by which QIP Certifications obtains financial support and general information on the fees charged to applicants and to clients;
- Privacy Policy;

- Complaints Management;
- Appeals Management.

Information in hardcopy format is also supplied on request. Periodically the information made available to the public and clients (website, brochures, advertising etc.) is checked to ensure that it is current, correct and not misleading.

Upon request the following information is provided to clients, staff, contractors and stakeholders:

- Geographical areas of operation of QIP Certifications**;**
- The status of a given certification;
- The name, related normative document, scope and geographical location (city and country) for a specific certified client.

QIP Certifications ensures that all information (including advertising) provided to the public is up-to-date and accurate all the times and that it is not misleading to its customers or public.

13.1. Certification Documents

Certification documents are normally sent to the certified client in paper format through the postal system, however, provision exists for the certificate to be sent electronically in a format that prevents alteration;

The effective date on a certificate will in all cases be the date at which the certificate was approved (by the EM) to be issued. All corrective action must be closed–out prior to a certification decision being made. QIP Certifications maintains a directory of valid certificates (available on request).

The use and display of licenses, certificates, marks of conformity, and any other mechanisms for indicating a product is certified for the identified scheme are covered in section 10.3 of this document.

13.2. Confidentiality

QIP Certifications through legally enforceable agreements have a policy and arrangements to safeguard the confidentiality of the information obtained or created during the performance of certification activities (at all levels of its structure, including committees and external bodies or individuals acting on its behalf).

QIP Certifications informs the client, in advance, of the information it intends to place in the public domain. All other information, except for information that is made publicly accessible by the client, is considered as confidential and not shared.

13.3. Information Exchange between QIP Certifications and Clients

13.3.1. Information on the Certification Activity and Requirements

QIP Certifications will update clients on the following:

- A detailed description of the initial and continuing certification activity, including the application, initial audits, and the process for granting, maintaining, reducing, extending, suspending, withdrawing certification and recertification;
- The normative reference for certification;
- Information about the fees for application, initial certification and continuing certification;
- Documents describing the rights and duties of certified clients, including requirements, when referring to its certification in communication of any kind in line with the requirements in for the use of certification marks; and
- Information on procedures for handling complaints and appeals.

13.3.2. Notice of Changes by a Certified Client

QIP Certifications has established legally enforceable arrangements to ensure that the certified client informs the certification body, without delay, of matters that may affect the capability of the management system to continue to fulfil the requirements of the standard used for certification. These include (but are not limited to), changes relating to:

- The legal, commercial, organisational status or ownership;
- Organisation and management (e.g. key managerial, decision–making or technical staff);
- Contact address and sites;
- Scope of operations under the certified management system;
- Major changes to the management system and processes;
- Breaches of legal obligations.

14. Pre-certification Activities

14.1. Application

QIP Certifications identifies the authorised representative of the applicant organisation to provide the necessary information to enable to establish the following:

- The desired scope of the certification;
- Relevant details of the applicant organisation as required by the specific certification scheme, including its name and the address(es) of its site(s), its processes and operations, human and technical resources, functions, relationships and any relevant legal obligations;
- Identification of outsourced processes used by the organisation that will affect conformity to requirements;
- The standards or other requirements for which the applicant organisation is seeking certification;

- Whether consultancy relating to the management system to be certified has been provided and, if so, by whom.

14.2. Application Review

After review of the application, QIP Certifications either accept or decline an application for certification. When QIP Certifications declines an application for certification as a result of the review, the reasons for declining an application is documented and made clear to the client.
Based on this review, QIP Certifications shall determine the competencies required for the audit team and the certification decision maker(s) for the clients' audit.

14.3. Transfer of Certification

QIP Certifications is able to transfer certification from another Certification Body as per *P20 – Transfer of Certification Procedure.*

14.4. Audit Program

An audit program for the full certification cycle is developed to clearly identify the audit activity required to demonstrate that the client's management system fulfils the requirements for certification to the selected standard(s) or other normative documents. The determination of the audit program and any adjustments shall consider the size and nature and scope and complexity of the client.
Initial certification shall be conducted in two stages, with the first three-year cycle beginning with the certification decision and subsequent cycles with the recertification decision.
Surveillance audits are conducted at least once a calendar year for ISO 9001:2015 and at 18 Months for HSQF certification, except in recertification years. Care is taken and ensures that the date of the first surveillance audit following initial certification should not be more than 12 months from the certification decision date.

14.5. Determining Audit Time

QIP Certifications has a documented procedure for determining audit time. For each client, QIP Certifications determines the time needed to plan and accomplish a complete and effective audit of the client's management system.

14.6. Multi-Site Sampling

Where multi-site sampling is used for the audit of a client's management system covering the same activity in various geographical locations, QIP Certifications develops a sampling program to ensure proper audit of the management system. The rationale for the sampling plan is documented for each client. Sampling is not performed for some specific certification schemes, and where specific criteria have been established for a specific certification scheme.

14.7. Multi-Management System Standard

When certification to multiple management system standards (e.g. Integrated Management System for ISO 19011, ISO 9001, ISO 14001, ISO 45001 etc.) is being provided, the planning for the audit ensures adequate on-site auditing to provide confidence in the certification.
QIP Certifications has documented procedures for determining audit time. For each client, QIP Certifications determines the time needed to plan and accomplish and complete an effective audit of the client's management system.

14.8. Planning Audits

QIP Certifications determines the audit objectives and after consultation with the client, the scope and criteria including any changes are established for the audit.
QIP Certifications ensures that an audit plan is established for each audit identified in the audit program to provide the basis for agreement regarding the conduct and scheduling of audit activities. The audit plan is based on documented requirements for QIP Certifications.
The audit plan is communicated and the date of the audit is agreed upon, in advance, with the client organisation.

QIP Certifications provides the name of and, when requested, makes available background information on each member of the audit team. Sufficient time for the client organisation shall be given to object to the appointment of any particular auditor or technical expert and for QIP Certifications to reconstitute the team in response to any valid objection.

The initial certification audit of a management system will normally (refer to the requirements of individual standards) be conducted in two stages i.e. Stage 1 and Stage 2.
Planning shall ensure that the objectives of Stage 1 can be met and the client shall be informed of any "onsite" activities during Stage 1.
The objectives of Stage 1 are to:

- Review the client's management system documented information;
- Evaluate the client's site-specific conditions and to undertake discussions with the client's personnel to determine the preparedness for stage 2;
- Review the client's status and understanding regarding requirements of the standard, in particular with respect to the identification of key performance or significant aspects, processes, objectives and operation of the management system;
- Obtain necessary information regarding the scope of the management system, including:
  - The client's site(s);
  - Processes and equipment used;
  - Levels of controls established (especially for multi-site clients);
  - Applicable statutory and regulatory requirements;
- Review the allocation of resources for stage 2 and agree the details of stage 2 with the client;

- Provide a focus for planning stage 2 by gaining a sufficient understanding of the client's management system and site operations in the context of the management system standard or other normative document;
- Evaluate if the internal audits and management reviews are being planned and performed, and that the level of implementation of the management system substantiates that the client is ready for stage 2.

14.8.1. Audit Team Selection and Assignments

QIP Certifications has a process for selecting and appointing the audit team, including the ATL, considering the competence needed to achieve the objectives of the audit. If there is only one auditor, the auditor must have the competence to perform the duties of an ATL applicable to that audit.
The knowledge and skills of the ATL and audit team may be supplemented by technical experts, translators and interpreters who shall operate under the direction of an auditor. Translators and interpreters are selected so they do not unduly influence he audit.

14.9. Conducting Audits

QIP Certifications has a process for conducting onsite audits. This process includes an opening meeting at the start of the audit and a closing meeting at the conclusion of the audit.

Where any part of the audit is made by electronic means or where the site to be audited is virtual, QIP Certifications ensures that such activities are conducted by personnel with appropriate competence. The evidence obtained during such an audit is sufficient to enable the auditor to make an informed decision on the conformity of the requirement in question.

14.9.1. Conducting the Opening Meeting

A formal opening meeting, where attendance is recorded, held with the client's management and, where appropriate, those responsible for the functions or processes to be audited. The purpose of the opening meeting, which is usually conducted by the ATL, is to provide a short explanation of how the audit activities will be undertaken and must include the following elements. The degree of detail of opening meetings shall be consistent with the familiarity of the client with the audit process and shall consider the following:

- Introduction of the participants, including an outline of their roles;
- Confirmation of the scope of certification;
- Confirmation of the audit plan (including type and scope of audit, objectives and criteria), any changes, and other relevant arrangements with the client, such as the date and time for the closing meeting, interim meetings between the audit team and the client's management;
- Confirmation of formal communication channels between the audit team and the client;
- Confirmation that the resources and facilities needed by the audit team are available;
- Confirmation of matters relating to confidentiality;
- Confirmation of relevant work safety, emergency and security procedures for the audit team;

- Confirmation of the availability, roles and identities of any guides and observers;
- The method of reporting, including any grading of audit findings;
- Information about the conditions under which the audit may be prematurely terminated;
- Confirmation that the audit team leader and audit team representing the CAB is responsible for the audit and shall be in control of executing the audit plan including audit activities and audit trails;
- Confirmation of the status of findings of the previous review or audit, if applicable;
- Methods and procedures to be used to conduct the audit based on sampling;
- Confirmation of the language to be used during the audit;
- Confirmation that, during the audit, the client will be kept informed of audit progress and any concerns;
- Opportunity for the client to ask questions.

14.9.2. Communication During the Audit

During the audit, the audit team will periodically assess the audit progress and exchange information. The ATL reassigns work as needed between the audit team members and periodically communicates the progress of the audit and any concerns to the client.

Where the available audit evidence indicates that the audit objectives are unattainable or that the audit identifies the presence of an immediate and significant risk (e.g. safety), the ATL will report this to the client and, if possible, to QIP Certifications to determine appropriate action. Such action may include reconfirmation or modification of the audit plan, changes to the audit objectives or audit scope, or termination of the audit. The ATL reports the outcome of the action taken to QIP Certifications.

The ATL reviews with the client for any need for changes to the audit scope which becomes apparent as on-site auditing activities progress and report this to QIP Certifications.

14.9.3. Obtaining and Verifying Information

During the audit, information relevant to the audit objectives, scope and criteria (including information relating to interfaces between functions, activities and processes) are obtained by appropriate sampling and verified to become audit evidence.

14.9.4. Identifying and Recording Audit Findings

Audit findings summarising conformity and detailing non-conformity identified, classified, and recorded to enable an informed certification decision to be made or the certification to be maintained.

The following are the ratings which will be used for all audit findings:

- Major Non-Conformity (MNC)
- Non-Conformity (NC)
- Conformity (C)
- Observation (O)

The findings are recorded against a specific requirement of the audit criteria, and will contain a clear statement and identify in detail the objective evidence on which the ratings are based. All MNC's and NC's are discussed with the client to ensure that the evidence is accurate and that the MNC's and NC's are understood. The auditor, however, refrains from suggesting the cause of the non-conformities or their solutions.
The ATL attempts to resolve any diverging opinions between the audit team and the client concerning audit evidence or findings, and unresolved points are recorded.
If QIP Certification is unable to verify the implementation of corrections and corrective actions of any major nonconformity within 6 months after the last day of stage 2, QIP Certifications shall conduct another stage 2 prior to recommending certification

14.9.5. Preparing Audit Conclusion

Under the responsibility of the ATL and prior to the closing meeting, the audit team:

- Review the audit findings, and any other appropriate information obtained during the audit, against the audit objectives and audit criteria and classify the non-conformities;
- Agrees with the audit conclusions, considering the uncertainty inherent in the audit process;
- Identifies any necessary follow–up actions;
- Confirm the appropriateness of the audit program or identify any modification required for future audits (e.g. scope of certification, audit time or dates, surveillance frequency, audit team competence).

14.9.6. Conducting the Closing Meeting

A formal closing meeting, where the attendance of all participants is recorded, held with the client's management and, where appropriate, those responsible for the functions or processes audited.

The purpose of the closing meeting, which is normally conducted by the ATL, is to present the audit conclusions, including the recommendation regarding certification. If applicable, non-conformities are presented in such a manner that they are understood, and the timeframe for responding is agreed between QIP Certifications and the client.

The client is provided with an opportunity for questions. Any diverging opinions regarding the audit findings or conclusions between the audit team and the client are discussed and resolved where possible. Any diverging opinions that are not resolved are recorded and referred to QIP Certifications.

14.10.Audit Report

QIP Certifications provides a written report for each audit. The audit team may identify a non-conformity or observation but shall not recommend specific solutions. Ownership of the audit report is maintained by QIP Certifications.

The evidence obtained to support the resolution of non-conformities is recorded. The client is informed of the result of the review and verification. The client is informed if an additional full audit, an additional limited audit, or documented evidence (to be confirmed during future audits) is needed to verify effective correction and corrective actions.

14.11. Maintaining Certification

QIP Certifications will maintain certification based on a demonstration that the client continues to satisfy the requirements of the management system standard. It may maintain a client's certification based on a positive conclusion by the ATL without further independent review and decision, provided that:

- For any major non-conformity or other situation that may lead to suspension or withdrawal of certification, QIP Certifications has a system that requires the ATL to initiate a review by competent personnel, different from those who carried out the audit to determine whether certification can be maintained;
- Competent personnel of QIP Certifications monitor the surveillance activity, including monitoring the reporting by its auditors, to confirm that the certification activity is operating effectively.

14.12. Changes Affecting Certification

When the certification scheme introduces new or revised requirements that affect the client, QIP Certifications ensures that these changes are communicated to all clients. The QMR circulates such information to all clients to make them aware regarding these requirements. QIP Certifications also verifies the implementation of the changes by its clients and acts as required by the relevant certification scheme. As per contractual arrangements with clients, it is mandatory for the client to ensure implementation of these requirements.

14.13. Surveillance Activities

QIP Certifications has developed its surveillance activities so that representative areas and functions covered by the scope of the management system are monitored on a regular basis, and considers changes to its certified client and its management system.

Surveillance activities include onsite auditing of the certified client's management systems or program's and monitoring whether they continue to fulfil the specified requirements with respect to the standard or scheme to which the certification is granted.
Other surveillance activities may include:

- Enquiries from QIP Certifications to the certified client on aspects of certification;
- Reviewing any certified client's statements with respect to its operations (e.g. promotional material, website);
- Requests to the certified client to provide documented information (on paper or electronic media);
- Other means of monitoring the certified client's performance.

Surveillance audits are onsite audits, but are not necessarily full systems audits, and are planned together with the other surveillance activities so that QIP Certifications can maintain confidence that the certified management system or program continues to fulfil requirements between recertification audits.

14.14. Recertification (Triennial)

The purpose of the recertification audit is to confirm the continued conformity and effectiveness of the management system as a whole, and its continued relevance and applicability for the scope of certification (in effect all aspects of the management system will be examined as per Stage 2). A recertification audit shall be planned and conducted to evaluate the continued fulfilment of all of the requirements of the relevant management system standard or other normative documents. This shall be planned and conducted in due time to enable for timely renewal before the certificate expiry date. Recertification audits may require a Stage 1 audit if there have been significant changes to the management system, the organisation or the context in which the management system is operating (e.g. changes to legislation).

14.15. Special Audits

14.15.1. Expanding Scope

QIP Certifications will, in response to an application for expansion to the scope of a certificate already granted, undertake a review of the application (contract review) and determine any audit activities necessary to determine whether or not the expansion may be granted, including the requirement to conduct a visit. This may be conducted in conjunction with a surveillance visit.
The certification decision maker will be responsible for granting an extension to scope based on the information supplied. The process is the same as for initial certification following a Stage 2 audit.

14.15.2. Short Notice Audits

QIP Certifications may when necessary conduct short notice audits to investigate complaints, or in response to changes, or as follow up to suspended clients.
In such cases QIP Certifications:

- Will describe and make known in advance to the certified client, the conditions under which these short notice visits are to be conducted; and
- Will exercise additional care in the assignment of the audit team because of the lack of opportunity for the client to object to team members.

The report resulting from the short notice audit will be referred to the certification decision maker for consideration.

14.16. Suspending, Withdrawing or Reducing the Scope of Certification

QIP Certifications has a procedure for suspension, withdrawal or reduction of the scope of certification, and has specified the subsequent actions to be taken.

The certification decision committee will review clients under suspension and where withdrawal or reduction in the scope of certification is being considered.
QIP Certifications will reduce the client's scope of certification to exclude the parts not meeting the requirements when the client has persistently or seriously failed to meet the requirements of the standard used for certification. At the client's request or following recommendations by the auditor, the scope of certification may be reduced to reflect the change of circumstances or activities. Any such reduction shall be in line with the requirements of the standard used for certification.

14.17.Appeals

QIP Certifications has a documented process to receive, evaluate and make decisions on appeals. The appeals handling process will be publicly available.

- The Appeals Committee of QIP Certifications is responsible for all decisions at all levels of the appeals handling process. Persons engaged in the appeals handling process are different from those who carried out the audits, made the certification decisions or are employed by the client. All persons engaged in the appeals process will be required to complete a fit and proper person declaration on engagement.
- The submission; investigation and decision on appeals should not result in any discriminatory actions against the appellant.

14.18.Complaints

QIP Certifications ensures:

- That the complaints handling process is publicly available and QIP Certifications is responsible for all decisions at all levels of the complaints handling process;
- The submission; investigation and decision on complaints should not result in any discriminatory actions against the complainant;
- On receipt of a complaint whether the complaint relates to certification activities that it is responsible for and, if so, shall deal with it. If the complaint relates to a certified client, then the examination of the complaint considers the effectiveness of the certified management system;
- Any complaint about a certified client shall also be referred to the certified client in question at an appropriate time;
- A documented process is in place to receive, evaluate and make decisions on complaints. The process is subject to requirements for confidentiality, as it relates to the complainant and to the subject of the complaint;
- Persons engaged in the complaints handling process are different from those who carried out the audits, made the certification decisions or are employed by the client;
- All persons engaged in a complaints process will be required to complete a fit and proper person declaration on engagement.

QIP Certifications shall determine, together with the certified client and the complainant, whether and if so to what extent, the subject of the complaint and its resolution shall be made public.

14.19.Client Records

QIP Certifications will maintain records of the audit and other certification activities for all clients, including all organisations that submitted applications, and all organisations audited, certified or with certification suspended or withdrawn.

QIP Certifications:

- Will ensure that it keeps the records of applicants and clients secure to ensure that the information is kept confidential. Records will be transported, transmitted or transferred in a way that ensures that confidentiality is maintained; and
- Has established a procedure for the retention of records. Records shall be retained for the duration of the current cycle plus one full certification cycle. Retention of records will also adhere to the requirements of legislation or regulation.

QIP Certifications shall maintain records of its certified clients and these shall include the following:

- Application information and initial, surveillance and recertification audit reports;
- Certification agreement;
- Justification of the methodology used for sampling of sites, as appropriate;
- Justification for auditor time determination (see 9.1.4);
- Verification of correction and corrective actions;
- Records of complaints and appeals, and any subsequent correction or corrective actions;
- Committee deliberations and decisions, if applicable;
- Documentation of the certification decisions;
- Certification documents, including the scope of certification with respect to product, process or service, as applicable;
- Related records necessary to establish the credibility of the certification, such as evidence of the competence of auditors and technical experts;
- Audit programmes.

15. Quality Management System

QIP Certifications has established and maintains a management system which supports and demonstrates the consistent achievement of the requirements of Section 6. Normative References supporting Option A of:

- ISO/IEC 17021-1;
- ISO/IEC 17065.

Option A covers:

- General management system documentation (e.g. manual, policies, definition of responsibilities;
- Control of documents;
- Control of records;
- Management review;
- Internal audit;
- Corrective actions;

- Preventive actions.

Option B has not been addressed in this Quality Manual and has been omitted.
All personnel involved in certification activities have access to the parts of the management system documentation and related information that are applicable to their responsibilities.

15.1. Quality Manual

The requirements of Section 6 Normative References have been addressed in this QM and in associated policies, procedures and other documentation, all of which are accessible to all personnel employed within QIP Certifications.

15.2. Document and Record Management

QMS documentation includes both documents and records, to which, the extent has been developed based on:

- The size of the company;
- Complexity and interaction of the processes;
- Risks and opportunities;
- Competence of personnel.

The QMS utilises electronic documents within a separate network drive, together with a document register, ensure control, appropriate identification, approval, issue, availability, review, revision, authorisation and amendment.

15.3. Management Review

The EM has established procedures to review its management system at planned intervals to ensure its continuing suitability, adequacy and effectiveness, including stated policies and objectives related to the fulfilment of the International Standards within Section 6 Normative References. Reviews will be conducted at least once a month**.**

15.4. Internal Audits

QIP Certifications has established procedures for conducting internal audits to verify that it fulfils the requirements of Section 6. Normative References and that the management system is effectively implemented and maintained.

An audit program is planned, taking into consideration the importance of the processes and areas to be audited, as well as the results of previous audits.
QIP Certifications shall ensure that:

- Internal audits are conducted by personnel knowledgeable in certification, auditing and the requirements of this International Standard;

- Auditors do not audit their own work;
- Personnel responsible for the area audited are informed of the outcome of the audit;
- Any actions resulting from internal audits are taken in a timely and appropriate manner; and
- Any opportunities for improvement are identified.

15.5. Corrective Actions

OFI system provides the ability for any improvements to be raised as an outcome of internal or external audits or by any internal staff who wishes to identify an improvement opportunity for any aspect of business. OFI provides a system of allocating improvements and tracking the outcomes within the organisation.

Types of identified OFIs could include:

- Corrective actions;
- Preventative actions;
- Suggestions for improvement.

15.6. Preventative Actions

QIP Certifications has established procedures for taking preventive actions to eliminate the causes of potential non-conformities. Preventive actions shall be appropriate to the probable impact of the potential problems.
The procedure for preventive actions defines requirements for the following:

- Identifying potential non-conformities and their causes;
- Evaluating the need for action to prevent the occurrence of non-conformities;
- Determining and implementing the action needed;
- Recording the results of actions taken; and
- Reviewing the effectiveness of the preventive actions taken.

16. Internal Communication

Management will ensure that communication between the various levels and functions within the company regarding business performance, the effectiveness of the QMS, Work Place Health and Safety issues and meeting the client, statutory and regulatory requirements take place.
Communication (including that of the QMS) includes:

- Management reviews;
- Board meetings;
- Scheduled and ad hock meetings; and
- Internal emails.

Annexure 1–Organisation Chart

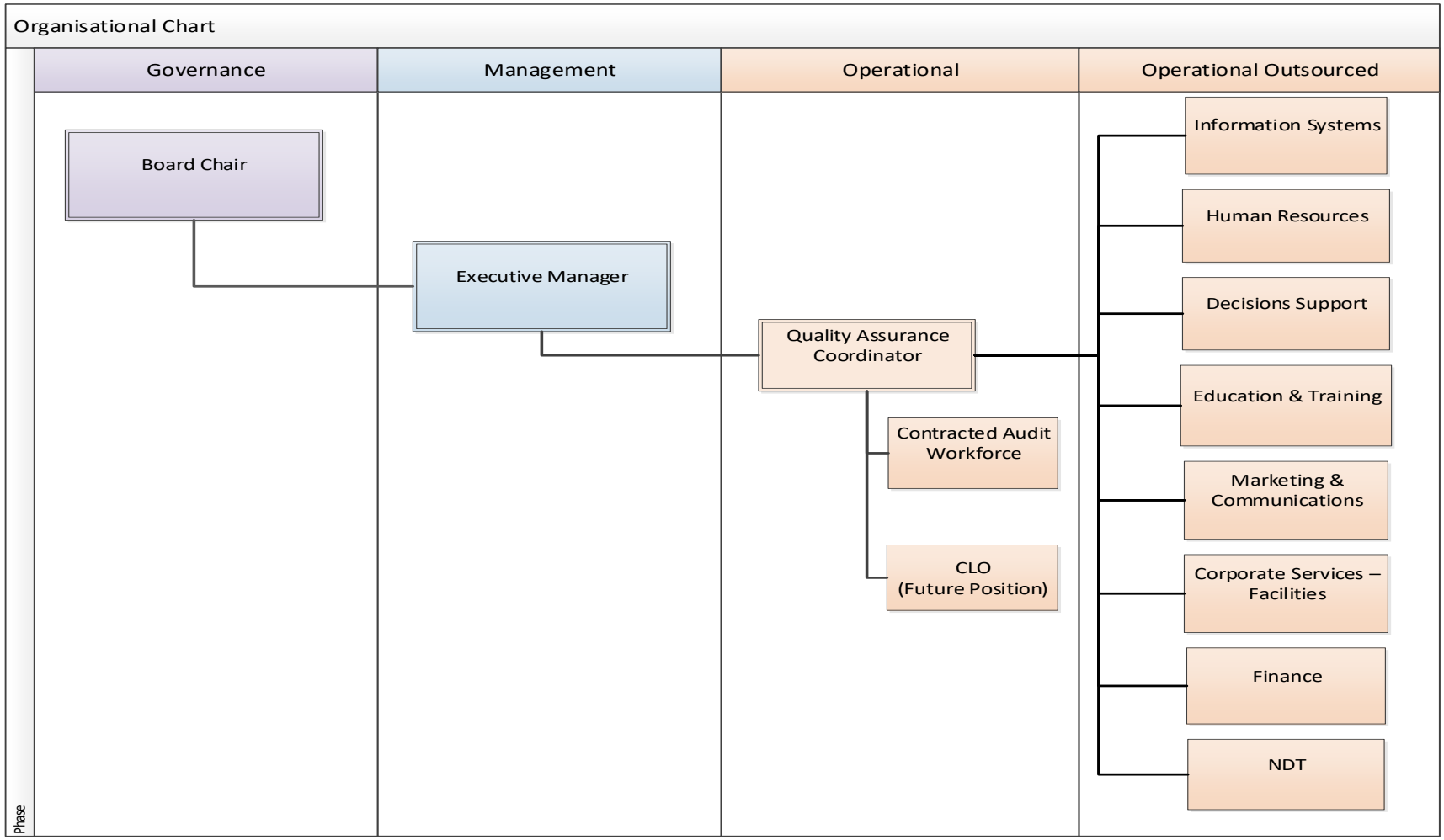

Figure 2-Organisational Structure

Annexure 2–Impartiality Committee

An IC is established for safeguarding the independence of the certification process as detailed in and required by Section 6. Normative References. The IC is responsible for ensuring that QIP Certifications Impartiality Policy is fully implemented and adhered to. The IC shall ensure that all the risks to the impartiality of the certification process have been identified and appropriate measures implemented to mitigate any such identified risks. Prospective members of this group are selected by the EM and / or the Board Chair.

The names of the Impartiality Committee members are:

- **Anthony Di Marco (Chairman of the committee)**

Anthony Di Marco is our client representative and as the CEO of RFDS has ISO 9001:2015 experience within the health and human service, not-for-profit and community sectors. He currently holds positions with the Brisbane South Primary Health Network, the Royal Brisbane & Women's Hospital Foundation and the Horizon Housing Company Ltd.

- **Michael Greco**

Michael Greco is our Industry based representative who has senior executive experience and engages with the health and human services sector (Multi-sourced feedback). Michael manages the Patient Activation Measures (PAM) and is the Australian licensee for PAM in patient centred care which is emerging in the health and human services in Australia Including general practice, allied health and specialists.

- **Steven Hillyard.**

Steven Hillyard is an independent member who has senior executive experience and is a systems and processes specialist who is focused on driving sustainable growth and leadership of people. He currently is the General Manager of the Pronto Group, which is currently undergoing certification to ISO 22301 as well as ASAE 3402 compliance audit.

Please note, in the event that a committee member is removed or no longer wishes to volunteer to be a member of the committee for QIP Certifications, these names will be updated.

IC members are consulted on an as-needed basis and meet once every 12 months. The EM acts as a convener of the IC. The voting group consists of external industry specialists, client representatives, and other experts selected on the basis of their capability to represent the industries in which they are employed, through trade associations or similar organisations.

The IC will nominate the Chairman. The Chairman will be reappointed based on the committee decision every third IC Meeting. The Chairman will be responsible to ensure smooth functioning of the IC and the

certification services provided by QIP Certifications, appropriateness of actions based on the Appeals Committee decision (if any).
For composition, duties, and terms of reference, authority and competence of the committee refer to P19 Management of Impartiality Procedure.