P10 Certification Procedure for Audit Clients

1. Purpose

The purpose of this document is to describe the processes for certification activities as they relate to granting, renewing or refusing certification and expanding or reducing the audit scope of an audit client.

2. Scope

This procedure covers all activities required for granting, renewing or refusing certification and expanding or reducing the audit scope of an audit client as referenced in *Quality Innovation Performance Certifications Pty Ltd* (QIP Certifications) Scope of Services (M01 Quality Manual)

3. Referenced Documents

ISO/IEC 17021-1:2015	Conformity assessment–Requirements for bodies providing audit and certification of management systems - Part 1 Requirements.
ISO/IEC 17021-3:2013	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 17065:2012	Conformity assessment–Requirements for bodies certifying products, processes and services.
JAS ANZ Human Services Scheme (HS Scheme)	Part 1–Common requirements for bodies certifying Human Services.
JAS ANZ Human Services Scheme (HS Scheme)	Part 2-Additional requirements for bodies certifying Human Services in Queensland.
HSQF Fact Sheets	• HSQF Notifiable Issues Fact Sheet • Fact Sheet–Restrictive Practices in HSQF services
M01	Quality Manual
P29	Outsourcing Procedure
F37	Audit Report Review Checklist
F39	Certification Mark and Logo Use
F40	Customer Satisfaction Survey
F41	Approved Organisations Register
F48	Certificate Template
F67	Audit Client Corrective Action Plan
F75	Competency Measurement–Certification Decision Committee
F35 and F36	Audit Report templates for ISO 9001
F91	Certification Decision Record
F113	Certification Decision Maker Induction Checklist
Uncontrolled	Audit Report Template for HSQF

Table 1–Referenced Documents

4. Workplace Health & Safety

No identified workplace health and safety issues have been identified.

5. Terms and Definitions

ATL	Audit Team Leader
CB	Certification Body
Certification Decision	The decision on initial certification and decisions to continue and renew certifications.
CDM	Certification Decision Maker
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, including the capacity to monitor and assure conformity with the standards by all of the members.
CPPS	HSQF term: Child Protection Placement Service(s)
EM	Executive Manager
HSQF	Human Services Quality Framework for human service providers operating in Queensland.
HSQS	Human Service Quality Standards
JAS-ANZ	Joint Accreditation systems of Australia and New Zealand
MNC	Major Nonconformity
NC	Non-Conformity
Non-Conformity	Where the client does not comply with a specific indicator within the standards or scheme being certified to. These may be either Minor or Major.
QIP Certifications	*Quality Innovation Performance Certifications Pty Ltd*
QMR	Quality Management Representative
QMS	Quality Management System
RCA	Root Cause Analysis
TR	Technical Reviewer
Standard Indicator	An established element of a standard–e.g. HSQF Std 2, Indicator 2 or Std 2.2.
Suitable Person	A person who is assessed by the EM or QMR as competent and suitably skilled who has not been involved in any stage of the client audit evaluation process.

Table 2-Terms and Definitions

6. Roles and Responsibilities

6.1. Executive Manager

The Executive Manager (EM) is responsible for:

- Appointing and deeming as competent the Certification Decision Maker (CDM);
- Delegation of certification decisions to competent AGPAL Group decision maker employees under the Intercompany Service Agreement Amendment to Schedule 1: Services;
- Granting, renewing or refusing certification of audit clients;
- Expanding or reducing the scope of certification of audit clients;

- Signing certification certificates;
- Updating the register of certified clients.

6.2. Quality Management Representative

The Quality Management Representative (QMR) is responsible for:

- Conduct and/or supervise review activities for audit records, including, Audit Reports and Audit Client Corrective Action Plans;
- Prepare, approve and finalise Audit reports and F67 Audit Client Corrective Action Plans for distribution to client and scheme owners;
- Review of certification certificates;
- The accuracy of the audit client certification scope;
- Issuing certification certificates to clients who obtain or maintain certification;
- Communication and transmission of certification information and correspondence to clients;
- Conduct competency assessment and ongoing monitoring of certification decision makers;
- Day to day management of each certification process;
- In absence of the Executive Manager (EM) the QMR is authorised to:
  - Appointing and deeming as competent the CDM;
  - Grant, renew or refuse certification of audit clients;
  - Expand or reduce the scope of certification of audit clients;
  - Sign certification certificates;
  - Update the register of certified clients.

7. Review of Audit Evidence and Results

7.1. Review of Audit Documentation

- All evaluation information and results will be compiled by the Audit Team Leader (ATL) into the relevant QIP Certifications Audit Report template or as supplied by the scheme owner to QIP Certifications;
- All Audit Report template(s) will be managed and maintained by the QMR in compliance with the relevant Standard(s) or Scheme owner requirements;
- The ATL has 2 working days to deliver the draft F67 Audit Client Corrective Action Plan, post audit, to QIP Certifications;
- The ATL has 10 working days post-audit, to deliver the initial draft Audit Report to the QMR;
- Once the QMR has received the draft audit report from the ATL, the QMR will then carry out an initial review of the report within two (2) working days of receipt;
- The QMR will then provide the initial reviewed draft report and the agreed corrective actions (as applicable) to the audit client for comment and endorsement within:
  - 20 working days of the completion of the on-site component of the audit for multi-service types or multiple sites and/or outlets human service providers;
  - 20 working days for multi-service types single site and/or outlet human service providers;

- 10 working days for single service type and single site and/or outlet human service providers.

- The client will then have 10 working days from the date of receipt of the initial draft audit report to provide a response including any rectifications required in F67 Corrective Action Plan to the QMR;
- The final audit report will be prepared by the QMR prior to release to the AGPAL Decision team with the relevant forms;
- QMR to email AGPAL Accreditation Decisions team a copy of the audit report (and any other relevant information/documentation) for review and decision;
- Once the decision has been finalised, the CDM will provide a copy of the final report to the QMR via email;
- When the decision is received the QMR will complete the certification process, distribute the Report to audit client and scheme owners and notify the EM to issue the audit client certificate.

7.1.1. For Human Service Quality Framework (HSQF) Audits

- The QMR will immediately communicate to the ATL any further information supplied by the Department (scheme owner) before, during and after the audit, in particular, those concerns that may require prioritisation during the audit;
- When a provider fails to demonstrate compliance with the Human Service Quality Standards (HSQS) through a Major Nonconformity (MNC), the QMR will notify the department within 24 hours of notification from the ATL. This will apply from Stage 1 certification audit through to Stage 2, surveillance and re-certification audits.

For providers with child protection placement services (CPPS) in scope of licensing regulation, QIP Certifications must ensure that for Stage 2, surveillance and recertification:

- The QMR sends the draft Stage 2 report and draft Audit Client Corrective Action Plan in addition to the final audit report and F67 corrective action plan to the department at the same time as the client receives the draft reports and F67;
- If the department notifies the QMR that further information is required on a specific issue raised by either of the draft documents, or requires further information to inform a regulatory licensing decision, this will occur within 10 working days of the receipt of the draft Stage 2 report;
- The QMR ensures that the final draft of the client Audit Report contains the information necessary to clarify the department's question(s).

8. Management of Non-Conformities

8.1. Identifying, Communicating and Recording Non-Conformities

During the course of an audit, irrespective of the type of audit or scheme, Non-Conformity (NC) may arise:

- In each instance of NC, the ATL will inform the client as soon as possible, from the site of the NC, during that audit day;
- If one or more NC has been identified, the ATL will prioritise and discuss the Corrective Action process with the client representative at the earliest possible opportunity;

- The client may be able to correct the NC before the on-site component of the audit is completed. Any corrective actions to rectify a NC carried out by the client during the onsite audit will be documented in the draft report by the ATL and communicated to the QMR at the end of the audit day in question;
- ATL communication with the QMR may be direct by mobile or be through email, to suit the needs of the audit team;
- If the NC is unable to be corrected within that time frame, the ATL will communicate with the client that a Corrective Action Plan will be completed and give the client full details of the process for corrective actions with the appropriate timeframes for that Standard or scheme;
- The ATL will, at the closing meeting, summarise the Conformities and NC's and describe to the meeting attendees the process for correction;
- If a non-conformity is not closed out within 12 months of receiving the Corrective Action Plan, the NC shall be escalated to an MNC;
- When a client has been issued with a Major-Nonconformity (MNC) and this has been reviewed and downgraded to an NC, the client has a remaining 9 months to close out the Nonconformance. Failure to do so will result in automatic suspension of certification. *Please see P26 Certifications changes Procedure.*
- The ATL will assist the client with any diverging opinions or matters expressed by the closing meeting members. This may be accomplished through immediate direction to the relevant section of the Standard or scheme in question and also a very clear description of the evidence sighted that supports the finding of NC;
- If the ATL is unsure of any part of the NC identification and communication process the QMR will assist the team with support at any time during the on-site audit;
- At the conclusion of the audit, the ATL will detail all opportunities for improvement, Conformities and NC's as part of the response in the draft Audit Report;
- The ATL will also populate any NC's into a draft of F67 Audit Client Corrective Action Plan. Both documents will be sent to the QMR within the stated timeframes in sec.7.1 above;
- All nonconformities documented in the F67 Corrective Action Plan will be:
    - Recorded in numerical order in accordance with the relevant identifying Standard or scheme requirement, e.g. HSQF-Std. 23 or ISO 9001:2015-Sec. 9.1.2;
    - The ATL will also include the precise wording of the element of the standard or scheme to assist the client with further understanding of the particular requirement for conformity;
    - Each NC identified will be described in detail by the ATL; however, the description will be recorded in a manner that does not suggest consultation i.e. does not describe to the client the root cause or a possible solution for the nonconformity;
- When a nonconformity with certification requirements is substantiated, either as a result of surveillance or otherwise, QIP Certifications shall consider and decide upon the appropriate action:
    - Continuation of certification under conditions specified by QIP Certifications (e.g. increased surveillance);
    - Reduction in the scope of certification to remove nonconforming product variants;
    - Suspension of the certification pending remedial action by the client; or
    - Withdrawal of the certification.

8.1.1. For HSQF Audit Non-Conformities

- If evidence is found during any HSQF audit by the ATL that any client process has failed to comply with a prescribed requirement of legislation, regulation or policy (see HSQF Certification Guide v4.1– Appendix A) the ATL will confer with the QMR and escalate the issue as an MNC to Standard 1.1 as well as to any other related Standard indicator (e.g. Child Protection Act 1999; Community Services Act 2007; Privacy Act 1988; Working with Children Act 2000, and , Working with Children Regulation 2011);
- The ATL will also raise an MNC where there are:
  - Three (3) or more NC's in the same Standard;
  - Three or more NC's overall;
  - Where an NC has not been closed out within 12 Months of notification.
  - If an MNC is downgraded and not closed out within 12 months of notification, this will result in automatic suspension of certification. *Please see P26 Certifications changes Procedure*
- Notifiable issues or other serious matters evidence during an audit will require the ATL to record in detail the evidence (including where possible photographic evidence), immediately notify the client manager onsite and the provider quality representative of the notifiable or serious issue (See HSQF Notifiable Issues Fact Sheet or Fact Sheet – Restrictive Practices in HSQF services);
- If the ATL believes there is justifiable reason not to do so; such as a risk of compromising evidence collection in subsequent investigations or possible criminal activities; the ATL will contact the QMR immediately to seek guidance, not the client site manager or client quality representative;
- The QMR will then contact the department to inform them and seek guidance on next steps (it may be necessary to stop the audit and suspend certification pending resolution of the notifiable or serious issue). The department will give direction if this is to occur. The QMR will remain in contact with the ATL and aid with next steps as directed by the department representative;

8.1.2. Management of the Corrective Action Plan

- The ATL will send the draft F67 Audit Client Corrective Action Plan to the QMR as defined in sec.7.1;
- When the client receives the draft F67 Client Audit Corrective Action Plan, the client is required to complete a Root Cause Analysis (RCA) and the proposed corrective actions for each NC using the same F67 document. The client may not modify the configuration of the F67 document at any time;
- The client will record the details of each RCA and subsequent proposed corrective action in the appropriate columns of F67;
- The Corrective Action Plan will be returned to the QMR by the client within 5 working days of receipt;
- If requested, the QMR will send the Corrective Action Plan to the department at this point for their reference;
- The QMR and ATL will confer by phone to review the appropriateness of each RCA and corrective action;
- If it is deemed that either does not meet requirements of the standard or scheme, the ATL will contact the client representative, send back the draft F67 and request review and update;
- The Client will have a further 2 working days to return the F67 to the QMR;
- When deemed acceptable, the ATL will verify the corrective actions in consultation with the QMR and send the final F67 to the client;

- The QMR will consult with the client and the ATL if any follow up audits or site visits are required e.g. in the case of three or more NC's or an MNC in Standard 1.1;
- At a minimum, the QMR will ensure that the ATL conducts a desktop review of all the implemented corrective actions within three (3) months of the audit closing meeting. This will be communicated to the department as per previous QMR follow up;
- If a non-conformity is not closed out within 12 months of receiving the Corrective Action Plan, the NC shall be escalated to an MNC;
- When a client has been issued with a Major-Nonconformity (MNC) and this has been reviewed and downgraded to an NC, the client has a remaining 9 months to close out the Nonconformance. Failure to do so will result in automatic suspension of certification. *Please see P26 Certifications changes Procedure*
- Notifiable issues or other serious matters will always require an on-site follow up or a re-audit of the client within three months of the dated final F67 Audit Client Corrective Action Plan (see HSQF Notifiable Issues Fact Sheet or Fact Sheet–Restrictive Practices in HSQF services);
- In all cases, the QMR will monitor all further client engagement through to Corrective Action Plan closed out in QIP Certifications systems.

9. Management of Certification Decisions

9.1. Review of the Audit Report

- Each audit report review process (ISO 9001:2015 and HSQF) will be carried out by a minimum of one competent person who will review all information and results related to the finalised evaluation component of the client audit;
- The review will cover all necessary information and evidence to inform the certification decision including:
  - All certification requirements are met through the sufficiency of information and evidence provided by the ATL;
  - The scope of certification has been fully covered by the audit planning and evaluation processes and the information and evidence provided by the ATL is sufficient;
  - Any MNC's sourced from the F67 Audit Client Corrective Action Plan corrections and corrective actions have been accepted, reviewed and verified;
  - Any nonconformity sourced from the F67 Audit Client Corrective Action Plan corrections and corrective actions have been accepted, reviewed and verified.
- Any persons selected for each review and certification decision will not include QIP Certifications employees and contractors who have been directly involved in the audit client evaluation process or in any other evaluation related activity for that client.

9.2. Certification Decisions

- The review of all evaluation findings (as above) and the certification decision will be held concurrently;
- The certification decision will be based on the findings of the review and will be documented in F91 Certification Decision Record.

The AGPAL decision team members will meet the following requirements:

- Each member will be assessed for competency by the QMR and deemed competent by the EM through a formal process utilising F75 Competency Measurement–Certification Team;
- Each decisions team member will have a contract with the AGPAL Group of Companies, and complete an F01 Fit and Proper Person and Impartiality and Confidentiality Declaration annually to ensure that any conflicts of interest are declared in advance to QIP Certifications. The QMR will manage all decision maker confidential files securely as per the Records Management procedure.
- Selection of decision makers will include notification of threats to impartiality, such as, consultancy appointments with QIP Certifications', past decisions (within two years) made for any client with accreditations sourced from other AGPAL Group of Companies or CAB common clients;
- Members of the certification decisions team may be any decision maker employee of AGPAL Group assessed for competency by the QMR and deemed competent for the team by the EM.
- The QMR will lead an induction to the ISO 9001:2015 and HSQF certifications decision process with the team deemed competent prior to commencement of decision. The QMR will use the form F113 Certification Decision Makers Induction Checklist to document inductions.

9.2.1. Granting Initial Certification

- For all initial certification the information provided by the ATL to the QMR in preparation for the decision to be made will include, at a minimum:
  - The final audit report;
  - Comments on the NC's, and all correction and corrective actions taken by the client;
  - Confirmation of all the information provided to the QMR by the audit client in the application review;
  - Confirmation that the audit objectives have been achieved;
  - A recommendation to the Decisions team whether or not to grant certification;
  - All conditions and observations that could affect the certification decision outcome.

9.2.2. Issues Affecting Certification Decisions

- If the decisions team cannot verify the implementation of the Audit Client Corrective Action Plans' proposed corrective actions where an MNC is not closed out within 6 months of the close out meeting for Stage 2, QIP Certifications will be directed by the team to conduct another Stage 2 audit prior to recommending certification;
- If the audit client is seeking certification as part of a Certification Body (CB) transfer agreement, the decisions team will ensure that the QMR has supplied them with sufficient information to make the certification decision including any documents obtained from the client or the previous CB;

- The client will be provided a copy of the certification report detailing the certification findings and rationale for ratings and reason for the final decision made/awarded.

9.2.3. Granting Recertification

- The decisions team will make decisions on renewing the certification of the audit client based on the results of the recertification evaluation information provided by the ATL in the recertification audit report and any subsequent audit client corrective action plan, as well as the results of the review of the clients' system over the period of certification;
- The committee will also consider the outcomes of any evaluation of customer complaints included in the final audit report.

9.2.4. HSQF–Additional Process Requirements

Where a Child Protection Placement Service (CPPS) is solely funded for "child related costs" this is to be understood as a short-term child protection placement. As such, there may be periods of time where the organisation does not have any child in a short-term placement. If this is the case during at onsite evaluation dates, they are to be seen as not delivering that funded service at that time of any initial evaluation or surveillance. Certification is to continue until the next recertification date.

9.2.5. Certification Documentation

- QIP Certifications has a CRM system to safely and confidentially store all client certification process documentation. This includes:
  - Audit records;
  - Other records for certification activities;
  - Submitted audit client applications;
  - Records of all clients who completed audits, are certified or with certification suspension or withdrawal;
  - Electronic records of applicants and current clients that will be available to the ATL and team members during the course of audits.
- Certification documentation including certificates will include the Joint Accreditation Systems of Australia and New Zealand (JAS-ANZ) symbol. The JAS-ANZ Symbol will be managed and used as detailed in the JAS-ANZ Accreditation Manual.
- All Records stored for each audit client will include the following as required:
  - Application information and initial, surveillance and recertification reports;
  - Certification agreement(s);
  - Justification of the methodology used for sampling of specific management systems schemes and sites (including multi-site client audits), as appropriate;
  - Justification for auditor time determination (see P09 Audit Planning Procedure);
  - Client participant or customer consents;
  - Verification records for corrections and corrective actions;
  - Records of complaints and appeals, and any subsequent corrections or corrective actions;
  - Certification Decision team and Impartiality Committees deliberations and decisions;
  - Documentation of the certification decisions;

- Certification documents about the product, process or service, including the scope of certification;
- Any related records necessary to evidence the credibility of the certification, including records of audit team member competence i.e. the ATL, audit team members and technical experts;
- Audit programmes.

- All record retention processes are managed in line with P02 Record Management.

9.2.6. ISO 9001:2015 Certification Documentation

The certification client will be provided with formal certification documentation that identifies the following:

- The name and address of the certification body;
- The date certification is granted (the date shall not precede the date on which the certification decision was completed);
- The name and address of the client;
- The scope of certification (see 3.10);
- The term or expiry date of certification, if certification expires after an established period;
- Any other information required by the certification scheme.

9.2.7. HSQF Certification Documentation

- All certification documents including the certificate will include:
  - The client's legal entity name;
  - Any or all registered trading name(s);
  - Details on all documents that display notification of the human service organisation as the certified entity, not just the client management system;
  - The service type(s) that the client is contracted and certified to, listed by service stream.
- The date of commencement of the next client recertification cycle will be recorded as the three-year anniversary of the previous certification or recertification date;
- Where a certification or recertification cycle varies from the requirements stated previously, the EM will seek agreement from the department before inclusion in the certification documentation. For example, transition of new service types into the client certification scope, alignment of multiple certifications, or in the event of a natural disaster;
- Where a client requests a separate recertification audit for the purposes of transitioning CPPS services into a current HSQF certification, the certification cycle will be varied to ensure that the certification date for the CPPS takes precedence. NB: This will bring the new certification cycle into alignment with the clients' 'child safety care organisation level' licensing cycle. For Example:
  - When the anniversary date for the clients' Young People's services (T102, T314, T317) is May 25th, the date for recertification for the clients' CPPS is October 12th and the CFCSOL licensing anniversary date is August 16th, the revised recertification cycle will be varied to either August 16th or October 12th dependent on advice sought by the QMR from the department and documented in the clients CRM file.
- The QMR will send a copy of all current certification documentation for each client certified to HSQF to the department;

- Certification documentation, including the QIP Certifications and JAS-ANZ Certified Organisations Register will include all service outlets except:
  - The specific street address or other details of any physical location of outlets where children and young people supported by CPPS programs are currently living at the time of onsite audit;
  - From time to time the department may also request the removal of identifying information of a client service outlet.

9.2.8. HSQF–Certificates for Consortia

- For a consortium, the head office of the consortium and all related sites and or outlets will be identified on a single certificate, or on a schedule accompanying the certificate;
- Where a member of a consortium has a scope of certification that is different to the scope(s) for the other members, the additional or reduced scope will be identified on the certificate;
- Individual consortia members may request and hold a separate certificate for one scope, and can also be part of a consortium for a separate certification.

9.3. Maintaining Certification

9.3.1. Demonstrating Standard and System Requirements

- QIP certification will ensure that certification is based on each audit client's satisfaction of the relevant management system, scheme rules or standard;
- All decisions to maintain certification may be based on audit reports with a positive conclusion (recommendation) from the ATL without further independent review or decision provided that:
  - For each major nonconformity or other observed high-risk situation that may lead to suspension or withdrawal of a clients' certification, the ATL contracted to perform the evaluation will report to the QMR immediately any need to convene and initiate a review and decision process by an AGPAL certification decision team. This process will assist the validity of certification to be effectively maintained.
  - The QMR shall monitor all surveillance activities; including evaluating and monitoring the quality of auditor reports using F37 Audit Report Review Checklist.
  - The QMR will summarise and report regularly (monthly at Management Review) on the outcomes of all the certification activity of QIP Certifications to evidence that it is operating effectively.

9.3.2. HSQF Decisions

- Decisions of all HSQF certifications will be based on the results of the recertification audit report;
- All HSQF recertification decisions will be based on a review of the system over the period of certification and the ATL evaluation of participant and stakeholders' complaints management;
- Where the ATL submits advice of a notifiable issue to the QMR and the department, QIP Certifications will withhold the client's certification until the department advises QIP Certifications in writing that the certification may now proceed;
- The QMR will assist the EM to ensure that any or all MNC's are accepted, monitored and verified as closed before a certification decision is made and prior to the expiry date of the certification;

- The EM and QMR will advise the HSQF team at the department within 5 working days from the date the committee makes a certification decision;
- Where a decision has been made to change, suspend or withdraw certification, the QMR will provide within 5 working days, a copy of F91 Certification Decision Record to the department, together with a copy of all other certification documents and any associated reports;
- Where a client ceases to provide its funded services, or the department has revoked the clients' funding for any reason (ceased providing a service type or revoked authority to provide human services altogether), the department will notify QIP Certifications within 10 working days that the issued certification is revoked and will remain inactive. The EM and QMR will amend the client scope or withdraw the certificate. This will be provided on the QIP certifications website for a maximum of 30 days after the date departmental notification.

9.3.3. Certification Decision Records

- Each certification decision will be recorded in CRM and final report received from AGPAL Decisions team which will be saved in client folder;
- The client will be issued with a final report showing the decision section and any comments from the decision maker or overturned ratings;
- The client will be required to re-sign the final report accepting the decision and any overturned ratings from the CDM.

9.4. Certificate Preparation and Issue

9.4.1. Certificate Preparation:

- The QMR will prepare the Certificate for the EM to approve;
- No certificate will be issued unless QIP Certifications has evidence that all NC's raised have been closed out;
- Select the appropriate blank certificate(s) based on the standard as indicated on the audit report. Be sure to check for any changes indicated on Comment Sheets attached to audit report;
- Determine the certificate number for accredited certificates by reviewing the F41 Register of Approved Organisations;
- The certificate numbers shall be in the following format:
  - For ISO 9001:2015 certificates, QMS QCXXXXX; and
  - For HSQF certificates, HSQF QCXXXXX.
- Set the issue date to be the date of approval by the Technical Reviewer (TR) / Certification Decision Maker indicated on the F37 Audit Report Review Checklist. Set the expiration date to be three years later;
- The effective date of granting, expanding or reducing the scope of certification, or renewing certification which shall not be before the date of the relevant certification decision;
- The expiry date may vary from above for transfer cases, where the expiry date shall be the same as the earlier certificate. Also note that during transition to revised standard, the expiry of the old standard may be pre-decided by the accreditation board;

- The initial registration date shall be the issue date for the first three-year cycle. In the triennial case, the initial registration date shall be the issue date of the first certificate issued. The certificate number shall continue to be the same. The scope shall be the same the previous certificate provided no changes have occurred to the scope;
- The date of recertification shall not normally be more than three months prior to the date of the expiry of initial certification or recertification, or extend one month beyond the expiry date;
- In case the client proceeds for the second cycle but not as triennial (i.e. a gap between the expiry of the first cycle and the second initial date), the certificate shall be considered as fresh and initial registration date shall be the same as issue date. The earlier certificate shall not be considered. A new certificate number shall be awarded;
- Upon recertification at the second cycle etc. the client will be issued with a new certificate showing a new number upon each new cycle. This will be recorded on the F91 Certifications Decisions and Certificate Register and any previous certificate number will be archived;
- On each certificate to be issued, fill in the client organisation's name, base office, address, standard (including issue year of the standard), and scope, based on the information on the audit report. Be sure to check for any changes indicated on Comment Sheets included in the audit report;
- Once reviewed in entirety, submit the corrected and final certificate to the EM for approval;
- Multiple sites each operating a common system with the same scope of certification shall have all the addresses on the same certificate. The client may request for individual certificates. In such cases, each site is issued with its own certificate with the same certificate number and a suffix is added. The certificate number shall be QMS or HSQF QCXXXXXA, QMS or HSQF QCXXXXXB etc.;
- In cases of a group of companies, the locations may have different scopes of certification or trading names, each is issued with respective names, addresses and scope. The certificate shall have the same certificate number with a suffix (as explained above);
- In the event of issuing any revised certification documents, the original certificate number will have a suffix of revision number e.g., QC00001–R1, for the first revision. The expiry date of the certificate does not change and continues the same as the original. Issue date shall be the date of EM approval. Initial Registration date shall be the same as the original.

9.4.2. The client database

- The client database (CRM) is amended as per the database management process;
- The completed certificate with the audit report is reviewed by the QMR for correctness and completeness of the certificate.

9.4.3. Finalising the Certificate

The formal certification documentation shall include the signature or other defined authorisation of the person(s) of QIP Certifications assigned such responsibility:

- The certificate with all attachments such as logo rules, cover letter etc. is submitted to the EM for approval;
- A computer-generated signature may also be used;
- The signed certificate is sent to the client. The certificate shall not be issued to any other person without written approval from the client. The certificate pack shall contain at least the following:

- Cover letter from QIP Certifications;
- Certificate of Registration;
- F39 Certification Mark and Logo Use;
- A USB or Email containing JPEG of Marks of Conformity as appropriate to the client;
- F40 Customer Satisfaction Survey.

- A copy of the certificate together with all other documents supporting the approval shall be placed in the client's file or scanned and stored on the secure network drive.

9.4.4. Licensing Agreement

- A licence for each mark of conformity and a licensing agreement shall be issue to the client upon certifications and the release of the certificate of registration.
- The licence number for each mark of conformity shall be in the following format:
  - For HSQF: HSQS LN0000X;
  - For ISO 9001:2015: QMS LN0000X.
- The licence agreement number shall be one licence agreement for the certification. (i.e. 1 agreement for one or both ISO 9001:2015 and HSQF Certification);
- The licence agreement number shall be in the following format:
  - LA (Certificate number)
- The mark of conformity JPEG cannot be released until such a time as the licensee has signed the agreement and been given a copy of P14 – Mark of Conformity Procedure.

9.5. Change in Certificate

9.5.1. Client Change Requests

- The client may request a change in certificate or reduction / expansion in scope to the QMR who:
  - Shall review the request and decide for a special audit if the next audit is not due in near future or if the next audit cannot be proposed;
  - Will determine if the changed scope is within accreditation scope of QIP Certifications.

See also P26-Certification Change, Termination, Suspension and Withdrawal.

9.5.2. Special Audits

- The duration of any special visit shall be decided by the QMR and communicated to the client. The ATL submits a descriptive report detailing the changes, justification for reduction / expansion of scope and review of the impact of the change in the scope (use of logos etc.);
- Where expansion of scope is requested, compliance with the Quality Management System (QMS) for the respective activities and impact on other processes is verified. In case the special visit is carried out as a part of routine surveillance, the descriptive report is added to the surveillance report;
- The subsequent report is reviewed as per the review process of this procedure. A new certificate is issued with the same expiry date on successful completion of the above process;
- The QMR also reviews the client contract to determine possible change in duration for any further visits to ensure client compliance with the matter triggering the special audit.

9.6. Refusing Certification

Refusal of a client certification is carried out in the following circumstances:

- Client fails to submit the corrective actions within the 60-day time frame from the date of the audit;
- Corrective actions submitted by the client are not satisfactory considering the NC's / observations;
- Client fails to pay the required fees in the given time frame;
- Client does not want to have certification after completion of the assessment;
- Objective evidence submitted during the evaluation is proved to be fabricated.

All the above reasons will lead to refusal of certification even after completion of the audit. The EM takes decision on the refusal of certificate based on the above circumstances.
Following this decision by the EM:

- Details of refusal of the certificate are provided to the client in the writing and a 'show cause' notice is submitted to the client for such incidence;
- The client is requested to reply in writing against the show cause notice;
- The details of refusal of certificate are maintained in the client file and then file is closed;
- The EM maintains the list of refusal of the certificates.

10. Revision History

Revision	Effective Date	Section	Change Description
1.	16/05/2018	All	Initial document release.
2.	15/01/2019	All	Updates to meet IA Recommendation 05, JAS-ANZ HSQF and ISO 17021-1 requirements
3.	10/04/2019	9.1	Change to minimum of 2 persons for HSQF audit certification decisions.
4.	21/06/2019	All	Changes made to whole document to updated to ISO 17065 and 17021 parts 1 and 3
5	29/07/2019	9.4.4	Additional to Certificate, licensing added.
6	7/08/2019	All	Additional wording added in response to JAS-ANZ Document review
7	20/08/2019	9.2	Removal of reference to F79 as now an obsolete document.
8	16/04/2020	All	Full review. Changes to Certification Decision Process and Certificate numbers.
9	6/09/2021	All	Review content and republish on website