**Cover**

#### 0 . Contents

Table of Contents

1. Introduction ......................................................................................... 4
2. Definitions and Abbreviations ............................................................. 4
3. Mission, Vision, Fundamental Policies and Values ............................. 4
	1. Mission ............................................................................................. 4
	2. Vision ................................................................................................ 4
	3. Quality Policy .................................................................................... 5
	4. Policy of Impartiality .......................................................................... 5
	5. Our Core Values ................................................................................ 5
4. General Requirements ......................................................................... 6
	1. Legal Personality .............................................................................. 6
	2. Accreditation Agreement .................................................................. 6
	3. Use of Accreditation Symbols and References to the Accreditation 7
	4. Impartiality ........................................................................................ 8
	5. Financing and Liability .................................................................... 10
	6. Accreditation Schemes ................................................................... 10
5. Structural Requirements .................................................................... 12
6. Resource Requirements .................................................................... 13
	1. Competence of Personnel .............................................................. 13
		1. General ........................................................................................ 13
		2. Determination of Competence Criteria ........................................ 13
		3. Competence Management .......................................................... 14
	2. Personnel Involved in the Accreditation Process ........................... 15
	3. Personnel Records ........................................................................ 15
	4. Outsourcing ................................................................................... 16
7. The Accreditation Process ............................................................... 16
	1. Accreditation Requirements .......................................................... 16
	2. Application for Accreditation .......................................................... 17
	3. Resource Review ........................................................................... 17
	4. Preparation for Assessment .......................................................... 18
	5. Review of Documented Information ............................................... 19
	6. Assessment ................................................................................... 19
	7. Accreditation Decision-Making ....................................................... 21
	8. Accreditation Information ............................................................... 21
	9. Accreditation Cycle ........................................................................ 22
	10. Extending Accreditation ............................................................... 22
	11. Suspending, Withdrawing or Reducing Accreditation .................. 23
	12. Complaints ................................................................................... 23
	13. Appeals ........................................................................................ 24
	14. Records on Conformity Assessment Bodies ............................... 24
8. Information Requirements ................................................................ 25
	1. Confidential Information ................................................................ 25
	2. Publicly Available Information ....................................................... 25
9. Management System Requirements ............................................ 26
	1. General ..................................................................................... 26
	2. Management System ................................................................ 27
	3. Document Control ..................................................................... 27
	4. Records Control ........................................................................ 28
	5. Nonconformities and Corrective Actions ................................... 28
	6. Improvement ............................................................................. 28
	7. Internal Audits ........................................................................... 29
	8. Management Reviews .............................................................. 29

#### 1. Introduction

This Quality Handbook describes the structure of the management system, work procedures, objectives and operation of the ENTERPRISE ACCREDITATION FOUNDATION (EAF).

The management system of EAF is designed to meet the requirements of ISO/IEC 17011:2017, the regulations of APAC, IAAC, ILAC and IAF and other applicable requirements.

This Quality Handbook sets forth the quality policy of EAF and the policies to be followed during the provision of its services.

The Quality Handbook describes how the management system that is in operation has been structured, the connections among the business procedures, and the powers and responsibilities of the entities within the EAF hierarchy.

To provide further explanation on certain topics, references to relevant procedures, guides, directives and applicable standards and other external sources are provided.

This Quality Handbook can be used to provide information to the EAF personnel and parties that receive EAF services regarding EAF’s operational procedures. It can also be used as a tool that proves conformity to the ISO/IEC 17011:2017 standard.

#### 2. Definitions and Abbreviations

The definitions of the terms and abbreviations used in the EAF quality management system have been given in the “**EAF-IN.01 Directive on Definitions and Abbreviations Used in EAF Documentation**”. For definitions that are not found in that documentation, the ISO/IEC 17000 standard will be taken as the basis.

# 3. Mission, Vision, Fundamental Policies and Values

## **3.1. Mission**

To provide accreditation services in the field of conformity assessment in an internationally recognized and trusted manner following the global standardization system, to increase awareness in society regarding accreditation, and to play an active role in the development of international accreditation regulations.

## **3.2. Vision**

To become a pioneering and respectable center in accreditation services that symbolizes trust, contributes to the development of the global standardization system, contribute value to all our partners, follows technological developments closely, and is accessible.

## **3.3. Quality Policy**

It is the primary responsibility of the administration of EAF, which is an international accreditation center in the field of conformity assessment, and all its personnel, to provide high quality service under a management system in conformity with the ISO/IEC 17011, and to continually improve the system.

In the provision of the accreditation service, cooperation with the international partners, the public sector and relevant market players is adopted as the indispensable principle.

EAF shall continue its activities as a respectable organization that provides service in an impartial and independent manner by improving the competencies of its personnel, offering an appropriate work environment, and using the resources efficiently.

## **3.4. Policy of Impartiality**

The management and all employees of EAF are aware of the importance of impartiality. It is the primary responsibility of all EAF personnel including top management to carry out the accreditation activities in accordance with the requirements of impartiality found in the ISO/IEC 17011 and the legal requirements.

EAF carries out its accreditation activities without any commercial, financial, political, administrative etc. influence and with no profit motive that could harm its independence, impartiality and objectivity.

EAF analyzes all risks of conflict of interest that could influence the impartiality of all its executive organs, committees, personnel, assessors and technical experts, and takes all necessary measures. EAF does not offer conformity assessment services, does not provide consultancy services to the conformity assessment bodies, or carry out similar activities that could harm impartiality. EAF offers its training services only to the groups that are open to general participation and with general content.

EAF has adopted the principle of cooperation with other national accreditation bodies and supporting their development, without getting into competition with them.

EAF has adopted the principle of carrying out its activities by giving the opportunity of active participation to the interested parties, without any discrimination as a fundamental principle.

## **3.5. Our Core Values**

* Impartiality and reliability
* Innovative and following the technological developments
* Information privacy
* Cooperation with partners
* Loyalty to ethical values
* Focused on results and solutions
* International recognition
* Specialization and competency

**4. General Requirements**

## **4.1. Legal Personality**

Currently, we are continuing our accreditation activities from our headquarters in the US.

## **4.2. Accreditation Agreement**

Conformity assessment bodies must satisfy the criteria that are accepted by EAF and international accreditation authorities. EAF requires the conformity assessment body to sign a legally enforceable “Accreditation Agreement”.

The following requirements for the conformity assessment bodies are set out in detail in the “Accreditation Agreement” and “Procedures for Accrediting the Conformity Assessment Bodies”:

* The conformity assessment body must commit to continually fulfil the requirements for accreditation stipulated by EAF for the scope for which accreditation is granted or sought. The conformity assessment body must also commit to provide evidence of fulfilment.
* To prove conformity to the accreditation requirements, the conformity assessment body must fulfill cooperation requests by EAF.
* To verify compliance with the accreditation requirements, the conformity assessment body must provide access to the necessary conformity assessment body personnel, facilities, equipment, information, documents, and records.
* If demanded by EAF, the conformity assessment body must make the necessary arrangements to observe its services.
* The conformity assessment body must adapt to the changes made in the accreditation criteria in the given time.
* The conformity assessment body must put conditions in the contracts that it signs with its clients so that EAF can visit the clients to inspect the conformity assessment body’s services and receive information regarding the conformity assessment body’s audits, when necessary and applicable.
* The conformity assessment body must state accreditation only within the scope of accreditation that has been granted.
* The conformity assessment body must adopt EAF’s accreditation symbol usage policy.
* The conformity assessment body must refrain from using the accreditation in a way that harms EAF’s reputation.
* The conformity assessment body must inform EAF regarding important changes to its accreditation without delay.
* The conformity assessment body must pay the fees that are set out by EAF.

**Related Documents:**

*EAF-P.01 Accreditation Procedure for Conformity Assessment Bodies*

*EAF-G.21 Service Fees Guidebook*

*EAF-G.20 Guidebook on Requirements for the Use of EAF Accreditation Symbol by Organizations*

*Accredited by EAF*

*EAF-FR.01 Accreditation Agreement*

## **4.3. Use of Accreditation Symbols and References to the Accreditation**

The EAF Accreditation Symbol is used by the organizations accredited by EAF to denote their accreditation status. The Conformity Assessment Bodies are authorized to use the EAF Accreditation Symbol after they are assessed, evaluated as successful and accredited in the documents, reports and certificates that they prepare in relation to the services that they provide within the scope of their accreditation.

EAF has published the “Guideline on the Requirements on the Use of the “EAF Accreditation Symbol” by the Accredited Organizations” which describe how and in which manner the Accreditation Symbol must be used. The EAF Accreditation Symbol can be used by the conformity assessment bodies in documents, reports, and certificates, and in advertising material that are related to their activities within the scope of their accreditation, in compliance with the specified requirements.

EAF shall take measures to ensure that the accredited conformity assessment bodies observe the following points in their use of the EAF Accreditation Symbol:

* They fully conform to the requirements of EAF for claiming accreditation status, when referring to its accreditation on such communication media as the internet, documents, pamphlets, or advertisements,
* They do not use the Accreditation Symbol for their branches that are not within the scope of accreditation,
* The do not make statements that could be understood as misguiding or without authorization,
* No report or certificate or a certain part of those documents is used in a misguiding manner,
* If the accreditation is withdrawn, the use of all advertising material referring to the accreditation is stopped at once,
* Accreditation is not used in a way that implies that EAF endorses a product, process, system, or person,
* Their affected customers are informed of the suspension, reduction or withdrawal of their accreditation and the associated consequences without delay.

The EAF Accreditation Brand, which is composed by the addition of the accreditation field, the number of the standard that is the subject of accreditation and the accreditation number of the accredited organization under the EAF Logo, is legally protected.

EAF shall take suitable action to deal with incorrect or unauthorized claims of accreditation status, or misleading or unauthorized use of the EAF Accreditation Symbol or the EAF logo.

**Related Documents:**

*EAF-P.01 Accreditation Procedure for Conformity Assessment Bodies*

*EAF-G.20 Guidebook on Requirements for the Use of EAF Accreditation Symbol by*

*Organizations Accredited by EAF*

*EAF-FR.01 Accreditation Agreement*

## **4.4. Impartiality**

EAF undertakes its accreditation activities in an impartial manner. EAF has a management system, which has been organized to ensure the impartiality and objectivity of its accreditation activities, and which provides opportunities for effective involvement by interested parties for safeguarding and improving its general policies and principles of its accreditation system. EAF’s policies and procedures on its accreditation activities have been defined in a way that does not discriminate the Conformity assessment bodies in any way depending on the Conformity assessment bodies’ qualities.

EAF’s policies and procedures on its accreditation activities have been established and are being implemented in a way that does not discriminate according to the qualities of the conformity assessment bodies. Necessary measures are found in the Human Resources Statute, contracts with personnel and signed affidavits taken from the personnel, to ensure that all EAF personnel taking part in the accreditation process including the Executive Board, assessors/experts that are hired temporarily, technical experts and advisory boards can act objectively and offer services without any commercial, financial or other pressures that could affect impartiality.

EAF’s “Impartiality Policy,” which points out the importance of impartiality in accreditation activities, includes provisions to manage conflict of interests, and ensures the objectivity of the accreditation activities are publicly accessible on the EAF internet page.

All interested parties are represented in the EAF Advisory Board in a balanced way and they have active involvement opportunities to preserve impartiality. The structure and duties of the Advisory Board have been determined. One of the duties of the Advisory Board is to advise the Executive Board to ensure the impartiality of the organization. Furthermore, EAF evaluates all appeals and complaints and requests for changes to regulations in an impartial and objective manner and gives all interested parties the opportunity for active participation to preserve impartiality.

EAF sets out the principles and methods for identifying and managing the measures to identify, analyze, prioritize the risks that may prevent the realization of its strategic aims and objectives and its fundamental activities/processes in its “Improvement, Risks and Opportunities Procedures”. In this context EAF continuously identifies, analyzes, evaluates, and tracks risks to impartiality arising from its activities, including the conflicts of interest related to its relations or the relations of its personnel. The procedure now determines the principles on the evaluation and tracking of the risks as well. In cases where risks related to impartiality cannot be reduced to an acceptable level, accreditation services shall not be provided. Besides, when a risk is identified by internal audit, application of the quality management system, accreditation process, developments in the field of accreditation, knowledge sharing meetings, feedback from the customers or any other way, a risk analysis shall be carried out with the participation of the President, the quality manager and interested parties. In this risk analysis, situations that could create conflicts of interest from the impartiality perspective, measures that can be taken to prevent them and possible sanctions are defined. The ensuing results and measures are recorded in the Risk Record and Tracking Form. Decisions related to accreditation are taken by the Accreditation Decision Committee consisting of person(s) that did not take part in the assessment, after the assessment has taken place and based on the suggestion of the assessment team. The Executive Board members do not take part in any way in the assessment and decision process. EAF cannot offer consulting and conformity assessment services, due to the regulations with which it is bound. Furthermore, no suggestions are to be made or implied to the applicants that accreditation can be obtained in an easier, simpler, faster, or cheaper manner if they receive consultancy services. This principle has been embraced by EAF, and it has been guaranteed in contracts with the employees and in the signed affidavits taken from the employees. As set out in its founding documents, EAF is a LLC that has legal personality, and has administrative and financial autonomy. EAF does not make special concessions or give privileges to any group, including public institutions. EAF treats all parties equally. EAF conducts its activities by following the “No competition principle.” Since EAF does not offer any conformity assessment activity, it is not in competition with any conformity assessment body. Besides, EAF has established its cross-border accreditation principles in compliance with the cross-border accreditation policies of APAC - IAAC. This policy is currently operational. Within this framework, EAF refuses requests that it receives which fall into the fields of activities of other national accreditation bodies and it does not compete with other accreditation bodies.

**Related Documents:**

*EAF-POL.01 Policy of Impartiality*

*EAF-PR.03 Procedure on Controls on Nonconformities, Corrective and Preventive Activities*

*EAF-PR.09 Procedure on Improvements, Risks and Opportunities*

*EAF-PR.01 Accreditation Procedure for Conformity Assessment Bodies*

## **4.5. Financing and Liability**

EAF evaluates the risks arising from its activities and has arrangements to cover liabilities arising from its activities.

The income sources of EAF are described in its incorporation as follows:

a) Fees paid by the accredited organizations each year for the documents that they issue within the scope of their accreditation, determined on a per document basis for using the EAF symbol,

b) Fees that are charged for the services provided,

c) Income that is derived by investing the income derived in the categories above.

The accreditation use and brand fee to be billed to the accredited organizations shall be determined by the Executive Board, based on reports that are prepared at the beginning of each financial year, by taking into account the properties of the sector in question.

That EAF is a LLC has been defined in its incorporation. In this respect, EAF does not follow a profit-based approach in its operations. The ENTERPRISE ACCREDITATION FOUNDATION’s revenues expenditures surplus is transferred to the next year’s budget. EAF’s financial records are audited by the EAF auditing mechanism. The financial report is presented to the Executive Board every year, which is then certified after deliberations. EAF’s annual budget is determined after its approval by the Executive Board.

**Related Documents:**

*EAF-PR.09 Procedure on Improvements, Risks and Opportunities*

## **4.6. Accreditation Schemes**

EAF follows accreditation schemes by using the following international standards, as well as the guidelines and other normative documents. EAF has documented the rules and processes for its accreditation schemes.

For Accrediting the Experimental/Calibration Laboratories ISO/IEC 17025,

For Accrediting Medical Laboratories ISO 15189,

For Accrediting Inspection Bodies ISO/IEC 17020,

For Accrediting Product Certification Bodies ISO/IEC 17065,

For Accrediting Management System Certification Bodies ISO/IEC17021-1,

For Accrediting Personnel Certification Bodies ISO/IEC 17024,

For Accrediting Proficiency Testing Providers ISO/IEC 17043,

Moreover, documents prepared by EAF have been designed to meet the requirements of the mandatory documents prepared by the APAC, IAAC and IAF/ILAC.

Documents prepared by EAF with the participation of competent experts in the relevant field and interested parties are published as regulations, memorandum, and guidelines. While preparing these documents, guidelines and application documents that are prepared by international organizations and other accreditation bodies are consulted, if present, and they are then adapted. These documents can in no way conflict with the requirements of the relevant international standards and/or other normative documents in the areas they cover or exclude them. EAF organizes various meetings and seminars to inform the public of its activities and participates in similar activities whenever possible. Moreover, all kinds of printed and visual media are followed. Requests for interviews, articles or similar requests are answered, as well as all kinds of requests from the public. Books, pamphlets, and similar publications are prepared to promote EAF and they are then presented to the interested parties. Accreditation schemes for which services are offered and the scopes of mutual recognition agreements are published at EAF’s internet site.

EAF has developed a policy to determine the suitability of the standards to be used in accreditation activities to the conformity assessment bodies and has prepared a procedure in which relevant rules are defined. When services offered by EAF need to be improved and expanded because of national and/or international developments; requests from associations, unions, trade chambers, and public and private institutions that are in related sectors; participated domestic and international meetings; opinions from the technical expert committees; surveys; informatory meetings; regulatory changes; needs that arise from the activities of the unions that EAF is a member of and organizations with which EAF has signed mutual recognition agreements; necessary rearrangements are made after working groups are formed through the coordinating efforts of the President, as described in the Procedure on the Establishment of Accreditation Schemes. The precondition that EAF will start activities in a new accreditation field is that the international mutual recognition agreement related to the aforementioned accreditation has been implemented by APAC,IAAC, IAF, or ILAC, or that the interested parties have come to a joint understanding as per the needs of the national economy. When deciding on stopping the services completely or partially in an accreditation scheme in which it has been providing services, EAF takes its (contractual) obligations that it needs to honor and the views of interested parties. If such a decision is made, EAF shall share information about transition arrangements and other necessary information with the public and the interested parties.

**Related Documents:**

*EAF-PR.13 Procedure on the Establishment of EAF Expert Committees, and Their Operational Methods and Principles*

*EAF-PR.12 Procedure on the Establishment of Accreditation Schemes*

*EAF-PR.14 Procedure on External Training EAF Gives*

*EAF-PR.21 Procedure on Organizational Communication*

*EAF-PR.08 Procedure on Document Management*

*EAF-PR.15 Procedure on International Relations and Cooperation*

*EAF-G.26 Guideline on the Assessment of Conformity Assessment Schemes*

# 5. Structural Requirements

ENTERPRISE ACCREDITATION FOUNDATION is structured and managed to safeguard its impartiality and reliability. EAF’s authority and responsibilities have been stated in detail in relevant documents. In this context, the duties, responsibilities and authorities of top management and other personnel taking part in accreditation activities have been determined. EAF has authority for and assumes responsibility of accreditation procedures that are undertaken by its relevant units and its accreditation decisions. Accreditation decisions taken by the relevant units of EAF and the application of those decisions are not subject to approval by any other organization or person. The top management of EAF consists of the President and the Executive Board. In the decisions of EAF, the President and/or the Executive Board assumes responsibility, depending on the authority to be exercised.

The general outline of the authority and responsibilities of the EAF top management is as follows:

•Formation and development of policies relating to the operation of EAF,

•Supervision of the implementation of the policies, processes and procedures that have been formed,

•Supervision of the finances of EAF,

•Development and adoption of activities for new accreditation schemes,

•Accreditation decisions,

•Performance of assessments and accreditation processes,

•General performance of the personnel, auditors, technical experts, and committees,

•Management of complaints and appeals,

•Follow-up, signing and application of agreements, accords, contracts by EAF,

•Provision of adequate resources for continuity of activities and efficient utilization of resources,

•Safeguarding of impartiality.

The EAF top management is responsible for determining and appointing the committees that are involved in the accreditation process, and the terms of references and operation of the said committees. Moreover, the EAF top management shall transfer authority to committees or individuals, as required, to undertake defined activities on its behalf.

The Executive Board has a duty to carry out/have others carry out reviews, analyses, and investigations regarding EAF’s activities; monitoring accreditation decisions and the process of decision making; and carrying out audits or having others carry out audits within the organization. Based on this authority, the Executive Board carries out investigations and monitoring whenever it sees fit. The findings of the APAC – IAAC peer-reviews that EAF undergoes, the results of internal audits, and the outputs of managerial reviews are monitored in this respect. On the other hand, as a public institution, the legal conformity of EAF’s revenues, expenditures, and spending, and the conformity of its activities to the national and international regulations that it is subject to, are audited in regular periods.

**Related Documents:**

*EAF-POL.01 Policy of Impartiality*

*EAF-PR.13EAFProcedure on the Establishment of EAF Expert Committees, and Their Operational Methods and Principles*

*EAF-PR.12 Procedure on the Establishment of Accreditation Schemes*

*EAF-PR.02 Procedure on Complaints and Appeals*

*EAF-PR.10 Procedure on the Qualifications of Personnel Taking Part in Accreditation Process and the Establishment of Assessor/Technical Expert Pool*

*EAF-PR.25 Procedure on Performance Monitoring and Evaluation of Personnel Taking Part in Accreditation Process*

*EAF-PR.01 Accreditation Procedure for Conformity Assessment Bodies*

*EAF-G.33 Criteria on Evaluating the Assessors and Technical Experts Taking Part in Accreditation Activities*

*EAF-PR.08 Procedure on Document Management*

# *EAF-PR.04 Procedure for Control of Records*

# 6. Resource Requirements

## **6.1. Competence of Personnel**

### 6.1.1. General

EAF has ensured and documented that its personnel have appropriate knowledge, skills, and competencies relevant to the accreditation schemes it undertakes and geographic areas in which it operates.

### 6.1.2. Determination of Competence Criteria

In the accreditation services it provides, EAF employs a sufficient number of competent full-time and part-time personnel. For the assessment team members and all part-time and full-time personnel who manage the accreditation programs, make accreditation decisions, select assessment team members, review accreditation applications, and evaluate assessment reports and documents, the competence criteria on technical knowledge, skills and experience, including their training, education, and the risk-based assessment techniques have been documented. The competence criteria have been defined for each function of the accreditation process, taking into account the IAF MD 20 document. Records, which show that relevant personnel satisfy these criteria, are being kept. Furthermore, when needed, additional specific competence criteria are established and then applied for a specific accreditation scheme. The duties, authorities and responsibilities of all personnel taking part in the organization have been defined. These duties, authorities and responsibilities have been set out in a way that is commensurate with the services that the relevant personnel provide. The personnel undergo training to ensure that they understand their duties, authorities, and responsibilities.

Documents describing the duties, authorities and responsibilities are kept within easy reach of all personnel. A pool of assessors and technical experts have been formed, which include the EAF personnel as well as external personnel, from which assessors are assigned for accreditation activities. Thanks to this pool, assessors or technical experts with the required expertise can easily be found. Contracts have been signed with assessors and technical experts to ensure privacy and security of accreditation activities.

### 6.1.3. Competence Management

EAF has documented its processes for the initial evaluation and ongoing monitoring of the competencies of all personnel involved in accreditation processes. EAF evaluates the competencies of personnel taking part in the accreditation process with such methods as reviewing records, written and/or oral examinations, field observations, and evaluating feedback from interested parties. EAF then formally appoints/authorizes assessors who are found to be competent prior to undertaking accreditation activities.

EAF has documented the contents of the assessor training. During the assessor training and the field observations afterwards, the competencies of candidate assessors in using the relevant knowledge and skills that they have are tested as well. EAF has documented processes in the selection and authorization of the members of the assessment team including technical experts. The duties and responsibilities of the assessment team during the accreditation process have been documented and made available to the members of the assessment team. EAF identifies training needs and provides access to specific training to ensure that all personnel involved in accreditation processes are competent for the accreditation activities they perform. EAF monitors the competence and performance of all personnel involved in the assessment activities based on the frequency of their involvement, and the level of risk linked to the accreditation activities they perform. EAF also reviews and records the competence of its personnel in accordance with the documented procedures. When necessary, corrective actions are taken. EAF monitors the competencies of assessors considering the requirements of the accreditation scheme in which they take part. The documented monitoring process of assessors include such methods as on-site observation following assessments, review of assessment reports, and feedback from conformity assessment bodies or from other interested parties. Each assessor shall be observed during an assessment at least once in every three years. If change is made to the current assessment process, justification regarding the change shall be recorded.

**Related Documents:**

*EAF-PR.13 EAF Procedure on the Establishment of EAF Expert Committees, and Their Operational Methods and Principles*

*EAF-PR.18 Procedure on EAF Personnel Training*

*EAF-PR.10 Procedure on the Qualifications of Personnel Taking Part in Accreditation Process and the Establishment of Assessor/Technical Expert Pool*

*EAF-PR.25 Procedure on Performance Monitoring and Evaluation of Personnel Taking Part in Accreditation Process*

*EAF-PR.01 Accreditation Procedure for Conformity Assessment Bodies*

*EAF-G.33 Criteria on Evaluating the Assessors and Technical Experts Taking Part in Accreditation Activities*

*EAF-G.29 Instructions on Adaptation Training Program*

*EAF-G.30 Instructions on Determining the Training Needs of EAF Personnel*

*EAF-G.04 Instructions on Behavior and Ethical Rules*

*EAF-G.09 Working Instructions for Technical Person in Charge*

*EAF-G.02 Working Instructions for Assessment Team*

## **6.2. Personnel Involved in the Accreditation Process**

EAF has a sufficient number of competent personnel to manage and support all of its accreditation activities for all accreditation schemes. EAF has enforceable arrangements requiring all personnel to conform to its current accreditation policies and to follow processes that are defined by the procedures and regulations. The arrangements address aspects relating to confidentiality and impartiality and require all personnel to notify EAF of any exiting, prior or foreseeable relationships which may compromise impartiality. Members of the assessment team and relevant personnel have access to relevant instructions and documents on the accreditation processes.

**Related Documents:**

*EAF-POL.01 Impartiality Policy*

*EAF-PR.25 Procedure on Performance Monitoring and Evaluation of Personnel Taking Part in the Accreditation Process*

*EAF-PR.01 Procedure on the Accreditation of Conformity Assessment Bodies*

*EAF-IN.04 Instructions on Behavior and Ethical Rules*

*EAF-IN.09 Working Instructions for Case Officer*

*EAF-IN.02 Working Instructions for Assessment Team*

## **6.3. Personnel Records**

EAF maintains records, including qualifications, training, competence, experience, professional status and professional affiliations for personnel managing or performing accreditation activities. The training, experience, and observation records of personnel taking part in assessments are stored according to documented procedures.

**Related Documents:**

*EAF-PR.13 Procedure on the Establishment of EAF Expert Committees,*

*EAF-PR.04 Procedure on Document Management*

*EAF-PR.10 Procedure on the Qualifications of Personnel Taking Part in Accreditation Process and the*

*Establishment of Assessor/Technical Expert Pool*

## **6.4. Outsourcing**

EAF does not outsource its accreditation assessments on the accreditation applications it receives, except in situations that are described in its cross-border accreditation policy. EAF does not take accreditation decisions based on the findings of another accreditation body in its assessments. EAF has developed a cross-border accreditation policy in accordance with the APAC, IAAC policies and regulations. This policy is currently operational. Due to its cross-border accreditation policy, EAF can only take assessor/assessment support from the accreditation bodies that have signed MRA/MLA agreements with IAAC/APAC/ILAC/ILAF. If an accreditation body of another country was used in the assessment due to the cross-border policy, EAF assumes all responsibility, takes the accreditation decision itself, and keeps all records. Responsibility on an accreditation decision can in no way be transferred to a party other than EAF.

**Related Documents:**

*EAF-PR.04 Procedure on Document Management*

*EAF-PR.15 Procedure on International Relations and Cooperation*

# 7. The Accreditation Process

## **7.1. Accreditation Requirements**

The general accreditation criteria that are applied for accrediting the conformity assessment bodies are determined by taking into account the relevant international standards (EN, ISO, etc.), the guiding documents (EN, ISO, ILAC, IAF) and the views and advice of the relevant technical committees of these international bodies.

The following documents giving information about accreditation in general and defining its aspects are published at the EAF website:

* Assessment and accreditation processes on issuing, maintaining, or changing the scope of an accreditation,
* Technical and general requirements for a specific accreditation area and reference documents,
* Fees for accreditation activities,
* The rights, responsibilities and obligations of the conformity assessment bodies,
* Information about the accredited conformity assessment bodies,
* Handling and resolution of all kinds of appeals and complaints,
* Legal basis of the accreditation system, the rights and obligations of EAF, financial resources, activities, and liability limits of EAF,
* Information about relevant organizations.

These documents are periodically updated and relevant conformity assessment bodies and other interested parties are kept informed through public presentations, media, publications, and the internet.

## **7.2. Application for Accreditation**

For the accreditation application to be accepted, the Accreditation Agreement, which includes a promise that the conformity assessment body will meet its obligations and the accreditation requirements, and the application form must be signed by the top management of the conformity assessment body or person/persons authorized by the top management.

Furthermore, the applicant organization must present documents including such information as the name, definition, legal status, human and technical resources, addresses including the cyber addresses, its relationship in a larger entity if present, and a clearly defined scope or scopes of accreditation it is seeking.

During the filing of the formal application, the relevant EAF technical personnel shall request at least the following documents from the conformity assessment body, without which the assessment process will not begin:

* Standards, methods, procedures, and technical records related to the scope for which it is seeking accreditation,
* Procedures related to the Quality Handbook,
* Other documents and records indicating that the accreditation requirements are met,
* If the conformity assessment body is a laboratory, records showing participation in competence experiments and related documents.

At any point in the application or initial assessment process, if there is evidence of fraudulent behavior, if the conformity assessment body intentionally provides false information or if the conformity assessment body conceals information, EAF shall reject the application or terminate the assessment process. These conformity assessment bodies shall be subject to restrictions on reapplying for accreditation.

**7.3. Resource Review**

When an application for accreditation is received, it is evaluated by considering the following:

* The sufficiency of the technical expert and assessor infrastructure within EAF
* The need for the existence of a group of knowledgeable experts that can assess the technical competence of the applicant conformity assessment body
* The presence of competent personnel in the relevant accreditation program for the decision process
* The suitability of the status of the applicant conformity assessment body and its style of work to the policies and principles that are nationally and internationally recognized and adopted by EAF
* EAF’s capacity to meet the expectations of the applicant conformity assessment body regarding the accreditation services.

After all these considerations, the technical personnel shall evaluate the application, and shall decide whether to accept or reject the application for evaluation.

The EAF technical personnel shall also review EAF’s ability to carry out the initial assessment in a timely manner. Where the initial assessment cannot be conducted in a timely manner, this shall be communicated to the conformity assessment body.

## **7.4. Preparation for Assessment**

The technical expert shall organize an assessment team, which will then be formally charged by the President. The assessment team shall consist of a team leader having the lead auditor qualification, and a suitable number of assessors depending on the scope to be assessed. If a certain scope of accreditation requires, an experienced technical expert is added to the assessment team. Members of the assessment team are selected from among persons that are included in the assessor/technical expert pool.

To ensure that members of the assessment team carry out the assessment without discrimination and in an impartial manner, and the assessment proceeds in a professional and disciplined way, assessors and technical experts shall sign affidavits. These affidavits guarantee that members of the assessment team shall report the following situations, if applicable, to EAF before the assessment:

* Consultancy work with the conformity assessment body,
* Present and prior connections of the members of the assessment team or their affiliations with the conformity assessment body to be assessed, and conflicts of interest.

Before the assessment begins, EAF shall inform the conformity assessment body of the names of the members of the assessment team and any observers, if present, and the organization(s) they belong to. The conformity assessment body may lodge an objection to the appointment of any team members or observers with supporting justification. When the objection can not be accepted, EAF shall communication the reasons for refusing the objection to the conformity assessment body. In the accreditation assessments, conformity assessment activities shall be sampled by taking into account the conformity assessment activities, the fields in which activities are carried out and the existing personnel pool, and through a risk-based approach, in a way that enables the assessment of the competence of the conformity assessment body. Sampling criteria and the assessment techniques to be used are described in the relevant procedures.

Depending on the scope for which the conformity assessment body has applied for accreditation, witnessing can be utilized besides office assessment and criteria for witnessing has been defined. The date of assessment shall be determined by taking into account the view of the conformity assessment body to be assessed, and then an assessment plan shall be formulated accordingly.

The assessment plan shall cover the activities to be assessed, the locations at which activities will be assessed, the personnel to be assessed where applicable and the assessment techniques to be utilized. EAF shall justify where on-location assessment is not appropriate or applicable.

## **7.5. Review of Documented Information**

The assessment team shall review all relevant documents and records supplied by the conformity assessment body to evaluate its management system for conformity with the relevant accreditation standards and other accreditation requirements.

If the nonconformities that are uncovered after the review of the documents and records show that the conformity assessment body is not competent to warrant on-site assessment, the on-site assessment of the applicant conformity assessment body for accreditation or change of scope can be postponed, depending on a request by the assessment team. In such cases, the nonconformities that are uncovered shall be reported in writing as the reason for postponement to the conformity assessment body.

## **7.6. Assessment**

EAF undertakes on-site assessments at the locations of the conformity assessment body to verify that the management system of the conformity assessment body is being applied, based on the documented evidence and interviews with the conformity assessment body personnel. In certain situations, EAF may use other assessment techniques defined in relevant procedures, besides onsite assessment.

Remote assessment may be carried out in cases when on-site assessment is not possible to due to a variety of reasons. In remote assessments, the management system of the conformity assessment body, the effectiveness of its activities, its records etc. are assessed and its competency is evaluated by electronic means, without being physically present at the locations in which the records of the conformity assessment body is kept and the activities of the conformity assessment body personnel are being carried out. Regulations governing remote assessment are defined in EAF’s relevant procedures.

EAF determines the assessment durations according to the relevant documented rules. The assessment techniques to be employed and the conditions under which they can be used are described in the relevant procedures.

The assessment team begins the assessment with an opening meeting in which the aims of the assessment and the accreditation criteria are explained, and the scope of the application is verified. The assessment team carries out the assessment in conformity with the assessment program by sampling the activities of the conformity assessment body in a way that represents the activities within the scope of accreditation.

The assessment team acquires objective evidence that show that activities of the conformity assessment body conform to the accreditation standard and other accreditation criteria, the personnel are competent, and the procedures and methods are in force and being applied.

To verify that the applicant conformity assessment body is competent in all the fields within the scope of accreditation, the assessment team assesses enough of the conformity assessment body personnel. This assessment is performed by reviewing, observing, and evaluating a sufficient number of conformity assessment activities that are carried out the conformity assessment body personnel.

The assessment team shall analyze all relevant information and objective evidence gathered during the assessment to evaluate the degree to which the conformity assessment body follows the accreditation criteria and requirements and to see if there is any nonconformity. Where the assessment team cannot reach a clear conclusion on a finding, the team shall refer to EAF for EAF’s evaluation.

If nonconformities are found, the assessment team shall inform the conformity assessment body in writing. If the assessment team and the conformity assessment body do not agree on the nonconformities, the team shall inform EAF.

At the end of the assessment, a closing meeting shall take place between the assessment team and the management of the conformity assessment body. At this meeting, the assessment team shall report on the findings identified during the assessment and inform the conformity assessment body of any nonconformities if present. An opportunity shall be provided for the conformity assessment body at this meeting to seek clarification on the findings of the assessment team.

At the end of the assessment a report prepared by the assessment team shall be presented within a predetermined period to EAF. The ultimate responsibility and ownership of the report rests with EAF.

When nonconformities are identified, the conformity assessment body shall be required to carry out an analysis of the extent and cause (e.g. root cause analysis) and the spread (spread to other fields) of these nonconformities and to take necessary corrective actions. The assessment team shall then assess whether the corrective actions that have been carried out did indeed clear the nonconformities or not. If these actions are not sufficient, further information/evidence may be requested from the conformity assessment body. If deemed necessary by the assessment team, follow-up assessments may be carried out.

At the end of the assessment, the team leader shall prepare a written report on the outcome of the assessment by consulting with the other members of the assessment team, or the team leader shall make sure each member of the assessment team shall prepare his/her own assessment outcome report. All reports and assessment records shall be uploaded to EAF e-portal or e-mail to case officer.

The assessment report is expected to be parallel to the issues raised during the closing meeting. If a different assessment outcome is reached in the report, EAF shall inform the conformity assessment body in writing, including relevant explanations.

## **7.7. Accreditation Decision-Making**

Processes for all types of accreditation processes have been described. The relevant technical decision maker shall review the assessment records on initial accreditation, maintenance, scope extension, accreditation renewal, follow-up etc. (reports, evidence, proofs for corrective/preventive actions, scope of accreditation to be assessed, additional information etc.) and other application documents. The technical decision maker then checks if the accreditation requirements and criteria are met according to the scope/scopes of accreditation and if there is any missing element. In predefined necessary conditions, technical review shall be carried out before the final decision. The pre-decision technical evaluation report, then, shall be presented to the Accreditation Decision Committee, along all other relevant documents.

The accreditation decisions that has already been taken will be taken by EAF are not subject to approval by another person or organization.

No accreditation decision shall be taken based on assessments carried out by accreditation bodies that have not signed an MRA/MLA with IAAC/APAC/ILAC/IAF.

## **7.8. Accreditation Information**

After the decision on accreditation has been made, an “Accreditation Certificate” shall be issued to the conformity assessment body and information regarding the accreditation is published on the EAF internet page. The accreditation certificate or information published on the EAF website includes at least the following:

* The identity of EAF and its logo,
* The name of the accredited conformity assessment body and the name of the legal entity, if different,
* The unique accreditation number that is assigned to the accredited conformity assessment body,
* Scope of accreditation,
* A statement of conformity and references to the standards and documents containing other requirements (including issue or revision) that are used for the assessment of the conformity assessment body,
* Addresses of all locations within accreditation
* Other additional information necessary for the accreditation programs.

EAF has documented procedures on how it uses flexible scopes in the accreditation programs it has identified.

## **7.9. Accreditation Cycle**

The accreditation cycle for the conformity assessment bodies accredited by EAF is defined as a four year period that begins with the decision to grant the initial accreditation and continues until the date at which the accreditation extension decision is going to be effective, including reassessment. During this period, routine observatory assessments and other types of assessments that are deemed necessary shall be performed.

The accreditation cycle shall be designed in a way that every area of the conformity assessment body’s activity within the scope of accreditation and every field in which important activities take place are assessed at least once in a cycle. Factors such as the management system of the conformity assessment body, its activities and information gathered about its performance are considered while devising the accreditation cycle.

Within an accreditation cycle that is prepared by considering the risk factors, the degree to which international standards and other normative documents are followed is assessed. In the observatory and renewal assessments that are carried out in the specified periods as explained below, certain parts of the accreditation scope are assessed. The routine observatory and renewal assessments are carried out on-site at the conformity assessment body locations. However, if on-site reassessment is not possible, this situation will be justified and another assessment technique that will serve the same purpose as the on-site assessment shall be used.

The first observatory assessment is planned to the accredited organization on the 12th month following the date of accreditation. The second observatory assessment is carried out within the 27th month. In the spacing of routine observatory assessments, a certain amount of deviation may be allowed, but in under no circumstance can the subsequent assessments be more than 24 months apart.

Although the accreditation cycle is 48 months, the accreditation reassessment is carried out in the 42nd month following the date of initial accreditation. Renewal assessments are planned in a way that verifies the conformity assessment body’s competence, covers all requirements of the standard(s) under which the conformity assessment body is accredited, and takes into account information gained and experiences obtained in previous assessments. After the end of the reassessment, the decision to renew accreditation shall be taken and the new accreditation cycle begins at the end of the 48th month.

EAF may conduct extraordinary assessments because of complaints, important changes taking place, or the result of a risk assessment.

## **7.10. Extending Accreditation**

An accredited conformity assessment body may apply to EAFto add new areas of activity and/or fields to the scope of its accreditation. In such a case, it is imperative to assess the organization’s technical capabilities. If suitable, this assessment can be within the scope of an observatory assessment, or it can be planned as a separate assessment. Assessments for extending accreditation are carried out in a way that is like the initial accreditation assessment, considering the fields of activity and the risk areas that are subject to extension. Rules related to the accreditation extension assessments are explained in the relevant procedure.

**7.11. Suspending, Withdrawing or Reducing Accreditation**

Issues related to the circumstances under which the accreditation is suspended, withdrawn, or reduced when an accredited conformity assessment body has failed to meet the requirements of accreditation or to abide by the rules of accreditation or has voluntarily requested a suspension, withdrawal, or reduction have been defined in the relevant procedure.

Where there is evidence of fraudulent behavior, or the conformity assessment body intentionally provides false information, or conceals information, EAF shall initiate its process for withdrawal of accreditation.

**7.12. Complaints**

Private individuals or legal entities may file oral or written complaints regarding EAF’s performance in its accreditation activities, its procedures, its temporary or permanent personnel, the activities of an organization that EAF has accredited that are within the scope of EAF’s accreditation, or any other issue related to EAF’s activities. A complaint concerning an accredited organization must first be made to directly to the said organization. If the complaint is not resolved this way, it shall be considered by EAF.

EAF has a documented process regarding the filed complaints and procedures to process the complaints are publicly available. Upon receipt of a complaint, EAF shall confirm whether the complaint relates accreditation activities it is responsible for, and then the complaint shall be registered. EAF is responsible to collect all necessary information necessary to verify the validity of the complaint and verify their validity.

The handling process for complaints is as follows:

* Receiving, validating, and recording the complaint,
* Informing the complainant that the complaint is under consideration,
* Investigating the complaint and identifying personnel who are responsible for its resolution,
* Tracking recording the actions that are taken to resolve the complaint,
* Officially informing the complainant about the progress reports on processing the complaint and the outcome.

EAF is responsible for all decisions throughout the handling of the complaints. The decision on a complaint shall be taken by person(s) that have not taken part in the activities that are subject to the complaint in question. Decision on complaints shall not result in any discriminatory action against the complainant.

## **7.13. Appeals**

EAF has established documentation including the necessary measures to receive, evaluate and make decisions on all kinds of appeals that the conformity assessment bodies might make at the earliest notice. In addition, EAF is currently applying this documentation in its handling of appeals. Methods to handle the appeals are publicly available. EAF is responsible for all decisions throughout the appeals process and takes the final decision itself.

The handling process for appeals include the following elements and methods:

* Receiving the appeal and verifying its validity,
* Recording the appeal and the actions taken afterwards to track them,
* Keeping the appellant informed about the process of handling the appeal,
* Determining the unit and responsible personnel for handling the appeal
* Officially informing the appellant about the final decision on the appeal.

Decision(s) on appeals handled by EAF shall not result in discriminatory action against the appellant. The decision to be communicated to the appellant shall be made by, or reviewed and approved by, individual(s) not involved in the activities in question.

## **7.14. Records on Conformity Assessment Bodies**

EAF has a documented process, called “Record Control Procedure,” on the classification, retention, and storage of records on conformity assessment bodies. To show that the accreditation requirements are actively satisfied and applied by the conformity assessment body, these records are retained at least for the duration of the current cycle plus the previous full accreditation cycle.

**Related Documents**:

*EAF-PR.04 Procedure on Document Management*

*EAF-PR.02 Procedure on Complaints and Appeals*

*EAF-PR.01 Accreditation Procedure for Conformity Assessment Bodies*

*EAF-G.21 Guideline on Service Fees*

*EAF-G.02 Guideline on Accrediting Laboratories*

*EAF-G.03 Guideline on Accrediting Personnel Certification Bodies*

*EAF-G.04 Accreditation Scope for Management System Certification Bodies*

*EAF-G.05 Guideline on Accrediting Inspection Bodies*

*EAF-G.06 Guideline on Accrediting Product Certification Bodies*

*EAF-IN.04 Instructions on Behavior and Ethical Rules*

*EAF-IN.09 Working Instructions on Case Officer*

*EAF-IN.02 Working Instructions for Assessment Team*

*EAF-FR.01 Accreditation Agreement*

**8. Information Requirements**

**8.1. Confidential Information**

All EAF units, the established expert committees, organizations whose services are utilized, and all EAF personnel, including the assessors and technical experts carrying out assessment on EAF’s behalf, are charged with keeping all information obtained during the accreditation process as confidential.

Unless required by law, EAF will not disclose confidential information without the written consent of the conformity assessment body .EAF will inform the conformity assessment body, when it is required by law or authorized by contractual agreements to release confidential information that it obtained on the conformity assessment body or the information it created during the assessment, unless prohibited by law.

Information on the conformity assessment bodies, assessors and technical experts are kept by EAF according to the Law on the Protection of Personal Information, and it will not be shared with third parties without the consent of the relevant parties or a legal requirement.

Furthermore, information about the conformity assessment body obtained from sources other than the conformity assessment body, such as complainant, regulators, legal authorities, etc., shall be confidential as well. The provider of this information shall be confidential to EAF and shall not be shared with the conformity assessment body, unless consented by the provider.

Personnel acting on EAF’s behalf, including EAF personnel, experts (assessors and technical experts), committee members, personnel of external bodies, or individuals acting on EAF’s behalf, shall keep confidential all information, document and/or documents, except as required by law.

**Related Documents:**

*EAF-PR.04 Procedure on Document Management*

*EAF-FR.01 Accreditation Agreement*

**8.2. Publicly Available Information**

EAF makes the following information publicly available at its internet site without request and keeps this information current:

* The authority under which it operates,
* Its organizational structure,
* Its rights and duties,
* Its activities,
* Its sources of income,
* Its affiliations,
* Multilateral and mutual recognition agreements it has signed.

EAF also makes the following information publicly available about the organizations it has accredited without request and keeps this information current:

* The name and address of the accredited organization,
* The date on which accreditation was granted and the validity date,
* Scope of accreditation,
* Information about suspension or withdrawal of accreditation.

Furthermore, EAF makes the following information publicly available about its accreditation processes at its internet site without request and keeps this information current:

* Its accreditation schemes
* Assessment processes
* Accreditation requirements,
* Service fees,
* The rights and obligations of the conformity assessment bodies,
* Procedures for lodging and handling complaints and appeals,
* Use of the accreditation symbol.

EAF shall give due notice of any changes its requirements for accreditation, as well as all kinds of changes that are made in the national/inter accreditation requirements and criteria to all relevant parties. EAF shall consider views expressed by interested parties before deciding on the precise form and effective date of the changes. Adequate time shall be provided to the conformity assessment bodies to adapt to the new requirements and criteria and organize accordingly. Following a decision on the changed requirements for accreditation, EAF shall verify that each accredited body conforms to the changed requirements.

**Related Documents:**

*EAF-PR.04 Procedure on Document Management*

*EAF-FR.01 Accreditation Agreement*

1. **Management System Requirements**

**9.1. General**

A management system has been established, documented, and implemented by the ENTERPRISE ACCREDITATION FOUNDATION (EAF) to support and demonstrate the consistent achievement of the requirements of the ISO/IEC 17011 standard, following **Option A**. Furthermore, this management system is being continually maintained by EAF.

The EAF Management aims to provide efficient and productive services by clearly defining policies and aims regarding the competency, consistency of operation and impartiality.

By ensuring that all EAF personnel understand, implement, and maintain the management system, services that comply with the requirements of the ISO/IEC 17011 standard can be offered and productivity can continuously be improved. The President has been tasked with carrying out activities to ensure that the policies and aims of EAF are understood by all personnel. To ensure the consistency of the set targets and the policies of the organization, the top management (the Executive Board and the President) is in continuous communication with the EAF personnel and relevant parties.

In-service training is provided at all levels of the organization to all personnel to make sure that the policies, targets, the Quality Handbook, procedures, instructions, and other relevant documents are understood, implemented, and maintained.

The EAF Executive Board has appointed a Quality Manager who, independent of his/her other duties, shall carry out the necessary activities to ensure that processes that make up the management system are established, implemented, and maintained. The Quality Manager shall then present a report to the Executive Board on the performance of the management system and the needs for improvement. The duties, authority and responsibilities of the Quality Manager are provided in Appendix 2 of this Quality Handbook.

**9.2. Management System**

The management system including the documented policies and aims has been established and implemented through the publication of this Quality Handbook and the procedures, instructions, and guidelines, as required by the ISO/IEC standard in appropriate circumstances.

All documents on the management system are made accessible to the relevant personnel and all measures are taken to implement these documents in a sustainable manner.

The management system of EAF has been established to cover the accreditation of the conformity assessment bodies, publicity activities and training activities of the organization and with the aim of responding to the received requests. The effectiveness of the management system is continually improved.

**Related Documents:**

*EAF-PR.03 Procedure on Controls on Nonconformities, Corrective and Preventive Activities*

*EAF-PR.09 Procedure on Improvements, Risks and Opportunities*

**9.3. Document Control**

Document management has been documented for the operation of the management system and to improve effectiveness and productivity. Document control covers all the internal and external documents, including the standards and guidelines that are used in all internal activities related to the management system and those that are used in accreditation activities.

Measures are taken so that conformity assessment bodies can easily access the up-to-date and relevant documents within the management system.

**Related Documents:**

*EAF-PR.04 Procedure on Document Management*

**9.4. Records Control**

To store the management system records and records on accreditation safely, and to ensure that confidentiality is preserved at all stages of accreditation activities, and to allow access to desired records, which is authorized for a specific period and in a way that conforms to the contractual obligations, physical and administrative measures have been taken and arrangements have been made. Records are kept in protected areas and restricted access is granted.

**Related Documents:**

*EAF-PR.04 Procedure on Document Management*

**9.5. Nonconformities and Corrective Actions**

Regarding the nonconformities that arise in the management system or during the accreditation activities, documented procedures have been established and measures have been taken for their identification, review of their causes, their evaluation, and correction. Furthermore, documented procedures have been established and measures have been taken to identify the corrective actions to be taken to prevent repeated incidents, apply these actions in a timely manner, and review the effectiveness of these actions.

**Related Documents:**

*EAF-PR.04 Procedure on Document Management*

*EAF-PR.03 Procedure on Controls on Nonconformities, Corrective and Preventive Activities*

**9.6. Improvement**

EAF has procedures to identify the risks that may negatively influence its management system and the effectiveness of its accreditation activities and opportunities for improvement and to take appropriate action. Risks associated with all processes are identified, analyzed, and managed according to documented principles.

To ensure that EAF can realize its mission and aims, and carry out its fundamental activities and processes, the risk management process includes such steps as identifying, evaluating, and addressing the risks, periodically reviewing the risks, and reporting them. This process also includes estimating and determining the probabilities that potential risks might happen, and their effects once they happen, as well as the level of taking these risks by the management.

To achieve improvements in the management system and accreditation activities, feedback received from the customers and other interested parties, and data from the assessments and management reviews are evaluated and if deemed necessary, corrective, or preventive actions are taken.

**Related Documents:**

*EAF-PR.03 Procedure on Controls on Nonconformities, Corrective and Preventive Activities*

*EAF-PR.09 Procedure on Improvements, Risks and Opportunities*

**9.7. Internal Audits**

Planned internal audits are being carried out to verify that EAF’s operations and its activities regarding the accreditation services being provided conform to the requirements of the management system, the ISO/IEC 17011, and other normative documents.

An internal audit program has been established, which cover all elements of the management system and all units that carry out and support the accreditation activities, take into account the findings of the previous internal audits, and take place at least once a year.

**Related Documents:**

*EAF-PR.05 Internal Audit Procedure*

**9.8. Management Reviews**

EAF undertakes review activities at planned intervals to ensure the appropriateness, effectiveness, and continuity of its management system, to define the needs from the perspective of organization, resources, personnel, activities, and the workload, and to take necessary measures. In the management review meetings, topics that are described in the relevant procedure are discussed and at the end of the meeting, decisions on the following issues are recorded and interested parties are informed of:

* Improvements with regard to the management system and the processes,
* Improving the services provided and the accreditation process in conformity with the relevant standards and the expectations of the interested parties,
* Resource needs,
* Decisions related to the improvement or redefinition of policies and aims.

**Related Documents:**

*EAF-PR.16 Procedure on Management Review*