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| --- | --- |
| **SMS Name:** | Click here to enter text. |
| **SMS Contact Name** |  |
| **Assessment Date(s):** | *Day(s)/Month/Year* |
| **Lead OP Assessor Name:** | *First Name, Last Name;* |
| **OP Assessor Names(s):** | *First Name, Last Name;*  *Assessment Team Role, Organization's Name* |
| **Satisfactory**  (no nonconformities) |  |
| **Corrective Action**  **Required** | *As applicable, identify number of nonconformities, including classification. List all Nonconformity Records (NCRs); identify applicable due date(s).* |
| **Opportunities for**  **Improvement (OFIs)**  **NOTE:** A nonconformity cannot be  documented as an OFI (reference  9104-002, definition section). | *As applicable, identify number of OFIs; list all OFIs.* |
| **Conclusions, Remarks and  Recommendations:** |  |
| **Submitted by:** | *First Name, Last Name* |
| **Date Submitted:** | *Day/Month/Year* |

**Instructions for Completing Check Sheet:**

This check sheet shall be used for 9104-001 SMS assessments.

**Status Assessment Results:**

Document assessment results within the table as follows:

* **Conforming (C)** - The process records/evidence demonstrate effective implementation; process assessed and found acceptable.
* **Nonconforming (NC)** - The process records/evidence were assessed and a nonconformity was identified.
* **Not Evaluated (NE)** - The question was not evaluated; include justification in the “Assessment Evidence/Comments” column (e.g., outside assessment scope).
* **Not Applicable (NA)** - The question is not applicable; include justification in the “Assessment Evidence/Comments”.

**Assessment Evidence / Comments:**

Include appropriate detail in the “Assessment Evidence/Comments” column to support the assessment results (e.g., information associated to the process assessed and records reviewed, NCR number, OFI).

Additional questions may be added, as deemed appropriate.

NOTE: 9104-002 check sheets are available on the International Aerospace Quality Group (IAQG) website.

| **Item** | **Question** | **Reference(s)**  (Standard and Clause Number) | **Assessment Results**  (C, NC, NE, NA) | **Assessment Evidence / Comments** |
| --- | --- | --- | --- | --- |
| **Structure and Organization** | | | | |
|  | What is the composition of the SMS and does it meet established requirements?  **NOTE:** Record the main stakeholders and list each of the CBMCs that form part of the SMS structure.  Where the structure of the SMS includes a CBMC, oversight is required for each CBMC as part of the SMS oversight assessment using 9104-002 Form F; unless an effective oversight has been completed by an independent Other Party (OP) assessor within the SMS oversight activity.  Where the structure of the SMS includes an Auditor Authentication Body (AAB) and/or a Training Provider Approval Body (TPAB), the AAB and TPAB oversight is required to be completed as part of the SMS oversight assessment, using the applicable 9104-002 check sheet; unless an effective oversight has been completed by an independent OP assessor within SMS or CBMC oversight activity. | 9104-001: 10;  9104-001: 11;  9104-001: 15.2;  9104-002: Form F;  9104-002: Form G;  9104-002: Form H |  |  |
|  | How has the SMS ensured that only IAQG or sector member company representatives have voting rights? | 9104-001: 15.2 |  |  |
|  | Has the SMS appointed three voting members and up to three alternates to participate on the IAQG Other Party Management Team (OPMT)? | 9104-001: 15.4 |  |  |
| Are they participating in associated meetings? |  |  |
| **Processes and Procedures** | | | | |
|  | What procedures does the SMS use to manage and control implementation of the 9104-series standards requirements and are they controlled in accordance with established requirements? | 9104-001: 4.1;  9104-001: 4.14 |  |  |
|  | How does the SMS demonstrate it has carried out an annual review and evaluation of the Industry Controlled Other Party (ICOP) scheme that evaluates its continued effectiveness and conformance to established requirements? | 9104-002: 8 |  |  |
|  | What evidence is available to demonstrate the SMS makes essential reporting data available to the IAQG OPMT in accordance with established requirements? | 9104-001: 4.15 |  |  |
|  | Where applicable, have fees been established by the SMS to facilitate the ICOP scheme and have they been approved? | 9104-001: 16.8;  9104-001: 20.3 |  |  |
|  | What evidence exists that any fees established by the SMS to facilitate the ICOP scheme have been approved by the applicable SMS? | 9104-001: 20.3 |  |  |
|  | How are ABs, AABs, Aerospace Quality Management System (AQMS) auditors, TPABs, Certification Bodies (CBs), Training Providers (TPs), and training courses approved, recognized, or authenticated by other CBMCs or IAQG sectors recognized? | 9104-001: 4.11;  9104-001: 4.12;  9104-001: 10.8;  9104-003: 5.5;  9104-003: 7.6 |  |  |
| **Resolutions** | | | | |
|  | What is the process for the writing and issuance of ICOP scheme resolutions in accordance with established requirements? | 9104-001: 4.16 |  |  |
|  | Have any resolutions been issued by the SMS that do not have IAQG OPMT concurrence?  **NOTE:** List any that have been issued without concurrence. | 9104-001: 4.16 |  |  |
|  | How are published IAQG OPMT or sector specific resolutions deployed as requirements by the SMS?  **NOTE:** Check deployment of recent resolutions. | 9104-001: 4.16 |  |  |
| **Oversight** | | | | |
|  | Has the SMS appointed an Oversight Sub-team Chair and have they declared any potential conflicts of interest? | 9104-002: 6.5.4 |  |  |
|  | How does the SMS manage oversight in conformance with established requirements? | 9104-001: 9.a;  9104-002: Table 1 |  |  |
|  | Where the SMS uses a risk-based approach to oversight, is there a documented procedure and is oversight planned and conducted in accordance with its requirements? | 9104-002: 7.2 |  |  |
|  | Do records of the oversights conducted demonstrate all of the required oversight assessments are completed annually and in accordance with the defined schedule? | 9104-002: 7 |  |  |
|  | For joint oversight assessments, is the AB assessor the assessment team leader? | 9104-002: 6.2.1 |  |  |
|  | From samples reviewed, do oversight records demonstrate conformance to requirements including:   * Correct use and completion of latest issue forms? | 9104-002: 7 |  |  |
| * + Completion by the correct party? |  |  |
|  | Do fully complete and up to date (< three years old) 9104-002 “Other Party (OP) Assessor Industry Controlled Other Party (ICOP) Declaration Forms (see Form A) exist for each OP assessor utilized for oversight activity?  **NOTE:** Record samples of evidence reviewed. Check a sample of assessments to ensure no conflict of interest exists between the OP assessor and the assessed organization. | 9104-002: 5.1.1;  9104-002: 6.1.3;  9104-002: 6.3.1;  9104-002: 6.6.3;  9104-002: Form A |  |  |
|  | Do any of the completed OP Assessor ICOP Declaration Forms (see 9104-002 Form A) contain conflicts that would prevent participation as an OP assessor? | 9104-002: 5.3.6 |  |  |
|  | Where oversight nonconformities are raised, does the CBMC ensure acceptable corrective actions for all identified nonconformities and the nonconformity verified and closed in accordance with established requirements?  **NOTE:** Defined requirements include the following:   * Containment and corrective action plan within 30 days. * For “major” NCRs, evidence of effective implementation within 60 days. * For “minor” NCRs, evidence of effective implementation within 90 days. | 9104-002: 7.15 |  |  |
|  | Where NCRs exceed permitted closure timescales, does the CBMC ensure that appropriate escalation action including suspension is initiated? | 9104-002: 7.15.2 |  |  |
|  | What controls has the SMS established for when an oversight activity is subcontracted cross frontier to another sector? | 9104-001: 16 |  |  |
| What evidence exists to demonstrate conformance to requirements for the control of the subcontracted assessment? |  |  |
| **Oversight - Other Party (OP) Assessors** | | | | |
|  | How is it demonstrated that OP assessors have been trained, qualified, and re-qualified in accordance with the established requirements? | 9104-002: 5.2 |  |  |
|  | How does the SMS ensure only qualified OP assessors are assigned to conduct oversight assessments?  **NOTE:** Also consider cross-frontier oversight assessments. | 9104-002: 7.3.2 |  |  |
| **Oversight - Supplemental Oversight** | | | | |
|  | Where IAQG member companies participating in the CBMC conduct supplemental oversight, is the supplemental oversight performed and reported in accordance with established requirements? | 9104-002: 7.13 |  |  |
| **Confidentiality and Conflict of Interest** | | | | |
|  | What evidence exists that demonstrates all SMS committee members have completed a “declaration form” covering confidentiality and conflict of interest requirements, prior to membership? | 9104-001: 19;  9104-002: 5.3.1;  9104-002: Form B |  |  |
|  | Are any voting members of the SMS or its sub-committees, or OP assessors employed by CBs in any capacity? | 9104-002: 5.3.2 |  |  |
|  | How does the SMS demonstrate that completed “declaration forms” are available to an assessed organization, upon request? | 9104-002: 5.3.3;  9104-002: Form B |  |  |
| **Certification Body Management Committees (CBMCs)**  **NOTE:** Use 9104-002 Form F for the oversight of the CBMC. | | | | |
|  | What is the documented method for the review and approval of a CBMC?  **NOTE:** Answer ‘NA’ and record objective evidence, if SMS does not operate with CBMC(s). If no CBMC(s) is utilized, complete the remainder of this section may also be completed with ‘NA’. | 9104-001: 4.3 |  |  |
|  | Do records demonstrate the approval of each utilized CBMC? | 9104-001: 4.3 |  |  |
|  | What evidence is available to demonstrate CBMCs make required reporting data available to the SMS? | 9104-001: 4.15 |  |  |
|  | Has an independent oversight assessment of each CBMC been conducted effectively, during the previous calendar year, to the established requirements?  **NOTE:** If the SMS does not operate using CBMCs, answer ‘NA’ and record objective evidence. | 9104-002: 7.7 |  |  |
| **Accreditation Bodies (ABs)**  **NOTE:** Use 9104-002 Forms J and K for the oversight of each AB. | | | | |
|  | What is the documented method for the review and approval of ABs? | 9104-001: 4.2;  9104-001: 4.5 |  |  |
|  | Do records demonstrate the results of the review and approval of ABs? | 9104-001: 4.5 |  |  |
|  | Have ABs approved by the SMS correctly identified in the Online Aerospace Supplier Information System (OASIS) database? | 9104-001: 4.5 |  |  |
|  | What is the process by which the SMS recognizes the accreditation decisions of ABs? | 9104-001: 4.2;  9104-001: 5.3.d |  |  |
|  | If applicable, what evidence exists that the SMS or an industry expert endorsed by the SMS participates in AB decision-making processes? | 9104-001: 4.2 |  |  |
|  | What is the documented method for the recognition of new and existing CBs? | 9104-001: 4.6 |  |  |
|  | Do records demonstrate the recognition of the accreditation of CBs? | 9104-001: 4.6 |  |  |
|  | Are all of the CBs accredited by the AB and recognized by the SMS correctly identified in the OASIS database? | 9104-001: 4.6 |  |  |
|  | Has each AB made at least an annual report covering all of the required reporting elements? | 9104-002: 8.3 |  |  |
| **Auditor Authentication Bodies (AABs)**  **NOTE:** Use 9104-002 Form G for the Oversight of the AAB. | | | | |
|  | What is the documented method for the review and approval, suspension, or withdrawal of an AAB? | 9104-001: 4.7;  9104-001: 4.9 |  |  |
|  | What is the documented method for the recognition of the authentications of AQMS auditors conducted by the approved AAB? | 9104-001: 4.11 |  |  |
|  | Are records available that demonstrate the results of the review and approval, suspension, or withdrawal of an AAB? | 9104-001: 4.9 |  |  |
|  | How is the independence established and confirmed for those that participated in each decision to approve, suspend, or withdraw an AAB? | 9104-001: 4.7 |  |  |
|  | Is the AAB approved by the CBMC correctly identified in the OASIS database? | 9104-001: 4.9 |  |  |
|  | Has an independent oversight assessment of each AAB been conducted effectively, during the previous calendar year, to the established requirements?  **NOTE:** If CBMC does not operate an AAB, answer ‘NA’ and record objective evidence. | 9104-002: 7.8 |  |  |
| **Training Provider Approval Bodies (TPABs)**  **NOTE:** IAQG OPMT Resolution 59 and use 9104-002 Form H for the oversight of the TPAB. | | | | |
|  | What is the documented method for the review and approval, suspension, or withdrawal of a TPAB? | 9104-001: 4.7;  9104-001: 4.10 |  |  |
|  | What is the documented method for the recognition of the training courses approved by the TPAB? | 9104-001: 4.10 |  |  |
|  | Are records available that demonstrate the results of the review and approval, suspension, or withdrawal of a TPAB? | 9104-001: 4.7 |  |  |
|  | How is the independence established and confirmed for those that participated in each decision to approve, suspend, or withdraw a TPAB? | 9104-001: 4.7 |  |  |
|  | Is the TPAB approved by the CBMC correctly identified in the OASIS database? | 9104-001: 4.10 |  |  |
|  | Has an independent oversight assessment of each TPAB been conducted effectively, during the previous calendar year, to the established requirements?  **NOTE:** If CBMC does not operate a TPAB, answer ‘NA’ and record objective evidence. | 9104-002: 7.9 |  |  |
| **Training Classes** | | | | |
|  | Where applicable, has the oversight of approved training classes been conducted in accordance with established requirements?  **NOTE:** 9104-002 clause 7.10.5, oversight of a training class must include the TPAB. | 9104-002: 7.10 |  |  |
| **Suspension and Withdrawal** | | | | |
|  | How does the SMS establish the right to withdraw or suspend approval/recognition of applicable CBMCs, ABs, CBs, AABs, AQMS auditors, TPABs, or TPs? | 9104-001: 4.12;  9104-001: 4.13;  9104-001: 15.3 |  |  |
|  | How are suspensions and withdrawals of participants within the SMS identified to the IAQG and OASIS database administrator? | 9104-001: 4.4 |  |  |
| **Complaints and Appeals** | | | | |
|  | What evidence demonstrates the SMS has established and maintains a complaint process that also addresses appeals against decisions and unresolved complaints escalated from participants? | 9104-001: 4.8;  9104-002: 9 |  |  |
|  | How are any complaints that cannot be resolved elevated to the IAQG OPMT? | 9104-002: 9.4;  9104-002: 9.5 |  |  |
|  | What evidence exists the SMS has reported summarized complaints to the IAQG OPMT? | 9104-002: 9.6 |  |  |
| **Records** | | | | |
|  | What procedure(s) or process(es) is used to establish requirements for record retention, including timescales and a list of required records? | 9104-001: 4.14;  9104-001: 17.1;  9104-001: 17.2;  9104-002: 10 |  |  |
|  | How does the SMS ensure the ‘right of access’ to CBMC, AB, AAB, TPAB, and CB records, including OASIS database records in relation to the ICOP scheme requirements for the SMS and IAQG OPMT? | 9104-001: 17.4 |  |  |
|  | What are the defined arrangements for the entry into the OASIS database of AB accreditation decisions for participating CBs? | 9104-001: 5.3.g;  9104-001: 5.3.7.b |  |  |
|  | What are the defined arrangements for entry of CB audits of organizations into the OASIS database? | 9104-001: 8.5.c |  |  |
| **Miscellaneous** | | | | |
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