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| AB Name and Contact Name: |  |

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| Risk assessment Outcome | High / Med / Low | Oversight Assessment Activities to be completed |  |
| Date of risk Assessment | Day/Month/Year | Risk Assessment performed by (SMS / RMS) | Enter SMS or RMS Name |

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| Assessment Start Date: | Day(s)/Month/Year |
| Assessment End Date: | Day(s)/Month/Year |
| OASIS Number | Enter OASIS Number of entity being assessed |
| Lead Assessor Name  | First Name, Last NameOrganization's Name |
| General Conclusions, Remarks, and Recommendations: | Give a brief overview of how the assessment went |
| Opportunities for Improvements: | As applicable, identify number of OFIs; list all OFIs. |
| Non Conformance Summary: | As applicable, List NCR References and Grade |
| Submitted by: | First Name, Last Name |
| Date Submitted: | Day/Month/Year |

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| Pre-Assessment Questions (That’s questions that you can answer prior the assessment starting) |

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| **Item** | **1.1** | **Office Assessment** | **Y** | **Activity Review** | **Y** |  | **Reference(s)** |
| OASIS Information to gather before the Oversight assessment.* Is the Identity / address / website of the AB listed
* Is the SMS approval status current
* Is the AB contact listed
 | 9104-001 Para 7.2.6 |
| **Check that the data is correct in OASIS** |
| **Assessment Evidence** |
| Enter the answer here |
| ( ) C ( ) NC ( ) NA ( ) NE -- ( ) Observation |
| Assessment Result: (describe the NCR, OFI and / or Observation) |

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| **Item** | **1.2** | **Office Assessment** | **Y** | **Activity Review** | **Y** |  | **Reference(s)** |
| Using the oversight data within OASIS – Evaluate AB activities. Review the previous head office oversight assessment report in OASIS. Identify any past opportunities and any need to verify continued effectiveness of previous corrective actions. Check the list of CBs accredited by the AB, including:* Accreditation status of each CB
* Number of clients each CB has per standard
* Recent accreditation changes (new, extension, suspension, etc.)
* Identify CBs outside of the AB's regional / local regulations.
 | 9104-001 Para 7.2.6 |
| **Use the data in OASIS to guide you to select CBs for your sample review.** |
| **Assessment Evidence** |
| Enter the answer here |
| ( ) C ( ) NC ( ) NA ( ) NE -- ( ) Observation |
| Assessment Result: (describe the NCR, OFI and / or Observation) |

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| Assessment Questions (That’s questions that you can only answer when you are carrying out the assessment) |

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| **Item** | **2.1** | **Office Assessment** | **Y** | **Activity Review** | **Y** |  | **Reference(s)** |
| How does the AB ensure continued conformance with the 9104-1 standard, ISO 17021-1, the ICOP scheme approval by the relevant SMS/RMS, and applicable IAF MDs, IAF MLA? | 9104-001 Para 7.1.19104-001 Para 7.1.29104-001 Para 7.1.39104-001 Para 7.1.49104-001 Para 7.4.1 |
| **You would expect to see that the AB has documented processes, procedures and documented information on how the AB manages the overall scheme as well as their MLA signatory relationship with the International Accreditation Forum (IAF).****Verify if additional Arrangement or Memorandum exist among SMS/RMS and AB.** |
| **Assessment Evidence** |
| Enter the answer here |
| ( ) C ( ) NC ( ) NA ( ) NE -- ( ) Observation |
| Assessment Result: (describe the NCR, OFI and / or Observation) |

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| **Item** | **2.2** | **Office Assessment** | **Y** | **Activity Review** |  |  | **Reference(s)** |
| How does the AB manage and retain documented information to provide evidence of conformance to applicable ICOP scheme requirements? | 9104-001 Para 5.3.1 9104-001 Para 5.3.3 |
| **The AB should manage and retain documented information to the applicable ICOP scheme requirements and the minimum retention period of 10 years.****Look to see if the AB has identified what records will be maintained. Do they have a list of documents they consider to be records?** |
| **Assessment Evidence** |
| Enter the answer here |
| ( ) C ( ) NC ( ) NA ( ) NE -- ( ) Observation |
| Assessment Result: (describe the NCR, OFI and / or Observation) |

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| **Item** | **2.3** | **Office Assessment** | **Y** | **Activity Review** | **Y** |  | **Reference(s)** |
| Does the AB have a process to manage and resolve complaints or issues communicated through the OASIS database feedback process? | 9104-001 Para 5.2.39104-001 Para 7.3.13 9104-001 Para 12.19104-001 Para 12.2 |
| **Ensure the AB process includes timely response to feedback requests and acceptance by the requestor. The process should also include escalation of complaints to the RMS or SMS when they cannot be resolved. Review available OASIS feedback records to ensure:****a. That feedback is reviewed and a response, when requested, is provided within 30 days from receipt.****b. If the AB decides that additional assessments of a CB are required because of a complaint, the assessment shall commence within 90 days of the decision.****c. Any feedback or complaints that are unable to be resolved, due to interpretation of this standard, shall be elevated to the applicable SMS or RMS for resolution.** |
| **Assessment Evidence** |
| Enter the answer here |
| ( ) C ( ) NC ( ) NA ( ) NE -- ( ) Observation |
| Assessment Result: (describe the NCR, OFI and / or Observation) |

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| **Item** | **2.4** | **Office Assessment** | **Y** | **Activity Review** |  |  | **Reference(s)** |
| Does the AB share relevant documented information with the responsible AAB when their assessors have observed AQMS Auditor misconduct issues? | 9104-001 Para 5.1.3 |
| **Evaluate the ABs witness assessment process and tools and ensure they include actions to be taken when misconduct is observed.** **Discuss misconduct with the AB and determine if they have identified conduct that would be deemed as unacceptable. Items may include: miss representation of facts, violation of local laws or regulations, soft grading, verbal abuse a lack of professionalism. A direct violation of the AAB's code of conduct may also need reporting.** **If applicable for the AB, check for examples were sharing with the AAB has been exercised. During file review, look for comments that are linked to conduct. Where they reported?****The accreditation body should have clear evidence that relevant information detailing the misconduct issue has been shared with the AAB responsible.** |
| **Assessment Evidence** |
| Enter the answer here |
| ( ) C ( ) NC ( ) NA ( ) NE -- ( ) Observation |
| Assessment Result: (describe the NCR, OFI and / or Observation) |

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| **Item** | **2.5** | **Office Assessment** | **Y** | **Activity Review** | **Y** |  | **Reference(s)** |
| How does the AB manage the accreditation of the CBs? This includes processes for CB:* accreditation agreements
* initial accreditation
* annual surveillance
* CB suspension
* changes that impact accreditation
 | 9104-001 Para 7.1.59104-001 Para 7.3.29104-001 Para 7.3.109104-001 Para 7.3.119104-001 Para 7.3.12 |
| **You would expect to see that the AB has a process or procedure or document on how the AB manage the accreditation of the CBs as well as their surveillance and suspension.****Ask for CB files for initial accreditation (see if WA has been done iaw §7.3.2.) scope extension, suspension (if any) and PBS/RP approval (if any).****Ensure the process includes CB suspension of AQMS when ISO9001 accreditation is suspended.****Ask to see an example of a CB accreditation agreement and ensure it covers ICOP scheme requirements such as right of access, suspension ramification, it prohibits issuance of unaccredited certs and requires a CB fixed office location.**  |
| **Assessment Evidence** |
| Enter the answer here |
| ( ) C ( ) NC ( ) NA ( ) NE -- ( ) Observation |
| Assessment Result: (describe the NCR, OFI and / or Observation) |

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| **Item** | **2.6** | **Office Assessment** | **Y** | **Activity Review** |  |  | **Reference(s)** |
| Does the AB have a process for initial approval of a CB's use of the Performance Based Surveillance / Recertification Process (PBS/RP)? | 9104-001 Para 7.3.1 |
| **Ask for CB files linked to PBS/RP approval (if any). Is there evidence that the AB reviewed the CBs PBS/RP process and is there evidence of the application of the process for a client (e.g. client file review)** |
| **Assessment Evidence** |
| Enter the answer here |
| ( ) C ( ) NC ( ) NA ( ) NE -- ( ) Observation |
| Assessment Result: (describe the NCR, OFI and / or Observation) |

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| **Item** | **2.7** | **Office Assessment** | **Y** | **Activity Review** |  |  | **Reference(s)** |
| How does the AB manage the withdrawal of an AQMS accreditation for a CB? | 9104-001 Para 7.1.69104-001 Para 7.3.109104-001 Para 7.3.119104-001 Para 7.3.12 |
| **You would expect to see that the AB has a process or procedure or document on how the AB manage the withdrawal of an AQMQ accreditation for a CB.****This process must include updating the OASIS database.** |
| **Assessment Evidence** |
| Enter the answer here |
| ( ) C ( ) NC ( ) NA ( ) NE -- ( ) Observation |
| Assessment Result: (describe the NCR, OFI and / or Observation) |

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| **Item** | **2.8** | **Office Assessment** | **Y** | **Activity Review** |  |  | **Reference(s)** |
| How does the AB manage accreditation of a CB outside of its regional/local regulations? | 9104-001 Para 7.1.9 |
| **You would expect to see that the AB has a process or procedure or document on how the AB manages the accreditation of CBs outside of their regional / local regulations.****AB must ensure they have the ability to conduct witness assessments.** |
| **Assessment Evidence** |
| Enter the answer here |
| ( ) C ( ) NC ( ) NA ( ) NE -- ( ) Observation |
| Assessment Result: (describe the NCR, OFI and / or Observation) |

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| **Item** | **2.9** | **Office Assessment** | **Y** | **Activity Review** |  |  | **Reference(s)** |
| How does the AB ensure notification to the applicable IAQG SMS/RMS within 10 days of any AQMS accredited CB changes? | 9104-001 Para 7.1.10 |
| **Ask for the latest changes of AQMS CB and how the communication was done to the IAQG SMS/RMS from decision date (report) to acknowledgement of the stakeholders.** |
| **Assessment Evidence** |
| Enter the answer here |
| ( ) C ( ) NC ( ) NA ( ) NE -- ( ) Observation |
| Assessment Result: (describe the NCR, OFI and / or Observation) |

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| **Item** | **2.10** | **Office Assessment** | **Y** | **Activity Review** |  |  | **Reference(s)** |
| How does the AB demonstrate that AB personnel involved in the ICOP scheme are competent to carry out their respective roles? | 9104-001 Para 7.2.19104-001 Para 7.2.2 |
| **From your CB file sample selected you should confirm that the personnel involved in the ICOP scheme have demonstrated current knowledge and understanding of** **. The ICOP scheme (i.e., organization, scope, purpose, processes) and OASIS database functionality;****. The application of the AQMS standards;****. The requirements of this standard.** |
| **Assessment Evidence** |
| Enter the answer here |
| ( ) C ( ) NC ( ) NA ( ) NE -- ( ) Observation |
| Assessment Result: (describe the NCR, OFI and / or Observation) |

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| **Item** | **2.11** | **Office Assessment** | **Y** | **Activity Review** |  |  | **Reference(s)** |
| How does the AB demonstrate that AB assessors are competent to carry out their respective roles? | 9104-001 Para 7.2.39104-001 Para 7.2.49104-001 Para 7.2.5 |
| **Review the ABs process for Assessor qualification. The process must address the following elements:** **. Knowledge on the AQMS standards for the AQMS accreditations held;****. ICOP scheme standards and requirements, including any applicable resolutions; OASIS database and****. ASD industry and the regulatory/statutory requirements of sufficient depth to be able to understand the sector specific terminology, processes, practices, and products.****. Requirement that assessors have accomplished at least 24 hrs. ASD AQMS /ICOP Scheme training.****From your CB file sample selected you should confirm that the AB assessors have demonstrated current knowledge and understanding of these qualification requirements.** |
| **Assessment Evidence** |
| Enter the answer here |
| ( ) C ( ) NC ( ) NA ( ) NE -- ( ) Observation |
| Assessment Result: (describe the NCR, OFI and / or Observation) |

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| **Item** | **2.12** | **Office Assessment** | **Y** | **Activity Review** | **Y** |  | **Reference(s)** |
| Does the AB has a process for rejecting CB accreditation or scope expansion applications? | 9104-001 Para 7.3.3 |
| **The AB should have sufficient documented information (i.e., procedures) that describes the application rejection process along with the evidence of any case.** |
| **Assessment Evidence** |
| Enter the answer here |
| ( ) C ( ) NC ( ) NA ( ) NE -- ( ) Observation |
| Assessment Result: (describe the NCR, OFI and / or Observation) |

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| **Item** | **2.13** | **Office Assessment** | **Y** | **Activity Review** | **Y** |  | **Reference(s)** |
| How does the AB manage the annual CB surveillance program? | 9104-001 Para 7.3.49104-001 Para 7.3.5 |
| **You should see the procedure on how the AB manages the annual surveillance program including office and witness assessments.****You should see the annual planning of the covered CBs including the associated assessments as per table 2 (office) and table 3 (witness) and applicable use cases. Including:****At least one annual office assessment at the single fixed office location.****Client files sampled should be proportional to the types of 9100-series certificates issued by the CB.****Assessment of an AQMS PBS/RP file at the office assessment.** |
| **Assessment Evidence** |
| Enter the answer here |
| ( ) C ( ) NC ( ) NA ( ) NE -- ( ) Observation |
| Assessment Result: (describe the NCR, OFI and / or Observation) |

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| **Item** | **2.14** | **Office Assessment** | **Y** | **Activity Review** | **Y** |  | **Reference(s)** |
| How does the AB demonstrate conformance during assessments using ICT? | 9104-001 Para 7.3.69104-001 Para 7.3.7 |
| **How does the AB manage the application of ICT? It must be in accordance with IAF MD 4. For your CB file sample (if applicable) you should check the following:****. ABs use of remote CB office assessment to support accreditation.****. ABs only uses a remote Witness Audit processes when assessing a CB remote audit activity.** |
| **Assessment Evidence** |
| Enter the answer here |
| ( ) C ( ) NC ( ) NA ( ) NE -- ( ) Observation |
| Assessment Result: (describe the NCR, OFI and / or Observation) |

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| **Item** | **2.15** | **Office Assessment** | **Y** | **Activity Review** | **Y** |  | **Reference(s)** |
| Have identified CB nonconformities been accepted and associated corrective actions closed within 90 days from the non-conformance issuance by the AB? | 9104-001 Para 7.3.9 |
| **You should see an overall measure for tracking the NC issuance and target deadlines for closure.****For the CB file review, check the relevant non-conformities to verify closure target as well as consistency in the action plan proposed, implemented and validated.** |
| **Assessment Evidence** |
| Enter the answer here |
| ( ) C ( ) NC ( ) NA ( ) NE -- ( ) Observation |
| Assessment Result: (describe the NCR, OFI and / or Observation) |

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| **Item** | **2.16** | **Office Assessment** | **Y** | **Activity Review** |  |  | **Reference(s)** |
| Does the AB have a documented management system for how they manage ICOP scheme accreditation activities?Does the AB manage the recording and archiving of retained documented information? | 17011170219104-001 Para 7.4.19104-001 Para 7.4.2 |
| **You should see a procedure(s) on how the AB manages and controls the ICOP scheme accreditation activities along with records, archives, communicates with associated deadlines for the accreditation AQMS documented information?** **The procedures(s) should show how the AB meets all the applicable requirements of the ICOP scheme.****Such as records ranging from up to 10 years old in which you should identify:****a. Completion of the evaluation and decision within 60 days;****b. Retaining documented information on the results of the evaluation and actions taken; and****c. Method for communicating the decision(s) to the IAQG Certification Oversight Team (ICOT), SMS, or RMS (if applicable).** |
| **Assessment Evidence** |
| Enter the answer here |
| ( ) C ( ) NC ( ) NA ( ) NE -- ( ) Observation |
| Assessment Result: (describe the NCR, OFI and / or Observation) |

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| **Item** | **2.17** | **Office Assessment** | **Y** | **Activity Review** | **Y** |  | **Reference(s)** |
| Does the AB have a process to manage IAQG Certification Oversight Team (ICOT), SMS, or RMS recommendations for the suspension or withdrawal of a CB's AQMS accreditation? | 9104-001 Para 7.4.2 |
| **The AB should have a defined process to address requests received from the ICOP scheme oversight committees. The process should address:****- evaluation and decision within 60 days of the request****- documented information to be retained****- Communication of investigation and changes in accreditation status.** |
| **Assessment Evidence** |
| Enter the answer here |
| ( ) C ( ) NC ( ) NA ( ) NE -- ( ) Observation |
| Assessment Result: (describe the NCR, OFI and / or Observation) |

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| **Item** | **2.18** | **Office Assessment** | **Y** | **Activity Review** |  |  | **Reference(s)** |
| How does the AB manage the deviations granted to a CB regarding a justified "force majeure" event or for an unforeseen extraordinary event?Does the process include SMS or RMS notification when a single deviation is granted and advanced authorization when a "blanket" deviation is granted? | 9104-001 Para 7.4.39104-001 Para 7.4.4 |
| **You should see for an AB procedure on how the deviations are managed and documented from request, to analysis and decision making onto relevant communication to concerned stakeholders.****This may occur due to events such as a natural disaster, regional conflict, or pandemic.** **Does the documented information include sufficient justification for the deviation, a clear boundary and action to be taken to re-establish conformance to scheme requirements?** |
| **Assessment Evidence** |
| Enter the answer here |
| ( ) C ( ) NC ( ) NA ( ) NE -- ( ) Observation |
| Assessment Result: (describe the NCR, OFI and / or Observation) |

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| **Item** | **2.19** | **Office Assessment** | **Y** | **Activity Review** |  |  | **Reference(s)** |
| How does the Accreditation Body check that the Certification Body ensures not to issue an AQMS certificate until an ICOP scheme approved AB accreditation is granted?Does the AB check that the Certifications Body has communicated in writing to any applicant for AQMS certification that certificates will not be issued until the CB achieves AQMS accreditation? | 9104-001 Para 8.1.2 |
| **Check that the Accreditation Body has evidenced its checks.** |
| **Assessment Evidence** |
| Enter the answer here |
| ( ) C ( ) NC ( ) NA ( ) NE -- ( ) Observation |
| Assessment Result: (describe the NCR, OFI and / or Observation) |

**Instructions for Completing Check Sheet:**

This check sheet shall be used for 9104-001 AB office assessment. It may also be used for AB special office assessments (e.g., follow-up).

It complements the oversight data input directly into OASIS and is to be entered as an attachment.

**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 Applicable (NA)** - The question is not applicable; record objective evidence in the “Assessment Evidence/Comments” column.

**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.

**Nonconformity Reports (Form D):**

NCRs (Form Ds) issued during the oversight by the OP Assessor are directly written in OASIS and shall be followed through OASIS.

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| **Document Revision History** |
| **Revision Date** | **Description of change** |
| 18th April 2023 | New document issued |
| 3rd May 2024 | Changed OPMT to ICOT |
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