



**PROCEDURE FOR ACCREDITATION OF
CERTIFICATION BODIES**

**APO-AB 4001:2020
Issue 2**

Issue 2 supersedes Issue 1 (APO-AB PRO 4001/2019, Issue 1, 2019) dated 8 July 2019, which has been technically revised.

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1. Introduction

1.1 The APO Accreditation Body (APO-AB) was set up in response to the decision of the 60th APO Governing Body Meeting to raise the visibility of the APO as the leading international organization on productivity enhancement. The APO-AB is a separate, impartial entity in the APO Secretariat which is responsible for assessing and accrediting certification bodies (CBs) following the APO-AB guidelines, which are adapted from the international standard ISO/IEC 17011. This document describes the process and procedures for accreditation of CBs.

1.2 This document shall be read in conjunction with the relevant published APO-AB policy and procedure documents related to the accreditation of CBs conducting certification of persons (CoP).

2. References

ISO/IEC 17011:2017, Conformity Assessment–Requirements for Accreditation Bodies Accrediting Conformity Assessment Bodies

ISO/IEC 17024:2012, Conformity Assessment–General Requirements for Bodies Operating Certification of Persons

ISO/IEC 19011:2018, Guidelines for Auditing Management Systems

ISO/IEC TS 17027:2014, Conformity Assessment–Vocabulary Related to Competence of Persons Used for Certification of Persons

3. Terms and Definitions

3.1 Accreditation criteria: A set of requirements that a CB must meet to be accredited under the APO CoP scheme.

3.2 APO-AB: Asian Productivity Organization Accreditation Body.

3.3 Accreditation: Third-party confirmation related to a conformity assessment conveying formal demonstration of its competence to carry out specific conformity assessment tasks.

3.4 Assessor: A competent person employed/engaged by the APO-AB who is qualified and experienced in performing the functions of assessments under APO-AB accreditation schemes with impartiality and with no conflict of interest.

3.5 Technical Expert: A resource person who provides specific technical knowledge or expertise to the assessment team with respect to the scope of accreditation to be assessed and does not assess independently.

3.6 Assessment Team: A group of assessors to conduct assessment of a CB supported, if necessary, by technical experts.

3.7 Accreditation Review Panel: A panel of experts, who are competent and experienced in the related accreditation scheme, appointed by the Chair of the APO-AB Council. Their role is to evaluate and review the assessment reports with impartiality and with no conflict of interest and make recommendations to the Chair of the APO-AB for accreditation.

3.8 Initial Assessment: The first assessment carried out of a candidate CB of its first or a new accreditation scheme for which the CB is applying.

3.9 Surveillance Assessment: A periodic assessment activity carried out within the four-year accreditation cycle to ensure that the accredited CB is competent and in compliance with the assessment criteria and accreditation scheme.

3.10 Reassessment: An assessment conducted for reaccreditation and to renew the four-year accreditation cycle.

3.11 Examination: Part of the assessment to determine a candidate's competence by one or more means, such as written, oral, practical, and observational, depending on the requirements of the related certification scheme.

3.12 Major Nonconformity: A very serious nonconformity that raises concerns about the credibility, competence, and capability of a CB to meet the requirements of the standards and its management system.

3.13 Minor Nonconformity: A weakness in the system which, if not addressed, could lead to a major nonconformity or a number of related minor cases of nonconformity and may create risks resulting in the failure of the management system.

3.14 Observations: Findings not recorded as nonconformities but noted to highlight opportunities for improvement.

4. APO-AB Accreditation Process Requirements

Accreditation process requirements for CBs are set out in the APO-AB CoP and ISO/IEC 17024 standards and other relevant international standards. Figure 1 shows the stages of accreditation of CBs.

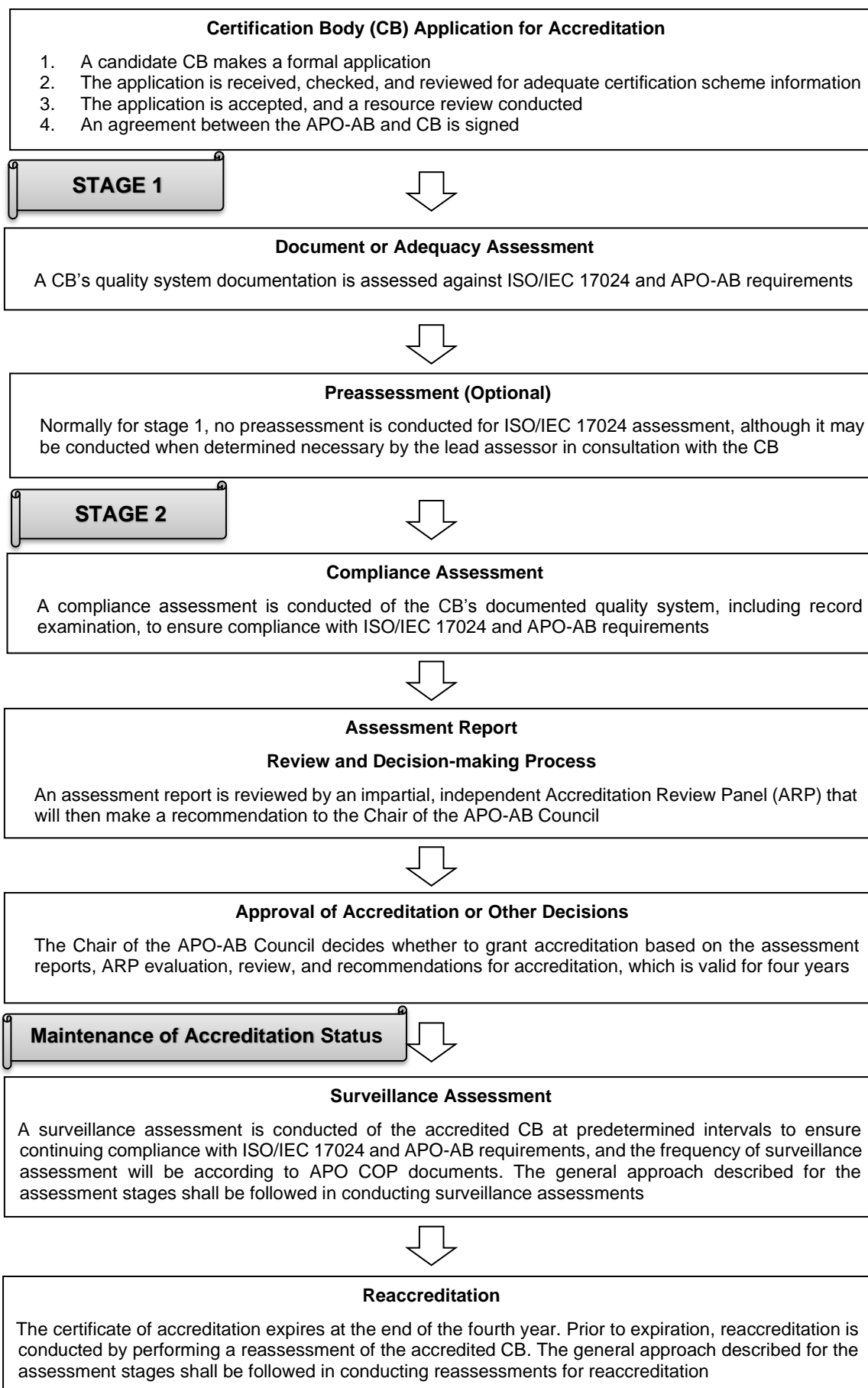


Figure 1. APO-AB accreditation process.

4.1 Initial Accreditation

4.1.1 Application for Initial Accreditation

4.1.1.1 A CB shall make a formal application by submitting the APO-AB application form together with the necessary documents listed in the form.

- a) The application is checked and reviewed for completeness and adequacy of certification scheme information. The applicant CB shall verify that it has certified at least 5 persons under the scheme applied for.
- b) The applicant CB must have completed at least one internal audit and one management review.
- c) When the CB application is in order and the scope of accreditation applied for is clearly stated, the APO-AB shall review its resources to confirm adequacy in terms of its ability and capacity to carry out the assessment of the CB following APO-AB policies and procedures. The APO-AB confirms the competency matrix and availability of its team of assessors and technical experts (if required) to carry out the assessment in a timely manner.
- d) If the APO-AB's own resources are not available, outsourcing may be required while ensuring that the procedures and quality of service are maintained.
- e) If necessary, the APO-AB has the right to request additional information.

4.1.1.2 The CB completes the APO-AB Accreditation Agreement, which is signed by an authorized signatory of the CB. The accreditation agreement requires the CB to fulfill the obligations and requirements for accreditation.

4.1.1.3 An application for accreditation is valid for two years from the date of acceptance of the application and lapses at the end of the two-year period if accreditation is not successful. The APO-AB reserves the right to extend this period as it deems appropriate.

4.1.2 Two-stage Assessment

The accreditation assessment is carried out in two stages: stage 1 is a document or adequacy assessment; and stage 2 is a compliance assessment.

4.1.2.1 Stage 1: Document or Adequacy Assessment

- a) The APO-AB identifies the assessment team and lead assessor from the List of Approved Qualified and Competent Assessors **APO-AB 7001**. The identified lead assessor and assessment team members shall have the required knowledge of and skills in the specific scope of the accreditation applied for, with no conflict of interest, and ensure the objectivity, confidentiality, and impartiality of their activities. All assessors and technical experts shall sign an Assessor Agreement pledging to maintain confidentiality. The CB seeking accreditation shall be notified of the lead assessor and assessment team members.

- b) If there is a need to use assessors and technical experts who are not on the **APO-AB 7001**, the APO-AB Procedure for Selecting, Training, and Formally Authorizing Assessors and Technical Experts is followed.
- c) Assessors and technical experts follow the APO-AB Procedure for Selecting, Training, and Formally Authorizing Assessors and Technical Experts.
- d) The CB provides the APO-AB assessment team with its most current documents and records.
- e) The assessment team reviews all relevant documents supplied by the CB to evaluate and assess the CB's conformity assessment system for compliance with the ISO/IEC 17024 standard and APO-AB CoP standards and guides related to the scope of accreditation. The lead assessor is responsible for the conclusion.
- f) A report on stage 1 containing observations, comments, and notes on any deficiencies and examples of noncompliance shall be given to the CB.
- g) The applicant CB addresses any deficiencies and examples of noncompliance and submits a written report on the remedial and corrective actions taken.
- h) The APO-AB decides whether to proceed with the assessment based on the report findings of nonconformities and deficiencies.
- i) If the deficiencies are major and not properly addressed within 30 days or, depending on the agreement of the APO-AB, during an extension period, the APO-AB may decide not to proceed with the stage 2 assessment and communicate the decision to the applicant CB in writing.

Note: Normally for stage 1, no preassessment is conducted for ISO/IEC 17024, although it may be conducted if felt necessary by the lead assessor in consultation with the CB.

4.1.2.2 Stage 2: Compliance Assessment

If the APO-AB assessment team is satisfied with the adequacy assessment, the team shall prepare to conduct the compliance audit.

- a) The assessment team shall develop an assessment plan to cover the scope of accreditation, persons to be assessed, and the locations where the activities are to be assessed.
- b) In selecting the activities to be assessed, the assessment team considers the relevancy and risks associated with the activities.
- c) The APO-AB informs and confirms with the applicant CB and members of the assessment team the date(s) and assessment plan 30 working days in advance.

- d)** During the compliance assessment, the assessment team shall conduct assessments following the APO-AB Procedures for Assessment. At the beginning of the first day of the compliance assessment, the lead assessor conducts an opening meeting with the applicant CB management personnel involved in certification activities. Guidelines for conducting the opening meeting are given in the APO-AB Work Instructions for Conducting the Opening Meeting. The meeting states the purpose of the accreditation and accreditation requirements clearly, as well as confirms the assessment plan and scope of assessment. It also seeks to ensure that all agreed arrangements for the assessment are in place.
- e)** The assessment team conducts the assessment based on the agreed-upon assessment plan.
- f)** The assessment team employs the following assessment techniques:
 - i. Interviewing personnel involved in the applicant CB's CoP activities
 - ii. Reviewing records
 - iii. Verifying the applicant CB's procedures and practices for outsourcing
- g)** Each assessor records each observation gathered during the assessment and obtains the initials of the applicant CB's representative on each observation noted.
- h)** The assessment team analyzes and discusses all relevant information and objective evidence gathered prior to and during the assessment to establish full confidence in the competence of the applicant CB and its conformity with the requirements for accreditation. Possible areas for improvement may also be reported to the CB as observations, but no consultancy or solutions for improvement are provided.
- i)** The lead assessor and assessment team then reach a consensus on the assessment results regarding the competence and conformity of the applicant CB with the ISO/IEC 17024 standard and APO-AB policies and procedures.
- j)** At the end of the compliance assessment visit, the APO-AB assessment team holds a closing meeting to communicate its findings and the conclusions of the assessment to the CB following the APO-AB Work Instructions for Conducting a Closing Meeting.
- k)** The summary report shall be signed by the authorized signatory from the CB as well as the authorized signatory from the APO-AB.
- l)** For any nonconformities identified, the CB must respond by listing the corrective actions to be taken and the schedule for the nonconformities to be addressed and resolved. The CB submits the corrective actions for nonconformities within 30 days. If corrective action cannot be completed in 30 days, the applicant CB shall submit an action plan to request extension. If the action plan is approved, a maximum of 60 days is given to complete the corrective action. The APO-AB

may decide whether to continue the accreditation process if no submission is received from the CB during the agreed period.

- m) The assessment team sends the report to the ARP within 10 working days.
- n) Prior to submitting the assessment report to the ARP, the APO-AB assessment team shall ensure that the CB has resolved all issues and nonconformities according to the ISO/IEC 17024 standard and APO-AB policies and procedures.

4.1.2.3 The above two phases of assessment mentioned in 4.1.2.1 and 4.1.2.2 may follow the traditional methodology of assessing CBs which involves physical office and onsite assessments of CBs and/or using online or e-assessment which is a remote assessment methodology to complement the usual traditional physical assessment. However, if remote assessment is to be conducted, prior mutual agreement between the APO-AB and the CB to be assessed should be reached. The principles and approach used will follow the IAF Informative Document IAF ID 12:2015, Issue 1 on Principles on Remote Assessment.

4.1.3 Accreditation Decision Making

- a) The assessment report and recommendation for accreditation are reviewed by the ARP as specified in the Terms of Reference for the ARP.
- b) The Chair of the APO-AB Council decides whether to grant accreditation based on the assessment reports, ARP evaluation, review, and recommendations for accreditation.

4.1.4 Accreditation Certificate

- a) The APO-AB provides an accreditation certificate accompanied by a schedule containing the detailed scope of accreditation of the CB upon granting accreditation.
- b) The accreditation certificate issued shall bear the APO-AB accreditation symbol/logo and state the starting and expiration dates of accreditation.
- c) The accredited CB shall comply with the terms and conditions stated in the Accreditation Agreement.
- d) The APO-AB shall make available and continuously update information in its publications and on its website a list of accredited CBs and other related information, while safeguarding confidentiality.

4.1.5 Accreditation Cycle

- a) The accreditation cycle is four (4) years from the date of granting initial accreditation and for the same period following successful compliance reassessment.

- b) CBs are given a schedule of the accreditation assessment program. The conformity assessment activities representative of the scope of accreditation are assessed during the assessment cycle, as shown in Tables 1 and 2.

4.2 Surveillance and Reaccreditation

4.2.1 The APO-AB shall establish a complementary forward plan for surveillance and reaccreditation of the accredited CB, as shown in Tables 1 and 2.

4.2.2 The general approach described for initial assessment stages shall be followed for conducting the surveillance assessment and for reassessment for reaccreditation.

Table 1. First cycle of accreditation.

Surveillance 1	Approximately 12 months from the date of granting/renewal
Surveillance 2	Approximately 15 months from the date of surveillance
Reassessment	Approximately 3 months before the expiration date

Table 2. Subsequent cycle of accreditation.

Surveillance	Approximately 18 months from the previous expiration date
Reassessment	Approximately 6 months before the expiration date

Notes:

1. Remote assessment methodology as mentioned in 4.3.4.3) may be used by mutual agreement between the APO-AB and the CB concerned.
2. The interval between assessments will not be more than two years.

5. Extending the Scope of Accreditation

5.1 The APO-AB has developed the procedure given in APO-AB 4010 to manage applications for extension of the accreditation scope and to determine whether extensions may be granted based on the risk associated with the activities in the scope of extension.

5.2 Depending on circumstances or arrangements between the APO-AB and CB involved, assessment for extension of the accreditation scope may be conducted during a surveillance or reassessment visit.

6. Suspending Accreditation

6.1 The APO-AB has developed the procedure given in APO-AB 4011 Procedure for Suspending and Reducing the Scope of Accreditation for the suspension of the scope of accreditation.

6.2 The APO-AB may decide to suspend accreditation if a CB persistently fails to meet the requirements of accreditation or to abide by the rules for accreditation.

7. Reducing the Scope of Accreditation

If a CB persistently fails to meet any requirements of the scope of accreditation, including competence, the APO-AB may decide to reduce the scope of accreditation by excluding areas of noncompliance.

8. Complaints

The APO-AB has developed the procedure **APO-AB 4009** to handle complaints related to its performance and service level. All complaints are to be investigated and appropriate actions taken in a timely manner. Resolutions are reported in writing to the complainants.

9. Appeals

9.1 All appeals made by CBs to the APO-AB related to decisions on accreditation are to be registered and forwarded to the Chair of the APO-AB Council in accordance with the procedure for appeals detailed in APO-AB 4008 for resolution.

9.2 An independent, impartial appeal panel shall be established to hear each appeal.

9.3 The APO-AB shall acknowledge receipt of appeals and provide CBs with written reports on progress, outcomes, and the end of the appeal process.

9.4 CBs involved shall be given an opportunity to present their cases formally.

9.5 Investigations of and decision on appeals shall not result in any discriminatory actions against CBs.