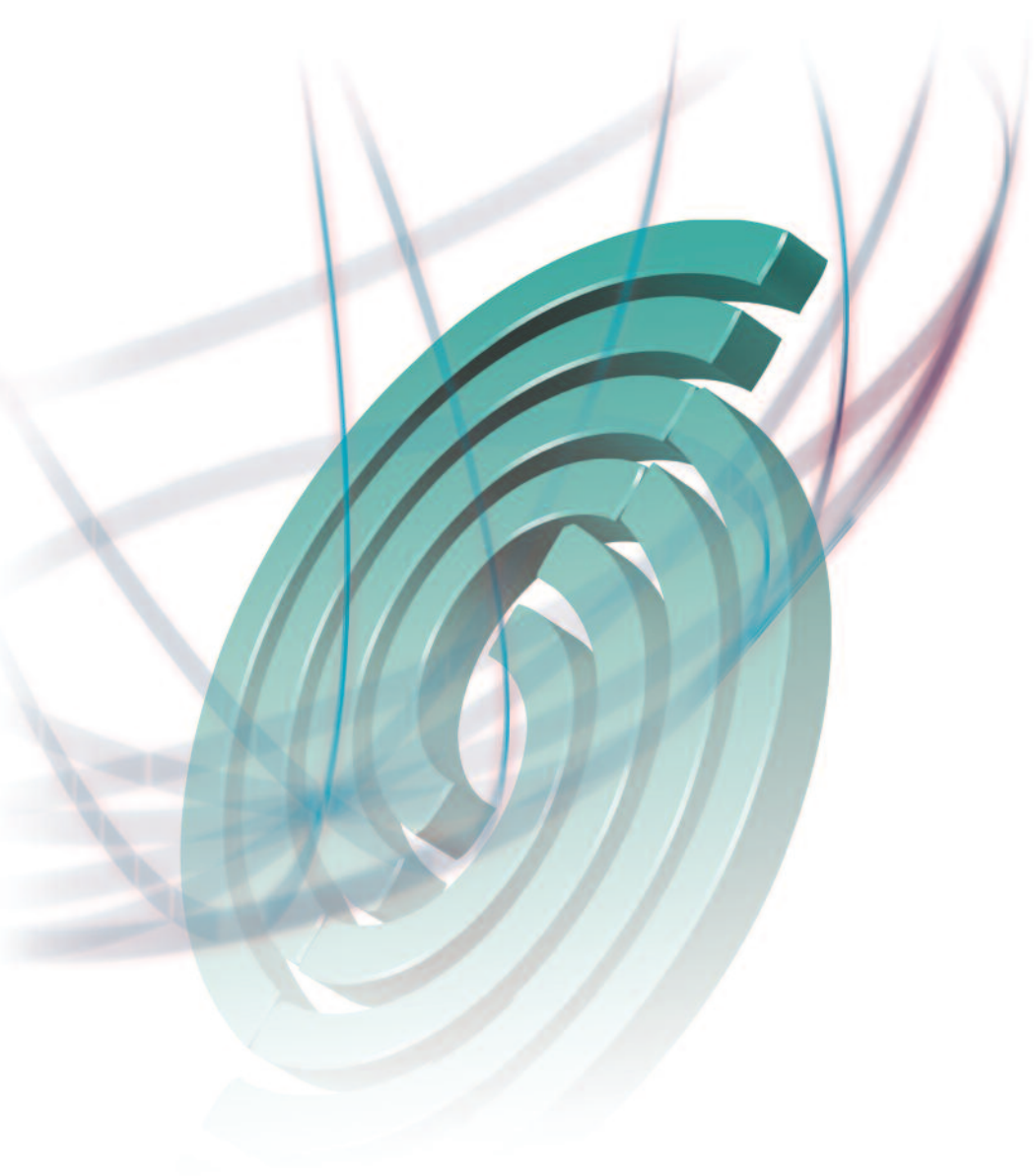

Standards Council of Canada
Conseil canadien des normes

Certification Body Accreditation Program Handbook

Conditions and Procedures for the Accreditation of Bodies Certifying Products, Processes and Services

CAN-P-1501A
April 2009

CERTIFICATION BODY ACCREDITATION PROGRAM HANDBOOK

CONDITIONS AND PROCEDURES FOR THE ACCREDITATION OF BODIES CERTIFYING PRODUCTS, PROCESSES AND SERVICES

CAN-P-1501A
2009-04-01

Standards Council of Canada
Conseil canadien des normes

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FOREWORD

The Standards Council of Canada ("SCC") is a Crown corporation established by an Act of Parliament in 1970 to foster and promote voluntary standardization in Canada. It is independent of government in its policies and operations, although it is financed partially by parliamentary appropriation. The Conformity Assessment programs, including the Certification Body Accreditation Program, operate on a cost recoverable basis. The Council of the SCC consists of members from government and the private sectors. Information on the membership and financial status of the SCC can be found in the Annual Report accessible on the SCC website (www.scc.ca).

The mandate of the SCC is to promote the participation of Canadians in voluntary standards activities, promote public and private sector co-operation in relation to voluntary standardization in Canada, and co-ordinate and oversee the efforts of the persons and organizations involved in the National Standards System. In addition, SCC fosters quality, performance and technological innovation in Canadian goods and services through standards-related activities, and develops standards-related strategies and long-term objectives.

In essence, the SCC promotes efficient and effective voluntary standardization in Canada in order to advance the national economy, support sustainable development, benefit the health, safety and welfare of workers and the public, assist and protect consumers, facilitate domestic and international trade, and further international co-operation in relation to standardization.

The SCC also serves as the government's focal point for voluntary standardization, represents Canada in international standardization activities, and sets out policies and procedures for the development of National Standards of Canada. The SCC also offers several programs for the accreditation of Conformity Assessment Bodies, and for the accreditation of Standards Development Organizations.

The SCC also promotes and supports the principle of recognition of accreditation or equivalent systems as a means of decreasing multiple assessments and audits, both in Canada and with Canada's trading partners.

This document is one of several issued by the Standards Council of Canada to define the policies, plans and procedures established by the SCC to help achieve its mandate.

Requests for clarification and recommendations for amendment of this document should be addressed to the publisher. Additional copies of this document can be obtained by contacting the publisher directly.

CONDITIONS AND PROCEDURES FOR THE ACCREDITATION OF ORGANIZATIONS CERTIFYING PRODUCTS, PROCESSES OR SERVICES

1 GENERAL

SCC Conformity Assessment programs operate in accordance with ISO/IEC 17011 – *Conformity Assessment – General requirements for accreditation bodies accrediting conformity assessment bodies*. Accordingly, the SCC policies and procedures are designed to meet the impartiality, non-discriminatory and conflict of interest requirements of the standard. Any Certification Body (CB) that believes that it has not been treated by the SCC in a manner that meets these requirements should submit a complaint in accordance with CAN-P-15CA. Following the complaint resolution by SCC, should the CB believe that the complaint has not been properly addressed; the CB has the option to forward the complaint and the SCC response to IAF for further consideration.

The SCC Certification Body Accreditation Program (CBAP) is accessible to all applicants from World Trade Organization (WTO) member economies as defined in an order in council to the Standards Council of Canada Act. In accepting applications from outside Canada, SCC respects the IAF Cross Frontier Policy. Access to the SCC accreditation programs is not conditional upon the size of the applicant Certification Body (CB), their membership in any association or group or upon the number of CBs already accredited.

In addition to the CBAP, the SCC Conformity Assessment Branch offers several accreditation programs including:

- inspection bodies;
- testing, calibration and medical laboratories;
- greenhouse gas verification bodies
- management system certification bodies;
- personnel certification bodies;
- PT Providers.
- GLP Facilities

The SCC does not offer consulting services or those conformity assessment services that accredited CBs perform.

The personnel and committees that operate within and influence the SCC Conformity Assessment programs are required to act objectively and comply with the rules defined by the SCC. SCC staff, contract auditors, SCC Council and committee members have declared themselves free from any undue commercial, financial and other pressures that could compromise impartiality.

2 ACCREDITATION REQUIREMENTS

2.1 This Handbook outlines the policies and procedures under which accreditation is offered to Certification Bodies (CBs) that certify products, processes and services. This Handbook also provides detailed information about assessment and accreditation processes, including arrangements for granting, maintaining, extending and reducing accreditation. Polices around suspension and withdrawal of accreditation are provided in full in CAN-P-15CA.

Note: Unless otherwise specified within this Handbook, the latest edition of the accreditation requirements and other referenced normative standards (including amendments), apply.

2.2 CBs seeking accreditation to certify products, processes or services must demonstrate conformance to CAN-P-3 (ISO/IEC Guide 65): *General Requirements for Bodies Operating Product Certification Systems.*

2.3 Conformance must also be demonstrated with the IAF Guidance on the application of ISO/IEC Guide 65, the criteria in CAN-P-1500, *Additional Requirements for Accreditation of Certification Bodies*, and CAN-P-1527, *Guidelines for corrective action to be taken by a certification body in the event of misuse of its mark of conformity*, as well as relevant provisions of ISO/IEC 17011, the Accreditation Agreement and as appropriate the SCC logo licensing agreements and the IAF logo licensing agreement.

Note: The relevant provisions of ISO/IEC 17011 are found in clauses 8.1.1 and 8.1.2. These clauses are reproduced in sections 2.4 and 2.2 respectively of the SCC Accreditation Agreement.

2.4 CBs are recognized in specific areas of competence. Those areas are described in published scopes of activity. Scopes are defined according to the ISO International Classification System for Standards (ICS Codes). ICS codes are meant to group standards into a classification system according to technical similarity. ICS codes included on a CB's scope indicate that the CB has the competence to operate certification programs within areas covered by the codes. Information on the ICS coding system can be found on the ISO website.

3 INTERNATIONAL ARRANGEMENTS

3.1 The SCC is a signatory to several multi-lateral arrangements (MLAs) for the CBAP including those of International Accreditation Forum (IAF), the Pacific Accreditation Cooperation (PAC) and the InterAmerican Accreditation Cooperation (IAAC) MLAs.

3.2 Under these arrangements, the SCC is periodically evaluated by its international peers to the requirements of ISO/IEC 17011. Successful evaluations confirm SCC's status as a full member signatory to the MLA, and denote that the SCC has demonstrated its conformance to ISO/IEC 17011. The signatory status allows each signatory to the MLA to recognize ISO/IEC Guide 65 accreditations granted by other MLA signatories as equivalent to its own for the same certification standards.

3.3 As part of its commitment under the IAF MLA, the SCC subscribes to the IAF Cross-Frontier Accreditation Policy. As such, if an applicant to the SCC CBAP is not based in Canada and is not seeking accreditation in a regulated area, the SCC will recommend that the applicant seek accreditation from the local accreditation body. The applicant, however, may choose to continue the accreditation process with the SCC.

4 NORMATIVE REFERENCES

In addition to the requirements for accreditation, the following documents contain definitions, guidelines and other information essential for the application of the accreditation requirements:

- ISO/IEC 17000, Conformity assessment – Vocabulary and general principles
- ISO/IEC 17011, Conformity assessment – General requirements for accreditation bodies accrediting conformity assessment bodies
- ISO/IEC 17020, General criteria for the operation of various types of bodies performing inspection
- ISO/IEC 17030, Conformity assessment - General requirements for third party marks of conformity
- ISO 19011, Guidelines for quality and/or environmental management systems auditing
- IAF GD 3, IAF Guidance on Critical Locations
- IAF GD 5, IAF Guidance on the Application of ISO/IEC Guide 65
- IAF ML 2, General Principles on the Use of the IAF MLA Mark
- IAF GD 11, IAF Guidance on the application of ISO/IEC 17011 (if applicable)
- CAN-P-4 (ISO/IEC 17025), General requirements for the competence of testing and calibration laboratories
- ISO/IEC Guide 23, Methods of indicating conformity with standards for third-party certification systems
- ISO/IEC Guide 28, Guidance on third-party certification system for products
- ISO/IEC Guide 60, Code of good practice for conformity assessment.
- ISO/IEC Guide 67, Fundamentals of Product Certification

5 DEFINITIONS

The relevant definitions from CAN-P-3 (ISO/IEC Guide 65), CAN-P-1500, ISO 19011, the IAF Guidance on the Application of ISO/IEC Guide 65, ISO/IEC 17011, and ISO/IEC 17000 are applicable, together with the following supplementary terms:

5.1
Accreditation Requirements
refers to the sum of criteria that a CB must meet to achieve and maintain accreditation in the CBAP

5.2
Applicant
a CB that has applied but not yet been accredited by SCC

5.3
Assessment
evaluation of an organization’s conformance to the accreditation requirements

5.4
Audit
evaluation of an organization’s conformance to a portion of the accreditation requirements

5.5
Audit Programme
the plan of oversight activities for a particular accredited organization, that is to be completed in an annual period, including locations, dates and assigned auditors and or technical experts

5.6
Closure of a Non-conformity
occurs when satisfactory evidence of correction and corrective action, or an acceptable plan for correction and corrective action to a non-conformity plus evidence of it effective implementation of the plan has been accepted by SCC

5.7
ILAC
International Laboratory Accreditation Cooperation

5.8
Information Request is a request made when further information is required to establish conformity during document review activities.

5.9
ICS Codes
international hierarchical system for classifying standards according to subject matter, as developed by the International Organization for Standardization (ISO)

5.10
Key Location
CB premises where one or more of the following activities takes place, as defined in SCC Auditable Locations Policy and includes: policy formulation, process/procedure development and, as appropriate, contract review, planning conformity assessments, review/approval/decision making on the results of conformity assessments

5.11
Major Scope Extension
a request to add to a CB's recognized scope, standards that do not fall within the existing ICS level one codes

5.12
Minor Scope Extension
a request to add to a CB's scope, standards that fall within existing level one subject areas of ICS coding but outside the level two subject areas on its scope. Level two sub-groups of standards generally group standards that are applied with greater specificity, e.g., to a particular industry, within the larger level one subject area

5.13
Non-conformity
the non fulfillment of an accreditation requirement;

5.14
Opportunity for Improvement (OFI)
any finding of potential non-conformity or concern, and/or identification of a possible enhancement which may benefit the CB system or process

Note: A CB is not required to respond to OFIs cited in audit/assessment reports, however if not addressed OFIs that are potential non-conformities could be escalated to non-conformities in future audits.

5.15
Oversight Activity
a generic term to indicate any activity conducted to support the granting of initial accreditation, continued accreditation, or reaccreditation such as documentation review, on-site assessment/audits, follow up audit, witness audits, extraordinary audits, etc.

5.16
Reassessment
an evaluation of the same nature as an initial assessment, to determine continued compliance with all established criteria

5.17
Scope of Accreditation
the subject areas in which a CB has demonstrated competence to evaluate and certify products, processes or services. The SCC CBAP uses the ISO system for the International Classification for Standards (ICS) to describe these areas. Scopes of accreditation also include the certification system type operated by the CB and the corresponding certification marks applied by the each CB. ISO/IEC Guide 67 provides detailed descriptions of the various types of certification systems that can be operated by a CB. The scope of each CB is provided on the SCC website and includes the marks recognized under the SCC accreditation program.

5.18
Scope Interpretation
when SCC considers whether or not a specific standard(s) is included in the ICS codes that are listed on the CB's scope of accreditation

6 ACCREDITATION PROCESS

6.0 All CBs follow the accreditation process provided below in sections 6.1 through 6.6 inclusive, except as the following:

- For those CBs applying to be accredited as a certifier of organic products, refer to Appendix C.

- For those CBs applying to be accredited as a certifier of chain of custody for forest-based products under *the Programme for the Endorsement of Forest Certification* schemes (PEFC) or Sustainable Forest Initiative (SFI), follow the accreditation process provided below in sections 6.1 through 6.6 inclusive, but also refer to Appendix D for exemptions to the process as well as any additional requirements

- For CBs applying to be accredited solely as a Telecom CB, a registered certification mark is not required

6.1 Application

6.1.1 A CB applying for SCC accreditation under CBAP, shall submit an application using application form (#F95-1-2), available from the SCC, duly signed by an authorized representative of the applicant CB.

6.1.2 In addition to the form, the following information and supporting documents are required to be included with the application:

- A copy of the document(s) that demonstrates the CB's legal entity status;
- A cross-referenced matrix indicating where each of the accreditation requirements of CAN-P-3, CAN-P-1500 and the IAF Guidance to Guide 65 are addressed in the applicant's quality system documentation. The CBAP matrix, form F95-1-6 must be used for this purpose;
- A specimen of each certification mark that the applicant plans to use with the requested accreditation;
- A copy of the applicant's quality manual and related certification procedures;
- A cheque made out to SCC, for the non-refundable application as outlined in the program fee structure. The fee structure is available upon request.;
- Organization Charts;
- Résumés of key certification personnel;
- List of accreditations of testing laboratories used in certification activities;
- Evidence of correspondence with relevant regulatory authorities;

6.1.3 To be accredited under the CBAP, the CB must have its certification mark registered as a "Certification Mark" with the Canadian Intellectual Property Office (CIPO) if that CB will be issuing certifications for the Canadian market. Evidence of registration should be submitted along with the other supporting documents. If the mark is not already registered, the CB should contact the Canadian Intellectual Property Office, at:

Industry Canada, Place du Portage I, 50 Victoria Street, Gatineau, QC. K1A 0C9, or

http://strategis.ic.gc.ca/sc_mrksv/cipo/welcome/welcom-e.html

Because of the length of time required for mark registration, applicants should apply to CIPO at the earliest possible date for registration of its certification mark(s). The mark will have to have passed the opposition phase in the registration process for accreditation to be granted.

The CBs must demonstrate how the certification marks are protected in the markets they serve. For CBs issuing certifications for markets other than Canada, it is recommended that the CBs register their marks in those jurisdictions.

6.1.4 All application and accreditation information received by SCC will be treated in the strictest of confidence. Information regarding the CB will not be disclosed outside of the SCC without written consent of the CB. Commitments to confidentiality are subject to the following limitations and exceptions:

- information which is publicly available;
- information which relates to general concepts in the field of conformity assessment and product certification;
- any information publicly disclosed by the CB or with the consent of the CB; and,
- notices of application including the name, address and contact at the CB, will be posted to the SCC website for those CB's working in regulated areas.

6.1.5 If the SCC seeks to use the services of another accreditation body to complete oversight activities at a key location in another country, applicants and accredited bodies will be asked to sign a release of information before any information sharing between the SCC and other accreditation bodies can take place.

Note: The SCC is a federal crown corporation and as such, is subject to the "Access to Information Act". This Act provides exemptions for commercial information which allows the SCC to refuse to disclose records that contain trade secrets or financial, commercial, scientific or technical information which if released, could damage the CB's competitive position. As such, the SCC will endeavour to maintain the confidentiality but must abide by the provisions of the Act. Where the law requires information to be disclosed to a third party, the CB shall be informed of the information provided.

6.1.6 If an applicant's requested scope of accreditation falls within a regulated area, SCC will post the name, address and contact at the CB to its website to notify the appropriate regulatory authority advisory bodies. There are a number of SCC recognized regulatory authority advisory bodies with specific jurisdiction in health and safety areas. Other regulatory bodies may from time to time wish to be added to this list of recognized authorities and may do so at their written request. This list is provided to all applicants as part of the CBAP application package.

6.1.7 The applicant will be assigned an SCC staff representative who will be the main point of contact for the applicant.

6.1.8 Oversight activities to support initial accreditation are required to be completed within one year from the date of application. Applicants that do not complete the initial accreditation oversight activities within nine months will receive ninety calendar days' notice to complete initial accreditation oversight activities. If initial accreditation oversight activities are not completed within that ninety-day timeframe, the application for accreditation will be closed. To reactivate the application, the CB will be required to submit a new application for accreditation and application fee.

6.2 Preparation for Assessment

6.2.1 Prior to processing the application, the SCC will perform a preliminary review with the applicant to ensure that:

- the requirements for application are clearly defined, documented and understood;
- any difference in understanding between SCC and the applicant is resolved; and,

- the SCC has sufficient resources, competency and availability of assessment personnel to carry out the assessment of the applicant CB in accordance with the identified timeline of one year for completion of initial accreditation activities.

6.2.2 Following the preliminary review when SCC has determined that it can accept the applicant, SCC will acknowledge receipt of the application and prepare a Notice of Application for posting on the SCC website (www.scc.ca) for those CBs working in regulated areas. The notice shall include the applicant's name and the proposed scope of certification.

6.2.3 The applicant may request a preliminary visit or the SCC may conduct a preliminary visit with agreement, if significant deficiencies with the CBs's system are identified during the preliminary review.

6.2.4 The scope of this preliminary visit will be limited to the resolution of application and documentation issues and identification of deficiencies in the application. The preliminary visit will be conducted by a person determined by the assigned SCC staff representative.

Note: The preliminary visit does not constitute a gap analysis of the CB's program documentation. The contact will not provide consultancy advice to the CB, or specific instruction on how accreditation requirements should be addressed within the CB's system.

6.2.5 Following the preliminary visit, if any, a report will be issued to the CB for information purposes. No non-conformities will be issued to the CB following a preliminary visit. Information requests may be issued if further documentation is required to supplement the initial application.

6.2.6 Once the application is determined to be complete, the SCC will develop the initial accreditation audit programme. The initial accreditation audit programme will define the oversight activities required for initial accreditation and will include as a minimum: a document review activity, on-site assessment activities and witness audits. The audit programme will contain the anticipated dates for each oversight activity, and the names of the assessment team members who will carry out the assessment.

6.2.7 To support initial accreditation, the SCC is required by ISO/IEC 17011 to conduct on-site assessments of all premises from which one or more key activities are performed and which are covered by the scope of accreditation. Key locations are described in note to Clause 7.5.7 in ISO/IEC 17011 and described in the SCC Auditable Locations Policy in Appendix B of this document. All locations to be assessed will be identified and provided to the CB in the audit programme.

6.2.8 The assessment team will include a lead assessor, and, where required, a suitable number of assessors and/or technical experts qualified to perform the assessment activities.

6.2.9 The number of individuals on an assessment team will be related to the complexity of the scope of accreditation.

6.2.10 Whereas SCC staff and contract assessors have specific expertise in the application of the accreditation standards, Technical Experts support the assessors and have a detailed understanding of the application of specific standards in the requested scope of accreditation. The role of the Technical Expert is to: (1) interview CB personnel that perform product evaluations to evaluate the technical competence of those individuals in regards to the application of specific product standards; and, (2) review the records of product evaluation in the certification files to assess the CBs competence in the application of the evaluation process.

6.2.11 Generally, at initial assessment one Technical Expert will be assigned to the assessment team for each of the level one ICS scope code being requested.

6.2.12 Where an assessment team includes members that are not employees of the SCC, the SCC will provide the CB with the names of the organizations to which the individuals belong.

Note: Prior to each assessment activity conducted, assessment team members are required to declare impartiality and indicate that they have not provided consultancy services to the CB which might compromise the accreditation process and decision. In addition, each assessment team member is required to inform the SCC about any existing, former or envisaged link or competitive position between themselves or their organization and the CB to be assessed.

6.2.13 The audit programme and dates for the conduct of assessment activities shall be agreed upon by the SCC and CB. The applicant may object to the appointment of any particular assessor and/or any planned oversight activities. Objections of members of the audit team and/or the conduct of planned oversight activities as identified in the audit programme are required to be submitted to the Manager, Certification Body Accreditation, in writing, and include a reasonable rationale for the objection. After considering the objection, the CB will be notified of the result.

6.2.14 Witness audits are conducted as part of the initial assessment process to observe a CB apply its surveillance procedures at a client site and therefore assess the effectiveness of those procedures. The number of witness audits required for initial accreditation will be dependant on the number of level one scope codes that are requested in the application and several other factors such as the number of key locations, and the countries within which the CB is operating. As a minimum, one witness audit of an initial inspection, or two of a surveillance inspection, are required to be performed. Witness audits may also be conducted to review the implementation of other parts of the CBs quality system. Examples of such witness audits include, qualifying a manufacturer's lab or the CB's own unaccredited labs to ISO/IEC 17025.

6.2.15 Accreditation requirements also oblige a CB to demonstrate that internal and external test facilities used in support of certification activities meet the requirements of CAN-P-4 (ISO/IEC 17025). This may be demonstrated either through laboratory accreditation by the SCC, accreditation by an organization with which SCC has signed an MLA, such as full member signatories of the ILAC Agreement, or by the evaluation of the laboratory to CAN-P-4 conducted by the CB itself.

SCC assessment teams will require a CB to produce a list of the testing and calibration facilities and their scopes of competency that it uses in support of the certifications it grants. In addition, an indication of how each facility is qualified to CAN-P-4 will be required. At initial assessment the SCC will conduct an assessment of a CB's own laboratory to ISO/IEC 17025, if that laboratory is not accredited by the SCC or by an accreditation body that is a full member signatory to the ILAC MLA.

Verification of laboratory conformance to CAN-P-4 that is conducted by a CB itself shall be part of the annual SCC audits. If deemed necessary, the annual SCC audits may include witnessing of an assessment of a laboratory or of a testing facility at a supplier's site. If required, a testing specialist may be included with the SCC's team. At a minimum, the CB will be required to produce assessment reports of the testing facilities and a demonstration of how the assessors it employs are qualified to conduct assessment work to the requirements of CAN-P-4.

6.3 Document Review

6.3.1 SCC will assign one of the assessment team members to conduct a detailed review of the quality system documentation submitted with the application. The assessor will examine the organizational structure, policies and procedures of the CB and confirm that the documented system contains the necessary elements to meet all the requirements for accreditation.

6.3.2 Any non-conformances identified during the document review will be brought to the attention of the applicant in writing. A document review report will include the identification of non-conformities and/or information requests. The process for resolution of non-conformities issued at any stage is described in Appendix A.

6.3.3 Non-conformities and information requests require response by the CB and must be resolved before proceeding with the on-site assessment and other initial accreditation activities.

6.3.4 An applicant that wishes to conduct certifications in Canadian regulated areas should demonstrate at the time of the document review that it has initiated contact with the appropriate Canadian regulatory authority advisory bodies. SCC maintains a current list of Canadian Regulatory Advisory Bodies in these areas.

6.4 On-Site Assessment

6.4.1 When the non-conformities and information requests from the document review have been closed, the dates of the formal on-site assessment for the head office and any key locations will be confirmed by the SCC.

6.4.2 The purpose of the formal on-site assessments is to verify that the documented system submitted by the CB is implemented and understood by CB personnel.

6.4.3 The CB is responsible for making all necessary on-site arrangements for the conduct of the assessments, including the provision to allow the assessment team to examine documentation, records and interview personnel for the purposes of assessment.

6.4.4 The on-site assessments will be conducted in accordance with the guidelines found in ISO/IEC 19011 and the procedures described in this Handbook. Prior to the on-site assessments, a formal assessment notification and detailed assessment plan for each key location, identifying the scope and objectives of the assessment, will be provided to the applicant.

6.4.5 CBs shall review the assessment plan and advise SCC of any changes required or constraints with regards to scheduling of assessment activities. The assessment plan will be modified if necessary.

6.4.6 At the commencement of each on-site assessment activity an opening meeting will be held. The purpose of the opening meeting will be to:

- confirm the purpose of the assessment and the procedures that will be followed;
- confirm the accreditation requirements;
- review the assessment plan;
- confirm the scope and objectives of the assessment;
- introduce the relevant CB staff and the assessment team members to each other and to confirm the identity of the official contact with the audit team during, and subsequent to the audit; and,
- confirm that the assessment team has available all the resources and facilities needed for it to do its job.

6.4.7 During the on-site assessment activity, the assessment team will require access to information such as: organizational setup, general financial data (e.g., annual reports), personnel records, management system documents, internal audit reports, management review reports, certification procedures, certification and operating records, directory of certified clients, personnel files for the purposes of verifying training records and performance monitoring. CBs should ensure this information is available and easily retrievable whether in hard-copy or electronic form.

6.4.8 The assessment team will perform their assessment duties, taking detailed notes of their interviews with personnel and their observations on procedure implementation and records. The team will confirm the information provided in the application. Key personnel involved in the certification process and quality management are required to be available to the SCC team during assessments, audits and reassessments.

6.4.9 The assessment team will review the certification records for adequacy and to confirm that the CB has followed its certification procedures. The assessment team will also review the CB program for competency of certification staff, in consideration of the requested ICS scope codes.

Note: During the on-site assessment, the number of samples of certification files and records to be reviewed and assessment personnel interviews may be determined prior to the assessment activity. The sample is based on the certification volume, the number of ICS codes in the requested scope, and the number of certification personnel. Other factors such as complaints and witness audit findings may also influence the sample size. Factors such as these are considered on a case-by-case basis.

6.4.10 When the on-site assessment activity is complete but before the closing meeting is held, the assessment team will meet privately to consolidate their findings (non-conformities and opportunities for improvement) in writing for presentation at the closing meeting..

6.4.11 At the closing meeting, the lead assessor will present the findings to the CB, If the CB disputes a finding raised by the assessment team, the CB must raise this dispute to the Manager, Certification Body Accreditation within 14 calendar days for resolution.

6.4.12 The applicant must respond to the non-conformity reports (NCRs) issued by the assessment team within 60 days of their receipt. The response shall either provide evidence of completion of corrective action taken to address each NCR, or present a plan with milestones as to how each NCR will be addressed. This plan shall include a completion date not exceeding 180 days from receipt of the NCRs at the closing meeting.

6.4.13 Opportunities for improvement (OFIs) may also be presented by the SCC assessment team, but consultancy shall not be provided. CBs are not required to respond to OFIs with corrective action.

6.4.14 A final assessment report detailing the activity and results will be provided to the CB shortly following the onsite assessment activity.

6.4.15 One complete set of responses should be submitted by the CB, that is, responses to all NCRs or the plan of how and when the NCRs will be addressed must be included in the one submission.

6.4.16 All NCRs must be addressed, verified and closed before the application can proceed to the approval stage. This includes NCRs issued at all key locations as well as witness audits. SCC will determine if the applicant's responses to NCRs are adequate and the SCC reserves the right to conduct an additional site visit if required. If all responses are adequate, the assessment report moves to the approval stage.

6.4.17 If the assessment team determines that the applicant cannot be accredited for the full range of its requested scope, the assessment team may suggest to the SCC that a suitably reduced or redefined scope be considered.

6.5 Witness Audits

6.5.1 Witness audits are conducted by the SCC as a means of verifying that the CB is satisfactorily implementing its procedures. Witness audits are required for initial accreditation, and normally at the second annual audit (S2) and at the reassessment which normally occurs the fourth year following the assessment. The SCC may also require witness audits for scope extensions and for CBs with many critical locations. This will be determined on a case-by-case basis.

6.5.2 Prior to scheduling the witness audit(s), the SCC will contact the CB to request a list of upcoming surveillance activities.

6.5.3 Prior to the witness audit activity, an SCC representative will contact the CB or, if appropriate, the CB inspector directly to coordinate any logistics. At the opening meeting, the objective and process of the witness audit will be explained to the CB's inspector and the supplier.

6.5.4 During the witness audit activity, the SCC assessor will examine the inspector's preparation for the inspection, and the implementation of the CB's factory inspection procedures. The witness audit activity is not a performance appraisal of the individual inspector but instead is conducted to evaluate the effectiveness of the CB's system.

6.5.5 When the witness activity is complete, the inspector will be debriefed in regards to SCC observations.

Note: Although the example of a factory inspection is provided in 6.5.4 and 6.5.5, other activities as described in section 6.2.14 may be subject to a witness audit.

6.5.6 Any non-conformity noted during the witness audits will be added to the final report that is provided to the CB. In the event that the CB wishes clarification or the opportunity to discuss any witness audit findings, the CB may request a conference call. SCC will organize such a call between the CB and the SCC witness auditor and staff contact.

6.6 Accreditation Decision

6.6.1 When the activities identified in the audit programme have been completed, the information and evidence gathered during the oversight activities will be reviewed. SCC will evaluate whether the responses and actions taken by the CB to resolve any non-conformity appears sufficient and effective.

6.6.2 If the information is not found to be sufficient, or conformity with program requirements and procedures is in question, further information may be requested and/or additional assessment activity may be conducted. Requests for additional assessment activity will be accompanied by a written justification.

6.6.3 When the SCC program staff in consultation with the lead auditor and audit team are confident that the CB has fulfilled the requirements for accreditation, a recommendation to initially accredit, continue to accredit, or re-accredit the CB is made to the Director, Conformity Assessment.

6.6.4 Before the Director, Conformity Assessment makes the accreditation decision, the results of the oversight activities and supporting records (such as the audit plan, assessor assignments, etc.) is performed by an independent reviewer and/or review team. The reviewer(s) are drawn from a pool of SCC qualified technical experts and are independent from the audit team that conducted the on-site activity. This review is performed to confirm that CBAP program procedures and accreditation requirements have been fulfilled and to confirm the assessment team findings regarding the CB's competency to fulfil the scope of accreditation have been addressed.

6.6.5 The reviewer and/or review team will either recommend, or not, the initial accreditation/continued accreditation or reassessment to the SCC Director of Conformity Assessment, or seek clarification/further information. If a recommendation is made not to grant accreditation, the SCC will contact the CB to advise whether additional information is required or whether a delay will be incurred including the reasons for the delay.

6.6.6 When the Director, Conformity Assessment makes the decision the SCC will advise the CB of the results of the accreditation decision making process in writing. In case of rejection, the applicant will be advised of the reasons.

Note: Upon receipt of a notification of rejection of an application for initial accreditation, the CB may choose to initiate an appeal. The process for appeal of accreditation decisions is found in CAN-P-15CA.

6.6.7 Upon initial accreditation and with each reassessment decision, the CB will be provided with the following:

- Letter of accreditation
- Accreditation certificate
- Up-to-date listing of the scope of accreditation
- Accreditation Agreement

The Accreditation Agreement is a contract containing the terms and conditions of the accreditation granted and that the CB must adhere to while accredited. A copy of the Accreditation Agreement which the CB is required to sign is available for review at any time upon request.

6.6.8 Commencing on the date of its accreditation and yearly thereafter, an accredited CB will pay an annual accreditation fee. Upon initial accreditation, the annual base fee is due. Each anniversary of accreditation thereafter, the base fee plus the calculated fee based on gross certification revenue is due. The CB shall complete a certification revenue declaration, upon which SCC will determine the total annual program fee.

6.6.9 The CB must sign and return the Accreditation Agreement within 30 days. Failure to do so will result in the suspension of the accreditation.

6.7 Maintenance of Accreditation

6.7.1 CBs are accredited for a four-year accreditation cycle. During the three years between initial accreditation and reassessment and between each reassessment, annual oversight activities will be conducted on a sampling basis across the CB head office and key locations to confirm continued conformance with accreditation requirements. Generally, the first surveillance audit will take place one-year following the initial assessment. Each surveillance audit thereafter will generally take place at twelve-month intervals.

6.7.2 Each annual oversight activity following accreditation or reassessment will be referenced sequentially by the designation S1, S2 or S3. Annual surveillance audits are of shorter duration and focus on a portion of the accreditation requirements.

6.7.3 In the fourth year of the accreditation cycle, the SCC will conduct a reassessment of the Head Office and selected key locations. Reassessment will consider all elements of the accreditation requirements. Witness audits will also be conducted.

6.7.4 Surveillance and reassessment oversight activities at key locations may comprise of an on-site surveillance, the acceptance of an evaluation report from an accreditation body[1], or the conduct of a witness audit.

[1] For SCC to accept a report from another accreditation body (AB) that AB must be a signatory to the IAF MLA, in good standing, and have an agreement with the SCC for the sharing of information. CBs will also have to sign an

6.7.5 The focus of reassessments and annual surveillance audits will also be influenced by experience gained during previous audit activities.

6.7.6 Each year the SCC will provide each CB with an updated planned audit programme. The audit programme will be developed from the most recent information collected from the CB with respect to key locations and corporate changes. The audit programme will identify all of the required oversight that the SCC plans to perform to satisfy continued accreditation or reassessment.

6.7.7 Upon receipt of the audit programme, the CB shall review it and notify the SCC of any concerns with the planned oversight activities and/or arrangements.

6.7.8 Annual surveillance auditing is subject to sampling of key locations so that each key location is audited at least once during the accreditation cycle following the initial assessment. Sampling may increase if the CB performance raises doubt as to the credibility of the certificates issued by CB.

6.7.9 Unlike the initial assessment where one Technical Expert is assigned to the assessment team for each of the level one ICS scope code being requested, Technical Experts will be rotated on the teams in the S1, S2, S3 and reassessment years so that each of the level one codes are reviewed at least once by Technical Experts over the four-year accreditation cycle.

6.7.10 A CB may request that SCC conduct a joint audit at a key location with another accreditation body or that the SCC to consider another accreditation body's oversight results in lieu of performing an oversight activity identified in the programme. In such cases the CB must make the request in writing at least 120 days prior to the planned activity.

6.7.11 During reassessment and continued accreditation oversight activities, the CB continues to be responsible for providing access to records, files and other related documentation and personnel. The CB is also required to make available to SCC, when requested, the records of all complaints, appeals and disputes, and subsequent actions.

6.7.12 The process for the planning and conduct of oversight activities, the resolution of non-conformities and the reassessment/continued accreditation decisions are the same as described in the sections above for initial accreditation.

6.7.13 In advance of each annual audit and reassessments, CBs will be asked to provide updated information. Updates required to demonstrate continued conformance to the accreditation requirements must be submitted to SCC on or before the stated deadlines found in SCC Audit Notification letters. Documentation received late may result in the postponement of activities. Any resulting charges from the cancellation of travel arrangements and for assessor preparation time will be billed to the CB.

6.7.14 When conducting on-site audit and assessment activity, the SCC will review the status of non-conformities identified by the CB during the previous oversight activities. Continued effective implementation of correction and corrective action will be verified.

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agreement to allow the SCC and the AB to exchange confidential information about that CB.

6.7.15 During the accreditation cycle, CBs shall advise the SCC without delay, of major changes which may affect conformance with the criteria and requirements for accreditation or their scope of accreditation. Major changes include, but are not limited to:

- CBs legal, commercial, ownership or organizational status;
- CBs organization, top management and key personnel;
- main policies;
- resources;
- new key locations;
- scope of accreditation; and,
- changes to or new certification marks.

6.8 Maintenance of Accreditation – Reduced Surveillance

6.8.1 Clause 7.11.3 of ISO/IEC 17011 allows an accreditation body to extend surveillance to a maximum period of two years. SCC standard policy is to conduct surveillance audits annually for three years after initial assessment. This series of three surveillance audits is followed by reassessment. Such surveillance may be made up of office audits or witness audits or a combination of both.

6.8.2 A CB will become eligible for an extended interval between surveillance audits after its first reassessment. The following conditions must be met for a CB to be eligible for the extended surveillance:

- The CB operates from only one key location;
- The CB has completed at least one full accreditation cycle under the oversight of the SCC;
- During the previous reassessment and three surveillance audits no non-conformities have been found by the SCC audit team that raised significant doubt as to the credibility of the certifications issued by the CB;
- The CB's scope of accreditation has not undergone major extensions during the previous three years;
- There have been no major changes to the CB's quality system or key personnel (management and those that conduct evaluations and make certification decisions) since the last on-site assessment;
- The CB has been assessed to have effective preventative action, internal audit and management review policies and procedures;
- The CBs demonstrate that actions taken to implement correction and corrective action are prompt and complete; and,
- The CB has a demonstrated an effective track record of addressing complaints.

6.8.3 Should any of these conditions change or should the need arise to conduct extraordinary oversight the surveillance frequency shall revert to annual until the above conditions are restored.

6.8.5 In the intervening year where no SCC oversight takes place, the CB shall submit its Internal Audit report(s) and Management Review minutes, and inform SCC of any changes to the organization's QMS.

6.9 Extraordinary Oversight

6.9.1 SCC reserves the right to conduct extraordinary oversight of an applicant or accredited CB whenever deemed necessary. This allows SCC to confirm, by examination and provision of objective evidence, that specific accreditation requirements continue to be fulfilled. The reasons that such oversight may be required include:

- Verification of the completion of corrective actions that cannot be satisfactorily substantiated through a document review.

- The result of the issuance of numerous non-conformities making the verification of the implementation of the corrective actions necessary through an on-site activity.

- Whenever there are documented complaints or questions about the technical competence of a CB, or about the implementation of its quality management system relating to the scope of accreditation that cannot be thoroughly addressed through documentation reviews.

- A major change such as a change in location, of ownership, staff, or quality system documentation.

Whenever an extraordinary oversight activity is identified by the SCC, the CB will be informed and a rationale for the activity will be identified.

6.9.2 The costs associated with extraordinary oversight will be charged to the CB.

7 SCOPE CHANGES

7.1 Additions to Scopes

7.1.1 The application of new standards, the use of new certification marks, and the addition of key locations are all considered scope additions.

7.1.2 Applications for additions to a CB's scope of accreditation shall be made to SCC in writing using Form F95-08-01 (available on request). SCC will determine if the request is a simple scope interpretation or a minor or a major extension. On-site assessments or witness audits may be required as part of a scope extension application. This will be determined on a case-by-case basis.

7.1.3 Major and minor scope extensions require evaluation of the relevant CB operations prior to granting the extension to its scope. Many elements of the accreditation requirements do not need to be revisited for a scope extension; however, certain key elements must be considered. Some examples include: an assessment of the competence of the CB's staff to apply new standards (CAN-P-3 Clause 5.1.1) and a determination of their ability to conduct product evaluations (CAN-P-3 Clause 9.3); a determination that the CB has sufficient human resources given the average volume of work taken on (CAN-P-3 Clause 4.2(j)); and, an evaluation of the qualifications of any new sub-contracted laboratories used for the requisite testing in the new areas (CAN-P-3G Clause 4.4 and CAN-P-1500, Clause 4.3). If the scope extension expands the CB operations into regulated fields, the CB must demonstrate that it has established liaison with the appropriate regulatory advisory council (CAN-P-1500, Clause 4.7).

7.1.4 SCC will determine whether the scope extension request will require an on-site visit or whether the assessment can be done remotely. Assessments for scope extensions can be combined with annual audits or reassessments but may require additional on-site time. At the first oversight activity subsequent to the granting of the scope extension, SCC will review certification files in this new area to confirm that the existing program certification procedures are being properly applied to this new area of activity. The extent of the assessment required will be determined on a case-by-case basis.

7.1.5 Once approved, changes in the scopes of accredited CBs will be reflected in the electronic directory on the SCC website.

7.1.6 SCC may also answer requests for scope interpretation from third parties such as other CBs, regulatory authorities, or other concerned interests, to assess whether a specific certification activity falls within the accredited scope of a specific CB. In such a case the SCC shall keep the CB apprised of any such inquiry by copying the CB on correspondence to the third party.

7.2 Reduction of Scopes

7.2.1 A scope reduction may occur when a CB voluntarily requests that specific areas be removed from its accredited scope, or when as the result of an audit, reassessment or verification visit, it is determined that accreditation requirements for specific areas are no longer satisfied.

7.2.2 Non-voluntary scope reductions will be processed in the same manner as a suspension or withdrawal of accreditation as described in CAN-P-15CA if it is found that the CB has consistently failed to meet the requirements for accreditation and no longer has the competence to operate within a particular subject area.

7.2.3 When it is found that the scope of accreditation may no longer be valid, corrective action will be requested of the CB.

7.2.4 If upon review of the response, it is confirmed that the scope of accreditation is no longer valid but the CB is still meeting accreditation requirements, the scope of accreditation will be reduced. In cases where the CB is found to no longer be meeting accreditation requirements, procedures for suspension will be initiated.

7.2.5 When SCC initiated, reduction in scope of accreditation is required to be approved by the Director, Conformity Assessment.

7.2.6 Partial suspension or even withdrawal of accreditation of a specific portion of an accredited scope does not, of itself, represent suspension or withdrawal of the CB.

8 VOLUNTARY WITHDRAWALS

8.1 A CB may voluntarily terminate its accreditation at any time by providing thirty (30) days' written notice to the SCC. CBs that voluntarily withdraw accreditation are responsible for remedies to their clients affected by the withdrawal. These remedies would typically include notification of voluntary withdrawal to affected organizations.

8.2 Upon voluntary withdrawal of accreditation, the CB must discontinue use of all advertising matter that contains any reference thereto, and return any accreditation documents to the SCC. CBs must also ensure that clients which have been granted the right to use the SCC or IAF logos have those rights withdrawn upon withdrawal of accreditation.

8.3 Any unpaid fees must be paid upon notice of voluntary withdrawal.

9 SUSPENSIONS, INVOLUNTARY WITHDRAWALS, COMPLAINTS, APPEALS AND DISPUTES

9.1 SCC procedures to address complaints against accredited CBs, and for dealing with a CB's suspension or withdrawal of accreditation as well as what to do in the event of a dispute between a CB and the SCC, are provided in CAN-P-15CA *SCC Conformity Assessment Accreditation Program Requirements and Procedures, for the Suspension and Withdrawal of Accreditations and the Resolution of Complaints, disputes and Appeals*

Note: Complaints regarding the application of the policies and procedures which govern the Certification Body Accreditation Program should be forwarded in writing to the Manager, Certification Body Accreditation.

9.2 From time to time, the SCC may receive complaints concerning accredited CBs. When a complaint about a CB is received, the SCC will determine whether the complainant has first sought resolution from the CB.

9.3 If resolution has already been sought with the CB and the complainant has not received satisfactory resolution, the complainant will be requested to provide written details to the SCC which will then investigate the matter with the CB.

9.4 In all cases, where a complainant remains unsatisfied, an SCC investigation of the complaint will be made against accreditation requirements and the CB procedures. In regulated areas, the SCC will notify the appropriate regulatory authority if public health and safety is judged to be at risk.

9.5 CBs may also submit complaints to the SCC about any aspect of SCC's service. Complaints should be submitted in writing to the attention of the Director, Conformity Assessment.

10 PUBLICITY GUIDELINES

A significant benefit of SCC accreditation is that an accredited CB may publicize its accreditation. SCC encourages such activities; however, restrictions apply to prevent misunderstanding about the significance of accreditation.

10.1 Restrictions

10.1.1 An accredited CB must comply with specified publicity requirements in making reference to its accreditation status in communication media such as documents, brochures, websites or advertising literature. Publicity guideline requirements are provided in the accreditation Agreement and the SCC License Agreement.

10.1.4 Following initial accreditation, the SCC will allow the CB to use and sub-license the SCC accreditation mark. The accreditation mark cannot be used on products. The SCC accreditation mark is available for use in English, French as well as a bilingual version.

10.1.5 Given that the SCC is a signatory to the IAF MLA for Product Certification, accredited CBs may use the IAF MLA Mark in accordance with the defined principles which can be found in IAF ML 2: General Principles on the use of the IAF MLA Mark. Prior to using the IAF MLA Mark, the SCC will require the CB to sign an IAF MLA Licensing Agreement (available on request).

10.1.6 If it is found that the CB has made incorrect references to their accreditation status, or has used the SCC accreditation logo or the IAF MLA Mark in a misleading way, the SCC will take actions to remedy the situation. These actions range from a request for corrective action, suspension of accreditation, publication of a correction or possibly legal action.

10.2 SCC Sponsored Publicity

10.2.1 Upon initial accreditation, a press release announcing the accreditation will be issued by the SCC Communications Department and published on the SCC website.

10.2.2 The SCC will also make publicly available information regarding the accreditation of CBs by posting the following information on the SCC website:

- Name, address and contact of each accredited CB;
- Dates of the granting of accreditation;
- Its scope of accreditation; and,
- Recognized certification marks.

10.2.3 The SCC will review the accreditation information and accreditation documents upon reassessment and modify as applicable, and will update the accreditation information on the SCC website whenever a change is made.

Appendix A: SCC Process for Resolution of Non-conformities

The following is the process for resolution of non-conformities:

A.1 Non-conformities are usually identified as a result of oversight activities. However, they may also be cited outside of these activities when objective evidence of non-conformity to accreditation requirements is brought to the attention of SCC.

A.2 Non-conformities are either documented in a final audit report or where a non-conformity is identified outside a normal oversight activity, it will be documented through a Non-Conformity Report (NCR). NCRs identified outside of the audit activity will be identified as intermediate NCRs and will be sent to the CB. The NCR will identify the requirement, provide a statement of finding and objective evidence of non-conformity.

A.3 In either case, the CB shall respond to the non-conformity within sixty (60) days of issuance. The response shall identify the correction, the root cause, corrective action(s) and action(s) taken to prevent re-occurrence. If it is not possible to take corrective and preventative actions within the sixty (60) day period the response shall include the planned corrective and preventative actions and a schedule for their completion in one-hundred and eighty (180) days.

A.4 When responding to multiple non-conformities issued either in an audit report or to an Intermediate NCR, responses to all non-conformities should be provided to the SCC in the same package.

A.5 Upon receipt of the CB's response to non-conformities, the SCC will review the responses. Generally the CB can expect feedback from the SCC regarding the CBs responses within four weeks. If a response is not acceptable, the SCC will advise the CB in writing including a rationale for not accepting the response

A.6 The CB will be required to reconsider and revise the response in accordance with new timelines provided by the SCC.

A.7 Extensions to timelines may be possible upon request by the CB. When requesting an extension, the CB should use the NCR form to identify the request, provide a rationale for the request, and indicate when a response can be expected. The SCC will review the request and accept/reject as appropriate.

A.8 The implementation of corrective actions that respond to non-conformities will be reviewed during the next on-site visit.

A.9 CBs may dispute an NCR within fourteen (14) calendar days of receipt of the findings report. Disputes of NCRs are required to be submitted in writing to the Manager, Certification Body Accreditation and include a rationale for the dispute. The dispute will be processed in accordance with CAN-P-15CA.

Appendix B: Auditable Locations Policy

B.1 It is SCC's policy to assess all Certification Body locations where key activities take place or that are defined as critical in the following newly published documents.

- ISO 17011, *General requirements for accreditation bodies accrediting conformity assessment bodies*, and
- International Accreditation Forum, IAF GD3: 2003, *Guidance on cross-frontier accreditation*, Issue 1, version 3.

B.2 Certification Body locations that perform the functions described below are subject to audit at initial assessment and at least once thereafter during each four-year accreditation cycle:

B.3 Policy Formulation

- Is usually conducted at head office. Satellite locations that develop policy/procedures which are reviewed, approved and fully integrated into the system at the CB's head office are not considered key locations because final control is with the head office where the process can be audited.

B.4 Process and Procedure Development

- This includes the development of Other Recognized Documents (ORD)

  Note: Satellite locations that develop policy/procedures which are reviewed, approved and fully integrated into the system at the CB's Head Office are not considered key locations because final control is with the Head Office where the process can be audited.

B.5 Contract Review

- Reviewing contracts between the CB and the applicant to ensure that the CB has the capability to conduct the certification.

B.6 Planning Conformity Assessments

- Defined as the planning the assessment or surveillance activities given the applicable certification scheme for the product or service. It may include any one or more of the following:
  - determining the applicable standards
  - ensuring that the appropriate resources (people, tools, supplies) are in place to perform the work.
  - assignment of assessment personnel
  - determining the applicable tests (what/how/why testing will be carried-out or not)
  - determining the assignment of test facilities (who/where)
  - determining the factory inspection plan if not already established by CB policy
  - design review (constructional requirements),

- production process review,
- quality system verification
- documentation review, and
- testing of the product or service.

B.7 Review of the Results of the Conformity Assessment

- Defined as an evaluation to determine if the overall results of all the assessments and testing meet the specified requirements of the certification scheme. Ref. ISO/IEC Guide 28 clause 6.

- The premises from which a person conducts an evaluation are subject to audit. For personnel working from remote sites, i.e. their homes, and where records are maintained at a CB office location, it is the office to which the person directly reports, from which he/she is trained and monitored and from which his/her work is reviewed that is subject to audit.

  If evaluations are being done by one or more individuals working remotely, then the technical competence and the compliance with policies and procedures may be assessed via an interview by conference call or the individuals may be made to report to the office for the audit to answer questions. Otherwise, if the audit can not effectively be done at the offices to which the person reports, their job site location shall be audited.

- Locations that conduct initial qualification, training and ongoing monitoring of technical certification staff are subject to audit. Technical certification staff include those who carry out administrative and technical review of the results of conformity assessments, for decision-making purposes.

- Any location that does assessment and testing is considered a critical location. However, if that location is accredited by SCC it would be exempt from audits under this program. If it is accredited by a Body with which SCC has signed a Mutual Recognition Agreement, it would normally be exempt from audits after initial assessment.

- Any sub-contractor (an organization outside the accredited organization) that carries-out any of the activities described in this section may are subject to audit.

B.8 Approval and Certification Decision

- Can be made in all identified locations of the accredited legal entity. All locations where certification decisions are made are subject to audit.

Appendix C: Special Considerations for Certifiers of Organic Products

C.1 Food, feed and seed traded in Canada must comply with food safety, animal health and plant protection regulations. Food, feed and seed that is to be designated as organically produced also comes under regulation effective in 2009. This is carried-out under the Canada Organic Regime (the Regime), a mandatory system to federally regulate the organic integrity of products.

C.2 The Canadian Food Inspection Agency (CFIA) is the regulator of the Regime. The CFIA enters into agreements with qualified conformity verification bodies which perform accreditation assessment and surveillance oversight of third party certification bodies. The conformity verification bodies will recommend to the CFIA that certification bodies be accredited, or not, to operate under the Regime. The SCC is one such conformity verification body. Once the CFIA designates a conformity verification body or makes an accreditation decision involving a certification body, information about the recognized body will be posted to the Regime's website.

C.3 The requirements under the Regime, as well as the accreditation procedures that are applied by the SCC differ somewhat from the process described above in this Handbook. The main documents that provide the policies and procedures for the Regime are the following:

- The Enabling Statute: *Canada Agricultural Products Act*; and, associated regulations: *Organic Products Regulations* (SOR/2006-338)
- CAN/CGSB-32.310 *Organic Production Systems General Principles and Management Standards;*
- CAN/CGSB-32.311 *Organic Production Systems Permitted Substances Lists*
- *The Canada Organic Office QMS Manual*.

C.4 The Canada Organic Office Quality Manual outlines procedures that must be followed by conformity verification bodies and certification bodies to lead to accreditation under the regime. These procedures are based largely on those found in ISO/IEC Guide 65 and ISO/IEC 17011, but differ in certain aspects such as prescribed frequencies of inspection visits by certification bodies and prescribed types of oversight by conformity verification bodies. Should there be a discrepancy between the ISO documents, this Handbook and the Canada Organic Office Quality Manual, the Canada Organic Office Quality Manual, shall apply. If there is any discrepancy between the Canada Organic Office Quality Manual and the Regulations, the Regulations shall take precedence.

C.5 Any information related to the operation of the Canada Organic Regime is provided through the CFIA's website. Application for accreditation as a certification body may be done by contacting the SCC. The normal SCC CBAP fee structure applies. The use of SCC and IAF logos will not be provided to organic food certification bodies.

Appendix D: Special Considerations for Certifiers of Chain of Custody for Forest Based Products to the requirements of the PEFC scheme and/or SFI scheme

D.1 CBs may seek accreditation for the certification of Chain of Custody of forest-based products under one, or both of the following Regimes:

- Programme for the Endorsement of Forest Certification (PEFC)
- Sustainable Forest Initiative (SFI)

D.2 In addition to conformance with CAN-P-3G (verbatim of ISO Guide 65), CBs shall conform to the policies and requirements of the Regime for which they are seeking accreditation. For PEFC, these accreditation criteria include labelling requirements as set out in the following PEFC normative documents:

- Annex 6, *Certification and Accreditation Procedures*
- Annex 5, *PEFC Logo Use Rules*

The main document containing the scheme criteria for accreditation under the SFI regime is:

- The Sustainable Forestry Initiative Program *Requirements for Fiber Sourcing, Chain of Custody and Product Labels*

D.3 For CBs seeking accreditation under both Regimes, SCC may take advantage of synergies presented between the two Regimes during the accreditation process. The SFI certification scheme is endorsed by PEFC. The SFI Annex 2 chain of custody requirements are based upon the PEFC Annex 4 requirements, providing program participants the ability to implement a single chain of custody certification that conforms to both schemes. The general requirements, methodologies, processes, procedures and approaches are highly consistent among the two standards. However, the key difference is that SFI Annex 2 does not always use the same definitions as PEFC Annex 4, and they may have different logo use rules.

D.4 Under these Chain of Custody Regimes, the CB is required to issue certificates to organizations for the percent content of sustainably grown wood that is contained in their various product lines produced at specified locations. Consequently, the CB is not required to have a registered certification mark to apply on each individual product.

D.5 Upon accreditation however, the CB and their certification customers may place the logo of the Regime on certified product, on packaging or on promotional materials, under their scope of accreditation and certification granted. When used on product, the logo license registration number (PEFC) or the certification client's name (SFI) is included. However, the CB and certification customers must each sign license agreements with the Regime owner if they wish to use the logos. Eligibility is dependant upon the scope of their accreditation or certification and paying the fees for use of the logos of the Regimes.

D.6 In addition, the CB is required to sign a notification contract with the owner of the regime, or its national body (in the case of PEFC). Under contract, the CB shall advise the Regime owner (or its national body) of all accredited certifications issued under the Regime,

D.7 PEFC and SFI outline the procedures that must be followed by accreditation service providers and certification bodies to lead to accreditation under their respective regimes. These procedures are based largely on those found in ISO/IEC Guide 65, ISO/IEC 17011 and ISO 19011 but differ in certain aspects such as surveillance frequency, logo use, and multi-site certifications. Should there be a discrepancy between the ISO documents, this Handbook and the Regimes' Annexes, the Regimes' policies and procedures set out in the Annexes shall apply.

D.8 Any information related to the operation of the PEFC or SFI Regime is provided through the organizations' websites. Application for accreditation as a certification body is done by contacting the SCC. The normal SCC CBAP fee structure applies.

D.9 Where an applicant CB is already accredited by SCC to deliver management systems certifications under SCC's Management Systems Accreditation Program (MSAP), the application fee to the CBAP program is waived. Instead, the applicant will be charged for the staff time required to process the application. In addition, other synergies may be explored, such as combined CBAP-MSAP surveillance audits.

D.10 A CB seeking accreditation for Chain of Custody certifications, where the CB is already accredited by SCC to the CBAP program, the application shall be processed as a scope change in accordance with this Handbook.