

	Procedure for the Accreditation of Conformity Assessment Bodies	Document No:	<i>EPR 017</i>
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1. PURPOSE

The purpose of this procedure is to, in accordance with national and international standards, define how NAC handles, evaluates, assesses and finalizes the accreditation applications of Conformity Assessment Bodies (CABs). Furthermore, this procedure provides information to Conformity Assessment Bodies about the processes of pre-assessment (when requested), initial assessment, surveillance after being accredited and re-assessment, and explains the obligations of accredited bodies. Moreover, this procedure explains the methods and procedures for suspension, scope reduction, withdrawal and scope change of the granted accreditation at the request of the accredited conformity assessment body or if the conditions require.

2. SCOPE

This procedure covers the general principles and rules of preparation, communication, implementation and reporting processes regarding the pre-assessment, accreditation assessment, follow-up assessment, accreditation decision, surveillance and re-assessment to be made for the bodies providing conformity assessment services. It also covers the processes for partial or complete suspension, scope reduction, withdrawal, lifting of suspension, scope change regarding the accreditation of conformity assessment bodies accredited by NAC and re-application of bodies whose accreditation has been withdrawn. In extraordinary circumstances, the rules specified in the PR 030 Procedure for the Management of Extraordinary Circumstances Affecting Accredited Bodies are applied first.

3. DEFINITIONS

Definitions related to this procedure are given in the TL 001 Instructions on Terms and Definitions Used in NAC Documentation.

4. RELATED DOCUMENTS

FR 001 Accreditation Agreement
FR 034 Conformity Assessment Body Authorized Person Notification Form
FR 035 Application Review Form
FR 037 Assessment Team Commitment
FR 038 Assessment Team Proposal Form
FR 039 Assessment Proposal Form
FR 042 Accreditation Decision Review Form
FR 108 Documents Required for Application for Reference Material Manufacturers- 17034
FR 073 Documents Required for Application for Laboratories- 17025
FR 074 Documents Required for Application for Personal Certification-17024
FR 076 Documents Required for Application for Management System-17021-1
FR 077 Documents Required for Application for Inspection-17020
FR 086 Rule Change Opinion Request Form
FR 140 Accreditation Documents Submitted Form
TL 009 Working Instructions for Case Officers
TL 010 Working Instructions for Assessment Team
PR 002 Procedure for Control of Records
PR 012 Procedure for Complaints and Appeals
PR 019 Procedure for Proficiency Testing and Comparison Measurement
K 001 Guidelines on Accreditation Service Fees

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K 014 Guidelines on NAC Rules for Cross-Border Accreditation

K 031 Guidelines on the Assessment of Conformity Assessment Schemes

RP 003 Document and Record Review Report

RP 007 Assessment Final Report

FR 130 Self-Assessment and Assessment Report for ISO 17025:2017 Accreditation

5. IMPLEMENTATION

The accreditation process consists of the following main stages. These are:

- Application,
- Pre-assessment preparations,
- Pre-assessment (when requested by the applicant body),
- Accreditation assessment,
- Post-assessment evaluations (including follow-up assessment),
- Decision,
- Surveillance,
- Renewal of accreditation
- Transfer

One or a combination of the following assessment techniques is/are used during the accreditation process. Which assessment technique is used at what stage during the process is defined in the relevant sections of this procedure.

- Review of documents,
- Review of records,
- On-site assessment (witness assessment and office assessment),
- Review of performance as a result of proficiency tests and inter-laboratory comparisons,
- Unplanned visits,
- Interview,
- Remote assessment,
- Measurement audits,
- Validation audit.

5.1 APPLICATION

5.1.1 Application Documents

CABs wanting to apply for accreditation can obtain the necessary information for application on NAC's website (<http://nac-us.org>) or from the relevant Accreditation Department. The documents required for application that must be submitted to our body are specified in FR 073 Documents Required for Application for Laboratories-17025 or in the application form. A CAB applying for accreditation should have established a management system according to the relevant accreditation standard and have operated it for at least 3 (three) months. The application for accreditation shall be realized by filling the "Application Form" related to CAB's area of activity, FR 034 Conformity Assessment Body Authorized Person Notification Form and (2 copies of) FR 001 Accreditation Agreement, signing these forms by the CAB's authorized person for representation and signature and sending them to NAC. The Application Form, Accreditation Agreement and FR 034 Conformity Assessment Body Authorized Person Notification Form shall be signed by CAB's top management or by the person authorized by its top management. If there is/are scope(s) subject to the authorization of the scheme owner within the scope of the accreditation that is applied for, a document indicating that the necessary authorization for the scheme(s) in question has been obtained shall be attached to the application. In such cases, if necessary, a protocol may be executed between the scheme owner and NAC, where mutual liabilities are defined for the accreditation of the relevant scheme, or an official report may be arranged in which the functions to be undertaken by both parties are defined. When filling out the application forms, bodies shall also specify other sites, if any, in the other addresses section.

5.1.2 Accreditation Scope

The applying CAB shall clearly define the scope of accreditation related to the application. Prior to the application, CAB shall clearly specify the scope of accreditation, when necessary, by acquiring support from the relevant Accreditation Department.

5.1.3 Accepting and Reviewing an Application

The relevant Accreditation Department shall assign a case officer who will carry out the processes related to the application. The assigned

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case officer shall record the CAB's application information into NAC's documentation system. A file number shall be assigned to each application and all operations during the accreditation process shall be followed up by this file number.

The case officer shall review the resources and evaluate the application according to the following criteria.

- a. Whether the scope applied for can be accredited (considering whether member organizations of APAC, IAF and ILAC accredit such scope),
- b. Adequacy of the assessment team infrastructure and the decision-making mechanism, and their accessibility at projected times,
- c. Necessity of the availability of an expert team to evaluate the technical competence of the applicant body,
- d. Compliance of the applicant body's status and working style with the nationally and internationally recognized policies and principles which are adopted by NAC,
- e. Whether NAC offers services in areas for which CAB requests accreditation, and the availability of a mutual recognition agreement,
- f. NAC's cross-border accreditation policy,
- g. Whether the special application requirements that are defined by the scheme owner, if any, in the relevant accreditation scheme are met.

The case officer shall fill out the FR 035 Application Review Form when evaluating applications for the initial accreditation, scope extension, scope change and re-assessments.

NAC shall make its services accessible to all applicants whose application for accreditation falls within the scope of its accreditation activities as defined within NAC policies and rules. Access shall not be conditional upon the size of the applicant conformity assessment body or membership of any association or group, nor shall accreditation be conditional upon the number of conformity assessment bodies already accredited.

After the application is reviewed, the case officer shall take the matters s/he is not sure about to the relevant Deputy General Secretary. If the evaluation is negative for the entire application or for some scopes, the proposal as to reject the application fully or partially shall be submitted to the General Secretary along with its reasons. This process shall not be applied for the changes/reductions made in agreement with the body during the application process. Where records or evidence emerge showing that CAB is involved in fraud, CAB's intentionally submitting false information or hiding some information in the process of application evaluation or initial accreditation assessment, the accreditation application is rejected and the process is terminated. A re-application for accreditation of a conformity assessment body whose application has been rejected or process has been terminated for these reasons shall be accepted at least 12 months after the application's rejection date or after the end of the process, and this application is treated as an initial accreditation application. However, during the new accreditation process, the reasons for rejection or process termination and the previous process records shall be considered. If the outcome of the review is positive, the case officer shall notify CAB with FR 035 Application Review Form and the file number indicating that the file has been accepted as an accreditation application. CAB shall submit the documents required for the application to NAC. The case officer shall quantitatively review submitted documents and if there are any missing documents, CAB shall be notified accordingly. These processes shall be completed in 1 (one) month following the registration of the application. In cases of force majeure, this period may be extended for an additional term of 2 (two) months. If the documents required in the application are not fully submitted at the end of this term, the application file shall be closed and CAB shall be informed accordingly. NAC may re-evaluate an accepted application in the following stages of the accreditation process as a result of the examination of the documents submitted after the acceptance of the application in accordance with FR 035 Application Review Form and may reject the application. CAB shall access the information regarding its accreditation file after the acceptance of the application through the case officer. Following the full submission of documents required for the application, the assessment process is initiated. In case it turns out that the initial accreditation assessment cannot be carried out in a reasonable time frame, CAB is informed about this issue. FR 130 Self-Assessment and Assessment Report for ISO 17025:2017 Accreditation shall be sent to CAB. CAB should fill in this form and submit it back to NAC in a maximum period of 15 days prior to CAB's assessment date. The lead assessor shall review the submitted form and report the deficiencies to CAB.

5.2 PREPARATIONS PRIOR TO ASSESSMENT

Where the applicant body requests a pre-assessment, the pre-assessment shall be performed in accordance with Clause 5.2.1. If no pre-assessment is requested, the process shall proceed to the next step.

5.2.1 Pre-assessment

Upon the request of the applicant body, a pre-assessment can be performed. A pre-assessment is a short assessment (a maximum of 1 day) with limited scope. According to this;

- a. The case officer shall prepare and present an assessment proposal form to CAB and mutual agreement shall be achieved.
- b. Under normal circumstances, a lead assessor, and, where necessary, an/a assessor/technical expert shall carry out the pre-assessment.
- c. CAB's key personnel shall be available during the pre-assessment visit.
- d. During the assessment, at least how the management system is implemented is examined. The assessment team may wish to see CAB's relevant units and equipment.
- e. For nonconformities detected during the assessment, RP 007 Assessment Final Report shall be filled out and a copy shall be given to CAB at the closing meeting. Significant nonconformities are defined as Major nonconformities and less significant nonconformities are defined

Prepared by:

Serap Köktaş KOCA

Controlled by:

Approved by:

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as Minor nonconformities.

- f. The assessment team shall send the assessment report to CAB no later than 15 days after the completion of the pre-assessment.
- g. After the pre-assessment, within at most 3 months as of the receipt of the assessment report, CAB should communicate to NAC in writing its decision on whether to continue the accreditation process or not. If the decision is positive, the accreditation process is continued. Otherwise, the file is closed.

5.2.2 Forming the Assessment Team

If the applicant body does not request a pre-assessment or decides to continue the accreditation process as a result of the pre-assessment, the case officer shall proceed to the stage of the formation of the assessment team. After the required documents have been fully submitted to NAC, if pre-assessment is not requested or if it is decided to continue the accreditation process as a result of the pre-assessment, the case officer shall start forming an assessment team suitable for the application scope to review the contents of the submitted documents. The assessment team for the initial accreditation process shall always consist of a lead assessor, one or more assessor(s)/technical expert(s) depending on the scope to be accredited, and if deemed necessary by NAC, a trainee assessor, an observer and the case officer. The assessment team members shall be selected from NAC's assessor and technical expert pool considering criteria such as areas of expertise, availability, or any conflict of interest that may arise with the CAB to be assessed. Selection of the team leader in assessments may vary according to the assessment type (initial accreditation, surveillance, witness, etc.) and the assessment techniques to be used. The case officer shall examine and verify the information on various locations where conformity assessment activities are conducted and which engage in important activities. Such matters shall be considered in forming the assessment team and the time to be devoted to the assessment.

To guarantee impartiality, FR 037 Assessment Team Commitment shall be sent to the assessment team members who will fill them out and sent back to CAB through the case officer before every assessment.

General Secretary may make plans on a monthly or different basis to form the assessment team fully or partially. The case officer shall form the assessment team according to this planning within 10 (ten) working days at the latest as of the application date. The formed assessment team shall be notified to CAB with FR 038 Assessment Team Proposal Form. Where the applicant CAB accepts the Assessment Team Proposal, the assessment team shall start reviewing CAB's documents. In case of objection to the proposal, CAB shall submit the application with reasons in writing to NAC in accordance with PR 012 Procedure for Complaints and Appeals.

Where CAB has a request related to scope extension after the assessment team proposal, the relevant case officer shall evaluate this request. The following issues shall be considered for the evaluation.

- Whether the scope requested to be extended can be assessed with the existing assessment team,
- The inclusion of a new assessor/technical expert in the assessment team.

After the evaluation, if it is deemed necessary, the assessment team shall be reviewed and renewed. Requests for scope extension made after the assessment is planned and the assessment proposal is sent to CAB are not taken into consideration. TL 010 Working Instructions for Assessment Team specifies how the assessment team shall work before, during and after the assessment. The activities required by the case officer in the accreditation process are specified in detailed in the TL 009 Working Instructions for Case Officer.

5.2.3 Review and Evaluation of Documents and Records by the Assessment Team

Following the acceptance of the submitted FR 038 Assessment Team Proposal Form by CAB, CAB's information and documents shall be sent to the assessment team. The assessment team shall review the documents and records before the on-site assessment. Following the assignment of the assessment team, document and record review shall be completed within 1 month. As a result of the review of documents and records, RP 003 Document and Record Review Report shall be prepared by the members of the assessment team in a way to include record-based verification of locations where important activities are carried out, and sent to the case officer within 15 working days at the latest. If the assessment team identifies major nonconformities that may preclude proceeding with the on-site assessment, the assessment process shall be continued after the said nonconformities are resolved by the applicant body. CAB is also expected to undertake corrective actions for other findings, if any, which do not necessarily preclude the assessment. However, the assessment may proceed without completing corrective actions for such findings.

In order to perform an on-site assessment, the applicant CAB must have operated its management system for at least 3 (three) months, and internal audit and management review must have been carried out. Furthermore, CAB must have done sufficient work in the scope for which accreditation application is made, and records of this work shall be submitted to the assessment team. If the above-mentioned requirements are not fulfilled, the assessment cannot be carried out, as it would not be possible to form an idea about the competency of the body. If the assessment could not be conducted due to CAB not becoming ready within one year from the application date, the application file is closed. The time spent for pre-assessment (if performed) is also included in this period. If CAB wishes to apply again, it can do so after the closure of the file. As a result of the document and record review process, assessment proposal should be submitted to CAB within one month after reporting that it would be appropriate to carry out an on-site assessment. CAB should take this situation into account and make the necessary preparations for on-site assessment in a timely manner and cooperate with the case officer and assessment team to organize the

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on-site assessment as soon as possible. Any delays caused by CAB are recorded.

5.3 Accreditation Assessment

5.3.1 Assessment Proposal

If there is no obstacle to the on-site assessment as a result of the document and record examination specified in Clause 5.2.3, or following that CAB performs the necessary actions after document and record review, the case officer shall prepare the assessment program in cooperation with the assessment team. Apart from compulsory situations, an assessment shall be made with the assessment team assigned to review the documents and records in FR 038 Assessment Team Proposal Form. However, under compulsory situations, it is possible to make changes in the assessment team and add a new member to the assessment team. The case officer shall send FR 039 Assessment Proposal Form to CAB, which contains the assessment fee determined according to the assessment program and the appointed assessment team, within 15 days at the latest as of the application date. After the assessment proposal is confirmed by CAB, necessary preparations shall be made for on-site assessment in coordination of the team leader.

5.3.2 On-site Assessment

FR 061 Assessment Program shall be sent to the CAB one month before the assessment. After the Assessment Proposal and assessment program are accepted by CAB, the on-site assessment shall be carried out according to the schedule determined in the assessment program. The purpose of an assessment visit is to understand whether the management system and technical competency of the applicant body meets the requirements of the documents containing international standards and complementary criteria (APAC, IAF, ILAC and NAC guidelines and legal regulations, etc.) related to the accreditation scope for which the body applies and collect the necessary information about the sustainability of the system.

On-site assessment consists mainly of two parts: witness assessment and office assessment. When needed, techniques such as unplanned visits, remote assessment, measurement audits, verification audits, etc. can also be used. During the office assessment, assessment techniques such as reviewing CAB documents, reviewing records, reviewing performance in proficiency testing and inter-laboratory comparisons, interview etc. can be used. If CAB operates in other locations in addition to its head office, these locations are included in the initial accreditation assessment. All locations where CAB carries out important activities are visited in the initial accreditation assessment. The locations where other activities are carried out are also visited by sampling according to the results of risk assessment. The details of which activities are important activities for an accreditation scheme and how other activities will be sampled have been defined in documents related to the accreditation area (TL 009 Working Instructions for Case Officer, TL 010 Working Instructions for Assessment Team, KL 014 NAC Rules for Cross-Border Accreditation, KL 031 Guidelines on Evaluating Conformity Assessment Schemes). Conformity assessment activities to be assessed in witness and office assessments and sampling of CAB personnel to be observed during the conformity assessment activities to be witnessed are performed according to the risk factors defined in the relevant documents (TL 009 Working Instructions for Case Officer, TL 010 Working Instructions for Assessment Team, KL 014 NAC Rules for Cross-Border Accreditation, KL 031 Guidelines on Evaluating Conformity Assessment Schemes). The assessment team comes together with the management of the applicant body at the opening meeting chaired by the team leader. At the opening meeting, information is given on the purpose of the on-site assessment, its scope, the assessment program, and the participants; other issues such as confidentiality, security, and other related issues are shared with the management of the body. In addition, at the opening meeting and on the following days of the assessment, FR 060 Assessment Participant List shall be signed by participants including the assessment team, representatives of CAB and interviewees.

Assessors and technical experts involved in the assessment of laboratories and inspection bodies shall carry out the assessment by interviewing the relevant personnel and by having them apply the methods to determine the competency of methods found in the application scope and the competency of the personnel applying these methods. If the requested accreditation scope is broad, methods can be selected using the sampling method within the scope applied for by the laboratory. In this case, the important thing is to carry out the assessment by choosing a number of methods to prove that the technical competency in the relevant scope is achieved. Moreover, as part of the assessment, laboratories shall participate in proficiency tests or inter-laboratory comparisons in accordance with the criteria specified in PR 019 Procedure for Proficiency Testing and Inter-laboratory Comparison Measurements". The findings identified during the assessment are clearly and intelligibly recorded in the relevant NAC forms based on objective evidence. If the assessment team cannot reach a conclusion on the findings, they can refer to the knowledge of the case officer or the related NAC Manager to clarify this situation. Before the assessment is completed, the assessment team members meet up to classify and record the nonconformities in the RP 007 Assessment Final Report. If non-compliance with NAC, ILAC, IAF and APAC policies or deviations from the requirements established by NAC is identified, these findings shall also be recorded in the RP 007 Assessment Final Report, and the relevant policy shall be cited in the form. On-site assessment shall be finalized by a closing meeting chaired by the team leader with participation of CAB management. All nonconformities identified and, if any, follow-up assessment, suspension, withdrawal etc. recommendations shall be explained at the closing meeting before the assessment team leaves the organization, and the authorized person of CAB shall be asked to put his/her signature that s/he accepts the nonconformities and recommendations by the assessment team. Where CAB refrains from signing the nonconformities and the recommendations of the assessment team, the assessment team shall explain that CAB may apply NAC in writing with reasons according to PR 012 Procedure for Complaints and Appeals. If the authorized person of CAB does not sign, the nonconformities and suggestions by the assessment team shall be reported by signatures of the assessment team. The assessment team shall leave the RP 007 Assessment Final Report to CAB after obtaining one copy, so that the corrective actions to be implemented, the cause analysis, the extent of nonconformity

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(spread to other areas) and the completion dates can be recorded on the form. CAB sends the documents related to corrective actions to be implemented for the nonconformities detected during the assessment along with their deadlines within 2 (two) weeks at the latest after the assessment, upon the confirmation of the relevant assessment team member, and informs the team leader and the relevant assessment team member. Furthermore, CAB shall send the originals of the RP 007 Assessment Final Report to NAC. CAB shall successfully complete its corrective actions within 3 (three) months following the assessment date. However, only in the initial accreditation assessment, the period for corrective actions may be extended for one more month. For this reason, the deadlines of corrective actions should be determined in a way not to exceed this date by considering the feedback from the assessment team.

5.3.3 Interruption or Postponement of the Planned Assessment

The cases where the assessment need to be interrupted/postponed are listed below;

I. Before the assessment:

Critical changes in the status of CAB, such as changes due to natural disasters, concerning the legal status, strike/lockout, pandemic, or the address, key personnel quitting the job, withdrawal of the certification applications of the client firms where witnesses will be realized, etc. might occur. In such cases, the case officer may postpone the assessment date to the earliest date possible after discussing with the relevant CAB authorities. When necessary, the assessment team might be changed and assessment program and proposal are updated.

Where CAB quits the assessment or request for accreditation after it has signed the assessment proposal, half of the total price proposed for assessment shall be invoiced to CAB.

II. During the Assessment

After the assessment starts, it might be necessary to interrupt the assessment due to conditions including but not limited to the following examples where:

- a. Assessment conditions adversely affect the health or jeopardize the safety of the assessment team,
- b. Significant environmental or safety risks arise depending on the nonconformity identified,
- c. It is determined that CAB is not ready for assessment in terms of infrastructure, personnel or documentation although it has declared its readiness,
- d. Adequate records of implementation are not available in areas for which accreditation is requested and/or CAB precludes access to records and/or conditions are not present for the assessment team to collect objective evidence,
- e. CAB authorities have not made organizational preparations including logistics etc. to ensure the proceeding of the assessment;
- f. It is determined that records reviewed at the on-site assessment are substantially false or records are intentionally created partially or fully in a misleading manner or incorrect information or documents or records are intentionally presented; CAB prevents access to records;
- g. CAB makes proposals of financial benefits to the assessment team members,

The reason for interrupting the assessment shall be recorded in an official report by the assessment team and CAB authorities.

If the assessment is interrupted due to a reason not arising from the client, the assessment is performed/completed on an appropriate date without charging any additional fees to CAB. However, if the assessment is interrupted due to reasons such as CAB not completing its preparations, not making its key personnel available during the assessment and/or their other deficiencies, misconduct or negligence; in accordance with the terms of the FR 001 Accreditation Agreement, it is considered that the assessment is performed completely and the fee mentioned in the assessment proposal is invoiced fully to CAB; and the assessment is finalized as unsuccessful.

If the interrupted assessment is an initial accreditation assessment, a new assessment shall be scheduled within one year from the application date. The duration/scope of the newly scheduled assessment may be reduced considering the successful parts of the interrupted assessment. If an assessment cannot be performed within one year from the application date due to reasons arising from CAB, the application file shall be closed. If the interrupted assessment is a surveillance assessment, a new surveillance assessment shall be scheduled. The duration/scope of the newly scheduled assessment may be reduced considering the successful parts of the interrupted assessment. If the time limit specified for surveillance assessment is exceeded, suspension/withdrawal procedures shall be executed. If the interrupted assessment is a re-assessment, a new re-assessment shall be scheduled within 48 months from the date of accreditation decision. The duration/scope of the newly scheduled assessment may be reduced considering the successful parts of the interrupted assessment.

5.3.4 Assessment Report

Assessment team members shall send their assessment reports to CAB through the case officer within a month at the latest following the completion of the assessment.

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All records created during the assessment process are recorded in writing or digitally. This information is accessible to the case officer and assessment team.

5.3.5 Corrective Actions

CAB should submit the records of the corrective actions that it carried out to resolve nonconformities detected during the accreditation assessment to NAC within 3 months at most. The corrective action records shall be sent by CAB's authorized person to NAC, and the assessment team be informed accordingly. All members of the assessment team evaluate the records of corrective actions carried out for the nonconformities detected by themselves, write evaluation results in finalized RP 007 Assessment Final Report, and communicate to the team leader. Each assessment team member submits the assessment final report they have prepared or their evaluations on corrective actions to the team leader, and the team leader combines the final evaluations from the whole team and finalizes the assessment final report and sends it to the case officer and CAB. The initial accreditation assessment must be concluded within 6 months at the latest from the date of the assessment.

Assessment final reports should be prepared and submitted to NAC within 1 (one) month following the expiry of the time allowed for CAB to send the records of the completion of the corrective actions to NAC or to complete the corrective actions. During the review of corrective actions by the assessment team, a follow-up assessment may be performed in accordance with Clause 5.4 if deemed necessary by NAC. In cases where non-conformities cannot be successfully closed in due time, the initial accreditation assessment must be renewed within one year from the date of application in order to continue the accreditation process. Where there are differences in the findings stated at the closing meeting and the content of the assessment reports, CAB shall be given written information with reasons.

5.4 Follow-up Assessment

Follow-up Assessment is an extra visit performed generally related to nonconformities when requested by NAC or the assessment team. A follow-up assessment is planned as the accreditation assessment; however, its scope is generally limited to the reasons leading to the follow-up assessment. After CAB completes within 3 months at the latest the relevant corrective actions, the follow-up assessment shall be scheduled and performed within 4 months as of the assessment date (the assessment date when the relevant nonconformity was detected). Such 4-month limit shall not apply to the follow-up assessment that is to be performed when CAB's accreditation is partially or fully suspended. If there is an assessment yet to be finalized, assessment conducted upon complaint or in other circumstances deemed necessary by NAC shall be considered as a follow-up assessment in order to verify that reasons for suspension no longer exist where CAB's accreditation is suspended partially or fully. However, if an additional assessment is needed when CAB has no ongoing assessment, such assessment shall be treated as a surveillance assessment. Where CAB is found to be competent as a result of the follow-up or surveillance assessment in order to terminate suspension of the suspended scopes where CAB's accreditation is partially or fully suspended due to CAB's relocation, personnel turnover, equipment change etc. reasons; RP 007 Assessment Final Report shall be used in cases of full suspension to urgently make a report and communicate to the case officer. The case officer shall submit the proposal to the Accreditation Decision Committee and finalize the lifting of suspension as quickly as possible. Where CAB is found to be not competent according to the result of the assessment or in scopes determined not competent, necessary reporting and decision processes shall be followed to maintain suspension or withdrawal in accordance with this procedure.

A follow-up assessment is usually conducted with the recommendation of the assessment team to check the implementation of the corrective actions. However, a follow-up assessment can be performed for the following or similar reasons:

- a. To support the assessment with new evidence if full confidence has not been provided in the adequacy of CAB as a result of the assessment,
- b. If an inadequate result is obtained in a proficiency test or in inter-laboratory comparison measurements (for laboratories and inspection bodies),
- c. If there is a surveillance assessment that has not yet been finalized, in cases where CAB's accreditation is suspended fully or partially, to confirm that the reason for suspension is resolved.

If the nonconformities are still not resolved at the end of the follow-up assessment after the initial accreditation assessment, assessment is completed with failure in the scope of nonconformities or in all scopes in accordance with the opinion of the assessment team.

If the follow-up assessment is carried out on the findings of the surveillance assessment, where the nonconformities cannot be resolved, suspension/withdrawal procedures are applied in accordance with the related NAC procedure.

5.5 Accreditation Decision

Accreditation decisions can be taken based on the results of accreditation assessments, changes in the legal status and/or technical competencies of CABs, a technical decision taken by the international accreditation associations or NAC regarding the accreditation offered in a specific area. After the assessment team submits its final evaluation on the accreditation assessment and its recommendation regarding accreditation to NAC, the case officer shall compile the assessment report and additional documents and records for the assessment, as well as other relevant documents, if available, and the proposed scope, review and check the entire file, and initiate the work necessary for

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accreditation decision. Under necessary circumstances (as stated below) the case officer shall assign one or more persons to undertake a technical review prior to the accreditation decision after taking the necessary approvals, and submit the file for review by the member(s) in question. Upon the completion of the technical review, the file shall be submitted to the chair of the relevant Accreditation Decision Committee. As a member of the Accreditation Decision Committee, the chair of the Accreditation Decision Committee shall review the file prepared prior to the decision. After completing the review regarding the content and appropriateness of assessment reports, confirmation of sufficiency of evidence of corrective actions relating to nonconformities, appropriateness of scope definitions, consistency and integrity of assessment records; s/he shall write evaluations regarding the decision to be made in FR 042 Accreditation Decision Review Form. If the Accreditation Decision Committee chair has participated in the assessment in question as an assessment member, s/he shall designate a competent person within the unit to conduct the review, or have another Accreditation Decision Committee member do the review. All decisions regarding CAB's accreditation (granting, maintenance, scope change, re-accreditation, suspension, scope reduction, withdrawal of accreditation etc.) shall be made by the Accreditation Decision Committee. Due to impartiality requirements, assessment team members may not take part in the accreditation decision committee. The accreditation decision committee meets on the 4th working day of the 3rd week of each month.

The conditions under which accreditation decision mechanism and technical review prior to accreditation decision will be conducted are specified below according to different accreditation decisions:

- a. The case officer and Deputy General Secretary or General Secretary make decisions by unanimous vote on files about the initial accreditation, re-accreditation, scope extension, scope change, lifting suspension after a technical review prior to decision.
- b. The two people decision committee consisting of the case officer, Deputy General Secretary or General Secretary make decisions by unanimous vote on the suspension, scope reduction and withdrawal of accreditation outside the request of Conformity Assessment Body (CAB), if necessary, after a technical review prior to decision.
- c. Where unanimity cannot be achieved, the same committee meets in seven days to negotiate the situation. In the absence of a consensus, the three-person decision board consisting of the case officer, the Deputy general secretary and the general secretary convenes and takes the decision on a majority vote basis. Members cannot abstain from voting.
- d. The Accreditation Decision Committee makes decisions for the maintaining of accreditation with the current scope after a technical review prior to decision.
- e. In cases of preparing the accreditation certificate and scope in a foreign language, scope reduction, withdrawal or suspension of accreditation with the request of CAB, address change, title change, writing changes in the scope, the decision recommendation is made by the case officer without requiring assessment. Accreditation decision is taken by the Accreditation Decision Committee. Information about the accreditation decision shall be provided to CAB within 15 days.

Where a member of the Accreditation Decision Committee is involved in CAB's assessment or s/he has conflict of interest with CAB, the said member may not participate in the decision. In this case, or if the relevant committee member is on duty, on vacation, on leave, one of the other Unit supervisors, Deputy General Secretary and General Secretary, or personnel with assessor or lead assessor qualifications on the relevant accreditation area appointed by the relevant Unit supervisor or General Secretary serves as a member of the accreditation decision committee instead of the member in question. For decisions taken in committees consisting of two or three-persons to be valid, at least one of the members shall be the Deputy General Secretary or the General Secretary. The General Secretary may delegate this authority to one of the other Deputy General Secretaries who are competent to make decisions. It is essential to take accreditation decisions after an assessment. However, in cases where CAB's accreditation is withdrawn, or it does not accept or respond to the assessment proposal etc., it is possible to make a decision without an assessment with the decisions mentioned in paragraph (e) above. Simultaneously with the decision to grant accreditation, CAB shall be registered in the list of accredited organizations and its accreditation status be published on the website by stating the scopes for which it is accredited.

CAB may make its possible appeal to the accreditation decision in accordance with PR 012 Procedure for Complaints and Appeals.

5.5.1 Issuance of the Accreditation Certificate

The case officer shall inform the assessed CAB after the accreditation decision. An "Accreditation Certificate", stating the accreditation scope in its annexes, shall be prepared for the accredited bodies. Furthermore, scopes for which accredited organizations have been accredited shall be published on the NAC website as stated in accordance with the relevant scope declaration and accreditation guidelines. The addresses of all locations where CAB carries out conformity assessment activities within the scope of accreditation and the information of the activities carried out in each location shall be clearly indicated in the accreditation certificate, in the scope annexes or on the website where the accreditation information is published. The decision date shall be given in the accreditation certificate as the start date of the initial accreditation. Except for the renewal of accreditation, the validity date of the re-formulated accreditation certificate does not change. After all the documents to be sent to the accredited body are prepared, the Accreditation Certificate and Accreditation Scope documents shall be sent along with the FR 140 Accreditation Documents Submitted Form. When the documents are received, the relevant authorized person shall check the contents of the documents and approve the form and send it back to the case officer. Where there is a need for a change regarding the 17011 standard and NAC accreditation requirements, NAC shall send the FR 086 Rule Change Opinion Request Form to Conformity Assessment Bodies. Conformity Assessment Bodies shall specify their opinions on this subject and send the form back to NAC. The final change is notified to the relevant parties via NAC's website and, when necessary, with a letter. NAC shall verify that each

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accredited body conforms to the changed requirements.

5.6 ACCREDITATION CYCLE

The first accreditation cycle begins on the date of the initial accreditation decision. The duration of the accreditation cycle and the validity period of the certificate is 48 months from the date of granting of the initial accreditation, provided that the surveillance assessments and accreditation renewal assessments are successful. In accreditation renewals, the validity period of the new cycle and the certificate shall always be determined by adding 48 months to the validity date of the first accreditation. The effective date of accreditation renewal decisions taken during the accreditation cycle period is the day after the date of validity of the certificate. If re-accreditation decision is taken within 4 months after the expiration of the certificate's validity period (accreditation is not valid within this period), the effective date of the certificate becomes the date on which the decision is taken. Similarly, the validity period of the new cycle and the certificate is determined by adding 48-month periods to the validity date of the initial accreditation. If a decision cannot be made within 4 (four) months due to reasons arising from CAB, the file shall be closed. If CAB wants to be accredited again, it shall make an initial accreditation application. The validity date of the re-issued accreditation certificate does not change except for re-accreditation. Yet, during an accreditation cycle, CAB's accreditation certificate shall be renewed annually.

5.6.1 Surveillance Activities

Possible surveillance activities include the following, and when necessary, are always applicable:

- a. Questioning the up-to-datedness of the documentation in the management system of the body,
 - b. Review of statements made by the body regarding its activities,
 - c. Internal audits,
 - d. Management review,
 - e. Complaints/appeals,
 - f. Analysis of situations that may pose a conflict of interest,
 - g. Management of impartiality,
 - h. Revised documents,
 - i. Corrective actions (performed both for the nonconformities detected in the previous assessment and after internal audits of CAB etc.)
 - j. Personnel competency and efficiency,
 - k. Legal personality and/or organizational structure of CAB (related to occurring changes, if any),
 - l. CAB's performance records,
 - m. Witnessing some of the conformity assessment activities according to planning in accreditation cycle program,
 - n. For laboratory and inspection bodies;
- Documentation and records on comparison measurements and participation in proficiency testing,
 - Calibration and national/international traceability of devices and references,
 - Methods, method changes and validation studies (for laboratories).

An accreditation cycle program shall be prepared for each CAB that will enable assessment in related locations in a way to represent all activities in the scope of accreditation (scope in the annex to the accreditation certificate) together with the management system throughout the cycle. Information about the management system, activities and performance of CAB shall be considered in the preparation of the cycle program. The accreditation cycle program shall be established after the initial accreditation decision, and updated prior to and after each assessment, and in necessary situations. Within the framework of the accreditation cycle program, the 1st surveillance assessment of the accredited organization shall be carried out at the 12th month from the start date of the cycle. The 2nd surveillance assessment shall be carried out 15 months after the 1st surveillance assessment. A maximum deviation of 2 months can be allowed in routine assessments. (See, Figure 1) On reasonable grounds (such as request for scope extension, complaint, changes in regulations and standards of CAB's activity area, changes in CAB's structure, suspension of accreditation etc.), an additional 2-month-deviation may be allowed in assessments; however, the time between sequential surveillance/re-assessments shall not exceed 24 months under any circumstances. While 2 routine surveillance assessments are intended for an accreditation cycle, this number may be increased for reasons mentioned below:

- Request for scope extension, complaint, changes in regulations and standards of CAB's activity area, changes in CAB's structure, suspension of accreditation, etc.
- The requirements given in relevant accreditation scheme and accreditation cycle program,
- When witness assessments cannot be carried out in succession with office assessments.

Where possible, it is paid attention to conduct witness assessments together with routine surveillance and accreditation renewal assessments. However, in cases where the witness assessment cannot be carried out together with the surveillance and renewal assessments within 3 months, independent witness assessment may be carried out before or after the relevant assessment in accordance with the accreditation cycle program.

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Figure 1. Assessment periods within the accreditation cycle

Accreditation cycle program (including the surveillance and renewal assessments) shall be programmed in a way that represents all activities in the accreditation scope together with the management system (scope in the annex to the accreditation certificate). The details of this programming shall be specified for each accreditation scheme in the relevant NAC documents (TL 009 Working Instructions for Case Officer, TL 010 Working Instructions for Assessment Team, KL 014 NAC Rules for Cross-Border Accreditation, KL 031 Guidelines on Evaluating Conformity Assessment Schemes). The scope of each surveillance assessment shall consist of at least the elements of management system; internal audits, management review, and evaluation of corrective actions. The locations where CAB carries out its important activities shall be prioritized within the framework of a risk-based approach by taking into account the issues specified in NAC documents (TL 009 Working Instructions for Case Officer, TL 010 Working Instructions for Assessment Team, KL 014 NAC Rules for Cross-Border Accreditation, KL 031 Guidelines on Evaluating Conformity Assessment Schemes), and visited at least once in every accreditation cycle (48 months) in addition to the initial accreditation assessment. The locations where other activities are carried out shall also be visited by sampling according to the results of risk assessment to be made. CAB should also continuously meet the accreditation criteria for conformity assessment activities for which it is accredited but cannot perform for a certain period due to lack of clients, and submit evidence of competency to NAC.

As in the initial assessment, surveillance assessment consists of reviewing documents, on-site assessment, checking corrective actions, and reviewing reports and documents. The surveillance assessment is planned, carried out and reported in a similar way to the initial accreditation assessment. Unlike the initial accreditation assessment, the assessment team proposal is skipped and the assessment process is initiated with the assessment proposal; document review is performed after the assessment proposal and (if not needed) without giving feedback to CAB with the RP 003 Document and Record Review Form. Corrective action and reporting periods defined in the initial accreditation assessment also apply to the surveillance assessment. If a major finding which precludes maintaining the accreditation is detected during the surveillance assessment, the assessment team shall send the RP 007 Assessment Final Report on nonconformities to NAC without delay. The case officer shall promptly submit the file to the Decision Committee for decision. Where an important finding which precludes maintaining the accreditation is identified by the assessment team during the surveillance assessment, it shall be stated that a follow-up assessment shall be conducted for the nonconformities. CAB should send corrective action records to NAC within 3 months at the latest from the surveillance assessment and inform the case officer and assessment team members. The assessment team shall evaluate the corrective actions regarding the nonconformities and prepare the assessment final report and send it to the case officer and CAB. If an adequate corrective action cannot be implemented by CAB within the specified period, the process of partially or fully suspending the accreditation is carried out. The case officer shall complete the report and assessment records prepared by the assessment team and submit the file to the Accreditation Decision Committee. Surveillance assessments must be resolved within 6 months from the date of the assessment.

5.6.2 Re-assessment

In case, the accredited CAB requests the renewal of the Accreditation Certificate, it shall apply to NAC with a letter at least 12 months before the end of the validity of its accreditation certificate. Re-assessment plan shall be submitted to the CAB approximately 6 (six) months in advance. CAB is responsible for the accreditation of the CAB not being renewed before the cycle is completed due to the late application of the accreditation renewal application or the renewal assessment not being done on time due to the reasons arising from the CAB and consequently the loss of the accreditation status at the end of the cycle period. If the re-accreditation assessment is not performed before the end of the cycle, the accreditation status shall be lost and the file be closed. CAB shall make an initial accreditation application if it wants to be re-accredited. Re-accreditation assessment is planned, performed and reported similar to the initial accreditation assessment. Unlike the initial accreditation assessment, the assessment process shall be initiated with the assessment proposal without an assessment team proposal; document review shall be performed after the assessment proposal and (if not needed) without giving feedback to CAB with the RP 003 Document and Record Review Form. Corrective action and reporting periods defined in the initial accreditation assessment also apply to re-accreditation assessments.

The re-accreditation assessment shall be carried out to confirm CAB's competency and to cover all requirements of the standard for which the conformity assessment body has been accredited. When planning re-accreditation assessment to confirm CAB's competency, information on the personnel and other resources for CAB's entire scope is evaluated, the assessment team is formed in a way to include expertise for the scopes needed for review. Within this framework, scopes and all locations where important activities are carried out that were not assessed in previous assessments in the cycle, and other activities and locations determined by a sampling method within the framework of a risk based approach by taking into account previous assessments and the issues defined in relevant NAC documents (TL 009 Working Instructions for Case Officer, TL 010 Working Instructions for Assessment Team, KL 014 NAC Rules for Cross-Border Accreditation, KL 031 Guidelines on Evaluating Conformity Assessment Schemes) are assessed.

If the body does not request re-accreditation, the case officer shall confirm that CAB has no re-accreditation request two months prior to the expiry of the 48-month period and start the approval process of the General Secretary for closing the file; the file shall be closed upon

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the expiry of the period. By the end of the accreditation period, the name of CAB shall be deleted from NAC's website.

5.7 SUSPENSION, WITHDRAWAL, SCOPE CHANGE

5.7.1 Suspension, Withdrawal and Reduction of Accreditation Scope at the Request of CAB:

The accredited CAB shall inform NAC of its request to suspend/withdraw/reduce the accreditation scope with a letter signed by CAB's authorized person. The relevant case officer shall evaluate the request to suspend/withdraw/reduce the accreditation scope and submits it to the Accreditation Decision Committee for decision. During an accreditation cycle, a CAB shall be allowed only once to request a suspension.

5.7.2 Suspension, Withdrawal and Reduction of CAB's Accreditation Scope by NAC

5.7.2.1 Suspension of Accreditation

- a. If it is determined by objective evidence such as assessments or complaints that CAB no longer has competency,
- b. If it is determined by objective evidence such as assessments or complaints that CAB's structure or activities violate the impartiality requirements in the relevant accreditation standards,
- c. If there are personnel, settlement, equipment and management changes affecting CAB's accredited activities and NAC evaluates these changes as potential risks,
- d. If CAB has not notified NAC of the following changes within the period specified in the accreditation agreement,
 - Legal, commercial or organizational status,
 - Organizational structure, top management and authorized personnel,
 - Main policies and procedures,
 - Settlement status and resources, personnel and equipment,
 - Other issues that may affect the activities within the scope of accreditation and the ability to meet accreditation requirements,
 - Changes related to the scope, representation, address and persons regarding the abroad activities.
- e. If the records of the performed corrective action on non-conformities identified during surveillance assessments having not been submitted to NAC within 3 months or if the submitted corrective actions were found to be insufficient,
- f. If the planned surveillance assessment is rejected by the organization without a force majeure or necessity, or if it cannot be carried out on time due to reasons arising from the organization
- g. If CAB fails to fulfil its obligations in the agreements signed with NAC
- h. If CAB fails to comply with new accreditation requirements and criteria in a given timeframe announced by NAC,
 - i. If the organization does not fulfil its financial obligations within 2 months after the invoice date,
 - j. If CAB uses its accreditation certificate and accreditation mark in a misleading way, and makes misleading or unauthorized statements regarding its accreditation status,
- k. If the assessment is interrupted due to reasons arising from CAB or CAB employees during the assessment,
 - l. In case, CAB appoints people who were proven by objective evidence to have been involved in confidence shaking activities in accreditation and conformity assessment activities in last 3 years such as; fake report preparation for audit/inspection/test/calibration and making deliberate changes in audit/inspection/calibration/test data etc., giving deliberate misinformation, unrecorded document preparation as manager, decision maker, assessor, evaluator, examiner, document organizer, document/certificate/report endorser in CAB's conformity assessment activities.
- m. If people, who have been convicted of such crimes of infamy as embezzlement, malversation, bribery, theft, fraud, forgery, abuse of office, fraudulent bankruptcy and crimes of smuggling, crimes of bid rigging a tender, are CAB's partners or if they take part in the conformity assessment activities as managers,
- n. If CAB has not demonstrated the minimum practices specified in the relevant guidelines within the accreditation cycle in scopes for which it is accredited, has not organized witness assessments, or has not carried out its accredited conformity assessment activity within the period specified in related documents,
- o. If CAB is involved in activities such as issuing certification, accreditation, recognition or competency within the scope of accreditation standards (ISO/IEC 17025, ISO 15189, ISO/IEC 17020, ISO/IEC 17065, ISO/IEC17021-1, ISO/IEC 17024, ISO/IEC 17043, ISO 14065, ASTM2659-18 etc.) which NAC uses as the basis for its accreditation activities,
- p. If there are other conditions specifically mentioned in the relevant accreditation scheme that require suspension.

The suspension period and the procedures for lifting of suspension of CAB whose accreditation was suspended are described in Clause 5.7.4.

5.7.2.2 Withdrawal of Accreditation

- a. If the reasons for the suspension of accreditation cannot be resolved in time or if the corrective actions are found to be insufficient,
- b. If there exists objective evidence of fraud in CAB's conformity assessment activities and/or if it is determined that CAB prepares false record/report/certificate and has severe and intentional negligence,
- c. If CAB deliberately misinforms NAC, deliberately conceals information or submits false record or evidence to NAC,
- d. If CAB deliberately violates accreditation rules,

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- e. If CAB intentionally uses NAC accreditation mark or ILAC/IAF mark in scopes or areas for which it is not accredited,
- f. If NAC unilaterally cancels accreditation agreements due to conditions such as security issues, natural disaster etc.; due to conditions that arise in a specific sector/country/region/accreditation area that will weaken the confidence in accreditation; due to changes in international accreditation rules and policies or the requirements arising from the sanctions of APAC, IAF, ILAC,
- g. If CAB is involved in declarations and behaviors that damage the prestige and reputation of its accreditation or NAC,
- h. If the confidence in accreditation disappears due to CAB losing its competency or impartiality in conformity assessment activities,
- i. If there are other conditions specifically mentioned in the relevant accreditation scheme that require withdrawal.

However, if the conditions specified in sub-paragraphs 5.7.2.2 (a), (h) and (i) are only for a particular activity area, the accreditation scope reduction is applied for these areas.

5.7.3 Decision Taking and its Notification

The decision to suspend, withdraw, or reduce the scope of an accreditation shall be taken by the Accreditation Decision Committee. The suspension period shall also be specified in the suspension decision, when necessary. The relevant case officer shall send the notification letter for the decision to the conformity assessment body via e-mail, and confirm by phone whether the e-mail has been received. The letter shall also be sent by mail to the CAB's address. The obligation of CAB to fulfil the requirements of the decision begins with the receipt of confirmation after the e-mail is sent. If no confirmation is received, it shall start after 3 (three) business days, as of the date of the letter's shipment. However, if there is a document with the accreditation mark, issued in a period from the decision date to the notification date, these documents shall be withdrawn by CAB as they are not in the accreditation scope. For suspension and withdrawal decisions, the decision date shall be taken as the date on the Accreditation Decision Committee's decision report.

CAB may not use the NAC accreditation mark and refer to the accreditation in reports, certificates and advertisement documents related to the suspended/withdrawn/reduced scope after the decision date.

The conformity assessment body, which is notified of the decision about the withdrawal of its accreditation, shall return its accreditation certificate to NAC. If CAB is faced with accreditation suspension, reduction or withdrawal sanctions, CAB shall inform the clients affected by these circumstances about the said sanctions and their consequences without any delay. CAB may need to withdraw documents or reports with its accreditation mark due to the suspension, reduction or withdrawal of its accreditation. The certification body, whose accreditation scope has been reduced or accreditation has been withdrawn, shall notify its clients that it has certified to these scopes by registered letter, notification or e-notification. Moreover, when the body's accreditation is withdrawn, it shall also withdraw the certificates issued of the scopes in question. It shall present the records of activities about this matter to NAC as soon as possible. On the other hand, where CAB's accreditation is withdrawn, it shall take all necessary measures to protect the rights of its clients. Necessary revisions shall be made in accreditation certificates of CABs whose accreditation scope is partially suspended or reduced. Updated information on the accreditation of CAB whose accreditation is suspended is published on NAC's web site. If the accreditation is completely suspended, it is published as "suspended", if partially suspended, it is published as "some scopes are suspended" during the suspension period; if it is completely withdrawn, it is published as "accreditation is withdrawn" from the date of withdrawal for one year, if partially withdrawn, it is published as "scope is reduced". Where CAB requests the withdrawal/suspension, "at the body's request" note and where the accreditation is withdrawn/suspended due to a change of address, "address change" note is added to the webpage. In cases of partial suspension/withdrawal, scopes which are suspended/withdrawn shall be defined after the current scope. The final state of accreditation scopes of conformity assessment bodies whose accreditation scopes have been suspended, withdrawn, reduced is published on the web page.

5.7.3.1 Notification to IAF

In case of sanctions of CABs whose accreditation has been withdrawn due to one of the reasons indicated in Clause 5.7.2.2 (b), (c), (d) and (e) or suspended due to the reason in Clause 5.7.2.1 (o) and is active in accreditation schemes under IAF MLA, IAF Secretariat shall be notified in the following format in accordance with IAF MD 7 at the end of the appeal period, in case of an appeal, after the appeal is finalized. In accordance with the said IAF document, IAF Secretariat shall notify other accreditation bodies.

"[Name of AB] [state the action as 'withdrew' or 'suspended'] accreditation of [Name of CB] on [date] for [state the proven offence]".
"[NAC] [withdrew/suspended] accreditation of [Name of CAB] on [date] for [state the identified nonconformity]"

5.7.4 Applications of Conformity Assessment Bodies for their Suspended, Withdrawn or Reduced Accreditation Scopes

The application for accreditation of a conformity assessment body whose accreditation is withdrawn due to reasons stated in Clause 5.7.2.2 (b), (c), (d), (e) and (g) shall be accepted at least 12 months after the withdrawal decision and this application shall be considered as the initial accreditation application. However, the reasons for the withdrawal and previous period records shall be taken into account in the new accreditation process. The accreditation application of a CAB whose accreditation has been withdrawn for the second time due to reasons stated in Clause 5.7.2.2 (b), (c), (d), (e) and (g) shall not be accepted. The accreditation application of a conformity assessment body, whose scope of accreditation has been reduced in accordance with paragraphs 5.7.2.2 (a), (h) and (i), shall be accepted at least 6 (six) months after the date of the decision to reduce the scope. However, a time limit of 6 (six) months is not applied for re-application in scope reduction

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procedures applied due to delays in processes such as change of address, personnel procurement and equipment supply. If it is determined by an assessment that the applicant body has resolved the nonconformities and reported accordingly, decision to extend the accreditation scope is taken and necessary revisions shall be made in current accreditation certificates. For the accreditation application of CABs whose accreditation has been withdrawn due to reasons other than the ones specified in Clause 5.7.2.2 (b), (c), (d), (e) and (g), the 12-month time limit shall not be implemented. The suspension of accreditation is continued for a 6-month period at most. In this period, CAB shall complete the necessary corrective actions and an assessment shall be performed. If the assessment is not performed due to reasons arising from CAB, CAB's accreditation is withdrawn and its scope is reduced. After a conformity assessment body, whose accreditation is suspended, declares that it has removed the nonconformities which required a suspension decision with corrective actions, after the necessary review, assessment and evaluation, if it is confirmed and reported that the nonconformities have been removed, it is decided to end the suspension. If the nonconformities are not resolved within the time limit, it is decided to withdraw the accreditation/reduce the scope.

5.7.5 Extension of the Accreditation Scope

A body can apply to NAC to be accredited for other subject matters in addition to its current accreditation scope. In this case, it is essential to assess the body for its technical competencies only. Applications for scope extensions shall be carried out as the initial accreditation applications. Application for scope extension is evaluated as the initial accreditation application and a decision is made on the acceptance of the application. When necessary, for the requested scopes for scope extension, the relevant Documents Required for Application shall be sent to NAC. In scope extension applications, it is essential to examine CAB documents and records related to the scopes requested in scope extension applications with RP 003 Document and Record Review Report before the on-site assessment. As a result of the document and record examination, if the assessment team detects major nonconformities which may inhibit on-site assessment, the assessment process for scopes requested in the scope extension applications shall be continued after the said nonconformities are resolved by the applicant body.

For laboratories and inspection bodies, if the scope to be extended is the continuation of the previously accredited scope, that is, it does not require any additional method or capability in terms of the measurement capability of the body, scope extension can be made by examining the documents submitted by the body without the need for on-site assessment. Extensions in areas other than these shall be made in accordance with the relevant NAC, APAC and ILAC/IAF rules. Whenever possible, it is paid attention that the assessments related to the scope extension requests of the body are carried out together with the surveillance assessments. However, the scope extension requests made after the assessment proposal for surveillance assessments is sent to CAB shall not be evaluated together with that surveillance assessment. In order to evaluate such scope extension applications, it is waited for ongoing assessments to be finalized. The assessment visit to be made in accordance with the request for extending the scope of accreditation shall be planned, carried out and finalized in accordance with this procedure. Since the FR 001 Accreditation Agreement previously signed with the body is valid, no new Accreditation Agreement is arranged. While CAB may wait for the next surveillance assessment to request scope extension, scope extensions can also be requested before the date of the surveillance assessment.

5.8 OBLIGATIONS OF CONFORMITY ASSESSMENT BODIES

5.8.1 Obligations of CAB

CABs shall fulfil the following obligations.

- To always comply with the relevant accreditation standard, the requirements in documents (communiqué, regulations, guidelines, procedures, policies etc.) NAC has published for CABs and accreditation rules established by ILAC/IAF/APAC.
- To limit its declaration with regard to its accreditation only to the scope it is accredited for. It should establish and implement procedures in a way that helps clients to distinguish between the accredited scope of the conformity assessment services it provides and the areas of activity outside the scope of accreditation.
- Not to use its accreditation in a way that would damage NAC's reputation and cause any dispute and cannot make statements that will disempower or mislead NAC.
- In the event of suspension or withdrawal of accreditation, not to use promotional materials with information relating to accreditation and to return all documents related to accreditation which NAC requests for its return.
- In the event of suspension or withdrawal of accreditation, to immediately cease the use of material that shows its accredited status, and stop advertisements that indicate the status of an accredited organization.
- In the event of suspension or withdrawal of accreditation, CAB shall not make any reference to or carry out activities with its suspended or withdrawn accreditation.
- CAB, whose accreditation is withdrawn or scope is reduced, shall inform its clients about the withdrawal of accreditation/reduced scope and its consequences. It shall also submit the records of its activities about this matter to NAC.
- To prevent its accreditation from being used in a way that means the conformity of a product, process, system or person has been approved by NAC.
- To prevent any misleading use of any accreditation document, brand (mark), report or any part of them, and misleading or unauthorized statements regarding its accreditation.
- To comply with rules established by NAC in references made in communication tools such as documents, brochures or advertising

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materials regarding its accreditation status. In advertising, promotional activities and public information activities, it shall comply with the requirements specified in the relevant national and international documents, and fulfill the requirements of correction requests and warnings from NAC in this regard.

- To notify NAC of the following important changes regarding its accreditation within due time:
 - Legal, commercial or organizational status,
 - Organizational structure, top management and authorized personnel,
 - Main policies and procedures,
 - Locations, settlement status and resources (personnel and equipment, etc.),
 - Other matters that may affect its activities within the scope of accreditation and its ability to meet accreditation requirements
 - Changes in scope, representation, address and persons related to abroad activities
- To pay the charges to be accrued for accreditation within the period and conditions specified in accordance with K 001 Guidelines on Accreditation Service Fees.
- To have an adequate professional liability insurance covering the conformity assessment activities to which it is accredited (however, it is sufficient for public bodies to make a declaration of assurance).
- To record processes in areas reported by NAC with video recording, vehicle tracking system and other electronic recording systems.
- To provide service CAB clients accredited by NAC in accordance with the provisions of the standard it is accredited for and stipulated requirements within NAC rules.
- To enter data regarding its conformity assessment activities into NAC web applications and fulfil other similar obligations.
- The agreement between NAC and CAB does not prevent CAB from fulfilling its legal obligations and responsibilities to a third party. All legal, financial and technical responsibility by third parties with regard to the use of the document within the scope of accreditation belongs to the Conformity Assessment Body.
- To keep records of its activities within the scope of its accreditation for at least 5 years, unless there is a different special regulation.
- To provide necessary cooperation for the investigation and resolution of complaints about its accreditation directed by NAC.
- To notify the affected clients without delay about the suspension, reduction and withdrawal of its accreditation and the consequences.
- To agree to include Clauses in the contracts made with its clients that will enable NAC to visit them on site and obtain the necessary information about the assessment performed by the CAB, when necessary and applicable.

In addition, CABs are obliged to fulfill all obligations under the FR 001 Accreditation Agreement they have signed with NAC.

5.8.2 OBLIGATIONS REGARDING THE USE OF SUBCONTRACTORS

5.8.2.1 The use of Accredited Subcontractors

- CAB shall learn whether the subcontractor it plans to use in conformity assessment services has accreditation and its validity period, and document the information received in this regard. The Conformity Assessment Body shall submit these documents to NAC, when necessary.
- In any document, report or certificate issued by CAB, it must clearly state the results of the testing, measurement, inspection or certification carried out by the subcontractor. CAB itself is responsible for testing, measurement, inspection or certification results obtained from the subcontractor.

5.8.2.2 The use of Non-Accredited Subcontractors

The use of a non-accredited subcontractor shall only be at issue in special cases. The CAB shall check and evaluate the adequacy of the subcontractor to be used in accordance with the requirements of the relevant standard to which it is accredited before using the subcontractor. The results of the evaluation shall be documented and, when necessary, presented to clients and NAC. NAC may include witnessing of such activities carried out by the subcontractor in the assessment program or, if deemed necessary, supervise the activities carried out in the subcontractor together with CAB. CAB shall take measures related to this situation.

5.9 Transfer Assessment:

In line with the information obtained in the transfer application, transfer assessments are carried out as surveillance or re-certification assessments.

NAC accepts transfer applications from clients, preferably accredited by a NAC accredited body, based on IAF MD 2:2017 document. NAC's requirements to accept a transfer application are as follows:

- Only valid accreditations are accepted for transfer. Suspended accreditations cannot be accepted for transfer.
- In case of accreditation granted by accreditation bodies that have ceased commercial activity or whose accreditation has expired, suspended or withdrawn, the transfer is accepted provided that it is completed within 6 months or on the expiry date of the accreditation, whichever is earlier. If issues preventing the completion of the transfer are identified during the pre-transfer review (document review/pre-transfer visit), the client is treated as a new client.

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In this case, the justified decision shall be documented and explained to the client. Terms and conditions related to the Transfer Process are explained in this procedure and FR 001 Accreditation Agreement.

If the transfer is accepted after receiving the FR 055 and FR 056 Application Forms together with the assessment reports of the most recent assessment(s) of the previous certification body of the organization to be transferred, the accreditation cycle shall be re-initiated based on the previous accreditation cycle and planning shall be made by establishing an assessment program.

As soon as NAC decides on transfer registration and initiates the accreditation process, it shall send an accreditation letter via e-mail to the accreditation body that issued the old document.

NAC is obliged to notify the client of the decisions taken by justifying the right to make changes in the certification requirements by supporting it with the committee's decision, publishing it on NAC's official web address, www.nac-us.org, and providing the client's opinion.

This notification shall be made within a maximum of 15 days.

5.10 OTHER MATTERS

All accreditation records shall be kept in accordance with the PR 002 Procedure for Control of Records. Records related to CABs, including the previous accreditation cycle, shall be maintained during the current accreditation cycle. Whenever a special situation not defined in NAC documents is encountered at any stage or in any subject related to the accreditation processes, necessary evaluations shall be made and the final decision shall be recorded with the signature of the Accreditation Decision Committee chair, Deputy General Secretary, and General Secretary and shall be performed as specified. In case of the emergence of a similar situation, the decisions taken shall be maintained in a way to make them accessible to the concerned parties so that the same decision can be implemented.

6. AUTHORITY AND RESPONSIBILITIES

Authority and responsibilities are described in K 040 Guidelines on Job Descriptions and Organization Chart.

ANNEX: AMENDMENT TABLE

Date	Section(s)	Amendment
30.03.2022	5.3.2	"In addition, at the opening meeting and on the following days of the assessment, FR 060 Assessment Participant List shall be signed by participants including the assessment team, representatives of CAB and interviewees." added to Article 5.3.2 to indicate the form signed by the participants.
01.08.2022	5.8.1	"misleading or unauthorized statements regarding its accreditation" added to 5.8.1 Obligations of CABs.
01.08.2022	5.7.2.1	"(...)and makes misleading or unauthorized statements regarding its accreditation status," added to the rules of suspension of accreditation.
01.08.2022	5.8.1	"In the event of suspension or withdrawal of accreditation, CAB shall not make any reference to or carry out activities with its suspended or withdrawn accreditation." added to 5.8.1 Obligations of CABs.
01.08.2022	5.1.3	"NAC shall make its services accessible to all applicants whose application for accreditation falls within the scope of its accreditation activities as defined within NAC policies and rules. Access shall not be conditional upon the size of the applicant conformity assessment body or membership of any association or group, nor shall accreditation be conditional upon the number of conformity assessment bodies already accredited." added to fulfill the non-discriminatory action required by the standard.
01.08.2022	5.6	"Yet, during an accreditation cycle, CAB's accreditation certificate shall be renewed annually." added to Accreditation Cycle section.
01.08.2022	5.5.1	Added "NAC shall verify that each accredited body conforms to the changed requirements."
01.08.2022	5.5.1	Changed the sentence from "Where there is a need for a change regarding the accreditation requirements(...)", to "Where there is a need for a change regarding the 17011 standard and NAC accreditation requirements (...)".