Terms & Conditions for the Certification of Products and/or Management Systems

0. STATEMENT OF THE MANAGEMENT

APRAGAZ Ltd recognizes the importance of impartiality in conducting its product certification & management systems certification activities and assures the objectivity of these activities as well as the management of possible conflicts of interests.

1. TERMS AND DEFINITIONS

Supplier: Party having the responsibility to assure that the products meet and, if necessary, continue to meet the requirements on which the certification is based.

Organization: company, society, firm, enterprise, authority or institution, or part or combination of these, with limited liability or with any other public or private status, which has its own functional and administrative structure. Party responsible for the product and process, and depending on the kind of certification scheme, able to declare that a management system is being applied.

Management system: collective name for different systems (quality assurance system).

Certification Scheme : certification system related to specified products, to which the same specified requirements, specific rules and procedures apply

Applicant: supplier and/or manufacturer applying for a certification.

Approved Body: Third party who evaluates and certifies or registers the quality assurance system of a manufacturer and/or certifies the products in relation to the essential requirements described in the concerned regulations (CPR/ADR/TPE, SPV, PE(S)R, MSR (MER), ATEX UK). This abbreviation AB is used to identify the Approved Body. In this case, APRAGAZ Ltd is Approved Body (AB) for products and/or systems to the above mentioned regulation/legislation.

Certification system: system having its own procedural and management rules to carry out the evaluation leading to the issuance and follow-up of a certification document. The terminology used in the Quality Manual and the specific procedures for the evaluation of management systems (PAQ series) are applicable to this procedure.

Certification document: Document certifying that the product / management system of a manufacturer is in conformity with the standards for the specified product / system, with all additional documentation required within the frame of the certification, and with the technical requirements of the applicable regulations.

Audit: Methodical and independent examination to check if the activities and results relating to the criteria of the management system meet the preestablished provisions if these provisions are implemented efficiently and if they are fit to reach the objectives.

Auditor: Person who is qualified to conduct audits.

Auditee: organization beeing audited (e.g. equipment manufacturer, etc.). The terminology used in the Quality Manual and the specific procedures for the evaluation of management systems (PAQ series) is applicable to this procedure.

Surveillance of the production: Evaluation intended to determine the continuous conformity with the specific requirements of the certified product.

Geographical zone: normally worldwide except for risk areas (personnel safety)

2. BEGINNING OF THE CERTIFICATION PROCEDURE

Certification activities in terms of quality management systems, products and processes are following certification schemes (according to EN ISO17067) the functional approach will deal with following functions :

-selection, which includes planning and preparation activities in order to collect or produce all the information and input needed for the subsequent determination function;
-determination, which may include conformity assessment activities such as testing, measuring, inspection, design appraisal, assessment of services and processes and auditing to provide information regarding the product requirements as input to the review and attestation functions;
-review, which means verification of the suitability, adequacy and effectiveness of selection and determination activities, and the results of these activities, with regard to fulfilment of specified requirements
-decision on certification;
-attestation, which means issue of a statement of conformity, based on a decision following review, that fulfilment of specified requirements has been demonstrated;
-surveillance (where needed), which means systematic iteration of conformity assessment activities as a basis for maintaining the validity of the statement of Conformity

Product certification schemes (Apragaz Ltd will be the scheme owner) will often be of type 1a, 1b, 3 or 6 (according table 1 of EN ISO17067), depending on the nature of the certification route, and in line of e.g. applicable modules as described in the UK regulations

2.1 Demand for Certification
2.1.1. Exchange of information between APRAGAZ Ltd and the organizations

A detailed description of the procedure for the assessment and certification of each certification system, the documents specifying the certification requirements and the documents describing the rights and obligations of organizations must be maintained and submitted to certified organizations and applicants.

APRAGAZ Ltd demands that each organization :

- shall conform at any time to the relevant provisions of the certification programme.
- shall take all necessary measures toconduct the evaluation, including the review of the documentation and the access to all areas, records (including internal audit reports) and personnel for the purpose of the evaluation, the supervision, the re-evaluation and the resolving of complaints. If applicable, the organization shall accept observers like accreditation auditors or auditors in training.
- shall not declare that he is certified for other activities than those for which he received certification.
- shall not use his certification in a way that would damage the reputation of the AB and shall refrain from making any statement about this certification that the AB could consider as abusive or unauthorised.
- shall immediately cease, as from the suspension or withdrawal of the certification (whatever the case may be), each form of publicity that, one way or the other, refers to the certification, and shall send back each document relating to the certification upon request of the AB.
- shall only use his certification to demonstrate that the system complies with specified standards or other normative documents.
- shall make sure that no document, marking or certification report is being used in whole or in part in a prejudicial manner.
- shall comply with the requirements of the AB when mentioning the certification in communication like documents, brochures or advertisements
- allows access to UKAS audit teams to evaluate APRAGAZ Ltd performance during the execution of conformity assessment activities on the customer site;
- gives the authorization for the accreditation body representative to attend the execution of the activities of the body
- shall keep a record of all claims which he has knowledge about concerning compliance with certification requirements and put this record available to APRAGAZ Ltd on request. The organization will take appropriate actions in relation to these claims and imperfections found in products that have implications regarding the compliance with the certification requirements and will record all the taken actions.

The organization shall also, without delay, inform APRAGAZ Ltd of matters that may affect the capability of the Management System, to continue to fulfil the requirements of the standard used for certification. These include, for example changes relating to:

- the legal, commercial, organizational status or ownership;
- organization and management (e.g. key managerial, decision-making or technical staff);
- contact address and site;
- scope of operation under certified Management System;
- scope of products
- major changes to the Management System, processes and products.

2.1.2. Request for certification

2.1.2.1. Following a quote request, the AB shall request that an official application form should be filled out and signed by an authorised representative of the organization.

This document or its annexe(s) shall clearly state :

- the scope of the desired certification and/or products
- the commitment of the organization to follow the requirements (stated in the document RPAQ 2-2 in case of QMS) in respect of certification and to supply all useful information for the evaluation.The number of shifts if applicable should also be specified.

2.1.2.2. The Organization must at least provide the following information before the certification procedure is continued or the audit (in case of QMS certification) in situ is performed :

- general characteristics of the organization, like company name, juridical statute, address of the concerned site(s) and any relevant information regarding its processes and operations, as well as any applicable legal obligation.
- general information on the scope of the desired certification, like activities, human and technical resources, outsourced processes that could affect the conformity with the certification requirements, and, if applicable, functional relationships within a broader company organizational level.
- applicable standards and other normative documents
- all information on relationship with consultants in management systems
- copy of the quality manual of the organization and, if applicable, the associated documentation
- specific requirements of the module selected in the relevant regulations for the product or in the applicable standard.

The information collected from the documentation attached to the application shall form the basis for the preparation of the certification mission and shall be treated confidentially. If need be, the application form will be amended on the audit day.

2.1.3. Review of the request

Before carrying out the mission, the qualified auditor (in case of QMS certification) of the AB shall perform a review of the application and of the additional information regarding the certification in order to ensure that:

- the information regarding the applicant organization and its management system is sufficient to carry out the requested mission,
- the requirements pertaining to the certification are clearly defined, documented and have been communicated to the applicant organization,
- each misunderstanding between the AB and the organization has been solved,
- APRAGAZ Ltd has the competence and ability to fulfil the mission,
- the scope of the desired certification, the geographical locations, the requested duration to conduct the audits, and any other relevant items (language, safety conditions, threat for impartiality…) are taken into account,
- records justifying the decision to conduct the mission are kept.

Following the review of the application, the auditor must either accept or reject the request for certification. If accepted, a contract is drawn up by the contact person. In case of refusal, the reasons must be documented and clearly indicated to the organization. These can be summarized as a security problem (negative advice from the Department of Foreign Affairs) or a request outside of the compentences of APRAGAZ Ltd.

In the case of a favorable advise, the -certification process can begin and will start effectively after receipt of the signed contract.

3. CERTIFICATION OF PRODUCTS

3.1 Procedure

For products to be certified in accordance with a UK regulations, a Standard with conformity marking, legal requirements, an authorised code or any other particular specification, the file (including drawings, calculation notes, reports by APRAGAZ Ltd shall be submitted to the Certification Office.

The Certification Office shall assure that the file fully complies with the imposed regulations for the requested certification and shall affix its approval stamp (with date and signature of the General Manager) on the final acceptance certificate or inspection report.

3.2 Publication of the certification document

APRAGAZ Ltd provides Certification documents to Certified organizations.
The date of entry into force mentioned on the certificates should always be after the date of the certification decision.
In the case of a revision of a certificate, in addition to the date of issue, a way to distinguish the version in force against previous obosolete versions is used by means of indexes : extension index, revision index (year / country code / number - Extension Index – Revision Index)

4. CERTIFICATION OF MANAGEMENT SYSTEMS (or services-products)

4.1. Execution of the Evaluation as part of the Certification of a System

The audit process on site includes an opening meeting at the beginning of the audit and a closing meeting at the end of the audit.
The initial certification audit of a management system shall be conducted in two steps : Step 1 and Step 2.

The objectives of the Step 1 of the audit are :

- to audit the organization's management system documented information,
- to evaluate the location and the specific conditions of the client's site and to permit an exchange of information with the client's personnel in order to evaluate the level of preparation for the Step 2 of the audit,
- to review the organization's situation and comprehension of the requirements of the applicable standards, particularly in respect of the idenfication of the key performances and of the significant aspects, processes, objectives and functioning of the management system,
- to collect the necessary information in respect of the scope of the system to be certified, the processes/used equipment, the site(s) of the organization, the levels of established controls (particularly in multisite,) and applicable regulatory and legal requirements to be complied with,
- to review the allocation of resources for Step 2 and to agree with the client on the details of Step 2 of the audit,
- to allow the planning of the Step 2 audit in full knowledge of the facts,
- to verify if the internal audits and the management review have been planned and conducted and if the level of implementation of the management system is advanced enough for Step 2 of the audit.

Depending on the level of detailed documentation that is received, part of Step 1of the audit may be conducted at the client's premises in order to achieve the above mentioned objectives. In this case, the organization will be informed of the activites to be audited "on site".

The results of the Step 1 of the audit can be documented in a preliminary report.
Once this report is verified, it will be communicated to the client and include the identification of any problem likely to be regarded as nonconformity during Step 2 of the audit.

Before proceeding to Step 2 of the audit, APRAGAZ Ltd shall consider the needs of the organization for solving the problems identified during Step 1 fo the audit. If any significant changes which would impact the Management System occur, APRAGAZ Ltd will consider the need of repeat all or part of step 1. The organization will be informed that the results of Step 1 may lead to postponement or cancellation of step 2.

When the period of implementation of corrective actions from step 1 (date of the preliminary assessment review report) and Step 2 (first audit on site) exceeds six months APRAGAZ Ltd will consider the need to repeat all or part of step 1.

Step 2 of the audit shall be conducted on site in order to evaluate the implementation and efficiency of the client's management system. As a minimum, it shall comprise following elements :

- information and evidence relating to the conformity with all the requirements of the applicable standards,
- surveillance, measurement, reporting and review of performances in relation to the key performance objectives and targets,
- meeting of applicable staturory, regulatory and contractual requirements,
- operational control of the processes,
- internal audits and management review,
- links between normative requirements, politics, performance objectives, legal requirements, operations, procedures, performance data and results/conclusions of internal audits,
- management responsibilities towards customer policies.

4.1.1 Planning of the audit activities

Based on the review of the elements of the "Application form", the Head of the audit program management determines the skills required for the team that will conduct the audit and for the people who will be involved in the decision for the certification. The person or persons responsible for taking a decision regarding the certification are designated to ensure that the appropriate skills are available.

The audit date is agreed with the applicant organization.

4.1.2 Audit team

APRAGAZ Ltd selects and appoints the audit team (auditors and possibly experts), including the lead auditor, taking into account the collective skills necessary to achieve the objectives of the audit. If only one auditor is appointed, he will have the necessary skills to perform the tasks of a lead auditor. The audit team is formally named and have the appropriate working documents.

4.1.3 Information of the organization

The specific tasks assigned to the audit team are brought to the client's knowledge.APRAGAZ Ltd provides the name of each member of the audit team to the customer, in sufficient time to enable him to make an objection to the appointment of an auditor or an expert and thus, allow the Lead auditor to reform the team to the satisfaction of the client in response to any justified objection.
When a joined audit is performed, auditing bodies shall agree which specific responsibilities will be assigned to whom, in particular the responsibilities of the appointed lead auditor of the combined team.

4.1.4. Mandate of the audit team

The audit team will be required to verify the structure, policies, processes, procedures, records and documents related to the Auditee, to confirm their compliance with the requirements o the scope of the certification and whether the procedures are actually applied and adapted to ensure the credibility of the products and / or management system and inform the client of any inconsistencies between its policy, objectives, targets and outcomes to let him make the necessary arrangements.

4.1.5 Audit plan

The audit plan shall be approved by the organization and communicated to the auditors.

An audit plan is prepared for each audit identified in the audit program and is used as a basis for an agreement on the implementation and programming of the audit. It will be prepared by the lead auditor.

The plan shall mention following items :

- objectives and scope of the audit,
- audit criteria,
- auditing methods (interviews, sampling, ...),
- identity of the persons excersiging significant direct responsibilities in the frame of the objectives and scope of the audit,
- identification of the reference documents (applicable management system, module for the evaluation, quality manual of the auditee),
- identity of the audit team members,
- audit language,
- date and place of the audit,
- identification of the sectors of the factory to be audited,
- date and time planned for all major audit activities,
- planning of the meetings with the management of the auditee,
- confidentiality requirements,
- distribution list for the report and foreseen publication date.

Specific details of the audit plan shall be communicated to the auditee only during the course of the audit, if their premature diffusion can hinder the gathering of tangible evidence.

4.1.6 Objections made by the Organisation in relation to the audit plan

Any objections raised by the auditee against one of the elements of the audit plan shall be cleared by the lead auditor and by the auditee before the audit starts.

4.1.7 Work documents

The necessary documents required to facilitate the investigations of the auditors and to record and report conclusions may include :

- check lists for the evaluation of each module and/or management system,
- forms to report the observations made during the audit,
- forms to record evidence supporting the auditor's conclusions,
- a sampling plan.

Work documents containing confidential information or which involve the industrial property, shall be adequately protected by the auditing body.
These documents are stored after the completion of the audit. Their use is not systematic.

4.2 Carrying out the audit
4.2.1 Opening meeting

The purpose of this meeting is to:

- introduce the members of the audit team to the direction of the auditee and description of their role,
- recall the objectives and scope of the audit,
- confirm the audit plan,
- present a summary of the methods and procedures to be used for auditing,
- confirm the official communication links between the audit team and the Auditee,
- confirm the availability to the audit team of the means and facilities it needs,
- confirm the points relating to confidentiality,
- confirm hygiene, emergency and safety procedures to the audit team,
- confirm availability, the role and identity of guides and observers,
- present the methods used to report audit findings and their classification,
- provide information on the conditions under which the audit can be terminated prematurely,
- confirm that the Lead auditor and the audit team, who represent APRAGAZ Ltd, are responsible for the auditing process and the execution of the audit plan, including activities and pathways,
- confirm the status of the findings of the review (Step 1) or of the previous audit,
- present the methods used to conduct the audit on a sample basis,
- confirm the language used during the audit,
- confirm the time and date of the closing meeting and of any interim meeting of the audit team with the management of the Auditee to keep them informed of the progress of the audit,
- give the customer the opportunity to ask questions.

4.2.2 Identification and registration of audit findings

4.2.2.1 Collecting evidences

The findings summarising compliance as well as detailing the non-compliance together with associated evidences are recorded and reported to decide, with full knowledge of the facts, on the issue of the certificate or continuance to maintain the certification.
It is also possible to identify and record suggestions for improvements.
However, the audit findings that correspond to non-compliance can not be registered as such.

If necessary, during the audit, the lead auditor may make changes to the missions of the auditors and the audit plan with the approval of the Auditee, to better achieve the objectives of the audit.

If the objectives can not be met, it is the responsibility of the Lead auditor to give the reasons to the Auditee.

4.2.2.2 Records

All audit information should be documented.

A finding of non-compliance is recorded in relation to the specific requirement of the corresponding criterion of the audit. It includes a clear statement ofnon-compliance and identifies in detail the objective evidence underlying the non-compliance.
Non-conformities must be discussed with the client to ensure that the evidence is true that the non-conformities are understood.

The auditor will not advance the cause of non-compliance or recommend solutions.

A non-conformity is a non-fulfillment of a requirement. This can be classified as major or minor:

A **major** nonconformity affects the capability of the Management System to achieve intended results. Nonconformities could be classified as major in the following circumstances:

- if there is a significant doubt that effective process control is in place, or that products or services will meet specified requirements,
- a number of minor nonconformities associated with the same requirement or issue could demonstrate a systemic failure and thus constitute a major nonconformity.

All the other nonconformities are considered as **minor** nonconformities, which are non conformities which does not affect the capability of the Management System to achieve intended results.

In a surveillance audit, all of the previous non-closed minor nonconforimites will be upgraded to major nonconformities.

If the non-compliance corresponds to a failure to satisfy one or more requirements of the standard of the management system or if there remains significant doubt about the ability of the management system of the client to achieve the desired results, than it can be classified as a "major" non-compliance.

4.3 Closing meeting

A formal closing meeting is held with the client's management and, where appropriate, with the head(s) of those functions or processes audited.

The closing meeting, hosted by the Lead auditor, aims to present the audit findings, including recommendations for certification.

Non-conformities must be submitted in a way to be understood and the response time should be determined by mutual agreement.

The nonconformity document (RPAQ 4/2) will be provided to the organization within the 2 working days following the closing meeting.

The closing meeting should include the following:

a) notify the customer that audit evidence gathered are based on an information sample, introducing thereby an element of uncertainty,
b) the method and time used to report, including classifying audit findings,
c) APRAGAZ Ltd's process for handling nonconformities, including all the consequences related to the certification of the customer,
d) the deadline by which the customer must submit an action plan for any non-compliance identified during the audit, i.e. one month from the last day of audit; In case of major non-conformities, the corrections will be submitted in the same time frame.
e) APRAGAZ Ltd's post-audit activities,
f) information on the complaints and appeal process.

The customer will have the opportunity to ask questions. Differences of opinion on the audit findings or conclusions between the audit team and the client are discussed and, to the extent possible, resolved. Differences of opinion that are not resolved will be recorded in the audit report.

The lead auditor ensures during the closing meeting that the organization has all the needed information relating to the next steps of the audit process (timing related to the corrective actions, consequences of the non compliance with the organization's obligations, …).

4.4 Audit report

4.4.1. Preparation of the report

APRAGAZ Ltd provides an audit report for each audit conducted.
In a report, the audit team can also offer suggestions to the client but does not recommend specific solutions. The audit report is the property of APRAGAZ Ltd.
The Lead auditor takes care of preparing the audit report. He is responsible for its contents. The audit report provides an accurate, clear and concise audit record in order to make an accurate decision on a certification.

The audit reports are verified by the responsible of the management of the audit program before the official report is sent to the client and to APRAGAZ Ltd's Certification Bureau.

4.4.2 Contents of the report

The audit report shall correctly reflect the spirit and the contents of the audit.
The report shall be signed and dated by the lead auditor. Depending on the case, following elements shall be part of the report:

- identification of the Approved Body (APRAGAZ Ltd);
- the name and address of the customer and the person representing the direction of the latter;
- the type of audit (eg. Initial, surveillance, or recertification or special audits);
- the audit criteria;
- the objectives of the audit;
- the scope of the audit particularly identification of organizational or functional units or processes audited and the time of the audit;
- any deviation from the audit plan and their reasons;
- any significant issues impacting on the audit programme;
- identification of the audit team leader, audit team members, and accompanying persons;
- the dates and palces where the audit activities (on site or offsite, permanent or temporary sites) were conducted;
- audit findings, reference to evidence and conclusions, consistent with the requirements of the type of audit;
- significant changes, if any, that affect the Managamenent System of the client since the last audit took place;
- any unresolved issues, if identified;
- where applicable, whether the audit is combined, joined or integrated;
- a disclaimer statement indicating that auditing is based on a sampling process of the available information;
- recommendation of the audit team;
- the audited client is effectively controlling the use of the certification and marks, if applicable;
- verification of effectiveness of taken corrective actions regarding previously identified nonconformities, if applicable;
- a statement on the conformity and the effectiveness of the management system together with a summary of the evidence relating to:
  - the capability of the Management System to meet applicable requirements and excpected outcomes;
  - the internal audit and management review process;
- a conclusion on the appropriatness of the certification scope;
- confirmation that that the audit objectives have been fulfilled.

A draft version of the audit report can be prepared before the closing meeting.
Before expedition it is appropriate that any communication between the closing meeting and the issuance of the report shall be done by the lead auditor.

When the audit report includes nonconformities:

- the organization shall analyse the cause and describe the specific correction and corrective actions taken, or planned to be taken, to eliminate detected nonconformities, within a defined time (see secion 4.3. of this document);
- the lead auditor shall review the corrections, identified causes and corrective actions submitted by the organization to determine if these are acceptable. The evidence obtained to support the resolution of non conformities will be recorded by APRAGAZ Ltd in the organization's file;
- the effectiveness of the correction and corrective actions put in place by the organization will be evaluated by the lead auditor. The organization will be informed by the lead auditor of the result of the review and verification. The organization wil be informed (though the document RPAQ 4-2) if an additional full audit, an additional limited audit, or document evidence (to be confirmed during future audits) will be needed to verify effective correction and corrective actions.

4.5 Distribution of the report

The Lead auditor sends the audit report to the recipients specified in the audit plan. Any additional distribution shall be agreed upon with the auditee.

Audit reports containing confidential information or involving industrial property shall be adequately protected by the AB in charge of the audit.

The audit report shall be published as soon as possible. If it cannot be issued within the foreseen time limit, the auditor shall explain the reasons for the delay to the organization and set a new publication date. The deadline for the publication of an audit report, when all the documents (action plan, corrections, …) have been submitted to APRAGAZ Ltd, shall not exceed 60 working days.

APRAGAZ Ltd invites the Auditee to review the report within 10 days.

4.6 Records related to applicants and organizations

APRAGAZ Ltd shall keep records relating to the audit and to other certification activities for all clients, including audited, certified applicant organizations or for whom the certification has been suspended following the agreement between APRAGAZ Ltd and each customer and according to the regulatory requirements.

These records are confidential and shall be kept at least for the duration of the current cycle plus one full cycle.
Following records shall be kept:

- information relating to the request and audit reports
- certification contract
- justification of the sampling methodology
- justification of the time assigned to auditors
- verification of corrections and corrective actions
- registrations of complaints and appeals as well as all subsequent corrections and corrective actions
- deliberations and decisions of the comitee, if applicable
- documentation on decisions taken in respect of certification
- certification documents (scope)
- supplementary records necessary to establish the credibility of the certification (competence of auditors and technical experts)

4.7 Final report

Subject to the acceptance by the client of the draft report prepared by APRAGAZ Ltd, this document will be considered as being the final audit report.. In case of refusal of the draft report by the client, a discussion between the Lead auditor and / or the responsible person managing the audit program and the client is expected to smooth out differences of opinion .If necessary, a revised report will be published.*f* the refusal persists, see the paragraphs relating to "Appeals, Complaints and Appeals"of this document.

4.8. Completion of the audit

The audit is completed when the final audit report has been delivered to the organization.

5. DECISION MAKING ON SYSTEM CERTIFICATION OR PRODUCTS (SERVICES)

5.1 Principle

The decision to grant or to refuse the certification of the management system (or the product) of an organization shall be taken by the AB on basis of the information gathered during the certification process and of any other relevant information.

Following elements shall form the basis for the decision of APRAGAZ Ltd :

- the final audit reports;
- nonconformities, and if applicable, the approbation by the lead auditor of the organization's correction and corrective actions;
- the closing of the manjor nonconformities;
- confirmation of the information supplied to APRAGAZ Ltd and used for the review of the request,
- a recommendation about the decision to grant or to refuse the certification, along with any reserves or observations.

Those who take the decision about the certification do not need to have participated in the audit or analysis of the file.

Before transmitting the file, the responsible person managing the audit program must confirm to the Certification Office that:

- the information provided by the audit team is sufficient with respect to the requirements and scope of the certification,
- corrections and corrective actions relating to major and minor nonconformities have been reviewed and accepted and that their effectiveness has been verified,
- the corrections and corrective actions related to other remarks have been reviewed and accepted.

5.2. Decision process

The the person responsible for managing the audit program or the Department Head in charge of the file shall submit the final audit report to the Bureau of Certification, consisting of at least the General Manager and/or his replacement, the Quality Manager and/or his deputy and Department Head from another department than the persone who proposes the certification.

The decision to certify (or not) the management system of a manufacturer depends on the effectiveness of the corrections and corrective actions to nonconformities issued during the audit, the number of these being unlimited.

Based on its positive assessment, the auditor recommends certification (or maintenance) of the quality management system with the Bureau of Certification.

The Bureau of Certification decides on the certification decision based on the full audit report and the recommendation of the auditor in charge of the audit as well as the positive review of the audit report reviewer. The certification of an organization will be systematically invalidaded in the following cases:

- the management system has seriously failed to comply with the certification requirements, including the efficiency requirement,
- if the corrective actions haven't been taken within the time limit,
- in case of extreme materiovigilance.

The decision to certify (or not) a product will depend on the fact that the proposed documentation fully meets the requirements imposed by the requested certification.

Incorrect references to the certification and misuse of the information pertaining the certification are considered to be « major » nonconformities.

APRAGAZ Ltd maintains the certification of a customer based on the demonstration that the costumer continues to meet the standards and regulatory requirements of the management system.

This decision is taken based on a favourable conclusion formulated by the lead auditor as well as a good positive review of the audit report (performed by a qualified person), without any further review being necessary, provided that:

- each nonconformity or other situation likely to cause suspension or withdrawal of the certification shall be duly reported to the Bureau of Certification by the lead auditor in order to be reviewed by qualified peopleand to take a decision.
- APRAGAZ Ltd's staff in charge of the surveillance activities, including the review of the auditor's reports, is duly qualified.

The decision making process takes into consideration the following items, related to observed nonconformities, when applicable:

During an initial audit: when the implementation period of corrective actions related to any major nonconformities between stage 2 (the date of the closing meeting) and the certification decision (Bureau of Certification) exceeds six months, APRAGAZ Ltd will conduct another step 2 prior to recommending the certification. Similarly, if the auditee has not submitted its action plan for minor non-conformances within six months APRAGAZ Ltd will conduct, in whole or in part, another step 2.

During a recertification audit: for any major nonconformity, APRAGAZ Ltd sets for time limits for correction, corrective actions and their verification, the last day of the exsiting certification. When recerticiation activities are successfully completed prior to the expiry date of the exsiting certification, the expiry date of the new certification can be based on the expiry date of the existing certification. The issue date on a new certificate shall be on or after the recertification decision.

If APRAGAZ Ltd has not completed the recertification audit, or if APRAGAZ Ltd is unable to verify the implementation of corrections and corrective actions for any major nonconformity prior to the expiry date of the certification, then recertification shall not be recommended and the validity of the certification shall not be extended. The organization shall be informed and the consequences shall be explained. Also, if the organization has not submitted its action plan related to minor nonconformities prior to to the expiry date of the certification, then recertification shall not be recommended and the validity of the certification shall not be extended. The organization shall be informed and the consequences shall be explained.

Following expiration of certification, APRAGAZ Ltd can restore certification within 6 months provided that the outstanding recertification activities are completed, otherwise at least a step 2 shall be conducted. The effective date on the certificate shall be on or after the certification decision and the expiry date shall be based on prior certification cycle.

5.3 Delegation of authority

The AB cannot delegate its authority to grant, maintain, extend, reduce, suspend or withdraw the certification to an external person or organization.

5.4 Conditions for granting a certification

In order to receive and maintain a certification, APRAGAZ Ltd requires that the organization:
- conforms to the APRAGAZ Ltd' requirements when making reference to its certification status in communication media such as internet, brochures or advertising, or other documents;
- does not take or permit any misleading statement regarding its certification;
- does not use or permit the use of a certification document or any part thereof in a misleading manner;
- upon withdrawal of its certification, discontinues its use of all advertising matter that contains a reference to certification;
- amends all advertising matter when the scope of certification has been reduced;
- does not allow reference to its management system certification to be usedf in such way as to imply that APRAGAZ Ltd certifies a product (including services) or processes;
- does not imply that the certification applies to activities and sites that are outside the scope of certification;
- does not use its certification in such a manner that would bring APRAGAZ Ltd and/or certification system into disrepute and lose public trust.

6. PUBLICATION OF THE CERTIFICATION DOCUMENT

APRAGAZ Ltd shall provide the organization with a unique certification document (letter or certificate) signed by the General Manager or, in his absence, by a member of the Bureau of Certification.

The date of entry into force mentioned on the certificates is always after the date of the certification decision

7. SPECIAL AUDITS

The organization shall promptly notify the AB of any modification of the management system and/or of the product as required by the applicable systems or by other normative documents.

A reappraisal shall be considered if any significant changes affect the activity and the functioning of the organization (change of ownership, changes in the management team, critical equipment or product).

The organization also commits to provide the necessary information to the APRAGAZ Ltd during the planning phase of a critical change on the certified equipment (design / device) and / or the quality management system. Furthermore, no critical changes can be implemented without APRAGAZ Ltd' approval. The necessary information shall contain, at minimum, the following:

- a brief description of the planned changes;
- the reason as well as the origin of those planned changes / modifications;
- when a modification of the design / device, the solutions to meet to the essential safety requirements;
- the appropriate technical documentation.

7.1 Extension of the scope of the certification

Each request for modification of the scope of an existing certification shall be treated by APRAGAZ Ltd.
The AB shall review the request and determine the appropriate auditing activities in order to decide if the request for change can be granted or not. This can be done during a surveillance audit.

7.2 Audits at very short notice

APRAGAZ Ltd may have to conduct audits of certified clients at very short notice in order to investigate complaints or following modifications or to do a follow-up of suspended clients.
In these cases, the audit conditions shall be communicated to the clients. The appointment of the audit team shall be given particular care as the client is not in a position to object.

8. SUSPENSION, WITHDRAWAL OR REDUCTION OF THE SCOPE OF THE CERTIFICATION

The Bureau of Certification shall suspend the certification of a client in the following cases:

- the certified management system has shown constant or serious lack of compliance with the certification requirements, including the requirement for efficiency,
- the misuse of APRAGAZ Ltd's logo or certificate,
- the client has not allowed the surveillance or renewal audits to be conducted within the requested periodicity.In case of surveillance audit, APRAGAZ Ltd exceptionnaly allows a deviation of three months from the expiration date of certificates,
- the client is voluntarily requesting a temporary suspension,
- the client does not meet the payment terms set out in the terms and conditions,
- extreme materiovigilance.

The certification of a suspended system is provisionally invalidated.
In this case APRAGAZ Ltd and clients shall take all the necessary steps to assure that all promotion of the certification is suspended. APRAGAZ Ltd shall hold this information accessible to the public and shall take any other necessary measure.

If applicable, APRAGAZ Ltd has the obligation to notify the competent authority and inform the Secretary of State and other Approved Bodies when Certification is withdrawn as required by the PESR regulation applicable schedules, of suspended, denied, falsified, revalidated or cancelled certificates. This notification is made as soon as possible.

If the necessary corrective actions related to the major nonconformities have not been conducted and verified within a maximum time limit of 6 months, APRAGAZ Ltd will suspend or reduce the scope of the organization's certification. Similarly, if the auditee has not submitted its action plan for minor non-conformances within six months APRAGAZ Ltd will suspend or reduce the scope of the organization's certification.APRAGAZ Ltd

If APRAGAZ Ltd is unable to cancel the suspension of the organization's certification within a time limit of 6 months, the concerned certificate will be either withdrawned or the its scope reduced by APRAGAZ Ltd.

APRAGAZ Ltd's Bureau of Certification will withdraw the certification of a client :

- when incorrect references to the certification are noticed;
- when misuse of information pertaining the certification is noticed,
- when the customer volontarily request the withdrawel,
- when the scope of application of the client no longer corresponds to the area of competence of APRAGAZ Ltd,
- when the correctve actions have not been taken within the time limit,
- in case of extreme materiovigilance.

APRAGAZ Ltd must reduce the scope of a client's management system when it has consistenly or seriously breached to complywith the certification requirements for some items of the system.

9. SURVEILLANCE ACTIVITIES

The surveillance activities of APRAGAZ Ltd shall allow a periodical monitoring of the representative fields and functions of the management system. Modifications of the certified client's management system shall be taken into account.

Surveillance activities include audits on site to verify the conformity of the client's management system with the requirements of the standards for certification.

Other surveillance activities can include :

- investigations by APRAGAZ Ltd on items relating to the certification,
- review of the client's declarations about his operations (advertisement, website),
- requests to clients to supply documents and records (see note),
- other means of surveillance of the performance of certified clients.

Surveillance audits shall be conducted at least once in a calendar year, *except in recertification years, whereas additionally it is required to conduct the audit prior to the expiry date of the current certification (in absence of 'force majeure')*. The date of the the first surveillance audit following the initial certification (SA1) shall not be more than 12 months from the certification decision.

The programme of the surveillance audit shall include at least the following items:

- internal audits and management review,
- follow-up of corrective actions for nonconformities identified during the previous audit,
- complaints handling,
- efficiency of the management system to meet the objectives of the certified client,
- progress status of the planned activities in respect of continuous improvement,
- continuous operational control,
- review of each modification,
- use of markings and/or any other references to the certification,
- handling complaints.

Moreover, the surveillance can include unannounced visits to the organization when deemed necessary by the AB or when such visits are defined by specific modules for the evaluation of conformity (e.g. module H1 of the PE(S)R).

As part of the activities related to the PE(S)R). regulations, *the AB shall normally make at least two additional visits during the first year of fabrication, more specifically for new manufacturers (in the specific field of Pressure Equipment). For customers/manufacturers with experience of manufacturing, in the field of application (or e.g. already keeping an EU certification for an equivalent EU requirement/directive by Apragaz), these visits are not required unless otherwise specified.* As part of the activities related to the e TPE regulations, the AB will make at least two audits within 12 months.

Note: access to the registrations of complaints against organizations (suspension – withdrawal)

APRAGAZ Ltd demands that each client whose management system has been certified by APRAGAZ Ltd shall furnish, upon request, the registrations of all complaints and corrective actions taken following the requirements of the management system standards or other normative documents.

Should the analysis of a complaint or any toher information reveal that the certified organization no longer fulfils the certification requirements, a revaluation shall be considered.

10. RENEWAL OF THE CERTIFICATION

The recertification audit will be planned and conducted to evaluate the upkeep of the conformity to all requirements specified in the certification standards, overall efficiency of the Management System and its applicability with respect of the scope of certification. This audit shall be planned and conducted in due time to enable for timely renewal before the certificate expiry date.

Important modifications in the client's structure and management system, as well as the legal context, shall be taken into account.
In such a case, a Step1 audit can be considered.

During the renewal audit, the performance of the management system over the certification period as well as the previous surveillance audit reports shall be reviewed.

If a certification was granted for several sites or for different management systems, the audit planning shall assure that the coverage of the site audit is sufficient to appreciate the certification.

The audit for the renewal of the certification shall include an on site audit covering following items:

- overall efficiency of the system, considering the internal and external changes, its pertinence and its permanent applicability for the considered scope,
- evidence of the commitment to maintain the efficiency and the improvement of the system in order to increase the overall performance,
- verification that the operations within the certified system contribute to reach the objectives set up by the organization.

Should nonconformities or absence of evidence of conformity be identified during this phase of the audit, then APRAGAZ Ltd shall assign deadlines for the implementation of corrections and corrective actions before the certification expires.

10.1 Information for granting a certification renewal

The Bureau of Certification takes the decision to renew the certification based on the results of the audit and the results of the review of the system corresponding to the certification period and the complaints received from the users of the certification.

11. APPEALS

APRAGAZ Ltd is responsible for all decisions taken at all levels in the appeal treatment process.
No discriminating action shall be taken against the appellant.
The appeal treatment process comprises the following methods and elements :

- receipt, validation, examination of the appeal and decision making in respect of the actions to be taken, taking into account the results of similar previous appeals,
- follow-up and registration of appeals, including corrective actions undertaken,
- verification that the appropriate corrective actions have been taken.

APRAGAZ Ltd shall acknowledge receipt of each and any appeal, provide the appellant with the progress reports and results and advise the appellant of the end of the appeal treatment process.

APRAGAZ Ltd is responsible for gathering, and verifying all necessary information to validate the appeal.

The decision notified to the appellant shall not be taken by persons involved in the matter of the appeal.

12. COMPLAINTS

Formal claims must be submitted to Apragaz Ltd in writing. A claim received by telephone will be recorded but must be confirmed in writing by the client.

Claims must include an accurate description of the situation, objective evidence of each element or aspect of the claim, and the name and contact information of the client. Apragaz Ltd will not react to anonymous complaints

Upon receipt of a complaint, APRAGAZ Ltd shall examine whether the complaint is linked to certification activities. If this is the case, the complaint shall be treated. If the complaint concerns a certified client, it shall be examined from the standpoint of the efficiency of the management system and/or of the certified product.

Complaints shall be treated strictly confidentially.
Each complaint relating to a client certified by APRAGAZ Ltd shall be notified to the concerned client.

The complaint treatment process comprises the following method and elements :

- receipt, validation, examination of the complaint and decision making in respect of the actions to be taken for treatment,
- follow-up and registration of complaints, including the appropriate corrective actions undertaken,
- verification that the appropriate corrective actions have been taken.

APRAGAZ Ltd shall acknowledge receipt of each and any complaint, provide the complainant with the progress reports and results and advise the complainant of the end of the complaint treatment process.
The decision notified to the complainant shall not be taken by persons involved in the matter of the complaint.

APRAGAZ Ltd shall determine with the client and the complainant if the matter of the complaint should be made public and, if this is the case, to what extent.

13. ABUSIVE USE OF THE APRAGAZ LTD LOGO OR CERTIFICATES

Abuses can be of different nature, for example :

- affixing of markings on customer's reports of laboratory testing, calibration or control
- implicit or explicit extension of the certificate to non-certified equipment,
- use of expired certificates,
- use of certificates which were issued before significant changes in the equipment occurred,
- usurpation of a logo or of a certificate by a non-certified installer,
- actions of a certificate holder which can impair the reputation of APRAGAZ **Ltd**,
- deceptive prints on the real part of the certificate or on the certificate itself,
- Use on a product or a product packaging , visible to the consumer, or any other way that could be understood as an indication of product conformity.

As soon as such an abuse is detected or reported, APRAGAZ **Ltd** shall investigate to verify the facts. For this investigation APRAGAZ **Ltd** can request the opinion of any person or expert considered useful. This procedure shall be treated confidentially.

In case of a positive conclusion, APRAGAZ **Ltd** shall immediately notify the author of the abuse and request an explanation. If the explanation demonstrates he is in good faith and that he wishes to cooperate, APRAGAZ **Ltd** shall, together with him, consider the appropriate corrective measures to be taken within a defined time limit. APRAGAZ **Ltd** shall verify that these corrective measures are well implemented.
However, if the contacts with the author of the abuse reveal he is of bad faith or his latent or apparent refusal to take sufficient corrective measures within a reasonable time limit, APRAGAZ **Ltd** shall propose to the Certification Office the suspension or withdrawal of the certificate. If during this period of suspension or after the withdrawal of the certificate, the offender still uses the logo and / or the certificate, APRAGAZ **Ltd** reserves the right to make this violation public, to advise the competent authorities and to possibly take legal steps.

In any case, independently from the conclusion of the investigation (except in case of dismissal of charge), APRAGAZ Ltd shall prepare a documented report demonstrating the nature and the extent of the abuse and including its recommendations. This report shall be sent to the Certification Supervision Committee for decision. The decisions of this committee will then be communicated to the author of the abuse.

14. REFERENCE TO UKAS-ACCREDITATION BY USERS OF ACCREDITED SERVICES

UKAS encourages clients of accredited bodies, i.e. users of accredited services to inform that they rely on bodies whose technical competence has been formally recognised.

Respect of specific provisions is nevertheless necessary to avoid any abuse and misunderstanding.

Accredited bodies are responsible to keep their clients informed of the way to use the **UKAS** symbol and reference to accreditation and to report any kind of abuse to the **UKAS** secretariat.

Holders of certificates issued by certification bodies and by environmental verifiers.

Note: in the below mentioned text, the provisions related to the use of the **UKAS** symbol are also valid in the case of reference to accreditation through an appropriate wording.

General provisions

The **UKAS** symbol may appear on documentation for information and advertising purposes used by the holder of a certificate issued by an accredited organisation, provided that such use is directly relevant to the activity covered by the certificate.

The **UKAS** symbol may only be used by the holder of a certificate issued by an accredited organisation if - the name and/or logo of the certificate holder concerned also appear(s) on the document, - it is used in conjunction with the name and/or logo of the accredited organisation itself as well as its certificate number , - the accreditation number of the concerned organisation appears under the accreditation symbol; - the size of the **UKAS** symbol is smaller than the size of the symbol of the certificate holder company and of the accredited organisation itself.

The **UKAS** symbol may not appear on - any documents under the letterhead of the holder of a certificate issued by an accredited organisation that is used for general purposes, - on documents related to other types of activities than those covered by accreditation.

A supplier who refuses to accept **UKAS** observers during the certification process will not be entitled to make reference to the **UKAS** accreditation.

The use of the symbol or wording on reports and certificates is the only guarantee for the client that the report or certificate is covered by the accreditation. Only if the organization can demonstrate the existence of an explicit written agreement from the client to perform the activity outside the accreditation conditions, the activity can be considered as not covered by the accreditation.
However, this last possibility cannot be applied in the following cases

- the reports/certificates contain results of activities in a sector for which accreditation is required by regulation or where contractual provisions are linked to it (e.g. a requirement of a conformity assessment scheme);
- the results must be displayed or made available to third parties;
- in case of certification of management systems, products or persons

Holders of certificates issued by accredited approved bodies for management systems and by environmental verifiers

When a approved body certifies a laboratory's or inspection body's management system, the body shall not enable the laboratory or the inspection body to use its mark on testing/inspection reports or calibration certificates as such reports/certificates issued by the laboratory or the inspection body are considered as products in this context.

Reference to accreditation is not allowed on products, packaging, reports, certificates and other such documents if the certificate that has been issued only covers the management system of the certificate holder.

Holders of certificates issued by accredited product certification bodies

Use of the accreditation symbol on products and packages is not allowed.
Reference to accreditation of the certification body on accompanying documents may however be used in case the production is covered by an accredited product certification scheme.

Reference to accreditation by users of the services of accredited laboratories and inspection bodies.

Clients of accredited laboratories, inspection bodies, validation or verification bodies are entitled to reproduce calibration/test/inspection/validation/verification reports and certificates, including the **UKAS** symbol or a reference to accreditation.

The report/certificate shall in principle be reproduced in full; partial reproduction will be subject to formal approval of the issuing body.

15. DOCUMENTATION

On request (*), APRAGAZ Ltd shall document, update at regular intervals and make available (through publications, electronic supports or other means) :

- information on its governing authority,
- documented declaration of its system of certification, including the rules and procedures for the granting, maintenance, extension, renewal, reduction, suspension and withdrawal of its certificates,
- information about the auditing and certification process,
- description of the AB's financing sources and general information on the fees charged to the applicants,
- description of the rights and duties of applicants, including the requirements, restrictions or limitations concerning the use of the logo of the AB's and other ways to refer to the obtained certification,
- the name, related normative document, scope and geographical location (city and country) for a specific certified client,
- type of management systems and geographical areas forming its scope of actions.

(*) (only for general information requested by neutral organizations)