



- 1) Object
- 2) Vocabulary and abbreviations:
- 3) Modality of review
- 4) Reference documents
- 5) Description of the procedure
- 6) Records

**Scope :**

This procedure is applied to the accreditation process of conformity assessment bodies.

**Responsible for the application:**

Heads of Department/accreditation officers are responsible for applying this procedure.

**Amendment**

The accreditation procedure has been completely resumed.

Established on: 17/01/2023

By: Heads of Technical  
Departments

Visa:

Verified on: 17/01/2023

By: Quality Manager

Visa:

Approved on: 19/01/2023

By: General Director

Visa:



## 1. Object

The purpose of this procedure is to define the general procedures for implementing the assessment, monitoring and reassessment process according to the requirements of the ISO/IEC 17011 standard and other applicable requirements (MLA).

## 2. Vocabulary and abbreviations:

**Conformity assessment:** demonstration that specified requirements are met.

Note 1 to entry: Specified requirements can be formulated in normative documents such as regulations, standards and technical specifications.

**Conformity Assessment Body:** body that carries out conformity assessment activities, excluding accreditation.

**Accreditation criteria:** criteria defined in internationally recognized and accepted normative documents and which aim to promote confidence in organizations that meet these criteria.

**Assessment:** process implemented by an accreditation body to determine the competence of a conformity assessment body, on the basis of standard(s) and/or other normative documents, and for a scope of accreditation defined.

**Remote assessment:** Assessment of the geographical site or the virtual site of a conformity assessment body by means of electronic means.

**Surveillance assessment:** Systematic iteration of conformity assessment activities as the basis for maintaining the validity of the claim of conformity

**Note:** Surveillance is an assessment carried out by ALGERAC after initial assessment or renewal until the expiration of the accreditation to ensure that the CABs continuously meet the accreditation requirements.

**Complementary assessment:** a complementary assessment may be necessary if unresolved critical reservations have been identified by the assessment team in order to obtain additional information or evidence regarding the measures taken to address them.

**Additional assessment (Extraordinary):** may take place, following complaints, changes in the organization of the CAB subject to assessment (significant reorganization, transfer of accreditation), significant modification of accreditation requirements (transition) .

**Renewal (Reassessment):** Assessment carried out in order to renew the accreditation cycle.

**Preliminary visit:** the preliminary visit is an evaluation realized on the proposal of ALGERAC, when the CAB is not able to correctly report the technical information concerning its application for accreditation. , or to describe the fields, scopes or activities covered by its request for accreditation.



**Assessor:** person who carries out, alone or as a member of an assessment team, the assessment of a Conformity Assessment Body.

**Evaluation team:** all the members designated to participate in the implementation of an evaluation procedure and whose respective rights and duties are defined in the ALGERAC procedures.

**Accreditation manager:** permanent person who monitors the accreditation file of the CAB and who can attend the evaluation as an observer.

**Lead assessor (LA):** quality assessor appointed to ensure the evaluation and lead an evaluation team, for the coordination of the work, the meetings for the opening and closing of the evaluation work, the follow-up any discrepancies and the preparation of the final evaluation report.

**Technical Assessor (TA):** evaluates the technical adequacy of the provisions put in place in accordance with the accreditation criteria.

**NB:** the LA/TA is responsible for assisting the expert in the evaluation of the technical requirements of the accreditation reference system.

**Technical Expert (EXP):** person designated by an accreditation body, working under the responsibility of an assessor, who brings specific knowledge or expertise within the scope of the accreditation to be assessed but does not carry out an assessment of independently.

**Supervisor (SUP):** person in charge of evaluating the performance of an evaluator within the framework of the monitoring and evaluation of competences.

**Observer (OBS):** person who accompanies the evaluation team, but who does not evaluate.

**Critical deviation:** a critical deviation is a deviation that calls into question the reliability of the results or the ability of the management system to maintain the level of quality of the conformity assessment services (non-satisfaction of a requirement)

**Non-critical deviation:** a non-critical deviation whose result does not affect or is not likely to affect directly and immediately the quality of the conformity assessment services.

An accumulation of non-critical deviations concerning the same requirement may reveal a major shortcoming in the system and will therefore be considered as a critical deviation.

A non-critical deviation systematically affecting several departments, activities and personnel will be considered critical.

A non-critical deviation identified during two successive assessments becomes critical because it proves that the system is faulty.

CAB: Conformity Assessment Body

GD: General Director

TQD: Technical/Quality Director

DAR: Director of Administration and Resources



FCD: Finance and Commercial Director

HD: Head of Department

AM: Accreditation Manager

LA: Evaluation Team Leader

TA: Technical Evaluator

EXP: Expert

PV : Minute

### 3. Modality of review:

The Quality Manager reviews this procedure each time it is necessary for improving the functioning of the ALGERAC system.

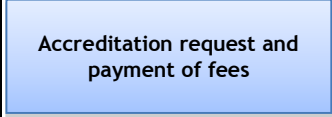
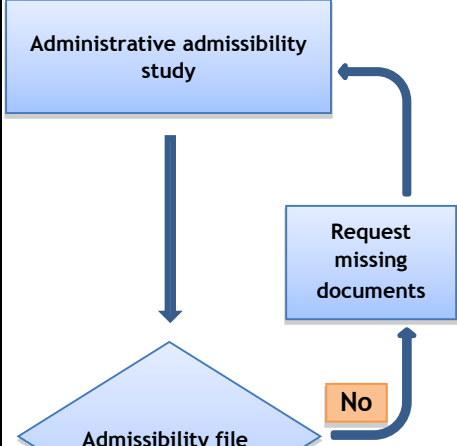
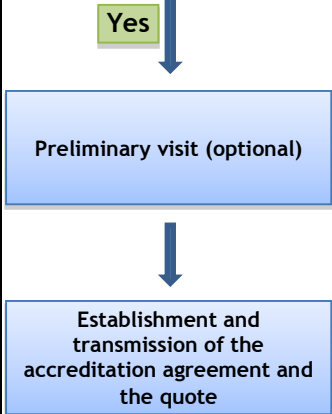
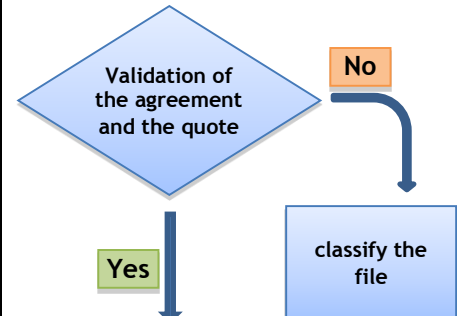
### 4. Reference documents:

- ISO/IEC 17000 "Conformity assessment - vocabulary and general principles"
- ISO/IEC 17011 "Conformity assessment - General requirements for accreditation bodies accrediting conformity assessment bodies"
- ISO/IEC 17025 "General requirements for the competence of testing and calibration laboratories"
- ISO/IEC 17020 "General criteria for the operation of different types of bodies performing inspection"
- ISO/IEC 17021-1 "Requirements for bodies providing audit and certification of management systems" Part 1: Requirements
- ISO/CEI 17024 "General requirements for certification bodies certifying persons"
- ISO/IEC 17065 "General requirements for bodies operating product certification."
- ISO 15189 Medical laboratories - requirements for quality and competence
- ISO 19011 "Guidelines for management system auditing"
- GEN 01: quality manual
- PRO 03: Procedure for backing up computer data and updating the website
- PRO 07: Committee management procedure
- PRO 16: Accreditation decision
- PRO 18: tariffs and accreditation fees
- PRO 22: Recusal processing
- PRO 25: Procedure for surveillance, renewal and extension of the scope of accreditation
- GEN 14: Skills Matrix
- PRO 29: Remote Assessment Procedure
- PRO 26: Accreditation procedure for Multi-Site CABs
- PRO 31: accreditation transfer procedure
- PRO 30: Risk Management Procedure



## 5. Description of the procedure

### I- Step I- Receipt of a request

| Flux  | Description   | Responsabilité                                     | Doc   |
|---|---|--|---|
|  <p>Accreditation request and payment of fees</p>   | <p>1) The candidate formulates his request using the accreditation request completed by the documents listed in the appendix of the accreditation request according to the activity and payment of the file filing fees.</p>  | <p>CAB<br/>HD/AM</p>                               | <p>DOC 01<br/>DOC 01-1<br/>DOC 01-2<br/>FOR 04<br/>FOR 05<br/>FOR 05-1<br/>FOR 06<br/>FOR 07<br/>FOR 07-1<br/>FOR 07-5<br/>PRO 18</p> |
|  <p>Administrative admissibility study</p> <p>Request missing documents</p> <p>Admissibility file</p> <p>No</p>          | <p><b>2) Administrative admissibility study:</b></p> <p>Administrative admissibility study and Inform the CAB in the event of missing documents and review of resources by examining the database of assessors / experts / GPAC, ensuring the availability of assessors / experts enable and competent in the subject scope of the accreditation request.(*)</p> <p>In the event of inability to process the request (lack of competence), ALGERAC informs the applicant of the possibility of calling on a foreign assessor/expert with the financial impact that this may entail.</p> <p>The completion of the file cannot exceed a period of six (06) months. Beyond this period, the file is considered closed.</p>   | <p>HD/AM</p>                                       | <p>FOR 29<br/>FOR55<br/>GEN 14</p>  |
|  <p>Preliminary visit (optional)</p> <p>Establishment and transmission of the accreditation agreement and the quote</p> | <p>In the event of inability to process the request (lack of competence), ALGERAC informs the applicant of the possibility of calling on a foreign assessor/expert with the financial impact that this may entail.</p> <p>The completion of the file cannot exceed a period of six (06) months. Beyond this period, the file is considered closed.</p> <p>The realization of the preliminary visit is optional and takes place when ALGERAC wants to ensure that there are no obstacles to the evaluation. This visit will allow you to size the evaluation in relation to the number of evaluators / experts and the duration (sites, activities, additional skills required) (see appendix 01)</p> <p>In the event that ALGERAC finds a blocking element, the evaluation can only take place once the obstacle has been removed.</p> <p>Once the file is admissible, Assignment of a file number. the request is validated by the CEO</p> | <p>HD</p> <p>HD/AM</p> <p>CAB<br/>HD/AM<br/>GD</p> | <p>FOR 55</p> <p>FOR 55</p> <p>DOC01<br/>DOC01-1<br/>DOC 01-2</p>   |
|  <p>Validation of the agreement and the quote</p> <p>No</p> <p>classify the file</p> <p>Yes</p>                         | <p>3) Establishment and transmission of the agreement and the estimate of the cost of accreditation to the CAB for validation.</p> <p>The estimate is established according to the composition of the designated evaluation team as well as the duration of the evaluation (H/d) according to appendix 03, Subject to a risk analysis carried out by the HD concerned.</p> <p>If necessary in a specific field, the HD can call on an expert to provide it with additional information on the activity</p>  | <p>FCD<br/>HD<br/>AM<br/>HD</p>                    | <p>DOC02 FOR44<br/>FOR48<br/>PRO 18<br/>PRO30<br/>FOR 77-1</p>  |



|   |  |  |   |
|---|--|--|---|
| <pre> graph TD     A[Transmission of confidentiality and impartiality commitments] --&gt; B[Transmission of the composition sheet]     B --&gt; C{Recusal of a member}     C -- Yes --&gt; D[Process the recusal]     D --&gt; B     C -- No --&gt; E[Documentary review (quality and technical)]     E --&gt; F{Deviations noted}     F -- Yes --&gt; G[Take charge of detected Deviations]     F -- No --&gt; H[ ]     </pre> | <p>covered by the request on which the HD can rely to determine the duration of the assessment.</p> <p>The CAB must return the quote and the agreement within a period not exceeding ten (10 days) from the transmission. Beyond that, a reminder is sent to it with an additional period of five (05) days, In the event of non-validation by the OEC, the file is closed.</p> <p><b>4) Transmission and signature of confidentiality and impartiality commitments by the designated team.</b></p> <p><b>5) Transmission of the team composition sheet for validation.</b></p> <p>6) The CAB has the possibility of making justified objections to the appointment of an assessor/expert within a period not exceeding three (03) days after receipt of the form.</p> <p>7) ALGERAC examines the objections in order to determine their grounds and take the necessary measures.</p> <p>8) In the event of a change in the team, inform the CAB and signature of the commitment of confidentiality and impartiality by the new assessors.</p> <p><b>9) Transmission of the CAB documents to the evaluation team to carry out the documentary review (quality and technique), once the team composition sheet has been validated.</b></p> <p>10) The evaluation team has a maximum of fifteen (15) days to submit the documentary review report.<br/>Receipt of the quality and technical documentary review and the CAB is informed of the results</p> <p>11) The CAB must respond to the shortcomings and decide to continue and carry out the assessment or take charge of the shortcomings detected within a period not exceeding three (03) months from the date of the notification.<br/>Following the response of the CAB or exceeding the deadlines, the HD decides to continue or stop the accreditation process.</p> | <p>CAB<br/>HD/AM<br/><br/>HD/AM<br/><br/>CAB<br/><br/>HD/AM<br/><br/>HD/AM<br/>LA/TA<br/>EXP<br/><br/>HD/AM<br/><br/>LA/TA<br/>EXP<br/><br/>CAB<br/>HD/AM<br/>LA,TA,<br/>EXP</p> | <p>Email<br/>FOR 01-1<br/><br/>FOR26<br/><br/>PRO 22<br/>FOR 26<br/>PRO 22<br/>FOR 26<br/><br/>FOR01-1<br/><br/>FOR 56<br/>FOR 56-1<br/>Email<br/><br/>FOR 56<br/>FOR 56-1<br/>Email<br/><br/>FOR 56<br/>FOR 56-1<br/>Email</p> |
|---|--|--|---|

**NB:**

(\*) The evaluation team is composed of an evaluation team leader (LA) and at least one technical evaluator (TA) and/or technical experts (EXP) and/or supervisors (SUP) and/or Observers (OBS) and/or Trainee assessor (TRA).

Call an expert in the following cases:

1. Absence of an authorized technical evaluator in the subject area of the evaluation;
2. Scope of accreditation for a rare filed.



**Step II: Preparation and on-site evaluation.**

| Flux   | Description   | Responsabilité                         | Doc   |
|--|---|--|---|
| <pre> graph TD     A[Transmission of tasks and missions of the evaluation team members] --&gt; B[Establishment and transmission of mission orders]     B --&gt; C[Establishment of the evaluation plan]     C --&gt; D[Validation of the evaluation plan]     D --&gt; E[Transmission of the evaluation plan to the CAB]     E --&gt; F[Performing the on-site assessment]     F --&gt; G[Presentation of findings]     G --&gt; H{Recusal of the none conformities}     H -- Yes --&gt; I[Send the file to the CAS for decision]     H -- No --&gt; J[ ]     </pre> | <p>12) Transmission by e-mail of the tasks and missions of the members of the evaluation team.<br/>If necessary, the CD/RA meets with the team to prepare for the evaluation.<br/>The meeting is held in the premises of ALGERAC or in any other appropriate place.</p>   | HD/AM                                  | Mail<br>FOR 47                              |
|  | <p><b>13) Establishment and transmission of mission orders to the team.</b></p>   | DAR/<br>HD/AM                          | FOR 18                                      |
|  | <p>14) Establishment of the evaluation plan after consultation with the team on the basis of a risk analysis established before</p>   | LA                                     | PRO 30<br>FOR 77-1<br>FOR 32                |
|  | <p>15) Validation of the evaluation plan by ALGERAC.</p>  | HD/AM                                  | FOR 32                                      |
|  | <p>16) Transmission of the evaluation plan to the CAB within a minimum period of five (05) days before on-site evaluation.</p>  | LA                                     | FOR 32                                      |
|  | <p>17) Conducting the on-site assessment: After the opening meeting, the assessment team conducts the on-site assessment according to the assessment plan</p>   | Assessment team                        | FOR 32<br>Annexe 02                         |
|  | <p>18) Before the closing meeting, the LA consults with the members of the team in order to reach a consensus on the nonconformities.<br/>If the team cannot reach a consensus, the REE calls on the department concerned for an opinion.<br/>During the closing meeting, presentation of the findings of the assessment with delivery of the discrepancy sheets.<br/>In the case of a not accepted none conformities by the CAB, the LA informs the HD for support.<br/>The HD and/or assessor and/or expert not involved in the file handles the case.<br/>If the CAB persists in its position, the file is sent to the CAS for decision.</p> | Assessment team<br>HD/AM<br>CAB<br>SAC | FOR 02<br>Annexe 02<br><br>PRO 07<br>PRO 16 |



|   |   |  |  |
|---|---|--|--|
| <pre> graph TD     A[Proposal of an action plan] --&gt; B[Evaluation of the relevance of the action plans]     B --&gt; C{Relevant action plans}     C -- No --&gt; A     C -- Yes --&gt; D[Implementation of the Action Plan]     D --&gt; E{Relevant action plans}     E -- No --&gt; F[Complementary Assessment]     E -- Yes --&gt; G[ ]     </pre> | <p>19) Treatment of discrepancies:</p> <ul style="list-style-type: none"> <li>➤ proposal of an action plan</li> </ul> <p>Within a period not exceeding ten (10) days, the CAB sends the filled discrepancy sheets with a proposal for a relevant action plan to the LA.</p> <p>When the response time is exceeded, a reminder will be notified to it, by the LA, and the CAB must react within five (05) days.</p> <ul style="list-style-type: none"> <li>➤ Assessment of the relevance of action plans</li> </ul> <p>The evaluation of the relevance of the action plans is carried out within 05 days.</p> <ul style="list-style-type: none"> <li>➤ Monitoring the implementation of action plans</li> </ul> <p>The monitoring of discrepancies is ensured by the evaluation team until the expiry of the deadline for processing discrepancies.</p> <p>An additional evaluation (***) may be triggered by the HD at the request of the evaluation team, in order to verify the removal of critical deviations.</p> <p>The removal of critical and non-critical deviations for the initial evaluation must not exceed a period of six (06) months after the date of the closing meeting, beyond which the file is presented to the CAS for decision.</p> <p>All critical none conformities must be settled, as for non-critical none conformities, a relevant action plan is accepted for the passage to the committee to rule on the file.</p> <p>Verification of the effectiveness of the proposed actions will be done during the next evaluation.</p> | <p>CAB</p> <p>LA/TA</p> <p>LA/TA</p> <p>LA/HD</p> <p>CAB<br/>LA/TA<br/>EXP</p> | <p>FOR 02<br/>Email</p> <p>FOR02</p> <p>FOR02</p> <p>FOR 08<br/>FOR 09<br/>FOR 09-1<br/>FOR 10</p> <p>FOR 02</p> |
|---|---|--|--|

**(\*\*\*) Additional assessment:**

The process of the complementary / supplementary assessment follows the following steps:

- 1- Transmission of the quote;
- 2- Transmission of the team composition sheet;
- 3- Establishment of an evaluation plan;
- 4- Validation and transmission of the evaluation plan to the CAB;
- 5- Establishment and transmission of mission orders to the complementary evaluation team;
- 6- Transmission of the evaluation report within a maximum period of 15 days.





**Step III - Decision making**

| Flux   | Description   | Responsabilité  | Doc  |
|--|---|---|--|
| <pre> graph TD     A[Transmission of the report] --&gt; B[Report validation]     C[Support Notes from CD] --&gt; B     B --&gt; D{Rapport Validé}     D -- No --&gt; C     D -- Yes --&gt; E[Convocation of the CAS]     E --&gt; F[Examination of the file by the CAS]     F --&gt; G[Decision by CAS]     G --&gt; H[CAB notification]     H --&gt; I[Establishment of the accreditation certificate and technical annex]     I --&gt; J[Establishment and transmission of the monitoring plan]     J --&gt; K[Transmission of the customer satisfaction sheet]         </pre> | <p>20) The LA sends the evaluation report to ALGERAC for verification, within thirty (30) days after the closing meeting.</p> <p>21) The validation of the report is done within 15 days including any exchange between the lead assessor and the HD/QTJ. The HD completes the report's assessment sheet. Transmission of the report to the commercial department.</p> <p>22) Summons of the SAC:<br/>After the critical deviations have been resolved and/or the deadlines have expired, convocation of the SAC with the agenda and information on the commitment to confidentiality and impartiality. Inform the CAB of the SAC component before the meeting.</p> <p>23) Examination of the file by the SAC Issue of an opinion by the members of the SAC. The summary of the opinions is drawn up by the president of the committee. On collegial opinion, the committee decides according to PRO 16.</p> <p>24) Immediately notify the CAB of the CAS decision</p> <p>25) Following the favorable decision to grant accreditation, establishment of the certificate and the technical appendix.</p> <p>26) Establishment and transmission of the monitoring plan to the CAB based on a risk analysis.</p> <p>27) Transmission of the customer satisfaction sheet.</p> | <p>LA</p> <p>HD/TQD</p> <p>HD/AM</p> <p>SAC</p> <p>SAC president</p> <p>HD/AM</p> <p>HD/AM</p> <p>HD/AM</p> <p>HD/AM</p> <p>HD/AM</p> <p>QM</p> | <p>FOR 08<br/>FOR 09<br/>FOR 09-1<br/>FOR 10</p> <p>FOR 23</p> <p>PRO 07<br/>FOR 58<br/>FOR 01<br/>Email</p> <p>FOR 14<br/>FOR 15<br/>FOR 42<br/>PRO 16<br/>PRO 07</p> <p>FOR 63<br/>FOR 63-8<br/>FOR 63-12<br/>FOR 16<br/>FOR16-1<br/>FOR16-2<br/>FOR16-3<br/>Annexe technique</p> <p>FOR 66<br/>PRO 30</p> <p>FOR 22</p> |



### Step IV - Surveillance assessment

| Flux   | Description  | Responsabilité             | Doc   |
|--|--|----------------------------|---|
|  | <p>The surveillance assessment is carried out in accordance with the surveillance plan for the entire accreditation cycle, already transmitted to the CAB at the end of the accreditation.</p> | HD/AM                      | FOR 66  |
|  | <p>01) Transmission of the list of documents to be provided one month before the scheduled evaluation date.</p>  | HD/AM                      | FOR 68  |
|  | <p>The preparation of the surveillance assessment and the choice of the scope of the assessment must be carried out on the basis of a risk analysis.</p>                                       |                            |   |
|  | <p>02) Receipt of CAB documentation<br/>In such case where the CAB does not send the documents on time, the provisions of PRO 23 is applied.</p>   | CAB<br>HD/AM               | PRO 23<br>FOR 68  |
|  | <p>03) Establishment and transmission of the accreditation quote to the CAB for validation</p>   | FCD/ HD/AM                 | FOR 44<br>Mail  |
|  | <p>04) Transmission and signature of confidentiality and impartiality commitments by the team</p>  | HD/AM<br>Assessment team   | FOR01-1   |
|  | <p>05) Transmission of the composition sheet of the evaluation team to the CAB for validation</p>  | HD/AM<br>CAB               | FOR 32<br>FOR 18<br>FOR 08<br>FOR 09<br>FOR 09-1 ou<br>FOR 10<br>FOR 02 |
|  | <p>06) Completion of Step II is described above with the timelines mentioned in PRO 25</p>   | HD/AM                      | FOR 02  |
| <p>07) The CAB is notified for each decision taken by ALGERAC.</p> | HD/AM  | Notifica<br>tion<br>letter |   |

**NB:**

1- In the case of a change of one of the members of the evaluation team, the documentary review step is applicable.

2-If the HD is mandated as evaluation lead assessor, the QTD validates the evaluation plans, the evaluation reports.



## 6. Records:

- Accreditation request (DOC01)
- Technical information for inspection bodies (FOR 04)
- Technical information for test and analysis laboratories (FOR 05)
- Technical information for medical biology laboratories (FOR 05-1)
- Technical information for calibration laboratories (FOR 06)
- Technical information for certification bodies (FOR 07)
- Technical Information Product Certification Body (FOR 07-5)
- Accreditation agreement (DOC 02)
- Estimated quote (FOR 44)
- Evaluation plan (FOR 32)
- Report on the administrative documentary review (FOR 55)
- Report on the quality and technical documentary review (FOR 56)
- Report on the Acceptability of method and/or analytical process (FOR 56-1)
- Evaluation team composition sheet (FOR 26)
- Letter of commitment to impartiality and confidentiality of assessors/experts (FOR 01-1)
- Mission order (FOR 18)
- Evaluation report for inspection bodies (FOR 08)
- Evaluation report for laboratories (FOR 09)
- Assessment report for medical biology laboratories (FOR 09-1)
- Assessment report for certification bodies (FOR 10)
- Customer satisfaction sheet on the operation of accreditation (FOR 22)
- Evaluation report assessment sheet (FOR 23)
- Discrepancy sheet (FOR 02)
- Invitation (FOR 58)
- Minutes of the meeting of the specialized accreditation committee (FOR 42)
- Opinion of the members of the specialized accreditation committee (FOR 14)
- Decision of the specialized accreditation committee (FOR 15)
- Accreditation certificate (FOR 16, FOR 16-1,16-2,16-3)
- Monitoring plan (FOR 66)
- Letter of notification (FOR 63,FOR 63-1,....,FOR 63-12)
- Annex 03
- Risk analysis and commitment to confidentiality and impartiality of a SAC member (FOR 01)
- List of documents within the framework of a monitoring assessment (FOR 68)
- Analysis of risks related to the programming of evaluations (FOR 77-1)

**Annex 1: Preliminary visit**

|   |   |
|---|---|
| <b>Where ?</b>                            | The preliminary visit* can be scheduled on the proposal of ALGERAC and with the agreement of the CAB.                                     |
| <b>Objectives</b>                         | <ul style="list-style-type: none"><li>- Ensure the admissibility of the file</li><li>- Determine the duration of the evaluation</li></ul> |
| <b>Nature of the service</b>              | Paid by the OEC.  |
| <b>Team composition by CD</b>             | HD or AM with an assessor or technical expert, if necessary.  |
| <b>Duration</b>                           | Minimum 01 day / site   |
| <b>Report of the preliminary visit</b>    | Report of the visit   |
| <b>Transmission Deadlines</b>             | After ten (10) days, the CD validates the report and sends it to the client.  |
| <b>Terms and Rules Consulting service</b> | No advice during or after the visit.  |

**(\*) The number of preliminary visits is limited to one visit per accreditation request.**



## Appendix 02: Opening Meeting and Closing Meeting

### **The following are the points to be mentioned at the opening meeting:**

- Introduction of the participants, and brief description of their roles
- Reminder on the purpose of the assessment
- Confirmation of the assessment plan and other provisions with the conformity assessment body (CAB)
- Presentation of the assessment progress
- Reminder on the assessment standards
- Confirmation of the provisions related to the confidentiality and accuracy of information
- Confirmation of the working language during an assessment
- Information related to findings and their classification
- Confirmation of documentation validity
- Methods for evaluating the sampling strategy Ensuring the availability of resources and logistic means
- Confirmation of the procedures related to health, security, emergencies and safety which are applicable to the assessing team if need be.
- Information regarding the way with which possible findings identified during an assessment are handled
- Right of appeal

### **The following are the points to be mentioned at the closing meeting:**

- General presentation of the assessment results while referring to the previous assessments if need be
- Body's strong points
- Points of improvement
- Possible additional information on non-conformities or remarks
- Overall assessment with regard to the confidence in the body's organizational and technical competence to provide the services mentioned within the accreditation perimeter
- Presentation of findings and their impact on accreditation, and the delivering of finding sheets.
- Terms and time limits for findings follow-up, and forwarding of assessment report
- Information on the decision making (SAC)
- Right of appeal