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Scope:

This procedure applies to the processes of surveillance, renewal and extension of accreditation of CABs having been accredited by ALGERAC.

Responsibility of applying:

This procedure is to be applied by technical HDs and AM.

Amendments:

This procedure, Rev 07, is about the following:

- Addition of documents (DOC 01-1, DOC 01-2), see Chapter 04/ Upstream documents.
- Modification of Nota Bene, see Chapter 5.2.1.1. If the results of the surveillance reveal critical findings, then the provisions of PRO 23 are applied.
- Modification of item 5.2.3 : « Renewal file should be submitted in accordance with the time limits specified in Article 05..., by assigning a new number of accreditation after a positive decision made by SAC, while keeping the same registration number.»
- Removal of the item « If the actions that have been proposed to address non-critical findings are relevant in due time.», see Chapter 5.4.1 (Accreditation maintaining).

Established on 11/12/2022

By Heads of technical
departments

Visa :

Verified on 11/12/2022

By Quality Manager

Visa :

Approved on 11/12/2022

By General Director

Visa :



1. Object:

This procedure aims to set up the general approach to implement the process of planning and achieving the actions of surveillance, renewal and extension so as to maintain or renew the accreditation status.

2. Vocabulary and abbreviations

Surveillance: it is a systematic iteration of conformity assessment activities as a basic to maintain the validity of conformity affirmation.

Note: surveillance is an assessment performed by ALGERAC after an initial assessment or renewal until the expiry date of accreditation to ensure CABs permanently meet accreditation requirements.

Renewal: it is a full re-assessment of a CAB's accreditation criteria at the end of an accreditation cycle.

CAB: Conformity Assessment Body

SAC: Specialist Accreditation Committee

GD: General Director

HD: Head of Department

LA : Lead Assessor

AO: Accreditation Manager

3. Review procedures

Heads of departments and Quality Manager shall review this procedure each time this proves useful for the improvement of the functioning of ALGERAC's management system.

4. References documents

- ISO/ICE 17011 Conformity assessment - General requirements for accreditation bodies assessing and accrediting conformity assessment bodies.
- ISO/IEC 17000: Conformity assessment - Vocabulary and general principles.
- GEN 01: quality manual.
- PRO 12: Accreditation procedure.
- PRO 16: Procedure for deciding on accreditation.
- PRO 23: Procedure for suspension, reduction and withdrawal of accreditation.
- PRO 26: Procedure for multi-site CAB accreditation.
- DOC 01: Accreditation request.
- DOC 01-1: Medical laboratory accreditation request.
- DOC 01-2: Product certification body accreditation request.
- DOC 02: Accreditation agreement



5. Procedure description

Prior to an evaluation, CAB should transmit to ALGERAC the documents below, which in turn shall be transmitted to the assessing team after CAB's agreement.

a/ **Evaluation of renewal** : (See Annexes DOC 01, DOC 01-1, DOC 01-2).

b/ **Evaluation of surveillance**: a form (FOR 68) is submitted to CAB at least one (01) month before the assessment date specifying the documents to be provided.

c/ **Evaluation of extension**: documents relating to the scope subject of extension request as well as any change in the organization's management system that has been made since the last evaluation. (See Annexes DOC 01, DOC 01-1, DOC 01-2).

5.1 Accreditation cycle

Surveillance of accreditation is performed mainly through yearly evaluations at twelve months of interval, and the possibility of a two-month delay with regard to surveillance program.

a) First accreditation cycle:

- ✓ The validity of an initial accreditation is three (03) years,
- ✓ Surveillance is performed at a yearly basis and occurs starting from the effect date of accreditation.

Note:

- The first surveillance occurs no further than fourteen (14) months after accreditation has been granted.
- The second surveillance occurs no further than twenty-four (24) months after accreditation has been granted.

b) Second accreditation cycle

The cycle duration of a renewed accreditation is four (04) years, with three (03) yearly surveillance visits.

Note:

- The first surveillance occurs no further than fourteen (14) months after accreditation has been granted.
- The second surveillance occurs no further than twenty-six (26) months after accreditation has been granted.
- The third surveillance occurs no further than thirty-six (36) months after accreditation has been granted.



It is not accepted to exceed the deadlines for both types of cycle, unless CAB provides a valid reason for that.

Non-compliance with deadlines lead to immediate suspension of accreditation by ALGERAC (see PRO 23).

5.2 Planning of surveillance, extension, and renewal evaluations

5.2.1 Surveillance evaluations: the composition of surveillance evaluation team remains unchanged unless there is an exception. A confidentiality commitment form (FOR 01-1) is to be signed by the assessing team for each evaluation.

Surveillance includes the following:

- a) Evaluation on CAB's site by the assessing team.
- b) Analysis of changes in the documentation to verify the relevance and application, in particular the enclose of previously detected deviations,
- c) Evaluation of improvement loop results
 - Internal audit and management review are planned and performed appropriately, and their results efficiently used.
 - Corrective actions and risk analysis relating to impartiality and activities done, complaints processed, and feedback from customers received.
- d) Evaluation of standard watch as regards the requested accreditation scopes.
- e) Evaluation of proficiency testing results and inter-laboratory comparisons, checking internal quality controls and other tools that ensure the validity of results internally.
- f) Monitoring by the assessing team of the workflow of CAB's personnel in situ or in other premises; for instance: sampling, testings, audits, controls or inspection.
- g) Evaluation of the competence of the new personnel involved in the activities covered by accreditation; insuring that the competences of the organization's personnel are maintained and demonstrated.
- h) Evaluation of the implementation of the training programme, and the efficiency of the training actions achieved.
- i) Evaluation of new equipment management
- j) Assessing the documentary traceability of the services provided from reports on results.
- k) Compliance with the rules of use of ALGERAC's accreditation symbol, combined mark, and reference to EA MLA recognition status

If, outside usual surveillances, big changes come to happen at the accredited CAB, the concerned HD may undertake short-term additional evaluations.

Additional evaluations can be undertaken at the request of the accredited CAB under the following conditions:



- ✓ Due to a third party claim, or any other information that affect the functioning of the accredited CAB and/or the quality of the activities delivered under accreditations,
- ✓ Important re-organization,
- ✓ Transfer of accreditation.

5.2.1.1 Handling and monitoring of deviations

Following a surveillance evaluation, the allowed time period to resolve critical findings should not exceed two (02) -and-a-half months, and three (03) months for non-critical ones.

Evidence of corrective actions corresponding to the deviations observed should be transmitted in due time.

If critical findings are not resolved within the required time, than the file shall be submitted to SAC for a decision to be adopted.

NB If the results of the monitoring reveal critical deviations involving compliance with accreditation requirements; then HD shall carry out a risk analysis to see whether or not the file shall be submitted to SAC so as to make a decision; provisions of PRO 23 are applied.

5.2.2 Extension of accreditation

Accreditation cycle can be overlapped with an extension requested by a CAB which has already been accredited during or outside planned surveillance evaluations.

It includes:

- ✓ Extension of accreditation to testing/analyse/sampling/calibration/certification/and inspection similar to those which have already evaluated.
- ✓ Extension to other types of testing/analyse/calibration/certification/ and inspection within the same organization.
- ✓ Extension to other scopes of conformity assessment competence (testing, calibration, analysis, certification, inspection).
- ✓ Extension to other sites of the same organization (see PRO 26).

Assessment should extend over at least one (01) day. Extension evaluation is regarded as initial evaluation (see PRO 12); the time allocated to tackle the critical and non-critical findings observed during an extension evaluation should not exceed six (06) months.

5.2.3 Accreditation renewal

The time for renewal is set by ALGERAC in such a way that the new accreditation attestation shall be issued before the expiry date of the previous accreditation.



Renewal file should be submitted in compliance with the timelines stated in article (05) of the accreditation agreement (DOC 02). In case file processing extends beyond the expiry date of accreditation certificate, the evaluation shall be considered as initial, and a new number is assigned to the accreditation as a result of a positive decision by SAC, while maintaining the same registration number.

Renewal evaluation is carried out in the same way as an initial evaluation in accordance with (PRO 12).

Handling of findings follows the principles set out in chapter 5.2.1.1

5.3 Evaluation report: evaluation report highlights the points stated below, which are key for SAC's/ALGERAC's decision-making process:

- assessing team's general conclusions,
- assessing team's technical conclusions,
- any other information which is likely to help determine compliance with the requirements, and competence of conformity assessment bodies,
- conclusions on the items assessed, relevance of the actions undertaken, as well as the assessing team's trust in CAB's organizational and technical competence.

5.4 Decisions

5.4.1 Maintaining accreditation:

- ✓ If all the findings of the previous evaluation are resolved,
- ✓ If the critical findings detected are resolved in due time,
- ✓ If the assessing team continues to have confidence in CAB's organizational and technical competence.

On the basis of the conditions stated above, HD may opt for maintaining accreditation and submits a notification letter to GD to be signed, and then sent to CAB for information.

5.4.2 Granting of extension of accreditation

Following SAC's favourable decision to grant CAB the extension of accreditation, accreditation certificate and/or technical annex shall be reviewed.

5.4.3 Granting of renewal of accreditation

Following SAC's favourable decision to grant CAB renewal of accreditation, a new accreditation certificate bearing the same number as that of the initial accreditation certificate is delivered to CAB (except for the case stated in chapter 5.2.3) for a cycle of four (04) years starting from the expiry date of the previous certificate.

CAB receives the notification, accreditation certificate, technical annex as well as surveillance plan, and accreditation symbol and/or combined mark.



6. Records

- ✓ Assessment report for inspection bodies (FOR 08)
- ✓ Assessment report for laboratories (FOR 09)
- ✓ Assessment report for certification bodies (FOR 10)
- ✓ Deviation sheet (FOR 02)
- ✓ SAC's members' opinions (FOR 14)
- ✓ SAC's opinions and decision for accreditation (FOR 15)
- ✓ Accreditation certificate (FOR 16)
- ✓ Surveillance plan (FOR 66)
- ✓ List of documents related to an assessment (FOR 68)