




ON-SITE CLEARANCE OF FINDINGS

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1. Purpose and Scope

The purpose of this document is to describe the Accreditation Council For Certification Bodies (ACCB) process for the on-site clearance of findings (Audit Team) visit. It is applicable within all the technical divisions of ACCB.

2. Definitions and References

ACCB- PM:	Policy Manual
ACCB- A 01:	References, Acronyms and Definitions
ACCB- P06:	Preparation of Reports
ISO/IEC 17011 Reference:	“Accreditation Process”

3. Responsibility

Adherence to the requirements of this document is the responsibility of all ACCB and assessment personnel.

4. Conditions for Recommending an On-site Clearance of Findings (Audit Team) Visit

4.1 A recommendation from the Assessment Team for “continued accreditation subject to an on-site clearance of findings within a 3 month period” is only applicable to a surveillance assessment, a 6 months follow-up visitor an extension of scope visit, where the extension is within an existing accredited scope, and can only be made where one or more of the following conditions exists:

- a) The finding(s) do not necessarily warrant immediate suspension, but are serious enough to possibly impact the credibility of results produced by the AB if not addressed immediately;
- b) The findings can only be cleared by means of physical verification of evidence rather than a desk review; or
- c) The organisations’ history in clearing findings does not support confidence in the ability of the Organisations’ management system to carry out an effective clearance of findings.

4.2 The recommendation on the “Recommendation Report” for Audit Team visit should clearly indicate the following, as a minimum:

- a) The scopes or fields that are affected by the on-site clearance, i.e. the non-conformances of all, or specific scopes/fields; and
 - b) That the Audit Team visit will be at the cost of the facility.
- 4.3 The Lead Assessor (LA) should recommend to the Field Manager (FM) on the “Feedback from assessment” form which of the team members could conduct the on-site clearance of findings, i.e The Lead Assessor and/or a specific Technical Assessor.

Note: A Audit Team visit may not be recommended at initial assessments, re-assessments or extension of scope visits, where the extension is for a new discipline.

5. Processing an On-site Audit Team Recommendation

5.1 A recommendation for an on-site Audit Team shall be reviewed by the relevant FM, and where needed, in consultation with the Senior Manager (SM), within the shortest period possible after the assessment, to decide on the acceptability of the recommendation made by the team.

5.2 The FM's decision will be communicated to both the assessment team and the facility in writing. In the case where a recommendation for Audit Team is rejected by the FM, the decision for this rejection will be motivated and communicated in writing to the team that originated it. The FM, in consultation with the SM, may impose conditions for their decision.

6. Conducting the on-site Audit Team Visit

6.1 The purpose of an on-site clearance of findings is to verify implementation and effectiveness of corrective actions taken by the facility. The on-site clearance of findings should be conducted within **3 months** of the assessment at which the Audit Team visit was recommended. All evidence and supporting documentation must first be submitted to ACCB for perusal and acceptance prior to the on-site Audit Team visit.

6.2 The assessment team shall only clear the non-conformance(s) if the evidence supports that proper root cause analysis was undertaken, the corrective action had been effectively implemented and the necessary preventative actions have been put into place.

6.3 Should the assessor/assessment team come across any additional observations that are not related to the original non-conformances, and that will impact negatively on the accreditation status of the facility, the assessor shall record the issues on the back of the "Recommendation Report" under "Additional Comments / Notes" section. This will serve to inform the ACCB's FM of the situation for a decision on the way forward. The FM, in consultation with the SM, where required, will decide if the observations will affect the recommendation resulting from the outcome of the Audit Team non-conformances. (Refer to clause 9)

7. Recommendation/Statement Resulting from the Outcome of the On-site Audit Team Visit

7.1 The LA shall complete an "Recommendation Report" after a Clearance of Findings (Audit Team) and state one of the following depending on the outcome of the visit:

- a) If all corrective actions are effective and have been satisfactorily implemented, the statement should indicate that "***All corrective actions have been implemented***".
- b) If any or all of the corrective actions have not been cleared, the statement should indicate that "***Corrective actions have not all been implemented / effectively implemented***".

7.2 In either case, the team shall provide sufficient evidence to support the statement.

8. Processing the Outcome of the On-site Audit Team Visit

8.1 The Audit Team assessment pack, together with the original assessment pack will be submitted to the Accreditation Approval Committee (AAC), and the normal procedure followed to process the assessment documentation.

9. Processing of Additional Findings raised at the Audit Team Visit

Where additional observations have been noted, on receipt of the pack the FM will discuss these issues with his / her SM for a decision on the way forward. Depending on the severity of the observations, the FM and SM will decide whether to:

- a) Request the facility to submit corrective action for the issue raised before the pack is submitted to the AAC (where the observation(s) are serious enough to impact the credibility of results produced by the facility);

b) Submit the pack to the AAC in the meantime, but still require the facility to submit corrective action/supporting evidence within a stipulated timeframe. In this case the corrective action will be checked by either the assessor or FM for clearance, the pack will not need to be resubmitted to the AAC (Where the observation(s) are not considered serious enough to impact on the accreditation status, and the facility is able to provide evidence of corrective action taken); or

c) In severe cases, such as issues that could result in suspension, arrange an additional assessment of the facility, as per ACCB document “Extraordinary (unscheduled) assessments to ACCB accredited facilities”.

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