




PREPARATION OF REPORTS

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1. Purpose and Scope

The purpose of this document is to define how assessment and inspection reports are to be compiled. The procedure covers all documentation required for submission to the relevant ACCB Accreditation Approval Committee (AAC). This document is applicable to all divisions of ACCB and the ACCB Assessors/Inspectors.

2. Definitions and References

ACCB-PM : ACCB Policy Manual

ACCB-A-01: References, Acronyms and Definitions

ACCB-RR-01: Recommendation Report

ACCB-RR-02: Recommendation Report: Inspection Body Pre-assessment

ACCB-RRP03: Recommendation Report: Verification Laboratory Pre-assessment

3. Responsibility

The relevant Field Manager will bear overall responsibility for the content of all assessment reports by ensuring that:

- Assessor are trained through the Authorized assessor courses;
- Assessors are provided with the appropriate assessment documentation on which to record findings of the assessment in the format as required by ACCB;
- All original assessment documentation is provided to ACCB after the assessment;
- All communication with the Assessment Body (AB) is directed through ACCB; and
- The proper and comprehensive completion of the assessment documentation is verified by the Field Manager on an appropriate sampling basis for surveillance reports and/or the Accreditation Approval Committee for other assessments e.g. initial assessments, re-assessments, new extensions.

4. The Report

4.1 Assessment/inspection reports shall consist of the recommendation of assessment, any Non-conformities raised, witnessing of activities, the relevant vertical assessment and applicable checklists. Additional assessor/inspector notes may be included.

Reports shall only contain factual observations and be in the English language.

4.2 The Assessor shall avoid making provocative or emotive statements in the report.

4.4 The report shall indicate any positive / negative aspect detected, relative to the competence of the assessed AB. Unsubstantiated opinions shall be avoided. The report shall be carefully compiled in order to avoid any financial or legal commitments or implications.

4.3 The “Recommendation Report” compiled by the Lead Assessor shall be completed in full and shall contain the following information:

4.5.1 The assessment team’s recommendations with respect to the application for, or continuance of accreditation;

4.5.2 A conclusion with respect to the effectiveness of the organisation’s system, i.e. Positive and negative feedback;

4.5.3 Comments on the proficiency testing activities, where applicable;

4.5.4 The name of the Nominated Representative recommended for approval by ACCB, including an overview of his/her suitability as Nominated Representative

4.5.5 The name/s of technical signatory recommended for approval by ACCB and an indication of the scope/s for which they are recommended for approval;

4.6 The recommendation report shall not be used to express gratitude or any other sentiment relevant to the assessment.

4.7 The Lead Assessor shall compile the final assessment/inspection report (as defined in 4.1) and submit it to the relevant Field Manager within 5 days of the assessment/inspection for presentation to the relevant Accreditation Approval Committee.

5. Assessment Recommendations

5.1 Initial Assessment or Extension of a New Scope: The recommendation may be one of the following:

1) Unconditional accreditation to be granted

(Where no findings have been raised and all accreditation requirements have been met);

2) Accreditation to be deferred until non-conformities have been cleared

(Where non-conformances have been raised, but are of such a nature that the AB is able to clear and provide evidence of corrective action taken);

3) Accreditation is not recommended

(Where the team concurs that the AB does not comply with the requirements for accreditation).

5.2 6 Month follow-up visit, Surveillance Assessment or Extension of an Existing Scope: The recommendation may be one of the following:

1) Unconditional maintenance of accreditation

(Where no findings have been raised and all accreditation requirements have been met);

2) Conditional maintenance of accreditation subject to satisfactory clearance of the non-conformities within the stipulated timeframe of 30 working days;

(Where non-conformities have been raised, but are of such a nature that the AB is able to clear them and provide evidence of corrective action taken);

3) Conditional maintenance of accreditation subject to an on-site clearance of the non-conformities within a period of 3 months, the costs of which are to be borne by the AB

(Where either:

- The finding(s) do not necessarily warrant immediate suspension, but are serious enough to impact the credibility of results produced by the CAB if not addressed quickly; or
- The findings can only be cleared by means of physical verification of evidence rather than a desk review, by an assessor; or
- The team has no confidence in the organisations' management system to carry out an effective clearance of findings, as manifested by the nature of the findings and the history of clearing them in the past.

4) Suspension of accreditation status (or of part of the scope not found to be compliant)

(Where the team concurs that the AB does not comply with the accreditation requirements)

Note: An on-site clearance of findings visits (Audit Team) may not be recommended during a pre-assessment, initial assessment or re-assessment. The Lead Assessor shall indicate on F04 that the on-site clearance of findings shall be at the cost of the AB.

5.3 Personnel Evaluation

The recommendation may be one of the following:

1) **Inclusion of personnel for specified scopes**

(Where no findings have been raised against the competence of the person);

2) **Inclusion of personnel for specified scopes subject to satisfactory clearance of the non-conformities within the stipulated timeframe of 30 working days;**

(Where non-conformities have been raised against the competence of the person, but are of such a nature that the AB is able to clear them and provide evidence of corrective action taken);

3) **Personnel not recommended**

(Where the personnel are not found to be competent in the scope proposed)

5.4 Clearance of Findings (Audit Team) visit

The recommendation may be one of the following:

1) **All corrective actions have been implemented**

(Where all corrective actions are effective and have been satisfactorily implemented); or

2) **Corrective actions have not all been implemented / effectively implemented**

(Where any or all of the corrective actions have not been cleared and implemented)

5.5 Re-assessment

5.5.1 The recommendation is similar to that of an initial assessment and may be one of the following:

1) **Unconditional renewal of accreditation to be granted**

(Where no findings have been raised and all accreditation requirements have been met);

2) **Renewal of accreditation to be deferred until non-conformances have been cleared**

(Where non-conformities have been raised, but are of such a nature that the AB is able to clear and provide evidence of corrective action taken);

3) **Renewal of accreditation is not recommended**

(Where the team concurs that the AB does not comply with the requirements for accreditation);

5.5.2 Where, in the case of a re-assessment, it has become evident that the AB's system has deteriorated to such an extent that suspension of accreditation for the remaining period of the ABs accreditation status is unavoidable; the recommendation may be ***Suspension of Accreditation***.

Note: The period of suspension shall not extend beyond the date of expiry of the Certificate of Accreditation

5.6 Re-instatement assessment

The recommendation after a period of suspension may be one of the following:

1) **Re-instatement of accreditation status recommended**

(Where the issues that resulted in the suspension have been satisfactorily cleared and any corrective actions taken have been effectively implemented)

2) **Re-instatement of accreditation subject to satisfactory clearance of the nonconformities within the stipulated timeframe of 30 working days;**

(Where non-conformities have been raised, but are of such a nature that the AB is able to clear them and provide evidence of corrective action taken);

3) **Re-instatement of accreditation status not recommended**

(Where the issues that resulted in the suspension have not been adequately addressed and there is no evidence of implementation of any or all of the corrective actions taken)

6. Regulatory Pre-Assessment Recommendations

6.1 Inspection Body domain

The recommendation shall be recorded on form “Recommendation Report: Inspection Body Pre-assessment”, and may be one of the following:

1) Pre-assessment conducted on the documentation and implementation of the documented system at the office meets the requirements of ISO/IEC 17020 and the applicable Regulatory requirements. No technical competence assessment was conducted.

It is recommended that a Letter of Acknowledgement be issued covering the following scope and personnel.

Scope: List regulations/codes
Personnel: Technical Manager (TM)
Quality Assurance Manager (QAM)
Verification Engineer if applicable
Inspectors as applicable
Management Representative (MR) if applicable

(Where no findings have been raised and all accreditation requirements have been met);

2) Pre-assessment conducted on the documentation and implementation of the documented system at the office meets the requirements of ISO/IEC 17020 and the applicable Regulatory requirements.

No technical competence assessment was conducted.

It is recommended that a Letter of Acknowledgment be deferred until non-conformities have been cleared, after which the Letter of Acknowledgment may be issued covering the following scope and personnel.

Scope: List regulations/codes
Personnel: Technical Manager (TM)
Quality Assurance Manager (QAM)
Verification Engineer if applicable
Inspectors as applicable
Management Representative (MR) if applicable

(Where non-conformances have been raised, but are of such a nature that the AB is able to clear and provide evidence of corrective action taken)

3) Letter of acknowledgement not recommended

(Where the AB does not comply with the accreditation requirements)

6.2 Verification Laboratory domain

The recommendation shall be recorded on form “Recommendation Report: Verification Laboratory Pre-assessment”, and may be one of the following:

Pre-assessment conducted on the documentation and implementation of the documented system at the office meets the requirements of SANS 10378 and the applicable Regulatory requirements.

No technical competence assessment was conducted. It is recommended that a Letter of Acknowledgement be issued covering the following scope and personnel.

Scope: Specify whether Mass
Personnel: Technical Manager (TM)
Quality Assurance Manager (QAM)
Verification Officers

(Where no findings have been raised and all accreditation requirements have been met);

2) Pre-assessment conducted on the documentation and implementation of the documented system at the office meets the requirements of ACCB which is applicable Regulatory requirements.

No technical competence assessment was conducted. It is recommended that a Letter of Acknowledgement be deferred until non-conformities have been cleared, after which the Letter of Acknowledgment may be issued covering the following scope and personnel.

Scope: Specify whether Mass
Personnel: Technical Manager
Quality Manager
Verification Officers

(Where non-conformances have been raised, but are of such a nature that the AB is able to clear and provide evidence of corrective action taken)

3) Letter of acknowledgement not recommended
(Where the AB does not comply with the accreditation requirements)

AMENDMENT RECORD

Proposed By	Section	Change