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1.0 Purpose

To describe the procedure for audit and certification process including pre-certification activities, audit planning, conducting the audit, certification decision, maintain certification and preparation of reports

2.0 Scope

The procedure applies to all management system audits conducted including SANS 1395 RTMS, ISO 3834, ISO 13485, ISO 9001, ISO 14001, ISO 45001 and ISO 22000

3.0 Responsibility

The certification manager is responsible for implementing the requirements of the process in conjunction with the technical manager. The auditors are responsible for complying with their role in conducting audits and issuing reports.


4.0 Procedure

5.0 Pre-certification activities

5.1 Application

The client completed an application form which requires the client to confirm:

- a) the desired scope of the certification;
- b) relevant details of the applicant organization as required by the specific certification scheme, including its name and the address(es) of its site(s), its processes and operations, human and technical resources, functions, relationships and any relevant legal obligations;
- c) identification of outsourced processes used by the organization that will affect conformity to requirements;
- d) the standards or other requirements for which the applicant organization is seeking certification;

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e) whether consultancy relating to the management system to be certified has been provided and, if so, by whom.

5.2 Application review

An application review is conducted and documented in the application review form (F28A).

This is essential to ensure that:


- a) the information about the applicant organization and its management system is sufficient to develop an audit programme
- b) any known difference in understanding between the certification body and the applicant organization is resolved;
- c) the certification body has the competence and ability to perform the certification activity;
- d) the scope of certification sought, the site(s) of the applicant organization's operations, time required to complete audits and any other points influencing the certification activity are taken into account (language, safety conditions, threats to impartiality, etc.).

Following the review of the application, the decision to either accept or decline the application is recorded on the application review form (F28A). If the application is declined, the reasons are explained to the client.

This application review also enables the certification manager to determine the competences it needs to include in its audit team and for the certification decision.

5.3 Audit programme

An audit programme for the full certification cycle is developed to clearly identify the audit activity/activities required to demonstrate that the client's management system fulfils the requirements for certification to the selected standard(s) or other normative document(s).

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The audit programme for the certification cycle covers the complete management system requirements.

The audit programme for the initial certification shall include a two-stage initial audit, surveillance audits in the first and second years following the certification decision, and a recertification audit in the third year prior to expiration of certification.

The first three-year certification cycle begins with the certification decision. Subsequent cycles begin with the recertification decision

The determination of the audit programme and any subsequent adjustments shall consider the size of the client, the scope and complexity of its management system, products and processes as well as demonstrated level of management system effectiveness and the results of any previous audits.


Surveillance audits are schedule at least once a calendar year, except in recertification years. The date of the first surveillance audit following initial certification shall not be more than 12 months from the certification decision date.

In situations where we are taking over certification already granted to the client and to audits performed by another certification body, we shall obtain and retain sufficient evidence, such as reports and documentation on corrective actions, to any nonconformity. The certification manager shall, based on the information obtained, justify and record any adjustments to the existing audit programme and follow up the implementation of corrective actions concerning previous nonconformities

Where the client operates shifts, the application review considers this when developing the audit programme and audit plans.

5.4 Determining audit time

QP-16 (Determination of audit time) documents the procedures for determining audit time needed to plan and accomplish a complete and effective audit of the client's management system.

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For each client, thorough review is conducted based on the client application form and the information recorded on the application review. If needed, a physical/virtual meeting and/or telephonic/email correspondence is initiated with the client if any clarity is needed on any aspect of the organisation in order for an accurate determination of audit time to be made.

To determine the audit time for each client, the following is carefully considered :

- the requirements of the relevant management system standard;
- complexity of the client and its management system;
- technological and regulatory context;
- any outsourcing of any activities included in the scope of the management system;
- the results of any prior audits;
- size and number of sites, their geographical locations and multi-site considerations;


QP-16 (Determination of audit time) takes into account the guidelines established in ISO/IEC TS 17023 for determining the duration of management system audit

QP-16 also takes into account and applies when specific criteria have been established for a specific certification scheme, e.g. ISO/TS 22003 or IAF MD9

The duration of the management system audit and its justification is recorded on the application review form

5.5 Multi-site sampling

Where multi-site sampling is used for the audit of a client's management system covering the same activity in various geographical locations, the application review takes this into account and develops a sampling programme to ensure proper audit of the management system. The rationale for the sampling plan is documented on the application review and reflected on the audit programme for the specific client

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The application review only applies sampling where permitted since some sampling is not allowed for some specific certification schemes, and where specific criteria have been established for a specific certification scheme, e.g. ISO/TS 22003.

The application review carefully considers the activity on each site and will not permit sampling in cases where there are multiple sites not covering the same activity.

5.6 Multiple management systems standards

When the application review finds that certification to multiple management system standards is required then the planning for the audit shall ensure adequate on-site auditing to provide confidence in the certification. This is reflected in the audit programme for the multi-site client.


6.0 Planning Audits

6.1 Determining audit objectives, scope and criteria

6.1.1 The audit objectives for each audit are defined in this document i.e Stage 1, Stage 2, Surveillance, Recertification etc. The audit scope and criteria, including any changes, are established at the application review after consideration of the client application form. If any doubt exists or clarity needed further discussions are held with the client to ensure accurate scope definition. It is possible for the scope to amended/adjusted during the Stage 1 audit, if necessary.

6.1.2 The audit objectives are listed on the audit plan and on the audit report and these describe what is to be accomplished by the audit. Audit objectives include the ff:

- a) determination of the conformity of the client's management system, or parts of it, with audit criteria;
- b) determination of the ability of the management system to ensure the client meets applicable statutory, regulatory and contractual requirements;

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c) determination of the effectiveness of the management system to ensure the client can reasonably expect to achieving its specified objectives;

d) as applicable, identification of areas for potential improvement of the management system.

6.1.3 The audit scope describes the extent and boundaries of the audit, such as sites, organizational units, activities and processes to be audited. Where the initial or re-certification process consists of more than one audit (e.g. covering different sites), the scope of an individual audit will not cover the full certification scope, but the totality of audits shall be consistent with the scope in the certification document.

6.1.4 The audit criteria is used as a reference against which conformity is determined, and includes:


- the requirements of a defined normative document on management systems;
- the defined processes and documentation of the management system developed by the client.

6.2 Audit team selection and assignments

6.2.1 QP 15 (Competency Requirements) documents the process for selecting and appointing the audit team, including the audit team leader and technical experts as necessary, considering the competence needed to achieve the objectives of the audit and requirements for impartiality. If there is only one auditor, the auditor shall have the competence to perform the duties of an audit team leader applicable for that audit. The audit team shall have the totality of the competences identified as recorded in the application review for the client.

6.2.2 As detailed in QP 15, in deciding the size and composition of the audit team, consideration is given to the following:

a) audit objectives, scope, criteria and estimated audit time;

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- b) whether the audit is a combined, joint or integrated;
- c) the overall competence of the audit team needed to achieve the objectives of the audit
- d) certification requirements (including any applicable statutory, regulatory or contractual requirements);
- e) language and culture.

6.2.3 When allocating the team leader/lead auditor of a combined or integrated audit, the application review shall validate that he/she has in-depth knowledge of at least one of the standards and an awareness of the other standards used for that particular audit.

6.2.4 The application review also considers that the necessary knowledge and skills of the audit team leader and auditors may be supplemented by technical experts, translators and interpreters who shall operate under the direction of an auditor. Where translators or interpreters are used, they shall be selected such that they do not unduly influence the audit.

6.2.5 The criteria for the selection of technical experts are determined on a case-by-case basis by the needs of the audit team and the scope of the audit.

6.2.6 Auditors-in-training may participate in the audit, provided an auditor is appointed as an evaluator. The evaluator shall be competent to take over the duties and have final responsibility for the activities and findings of the auditor-in-training.

6.2.7 The audit team leader, in consultation with the audit team, assign to each team member responsibility for auditing specific processes, functions, sites, areas or activities. Such assignments shall take into account the need for competence, and the effective and efficient use of the audit team, as well as different roles and responsibilities of auditors, auditors-in-training and technical experts. Changes to

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the work assignments may be made as the audit progresses to ensure achievement of the audit objectives.

6.2.8 Observers, technical experts and guides

6.2.9 Observers

6.2.9.1 The presence and justification of observers during an audit activity is agreed to by the client prior to the audit. The audit team ensures that observers do not unduly influence or interfere in the audit process or outcome of the audit.

6.2.10 Technical experts

6.2.10.1 The role of technical experts during an audit activity shall be agreed to by client prior to the conduct of the audit. A technical expert shall not act as an auditor in the audit team.


6.2.10.2 The technical experts shall be accompanied by an auditor. The technical experts can provide advice to the audit team for the preparation, planning or audit.

6.2.11 Guides

6.2.11.1 Each auditor shall be accompanied by a guide, unless otherwise agreed to by the audit team leader and the client. Guide(s) are assigned to the audit team to facilitate the audit. The audit team shall ensure that guides do not influence or interfere in the audit process or outcome of the audit.

6.3 Audit plan

6.3.1 An audit plan is established prior to each audit identified in the audit programme to provide the basis for agreement regarding the conduct and scheduling of the audit activities. The audit plan is developed prior to the audit being conducted and not always at the same time as the audit programme

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6.3.2 Preparing the audit plan


6.3.3 The audit plan shall be appropriate to the objectives and scope of the audit and shall at least include or refer to the following:

- a) the audit objectives;
- b) the audit criteria;
- c) the audit scope, including identification of the organizational and functional units or processes to be audited;
- d) the dates and sites where the on-site audit activities will be conducted, including visits to temporary sites and remote auditing activities, where appropriate;
- e) the expected duration of on-site audit activities;
- f) the roles and responsibilities of the audit team members and accompanying persons, such as observers or interpreters.

6.3.4 Communication of audit team tasks

6.3.4.1 The tasks given to the audit team are defined in QP-15, as well as the respective work instructions , and require the audit team to:

- a) examine and verify the structure, policies, processes, procedures, records and related documents of the client relevant to the management system standard;
- b) determine that these meet all the requirements relevant to the intended scope of certification;
- c) determine that the processes and procedures are established, implemented and maintained effectively, to provide a basis for confidence in the client's management system;
- d) communicate to the client, for its action, any inconsistencies between the client's policy, objectives and targets.

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The audit checklists are also used to effectively communicate the above requirements.

6.3.5 Communication of audit plan

6.3.5.1 The audit plan, together with the audit dates are communicated and the, in advance, with the client. The audit date is usually scheduled via MS Outlook and the audit plan is sent via email.

6.3.6 Communication concerning audit team members

6.3.6.1 The Audit Plan indicates the name of each member of the audit team, with sufficient time for the client to object to the appointment of any particular audit team member so that an alternative auditor(s) may be used. The audit plan also states that the client may request information or may request for an alternative auditor.

7.0 Initial Certification Audit


The initial certification audit of a management system is conducted in two stages: stage 1 and stage 2. This information is communicated to the client at the outset via the proposal.

7.1 Stage 1

7.1.1 The Audit Planning process ensures that the objectives of stage 1 are met and the client shall be informed of any "on site" activities during stage 1 via the audit plan

7.1.2 The assessment of whether the objectives of stage 1 are met is recorded in the Stage 1 Report. The Stage 1 objectives include :

- a) review the client's management system documented information;
- b) evaluate the client's site-specific conditions and to undertake discussions with the client's personnel to determine the preparedness for stage 2;

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c) review the client's status and understanding regarding requirements of the standard, in particular with respect to the identification of key performance or significant aspects, processes, objectives and operation of the management system;

d) obtain necessary information regarding the scope of the management system, including:

- the client's site(s);
- processes and equipment used;
- levels of controls established (particularly in case of multisite clients);
- applicable statutory and regulatory requirements;

e) review the allocation of resources for stage 2 and agree the details of stage 2 with the client;


f) provide a focus for planning stage 2 by gaining a sufficient understanding of the client's management system and site operations in the context of the management system standard or other normative document;

g) evaluate if the internal audits and management reviews are being planned and performed, and that the level of implementation of the management system substantiates that the client is ready for stage 2.

7.1.3 Stage 1 may take place on the client site or via remote means. This is indicated on the audit plan and communicated to the client. Each client context, risk profile, management system standard determines whether Stage 1 or part of it should be on site.

7.1.4 Documented conclusions with regard to fulfilment of the stage 1 objectives and the readiness for stage 2, including identification of any areas of concern that could be classified as a nonconformity during stage 2 are communicated to the client in the Stage 1 audit report

7.1.5 Consideration shall be given to the needs of the client to resolve areas of concern identified during stage 1. The maximum time between Stage 1 and 2 is 6 months.

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The arrangements for stage 2 may be revised if any significant changes which would impact the management system occur. In this case the audit programme may be adjusted to and may need to repeat all or part of stage 1. The client shall be informed accordingly.

7.2 Stage 2


7.2.1 The purpose of stage 2 is to evaluate the implementation, including effectiveness, of the client's management system. The stage 2 shall take place at the site(s) of the client. It shall include the auditing of at least the following:

- a) information and evidence about conformity to all requirements of the applicable management system standard or other normative documents;
- b) performance monitoring, measuring, reporting and reviewing against key performance objectives and targets (consistent with the expectations in the applicable management system standard or other normative document);
- c) the client's management system ability and its performance regarding meeting of applicable statutory, regulatory and contractual requirements;
- d) operational control of the client's processes;
- e) internal auditing and management review;
- f) management responsibility for the client's policies.

7.3 Initial certification audit conclusions

The audit team analyses all information and audit evidence gathered during stage 1 and stage 2 to review the audit findings and agree on the audit conclusions.

8.0 Conducting Audits

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8.1 This procedure (QP-09) details the process for conducting on-site audits. This process includes an opening meeting at the start of the audit and a closing meeting at the conclusion of the audit, as further detailed in 8.7 and 8.12 of this document

8.2 Where any part of the audit is made by electronic means or where the site to be audited is virtual, personnel used shall have the competence as per QP – 06 (Resource Requirements) and QP-14 (Use of ICT). The evidence obtained during such an audit shall be sufficient to enable the auditor to take an informed decision on the conformity of the requirement in question.


8.3 “On-site” audits can include remote access to electronic site(s) that contain(s) information that is relevant to the audit of the management system. Consideration is given to the use of electronic means for conducting audits. This is documented in the application review for the respective client.

8.4 Conducting the opening meeting

8.4.1 A formal opening meeting, is held with the client’s management and, where appropriate, those responsible for the functions or processes to be audited. The purpose of the opening meeting, usually conducted by the audit team leader, is to provide a short explanation of how the audit activities will be undertaken. The degree of detail shall be consistent with the familiarity of the client with the audit process and includes all the respective criteria of ISO 17021:2015 Element 9.4.2. The audit meeting checklist stipulates each of these criteria to guide the auditor and ensure that all these are covered in the opening meeting.

8.5 Communication during the audit

8.5.1 During the audit, the audit team shall periodically assess audit progress and exchange information. The audit team leader shall reassign work as needed between the audit team members and periodically communicate the progress of

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the audit and any concerns to the client. Where the available audit evidence indicates that the audit objectives are unattainable or suggests the presence of an immediate and significant risk (e.g. safety), the audit team leader shall report this to the client and, if possible, to the certification manager to determine appropriate action. Such action may include reconfirmation or modification of the audit plan, changes to the audit objectives or audit scope, or termination of the audit. The audit team leader shall report the outcome of the action taken to the manager

8.5.2 The audit team leader shall review with the client any need for changes to the audit scope which becomes apparent as on-site auditing activities progress and report this to the certification manager

8.5.3 All above issues are documented on the audit report and communicated to the client.


8.6 Obtaining and verifying information

8.7 During the audit, information relevant to the audit objectives, scope and criteria (including information relating to interfaces between functions, activities and processes) shall be obtained by appropriate sampling and verified to become audit evidence.

8.7.1 Methods to obtain information shall include, but are not limited to:

- a) interviews;
- b) observation of processes and activities;
- c) review of documentation and records.

8.8 Identifying and recording audit findings

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8.8.1 Audit findings summarizing conformity and detailing nonconformity shall be identified, classified and recorded to enable an informed certification decision to be made or the certification to be maintained.

8.8.2 Opportunities for improvement may be identified and recorded, unless prohibited by the requirements of a management system certification scheme. Audit findings, however, which are nonconformities, shall not be recorded as opportunities for improvement.


8.8.3 A finding of nonconformity shall be recorded against a specific requirement, and shall contain a clear statement of the nonconformity, identifying in detail the objective evidence on which the nonconformity is based. Nonconformities shall be discussed with the client to ensure that the evidence is accurate and that the nonconformities are understood. The auditor however shall refrain from suggesting the cause of nonconformities or their solution.

8.8.4 The audit team leader shall attempt to resolve any diverging opinions between the audit team and the client concerning audit evidence or findings, and unresolved points shall be recorded.

8.9 Preparing audit conclusions

8.9.1 Under the responsibility of the audit team leader and prior to the closing meeting, the audit team shall:

- a) review the audit findings, and any other appropriate information obtained during the audit, against the audit objectives and audit criteria and classify the nonconformities;
- b) agree upon the audit conclusions, taking into account the uncertainty inherent in the audit process;
- c) agree any necessary follow-up actions;

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d) confirm the appropriateness of the audit programme or identify any modification required for future audits (e.g. scope of certification, audit time or dates, surveillance frequency, audit team competence).

8.10 Conducting the closing meeting

8.10.1 A formal closing meeting, where attendance shall be recorded, is held with the client's management and, where appropriate, those responsible for the functions or processes audited. The purpose of the closing meeting, usually conducted by the audit team leader, is to present the audit conclusions, including the recommendation regarding certification. Any nonconformities shall be presented in such a manner that they are understood, and the timeframe for responding shall be agreed.


8.10.2 The closing meeting shall also include the elements of ISO 17021:2015 clause 9.4.7.2 where the degree of detail shall be consistent with the familiarity of the client with the audit process. These closing meeting elements are documented in the closing meeting checklist so that the auditor is guided to ensure the the client fully understands and informed of the process ahead.

8.10.3 At the closing meeting the client shall be given opportunity for questions. Any diverging opinions regarding the audit findings or conclusions between the audit team and the client shall be discussed and resolved where possible. Any diverging opinions that are not resolved shall be recorded and referred to the certification manager.

8.11 Audit report

8.11.1 A written report is provided to the client for each audit. The audit team may identify opportunities for improvement but shall not recommend specific solutions.


Ownership of the audit report shall be maintained by JCA.

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8.11.2 The audit team leader shall ensure that the audit report is prepared and shall be responsible for its content. The audit report shall provide an accurate, concise and clear record of the audit to enable an informed certification decision to be made and shall include or refer to the following:

- a) identification of the certification body;
- b) the name and address of the client and the client's representative;
- c) the type of audit (e.g. initial, surveillance or recertification audit or special audits);
- d) the audit criteria;
- e) the audit objectives;
- f) the audit scope, particularly identification of the organizational or functional units or processes audited and the time of the audit;
- g) any deviation from the audit plan and their reasons;
- h) any significant issues impacting on the audit programme;
- i) identification of the audit team leader, audit team members and any accompanying persons;
- j) the dates and places where the audit activities (on site or offsite, permanent or temporary sites) were conducted;
- k) audit findings (see 9.4.5), reference to evidence and conclusions, consistent with the requirements of the type of audit;
- l) significant changes, if any, that affect the management system of the client since the last audit took place;
- m) any unresolved issues, if identified;
- n) where applicable, whether the audit is combined, joint or integrated;
- o) a disclaimer statement indicating that auditing is based on a sampling process of the available information;
- p) recommendation from the audit team

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q) the audited client is effectively controlling the use of the certification documents and marks, if applicable;

r) verification of effectiveness of taken corrective actions regarding previously identified nonconformities, if applicable.

8.11.3 The report shall also contain the following:

a) 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 expected outcomes;

— the internal audit and management review process;

b) a conclusion on the appropriateness of the certification scope;

c) confirmation that the audit objectives have been fulfilled.


8.11.4 All audit reports in use are reviewed prior to issue to the client to ensure above is consistently implemented. This is reviewed by the auditors prior to making a recommendation and also by the certification committee.

8.12 Cause analysis of nonconformities

8.13 At the closing meeting the clients are informed to analyse the cause and describe the specific correction and corrective actions taken, or planned to be taken, to eliminate detected nonconformities, within 60 days from the date of the audit.

8.14 Effectiveness of corrections and corrective actions

8.15 Once the client submits evidence of corrective actions (taken and proposed) the auditor or competent person shall review the corrections, identified causes and corrective actions submitted by the client to determine if these are acceptable. The reviewer shall verify the effectiveness of any correction and corrective actions taken. The evidence obtained to

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support the resolution of nonconformities shall be recorded. The client shall be informed of the result of the review and verification. The client shall be informed if an additional full audit, an additional limited audit, or documented evidence (to be confirmed during future audits) will be needed to verify effective correction and corrective actions.

8.16 Verification of effectiveness of correction and corrective action is carried out based on a review of documented information provided by the client, or where necessary, through verification on-site.

9.0 Certification Decision


9.1 The member of the certification committee are responsible for making the certification decisions for granting or refusing certification, expanding or reducing the scope of certification, suspending or restoring certification, withdrawing certification or renewing certification . These individuals have appropriate competence as per QP-15 (Competency Requirements) These individuals are different from those that conduct the audits. The committee at a minimum includes one independent person who has all the required appropriate competence to make the certification decision.

9.2 The person(s) make a certification decision are employed by, or under legally enforceable arrangement with JC Auditors.

9.3 The certification committee review document records each certification decision including any additional information or clarification sought from the audit team or other sources.

9.4 Actions prior to making a decision

9.5 The certification review process is conducted to ensure that there is an effective review prior to making a decision for granting certification, expanding or reducing the scope of certification, renewing, suspending or restoring, or withdrawing of certification.

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9.6 This certification review process ensures that:

- a) the information provided by the audit team is sufficient with respect to the certification requirements and the scope for certification;
- b) for any major nonconformities, it has reviewed, accepted and verified the correction and corrective actions;
- c) for any minor nonconformities it has reviewed and accepted the client's plan for correction and corrective action.


9.7 Information for granting initial certification

9.8 The audit team submits the following minimum documents to the certification manager:

- a) the audit report;
- b) comments on the nonconformities and, where applicable, the correction and corrective actions taken by the client;
- c) confirmation of the information provided to the certification body used in the application review
- d) confirmation that the audit objectives have been achieved;
- e) a recommendation whether or not to grant certification, together with any conditions or observations.

9.9 If the audit team is not able to verify the implementation of corrections and corrective actions of any major nonconformity within 6 months after the last day of stage 2, the certification body shall conduct another stage 2 prior to recommending certification.

9.10 When a transfer of certification takes place the transfer review process ensures that sufficient information is obtained in order to take a decision on certification. The pre- transfer certification review (F34B) records the result of such transfer reviews.

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9.11 Information for granting recertification

9.11.1 The recertification review record (F28B) is used to ensure that decisions on renewing certification are based on the results of the recertification audit, as well as the results of the review of the system over the period of certification and complaints received from users of certification.

10.0 Maintaining certification

10.1 General:

10.2 A client's certification is maintained based on the client demonstrating that it continues to satisfy the requirements of the management system standard. A client's certification is maintained based on a positive conclusion by the audit team leader which is ratified by an independent and competent person and recorded on the F34 Certification Committee Review Form.


10.3 This certification review validates the maintenance of certification and ensures that :

a) for any major nonconformity or other situation that may lead to suspension or withdrawal of certification, audit team leader reports and this to the certification manager who ensures that the certification review considers such circumstances to determine whether certification can be maintained; In these cases, an independent and competent reviewer is involved in the decision-making process.

10.4 b) review and monitoring of surveillance activities during the review conducted to make a decision on the maintenance of certification. This includes monitoring the reporting by JCA auditors, to confirm that the certification activity is operating effectively

11.0 Surveillance activities:

11.1 General

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11.1.1 The certification programme records the full audit programme including surveillance activities, based on the output of the application review. JCA develops its surveillance activities so that representative areas and functions covered by the scope of the management system are monitored on a regular basis, and take into account changes to its certified client and its management system. If any changes are noted during client certification activities (audits, website monitoring, industry feedback etc.) or if the client reports changes then the surveillance activities are adjusted accordingly, as appropriate. In cases where changes are needed, an additional review (using the application review form) is conducted.

11.1.2 Surveillance activities includes on-site auditing of the certified client's management system's fulfilment of specified requirements with respect to the standard to which the certification is granted. Other surveillance activities may include:

- a) enquiries from the certification body to the certified client on aspects of certification;
- b) reviewing any certified client's statements with respect to its operations (e.g. promotional material, website);
- c) requests to the certified client to provide documented information (on paper or electronic media);
- d) public/stakeholder feedback related to monitoring the certified client's performance

11.2 Surveillance Audit

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11.2.1 Surveillance audits are on-site audits, but are not necessarily full system audits, and shall be planned together with the other surveillance activities so that JCA can maintain confidence that the client's certified management system continues to fulfil requirements between recertification audits.


11.2.2 Each surveillance for the relevant management system standard includes:

- a) internal audits and management review;
- b) a review of actions taken on nonconformities identified during the previous audit;
- c) complaints handling;
- d) effectiveness of the management system with regard to achieving the certified client's objectives and the intended results of the respective management system (s);
- e) progress of planned activities aimed at continual improvement; f) continuing operational control;
- g) review of any changes;
- h) use of marks and/or any other reference to certification.

12.0 Recertification

13.0 The recertification audit includes an on-site audit that addresses the following:

- a) the effectiveness of the management system in its entirety in the light of internal and external changes and its continued relevance and applicability to the scope of certification;
- b) demonstrated commitment to maintain the effectiveness and improvement of the management system in order to enhance overall performance;
- c) the effectiveness of the management system with regard to achieving the certified client's objectives and the intended results of the respective management system (s).

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The recertification activity shall include the review of previous surveillance audit reports and consider the performance of the management system over the most recent certification cycle.

9.6.3.1.3 Recertification audit activities may need to have a stage 1 in situations where there have been significant changes to the management system, the organization, or the context in which the management system is operating (e.g. changes to legislation).

For any major nonconformity, the client is permitted up to 60 days for submission of corrective actions. These actions shall be implemented and verified prior to the expiration of certification.

When recertification activities are successfully completed prior to the expiry date of the existing certification, the expiry date of the new certification is 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 the recertification audit is not completed prior to expiry date of the existing certificate or if implementation of corrections and corrective actions for any major nonconformity is not verified 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 client shall be informed and the consequences shall be explained.


Following expiration of certification, certification can be restored within 6 months provided that the outstanding recertification activities are completed, otherwise at least a stage 2 shall be conducted.

The effective date on the certificate shall be on or after the recertification decision and the expiry date shall be based on prior certification cycle.

14.0 Special Audits

14.1 Expanding scope

If an application is made for expanding the scope of a certification already granted, an application review is conducted to determine any audit activities necessary to decide

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whether or not the extension may be granted. This may be conducted in conjunction with a surveillance audit.

14.2 Short notice audits

14.3 In certain cases it may be necessary to conduct audits of certified clients at short notice or unannounced to investigate complaints, or in response to changes, or as follow up on suspended clients. Short notice audits are fully described and made known in advance to the certified clients (via the certification agreement) the conditions under which such audits will be conducted;

In addition, additional care is exercised in the assignment of the audit team because of the lack of opportunity for the client to object to audit team members. Where possible, auditor who have previously audited the client will be utilised.

15.0 Suspending, withdrawing or reducing the scope of certification


15.1 QP 10 documents the procedure for suspension, withdrawal or reduction of the scope of certification, and specifies subsequent actions to be taken for each case

15.2 QP 10 describes the cases where certification is suspended, including for example;

- the client's certified management system has persistently or seriously failed to meet certification requirements, including requirements for the effectiveness of the management system;
- the certified client does not allow surveillance or recertification audits to be conducted at the required frequencies;
- the certified client has voluntarily requested a suspension.

15.3 Under suspension, the client's management system certification is temporarily invalid.

15.4 The suspended certification is restored if the issue that has resulted in the suspension has been resolved. Failure to resolve the issues that have resulted in the suspension in a time established shall result in withdrawal or reduction of the scope of certification.

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15.5 The scope of certification is reduced to exclude the parts not meeting the requirements, when the certified client has persistently or seriously failed to meet the certification requirements for those parts of the scope of certification. Any such reduction shall be in line with the requirements of the standard used for certification.

16.0 Appeals

16.1 Described in the QP-07 Complaints and Appeals Procedure .

17.0 Complaints

17.1 Described in QP-07 Complaints and Appeals Procedure.

18.0 Client Records

JCA maintains records on the audit and other certification activities for all clients, including all organizations that submitted applications, and all organizations audited, certified, or with certification suspended or withdrawn.

- Records on certified clients are maintained on the company server electronically and include the following:

a) application information and initial, surveillance and recertification audit reports;

b) certification agreement;

c) justification of the methodology used for sampling of sites, as appropriate;

NOTE Methodology of sampling includes the sampling employed to audit the specific management system and/or to select sites in the context of multi-site audit.


d) justification for auditor time determination (application review)

e) verification of correction and corrective actions;

f) records of complaints and appeals, and any subsequent correction or corrective actions;

g) committee deliberations and decisions (Certification Committee Review)

h) documentation of the certification decisions (Certification Committee Review)

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i) certification documents, including the scope of certification with respect to product, process or service, as applicable (Certificate Issued)

j) related records necessary to establish the credibility of the certification, such as evidence of the competence of auditors and technical experts (as per Competency Records)

k) audit programmes (per individual client pack)

9.9.3 JCA keeps the above records on applicants and clients secure to ensure that the information is kept confidential. Records shall be transported, transmitted or transferred in a way that ensures that confidentiality is maintained, as per POPI Manual processes.

9.9.4 JCA has a documented procedure on the retention of records. Records of certified clients and previously certified clients shall be retained for the duration of the current cycle plus one full certification cycle (6 years), as described in QP 02 – Control of Records.

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