



PEER EVALUATION CHECKLIST

EVALUATION

RE EVALUATION

EVALUATION SCOPE

- Calibration Laboratories - ISO/IEC 17025 (Calibration)
- Testing Laboratories – ISO/IEC 17025 (Testing)
- Medical Laboratories – ISO 15189 (Medical)
- Inspection Bodies - ISO/IEC 17020 (Inspection)

- Management System Certification Bodies - ISO/IEC 17021-1 (MS):
 - QMS Certification Bodies (QMS)
 - EMS Certification Bodies (EMS)
 - FSMS Certification Bodies (FSMS)

Evaluator Team Leader: **Date:**

Evaluator Team Members / Trainees / Observers:

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NOTE 1: This checklist **must be completed** initially by the accreditation body (AB). For an initial evaluation, the checklist must be submitted with the application. For re-evaluations the checklist must be sent to the evaluation team with the documents required for the evaluation. For each requirement the accreditation body must indicate the documents that apply in the column “Documents of AB”

NOTE 2: The evaluation team must use this checklist for the document review. The evaluation team must complete the column “Notes of AFRAC evaluator team for consideration of AB”, which must include questions about points at which the documentation is unclear, or points on which the documentation does not seem to comply with the requirements.

NOTE 3: The list of mandatory ILAC/IAF documents that AFRAC has adopted is available on the AFRAC website.

Clause No.	Requirements	Documents of AB	AFRAC Evaluation Team notes for consideration by AB	Response of the AB
4. GENERAL REQUIREMENTS IAF/ILAC-A2:01/2018; Section 2.2.1				
4.1 LEGAL ENTITY				
4.1	<p>Is the AB a legal entity, or a defined part of a legal entity such that it is legally responsible for its accreditation activities?</p> <p>NOTE 1 Governmental accreditation bodies are deemed to be legal entities on the basis of their status within their government.</p> <p>NOTE 2 An AB that is part of a larger body can operate under a different name.</p>			
4.2 ACCREDITATION AGREEMENT				
	<p>Does the AB have a legally enforceable arrangement with each CAB that requires the CAB to conform to at least the following:</p> <p>a) to commit to fulfil continually the requirements for accreditation for the scope for which accreditation is sought or granted and to commit to provide evidence of fulfilment. This includes agreement to adapt to changes in the requirements for accreditation;</p> <p>b) to cooperate as is necessary to enable the AB to verify fulfilment of requirements for accreditation;</p> <p>c) to provide access to CAB personnel, locations, equipment, information, documents and records as necessary to verify fulfilment of requirements for accreditation;</p> <p>d) to arrange the witnessing of conformity assessment activities when requested by the AB;</p> <p>e) to have, where applicable, legally enforceable arrangements with their clients that commit the clients to provide, on request, access to the AB assessment teams to assess the CAB's performance when carrying out conformity assessment activities at the client's site;</p> <p>f) to claim accreditation only with respect to the scope for which it has been granted;</p> <p>g) to commit to follow the AB's policy for the use of the accreditation symbol;</p> <p>h) not to use its accreditation in such a manner as to bring the AB into disrepute;</p> <p>i) to inform the AB without delay of significant changes relevant to its accreditation;</p> <p>NOTE Such changes can concern:</p> <ul style="list-style-type: none"> — its legal, commercial, ownership or organizational status; — the organization, top management and key personnel; — resources and location(s); — scope of accreditation; 			

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	<p>— <i>other matters that can affect the ability of the CAB to fulfil requirements for accreditation.</i></p> <p>j) to pay fees as determined by the AB;</p> <p>k) to assist in the investigation and resolution of any accreditation-related complaints about the CAB referred to it by the AB.</p>			
4.3 USE OF ACCREDITATION SYMBOLS AND OTHER CLAIMS OF ACCREDITATION		ILAC-P8; ILAC R4; ILAC R7, IAF ML2		
4.3.1	<p>Has the AB taken measures to ensure that the accredited CAB:</p> <p>a) fully conforms to the requirements of the AB for claiming accreditation status, when making reference to its accreditation in communication media;</p> <p>b) does not make any misleading or unauthorized statement regarding its accreditation;</p> <p>c) upon withdrawal of its accreditation, discontinues its use of any reference to that accreditation;</p> <p>d) does not refer to its accreditation in a way so as to imply that a product, process, service, management system or person is approved by the AB;</p> <p>e) informs its affected clients of the suspension, reduction or withdrawal of its accreditation and the associated consequences without undue delay.</p>			
4.3.2	<p>Does the AB have the legal right to use its accreditation symbol, and is it legally protected?</p>			
4.3.3	<p>Does the AB have a documented policy governing the use of the accreditation symbol and claims of accreditation status?</p> <p>Does this policy specify as a minimum:</p> <p>a) requirements for the use and monitoring of the accreditation symbol in combination with any CAB mark;</p> <p>b) that the accreditation symbol is not affixed on its own or used to imply that a product, process or service (or any part of it) has been certified or approved by the AB;</p> <p>c) requirements for reproduction of the accreditation symbol;</p> <p>d) requirements for any reference to accreditation;</p> <p>e) requirements for the use of the accreditation symbol and claims of accreditation status in communication media;</p> <p>f) that the CAB only uses the accreditation symbol and claims of accreditation status for the specific activities covered by the scope of</p>			

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	accreditation.			
4.3.4	Does the accreditation symbol have clear indication as to which conformity assessment activity the accreditation is related to?			
4.3.5	Does the AB take suitable action to deal with incorrect or unauthorized claims of accreditation status, or misleading or unauthorized use of accreditation symbols and the AB logo? <i>NOTE: Suitable actions can include requests for corrective action, suspension, withdrawal of accreditation, publication of the transgression and, if necessary, legal action.</i>			
4.4 IMPARTIALITY REQUIREMENTS				
4.4.1	Is accreditation undertaken impartially? <i>How?</i>			
4.4.2	Does the AB take responsibility for the impartiality of its accreditation activities and not allow commercial, financial or other pressures to compromise impartiality? Where an AB, including a governmental AB, is part of a larger entity, is the AB organized so that accreditation is provided impartially?			
4.4.3	Does the AB have top management's commitment to impartiality? Has the AB documented and made public an impartiality policy which includes the importance of impartiality in carrying out its accreditation activities, managing conflict of interest and ensuring objectivity of its accreditation activities?			
4.4.4	Do all the AB personnel and committees who could influence the accreditation process act objectively and are they free from any undue commercial, financial and other pressures that could compromise impartiality? Does the AB require all personnel and committee members to disclose any potential conflict of interest whenever it may arise?			
4.4.5	Has the AB documented and implemented a process to provide opportunity for effective involvement by interested parties for safeguarding impartiality? Does the AB ensure a balanced representation of interested parties with no			

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	single party predominating?			
4.4.6	<p>Does the AB have a process to identify, analyse, evaluate, treat, monitor and document on an ongoing basis the risks to impartiality arising from its activities including any conflicts arising from its relationships or from the relationships of its personnel?</p> <p>Does the process include identification of and consultation with appropriate interested parties as described in <u>4.4.5</u> to advise on matters affecting impartiality including openness and public perception?</p> <p>NOTE 1 Sources of risks to impartiality of the AB can be based on ownership, governance, management, personnel, shared resources, finances, contracts, outsourcing, training, marketing and payment of a sales commission or other inducement for the referral of new clients, etc.</p> <p>Note 2 One way of fulfilling the consultation with the interested parties is by the use of a committee.</p>			
4.4.7	<p>Where any risks to impartiality are identified, does the AB document and demonstrate how it eliminates or minimizes such risks and document any residual risk?</p> <p>Does the demonstration cover all potential risks that are identified, whether they arise from within the AB or from the activities of other persons, bodies or organizations?</p>			
4.4.8	Does top management review any residual risk to determine if it is within the level of acceptable risk?			
4.4.9	When an unacceptable risk to impartiality is identified and which cannot be mitigated to an acceptable level, does the AB ensure that accreditation shall not be provided?			
4.4.10	<p>Are the AB's policies, processes and procedures non-discriminatory and are they applied in a non-discriminatory way?</p> <p>Does the AB make its services accessible to all applicants whose application for accreditation falls within the scope of its accreditation activities as defined within its policies and rules?</p>			

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	<p>Does the AB ensure that access is not conditional upon the size of the applicant CAB or membership of any association or group, nor upon the number of conformity assessment bodies already accredited?</p> <p>NOTE It is not considered discriminatory when the AB refuses services to a CAB because of proven evidence of fraudulent behaviour, falsification of information or deliberate violation of accreditation requirements.</p>			
4.4.11	<p>Does the AB and any part of the same legal entity ensure that it does not offer or provide any service that affects its impartiality, such as:</p> <p>a) conformity assessment activities covered by accreditation which include but are not limited to testing, calibration, inspection, certification of management systems, persons, products, processes and services, provision of proficiency testing, production of reference materials, validation and verification;</p> <p>b) Consultancy.</p>			
4.4.12	<p>In case the AB is linked to a body offering consultancy or undertaking those conformity assessment activities mentioned in <u>4.4.11</u> bullet a), does the AB have:</p> <p>a) different top management (see <u>5.7</u>);</p> <p>b) different personnel performing the accreditation decision-making processes (see <u>Clause 5</u>);</p> <p>c) distinctly different name, logos and symbols;</p> <p>d) effective mechanisms to prevent any influence on the outcome of any accreditation activity.</p>			
4.4.13	<p>Does the AB ensure that its activities are not presented as linked with consultancy or other services that pose an unacceptable risk to impartiality?</p> <p>Does the AB ensure that nothing is said or implied that would suggest that accreditation would be simpler, easier, faster or less expensive if any specified person(s) or consultancy were used?</p> <p>NOTE the AB can carry out, for example, the following duties that are not considered a risk to impartiality:</p>			

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	<ul style="list-style-type: none"> — arranging and participating as a lecturer in training, orientation or educational courses, provided that these courses confine themselves to the provision of generic information that is freely available in the public domain, i.e. they cannot provide specific solutions to a CAB in relation to the activities of that organization; — adding value during assessments, e.g. by identifying opportunities for improvement as they become evident during the assessment without recommending specific solutions; — advising other accreditation bodies on development of accreditation process; — advising scheme owners on accreditation requirements, including requirements within relevant conformity assessment standards. 			
4.5 FINANCING AND LIABILITY				
4.5.1	<p>Does the AB have the financial resources, demonstrated by records and/or documents, required for the operation of its activities?</p> <p>Does the AB have a description of the source(s) of its income?</p>			
4.5.2	Does the AB evaluate the risks arising from its activities and what arrangements does it have to cover liabilities arising from its activities?			
4.6 ESTABLISHING ACCREDITATION SCHEMES IAF/ILAC-A2:01/2018 ; 2.2.1.1 , 2.2.1.2 , 2.2.1.8 (ILAC-G21:09/2012)				
4.6.1	<p>Does the AB develop or adopt accreditation schemes?</p> <p>Does the AB document the rules and processes for its accreditation schemes referring to the relevant International Standards and/or other normative documents?</p>			
4.6.2	<p>Does the AB ensure that any guidance, application or normative documents it uses has been developed by committees or persons possessing the necessary competence and with participation of appropriate interested parties?</p> <p>Does the AB ensure that these documents do not contradict or exclude any of the requirements included in the relevant international standards and/or other normative documents?</p> <p>NOTE 1 Where international application or guidance documents are available,</p>			

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	<p><i>these can be used.</i></p> <p>NOTE 2 the AB can adopt and/or develop application or guidance documents, normative documents and/or participate in their development.</p>			
4.6.3	Does the AB have a policy and documented procedures to determine the suitability of the conformity assessment schemes and standards for accreditation purposes?			
4.6.4	<p>Does the AB establish, document, implement and maintain a process for developing and extending its accreditation schemes?</p> <p>Are the following considered:</p> <ul style="list-style-type: none"> a) feasibility of launching or extending an accreditation scheme; b) analysis of its present competence and resources; c) accessing and employing expertise; d) the need for application or guidance documents; e) training of the AB personnel; e) implementation or transition arrangements; f) views of interested parties. 			
4.6.5	<p>Before the AB discontinues an accreditation scheme in part or in full, are at least the following considered:</p> <ul style="list-style-type: none"> a) views of interested parties; b) contractual duties; c) transition arrangements; d) external communication regarding the discontinuation; e) information published by the AB. 			
5. STRUCTURAL REQUIREMENTS IAF/ILAC-A2:01/2018; 2.2.1.				
5.1	Is the AB structured and managed so as to safeguard impartiality?			
5.2	Has the AB documented its entire organizational structure, including lines of authority and responsibility?			
5.3	If the AB is part of a larger entity, is the AB identified?			
5.4	Does the AB have a description of its legal status, including the names of its			

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	owners if applicable, and, if different, the names of the persons who control it?			
5.5	Does the AB have the authority and responsibility for its accreditation decisions which shall not be subject to approval by any other organization or person?			
5.6	Does the AB document the duties, responsibilities and authorities of top management and other personnel associated with the AB who are involved in the accreditation process?			
5.7	Has the AB identified the top management having overall authority and responsibility for each of the following: <ul style="list-style-type: none"> a) development of policies relating to the operation of the AB; b) supervision of the implementation of the policies, processes and procedures; c) supervision of the finances of the AB; d) development or adoption of activities for the schemes for which it provides accreditation; e) decisions on accreditation; f) performance of assessments and accreditation processes; g) responding to complaints and appeals in a timely manner; h) contractual arrangements; i) provision of adequate resources; j) delegation of authority to committees or individuals, as required, to undertake defined activities on behalf of top management; k) safeguarding of impartiality. 			
5.8	Does the AB have formal rules for the appointment, terms of reference and operation of committees that are involved in the accreditation process, and shall identify the interested parties participating?			
6. RESOURCE REQUIREMENTS				
6.1 COMPETENCE OF PERSONNEL				
6.1.1 GENERAL				
	Does the AB have processes to ensure its personnel have appropriate knowledge and skills relevant to the accreditation schemes and geographic areas in which it operates?			

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6.1.2 DETERMINATION OF COMPETENCE CRITERIA IAF MD 20				
6.1.2.1	<p>Does the AB have a documented process for determining and documenting the competence criteria for personnel involved in the management and performance of assessments and other accreditation activities?</p> <p>Are competence criteria determined with regard to the requirements of each accreditation scheme and does it include the required knowledge and skills for performing accreditation activities?</p>			
6.1.2.2	<p>Does the AB ensure the assessment team, and the AB personnel who review documents, review assessment reports and make accreditation decisions, demonstrate knowledge of the following:</p> <ul style="list-style-type: none"> — assessment principles, practices and techniques; — general management system principles and tools. 			
6.1.2.3	<p>Does the AB ensure the assessment team, and the AB personnel who review applications, select assessment team members, review documents, review assessment reports, make accreditation decisions and manage accreditation schemes, demonstrate knowledge of the following:</p> <ul style="list-style-type: none"> — the AB's rules and processes; — accreditation and accreditation scheme requirements and relevant guidance and application documents; — conformity assessment scheme requirements, other procedures and methods used by the CAB. 			
6.1.2.4	<p>Does the AB ensure the assessment team, and the AB personnel who review assessment reports, make accreditation decisions and manage accreditation schemes, demonstrate knowledge of risk based assessment principles?</p>			
6.1.2.5	<p>Does the AB ensure the assessment team, and the AB personnel who review documents, review assessment reports, make accreditation decisions and manage accreditation schemes, demonstrate knowledge of general regulatory requirements related to the conformity assessment activities?</p>			
6.1.2.6	<p>Does the AB ensure the assessment team demonstrates the following knowledge and skills:</p>			

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	<ul style="list-style-type: none"> — knowledge of practices and processes of the CAB business environment; — communication skills appropriate to interact with all levels within the CAB; — note-taking and report-writing skills; — opening and closing meeting skills; — interviewing skills; — assessment-management skills. 			
6.1.2.7	Does the AB ensure its personnel who review documents demonstrate note-taking and report-writing skills?			
6.1.2.8	<p>Does the group or individual that takes the accreditation decisions understand the applicable accreditation scheme requirements and do they have competence to evaluate the outcomes of the assessment, including, where appropriate, related recommendations of the assessment team?</p> <p>NOTE <i>Annex A summarizes 6.1.2.2 to 6.1.2.8.</i></p>			
6.1.2.9	Where additional specific competence criteria have been established for a specific accreditation scheme, are these applied?			
6.1.3 COMPETENCE MANAGEMENT				
6.1.3.1	<p>Has the AB:</p> <ul style="list-style-type: none"> a) established and implemented a documented process for the initial evaluation and on-going monitoring of all personnel involved in accreditation processes? b) ensured that its evaluation methods are effective to demonstrate competence of the AB personnel? c) prior to undertaking accreditation activities, authorized personnel to perform those activities of the accreditation process? 			
6.1.3.2	<p>Does the AB have documented processes for selecting, training and formally authorizing assessors?</p> <p>Does the AB have documented processes for selecting and authorizing technical experts and familiarizing them with relevant requirements and procedures used in the accreditation process?</p>			

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	Does the initial competence evaluation of an assessor include determining the ability to apply required knowledge and skills during assessments? <i>NOTE One method of evaluating an assessor is to have competent individuals observing the assessor conducting an assessment.</i>			
6.1.3.3	Does the AB identify training needs and provide access to specific training to ensure all personnel involved in accreditation processes are competent for the accreditation activities they perform?			
6.1.3.4	Is there a documented process for monitoring competence and performance of all personnel involved in the assessment activities based on the frequency of their involvement and the level of risk linked to the accreditation activities they perform? In particular, does the AB review and record the competence of its personnel taking into account their performance in order to take any necessary corrective action?			
6.1.3.5	Does the AB monitor each assessor considering each accreditation scheme for which the assessor is authorized? Does the documented monitoring process of assessors include a combination of on-site evaluation, review of assessment reports and feedback from personnel, conformity assessment bodies or from other interested parties?			
6.1.3.6	Is each assessor observed during an assessment at regular intervals? Is this done at least every three years, unless there is sufficient supporting evidence that the assessor is continuing to perform competently? If the interval is extended, is justification made?			
6.2 PERSONNEL INVOLVED IN THE ACCREDITATION PROCESS				
6.2.1	Does the AB have access to a sufficient number of competent personnel to manage and support all its accreditation activities for all accreditation schemes.?			
6.2.2	Does the AB have enforceable arrangements requiring all personnel to conform to applicable policies and implement processes as defined by the AB?			

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	Do the arrangements address aspects relating to confidentiality and impartiality and does it require all personnel to notify the AB of any existing, prior or foreseeable relationships which may compromise impartiality?			
6.2.3	Does the AB give assessors and technical experts access to an up-to-date set of documented procedures giving assessment instructions and all relevant information on the accreditation processes?			
6.3 PERSONNEL RECORDS				
	Does the AB maintain records, including qualifications, training, competence, results of monitoring, experience, professional status and professional affiliations for personnel managing or performing accreditation activities?			
6.4 OUTSOURCING				
6.4.1	Does the AB itself normally undertake the accreditation activities?			
6.4.2	Does the AB ensure that its accreditation decisions are not outsourced? Is the person(s) assigned by the AB to make an accreditation decision employed by, or under enforceable arrangements with the AB?			
6.4.3	Does the AB describe the conditions under which outsourcing may take place and when applicable does it have a documented procedure for outsourcing?			
6.4.4	Does the AB have an enforceable arrangement covering the outsourcing arrangements, including confidentiality and conflicts of interests, with each body that provides outsourced services?			
6.4.5	Does the AB: <ul style="list-style-type: none"> a) take responsibility for all activities outsourced to another body? b) ensure that the body that provides outsourced services, and the individuals that it uses, conform to requirements of the AB and also to the applicable provisions of this document, including competence, impartiality and confidentiality; c) obtain the consent of the CAB to use a particular provider of any outsourced parts of the assessment? 			
6.4.6	Does the AB have a documented process for the approval and monitoring of all bodies that provide outsourced services used for accreditation processes, and does it ensure that records of the competence of all personnel involved in			

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	<p>accreditation processes are maintained?</p> <p>NOTE 1 Where the AB engages individuals or employees of other organizations to provide additional resources or expertise, the use of these individuals does not constitute outsourcing provided they are individually contracted to operate under the AB's management system (see 6.2.2).</p> <p>NOTE 2 Mutual recognition arrangements based on this document can fulfil some of the requirements in 6.4.4, 6.4.5 and 6.4.6.</p>			
7. PROCESS REQUIREMENTS				
7.1 ACCREDITATION REQUIREMENTS IAF/ILAC-A2:01/2018 ; 2.2.1.3 (ILAC-P10:01/2013, ILAC-P14:01/2013) , 2.2.1.4 (ILAC-P9:06/2014)				
	Are the general requirements for accreditation of CABs those set out in the relevant International Standards and/or other normative documents for the operation of CABs?			
7.2 APPLICATION FOR ACCREDITATION				
7.2.1	<p>Does the AB require an authorized representative of the applicant CAB to make a formal application that includes the following:</p> <ul style="list-style-type: none"> a) general features of the CAB, including legal entity, name, address(es), legal status and human and technical resources; b) general information concerning the CAB such as its relationship in a larger entity if any, addresses of all its physical location(s) and, information on activities conducted at all locations including virtual site(s); c) a clearly defined scope of accreditation as defined in 7.8.3 for which the CAB seeks accreditation, including limits of capability where applicable; d) a commitment to continually fulfil the requirements for accreditation and the other obligations of the CAB. 			
7.2.2	Does the AB require the applicant CAB to provide information demonstrating that the accreditation requirements are addressed prior to commencement of the assessment?			
7.2.3	Does the AB review the information supplied by the CAB to determine the suitability of the application for accreditation to initiate an assessment?			

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7.2.4	At any point in the application or initial assessment process, if there is evidence of fraudulent behaviour, if the CAB intentionally provides false information or if the CAB conceals information, does the AB reject the application or terminate the assessment process?			
7.2.5	Where the AB conducts a preliminary visit before the initial assessment, is it conducted with the agreement of the CAB? Does the AB have clear rules for the conduct of preliminary visits and is due care exercised to avoid consultancy?			
7.3 RESOURCE REVIEW				
7.3.1	Does the AB review its ability to carry out the assessment of the applicant CAB, in terms of its own policy and procedures, its competence and the availability of personnel suitable for the assessment activities and decision making?			
7.3.2	Does the review also include the ability of the AB to carry out the initial assessment in a timely manner? Where the initial assessment cannot be conducted in a timely manner, is this communicated to the CAB?			
7.4 PREPARATION FOR ASSESSMENT				
7.4.1	Does the AB appoint an assessment team consisting of a team leader and, where required, a suitable number of assessors and/or technical experts for the scope to be assessed? When selecting the assessment team, does the AB ensure that the expertise brought to each assignment is appropriate? In particular, does the team as a whole: a) have appropriate knowledge of the specific scope of accreditation? b) have understanding sufficient to make a reliable assessment of the competence of the CAB to operate within its scope of accreditation?			
7.4.2	Does the AB inform the CAB of the names of the members of the assessment team and any observers, and the organization(s) they belong to, sufficiently in advance to provide the CAB the opportunity to lodge an objection to the appointment of any particular team members or observers with supporting justification?			

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	Does the AB have a policy for dealing with such objections?			
7.4.3	Does the AB clearly define the assignment given to the assessment team?			
7.4.4	Has the AB established documented procedures to assess the competence of a CAB to perform all activities in its scope of accreditation irrespective of where these activities are performed? Do these procedures describe the manner in which the scope of an applicant or an accredited CAB is covered through the use of a combination of on-site assessments and other assessment techniques sufficient to provide confidence in the conformity with the relevant accreditation criteria?			
7.4.5	Do the procedures ensure that the assessment team assesses the performance of a sample of the conformity assessment activities representative of the scope of accreditation? Does the assessment cover a sample of locations and personnel to determine the competence of the CAB to perform the activities covered by its scope of accreditation?			
7.4.6	In selecting the activities to be assessed does the AB consider the risk associated with the activities, locations and personnel covered by the scope of accreditation?			
7.4.7	Does the AB develop an assessment plan to cover the activities to be assessed, the locations at which activities will be assessed, the personnel to be assessed where applicable and the assessment techniques to be utilized including witnessing where appropriate or applicable? Does the AB justify where witnessing is not appropriate or applicable?			
7.4.8	Does the AB confirm with the CAB the date(s) and plan for the assessment?			
7.4.9	Does the AB ensure that the assessment team is provided with the appropriate requirements documents, previous assessment records, if applicable, and the relevant documents and records of the CAB?			
7.5 REVIEW OF DOCUMENTED INFORMATION				
7.5.1	Does the assessment team review all relevant documented information supplied by the CAB to evaluate its system for conformity with the relevant			

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	standard(s) and other requirements for accreditation?			
7.5.2	Where the AB decides not to proceed with further assessment based on the review of the documented information, are the results with their justification reported in writing to the CAB?			
7.6 ASSESSMENT				
7.6.1	<p>Does the AB have documented procedures for describing the assessment techniques used, the circumstances in which they are to be used and the rules for determining assessment durations?</p> <p>Does the procedure include how the AB will report the assessment findings to the CAB?</p>			
7.6.2	For an assessment whether performed on-site or remotely, does the assessment team commence the assessment with an opening meeting at which the purpose of the assessment and accreditation requirements are clearly defined, and the assessment plan as well as the scope for the assessment are confirmed?			
7.6.3	Does the assessment team conduct the assessment based on the assessment plan?			
7.6.4	Does the assessment team analyse all relevant information and objective evidence gathered prior to and during the assessment to determine the competence of the CAB as determined through its conformity with the requirements for accreditation?			
7.6.5	Where the assessment team cannot reach a conclusion on a finding, does the team refer back to the AB for clarification?			
7.6.6	<p>Does the AB's documented reporting procedures require the following.</p> <p>a) For an assessment, whether performed on-site or remotely, a meeting shall take place between the assessment team and the CAB at the end of the assessment. At this meeting, the assessment team shall report on the findings identified during the assessment and detail in writing any nonconformities. An opportunity shall be provided for the CAB to seek clarification on the findings including the nonconformities, if any, and</p>			

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	<p>their basis.</p> <p>b) A written report on the outcome of the assessment shall be provided to the CAB without undue delay and within a defined timeframe. This assessment report shall contain comments on competence as determined through conformity, the scope assessed and shall identify nonconformities, if any, to be resolved in order to conform to all of the requirements for accreditation. Comments on competence as determined through conformity included in the assessment report shall be adequate to support the conclusions arising from the assessment. The team's observations on areas for possible improvement may also be presented to the CAB but shall not recommend specific solutions.</p> <p>c) If the report on the outcome of the assessment [see bullet b) above] differs from the outcome delivered at the close of the assessment [see bullet a) above], the AB shall provide an explanation to the assessed CAB, in writing.</p>			
7.6.7	Is the AB responsible for the content of all of its assessment reports?			
7.6.8	<p>When nonconformities are identified, does the AB define time limits for correction and/or corrective actions to be implemented?</p> <p>Does the AB require the CAB to provide an analysis of the extent and cause (e.g. root cause analysis) of the nonconformities and to describe within a defined time the specific actions taken or planned to be taken to resolve the nonconformities?</p>			
7.6.9	<p>Does the AB ensure that the responses of the CAB to resolve nonconformities are reviewed to determine if the actions are considered to be sufficient and appropriate?</p> <p>Where the CAB's responses are found not to be sufficient, is further information requested. Additionally, evidence of effective implementation of actions taken may be requested, or a follow-up assessment may be carried out to verify effective implementation of corrective actions.</p>			
7.7 ACCREDITATION DECISION-MAKING				
7.7.1	Does the AB describe its process for all types of accreditation decisions?			

Clause No.	Requirements	Documents of AB	AFRAC Evaluation Team notes for consideration by AB	Response of the AB
7.7.2	<p>Does the AB ensure that each decision on granting, maintaining, extending, reducing, suspending and withdrawing accreditation is taken by competent person(s) or committee(s) different from those who carried out the assessment?</p> <p>However, where maintaining is not related to a reassessment (see 7.9.4) and there is no modification to the scope, or where the reduction, suspension or withdrawal is requested by the CAB, then the AB can implement a process which does not require an independent decision.</p>			
7.7.3	<p>Does the information provided to the accreditation decision-maker(s) for review include the following?</p> <ul style="list-style-type: none"> a) unique identification of the CAB; b) date(s) and type(s) of assessment(s) (e.g. initial, reassessment); c) name(s) of the assessor(s) and, if applicable, technical expert(s) involved in the assessment; d) unique identification of all locations assessed; e) scope of accreditation that was assessed; f) the assessment report(s); g) a statement on the adequacy of the organization and procedures adopted by the CAB to give confidence in its competence, as determined through its fulfilment of the requirements for accreditation; h) sufficient information to demonstrate the satisfactory response to all nonconformities; i) where relevant, any further information that may assist in determining the competence of the CAB as determined through conformity with requirements; j) where appropriate, a recommendation as to the accreditation decision for the proposed scope. 			
7.7.4	<p>Is the AB, prior to making a decision, satisfied that the information is adequate to decide that the requirements for accreditation have been fulfilled?</p>			
7.7.5	<p>Does the AB, without undue delay, make the accreditation decision on the basis of an evaluation of all information received and any other relevant information?</p> <p>Without undue delay, is the CAB be notified in writing of the decision including</p>			

Clause No.	Requirements	Documents of AB	AFRAC Evaluation Team notes for consideration by AB	Response of the AB
	justification where relevant?			
7.7.6	Where the AB uses the results of an assessment already performed by another the AB, does it have assurance that the other AB was operating in accordance with the requirements of this document?			
7.8 ACCREDITATION INFORMATION				
7.8.1	<p>Does the AB provide information on the accreditation to the accredited CAB that identifies the following:</p> <ul style="list-style-type: none"> a) the identity and, where relevant, the AB logo; b) the name of the accredited CAB and the name of the legal entity, if different; c) scope of accreditation; d) locations of the accredited CAB and, as applicable, the conformity assessment activities performed at each location and covered by the scope of accreditation; e) the unique accreditation identification of the accredited CAB; f) the effective date of accreditation and, if applicable, its expiry or renewal date; g) a statement of conformity and a reference to the international standard(s) and/or other normative document(s), including issue or revision used for assessment of the CAB. <p><i>NOTE The information can be provided in an accreditation certificate or other suitable means (e.g. electronic media).</i></p>			
7.8.2	Is the effective date of accreditation the date of or a date after the accreditation decision.?			
7.8.3	<p>Does the scope of accreditation, at least, identify the following:</p> <ul style="list-style-type: none"> a) For certification bodies: <ul style="list-style-type: none"> — the type of certification (e.g. management systems, products, processes, services or persons); — certification scheme(s); — the standards, normative documents and/or regulatory requirements to which management systems, products, processes and services, or persons are certified, as applicable; — industry sectors, where relevant; 			

Clause No.	Requirements	Documents of AB	AFRAC Evaluation Team notes for consideration by AB	Response of the AB
	<ul style="list-style-type: none"> — product, processes, service and persons categories where relevant. b) For inspection bodies: <ul style="list-style-type: none"> — the type of inspection body (as defined in ISO/IEC 17020); — inspection schemes, where relevant; — the field and range of inspection for which accreditation has been granted; — the regulations, inspection methods, standards and/or specifications containing the requirements against which the inspection is to be performed, as applicable. c) For calibration laboratories: <ul style="list-style-type: none"> — the calibration and measurement capability (CMC) expressed in terms of: — measurand or reference material; — calibration or measurement method or procedure and type of instrument or material to be calibrated or measured; — measurement range and additional parameters where applicable, e.g. frequency of applied voltage; — measurement uncertainty. d) For testing laboratories (including medical laboratories): <ul style="list-style-type: none"> — materials or products tested; — component, parameter or characteristic tested; — tests or types of tests performed and, where appropriate, the techniques, methods and/or equipment used. e) For proficiency testing providers: <ul style="list-style-type: none"> — schemes that the proficiency testing provider is competent to provide; — type of proficiency testing items; — the measurand(s) or characteristic(s) or where appropriate the type of measurand(s) or characteristic(s) that are to be identified, measured or tested. f) For reference material producers: <ul style="list-style-type: none"> — types of reference materials (certified reference material, reference material or both); — the reference material matrix or artefact; — the property/properties characterized; 			

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	<ul style="list-style-type: none"> — the approach used to assign property values. <p>g) For validation and verification bodies:</p> <ul style="list-style-type: none"> — identification of the activity (validation or verification or both); — the standards, normative documents and/or regulatory requirements to which validation or verification or both is to be performed, as applicable; — validation and/or verification scheme, where relevant; — industry sector, where relevant. <p>h) For other conformity assessment bodies:</p> <ul style="list-style-type: none"> — the specific conformity assessment activities the CAB is accredited for; — the standards, normative documents and/or regulatory requirements containing the requirements against which the conformity assessment activity is to be performed, as applicable; — conformity assessment scheme, where relevant; — industry sector, where relevant. 			
7.8.4	<p>When the AB uses a flexible scope of accreditation, does it have documented procedures on how it addresses and manages flexible scopes?</p> <p>Does the procedure include how the AB addresses 7.8.3 bullets a) to h), including specifying how the information required for bullets a) to h) shall be maintained and made available on request?</p>			
7.9 ACCREDITATION CYCLE ILAC-G21:09/2012 ; IAF MDS and IAF MLA Text				
7.9.1	<p>Does an accreditation cycle begin at or after the date of the decision for granting the initial accreditation or decision after reassessment (see 7.9.4) and for not longer than five years?</p>			
7.9.2	<p>Does the AB apply an assessment programme for assessing the CAB activities during the accreditation cycle to ensure that the conformity assessment activities representative of the scope of accreditation at the relevant locations are assessed during the accreditation cycle (see 7.4.4)?</p> <p>Are factors such as knowledge obtained by the AB about the CAB's management system and activities and the performance of the CAB considered by the AB when establishing the assessment programme?</p>			

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7.9.3	<p>Does the assessment programme ensure that the requirements of the international standards and other normative documents containing requirements for conformity assessment bodies and the scope of accreditation are assessed taking risk into consideration?</p> <p>Is a sample of the scope of accreditation assessed at least every two years?</p> <p>Does the AB ensure that the time between consecutive on-site assessments does not exceed two years?</p> <p>However, if the AB determines that an on-site assessment is not applicable, does it use another assessment technique to achieve the same objective as the on-site assessment being replaced and justify the use of such techniques (e.g. remote assessment)?</p>			
7.9.4	<p>Before the end of the accreditation cycle, is a reassessment planned and performed taking into consideration the information gathered from assessments performed over the accreditation cycle?</p> <p>Does the reassessment confirm the competence of the CAB and cover all the requirements of the standard(s) for which the CAB is accredited?</p> <p>Is an accreditation decision made after the reassessment?</p>			
7.9.5	<p>Where the AB conducts extraordinary assessments as a result of complaints or changes, or other matters that may affect the ability of the CAB to fulfil requirements for accreditation, does the AB advise CABs of this possibility?</p>			
7.10 EXTENDING ACCREDITATION				
7.10.1	<p>Does the AB have a documented procedure for extending the scope of accreditation?</p> <p>Based on the risk associated with the activities or locations to be covered in the scope extension, does the AB define the appropriate assessment technique(s) to apply and consider the corresponding requirements defined in <u>7.3 to 7.9</u>?</p>			
7.10.2	<p>Does the AB take into account extensions granted when reviewing the assessment programme and planning the subsequent assessment?</p>			

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7.11 SUSPENDING, WITHDRAWING OR REDUCING ACCREDITATION IAF MD 7				
7.11.1	Does the AB have documented procedure(s) and criteria to decide in which circumstances the accreditation shall be suspended, withdrawn or reduced when an accredited CAB has failed to meet the requirements of accreditation or to abide by the rules for accreditation or has voluntarily requested a suspension, withdrawal or reduction?			
7.11.2	Where there is evidence of fraudulent behaviour, or the CAB intentionally provides false information or conceals information, does the AB initiate its process for withdrawal of accreditation?			
7.11.3	Does the AB have a documented procedure and criteria for lifting suspension of accreditation?			
7.12 COMPLAINTS				
7.12.1	Does the AB have a documented process to receive, evaluate and make decisions on complaints? Does the AB, where appropriate, ensure that a complaint concerning an accredited CAB is first addressed by the CAB?			
7.12.2	Is a description of the handling process for complaints available to any interested party?			
7.12.3	Upon receipt of a complaint, does the AB confirm whether the complaint relates to accreditation activities that it is responsible for and, if so, does it deal with it?			
7.12.4	Does the handling process for complaints include at least the following elements and methods: a) a description of the process for receiving, validating, investigating the complaint, and deciding what actions are to be taken in response to it; b) tracking and recording complaints, including actions undertaken to resolve them; c) ensuring that any appropriate action is taken in a timely manner.			
7.12.5	Does the AB acknowledge receipt of the complaint and provide the complainant with progress reports and the outcome?			

Clause No.	Requirements	Documents of AB	AFRAC Evaluation Team notes for consideration by AB	Response of the AB
7.12.6	Is the AB responsible for gathering and verifying all necessary information to validate the complaint?			
7.12.7	Is the AB responsible for all decisions at all levels of the handling process for complaints?			
7.12.8	Is the decision to be communicated to the complainant made by, or reviewed and approved by, individual(s) not involved in the activities in question?			
7.12.9	Does the AB give formal notice of the end of the complaint handling process to the complainant?			
7.12.10	Does the AB ensure that investigation and decision on complaints does not result in any discriminatory actions against the complainant?			
7.13 APPEALS				
7.13.1	Does the AB have a documented process to receive, evaluate and make decisions on appeals?			
7.13.2	Is a description of the handling process for appeals available to any interested party?			
7.13.3	Is the AB responsible for all decisions at all levels of the handling process for appeals?			
7.13.4	Does the AB ensure that investigation and decision on appeals does not result in any discriminatory actions?			
7.13.5	Does the handling process for appeals include at least the following elements and methods: a) a description of the process for receiving, validating, investigating the appeal and deciding what actions are to be taken in response to it; b) tracking and recording appeals, including actions undertaken to resolve them; c) ensuring that any appropriate action is taken in a timely manner.			
7.13.6	When the AB receives the appeal is it responsible for gathering and verifying all necessary information to validate the appeal?			

Clause No.	Requirements	Documents of AB	AFRAC Evaluation Team notes for consideration by AB	Response of the AB
7.13.7	Does the AB acknowledge receipt of the appeal and provide the appellant with progress reports and the outcome?			
7.13.8	Is the decision to be communicated to the appellant made by, or reviewed and approved by, individual(s) not involved in the activities in question?			
7.13.9	Does the AB give formal notice of the end of the appeals handling process to the appellant?			
7.14 RECORDS ON CONFORMITY ASSESSMENT BODIES				
7.14.1	Does the AB maintain records on CABs to demonstrate that requirements for accreditation have been effectively fulfilled?			
7.14.2	Does the AB have a documented policy and documented procedures on the retention of records? Are records of CABs retained at least for the duration of the current cycle plus the previous full accreditation cycle?			
8. INFORMATION REQUIREMENTS				
8.1 CONFIDENTIAL INFORMATION				
8.1.1	Is the AB responsible through legally enforceable agreements for the management of all information obtained or created during the accreditation process? Does the AB inform the CAB, in advance, of the information it intends to place in the public domain? Except for information that the CAB makes publicly available, or when agreed between the AB and the CAB (e.g. for the purpose of responding to complaints), is all other information obtained during the accreditation process considered proprietary information and regarded as confidential?			
8.1.2	When the AB is required by law or authorized by contractual arrangements to release confidential information, is the CAB, unless prohibited by law, notified of the information provided?			
8.1.3	Is information about the CAB obtained from sources other than the CAB (e.g. complainant, regulators) confidential between the CAB and the AB?			

Clause No.	Requirements	Documents of AB	AFRAC Evaluation Team notes for consideration by AB	Response of the AB
	Is the provider (source) of this information confidential to the AB and not shared with the CAB, unless agreed by the source?			
8.1.4	Do personnel, including any committee members, contractors, personnel of external bodies, or individuals acting on the AB's behalf, keep confidential all information obtained or created during the performance of the AB's activities, except as required by law?			
8.2 PUBLICLY AVAILABLE INFORMATION				
8.2.1	<p>Does the AB make publicly available through publications, electronic media or other means, without request, and update at adequate intervals, the following:</p> <p>a) information about the AB:</p> <ul style="list-style-type: none"> — information about the authority under which the AB operates; — a description of the AB's rights and duties; — general information about the means by which the AB obtains financial support; — information about the AB's activities, other than accreditation; — information about international recognition arrangements in which it is involved. <p>b) information about accreditation process:</p> <ul style="list-style-type: none"> — detailed information about its accreditation schemes, including its assessment and accreditation processes; — reference to the documents containing the requirements for accreditation; — general information about the fees relating to accreditation; — a description of the rights and obligations of conformity assessment bodies; — information on procedures for lodging and handling complaints and appeals; — information on the use of the accreditation symbol or other claims of accreditation. 			
8.2.2	As a minimum does the AB make publicly available without request, information on conformity assessment bodies as described in 7.8.1 and, where applicable, information on suspension or withdrawal of accreditation, including dates and scopes?			

Clause No.	Requirements	Documents of AB	AFRAC Evaluation Team notes for consideration by AB	Response of the AB
	<i>NOTE In exceptional cases, access to certain information can be limited upon the request of the CAB (e.g. for security reasons).</i>			
8.2.3	Does the AB give due notice of any changes to its requirements for accreditation? Does it take account of views expressed by interested parties before deciding on the precise form and effective date of the changes?			
8.2.4	Following a decision on, and publication of, the changed requirements, does the AB verify that each accredited body conforms to the changed requirements?			
9. MANAGEMENT SYSTEM REQUIREMENTS IAF/ILAC-A2:01/2018; Section 2				
9.1 GENERAL				
9.1.1	Has the AB established, documented, implemented and maintained a management system that is capable of supporting and demonstrating the consistent achievement of the requirements of this document? In addition to meeting the requirements of clauses in this document, does the AB implement a management system in accordance with option A (see 9.1.4) or with option B (see 9.1.5)?			
9.1.2	Has the AB's management established and documented policies and objectives related to competence, consistency of operation and impartiality? Has the management provided evidence of its commitment to the development and implementation of the management system in accordance with the requirements of this document? Does the management ensure that the policies are understood, implemented and maintained at all levels of the AB's organization?			
9.1.3	Has the AB's top management assigned responsibility and authority for: a) ensuring that policies and processes needed for the management system are established, implemented and maintained; b) reporting to top management on the performance of the management system and any need for improvement.			

Clause No.	Requirements	Documents of AB	AFRAC Evaluation Team notes for consideration by AB	Response of the AB
9.1.4	Under option A, as a minimum, does the management system of the AB address the following, as elaborated in <u>9.2</u> to <u>9.8</u> : — management system; — document control; — records control; — nonconformities and corrective actions; — improvement; — internal audits; — management reviews.			
9.1.5	Under option B, does an AB that has established and maintains a management system, in accordance with the requirements of ISO 9001, and that is capable of supporting and demonstrating the consistent fulfilment of ISO/IEC 17011, fulfil at least the management system section requirements?			
9.2 MANAGEMENT SYSTEM				
9.2.1	Does the AB operate a management system appropriate to the type, range and volume of work performed? Are all applicable requirements of this document addressed either in a manual or in associated documents? Does the AB ensure that the manual and relevant associated documents are accessible to its personnel and ensure effective implementation of the management system's processes?			
9.2.2	Does the AB continually improve effectiveness of its management system in accordance with the requirements of this document.?			
9.3 DOCUMENT CONTROL				
	Has the AB established documented procedures to control all documents (internal and external) that relate to its accreditation activities? Does the procedures define the controls needed: a) to approve documents for adequacy prior to issue; b) to review and update as necessary and re-approve documents; c) to ensure that changes and the current revision status of documents are identified; d) to ensure that relevant versions of applicable documents are available at			

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	points of use; e) to ensure that documents remain legible and readily identifiable; f) to prevent the unintended use of obsolete documents, and to apply suitable identification to them if they are retained for any purpose; g) to safeguard, where relevant, the confidentiality of documents.			
9.4 RECORDS CONTROL				
9.4.1	Has the AB established documented procedures to define the controls needed for the identification, storage, protection, retrieval, retention time and disposition of its records?			
9.4.2	Has the AB established documented procedures for retaining records for a period consistent with its contractual obligations? Is access to these records consistent with the confidentiality arrangements?			
9.5 NONCONFORMITIES AND CORRECTIVE ACTIONS				
	Has the AB established documented procedures for the identification and management of nonconformities in its own operations? Does the AB also, where necessary, take actions to eliminate the causes of nonconformities in order to prevent recurrence? Are corrective actions appropriate to the impact of the problems encountered? Do the procedures cover the following: a) identifying nonconformities (from complaints, internal audits or other sources); b) determining the causes of nonconformity; c) correcting nonconformities; d) evaluating the need for actions to ensure that nonconformities do not recur; e) determining the actions needed and implementing them in a timely manner; f) recording the results of actions taken; g) reviewing the effectiveness of corrective actions.			

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9.6 IMPROVEMENT				
	Has the AB established documented procedures to identify opportunities for improvement and to identify risks and take appropriate actions (see also <u>4.4</u>)?			
9.7 INTERNAL AUDITS				
9.7.1	Has the AB established documented procedures for internal audits to verify that the AB conforms to the requirements of this document and that the management system is implemented and maintained?			
9.7.2	Are internal audits performed normally once a year? Is an audit programme established, taking into consideration the importance of the processes and areas to be audited, as well as the results of previous audits?			
9.7.3	The frequency of internal audits may be reduced if the AB demonstrates that its management system has been effectively implemented according to this document and has proven stability.			
9.7.4	Does the AB ensure that: a) internal audits are conducted by competent personnel knowledgeable in accreditation, auditing and the requirements of this document; b) internal audits are conducted by personnel different from those who perform the activity to be audited; c) personnel responsible for the area audited are informed of the outcome of the audit; d) actions are taken in a timely and appropriate manner; e) any opportunities for improvement are identified.			
9.8 MANAGEMENT REVIEWS				
9.8.1	Has the AB's management established documented procedures to review its management system at planned intervals to ensure its continuing adequacy and effectiveness in satisfying the relevant requirements, including this document and the stated policies and objectives? Are these reviews conducted at least once a year?			
9.8.2	Do inputs to management reviews include, current performance and			

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	opportunities for improvement related to the following: a) results of audits; b) results of peer evaluation, where relevant; c) participation in international activities, where relevant; d) safeguarding impartiality; e) feedback from interested parties; f) new areas of accreditation; g) trends in nonconformities; h) status of corrective actions; i) the status of actions to address risks and opportunities; j) follow-up actions from earlier management reviews; k) fulfilment of objectives; l) changes that could affect the management system; m) analysis of appeals; n) analysis of complaints.			
9.8.3	Do the outputs from the management review include actions related to: a) improvement of the management system and its processes; b) improvement of services and accreditation process in conformity with the relevant standards and expectations of interested parties; c) need for resources; d) defining or redefining policies, goals and objectives.			
	AFRAC MD 002 Section 2			
	AFRAC MD 030			
ILAC P9	ILAC POLICY FOR PARTICIPATION IN PROFICIENCY TESTING ACTIVITIES			
	Does the AB comply with the requirements of ILAC P9?			
ILAC P10	ILAC POLICY ON TRACEABILITY OF MEASUREMENT RESULTS			
	Does the AB comply with the requirements of ILAC P10?			
ILAC P14	ILAC POLICY FOR UNCERTAINTY IN CALIBRATION			
	Does the AB comply with the requirements of ILAC P14?			
ILAC P15	APPLICATION OF ISO/IEC 17020:2012 FOR THE ACCREDITATION OF INSPECTION BODIES			
	Does the AB comply with the requirements of ILAC P15?			