

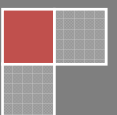
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AFRAC PEER EVALUATORS GUIDE

AFRICAN ACCREDITATION COOPERATION

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1. PURPOSE

This document is intended to provide guidance for AFRAC evaluation teams to assist them in conducting the peer evaluations in accordance with the requirements of AFRACM 001

It is considered necessary for the harmonization of the work of AFRAC evaluators during the evaluation process including preparing, planning and conduct of the evaluations in a consistent and equivalent manner.

It can also be used by accreditation bodies that are subject to these evaluations by AFRAC evaluation teams against the AFRAC MRA requirements for acceptance as a signatory to the AFRAC MRA.

2. KEY ISSUES PRIOR TO EVALUATION

2.1 Team Selection

The lead evaluator is selected by AFRAC MRA committee chair. Team members are selected by AFRAC MRA committee chair in consultation with the lead evaluator then endorsed by the applicant body. In selecting the evaluators:

- i) The current evaluators' competence list shall be used;
- ii) Check that no conflict of interest of team members with the applicant body;
- iii) Sufficient evaluators shall be appointed to cover the scope for each accreditation activity (testing, Calibration, inspection, etc.); and
- iv) Ensure adequate coverage of scope of AB activities.

2.2 Information and Documents Received by the Team

- i) A complete set of applicant body documents, as listed in F007 are sent to the evaluation team by AFRAC Secretariat at least three months in advance of the evaluation visit.
- ii) The team members should start reviewing the documents directly after receipt. In essence the team leader should be able to prepare a part of the report with background information before the evaluation visit. This part of the preparation is the same for all types of evaluations. The total time involved in studying the documentation may take an average of 3 to 5 days for the TL and 2 to 4 days for the team members. The team members can use AFRAC check list for peer evaluation F 026 (Annex 1) to record their observations.
- iii) The documents of the applicant body includes:
 - The applicant body's management system documentation in which its policies and procedures, and the responsibility for implementation of the quality system are clearly described. Full details of the staff of the applicant body, including their professional qualifications and experience, and length of experience in each type of accreditation activity shall also be provided if not given in the quality documentation;

- Accreditation criteria and associated generally applicable technical criteria that the applicant body publishes;
- All other general criteria published which include formal rules or regulations affecting the applicant body's operation and the responsibilities and obligations of its accredited organizations;
- Self-evaluation report against ISO/IEC 17011 and other AFRAC requirements (IAF/ILAC A3); and
- A report on its analysis of its relationship with related bodies to determine the potential for conflict of interest.

2.3 Selection of Witnessing Activities

- i) It is important that a representative sample of the range of accreditation activities under evaluation is witnessed by the team.
- ii) The time schedule and its time span will depend on the scope of the applicant body's activities and the geographical area it covers. In case of multi-economy accreditation body or widespread economy, travelling time and logistics are critical and have to be carefully planned. Additional time may have to be allocated when necessary.
- iii) If it is difficult to identify suitable assessments to witness during the evaluation visit, witnessing may have to be arranged in weeks before the visit to the applicant office.

2.4 Planning and Managing Observers with the Evaluation Team

- i) AFRAC may request that observers from AFRAC members other than the applicant body be permitted to observe an evaluation for the intention to become an AFRAC evaluator and observing an evaluation is part of the training. The following aspects are considered :
 - The lead evaluator would generally accept such observers.
 - The agreement of the applicant body.
 - The Observer's body will pay own cost
 - Observers shall sign AFRAC declaration of confidentiality and impartiality
 - Observer should be involved in all stages of the evaluation process as if they are a member of the evaluation team.
 - The applicant body under evaluation is responsible to seek the agreement of its CABs for observers to attend witnessed assessments.
- ii) For other requests to host observers, the applicant accreditation body under evaluation and the lead evaluator who, by mutual agreement, allow observers at an evaluation. In this case, the role of observer is to observe only. They should not involve themselves in the evaluation of the AB. The Observer's body will pay own cost and observers shall sign AFRAC declaration of confidentiality and impartiality.

2.5 Lead Evaluator Assignments

The team leader shall have ultimate responsibilities for all phases of the evaluation and is delegated authority by the MRA Council to make final decisions regarding the conduct of evaluation.

2.5.1 Assignments After Team Selection

- i) Advise AFRAC Secretariat of assigned tasks to team members and the date of visit after approval of the applicant body
- ii) Agree with applicant body on arrangements for booking and travel between countries.
- iii) Obtain from the AFRAC Secretariat a copy of full report from previous evaluation if any.
- iv) Obtain copies of set of documents of the applicant body.
- v) Obtain list of possible assessments for witnessing from Applicant body.
- vi) Agree with applicant body on agenda for the visit:
 - Number of days for evaluation visit, may exceed 5 days if necessary.
 - Any need to do witnessing before the evaluation visit.
 - Geographical and inter-country flight considerations (for witnessing)
 - Assign tasks to team members.
 - Acceptance of the applicant body when an observer is included in the team if necessary.
 - Other arrangements: a meeting room at team's hotel, the need for interpreters, any dietary requirements for team members.

2.5.2 Assignment Just Prior to Evaluation Visit

- i) Prepare a detailed evaluation program for the visit and have it endorsed by applicant body using AFRAC Evaluation Program Template F027 (Annex 2) at least one week before the commencement of the evaluation. In preparing the evaluation program, the following shall be considered:
 - Assign tasks to each team member.
 - Include a half-day team meeting prior to start of evaluation.
 - Allow for team meetings each evening, if necessary.
 - Allow extra time for team leader in applicant body office.
 - Advise accreditation body of days that are not convenient for any formal hospitality function, e.g. evening of day 1, evening prior to last day.
- ii) Ensure team members have all necessary applicant body documents and other briefing documents, as well as evaluation timetable.
- iii) Do document review and assign some tasks to team members for this review.

- iv) Ensure all team members and any observers sign AFRAC Declaration of confidentiality and impartiality F006 (Annex 3).
- v) Prepare AFRAC Performance Log for Team Member F015 (Annex 4) and AFRAC Performance Log for Team Leader F024 (Annex 5) for distribution to team members at end of evaluation.

3. KEY ISSUES DURING THE EVALUATION

The evaluation team shall take into consideration the following issues during an evaluation.

3.1 Conducting an Opening Meeting

- i) Conducted at applicant body office
- ii) Introducing the team members and the applicant body staff
- iii) Presentation by lead evaluator outlining aims, objectives and procedure to be adopted by evaluation team.
- iv) Presentation by head of applicant body.
- v) Any updates to the visit arrangements are presented and agreed.

3.2 Witnessing Activities

- i) It is very important to spend ample time to check on how the applicant body selects its assessors and experts for a particular assessment. Thorough checking of records from assessments is required, including matching the assessor's expertise to the scope of the conformity assessment body being assessed and checking that on-site assessment time is adequate to cover the scope of accreditation being assessed.
- ii) The evaluation team shall witness at least one initial assessment or a re-assessment for every scope or 2 surveillances.
- iii) The assessments witnessed shall involve a range of technical fields' representative of the accreditations granted by the applicant body.
- iv) The evaluation team shall pay particular attention to the procedures used by the assessment team and shall note deviations by the assessment team from the specified requirements when they are observed.
- v) The evaluation team members shall maintain the role of observer at all times during the witnessing to avoid influencing the performance or procedures of the assessors and the responses by staff of the conformity assessment body being assessed. Any observations made by the evaluation team regarding the organizations under assessment, the assessors, the applicant body's staff or the applicant body's procedures may be made after the assessment.
- vi) AFRAC Witness Report F 014 (Annex 6) shall be used to record observations.

3.3 Evaluation of the Administration of the System

- i) Part of the evaluation visit shall be devoted to establishing confidence in the applicant body's permanent secretariat and the administrative and organizational structure and arrangements for overall operation of the system.
- ii) The evaluation team shall set aside sufficient time for this part of the evaluation. During this time the team shall hold discussions with a cross-section of the staff operating at all levels in the organization and shall discuss the documentation used by the applicant body, i.e. quality manual, accreditation criteria, specific procedures, etc., and shall make an appraisal of the effectiveness of the implementation of the documented policies and procedures of the applicant body, as set out in its quality manual and associated documents. Files, records and archives of the applicant body shall be checked. The evaluation team shall also evaluate the relationship of the applicant body with technical and other organizations in its economy, and the existence and content of any MRAs with other accreditation bodies.
- iii) The evaluation team shall check that the applicant body has implemented all the requirements of the relevant ISO (/IEC) standard(s). After examination of the quality system documentation (or at the same time) the team shall check the extent to which the applicant body's accreditation criteria incorporate the requirements of the appropriate ISO (/IEC) standard(s) and any AFRAC MRA supplementary requirements. A record shall be made of any requirements not covered and of any alternative or additional requirements used.
- iv) The evaluation team shall examine any guidance documents provided to the staff of the applicant body detailing the use and implementation of the accreditation criteria, and any rules or regulations issued by the applicant body.
- v) The evaluation team shall check the availability and content of any documents containing additional requirements or guidance to assessors, and conformity assessment bodies.
- vi) The evaluation team shall check the applicant body's procedures for issuing accreditation documents, defining the scope for which accreditation has been granted, identifying approved signatories or key personnel, as appropriate, and maintaining such information up-to-date.
- vii) Form F 026 can be used to record the team notes or findings draft.

3.4 Evaluation Concerning Assessors

- i) The applicant body's policies and procedures for selecting, training, contracting and appointing internal and external assessors shall be examined. Checks shall be made to ensure that up-to-date records detailing the qualifications, experience, expertise, training and performance monitoring of assessors and, as appropriate, technical experts are

maintained. The evaluation team shall ensure that each assessment is conducted by a competent personnel familiar with the requirements of the accreditation system, trained in the techniques of assessment, and possessing appropriate technical expertise for their assignment. The evaluation team shall check that the assessment team leader or a member of each assessment team has sufficient knowledge in the evaluation of quality systems appropriate for the accredited or applicant conformity assessment bodies.

- ii) Where accreditation bodies use a staff member as the assessment team leader or as part of the assessment team the same requirements apply.

3.5 Evaluation Concerning Assessment Reports

- i) The evaluation team shall examine the procedure for reporting the findings of assessment teams. In particular, the evaluation team shall check that any corrective actions required of assessed conformity assessment bodies are carried out within the required time frame. If the assessment findings are subject to endorsement by a committee before a decision on accreditation is made, records of the decisions of such committees shall be examined. The evaluation team shall review the applicant body's records of the accreditation process to ensure these are sufficient to justify the decision to accredit or to deny accreditation.

3.6 Evaluation of Committees

Where committees are used to review the reports of assessments, to assist in the decision-making process or to provide technical advice on criteria, assessors, etc., their terms of reference and the procedures for appointment of committee members shall be examined.

3.7 Evaluation of Proficiency Testing (PT) Activities

- i) The policies and procedures of the applicant body (accreditation of Laboratories and inspection bodies) for proficiency testing shall be evaluated.
- ii) The way in which the results of proficiency testing activities are used by the applicant body shall be examined.
- iii) The evaluation team shall discuss with the relevant members of the applicant body staff the following matters:
 - Identification of areas where proficiency testing activities are available or should be initiated;
 - Criteria for selection, organization and use of proficiency testing activities;
 - Criteria for accepting proficiency testing activities provided by PT providers;
 - Policies and procedures for corrective action when participant results are outside the predefined criteria;
 - Policies and procedures for Proficiency testing plans developed by participants; and
 - Criteria for alternative tools when proficiency testing programs are not available or not appropriate.

- iv) The evaluation team shall establish whether the applicant body has adequate policies and procedures to ensure the requirement of Proficiency Testing as addressed in ILAC P 9 are fulfilled.

3.8 Evaluation Concerning Metrological Traceability

- i) If the applicant body offers accreditation to calibration laboratories as well as to testing laboratories and/or inspection bodies, the evaluation team shall check the relationship between the accreditation system and the national or regional measurement system, and the arrangements made to ensure metrological traceability.
- ii) The evaluation team shall evaluate how traceability of measurement and associated estimates of measurement uncertainty are established, wherever applicable, in accordance with the provisions of applicable ILAC documents and ISO (/IEC) standard(s).
- iii) The evaluation team shall establish whether the applicant body has adequate policies and procedures to ensure the requirement of metrological traceability as addressed in ILAC P10 are fulfilled.

3.9 Classification of Findings

- i) All findings from the office evaluation and witnessing activities are discussed by the team during the evening meetings. The team leader comes to a final conclusion of the classification of these findings in consultation with the team members in the last team meeting before the day of the closing meeting.
- ii) The classification of some findings may be changed as a result of the comments and discussion with the applicant body before the closing meeting. The applicant body may provide evidence or justification in this regard.
- iii) The classification of findings based on the guidance in part 3 section C of IAF/ILAC A3
 - **Nonconformity:** Finding where the AB does not meet a requirement of standard ISO/IEC 17011, its own management system and the Arrangement requirements. AB is expected to respond to each nonconformity by taking appropriate corrective action and providing evidence of effective implementation.
 - **Concern:** Finding where the AB's practice may develop into a nonconformity. The evaluated AB is expected to respond to a concern by providing an appropriate action plan and time schedule for implementation.
 - **Comment:** Finding about documents or AB's practices with a potential of improvement; but still fulfilling the requirements. The evaluated AB is encouraged to respond to comments.

3.10 Conducting Closing Meeting

- i) Applicant body is given an opportunity to comment on and discuss the evaluation team's findings and recommendations and to clarify any misunderstandings that may have arisen prior to closing meeting.
- ii) Closing meeting is conducted at the applicant office.
- iii) Presentation and discussion of findings with applicant body.
- iv) The applicant body agrees with the team on next steps to response to findings.
- v) The evaluation team leaves a complete draft of the summary report with the applicant body.
- vi) If a follow-up visit is recommended to verify corrective actions, this should be stated if possible, and documented in the draft summary report.

3.11 Lead Evaluator Assignments

- i) Lead the opening meeting and ensure any queries from team members have been clarified with applicant body.
- ii) Ensure the evaluation remains on track.
- iii) Ensure team members gather sufficient objective evidence to support their findings.
- iv) Mentor less experienced team members.
- v) Ensure Accreditation Body receives feedback, as appropriate, throughout the evaluation.
- vi) Gather information from team members each evening (if geographical location and channels of communication allow):
 - Main meeting on evening of day 1 to allow areas for follow-up to be identified and assigned to team members; evening prior to last day when findings should be finalized as much as possible
- vii) Ensure team discussions remain on track.
- viii) Ensure team members' findings are based on clear and objective evidence, are correctly classified and correctly assigned to clauses of ISO/IEC 17011.
- ix) Prepare draft summary report and list of nonconformities, concerns and comments for presentation to accreditation body at closing meeting.
 - The draft summary report should be reviewed for comment by the accreditation body prior to the closing meeting.

- The draft summary report should highlight any findings that are recurrences of findings from the previous evaluations.
- x) AFRAC Template for Findings, AB responses and Evaluation Teams Reactions F 008 (Annex 7) is used to record the findings.
- xi) Ensure, during closing meeting, that any misunderstandings are clarified, disagreements resolved.
- xii) Ensure draft summary report and confidentiality statement are signed by all team members.

4. KEY ISSUES AFTER THE EVALUATION

4.1 Team Activities after the Evaluation

- i) The team members receive feedback and response to findings from the applicant body through the lead evaluator.
- ii) The applicant body responds to lead evaluator on all findings including corrective action plan.
- iii) Electronic means to communicate with the team members is sufficient to provide feedback and response.
- iv) The evaluation team needs to spend time on reviewing the applicant body corrective actions and on the preparation of the evaluation team's comment to these corrective actions.
- v) The evaluation team's reaction to each response to every finding is submitted in writing to the accreditation body for consideration.
This process may be repeated until acceptance of the corrective actions by the team.
- vi) Form F008 is used to address the response of the applicant body and team members' comments on this response.
- vii) Prepare AFRAC Performance Log for Team Leader F024 to be completed by each team member and send it to AFRAC Secretariat.

4.2 Lead Evaluator Assignments

- i) Provide a draft full report, agreed among the team members, to the accreditation body for comment and correction of factual errors (if necessary) within two months of the evaluation visit.
This draft report includes the results of the witness activities and the full text of the summary report that has been provided at the end of the evaluation visit
- ii) Review the accreditation body corrective action and response report, assigning parts to team members, as applicable.

- iii) Ensure accreditation body provides evidence of identification of and correction of the root cause(s) of nonconformities and concerns.
- iv) Advise the Accreditation Body if the response is acceptable within one month of its receipt.
- v) Once the team is satisfied that the accreditation body's response is satisfactory and all necessary corrective action has been taken, prepare a recommendation to the AFRAC MRA Committee.
- vi) Prepare the final evaluation report within one month from the team satisfaction with the accreditation body response. The report is prepared according to IAF/ILAC A3, Section 3 which contains information concerning the structure and timeline for writing and presenting a report.
- vii) Typical Structure and Content of a Final Evaluation Report:
 - Cover page;
 - Contents;
 - Summary: name and type of accreditation body - organizations involved in the evaluation - next steps in the process- any recommendations - reference to the nonconformities, concerns and comments - signed by all team members;
 - Introduction: reason for the evaluation - the participants - a summary of the content of the evaluation - criteria against which the evaluation was performed -evaluation activities - provisions of documentation and translation - types of assessments witnessed - institutions visited and comment on implementation of corrective actions from the previous evaluation (if applicable);
 - Performance of the accreditation body : As per Part 2 section 2.1 and 2.2 of IAF/ILAC A3
 - Arrangement obligations: As per the applicable Clause of IAF/ILAC A3; and
 - Appendices: findings as left at end of evaluation visit - Evaluation program and agenda - Reports of witnessed assessments.
- viii) Send the full report, accreditation body response and evidence of corrective actions, evidence of team consideration of that response, team recommendation related to MRA recognition and re-evaluation period, a list of the CABs whose assessments were witnessed during the evaluation to the Chair of AFRAC MRA committee and to AFRAC Secretariat (electronically).
- ix) Present a verbal report to the AFRAC MRA committee when required, summarizing the team's findings and supporting the team's recommendations.
- x) Prepare AFRAC Performance Log for Team member F015 to be completed for each team member and send it to AFRAC secretariat.

5. KEY DOCUMENTS USED BY THE EVALUATION TEAM

IAF/ILAC A-series

- A2 IAF/ILAC Multi-Lateral Recognition Arrangements (Arrangements): Requirements for Evaluation of a Single Accreditation Body.
- A3 IAF/ILAC Multi-Lateral Recognition Arrangements (Arrangements): Narrative framework for Reporting on the Performance of an Accreditation Body (AB) – A Tool for the Evaluation Process.
- A5 IAF/ILAC Multi-Lateral Mutual Recognition Arrangements (Arrangements) Application of ISO/IEC 17011.

ILAC P series and guidance documents

- P5 ILAC Mutual Recognition Arrangement (Arrangement).
- P8 ILAC Mutual Recognition Arrangement (Arrangement): Supplementary Requirements and Guidelines for the Use of Accreditation Symbols and for Claims of Accreditation Status by Accredited Laboratories and inspection bodies.
- P9 ILAC Policy for Participation in Proficiency Testing Activities.
- P10 ILAC Policy on Traceability of Measurement Results.
- P14 ILAC Policy for Uncertainty in Calibration (for ABs whose proposed scope includes calibration).
- P15 Application of ISO/IEC 17020: 2012 for Accreditation of Inspection Bodies.
- G18 Guidelines for the Formulation of Scopes of Accreditation for Laboratories
- G19 Modules in a Forensic Science Process.
- G21 Cross Frontier Accreditation – Principles for Avoiding Duplication.
- G26 Guidance for the implementation of a Medical Laboratory Accreditation System.

IAF mandatory documents

- IAF MD1 Certification of Multiple Sites Based on Sampling.
- IAF MD2 Transfer of Accredited Certification of Management Systems.
- IAF MD3 Advanced Surveillance and Recertification Procedures.
- IAF MD5 Duration of QMS and EMS Audits.
- IAF MD7 Harmonization of Sanctions to be applied to Conformity Assessment Bodies.
- IAF MD10 Assessment of Certification Body Management of Competence in Accordance with ISO/IEC 17021:2011.
- IAF MD11 Application of ISO/IEC 17021 for Audits of Integrated Management Systems.
- IAF MD12 Assessment of Certification Activities for Cross Frontier Accreditation.
- IAF MD15 Collection of Data to Provide Indicators of MS CB' Performance.
- IAF MD16 Application of ISO/IEC 17011 for the Accreditation of Food Safety Management Systems (FSMS) Certification Bodies.
- IAF MD17 Witnessing Activities for the Accreditation of Management Systems Certification Bodies.
- IAF MD19 IAF mandatory Document for the Audit and Certification of a Management System operated by a Multi-Site Organisation (where sampling is not appropriate)
- IAF MD20 Generic Competence for AB Assessors: Application to ISO/IEC 17011

AFRAC documents

- M001 Policies and Procedures for an MRA among AB's.
- M002 AFRAC MRA.
- P009 AFRAC Procedure for adopting ILAC and IAF documents.
- P010 AFRAC Procedure for Pre Peer Evaluation Visit.
- P011 AFRAC Procedure for the Selection, Training, Qualification and Monitoring the Performance of Peer Evaluators.
- A004 Guidelines for Use of AFRAC Logo.
- A005 AFRAC Code of Ethics.
- A012 AFRAC MRA Committee Terms of Reference.

6. ANNEXES

- Annex 1: AFRAC check list for peer evaluation - F026.
- Annex 2: AFRAC Evaluation Program Template - F027.
- Annex 3: AFRAC Declaration of confidentiality and impartiality - F006.
- Annex 4: AFRAC Performance Log for Team Member - F015.
- Annex 5: AFRAC Performance Log for Team Leader - F024.
- Annex 6: AFRAC Witness Report - F014.
- Annex 7: AFRAC Template for Findings, AB responses and Evaluation Teams Reactions - F008.