Certification body of quality management systems
“Centre for certification of quality systems “Interecoms”

PQS D-06-21

APPROVE
The Head of the CB QMS

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P R O C E D U R E

Quality management system

CARRING OUT AUDITS

OF QUALITY MANAGEMENT SYSTEMS

Issue 12

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Contents

PROCEDURE

Carrying out audits of quality management systems	**PQS D-06-21, Issue 12**
In substitution of	**PQS-06-18, Issue 11**

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1. SCOPE

This procedure establishes the process for conducting audits of quality management systems of QMS organizations performed by the Certification body of quality management systems (hereinafter CB QMS) “Centre for certification of quality systems “Interecoms” (hereinafter CCQS).

The procedure has been developed in accordance with the requirements of ISO/IEC 17021.

Compliance with the requirements of this procedure is mandatory for the CB QMS personnel during the execution of certification works, inspection control and recertification of quality management systems (QMS) of the applicants.

The procedure is intended for:

- personnel of the CB QMS and involved staff;
- bodies carrying out the accreditation of the CCQS "Interecoms”;
- applicants and certificate holders using the services of the the CB QMS;
- other bodies providing certification of quality management systems, products and services within the framework of the agreements concluded with them.

2. NORMATIVE REFERENCES

The CB QMS applies in its field of activity the rules and provisions of the following documents:

ISO/IEC 17021:2015	– Conformity assessment – Requirements for bodies providing audit and certification of management systems
ISO 9001:2015	– Quality management systems – Requirements
ISO 19011:2018	– Guidelines for auditing management systems
ISO/IEC 17000:2020	– Conformity assessment – Vocabulary and general principles

ISO/IEC 17021-3:2017	– Conformity assessment – Requirements for bodies providing audit and certification of management systems – Part 3: Competence requirements for auditing and certification of quality management systems
IAF MD 1:2018	– IAF Mandatory Document for the Audit and Certification of a Management System Operated by a Multi-Site Organization
IAF MD 4:2018	– IAF Mandatory Document for the Use of Information and Communication Technology (ICT) for Auditing/Assessment Purposes
IAF MD 5:2019	– IAF Mandatory Document Determination of Audit Time of Quality, Environmental, and Occupational Health & Safety Management Systems

3. TERMS AND ABBREVIATIONS

3.1 Terms

The procedure uses terms with the corresponding definitions in accordance with ISO 9000; ISO / IEC 17000.

3.2 Used abbreviations:

IC	Inspection control (supervisory audit)
CB QMS, CB	Certification body of quality management systems
QM	Quality manual
QMS	Quality management system
CCQS “Interecoms”	Centre for certification of quality systems “Interecoms”
CI	Committee on Impartiality
DakkS	German accreditation system
MM	Mass media
NC	Nonconformity

4 AUDIT PROCESS

4.1 General requirements

4.1.1 Audit program

4.1.1.1 The certification audit program includes a two-stage initial audit, a surveillance audit (inspection control) – in a year and two years, and a recertification

audit – in three years prior to expiration of the certificate. The three-year certification cycle begins with a decision on certification or recertification.

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

The Form of the audit Program is given in Annex 1.

4.1.1.2 The procedure and sequence of the certification audit process are given in Annex E of ISO / IEC 17021-1-2015.

4.1.2 Audit plan

4.1.2.1 General

The CB QMS prepares a plan for each audit (primary, surveillance and recertification) in accordance with the audit program.

Audit plan based on the documented requirements of the CB QMS.

The Form of an audit Plan is given in Annex 2

4.1.2.2 Determining audit objectives, scope and criteria.

4.1.2.2.1 The audit objectives shall be determined by the certification body. The audit scope and criteria, including any changes, shall be established by the certification body after discussion with the client.

4.1.2.2.2 The audit objectives shall describe what is to be accomplished by the audit and shall include the following:

a) determination of the conformity of the client's QMS, or parts of it, with audit criteria;

b) determination of the ability of the QMS to ensure the client meets applicable statutory, regulatory and contractual requirements;

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

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

4.1.2.2.3 The audit scope shall describe 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 may not cover the full certification scope, but the

totality of audits shall be consistent with the scope specified in the document issued as a result of certification.

4.1.2.2.4 The audit criteria should be used as a reference to determine conformity and shall include:

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

4.1.2.3 Preparing an audit plan

The audit plan shall be appropriate to the objectives and the scope of the audit. The audit plan 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 audit activities will be performed, including visits to temporary sites, where appropriate;

e) the expected date and duration of on-site audit activities;

f) the roles and responsibilities of the audit team members and accompanying persons.

4.1.3 Audit team selection and consolidation of duties.

4.1.3.1 The formation of the audit team, including its leader, is carried out on the basis of the competence necessary to achieve the objectives of the audit (PQS D-12).

Where the audit is being conducted by only one auditor, the auditor shall have the competence to perform the duties of an audit team leader applicable for that audit.

4.1.3.2 In deciding the size and composition of the audit team, consideration shall be given to the following:

- audit objectives, scope, criteria and estimated audit time;
- area of activity of the organization;
- labor costs for the audit;
- the need to ensure the overall competence of the audit team to achieve the objectives of the audit;
- requirements of laws, statutory acts, technical regulations applicable to the assessment;
- ensuring the independence of the audit team members from the certified organization;

- ability of the audit team members to interact effectively with the audited organization;

- possibility of a combined, integrated or joint audit;

- previous audit of the client's QMS performed by the team members;

- language of the audit.

4.1.3.3 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.

4.1.3.4 Auditors-in-training may participate in the audit team, 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.

4.1.3.5 The audit team leader, in consultation with the audit team, shall 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 the work assignments may be made as the audit progresses to ensure achievement of the audit objectives.

To confirm the overall competence of the audit team, it is necessary to:

1) identify the knowledge and skills needed to achieve the objectives of the audit;

2) select the members of the group in such a way that the audit team in aggregate had knowledge of the criteria, procedures and methods of audit, as well as special knowledge of the specifics of production processes

The composition of the group is approved by the leadership of the certification body.

4.1.4. Determining audit time

4.1.4.1. Determination of QMS audit time is carried out according to IAF MD 5:2019.

The audit time for all types of audits includes the total time on-site at a client's location (physical or virtual) and time spent off-site carrying out planning, document review, interacting with client personnel and report writing.

The duration of the on-site certification audit should not be less than 80% of the total audit time. This applies to initial, inspectional (surveillance) and recertification audits.

Travel (en-route or between sites) and any breaks are not included in the on-site duration of QMS certification audits.

4.1.4.2. The average duration of QMS certification audits calculated in audit days.

The number of calculated audit days at the planning stage cannot be reduced by increasing the duration of the auditor's working day. An exception is possible for the implementation of an effective audit of activities in shifts, which may require an increase in the duration of the working day.

If after the calculation the result is a decimal number, the number of days should be adjusted to the nearest half day (e.g.: 5.3 audit days becomes 5.5 audit days, 5.2 audit days becomes 5 audit days).

The effective number of personnel as defined above is used as a basis for the calculation of QMS audit time. Considerations for determining the effective number of employees include part-time personnel and employees partially included in scope, those working on shifts, administrative personnel and all categories of office staff, repetitive processes and the employment of large numbers of unskilled personnel in some countries.

In the case of seasonal work, the calculation of the effective headcount should be based on the staff normally present during the peak periods of seasonal work.

Dependent upon the hours worked, part time personnel numbers and employees partially in scope may be reduced or increased and converted to an equivalent number of full time personnel.

When a high percentage of staff perform certain activities / occupy positions that are considered repetitive (for example, cleaners, security guards, transportation, sales, call centers, etc.), it is allowed to reduce the number of staff who are involved in such activities by on a permanent basis within the scope of certification.

4.1.4.3. The CB shall determine the duration and timing of the audit which will best assess the effective implementation of the quality management system for the full scope of the client activities, including the need to audit outside normal working hours and various shift patterns. This shall be agreed with the client.

The calculation of audit duration for the initial audit of QMS (Stage 1 + Stage 2) involves the understanding of Table 1.

The starting point for determining time of QMS audit shall be identified based on the effective number of personnel, then adjusted for the significant factors applying to the client to be audited, and attributing to each factor an additive or subtractive weighting to modify the base figure. In every situation the basis for the establishment of QMS audit time including adjustments made shall be recorded. The CB should ensure that any variation in audit time does not lead to a compromise on the effectiveness of audits. Where product or service realization processes operate on a shift basis, the extent of auditing of each shift by the CB depends on the processes done on each shift, and the level of control of each shift that is demonstrated by the client. To audit effective implementation, at least one of the shifts shall be audited. The justification for not auditing the other shifts (e.g. those outside of regular office hours) shall be documented.

4.1.4.4 The determined duration of QMS audit shall not include the time of “auditors-in-training”, observers or the time of technical experts.

The reduction in the QMS audit time should not exceed 30% of the values set in Table 1.

In situation for the individual sites in multi-site operations where sampling of sites is permitted, a limited number of processes may be present in such sites and the implementation of all relevant requirements of the quality management system standards(s) can be verified.

4.1.4.5 The audit time determined by the CB and the justification for the determination shall be recorded (Annex 3). This calculation shall include details on the time to be allocated to cover the entire scope of certification.

The CB shall provide determination and justification of audit time to the client organization as part of the contract and make it available to its Accreditation Body upon request.

4.1.4.6 Certification audits may include remote auditing techniques such as interactive web-based collaboration; web meetings, teleconferences and/or electronic verification of the client’s processes. These activities shall be identified in the audit plan, and the time spent on these activities may be considered as contributing to the total duration of quality management systems audits. If the CB plans an audit for which the remote auditing activities represent more than 30% of the planned on-site duration of

QMS audits, the CB shall justify the audit plan and maintain the records of this justification which shall be available to an Accreditation Body for review

It is unlikely that the duration of a Stage 2 audit will be less than one (1) audit day.

4.1.4.7. During the initial three year certification cycle, audit time for surveillance audits for a given organization should be proportional to the audit time spent on the initial certification audit (Stage 1 + Stage 2), with the total amount of time spent annually on surveillance being about 1/3 of the audit time spent on the initial certification audit.

The CB QMS shall obtain an update of client data related to its QMS as part of each surveillance audit. The planned audit time of a surveillance audit shall be reviewed at least at every surveillance and recertification audit to take into account changes in the organization, system maturity, etc. The evidence of review including any adjustments to the audit time of QMS audits shall be recorded.

It is unlikely that a surveillance audit will take less than one (1) audit day.

4.1.4.8 The audit time for the recertification audit should be calculated on the basis of the updated information of the client and is normally approximately 2/3 of the audit time that would be required for an initial certification audit (Stage 1 + Stage 2) of the organization if such an initial audit were to be carried out at the time of recertification (i.e. not 2/3 of the original time spent on the initial audit). The audit time for QMS shall take account the outcome of the review of system performance (ISO/IEC 17021-1). The review of system performance does not itself form part of the audit time for recertification audits.

It is unlikely that a recertification audit will be less than one (1) audit day.

4.1.4.9. Factors for adjustments of audit time of QMS

4.1.4.9.1. The additional factors that need to be considered include:

a. Complicated logistics involving more than one building or location where work is performed (e.g. a Separate Design Centre shall be audited).

b. Staff speaking in more than one language (requiring interpreter(s) or preventing individual auditors from working independently).

c. Very large site for the number of personnel (e.g., a forest).

d. High degree of regulation (e.g. food, drugs, aerospace, nuclear power, etc.).

e. System covers highly complex processes or relatively high number of unique activities.

f. Activities that require visiting temporary sites to confirm the activities of the permanent site(s) whose QMS is subject to certification.

g. Outsourced functions or processes.

h. Activities considered to be of high risk (see picture 1, Table QMS 1).

4.1.4.9.2. Decrease in audit time of QMS:

a. Client is not "design responsible" or other standard elements are not covered in the scope.

b. Very small site for number of personnel (e.g. office complex only).

c. Maturity of a quality management system.

d. Prior knowledge of the client’s QMS (e.g., already certified to another standard by the same CB).

e. Client preparedness for certification (e.g., already certified or recognized by another 3rd party scheme).

f. High level of automation.

g. Where staff include a number of people who work “off location” e.g. salespersons, drivers, service personnel, etc. and it is possible to substantially audit compliance of their activities with the system through review of records.

h. Activities considered to be of low risk (see p. 4.1.4.1.3.).

All attributes of the client’s system, processes, and products/services should be considered and a fair adjustment made for those factors that could justify more or less audit time for an effective audit. Additive factors may be off-set by subtractive factors.

4.1.4.10. If an organization outsources part of its functions or processes, it is the responsibility of the CB to obtain evidence that the organization has effectively determined the type and extent of controls to be applied in order to ensure that the externally provided functions or processes do not adversely affect the effectiveness of the QMS, including the organization’s ability to consistently deliver conforming products and services to its customers or to control its environmental aspects and commitments to compliance with legal requirements.

The CB QMS will audit and evaluate the effectiveness of the client's quality management system in managing any supplied activity and the risk this poses to the delivery of objectives, customer and conformity requirements. This may include gathering feedback on the level of effectiveness from suppliers. However auditing the supplier’s QMS is not required, considering that it is included in the scope of the organization’s management system only the control of the supplied activity, and not the

performance of the activity itself. From this understanding of risk any additional audit time shall be determined.

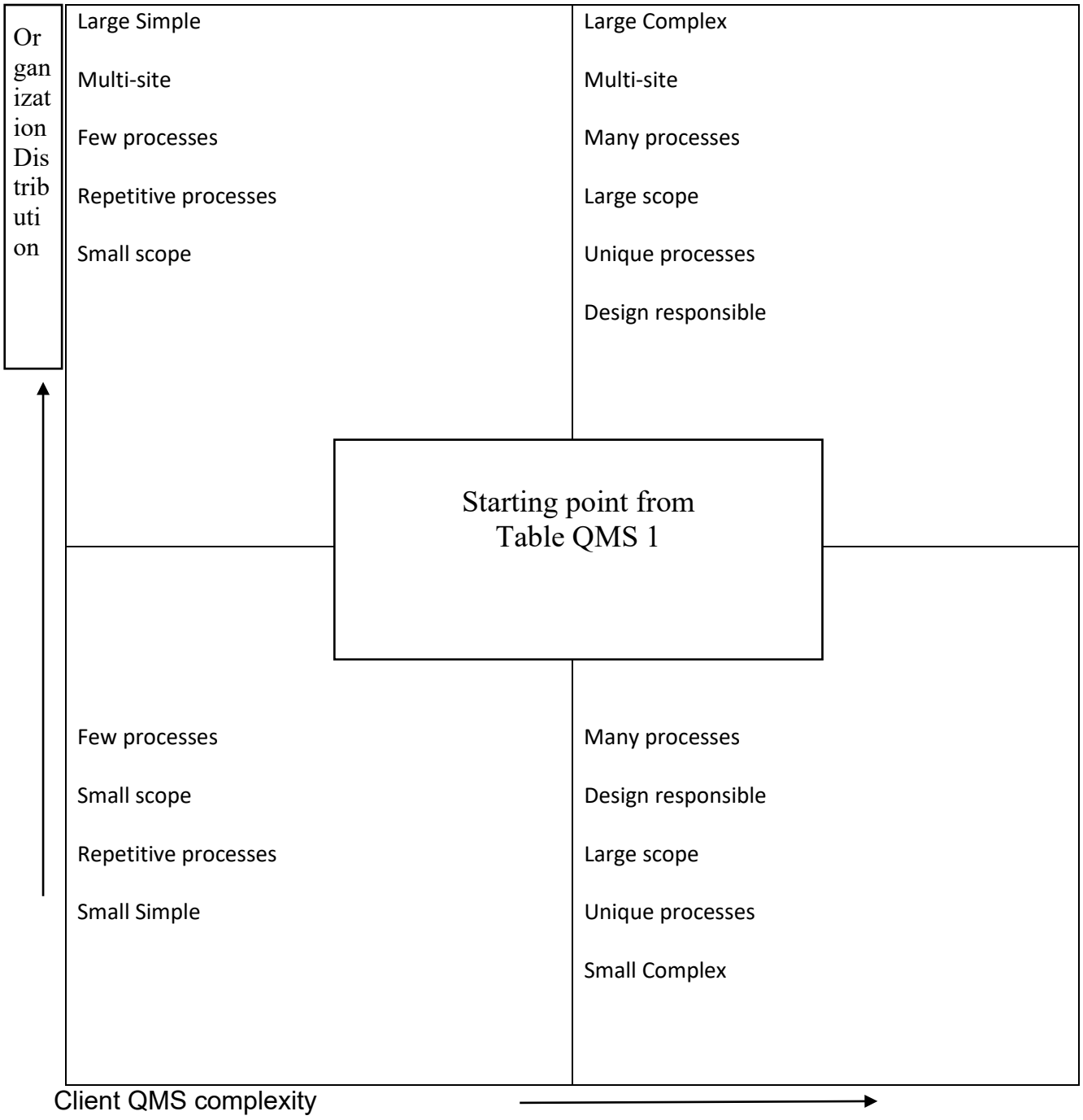
4.1.4.11. Table QMS 1 – Quality Management Systems Relationship between effective number of personnel and audit time (initial audit only)

Effective number of personnel	**Audit time Stage 1 + Stage 2 (days)**	**Effective number of personnel**	**Audit time Stage 1 + Stage 2 (days)**
1-5	1,5	626-875	12
6-10	2	876-1175	13
11-15	2,5	1176-1550	14
16-25	3	1551-2025	15
26-45	4	2026-2675	16
46-65	5	2676-3450	17
66-85	6	3451-4350	18
86-125	7	4351-5450	19
126-175	8	5451-6800	20
176-275	9	6801-8500	21
276-425	10	8501-10700	22
426-625	11	>10700	Follow progression above

The table is based on the effective headcount and provides a baseline for calculating the duration of the initial audit.

4.1.4.12 Figure 1 shows the impact of QMS complexity on audit duration.

Figure QMS 1 – Relationship between complexity and audit time



4.1.4.13 Risks should be considered when determining the duration of the QMS audit. Risks can be high, medium and low.

High level of risk

In cases where failure to operate a product or service causes an economic disaster or threatens life.

For example, food products; pharmaceutical products; aircraft; shipbuilding; power components and structures; complex construction; electrical and gas equipment; health care; fishing; nuclear fuel; chemicals, chemical products and fiber.

Medium level of risk

Where failure to operate a product or service causes injury or illness.

For example, non-power components and structures; simple construction activities; base metals and prefabricated products; non-metallic products; furniture; optical equipment; leisure and household services.

Low level of risk

Where failure to operate a product or service is unlikely to cause injury or illness.

For example, textiles and clothing; pulp, paper and paper industry; publishing; office services; education; retail, hotels and restaurants.

Economic activities for which the level of risk is determined as low may require a shorter audit time than the time calculated using the Table QMS1; verification of activities in relation to which the level of risk is determined as average will take time calculated using the QMS Table1, and verification of activities in respect of which the level of risk is determined as high will take more time.

If the company provides a combination of economic activities (for example: a construction company building simple structures - medium level of risk - and bridges - high level of risk), the correct determination of the audit duration is at the discretion of the CB, taking into account the number of personnel involved in each type activities.

4.1.5. Audit and certification of the QMS operated by a multi-site organization

4.1.5.1. Audit and certification of a QMS operated by a multi-site organization carries out according to IAF MD 1:2018. At the same time, the organization shall have a unified management system.

In a multi-site organization with multiple QMS deployments, each site is considered the same as a single site for the organization and is audited accordingly.

An organization covered by a single QMS includes a certain central function where certain processes / activities are planned and controlled, as well as a number of sites (permanent, temporary or virtual) where such processes / activities are carried out in whole or in part.

Any site can fully or partially carry out the processes / activities covered by the scope of the quality management system, and different sites can belong to the same legal entity or not.

All sites should have a legal or contractual relationship with the central function of the organization and be subject to a single management system that is organized, established and subject to continuous oversight and internal audits by the central function. This means that the central function has the power to require sites to take corrective action when necessary.

4.1.5.2. The central function should have the organizational authority to define, establish and maintain a uniform quality management system.

The unified quality management system of the organization is subject to centralized analysis by the management.

All sites shall be subject to the organization's internal audit program.

The central function is responsible for ensuring the collection and analysis of data from all sites and should demonstrate its authority and ability to initiate organizational change as needed in relation to:

- system documentation and system changes;
- management review;
- complaints;
- evaluating corrective actions;
- planning internal audit and evaluating results;
- statutory and regulatory requirements related to the applicable standard(s).

4.1.5.3. An audit of a multi-site organization using a sample of sites is permitted if each site performs very similar processes. At least 25% of sites are selected at random. The remainder is chosen so that the differences between the sites selected during the validity of the certificate are as significant as possible.

Site selection should take into account, inter alia, the following aspects:

- results of internal site audits and management reviews or previous certification audits;
- records of complaints and other relevant aspects of corrective and preventive action;
- significant differences in the size of sites;
- changes in shift patterns and work procedures;

• the complexity of the quality management system and on-site processes; changes since the last certification audit;

• maturity of the quality management system and knowledge of the organization;

• differences in culture, language and regulatory requirements;

• whether the sites are permanent, temporary or virtual.

The selection does not have to be made at the beginning of the audit process. This can also be done after completing the central function check. In any case, the central function should be informed about the sites that should be included in the sample at least one month in advance.

The certification body shall have a record of each sample application for each multi-site organization.

The minimum number of sites that shall be visited for each audit:

Initial audit: the size of the sample shall be the square root of the number of sites: ($y=\sqrt{x}$), rounded up to the next whole number, where y = number of sites to be sampled and x = total number of sites.

Surveillance audit: the size of the annual sample shall be the square root of the number of sites with 0.6 as a coefficient ($y=0.6\ \sqrt{x}$), rounded up to the next whole number.

Re-certification audit: the size of the sample shall be the same as for the initial audit. Nevertheless, where the quality management system has proved to be effective over the certification cycle, the size of the sample could be reduced to, $y=0.8\ \sqrt{x}$, rounded up to the next whole number.

The central function should be audited at the time of initial certification and each recertification, and at least once every calendar year as part of supervision.

The sample size or frequency is increased if the risk analysis of the process / activity certification body covered by the quality management system to be certified indicates special circumstances with respect to factors such as:

- • the size of the sites and the number of employees;
- • the complexity or level of risk of the process / activity and QMS;
- • variations in working methods (e.g. working in shifts);
- • variations in the processes / activities;
- the records of complaints and other relevant aspects of corrective and preventive actions;
- • any multinational aspects; as well as

- • the results of internal audit and management review.

When an organization has a hierarchical system of branches (for example, head office, national offices, regional offices, local offices), the sampling model for the initial audit, as defined above, is applied to each level.

If any site of the organization changes its structure or in the case of the acquisition of new site (s) that will be added to the certification area), the certification body should consider the sample provided in the audit program to determine the need for adjusting the size sampling prior to audit.

When adding new sites or a new group of sites to join an already certified organization with multiple sites, the certification body should determine the necessary actions to be performed before the new site(s) are included in the certificate. This includes considering whether new sites should be tested. Once a new site is included in the certificate, the sample size should be determined for future surveillance audits or recertification.

4.1.5.4. Audit of organizations with multiple sites where site sampling is not suitable

Note: sampling is not suitable if all sites perform different processes in accordance with the scope of the QMS certification.

An audit program should consist of an initial audit and certification of all sites. For surveillance audits, 30% of sites, rounded to the nearest whole number, shall be covered in a calendar year. Each audit will include a central function. The sites selected for the second surveillance audit will usually differ from the sites selected for the first surveillance audit.

An audit program should be designed to ensure that all processes covered by the scope of certification are audited in each cycle.

When applying to include a new site in an already certified organization with a network of enterprises, the site shall be audited before being included in the certificate, in addition to the planned supervision in the audit program. After the inclusion of a new site in the certificate, it is combined with the previous ones to determine the audit time for future surveillance audits or recertification.

4.1.5.5 Audit of organizations with a network of sites that include a combination of sites that can be selected and other sites that are not eligible for selection

The audit program should include sites selected using sampling and sites for which sampling is not appropriate.

4.1.5.6 Temporary sites covered by the organization's QMS are subject to audit on a selective basis to provide evidence of the functioning and effectiveness of the quality management system. However, they can be included in a multi-site certification area and included in a certification document, subject to agreement between the certification body and the client organization. If temporary sites are specified in the certification documents, such sites shall be identified as temporary. Temporary sites should be included in the audit program.

4.1.5.7Audit and certification

4.1.5.7.1 Application and application review

The Certification Body shall obtain necessary information concerning the applicant organization to:

- confirm that a unified quality management system is deployed across the organization;
- determine the scope of the quality management system being operated and the requested scope of certification and, if applicable, sub-scopes;
- understand the legal and contractual arrangements for each site;
- identify the central function;
- determine the degree of centralization of processes;
- determine interfaces between the different sites;
- determine which sites may be applicable for sampling (i.e. where very similar processes/activities are provided) and those that are not eligible;
- determine the audit time for the organization;
- determine the audit team(s)' competence required.

4.1.5.7.2 Audit Program

The audit programme shall at least include the following:

- processes/activities provided on each site;
- identification of those sites which are liable to be sampled, and which are not; and
- identification of sites which are covered by sampling, and which are not.

When determining the audit program, the Certification Body shall allow sufficient additional time for activities which are not part of the calculated audit time, such as travelling, communicating among audit team members, post-audit meetings, etc. due to the specific configuration of the organization to be audited.

Where audit teams consisting of more than one member are used at any point, it shall be the responsibility of the Certification Body, in conjunction with the team leader, to identify the technical competence required for each part of the audit and for each site and to allocate appropriate team members for each part of the audit. The program form is given in Annex 1.

4.1.5.7.3 Calculation of audit time

The reduction of audit time per sampled site shall not be greater than 50%.

For example, 30% is the maximum reduction in audit time allowed by IAF MD 5 while 20% is to be considered the maximum reduction allowed for a single quality management system processes performed by the central function and any potential centralized processes (e.g. purchasing).

The audit time per selected site (whether based on sampling, sampling impossibility, or mixed methodology, including elements of the central function, if applicable, is calculated for each site using IAF MD 5: 2019.

4.1.5.7.4 Audit Plan

When preparing the audit plan, the OS should additionally consider:

- certification scope and sub-scopes for each site;
- QMS standard for each site, if multiple quality management system standards are being considered;
- processes/activities to be audited;
- audit time for each site; and
- total audit time.

4.1.5.7.5 Initial Audit: Stage 1

During Stage 1, the audit team shall complete the information to:

- confirm the audit program;
- plan Stage 2, taking into account the processes/activities to be audited in each site; and
- confirm that the Stage 2 audit team has the necessary competence.

4.1.5.7.6 Initial Audit: Stage 2

At the outcome of the initial audit, the audit team shall document which processes were audited on each site visited. This information will be used to amend the audit program and audit plans for subsequent surveillance audits.

4.1.5.7.7 Nonconformities and Certification

If nonconformities are identified at any individual site, either through an internal audit of the organization or through an audit by the certification body, an investigation is conducted to determine whether other sites may be affected. Therefore, the certification body requires the organization to review nonconformities to determine whether they indicate a general system flaw applicable to other sites. If they find this to be the case, corrective actions should be performed and verified both at the central function and at the individual affected sites. If not, the organization will be able to demonstrate to the certification body the rationale for limiting its subsequent corrective actions.

The certification body shall obtain evidence of these actions and increase the sampling rate and / or sample size until it is confirmed that control has been restored.

At the time of decision making, if any site has a material nonconformity, certification should be rejected for the entire organization with multiple facilities belonged to listed sites, pending satisfactory corrective action.

It is not allowed that in order to overcome the obstacle caused by the presence of a nonconformity on one object, the organization seeks to exclude the "problematic" object from the scope of the certification process.

4.1.5.7.8 Certification documents

A certification document shall reflect the scope of certification and the sites and/or legal entities (where applicable) covered by the multi-site certification.

Certification documents shall contain the names and addresses of all the sites, reflecting the organization to which the certification documents relate. The scope or other reference on these documents shall make it clear that the certified activities are performed by the sites on the list. However, if a site’s activities only include a subset of the organization’s scope, the certification document shall include the site’s sub-scope. If temporary sites are specified in the certification documents, such sites should be identified as temporary.

Where certification documents for one site are issued, they shall include:

- the quality management system of the entire organization is certified;
- the actions performed by this particular site/entity are covered by this certification;
- traceability with the main certificate, e.g. a code; and
- the statement saying that “the validity of this certificate depends on the validity of the main certificate”.

The certification documentation will be completely withdrawn if any of the sites does not execute the necessary conditions for maintaining the certification.

4.1.5.7.9 Surveillance audits

Surveillance of multi-site organizations that can be sampled shall be audited in accordance with Section 4.3. The audit time per site shall be calculated in accordance with Clause above.

The supervision of organizations with multiple sites that cannot be selected from the sample is based on the verification of 30% of the sites and the central function. Sites selected for the second review of the certification cycle usually do not include any sites selected as part of the first review audit. The audit time to the site is calculated in accordance with paragraph 4.1.5.7.3.

4.1.5.7.10 Recertification audits

The re-certification of organizations that have multiple sites that can be selected shall be verified in accordance with Section 4.4. The verification time for the site is calculated in accordance with paragraph 4.1.5.7.3.

The re-certification of organizations that have multiple sites that cannot be selected must be verified in accordance with the initial audit, i.e. all the sites being audited plus the central function. The time to check the site is calculated in accordance with the paragraph above.

4.1.6 Providing information on audit team tasks

The tasks given to the audit team shall be defined and communicated to the client, and require the audit team to:

a) evaluate and verify the structure, policies, processes, procedures, records and other documents of the contracting authority related to the quality management system;

b) determine whether the above meets all the requirements for the intended scope of certification;

c) ensure that the processes and procedures have been developed, implemented and maintained in order to ensure confidence in the customer's management system;

d) inform the customer, for appropriate action, of any inconsistencies between the customer's policies, objectives and tasks (as expected in the relevant QMS standard or other regulatory document) and the results.

4.1.7 Providing information on audit team members

The certification body shall provide the client in writing form the name of and, when requested, make available background information on each member of the audit team, with sufficient time for the client to object to the appointment of any particular audit team member or technical expert and for the certification body to reconstitute the team in response to any valid objection (Annex 4).

4.1.8 Providing information on audit plan

The audit plan shall be communicated and the dates of the audit shall be agreed upon, in advance, with the client.

4.1.9 Conducting on-site audits

4.1.9.1 General

The on-site audit process includes a preliminary meeting at the beginning of the audit and a final meeting at the end of the audit. "On-site" means both the physical location and remote access to websites containing information relevant to the QMS audit.

4.1.9.2 Conducting the opening meeting.

The participants of the preliminary meeting are the members of the audit team, the head and representative of the management responsible for quality, the heads of structural divisions and processes to be checked in accordance with the plan, the main leading specialists of the audited organization. The list of participants and the progress of the preliminary meeting should be documented.

The purpose of the preliminary meeting is to provide a brief explanation of how the audit will be organized. Questions may include:

a) introduction of the participants, including an outline of their roles;

b) confirmation of the scope of certification;

c) confirmation of the audit plan (including type and scope of audit, objectives and criteria), any changes, and other relevant arrangements with the client, such as the date and time for the closing meeting, interim meetings between the audit team and the client’s management;

d) confirmation of formal communication channels between the audit team and the client;

e) confirmation that the resources and facilities needed by the audit team are available;

f) confirmation of matters relating to confidentiality;

g) confirmation of relevant work safety, emergency and security procedures for the audit team;

h) confirmation of the availability, roles and identities of any guides and observers;

i) the methods of reporting, including any grading of audit findings;

j) information about the conditions under which the audit may be prematurely terminated;

k) confirmation that the audit team leader and audit team representing the certification body is responsible for the audit and shall be in control of executing the audit plan including audit activities and audit trails;

l) confirmation of the status of findings of the previous review or audit, if applicable;

m) methods and procedures to be used to carry out the audit based on sampling;

n) confirmation of the language to be used during the audit; confirmation that, during the audit, the client will be kept informed of audit progress and any concerns;

o) opportunity for the client to ask questions.

4.1.9.3 Communication during the audit

4.1.9.3.1 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 the audit and any concerns to the client.

4.1.9.3.2 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 body 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 certification body.

4.1.9.3.3 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 body.

4.1.9.4 Observers and guides

4.1.9.4.1 Observers

The presence and justification of observers during an audit activity shall be agreed to by the certification body and client prior to the conducting the audit. The audit team shall ensure that observers do not unduly influence or interfere in the audit process or outcome of the audit. Observers can be members of the client's organization, consultants, witnessing accreditation body personnel.

4.1.9.4.2 Guides

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.

The responsibilities of a guide can include:

a) establishing contacts and timing for interviews;

b) arranging visits to specific parts of the site or organization;

c) ensuring that rules concerning site safety and security procedures are known and respected by the audit team members;

d) witnessing the audit on behalf of the client;

e) providing clarification or information as requested by an auditor.

4.1.9.5 Obtaining and verifying information

4.1.9.5.1 The survey of the audited organization is carried out by collecting and analyzing evidence and recording observations that are checked to become audit evidence.

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

- interviews of the client's staff;
- analysis and evaluation of documentation and records;
- analysis of production processes;
- observation;
- analysis of the activities of functional units and staff;
- study and evaluation of ongoing quality measures.

4.1.9.6 Identifying and recording audit findings

4.1.9.6.1 Audit findings summarizing compliance and detailing nonconformities, as well as supporting audit evidence, should be recorded and communicated to interested parties in order to be able to make a well-considered decision on certification or confirm certification.

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

4.1.9.6.3 All observations shall be documented and reported. The information obtained from the survey should be compared with information obtained from other sources (recorded data, measurements, etc.). During the audit, team members shall exchange information periodically to evaluate the audit progress. After the inspection of the audit objects, the audit team headed by the leader analyze the results of their observations to decide which of them should be presented as nonconformity with the requirements of the documents for which the audit is conducted. Each nonconformity should be a subject to careful consideration by team members, contain a clear statement and identifying in detail the objective evidence on which it is based. The final decision is made by the team leader.

Detected nonconformities are classified by significance, registered in special forms (Annex 5), on which the authorized representative of the organization signs, confirming the acceptance of this nonconformity. The registered nonconformities are officially presented to the management of the audited organization.

A finding of nonconformity shall be recorded against a specific requirement of the audit criteria, 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.

4.1.9.6.4 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.

4.1.9.7 Preparing audit conclusions

Before the final meeting, the audit team should:

a) review the audit findings, and any other appropriate information obtained during the audit, against the audit objectives and audit criteria;

b) agree upon the audit conclusions, taking into account the uncertainty inherent in the audit process;

c) determine the necessary follow-up actions;

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

4.1.9.8 Conducting the closing meeting

4.1.9.8.1 A formal closing meeting shall be held to present the audit results, including the recommendation regarding certification, to the client's management and those responsible for the functions or processes audited. The audit team leader shall present the nonconformities observations and audit findings (conclusions) in such a manner that they are understood and admitted by the audited organization and the consent to present a plan for corrective and preventive actions was obtained.

The initial certification audit conclusion shall demonstrate:

- the degree of conformity of the QMS with audit criteria;
- the effectiveness of the QMS;
- the possibility for the client's management to review the process to ensure the continued suitability of the QMS, its adequacy, effectiveness and improvement.

The list of participants should be documented.

4.1.9.8.2 The closing meeting shall include the following elements:

a) advising the client that the audit evidence obtained was based on a sample of the information; thereby introducing an element of uncertainty;

b) the method and timeframe of reporting, including any grading of audit findings;

c) the certification body's process for handling nonconformities including any consequences relating to the status of the client's certification;

d) the timeframe for the client to present a plan for correction and corrective action for any nonconformities identified during the audit;

e) the explanations of the certification body's post audit activities;

f) information about the complaint and appeal handling processes.

4.1.9.8.3 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 body.

4.1.10 Report on the results of primary audit

4.1.10.1 The certification body shall provide a written report for each audit to the client. The audit team may identify opportunities for improvement but shall not

recommend specific solutions. The ownership of the report belongs to the the certification body.

4.1.10.2 The audit team leader is responsible for the preparation and content of the audit report.

The audit report contains complete, accurate, concise, and understandable audit records and should include answers to the following questions:

- identification of the certification body;
- type of audit;
- audit objectives;
- scope of the audit, in particular, the identification of the audited organizational and functional units or processes and the time period covered;
- identification of the applicant and the representative of the customer's management;
- identification of the audit team leader and audit team members;
- dates and locations of the on-site audit;
- audit criteria;
- audit observations and evidence;
- audit findings;
- audit conclusions;
- any unresolved issues;
- suggestions for improvement (without specific recommendations).

The report gives recommendations to the certification body on the issuance (refusal to issue) of the certificate of conformity.

The report defines the procedure for checking the results of the elimination of the identified nonconformities within the agreed terms:

- repeated full audit;
- repeated limited audit;

submission by the applicant of a written report on the reasons and corrective actions taken, the implementation of which will be subsequently confirmed during the inspection control.

In the case of an repeated audit, a report on it is prepared. The report is issued in 2 copies.

Attached to the report:

- audit plan;

- lists of nonconformities;

- minutes of the opening meeting and lists of those presented at the opening and closing meetings.

The audit report shall be submitted within the agreed time frame (no more than 15 working days). If this is not possible, the reasons for the delay shall be communicated to the audit applicant and a new deadline for its preparation shall be agreed. The report shall be signed by all members of the audit team.

The audit report shall be dated, analyzed and approved by the head of the CB QMS.

The audit report shall be sent to the recipients identified by the client.

The members of the audit team and anyone who receives the audit report shall respect the confidentiality of the report content.

4.1.11 Cause analysis of nonconformities

The certification body should require the customer to conduct a timely analysis of the causes of nonconformities and determine what corrections and corrective actions are taken or planned to eliminate the identified nonconformities within the established time frame.

4.1.12 Effectiveness of corrections and corrective actions

The certification body shall review the corrections, identified causes and corrective actions submitted by the client according to the revealed nonconformities to determine if these are acceptable. The certification body shall verify the effectiveness of any correction and corrective actions taken. The evidence obtained to support the resolution of nonconformities shall be recorded. The client shall be informed of the result of the review and verification.

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

The term of elimination of nonconformities shall not exceed 3 months.

The quality management system is recognized as conforming to the declared standard after the elimination of the identified nonconformities in the process of verification.

The nonconformities canceled by the leader of the audit team during the audit (if the organization has provided additional evidence) are considered to be absent.

The nonconformities eliminated during the audit are not included in the total number of nonconformities, but they are indicated in the audit report of the quality management system.

The requester should be informed of what additional full or reduced audits or the provision of documentary evidence (to be confirmed during future inspection control) may be required to confirm the effectiveness of corrections and corrective actions.

4.1.13 Making a decision on the certification of QMS

The decision on the issue (refuse to issue) a certificate of conformity is made by the certification Committee of the CB QMS on the basis of the audit report of the client's QMS, identified nonconformities, corrective actions, analysis of information used in the verification of the Application, working documents of the audit, recommendations of the audit team and other relevant information.

The certification Committee includes a representative of the CB QMS management, auditors and experts. The Committee members shall ensure group competence in making the decision in the declared certification scope and shall not participate in the audit.

Prior to making a decision, the certification body shall confirm the following facts:

a) the information provided by the audit team is sufficient with respect to the certification requirements and the scope for certification;

b) it has reviewed, accepted and verified the effectiveness of correction and corrective actions for any nonconformities, which present the following:

1) failure to comply with one or more requirements of the quality management system standard;

2) the presence of a situation raising significant doubts about the ability of the client's QMS to achieve the intended results;

c) for any other nonconformities it has reviewed and accepted the client's plan for correction and corrective action.

A positive decision can be made only after the eliminating by the applicant all the nonconformities within the time frame and confirmation the effectiveness of corrective actions according to the additional audit or the applicant's written report, that shall be recorded in the lists of registration of nonconformities attached to the report.

The meeting of the certification Committee is recorded.

4.1.14 Use of information and communication technology (ICT) for auditing purposes

Information and communication technologies (ICTs) can be used during audits. ICTs include software and hardware, such as smartphones, portable devices, laptop computers, desktop computers, drones, video cameras, wearable technology, artificial intelligence, and others. The use of ICTs may be suitable for audit/evaluation both locally and remotely.

ICTs can be used for:

- • Meetings; by means of teleconference facilities, including audio, video and data sharing;
- • Audit/assessment of documents and records by means of remote access, either synchronously (in real time) or asynchronously (when applicable);
- • Recording of information and evidence by means of still video, video or audio recordings;
- • Providing visual/audio access to remote or potentially hazardous locations.

The use of have to be coordinated with the client.

Confidentiality, information security and data protection shall be ensured.

In the case of non-fulfilment of these measures or non-agreement of information security and data protection measures, the body performing the audit/assessment activities shall use other methods to carry out the audit/assessment.

The body shall identify and document the risks and opportunities that may impact audit/assessment effectiveness for each use of ICT under the same conditions, including the selection of the technologies, and how they are managed.

When ICT is proposed for the audit/assessment activities, the application review shall include a check that the client and the audit/assessment body have the necessary infrastructure to support the use of the ICT proposed.

The audit plan should reflect which ICT tools will be used, how and to what extent. The time spent on the activities should be included in the total duration of the on-site audit.

When using ICTs, it is necessary to ensure that the work is carried out by competent personnel who are aware, among other things, of the risks and opportunities of ICTs and the consequences that the use of IC can have on the reliability and objectivity of the audit.

The audit reports and related documents should indicate the extent to which ICS were used in the audit and the effectiveness of ICTs in achieving the audit objectives.

If virtual sites are included in the scope in the certification documentation, it should be noted that virtual sites are included, and the activities performed on the virtual sites should be identified.

4.1.15 Transfer of accredited certification of quality management systems

4.1.15.1 The CB QMS can receive (or transmit) accredited certification of the QMS of other bodies. Transfers can only be made between certification bodies accredited by the IAF or regional signatories.

Only a valid accredited certification can be transferred. Certification that is recognized as suspended is not accepted for transfer, if the body that issued the certificate has ceased its activities, the transfer shall be completed within 6 months with the mandatory notification of the accreditation body.

4.1.15.2. The CB QMS, when accepting certification, should review the certification being transferred by checking the documentation and, if necessary, visiting the client to confirm the validity of the certification. The review should be conducted by competent personnel for the certification area in question.

The review should cover at least the following aspects:

• Confirmation that the certification falls within the accredited scope of the authority issuing and accepting the certification;

• Reasons for interest in the transfer;

• Organizations wishing to transfer certification have a valid accredited certification;

• The initial certification or recent recertification audit reports and the latest oversight report; the status of any significant nonconformities that may arise from them, and any other relevant documentation available regarding the certification process;

• Complaints received and actions taken;

• Considerations relevant to the preparation of the audit plan and audit program. The audit program drawn up by the certification body should be reviewed, if any;

• Any ongoing interaction of the transferable client with regulatory authorities related to the scope of the certification in relation to compliance with the law.

The review and results should be documented.

4.1.15.3. In cases where a pre-transmission review (viewing documentation and / or a pre-transmission visit) identifies issues that prevent the completion of the transfer, the certification authority should treat the transferred client as a new client, informing the transferred client and maintaining all records, including the rationale for this decision.

4.1.15.4. The certification process is carried out in accordance with Section 9.5 of ISO/IEC 17021-1:2015. The certification of the transferred client is not performed before the CB QMS:

• Verify the implementation of corrections and corrective actions for all identified major nonconformities.

• Accept the transferred client's plans for correction and corrective actions for all identified minor nonconformities.

If no problems are identified by the pre-transfer review, the certification cycle shall be based on the previous certification cycle and the accepting certification body shall establish the audit program for the remainder of the certification cycle.

The initial certification date remains the same, indicating that the organization was certified by another certification body before a certain date.

The decision on certification is made by the CB QMS prior to the start of the supervisory audit or re-certification.

4.1.15.5. The cooperation between the issuing and accepting certification bodies, carried out according with p. 2.4. IAF MD 2:2017.

4.2 INITIAL AUDIT AND CERTIFICATION

4.2.1 Registration of the application

The application (according to the form of Annex 6) from the organization claiming for certification of QMS goes to the CB QMS “CCQS "Interecoms".

The application should include the following data:

- the desired scope of the certification;

- the main features of the organization submitted the application, including its name, legal and actual address(es), the most important aspects of its activities and processes, as well as the relevant legal obligations;

- general information relating to the scope of the certification with respect to the activities of the organization, human and technical resources, functions and relationships within the Corporation, if any;

- identification of outsourced processes used by the organization that will affect conformity to requirements;

- the standards or other requirements for which the applicant organization is seeking certification;

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

The certification group registers the application in the application Log and assigns it the registration number.

The CB QMS informs the applicant of the registration number and the necessary information about the certification procedure, the rules of the certification system, the cost of work.

4.2.2 Application review

4.2.2.1 The CB QMS shall carry out a review of the application to ensure the possibility of providing services for the QMS certification, based on the scope of accreditation, availability of resources, the location of the applicant.

The CB QMS shall ensure that:

- the information about the applicant organization and its quality management system is sufficient to develop an audit program;

- the certification requirements were clearly defined, documented and provided to the applicant organization;

- any known difference in understanding between the certification body and the applicant organization is resolved;

- the certification body has the competence and ability to perform the certification activity;

- 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.).

The CB QMS has the right to request from the audited organization any other documents necessary for a correct understanding of the Applicant's activities in the field of quality.

Records on the justification of the decision to carry out an audit are maintained in working condition (the form of reference-justification of the decision on the application is given in Annex 7).

4.2.2.2 Following the review of the application, the certification body shall either accept or decline an application for certification.

The reasons for declining an application shall be objective.

The CB QMS notifies the applicant organization on acceptance or refusal to accept with the reasons of declining.

For notification of the applicant to his address following is sent:

- a notification (according to the form of Annex 8)
- an audit program (Annex 1)
- a project of contractual agreement for certification of QMS (Annex 9);
- the list of documents and information required for preliminary QMS analysis (Annex 10);
- «Rights and obligations of Applicants and certificate holders»;
- the rules of appeal (PQS D-03);
- the regulations on the Mark (PQS D-13).

4.2.2.3 Based on this review, the certification body shall determine the competences it needs to include in its audit team and for the certification decision.

4.2.2.4 The audit team shall be appointed and formed from among the auditors (and technical experts, if necessary) who have the totality of the competences identified by the certification body for certification of the applicant organization. The selection of team members shall be based on the level of competence of auditors and technical experts (PQS D-12), and both internal and external human resources may be involved.

4.2.2.5 The persons who will make the decision about certification shall be appointed subject to the availability of appropriate competence (PQS D-12).

4.2.3 Initial certification audit

The initial certification audit of a quality management system shall be conducted in two stages: stage 1 and stage 2.

4.2.3.1 Conducting stage 1

4.2.3.1.1 The objectives of stage 1 are to:

a) review the client’s QMS 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;

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 QMS;

d) obtain necessary information regarding the scope of the quality management system, the client's site(s), processes, applicable statutory and regulatory requirements and compliance with 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 QMS and site operations in the context of the quality 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 quality management system substantiates that the client is ready for stage 2.

For the most quality management systems, it is recommended that, in order to achieve the above objectives, at least part of stage 1 shall be conducted at the client's premises.

4.2.3.1.2 Documented conclusions with regard to fulfilment of the stage 1 objectives and the readiness for stage 2 shall be communicated to the client, including identification of any areas of concern that could be classified as a nonconformity during stage 2.

4.2.3.1.3 In determining the interval between stage 1 and stage 2, consideration shall be given to the needs of the client to resolve areas of concern identified during stage 1. The certification body may also need to revise its arrangements for stage 2.

4.2.3.2 Conducting stage 2

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

– information and evidence about conformity to all requirements of the applicable quality management system standard or other normative documents;

– monitoring, measuring, registering, and analyzing performance by key indicators of targets and objectives;

- compliance of the management system and the customer's activities with legal and regulatory requirements;

- operational control of the client's processes;

- conducting internal audits and management reviews;

- management's responsibility for quality policy;

- the relationship between the normative requirements, policy, targets and objectives of performance, any applicable legal requirements, responsibilities, competence of personnel, operations, procedures, data about performance, and also observations and conclusions on the results of internal audits.

4.2.4 Conclusions (reports) on initial certification audit

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

4.2.5 Information for granting initial certification

4.2.5.1 The information provided by the audit team to the certification body for making a decision shall include at least the following:

a) audit reports;

b) comments on nonconformities and, where applicable, corrections and corrective actions taken by the client;

c) confirmation of the information provided to the certification body used in the application review;

d) recommendation whether or not to grant certification, together with any conditions or observations.

4.2.5.2 The certification body shall make a certification decision based on the assessment of audit observations and the conclusion of the audit results, as well as on any other information related to this issue (for example, public information, the client's comments to the audit report)

4.2.5.3 The certification document(s) shall identify the following:

a) the name and geographical location of each certified client (or the geographical location of the headquarters and any sites within the scope of a multi-site certification);

b) the effective date of granting, expanding or reducing the scope of certification, or renewing certification;

c) the validity period of the certificate or the date of recertification, in accordance with the recertification cycle;

d) a unique identification code;

e) the quality management system standard and/or other normative document, including indication of issue status (e.g. revision date or number) used for audit of the certified client;

f) the scope of certification for products (including services), process, etc., related to each production site;

g) the name, address and certification mark of the certification body; other marks (e.g. accreditation symbol, client's logo) may be used provided they are not misleading or ambiguous;

h) any other information required by the standard and/or other normative document used for certification;

i) in the event of issuing any revised certification documents, a means to distinguish the revised documents from any prior obsolete documents.

The Form of the certificate of conformity is given in Annex 11.

4.3 INSPECTION AND SUPERVISORY CONTROL

4.3.1 General

The purpose of the IC is to monitor on a regular basis the functioning of the QMS, as well as to take into account changes to the certified applicant and its quality management system.

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

- requests from the certification body to the certified applicant on aspects of certification, changes in the quality management system, the number of personnel;

- reviewing any certified client's statements with respect to its operations (e.g. promotional material, website);

- requests to the certified client to provide documented information (on paper or electronic media);

- other means of monitoring the certified client's performance.

4.3.2 Inspection control

4.3.2.1 Inspection control is on-site audit, but is not necessarily full system audit, and shall be planned together with the other surveillance activities so that the certification body can maintain confidence that the client's certified QMS continues to fulfil requirements between recertification audits. The plan of each inspection control shall include at least the following:

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 QMS with regard to achieving the certified client's objectives and the intended results of the respective quality 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.

4.3.2.2 The inspection control shall be carried out at least once a year. Carrying out the first inspection control from the moment of initial certification shall be no later than 12 months after the last day of stage 2 of the audit.

4.3.3 Confirmation of certification

The certification body shall confirm certification by demonstrating that the client continues to meet the requirements of the quality management system standard. The certification body can confirm the certification of the client, guided by the positive opinion of the leader of the audit team, without further independent analysis, provided that:

a) the certification body has a system according to which in case of revealing any nonconformity or other situation that may lead to the suspension or withdrawing of certification (the certificate of conformity), the leader of the audit group informs the certification body about the need for analysis by personnel having the appropriate level of competence and not participated in the audit, in order to determine the possibility of confirmation of certification;

b) the competent personnel of the certification body monitor the activities of inspection control, including monitoring of auditors ' reports, in order to confirm that the certification activities are carried out effectively.

Depending on the results of the IC on the basis of the report of the audit team, the certification Committee takes one of the following decisions:

- the validity of the certificate is confirmed in the absence of violations of the rules of use of the certificate and nonconformities of the QMS with the standard to which it is certified;

- the certificate is suspended or withdrawn in the cases specified in section 4.6.

The decision of the certification Committee on the results of the IC are recorded and reported to the certificate holder.

In case of disagreement with the decision of the CB QMS on the results of the IC, the certificate holder may appeal to the CCQS or the Appeals Commission (PQS D-03).

4.4 RECERTIFICATION

4.4.1 Planning of recertification audit

4.4.1.1 The purpose of the recertification audit is to confirm the continued conformity and effectiveness of the QMS as a whole, and its continued relevance and applicability for the scope of certification. A recertification audit shall be planned and carried out to evaluate the continued fulfilment of all of the requirements of the relevant quality management system standard or other normative document.

4.4.1.2 The recertification activity shall consider the performance of the QMS over the most recent certification cycle including the review of previous surveillance audit reports.

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

4.4.1.4 For a multi-sites client or certification for several quality management system standards, the certification body shall provide in audit planning the sufficient on-site audit to ensure confidence in certification (IAF MD 1:2018).

4.4.2 Recertification audit

4.4.2.1 The recertification audit shall include an on-site audit that addresses the following:

- the effectiveness of the QMS in its entirety in the light of internal and external changes and its continued relevance and applicability to the scope of certification;

- demonstrated commitment to maintain the effectiveness and improvement of the quality management system in order to enhance overall performance;

- the positive influence of the functioning of the certified QMS on the certified client’s policy implementation and achieving its objectives.

4.4.2.2 For any major nonconformity or absence of sufficient evidence of conformity, the certification body shall define time limits for correction and corrective actions. These actions shall be implemented and verified prior to the expiration of certification.

4.4.2.3 When recertification activities are successfully completed prior to the expiry date of theexisting certification, the expiry date of the new certification can be based on the expiry date of theexisting certification. The issue date on a new certificate shall be on or after the recertification decision.

4.4.2.4 If the certification body has not completed the recertification audit or the certification body is unable to verify the implementation of corrections and corrective actions for any major nonconformityprior 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.

4.4.2.5 Following expiration of certification, the certification body can restore certification within 6 months provided that the outstanding recertification activities are completed, otherwise at least a stage 2 shall be carried out. 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.

4.4.3 Information used to issue a new certificate

The certification body shall make decisions on updating the certificate on the basis of the results of the recertification audit and analysis of the functioning of the system for the period of validity of the certificate, as well as consideration of complaints received from the certificate holder.

4.5 SPECIAL AUDITS

4.5.1 Expanding the scope of certification

The certification body shall, in response to an application for expanding the scope of a certification already granted, undertake a review of the application and determine any audit activities necessary to decide whether or not the extension may be granted. This may be carried out in conjunction with an inspection control.

The scope of a certification is being expanded:

- within the group of homogeneous products (services) for which the QMS was certified;

- for other product(s) (service(s)) of the organization.

In case of application of the certificate holder for expanding the scope of a certification within the group of homogeneous products (services), the CB QMS, after payment by the certificate holder, performs verification and evaluation of additional QMS procedures in relation to the newly declared products (services) (for example, production conditions, control of technical characteristics, testing, etc.).

Verification and evaluation of additional QMS procedures carried out for the expanding the scope of certification within the group of homogeneous products

(services), making a decision on QMS certification, granting a certificate with extended scope is carried out in accordance with the procedure specified in section 4.2.

At the request of the certificate holder for other product(s) (service(s)) can be granted in the prescribed manner:

- a separate certificate;

- a certificate with extended certification scope. In this case, the previous certificate shall be withdrawn. The certificate holder sends the withdrawn certificate to the CB QMS.

4.5.2 Unscheduled audits

It may be necessary for the certification body to conduct unscheduled audits of certified clients (at short notice or unannounced) to investigate complaints, or in response to changes, or as follow up on suspended clients. In such cases:

- the certification body shall substantiate and make known in advance in written form at short notice to the certified client the conditions under which such audits will be carried out;

- the certification body shall exercise additional care in the assignment of the audit team because of the lack of opportunity for the client to object to audit team members.

4.6 SUSPENDING, WITHDRAWING OR REDUCING THE SCOPE OF CERTIFICATION

4.6.1 The certificate may be suspended by the decision of the CB QMS. Suspension can be carried out only when the violations relate to the rules or regulations of the certification system, and they are not so severe as to make a decision to withdraw the certificate.

4.6.2 The certification body shall suspend certification in cases when, for example:

- the client’s certified quality management system has persistently or seriously failed to meet certification requirements, including requirements for the effectiveness of the QMS;

- the certified client does not allow inspection (supervisory) control or recertification audits to be carried out at the required frequencies;

- the certified client has voluntarily requested a suspension.

4.6.3 Under suspension, the client’s quality management system certification is temporarily invalid. The certificate may be suspended for up to six months. On the suspension of the certificate the CB QMS notifies the certificate holders and all interested parties by publishing information. Suspension can only be taken twice. The suspension means the loss of the right to use the mark. During the suspension of the certificate, the certificate holder cannot use the CB QMS mark and cannot refer to the certification in any other way. The CB QMS in the contract with the client specifies its obligations not to use any references to certification.

4.6.4 Failure to resolve the issues that have resulted in the suspension in a time established by the certification body shall result in withdrawal or reduction of the scope of certification.

4.6.5 The certification body shall reduce the scope of certification 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.

Reducing the scope of certification is initiated by:

- the certificate holder;

- the CB QMS (as a result of inspection control or recertification), or upon receipt of information on changes in the QMS of the organization, which may affect the implementation of the requirements for certification.

In case of reducing the scope of certification initiated by the certificate holder, it sall send to the CB QMS a letter of appeal specifying types of products (services) excluded from the organization's activities.

Based on this letter the certification body makes a decision about reducing the scope of certification. The Registry group prepares the certificate, the Head of the CB QMS (or his Deputy) signs it, seals and marks the registration number.

This decision cancels the previous certificate, and the certificate holder returns the withdrawn certificate to the CB QMS.

In case of reducing the scope of certification by the results of inspection control or recertification of the QMS, the decision is made by the CB QMS on the basis of the report, which contains recommendations on reducing. The rest of the procedure is the same as in the previous case

4.6.6 A certificate may be withdrawn by a decision of the CB QMS; if the organization is dissolved and its activities are terminated; or if the organization waivers of certification.

The certificate may be withdrawn by the decision of the CB QMS in the following cases:

- the nonconformities identified in the previous audit are not eliminated ;
- the CB QMS was not informed by the organization about significant changes in the organizational structure, design of products, technological processes of production, QMS and activities of the organization;
- the inspection control activities are not financed.

The CB QMS notifies all interested parties (through the website) about the withdrawal of the certificate. After that, the organization has no right to use for any advertising purposes a reference to its certification status (stipulated in the contract).

At the request of any party, the certification body shall provide accurate information on the status of the certification of the client's QMS: the certificate has been suspended, withdrawn or the scope of certification has been reduced.

4.7 APPEALS

The CB QMS has a documented procedure for receiving, evaluating and making decisions on appeals (PQS D-13).

4.8 COMPLAINTS

The process of handling complaints is described in PQS D-02.

4.9 APPLICANTS AND CLIENTS RECORDS

4.9.1 The certification body 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.

4.9.2 Records on certified clients include the following:

a) application information and initial audit, inspection control and recertification audit reports;

b) certification agreement (contract);

c) justification of the methodology used for sampling of sites;

d) justification for audit time determination;

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, if applicable;

h) documentation of the certification decisions;

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

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

4.9.3 The certification body keeps the 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.

4.9.4 The CB QMS keeps records of applicants and clients and the procedure for their storage in accordance with PQS D-10.

Annex 1

APPROVE
The Head of the CB QMS
_____I.V.Tverskaya
«__» _____ 20___

QMS AUDIT PROGRAMME

_____

Name of the applicant organization

№ i/o	Audits	List of auditing objects and elements ISO 9001:2015	Plan-ned timing	Actual timing	Auditors	Duration audit-days	Note
1.	First stage of certification audit						
2.	Second stage of certification audit Including:						
3.	Head office						
4.	Branches (sites)						
5.							
6.							
7.	Closing meeting date						
8.	Date of issue of the certificate	-					
9	Fist IC Including						
10	Head office						
11	Branches (sites)						
12							

13	Second IC, Including						
14	Head office						
15	Branches (sites)						
16							
17	Recertification						
18	Date of filing an application for recertification						

Note: the program may be amended by agreement of the parties

Annex 2

APPROVE
The Head of the CB QMS
_____I.V. Tverskaya
«__» _____ 20___

AUDIT PLAN
FOR THE QUALITY MANAGEMENT SYSTEM
OPERATING IN

_____

The name of audited organization, city

1 Purpose and scope of the audit

Certification (recertification, inspection control, unscheduled audit) of the quality management system operating in the organization, in relation to

_____

Application scope of QMS (scope of certification)

_____

for conformity with the requirements of ISO 9001

2 Audit regulatory framework

The audit of QMS is carried out in accordance with the current legislation, ISO 9001; ISO 19011, ISO / IEC 17021; documents of the Organization's quality management system and other normative documentation.

3 Terms of the audit «___» _____ 20 ____

4 Composition of the commission

Audit team leader _____

Audit team members _____

5 Audit objects*

No.	Unit / Process/ Functions	Elements of ISO 9001 to be audited	Audit time	Auditor	Representative of organization
1	2	7	8	9	10
«__» _____ 20__					
1	**Opening meeting**				
2	**Quality management**:				
2.1 …					
3	**Management of production business processes**:				
3.1 …					
4	**Resource management**:				
4.1 …					
5	**Closing meeting**				
6	**Preparation and signing documents**				

6 Confidentiality

The audit team (p. 4 of This plan) undertakes not to disclose any confidential information obtained during auditing the quality management system of

_____,
Name of audited organization

and not to transfer the auditing records to third parties without the consent of the client.

The audit team leader of
the CB QMS_____ _____ _____
Name of the certification body signature initials, surname

AGREED

The representative of
_____ _____ _____
Name of the audited organization signature initials, surname

Annex 3

Attachment to the contract dated «__»_____ 20___
№._____

Calculation of audit time

1	Name of the organization	
2	Location	
3	Branches (temporary sites) and their location	
4	Number of employees, including each branch or site	
5	Effective number of employees, incl. for each branch or site	
6	Audit duration, (audit-days) Including:	
6.1	Initial audit: а) documents review; б) on-site audit.	
6.2	Preparation for on-site audit	
6.3	On-site audit	
6.4	Preparation of report	
7	Rationale for increasing or decreasing the number of audit-days: - the complexity of the system; - availability of several working languages; - activities with a high (low) level of risk; - outsourced functions (processes); - other	

The Head of the CB QMS
"CCQS "Interecoms: _____ I.V. Tverskaya

Date

Annex 4

To the head of _____

_____
name of the organization

_____
initials, surname

NOTICE
ABOUT THE COMPOSITION OF THE AUDIT TEAM
FOR THE CERTIFICATION (IC, RECERTIFICATION)
OF QUALITY MANAGEMENT SYSTEM OF

_____
Name of the applicant organization

The CB QMS "CCQS "Interecoms" informs that under Your application and the Contract for certification (IC, recertification) of the QMS dated "__"_____20__ approved the composition of the audit team for certification (IC, recertification) of quality management system of Your organization

The audit team includes:

The audit team leader _____
The audit team member(s) _____

In accordance with the rules established in the certification system, you can reject the candidacy of any audit team member(s) by submitting a justified challenge in writing to the CB QMS.

At the same time, we inform you that the expected date of certification according to the Audit Program for QMS is _____
month, year

The specific terms of the audit in the organization will be further agreed with you by the audit team leader.

The Head of the Certification Group
Of the CB QMS _____ L.A. Sargsyan

Date

Annex 5

Form of nonconformities registration sheet

NONCONFORMITY REGISTRATION

The CB QMS "Centre for certification of quality systems "Interecoms"

The name of audited organization	Act number Date

№ of nonconformity	Category of nonconformity	The name of audited branch of the organization	Paragraph number of ISO 9001	Paragraph number and title of QMS document of the organization

Description of nonconformity:

The audit team leader _____ _____
signature initials, surname

The auditor _____ _____
signature initials, surname

With nonconformity familiarized:

A representative of audited organization

_____ _____
signature surname, initials

Planned corrective actions:

Deadline _____
Date

A representative of audited organization _____ _____
signature initials, surname

The commission's assessment of the acceptability of corrective actions

The audit team leader (auditor)

_____ _____ _____
date signature initials, surname

The commission's assessment of the effectiveness of corrective actions

The audit team leader (expert)

_____ _____ _____
date signature initials, surname

Annex 6

Application form for certification (recertification) of the QMS

APPLICATION FOR CERTIFICATION (RECERTIFICATION) OF A QUALITY MANAGEMENT SYSTEM IN THE DAKKS CERTIFICATION SYSTEM

name of client\s organization

Juridical address:			
Postal address:			
Telephone:		Fax:	
E-mail:			
INN (TIN):		KPP (CRR):	
OGRN (PSRN):		OKPO (RNNBO):	
Bank details	Bank:		
s/a	c/a	BIC	

represented by

position of the head, surname, name, patronymic

apply for certification (recertification) of the quality management system regarding to

application scope of QMS

for conformity with the requirements of _____

designation of the standard

Data on the implementation of the quality management system: _____

number and date of the management document

Data on the certificate of conformity of the quality management system [1]

Name of the certification system

Name of the certification body of quality management systems,

Number and date of issue of the certificate

Total number of employees in the client's organization: _____
Including part-time staff
Average workload of part-time staff
Number of shifts per day
Are seasonal (temporary) workers involved?
if yes, how much and for what period

Information about branches (production sites), whose activities are included in the QMS certification scope

Name and address of the branch (production site)	Number of branch (production site) personnel	Types of products (services), activity

[1] be included if the previously issued certificate of QMS

Expected entry In the certificate of conformity
(products and / or services and life cycle stages) in relation to _____

_____

Exceptions made by the organization from the lifecycle process:

_____
paragraphs of ISO 9001

Main technological processes:_____

Any use of the outsourcing process (specify which) and the average number of employees employed in these processes _____

_____

Additional data: _____
geographical location of the client's organization,

Information on the involvement of a consulting organization _____

_____
information on the involvement of a consulting organization in the development of QMS

The preferred term of the certification (recertification) _____

Obligations:
1. We are committed to follow the rules of certification system
2. We guarantee payment of all expenses for certification and inspection control
3. Provide all necessary information for audits of the quality management system
4. Pay for audit services in time, regardless of the results

Addendums:
1. The list of organizations - the main consumers of products (services)
2. Information about all processes transferred by the client organization to third-party organizations (name of the process and the organization-executor of the process)
3. Information about branches of the client's organization

The head of the organisation _____ _____
signature initials, surname

The Chief accountant _____ _____
S.P. signature initials, surname

Annex 7

Reference-justification of the CB QMS decision on acceptance (declining) of the application

№_____
name of applicant organization

1. The Applicant's activity relates (does not relate) to the accreditation scope of the CB QMS _____
code of accreditation scope
2. Sufficiency of information about applicant organization and its QMS _____
yes, no
3. Provision of the CB QMS with competent personnel for audit and decision-making on certification in this area _____
yes, no
4. A list of auditors qualified in the declared certification scope
_____
_____
_____
_____
5. The need and possibility to involve technical experts for the audit
_____
surname, initials, position
_____
_____
_____
6. Organizational opportunities for carrying out the audit (language of audit, possible audit duration, absence of conflict of interests, etc.)
_____
available, not available
Reason for lack of opportunities _____
_____
_____
7. Conclusion.
To accept the application of_____
Name of organization
To decline the application of _____
Name of organization
due to _____
_____

Date

The Head of the CB QMS
Signature

Annex 8

To the head of

_____
name of an applicant organization

_____
initials, surname

NOTICE
ABOUT THE RESULTS OF REVIEW OF THE APPLICATION NO.___
FOR CERTIFICATION OF THE QUALITY MANAGEMENT SYSTEM

_____
Name of an applicant organization

The certification body of quality management systems
“Centre for certification of quality systems “Interecoms” has reviewed the application and the documents submitted by _____
Name of an applicant organization

_____
for certification of the quality management system for conformity to requirements of the standard

_____
Designation of the standard

and made a decision_____
accept of decline

Reason for refusal _____
filled in if a negative decision

_____

At the same time we send you the following documents:

1. The project agreement for certification
2. The rules for appeals (PQS D-03)
3. List of documents and information to be submitted to the CB QMS for the preliminary QMS analysis
4. Rights and obligations of Applicants and certificate holders
5. The regulations on the Mark (PQS D-13)
6. The process for carrying out audits (PQS D-06)
7. The audit programme

The leader of the Certification Group of the CB QMS _____ _____
signature initials, surname

Date

Annex 9

Contractual agreement Form

C O N T R A C T № QS -__-__-__

Moscow «____» _____ 20____

……, hereinafter referred to as ***the Client***, represented by ……, acting under the Charter, on the one hand, and ***the establishment «Centre for certification of quality systems "Interecoms" - The body providing certification of quality management systems***, hereinafter referred to as ***the Contractor***, represented by Director Tverskaya I.V., acting under the Charter, on the other hand (hereinafter – ***the Parties***), have concluded the present Contract on the following:

1. SUBJECT OF THE CONTRACT

1.1 The Client orders and the Contractor undertakes to perform (re)certification and further inspection control of the Quality Management system (QMS) of the Client, including _____ in the DakkS accreditation system
(list of branches)
for conformity with the requirements of ISO 9001.

1.2 The Works hereunder shall be performed in accordance with the audit plan and audit programme approved by the Client.

2. COST OF WORK AND PAYMENT TERMS

2.1 The cost of work performed hereunder shall be determined in accordance with the price list of the Contractor depending on man-hours (see Attachment) and shall not be subject to VAT (as per the Tax Code of the Russian Federation, Article 26.2 , items 346.12 and 346.13).

2.2 The Client shall effect staged advance payment of 100 percent within 5 business days upon signing of the Contract and invoicing by the Contractor.

3. RIGHTS AND OBLIGATIONS OF THE PARTIES

3.1 The Contractor obliges to:

3.1.1 Carry out independent and competent verification and evaluation of the QMS (certification, recertification) for conformity with the requirements of ISO 9001.

3.1.2 Once the (re)certification of the QMS succeeds, issue a Certificate of Conformity valid for 3 years. In case of refusal to issue a Certificate of Conformity, submit to the Client a motivated response in a written form.

3.1.3 Ensure confidentiality of the information obtained during the (re)certification.

3.1.4 Within the whole period of validity of the Certificate once a year according to the audit programme, carry out a scheduled inspection control of the certified QMS to confirm its conformity with the requirements of ISO 9001.

3.1.5 Inspect duly performance of corrective actions by the Client (in case of nonconformities detected during the audit).

3.1.6 Carry out the recertification of the QMS (under separate agreement) if the Client timely applies for it to the Quality Management Systems Certification body (but not later than 3 months prior to the Certificate expiration date).

3.2 The Contractor may:

3.2.1 Refuse to issue a Certificate of Compliance in case the nonconformities detected during the audit have not been eliminated.

3.2.2 Carry out an unscheduled inspection control on receipt of complaints and claims from customers, re-equipment of the enterprise, revisions of regulatory documents.

3.2.3 Suspend and withdraw the Certificate of Compliance in case of failure of inspection control, the Client's refusal to allow inspection control, or violation of duly use of the certificate and mark of conformity.

3.2.4 Carry out an evidence-based audit by the accreditation body (upon decision of such body), i.e. implement certification, recertification or inspection control witnessed by a representative of the accreditation body.

3.3 The Client obliges to:

3.3.1 Follow requirements of the certification system.

3.3.2 Provide conditions required to implement certification, inspection control, recertification and claim review, including access to documentation and registered data (including Act of Internal Quality Control) and personnel.

Support implementation of QMS (re)certification and inspection control; submit required information, provide access to the company units for auditors of the Contractor and for a representative of the accreditation body (if required).

3.3.3 Estimate amount and content of confidential information at the Contract signing and (or) certification, and ensure confidentiality of the information obtained at the Contract conclusion.

3.3.4 Provide to the Contractor the required information on the earlier carried out audits of the Quality Management System, received complaints and claims.

3.3.5 Effect payments for (re)certification and inspection control (scheduled and unscheduled) regardless of the results thereof.

3.3.6 Notify the Contractor about technical re-equipment, revision of technical documentation or other changes affecting the Quality Management System within the validity period of the certificate.

3.3.7 Eliminate in the terms agreed with the Contractor the QMS shortcomings, which are the basis for refusal to issue a certificate of conformity.

3.3.8 If the Certificate is either suspended or withdrawn, not to refer to it and to the mark of conformity.

3.3.9 If the Certificate is withdrawn, return it to the QMS Certification body "CCQS "Interecoms".

3.4 The Client may:

3.4.1 In case of disagreement with the results of (re)certification, apply to the Appeals Commission of the Quality Management System Certification body.

3.4.2 Use the Certificate of Conformity as means of advertising to improve the company's marketability.

3.4.3 Apply for recertification of the QMS due to expiration of the current Certificate (under separate Contract).

3.4.4 Use the quality management system certification mark in accordance with the rules governing its applications.

4. HANDOVER AND ACCEPTANCE OF WORKS

4.1 Upon completion of the works hereunder, the Parties shall sign a bilateral delivery-acceptance act.

The cost of the actually performed works shall be determined by the amount of the advance payment at the payment receipt day.

4.2 The Client within 5 working days upon receipt of delivery-acceptance act and reporting documents shall submit to the Contractor the signed delivery-acceptance act or motivated refusal to accept works. In case of motivated refusal, the Parties shall execute a protocol with a list of improvements and deadlines. The maximum time frame for improvements – 2 weeks upon signing of the protocol.

4.3 If within 5 working days neither a signed delivery-acceptance act nor a motivated refusal is submitted to the Client, the work shall be deemed accepted to the full extent.

4.4 Results of (re)certification shall be documented by the Contractor in a report signed by the audit team members. Such report shall be issued in 2 copies.

4.5 The report shall be submitted to the Client for review.

4.6 The decision on the results of (re)certification is made by the certification Body of quality management systems.

4.7 The Parties shall not disclose the work results to any third party without mutual agreement.

4.8 If actions of auditors (experts) within the audit caused damage to the Client's property, the Contractor shall be liable to compensate for such damage in accordance with the current laws of the Russian Federation.

4.9 The ownership right to the work's results shall be deemed to have been transferred from the Contractor to the Client on the date of signing of delivery-acceptance act.

4.10 All amendments and supplements to this contract shall be documented under separate agreements.

5. CIRCUMSTANCES OF INSUPERABLE FORCE (FORCE MAJEURE)

5.1 The Parties shall be released from liability for partial or total failure to perform their obligations hereunder if this failure to perform was a consequence of insuperable force circumstances emerged after conclusion of the Contract, as a result of extraordinary events, such as fire, flood, hurricane and earthquake, or prohibition of activities of either of the Parties imposed by Governmental authorities, which the Parties could neither foresee nor prevent by reasonable measures.

5.2 The Party to whom it becomes impossible to meet its obligations hereunder undertakes to immediately, and in any case not later than 10 days after insuperable force circumstances emerged, notify in a written form another Party of the commencement, expected duration and cessation of the above mentioned circumstances. The facts described in the notification are subject to verification by the Chamber of Commerce (Chamber of Commerce and Industry) or other authorized body or organization of the country.

5.3 If insuperable force circumstances last for more than 3 (three) months, each of the Parties may terminate the Contract, or part of the Contract which cannot be performed.

6. DISPUTE SETTLEMENT PROCEDURE

6.1 The relationship between the Parties is governed by the laws of Russian Federation.

6.2 All disputes, which may arise between the Parties in connection with the Contract, shall be settled by negotiations of the Parties.

6.3 If the Parties cannot come to an agreement, all disputes and differences shall be settled by the Arbitration Court of the city of Moscow in compliance with the current legislation of Russian Federation.

7. SPECIAL CONDITIONS

7.1 To implement the subject of the Contract, the Contractor sends auditors to the Client's company in accordance with the audit plans.

Specific time frames of audits are agreed by the Parties in the working order.

8. CONTRACT DURATION

8.1 Once the (re)certification is completed successfully, the Contract shall be valid within 3 years upon the date specified in the Certificate as (re)certification granting date. The Certificate as well is valid within 3 years upon the date specified therein.

8.2 The works shall be deemed started on the date that the money enters the Contractor's settlement account. If payment is delayed, the Contract duration shall be extended accordingly by the same number of days.

8.3 Specific works execution schedules according the plans are agreed by the Parties in the working order.

8.4 All documents related hereto are stamped with the number and date of the Contract.

8.5 The Parties shall immediately notify each other of the company changed location, new bank account details, rearrangement or liquidation of the company, change of the company head.

8.6 The Parties are entitled to exchange documents via fax or email with further confirmation by the originals.

9. INTEGRAL PARTS OF THE CONTRACT

- Price lists of the CCQS "Interecoms" on the (re)certification and IC of the Client's QMS;
- Audit plans for the Client's QMS;
- Audits programme for the period of validity of the certificate;
- Procedure of the CB QMS "CCQS "Interecoms" "Carrying out audits of quality management systems".
- Rights and obligations of the Client.

10. ADDRESSES AND BANK DETAILS

The Contractor:	**The Client:**
From the Contractor	**From the Client**
Director	
_____ Tverskaya I.V.	_____
« ____ » _____ 20___ S.P.	« ____ » _____ 20___ S.P.

Annex 10

List of documented information for the analysis of quality management system

1. Scope of the QMS application with justification for exemptions from ISO 9000:2015 requirements
2. Quality policy of the organization.
3. Quality objectives.
4. List of parties interested in the activities of the organization.
5. Quality Manual (if present).
6. Structural scheme of the audited organization with indication of administrative and engineering services, the main and auxiliary divisions (shops, sites, production sites).
7. List of QMS documents.
8. Set of documents on the fact of internal audits of QMS in the organization (one cycle of internal audits, covering the entire scope of the QMS, prior to certification).
9. Documents necessary for the organization to ensure effective planning, implementation and management of processes in accordance with the current list of QMS documents:

– list and regulations (descriptions) of the main production processes;
– other documents at the discretion of the organization.

10. Documents on QMS analysis by the management of the organization (analysis prior to certification).

Annex 11

Certificate of conformity Form

THE BODY PROVIDING CERTIFICATION OF QUALITY MANAGEMENT SYSTEMS "CCQS "INTERECOMS"
123423, Moscow, Marshala Zhukova avenue, H 78-2

Accredited in the German accreditation system DAkkS (Deutsche Akkreditierungsstelle GmbH)

D-ZM-17219-01-01

C E R T I F I C A T E

Issue 4. QMS has been certified since October, 2006.

Issued for ZAO «IMPULS»
Russian Federation, 123317, Moscow, Mozhayskoye shosse, 8

THE PRESENT CERTIFICATE VERIFIES THAT:
the quality management system regarding to designing, developing and providing telecommunication services

CONFORMS TO THE REQUIREMENTS OF ISO 9001:2015
(Annex specifying the scope of QMS certification, it is an integral part of the certificate)
Registration number D-ZM-17219-01-01-xx-xx

Issued xx.xx.20xx Valid through xx.xx.20xx

The Head of the Body I.V. Tverskaya

Deutsche Akkreditierungsstelle D-ZM-17219-01-01

Changes registration sheet

№ of change	Date of making changes, additions and audits	Numbers of pages	Code of the document	Summary of the change, audit mark	Surname, initials, signature
1	**2**	**3**	**4**	**5**	**6**
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