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# REQUIREMENTS FOR CERTIFICATION POLICIES & PROCEDURES

## Version O

## 1. COMPANY BACKGROUND AND SCOPE OF CERTIFICATION SERVICES

QSI is a legally constituted entity, founded by Mr. Celso Alvarado in 1993 in the city of New Jersey (USA), having as main objective to provide training services in the areas of quality control and continuous improvement. As a result of a business opportunity, in 1995, QSI began providing services as a certification company of quality management systems. In 1996, QSI moved its headquarters to the state of Florida (USA). In 2016, QSI expands its business platform by providing services in the areas of Inspection and certification of products, processes and services.

QSI America is consolidated as a holding company made up of the following business divisions:

- People Training and Certification Division
- Management Systems Audit and Certification Division
- Division of Inspection and Certification of Products, Services and Processes

The QSI structure facilitates and enables the sharing of resources, including:

- Personnel (Technical and Administrative)
- Working platform
- Documents (Documentary Base of the Quality Management System)

The company assigns, separately, the management and coordination of the resources for the different business Divisions and their respective services.

Our diverse team of auditors and staff that integrates the Certification Division allows us to serve a wide range of clients, in different business sectors, for which certification can be granted.

The QSI Certification Committee is made up of members who represent the different interests related to the Certification Program. The main function of this Committee is to analyze the certification recommendations of field auditors and make decisions about granting or suspending certification. Measures are taken so that the parties who decide on the certification of the management system are free from any circumstances that may affect their objectivity.

The policies and standards described here apply to certification services to ensure compliance with ISO 17021.

## 2. GENERAL POLICIES

2.1. QSI's policies, procedures and business decisions are non-discriminatory, and are administered in an objective and responsible manner.

2.2. QSI's auditing and certification services are accessible to all applicants. QSI does not impose any undue financial or other conditions on parties interested in obtaining certification. Organizations of any size, nature, geographical location or affiliation may access QSI services.

2.3. The criteria used to assess an applicant's management system are in accordance with the requirements of the management system standards under which I apply for certification or other normative documents that apply to it and that are relevant to the activity of the organisation. If an explanation of the application of these documents is required for a specific program, they would be provided by impartial personnel designated by QSI.

2.4. QSI limits its requirements, assessment and certification decision specifically to the issues defined in the scope

of the certification to be considered.

2.5. The QSI certification division does not participate in the implementation of the management systems under which it certifies. QSI does not offer internal audit services for its certified clients, nor does it offer its clients outsourcing of internal audits as a management systems consulting organization. If this is the case, QSI may not, and shall not, certify any management system in which internal audits have been provided within two years of the completion of the internal audits, nor certify a management system in which a client has received management systems consultancy or internal audits, where the relationship between the client and QSI poses a threat to the impartiality of the QSI certification division.

2.6. Since training is sometimes defined as consultancy, this activity is limited to the interpretation of management systems standards, audit standards such as ISO 19011 and other supporting standards such as ISO 10013. In all cases, the interpretations given are general and as previously mentioned, measures are taken so that the members of the Certification Committee who decide on the certification of the management system are free from any circumstances that could affect their objectivity. In addition, QSI's business partners (RBPs) take steps to ensure that related bodies providing consultancy services do not make joint sales presentations to certified, potential or existing customers that give rise to a conflict of interest.

2.7. Senior Management reinforces its commitment to impartiality and confidentiality of information with respect to management system certification services, through the development of policies that define the conduct and behavior of QSI personnel. These guidelines are declared through the "*PS-006 Impartiality Policy and Code of Ethics"*, which are available for consultation by interested parties through the QSI website.

2.8. Sources of threat to the impartiality of the QSI Certification process are identified and addressed in "*CS 9.0.0.0.3 Risk Analysis Matrix FMEA Certification Services*".

2.9. In accordance with the requirements of ISO 17021-1, QSI does not certify the management system of other certification bodies.

2.10. QSI has evaluated the risks resulting from its certification activities and has taken adequate precautions to cover the legal responsibilities resulting from its operations, for which it has contracted and maintains an active professional risk policy.

2.11. The means used by QSI to obtain financial support under no circumstances compromise the impartiality, integrity and honesty of its activities. The source of income of the Certification Division may be evidenced through the billing of services performed in accordance with the provisions of the service contract.

2.12. All information obtained or created in the performance of certification activities is handled confidentially by QSI and its personnel, and is thus established in the service contract (QSI-Client) and in the employment contracts of its collaborators. Exceptions to this policy must be previously approved by the client who will formally indicate what type of information can be under the criteria of "accessible to the public".
When QSI is required by law to disclose confidential information, the customer or the person involved will be notified of the information provided, unless prohibited by law.

2.13. QSI has a policy of recruiting auditors to meet client needs, certification program requirements and accreditation requirements. All auditors are required to sign a confidentiality and conflict of interest agreement.

2.14. QSI ensures, by means of a signed declaration between the company and its employees, that its personnel are free from external and internal pressures that may influence the results of the audits performed and the absence of participation in activities that may threaten confidence in their competence, impartiality, judgment or integrity.

## 3. DEFINITIONS

- **AUDIT:** It is a systematic, independent and documented process to determine whether activities and processes related to quality and/or other management systems are in compliance with planned plans and whether these agreements are effective in meeting established objectives. It is an evaluation that allows objective evidence to be obtained in order to determine the degree to which the audit criteria are met.

- **AUDITOR:** A person qualified (by QSI) to perform an audit of a quality management system, environment and/or other management systems.

- **LEAD AUDITOR:** Is the auditor responsible for all phases of the audit and management of the audit team. This auditor has the authority to make on-site decisions related to the audit and its findings. QSI reserves the right to assign more than one lead auditor for the different phases of the audit.

- **ORGANIZATION:** It is the entity that is responsible for carrying out the process, product (including services) and controls the management system related to them. The definition may apply to manufacturers, distributors, importers, assemblers, service organisations, etc. In some cases the term "customer" or "customer organization" is used in QSI documentation to refer to the organization.

- **INITIAL REVIEW:** An assessment of the policies and procedures of the organization's management system that is performed prior to the conduct of the stage 1 certification audit generally at the organization's facilities. It is an optional audit of the organization's management system that provides the degree of compliance with an applicable standard in a quantitative format. The results are detailed by departments and elements of the applicable standard. The client may request an evaluation prior to the implementation process of the system and it is convenient that it be performed at least 90 days before the Certification Audit.

- **CERTIFICATION AUDIT:** An assessment of an organisation's management system for the purpose of issuing a document (certificate) indicating compliance with a management system standard (e.g. ISO 9001, ISO 14001, OHSAS 18001 or other management system standard). This Certification Audit is composed of two stages: The first stage of the certification audit consists of a review of documents and on-site confirmation of the scope. And the second stage is the on-site audit for the evaluation of compliance with all elements of the standard. The period between Stage 1 and Stage 2 of the Certification Audits should be sufficient to allow adequate planning of Stage 2 of this Audit, but should not exceed 60 days. A combined certification audit could be conducted for the purpose of issuing multiple certificates in accordance with different standards.

- **STAGE 1 CERTIFICATION AUDIT:** An evaluation that is performed prior to the Stage 2 certification audit for the purpose of the Lead Auditor being familiar with the organization's site, processes, documentation, personnel, and that serves to confirm the scope of the management system to be evaluated. The Stage 1 Certification Audit can also serve to detect nonconformities and provide feedback to the organization prior to the completion of the Stage 2 Certification Audit. This audit is also known as Documentary Review Audit.

- **STAGE 2 CERTIFICATION AUDIT:** It is the on-site evaluation that is performed on an organization for the purpose of confirming the degree to which the requirements or elements of the standard to be certified are met, by obtaining objective evidence of the organization, processes, personnel, documentation, in order to determine compliance with the standard of the management system implemented.

- **OPENING MEETING:** An opening meeting is a work session that takes place at the beginning of an audit for the purpose of: **(a)** the presentation of the audit team, **(b)** the ratification of the audit plan; **(c)** the definition of the arrangements for conducting the evaluation; **(d)** among other agenda items necessary for the effective conduct of the audit.

- **AUDIT EVIDENCE:** Records, interviews and or statements of fact or any other information that is relevant to the confirmation of audit criteria and that is verifiable.

- **FINDINGS OF THE AUDIT:** It is the result of the evaluation of the evidence of the collected audit against the criteria of Audit. QSI uses four types of findings: 1-When a good practice is detected that in the opinion of the audit team is considered outstanding, it is called ***Positive Finding***. 2-When a situation is detected that can improve but that is not contemplated in the audit criteria to which it is called ***Opportunity of improvement***. 3-When a situation is detected that in the opinion of the audit team could result in a breach of the audit criteria, it is called ***Non-conformity Potential***. 4- When a situation is detected that, in the opinion of the audit team, does not comply with the audit criteria. This is called Non-conformity. Non-conformities could be classified as **minor** or **major** according to the severity of the non-compliance or fault.

- **NON-CONFORMITY:** Non-compliance with a specified requirement. Non-conformities can be classified as major or minor.

- **Minor Non-Conformity:** A minor non-conformity classification occurs when there is a deviation from a requirement of the standard or from an established procedure for complying with the standard. This non-compliance will be referred to as a minor non-conformity if, in the Lead Auditor's opinion, it is reflected in a failure of the management system or in its ability to ensure adequate control of the organization's contractual obligations to its clients and/or to the applicable legal or other provisions. **Important: (a)** If in the Lead Auditor's opinion the cause of the minor non-conformity can be identified and corrected during the certification audit, the corrective action can be accepted and submitted to the Lead Auditor approximately 90 minutes prior to the closing meeting to allow for verification. **(b)** If detected during a surveillance audit, the organization shall have 45 days to resolve the minor nonconformity. Follow-up may be by correspondence, email, during the next surveillance or by means of a physical audit depending on the nature of the non-conformity. Failure to comply with the deadline set for correction may result in a recommendation for withdrawal of certification. **(c)** The Lead Auditor will not recommend a certification to the

QSI Certification Committee if there are nonconformities for which there has not been: 1. a correction has been made, 2. a cause analysis has been performed, 2. an approved plan has been defined and implemented to eliminate the causes and prevent recurrence of the same. Covering these three points, in the opinion of the lead auditor and with the approval of the Certification Management, these corrective actions can be evaluated in a later visit.

- **Major non-conformity**: A non-conformity could be called a major non-conformity when: **(1)** the organisation has not established, defined or implemented in its management system an element, clause and/or corresponding requirements of the standard. **(2)** there is a tendency and/or constant recurrence of deviations from the established procedures resulting in constant breaches of contractual obligations with its clients or constant breaches of legal or other provisions that apply. **(3)** a considerable number of minor non-conformities are detected against the same element of the standard; the systemic proliferation of which does not provide confidence that the management system is capable of adequately complying with the contractual obligations and/or with the legal or other provisions that apply. The decision to convert one or several nonconformities to a greater one is left to the judgment of the Lead Auditor, after consultation and authorization of the Certification Management. **Important: (a)**The Lead Auditor will not recommend certification to the QSI Certification Committee if a major non-conformity is detected during the certification audit. A total or partial re-evaluation will be required at the discretion of the Certification Manager not less than 90 days after detection. This period allows sufficient time for effective implementation of the deficient element. **(b)** If detected during a surveillance audit, the organization shall have 45 days to resolve the major nonconformity. A follow-up on-site audit will be required for verification of effective implementation. Failure to meet the deadline for corrective action may result in a recommendation for withdrawal of certification.

- **CLOSING MEETING:** The closing meeting is a session that takes place at the end of the audit, with the purpose of presenting the results of the evaluation to the organization and to determine the arrangements that would take place to correct detected non-conformities (if any). The QSI Audit Team participates in this activity, in which at a minimum the representative of the organization's management must attend. In addition, the Lead Auditor must follow the generally accepted protocol for conducting this closing meeting.

- **CORRECTIVE ACTION:** Action taken to eliminate the cause(s) of a nonconformity, detected or other undesirable situation, with the purpose of eliminating recurrence.

- **FOLLOW-UP AUDITS:** Audits that take place to verify whether planned corrective actions were effectively implemented.

- **SURVEILLANCE AUDITS**: Audits that are performed, generally at intervals of six, nine or twelve months, after the organization has been certified. These audits allow QSI auditors to verify whether the organization's management system continues to meet the requirements for maintaining certification. Management Review, Internal Audits and Corrective and Preventive Action processes will always be evaluated during each surveillance audit. The rest of the applicable elements and processes will be reviewed at least once during the 3-year certification contract.

- **RE-CERTIFICATION AUDIT:** These are the audits that take place every three years, when the contract expires, to

verify all the elements of the management system of the applicable standard. These audits allow QSI auditors to verify whether the organisation's management system meets the requirements for renewal of certification. This audit may have the same scope as the original certification audit. Renewal of the certificate is optional. If the scope changes, this should be reflected in the new contract.

## 4. RESOURCES

4.1. The competence criteria of the personnel involved in the management and performance of audits and certification are stated in document "*RM 6.2.3.0.1 Position Description".*

4.2. QSI performs the initial assessment and monitoring of competencies, as well as the performance of personnel, in accordance with the procedures described in "*CS 6.2.2 Selection and Evaluation of Auditors" and "RM 6.2.1 Recruitment Selection and Evaluation of Personnel*".

4.3. Considering the type and volume of work, QSI has a sufficient number of competent professionals, auditors and technical experts to meet the needs of the audit programme. The "List of Auditors, Technical Experts and Members of the Certification Board Qualified CS 6.2.2.0.1" *Lists the personnel available to perform the functions of Auditor, Technical Expert, and this document includes the Members of the Certification Committee*".

## 5. CERTIFICATION PROCEDURE

### 5.1. Preliminary Application

QSI requires our potential clients to fill out the "*Preliminary Evaluation Request*" through our WEB page, in which aspects related to are identified:

a) Identification of the Organization and Type of Industry.
b) International Standard by which it seeks certification.
c) Scope of the certification
d) Details for the planning and preparation of the Certification Audit
e) Data of the Representative of the Direction

Information obtained as part of the Preliminary Assessment is reviewed by Certification Management to determine customer needs and to ensure that QSI is able to provide certification services

### 5.2. Quotation and Establishment of the Service Contract

After concluding that QSI is or may be able to provide the requested service and issue the corresponding certificate for such service, the steps of the certification process will be provided to the potential client in a formal proposal that includes the related costs (See procedure *CS 7.2.4 Quotation and Establishment of the Certification Contract*).

If the terms of the proposal are accepted by the client, a contract (*CS 7.2.4.0.5 Certification Contract*) and an annex with the audit program for the three years of service (*CS 7.2.4.0.7 Certification Contract Annex*) are sent to the client (See Annex A). The contract requires the customer's commitment to comply with the following conditions:

a) Continuously comply with the provisions of the QSI certification program.
b) Make arrangements for the conduct of the evaluation, including provisions for review of documentation

and access to all areas, records (including internal audit reports) and personnel for the purposes of evaluation, monitoring, re-evaluation and complaint resolution.

c) Provide and make satisfactory arrangements for the transportation, food and lodging of QSI auditors.
d) Announce that it is only certified with respect to the scope of activities for which certification has been granted.
e) Not to use its certification as a way to bring discredit to the certifying body and not to make any statement regarding its certification, which may be considered by the QSI Certification Service as misleading or unauthorized.Bajo una suspensión o retiro de su certificación, discontinúe su uso de toda publicidad que contenga cualquier referencia a está y devuelve los documentos de certificación.
f) Using only certification to indicate that the certified management system is in compliance with specified standards or other relevant document, and not using its certification to imply that a product or service is approved by QSI.
g) Ensure that the QSI certification document, mark, report or any other document is not used in a misleading manner when reference is made to its certification in a communication medium such as documents, brochures or advertising.
h) Have performed an internal audit of the entire system and a cycle of review by management prior to the certification audit.

5.3. **Pre-certification audit activities**

5.3.1. The following information is provided, as a minimum, by the applicant prior to the on-site assessment in reference to QSI procedures::

a) The applicant's general information such as the corporate entity, name, address, legal status, and where relevant, human and technical resources.
b) General information concerning the management system and the activities it covers.
c) description of the system to be certified and the applicable standards or other normative documents.
d) Descriptive documentation of the management system to be certified.

The information gathered from the pre-elimination evaluation and documentary review can be used for the preparation of the on-site evaluation. Such information is treated confidentially.

Please note that other optional services, such as a preliminary documentary review (Initial Review), can be performed at the client's request. The results of these additional services will only provide information on non-conformities, if any, and the degree of compliance with the relevant standard.

5.3.2. **Preparation for Certification**

Before proceeding with the evaluation procedure, QSI conducts, and maintains records of the preliminary evaluation to ensure that:

a) The requirements for certification are clearly defined, documented and understood.
b) Any differences in understanding between QSI and the applicant are resolved.
c) QSI have the capability to perform the certification service with respect to the scope of the certification being sought, the location of the applicant's operations and any special requirements, such as the language used by the applicant.
d) QSI is adequately prepared for its assessment activities to allow for the necessary arrangements to be

made for them to be managed.

e) QSI nominates a qualified team of auditors to evaluate all material collected from the applicant and conducts the audit on its behalf. Experts in the areas to be evaluated may be added to the QSI team as technical experts.

f) Organizations are informed of the names of the members of the audit team in charge of the evaluation, with sufficient notice to appeal against the appointment of any of the auditors or experts. The audit team is formally appointed and provided with appropriate working documents. The audit date and corresponding audit plan are agreed with the organization.

g) The audit criteria given to the audit team are clearly defined and have been reported to the organization, and require the audit team to examine the structure, policies and procedures of the organization and confirm that they meet all relevant requirements within the scope of certification, and that the procedures are implemented and are such that they give confidence in the products, processes or services of the organization.

5.4. **Certification Audit**

The development of the Audit process will be carried out in accordance with procedure CS 7.5.1 Coordination and Development of Certification Audits.

The evaluation process begins with the opening meeting, chaired by the Lead Auditor. The opening meeting is duly documented as evidence of its management (*CS 7.5.0.4 Attendance at Opening/Closing Meeting*).

The QSI audit team will assess the organisation's management system, covered by the scope definition, against the applicable certification requirements.

A typical audit, especially in stage 2, should allow adequate time for the following activities:

- Opening Meeting
- Tour or Tour by the facilities
- Interviews/Research
- Sessions independent of the audit team
- Times for lunch and breaks (Preferably on site)
- Informative Meetings to the Management Representative
- Documentation of Findings
- Report of results during the Closing Meeting
- Closing Meeting

Other audits, such as the Initial Review and the Stage 1 Certification Audit will have a similar format.

5.5. **Certification audit report**

QSI applies the following reporting procedure for Certification Audits:

5.5.1. **QSI applies the following reporting procedure for Certification Audits:**

The closing meeting takes place between the audit team and the organization's management prior to leaving the facility, in which the audit team provides oral indications regarding the compliance of the

organization's management system with specific certification requirements, and provides a timely division for the organization to inquire about the findings and their basis. If nonconformities are found, they are left to the organization, in writing (*7.5.1.0.7 Report of Nonconformity and Corrective Action*), at the closing meeting.

5.5.2. **The QSI Report**

Within three (3) business days of the audit, the audit team provides the QSI Manager or Regional Representative (RBP) with a report of its findings as well as the compliance of the organization's management system with all certification requirements (*CS 7.5.1.0.8 Audit Report).* The report shall include the Lead Auditor's recommendations to the Certification Committee regarding certification. Subsequently, the Lead Auditor or Regional Representative submits the audit report to the Certification Management who will review it and submit it to the Certification Committee for final review and decision.

5.5.3. **Certification Committee Review & Decision**

Within five (5) business days of the evaluation, the QSI Certification Committee will provide Certification Management with the decision on whether or not to award certification. In any case, positive or negative, the results will be communicated verbally or in writing to the organization by the Certification Management or QSI Regional Representative. (*CS Procedure 6.2.1 Selection and Operation of the Certification Committee*).

In the negative case, the corrective action and follow-up requirements will be communicated to the organization. The Certification Management shall also inform the organization of the need for a total or partial re-evaluation or whether a written statement to be confirmed during a follow-up audit is considered adequate.

5.5.4. **The written report to the organization**

A complete report is sent to the organization (client) reflecting the oral report communicated at the site and the result of the Certification Committee's decision within ten (10) days after the closing meeting. Certification Management must inform the organization of the need for a full or partial reassessment or whether a written statement to be confirmed during the follow-up audit is considered adequate.

5.5.5. **Feedback & Corrective Action by the Organization**

QSI invites the organization to record Corrective Actions through the format "*7.5.1.0.7 Report of Nonconformity and Corrective Action"* and to describe the specific actions taken, or planned to be taken within the defined time frame, to remedy any non-conformity with the certification requirements identified during the evaluation.

The report contains at least:

- The date(s) of the audit(s).
- The names of the person(s) responsible for the report.
- The names and addresses of all audited sites.
- The scope assessed by the certification, including the applicable standard.

- Comments on the compliance of the organization's management system with the certification requirements, with a clear statement of non-conformity and, where applicable, any successful comparison with the results of a previous assessment of the organization.
- An explanation of any differences from the information presented to the organization at the closing meeting.

5.6. **Certification decisions**

The QSI Certification Committee is responsible for deciding whether or not to certify the management system of the organization (client). The decision is based on information gathered during the certification audit process and any other relevant information. Members of the Certification Committee do not normally participate in the Certification Audit. However, in the event that a member participates in the audit, he/she will not be involved in the certification decision.

The certification decision is the sole responsibility of the QSI Certification Committee, which is considered to be a part of the organization. (*Procedure CS 6.2.1 Selection and Operation of the Certification Committee*).

5.6.1. **Granting of certification**

5.6.1.1. **General Conditions for the Concession (issuance) of the certification**

The only recommendation that will be considered for the Award (issuance) of the certification will be the results of the QSI procedures for the execution of certification audits. At present, there are no agreements of understanding with other organizations for the recognition that will lead to certification without an assessment consistent with QSI procedures.

All minor non-conformities identified during the certification audit must be corrected and an action plan to eradicate the causes must be presented. These should be verified by the lead auditor and Certification Management (or auditor), before sending the certification recommendation to the Certification Committee.

If a minor non-conformity is detected, it will be submitted to the Lead Auditor for determination:

a) An on-site verification of the corrective action prior to the closing meeting will suffice.
b) Evidence submitted by fax or email will suffice.
c) A follow-up visit will be required to verify the corrective action for the specific points involved.

If a major non-conformity is identified, a full and successful re-evaluation will be required for the recommendation. This evaluation cannot occur earlier than 90 days after the finding.

5.6.1.2. **Steps for certification recommendation**

a) The Lead Auditor sends an audit report recommending certification to the Certification Management via the Regional Manager/Representative.
b) The Certification Manager reviews the Certification Audit Report to see if it is adequate.
c) The Certification Manager sends the Certification Report Summary to a member of the Certification Committee.

5.6.1.3. **Committee Criteria for a Positive Certification Vote**

Once the audit report recommending the certification is received, the member of the Certification Committee evaluates the case and casts his vote.

In order to cast a positive vote, the members of the Certification Committee must use their judgment regarding the degree of compliance of the organization's management system, versus the applicable standard, taking into consideration the following:

a) Is the Lead Auditor's recommendation adequately justified?
b) Have all elements of the applicable standard been evaluated?
c) Have non-conformities (if any) been properly addressed?
d) Have all applicable stipulations of QSI procedures and other requirements been followed?
e) Has the organization paid all invoices and related expenses?

5.6.1.4. **Certification Rejected**

Failure to comply with any of the criteria listed under the previous section may lead to a negative vote.

5.6.2. **Scope modification**

Upon receipt of the request for Scope Modification (See Annex C), the Certification Management must determine whether an immediate evaluation is required, or whether the request for Scope Modification can be evaluated during the next surveillance audit of the organization's management system. In either case, the elements are evaluated and the time required for the evaluation will be directly proportional to the time that must be spent during a certification evaluation, as established by QSI procedures.

5.6.2.1. The assigned Lead Auditor shall evaluate the following options as applicable:

a) A change in operations versus current requirements.
b) Current operations versus new requirements.
c) A change in operations versus new requirements.

5.6.2.2. The assessment shall be administered as required by the procedure for conducting certification audits. Once conducted, the Lead Auditor will issue a report to the Certification Management via the Regional Manager/Representative and the process will begin on a Concession (issuance) basis of the certification.

5.6.2.3. A need to modify the scope may be identified by the surveillance audit if, based on the judgment of the Lead Auditor, there is a change in operations, which could cause the current certification to be an inadequate representation of the organisation's management system. Under these circumstances the following steps may be taken:

a) The Lead Auditor shall report its findings to the Certification Management via the Regional Manager/Representative.
b) Certification Management notifies the Director of Operations who will decide whether further review is required.

c) Once sufficient evidence of a significant change has been obtained, corrective action (if applicable) is required of the organization within 15 working days of the determination. Recibida la respuesta de acción correctiva, una verificación puede ocurrir en el sitio o por medio del envío de la evidencia a la oficina de QSI.

d) Once the evidence of corrective action has been reviewed, the Certification Management shall act in accordance with the following:

1. Rejects corrective action as insufficient; requests additional action from the organization.
2. Rejects the corrective action as insufficient; recommends a modification to the Committee.
3. Rejects corrective action as insufficient; recommends withdrawal of certification to the Committee.
4. Accepts corrective action; recommends retention of current certification to the Committee.

If the accepted corrective action does not have 30 days of determination under letter (c), Certification Management will recommend a modification to the Certification Committee or recommend withdrawal of certification as appropriate. The Committee shall follow the applicable steps in sections 5.6.2 or 5.6.3 of this procedure, as appropriate.

5.6.3. **Withdrawal/Denial of certification**

Any of the following may be used by a Member of the Certification Committee to cast a vote to deny or withdraw certification:

a) The justification of the Lead Auditor's or Certification Management's nonconformity is supported by objective evidence.
b) The organization has not paid all contractually agreed financial amounts.
c) Not all identified non-conformities were corrected and additional actions are required.
d) Not all applicable elements of the standard were evaluated and additional evaluations are required.
e) Not all stipulations of this procedure and other QSI requirements were followed by QSI staff.

If points d) and e) should occur, this will constitute a non-conformity on the part of QSI which will be remedied, at no cost to the customer. In any such non-conformity, the QSI Management Representative will review and dispose of the non-conformity and request immediate and corrective action as required by QSI procedures.

5.7. **Certificate of conformity**

QSI must provide each of its certified organizations with a document called a Certificate (*Format CS 9.0.0.0.2 Certificate*) of conformity to the relevant standard (See Annex B). The certificate must be signed by a member of the Certification Committee. For each of the sites covered by the certification, the certificate will indicate:

a) The name and address of the certified organisation.
b) The scope of the certification granted shall include:
    1) The standard(s) with which the management system is certified.

2) The product, process or category of services.
3) Any other appropriate requirement.

c) The effective date of the certification (three years from the date the certificate was issued that occurs once the client has properly addressed nonconformities (if any) and the lead auditor recommended certification to the Certification Committee) and the terms during which the certification is valid.
d) A registration number.

5.7.1. **Registration**

When acquiring certification, QSI will include the organisation in its list of certified organisations and when specific information about a particular organisation is requested, this information will be made available to the public with the prior authorisation of the Director of Operations.

5.8. **Surveillance and Re-Certification Procedure**

QSI will routinely conduct surveillance audits at intervals of 6 months, 9 months or 12 months, as agreed, to verify that organizations that are certified continue to meet certification requirements.

Ninety (90) days prior to the expiration of the certification contract, QSI will send the organization the link to the request for proposal or certification quote indicating the purpose of the organization to update its data and after the evaluation and confirmation of the same, a Re-Certification contract will be issued. Upon acceptance, the Re-Certification process will be executed based on QSI procedures. The Re-Certification audit must occur before or within 30 days of the expiration date of the Certificate of Conformity. The decision to grant certification will be issued as stipulated in Section 4.5 Certification Decisions, of this procedure.

If on the expiration date of the Certificate of Conformity, the Re-Certification contract has not been accepted, QSI will proceed to notify the organization and the QSI Certification Committee of a 30-day grace period to respond. If after the 30 day grace period has expired there is no response or the contract is not accepted, QSI Certification Management will recommend to the QSI Certification Committee the withdrawal of the certification. If the Certification Committee approves the recommendation, the Certification Management will proceed to notify the organization of the following:

a) Suspend the use of certification logos and accreditation marks used in advertising, catalogues, etc.
b) Return the Certificate of Conformity.
c) QSI will remove the organization from its list of certified companies. Nota: Se dará un plazo de 30 días para lo descrito. El no cumplir, resultara en publicación de la trasgresión, y si es necesario, otras acciones legales.

If after the 30-day grace period, the organization wishes to be certified, a full certification audit would have to be performed without the benefit of reduced days for recertification.

5.9. **Guide to the Use of the Certificate and Logo**

Once the certification has been successfully obtained, QSI confers the right to use the Certification Logo to indicate the certification of the management system. The organization can use the QSI Logo to show the certification achievement (See Annex D). This logo must not be used on the product or in a medium that can be interpreted as denoting product conformity.

QSI must take satisfactory action to address incorrect references to system certification or misleading use of the certificate and logos in advertising, catalogs, etc. Such actions could include corrective actions, removal of the certificate, publication of the violation and, if necessary, further legal action.

5.10. **Access to Complaint Records**

The QSI Certification Service requires that each organization with a certified management system make available to QSI evaluation staff, applicant, records of complaints and corrective actions taken.

5.11. **Multi-Site Certifications**

A Multi-Site Certification may be submitted if the prospective client's organization includes at least four sites performing similar functions. One of the four (4) sites may be a corporate/administrative site. To apply for Multi-Site Certifications, the following criteria must be applied:

1. The certification must include at least 2 sites, one of which may be corporate/administrative (central office)
2. Sites should have a similar Process Control methodology.
3. Sites should have a similar Document Control methodology.
4. Sites should have a similar Management Review methodology.
5. Sites should have a similar Corrective Action methodology.
6. Sites should have a similar methodology for Internal Audit.
7. The management system of each site included in the Multi-Site Certification must be periodically audited by a corporate group.

5.11.1. If one or more sites show a serious non-compliance (Major Non-Compliance), then Certification Management may recommend the withdrawal of corporate certification. In this case, each site may apply for individual certification during an extended surveillance visit covering all applicable elements, or specific non-conforming sites may be excluded from Corporate Certification.

5.11.2. Sites that have been individually certified may subsequently apply to be included in a Corporate Certification, after surveillance or reassessment activities have been carried out. The application is requested by filling out the form Request for *Modification of the Scope of Certification CS.9.0.0.0.1.* The prospective client must provide evidence that the sites have similar operations comply with the above.

Customers wishing to certify a management system that operates through:

a) Several sites (in series),
b) Several sites carrying out similar operations (in parallel)
c) Have a combination of the above two circumstances
d) Offer products or services in temporary centres

When these circumstances arise, the evaluation of multiple sites operating under the same centralized management system is simplified. The advantage of this simplification is conveyed to the client in the form of a sampling plan that reduces the number of audit days (and associated costs) required to determine compliance and subsequent certification. In situations where the certification applicant or certified organization provides its product(s) or service(s) at the temporary sites, these sites have to be incorporated into the evaluation and

monitoring programs.

The minimum evidence requirement is a letter from a person authorized by the client's organization testifying to the described conditions of their operations. A visit by a QSI representative may be required. Appropriate addenda to the certification application will be completed for Multi-Site Certifications describing the conditions presented.

5.12. **Continuation of certification**

5.12.1. **General Conditions for Continuation of Certification**

a) The recommendations that will be considered for the continuation of the certification will be those resulting from the procedures of surveillance audits of the Certification Management.

b) All minor non-conformities detected during a surveillance audit must be corrected by the organization and verified by the Certification Management (or auditor(s)), before recommending the continuation of the Certification Committee certification.

c) If a minor non-conformity is detected, it will be submitted to the Lead Auditor to determine if:

1. An on-site verification of the corrective action prior to the closing meeting will suffice.
2. Evidence submitted by fax or mail will suffice.
3. A follow-up visit will be required to verify the corrective action for the specific points involved.

d) If a major non-conformity is detected during a surveillance audit, the organization will be given 45 days to resolve the non-conformity. Physical follow-up will be required to verify effective implementation. Failure to comply with the time established for the correction of non-conformity may result in a recommendation for withdrawal of certification.

5.12.2. **Steps to Recommend Continuation of Certification**

a) The Lead Auditor submits an audit report recommending the continuation of certification to the Certification Manager.

b) The Certification Manager reviews the surveillance audit report for adequacy.

c) The Certification Manager determines the continuation of the certification.

d) The Certification Manager reports monthly to the Chairman of the Certification Committee on the status of surveillance audits.

**ANNEX A. Annex to the Certification Contract**

| | CERTIFICATION CONTRACT ANNEX Form | CS 7.2.4.0.7 Version G |
|---|---|---|

ANNEX #_____

| 1. **Organization Information** (Please complete one sheet for each site or facility within the scope) | | | |
|---|---|---|---|
| 1.1 Legal Name of the Organization: | | 1.5 Telephone / e-mail / WEBSITE | |
| 1.2 Product/Service – IAF Code: | | 1.6Address of site: | |
| 1.3 Applicable Standard (s) | | 1.7 Number of Employees: | |
| 1.4 Management Representative: | | 1.8 Scope (as per preliminary evaluation): | |

| 2. Initial Review | 3. Stage 1 Certification Audit | 4. Stage 2Certification Audit | 5. Surveillance Audit # 1 | 6. Surveillance Audit # 2 | 7. Re-certification Audit |
|---|---|---|---|---|---|
| 2.1 Audit-Days: | 3.1 Auditor-Days: | 4.1 Audit-Days: | 5.1 Audit-Days: | 6.1 Auditor-Days: | 7.1 Audit-Days: |
| 2.2 Fee: | 3.2Fee: | 4.2 Fee: | 5.2 Fee: | 6.2 Fee: | 7.2 Fee: |
| 2.3 Due Date: | 3.3 Due Date: | 4.3 Due Date: | 5.3 Due Date: | 6.3 Due Date: | 7.3 Due Date: |

8.Preparation Time: Approximately 15% of the "Auditor-Days" specified above is time dedicated to audit preparation and the post-audit activities and report writing. The days "on site" will depend on the number of auditors assigned. The actual on-site audit duration shall be detailed on the audit plan for each service.

| 9. **SUMMARY** | | |
|---|---|---|
| 9.1 Total Fees (3 years) _____ | 9.2 Initial Payment due with contract: _____ | 9.3 Follow-up audits rate to verify corrective actions, as needed: _____ |

| | |
|---|---|
| 9.4 Payment Conditions: | a) The client must pay 50% of the certification audit (Stage 1 & Stage 2) fee with the signing of the contract and the remaining 50% of the fee prior to the dates indicated in this annex for the Stage 2 Certification Audit.<br>b) The fees indicated in this annex are for the rights to use the QSI certificate and certification logo and shall be paid on or before the "Due Date" indicated for each audit service upon receipt for the invoice.<br>c) The fees specified in the Annex are exclusive of any and all Taxes.<br>d) Where, and to the extent that Taxes are payable and QSI is required in accordance with Applicable Law to pay the same, the Client shall pay an amount equal to the amount of such Taxes to QSI in addition to the fees herein specified and shall indemnify and hold QSI harmless in respect of any such amount and against any claim made against QSI in respect thereof and against any loss, cost or expense arising in connection therewith or consequence thereof.The Client must pay all sums payable by it under the Agreement free and clear of all deductions or withholdings in respect of Tax unless any Applicable Law requires such a deduction or withholding to be made. Where such a deduction or withholding is so required the Client shall promptly inform QSI of that requirement and will pay such additional amount to QSI as to ensure that the net amount received by QSI is equal to the full amount that QSI would have received had the deduction or withholding not been required. |
| 9.5 Travel Coordination: | Travel, lodging and meals for the QSI auditors and accreditors is to be coordinated and paid by the Client. If the Client requires that QSI handle travel arrangements, the Client shall communicate this requirement to QSI in advance of the audit services and submit payment in advance for the travel expenses as estimated by QSI, plus a US$250 travel coordination fee. |
| 9.6 Invoicing: | The invoice for the services defined in this contract shall be issued by _____ |
| 9.7 Postponed Services: | If the Client requires that agreed audit dates be changed, a surcharge of 25% of the fees corresponding to the modified service date shall be paid by the client to QSI. Under normal circumstances Surveillance audits cannot be scheduled beyond 30 days of the dates indicated in this annex. In the event that an extension of more than 30 days is needed by the client, the client must send a QSI a formal request, in writing, explaining the extenuating circumstances for reviewed by members of the QSI Certification Board. The Client must make the payments for the certification as scheduled and indicated on this annex, even if the audit activity is not performed on the date indicated on the annex, as the fees indicated are for the rights to use the QSI certificateregardless of whether a surveillance visit was performed. The client acknowledges that, if more than 60 days pass without performing a scheduled surveillance audit, the certificate is subject to suspension. In addition, the client acknowledges that, not more than 90 days without performing the scheduled surveillance or the corresponding payment for the use of the certificate, said certificate as property of QSI, is subject to a withdrawal, and the customer remains responsible for paying the amounts Indicated in this document as charge for use of the certificate. |
| 9.8 Certification Expiration Date | The certificate expires on the three-year anniversary date of certificate issuance. |
| 9.9 Recertification | For certification to continue beyond the 3 year certification period, a re-certification audit is required 30 days prior to the certificate expiration date. |

10. I AGREE WITH ALL THE TERMS AND CONDITIONS OF THIS ANNEX TO CONTRACT NUMBER_____.

| ON BEHALF OF THE CLIENT | | ON BEHALF OF QSI | |
|---|---|---|---|
| CLIENT OFFICIAL: | _____ | QSI OFFICIAL: | _____ |
| TITLE: | _____ | TITLE: | _____ |
| SIGNATURE: | _____ | SIGNATURE: | _____ |
| DATE: | _____ | DATE: | _____ |

**ANNEX B. CERTIFICATE**

**ANNEX C. SCOPE MODIFICATION**

| | APPLICATION FOR MODIFICATION OF CERTIFICATION SCOPE<br>Form | CS 9.0.0.0.1<br>Versión D |
|---|---|---|

| SECTION 1 | GENERAL INFORMATION | | |
|---|---|---|---|
| Company | | Date of Request | |
| Site | | Requestor | |

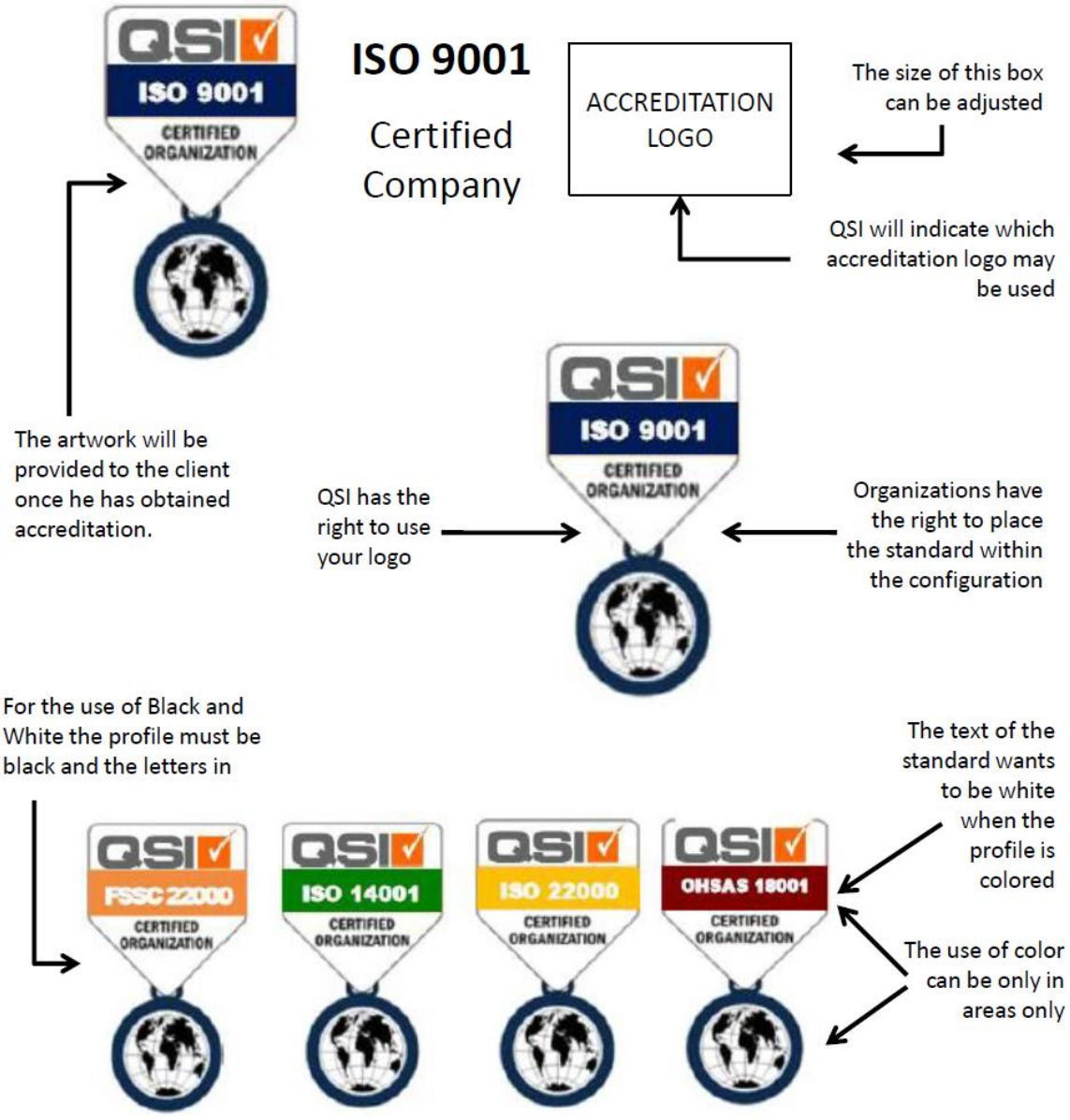
| SECTION 2 | DESCRIPTION OF MODIFICATION |
|---|---|
| | *(Please check all that apply and provide appropriate details below)* |
| 2.1 Change in Scope of Activities ☐ | |
| 2.2 Change in Organizational Structure ☐ | |
| 2.3 Change of Ownership ☐ | |
| 2.4 Change in Key Personnel ☐ | |
| 2.5 Change in Product ☐ | |
| 2.6 Change in Process Equipment ☐ | |
| 2.7 Other ☐ | |

| SECTION 3 | REGISTRATION DATA (SUPPLIER) | | |
|---|---|---|---|
| | 3.1 Applicable Standard | | |
| New: | | Previous: | |
| | 3.2 Statement of Scope | | |
| New: | | Previous: | |

| SECTION 4 | QSI CERTIFICATION MANAGEMENT | |
|---|---|---|
| Review results: | ⬭ New scope/change(s) not covered | ⬭ New scope/change(s) covered |
| Additional audit necessary on the following areas: | | |

| SECTION 5 | CERTIFICATION BOARD AUTHORIZATION | | |
|---|---|---|---|
| Lead Auditor/Auditor: | | Audit Report #: | |
| Approved For: | | Date: | |

**ANNEX D. LINES FOR USE OF THE QSI CERTIFICATION LOGO**




| COLOUR CODING | |
|---|---|
| ISO 9001 | King Blue |
| ISO 14001 | Light Green |
| ISO 45001 | Dark Red (Vinotint) |

| COLOUR CODING | |
|---|---|
| ISO 22000 | Gold or Yellow |
| FSSC 22000 | Orange |

**Page Reviews**

| Revision Date | Version | Nature of Review | Section | Page | Approval |
|---|---|---|---|---|---|
| | N | – QSI Logo Update. The name "Certification Services Management" was changed to "Certification Management".<br>– Clarified the form of calculation to determine the number of days for Multi-Site audits.<br>– Updated Annexes to the most recent versions of these documents. | | Todas<br>16 -17<br>19-20-21-22 | Celso Alvarado |
| 15/09/2018 | O | – The policy of impartiality and code of ethics is declared.<br>– The document Position Description is declared as a document that establishes the competence requirements of the personnel.<br>– RM document name is updated 6.2.1 Recruitment Selection and Evaluation of Personnel<br>– The request for quality manual to customers was eliminated. | – 2.7<br>– 4.2<br>– 4.2<br>– 5.3.1, d | – 2<br>– 6<br>– 6<br>– 8 | Maria Victoria Rodriguez |