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**KQ Certification Ltd.**

**Certification Policy**

**1.0 Purpose**

This Policy document serves to set the principles that KQ Certification Limited apply in their Certification process and decisions relating to it.

**2.0 Scope**

This policy applies to the full scope of KQ Certification operations, Certification activities and geographies in which it operates.

The Certification process offered by KQ Certification is applicable to manufacturing and service organisations, in public and private sectors, it is administered in a non-discriminatory and impartial manner no matter what the commercial arrangements and interests are.

The Certification process is designed to provide the client service of system assessment and Certification by assessing and monitoring the client’s definition and implementation of their management System in an objective and impartial manner, against the audit criteria defined.

KQ Certification’s management system is maintained in accordance with, the current requirements of:

- ISO/IEC 17021 series, including the management system requirements of 17021-1 - option A.
- IAF Mandatory Documents
- Accreditation body specific requirements

**3.0 Responsibility and authority**

Responsibility	
Director	The Director has ultimate responsibility for approval of the Certification Body’s Certification Policy and decisions related to it, with the relevant technical input.
General Manager	The General Manager has responsibility for the definition of the Certification Body’s Certification policy, processes, and controls, with the relevant technical input. In addition, the General Manager has responsibility for coordinating the implementation of the Certification Body’s Certification policy.
Employees and contractors	Employees are each individually responsible, relative to their role, for the implementation of the Certification Body’s Certification policy, processes, and controls.
Contractors and sub-contractors	Individual Contractors and sub-contractors have no decision-making authority with respect to the Certification arrangements that KQ Certification make, unless they are specifically contracted for the purpose (in the case of direct individual contract Certification decision making).
Authority	
Director	The Director has ultimate authority for the implementation of processes and controls that reflect the organisation’s Certification Policy (this document). This authority may be delegated to the General Manager as required.
General Manager	The General Manager, under the authority of the Director, has operational authority for the implementation of processes and controls that reflect the organisation’s Commercial Policy (this document). This extends to orientation of new recruits (employee and contract) to the organisation.

**4.0 Reference documents**

ISO 17021-1:2015: Conformity assessment — Requirements for bodies providing audit and Certification of management systems — Part 1: Requirements

IAF Mandatory documents as applicable

Accreditation body specific requirements as applicable to the accreditation held.

## 5.0 Policy

KQ Certification's philosophy is to work in partnership with clients and provide them with a high quality and value-added Certification service.

The aim of a Certification provided is to give confidence to all parties that a management system fulfils the specified requirements, from an impartial and competently executed Certification process.

### 5.1 Certification principles

In order to provide the confidence required in the Certification process KQ Certification embraces the following principles:

#### 5.1.1 Impartiality

An assessment of the client's management system is made based on objectivity, managing any potential or actual conflict of interest to ensure that an objective assessment is delivered.

It is recognized that a KQ Certification source of revenue is its client paying for Certification service, and that this is a potential threat to impartiality that must not influence the objectivity of the Certification process.

KQ Certification identifies, analyses, evaluates, treats, monitors, and documents the possibilities for conflicts of interest arising from the provision of Certification services, including any conflicts arising from its relationships within KQ Certification, or from the activities of other persons, bodies, or organizations, within or outside of KQ Certification.

Note: Unless otherwise defined, in scheme or accreditation requirements, a minimum of a two-year break in the engagement with a KQ Certification client is required for a KQ Representative to be involved in their Certification process. i.e. a period that is long enough to ensure that the assessment or decisions related to it does not compromise impartiality.

#### 5.1.2 Competence

An effective Certification process is built on the competence of KQ Certification's personnel to deliver Certification that provides confidence. Competence is the demonstrated ability to apply appropriate experience, knowledge, and skills effectively.

KQ Certification Staff and contractors are required to represent their qualifications and experience accurately by the organisation's Code of Ethics and declare if they are put in position that is beyond the scope of their competence.

#### 5.1.3 Responsibility

KQ Certification has the responsibility to assess sufficient objective evidence upon which to base a decision for Certification that is safe.

Based on audit conclusions, it makes a decision to grant Certification if there is sufficient evidence of conformity, or not to grant Certification if there is insufficient evidence of conformity.

Note: Any management system audit is based on sampling and is not therefore a warranty of full conformity, nor does it serve as a regulatory compliance audit.

KQ Certification has full responsibility for Certification of the client's management system. This includes responsibility and authority for its decisions relating to Certification, including the granting, refusing, maintaining of Certification, expanding, or reducing the scope of Certification, renewing, suspending, or restoring following suspension, or withdrawal of Certification.

The client organization has the responsibility for conformity with the requirements for Certification and maintaining this position.

#### 5.1.4 Openness and Client feedback

KQ Certification provide public access to, or disclosure of, appropriate and timely information about its audit and Certification process, and about the Certification status (i.e. the granting, extending, maintaining, renewing, suspending, reducing the scope of, or withdrawing of Certification) of any organization it assesses for Certification, in order to gain confidence in the integrity and credibility of Certification.

To gain and maintain confidence in Certification, KQ Certification provides appropriate access to, or disclosure of, non-confidential information about the conclusions of specific audits (e.g. audits in response to complaints), to specific interested parties.

The following sections of this document describe the principles and provisions of this information access or disclosure:

Section 5.2 - Certification process

Section 6 – Suspending, withdrawing, or reducing the scope of Certification.

Section 7 – Certification documents

Section 8 – Directory of certified clients

Section 9 – Reference to Certification and use of marks

Section 10 – Certification process information

Section 11 – Information exchange between KQ Certification and its clients.

KQ Certification is committed to providing open, impartial, and objective channels of communication and resolution for clients when their expectations are not met from the Certification process.

This applies to Complaints, Appeals and Disputes that the Certification Body receives which are managed in accordance with the organisation's Client feedback Policy (P008) and Complaints, Disputes and Appeal Process (SP508).

Similar channels are also open for complimentary feedback, as defined in the Client feedback Policy (P008). Routine Client satisfaction monitoring is implemented as per Client feedback Policy (P008) and Client satisfaction monitoring process (SP508-1).

#### **5.1.5 Confidentiality**

To gain the privileged access to information that is needed for KQ Certification to assess conformity to requirements for Certification sufficiently, KQ Certification will keep confidential any proprietary information that it has access to about a client, in line with the KQ Certification Confidentiality Policy (P002).

#### **5.1.6 Evidence based assessment.**

Assessment is made of client management system solely by:

- Assessing the requirement being evaluated from the applicable audit criteria(s) and other normative document(s)
- Assessing the objective evidence available related to the requirement.
- Making a conclusion if the organisation is effective and compliant against the requirement based on the objective evidence available.

#### **5.1.7 Risk-based approach**

KQ Certification takes into account the risks associated with providing competent, consistent, and impartial Certification. Risks may include, but are not limited to, those associated with:

- Health and safety and security of the audit team
- The context in which the audit is conducted, including locality, culture, and commercial aspects.
- Perception of interested parties in relation to the audit process.
- Prevailing legal, regulatory and liability requirements
- Actual and perceived impartiality
- The client organization being audited and its operating environment.
- Scope and objectives of the audit
- The sampling plan used in the audit process.
- Communications by the organization being assessed, including use, and intended use of certificates and Certification and accreditation marks.
- The impact of the audit on the client and its activities

### **5.2 Certification process**

The Certification process that the KQ Certification operate, includes the following activities to support a safe Certification:

### 5.2.1. Initial Certification audit

Initial Certification audits are conducted to establish the client's suitability for Certification, including when they are new to Certification for the Standard to be Certified against, or have requested a new Certification where a Certification has lapsed.

All initial Certification audits are conducted in two stages; Stage 1 and Stage 2 as follows, according to the organisation's Audit Execution process (OP103).

#### - Stage 1 audit

The Stage 1 audit objectives are as follows:

- Assess the preparedness of the organisation's management system, as defined, for meeting the requirements of the audit criteria.
- To assess the preparedness of the organisation for Stage 2 of the Initial Certification audit.
- To allow planning of the Initial Certification Stage 2 audit

With the Stage 1 audit objectives positively met Stage 2 of the Initial Certification audit can be scheduled and planned.

#### - Stage 2 audit

The objectives of the Stage 2 audit are:

- To assess the implementation of the management system and its conformity both in terms of effectiveness and compliance, in relation to the audit criteria.
- Provide an initial evaluation of the performance of the management system as implemented.
- Verify the policy and process linkages between elements of the management system.

The outcomes of the Initial Certification audit are the audit conclusions and a recommendation for Certification (Suitable for Certification and/or further actions required).

The audit pack (including the Audit plan, Report, non-conformances and client responses, and recommendation for Certification) completed by the Audit team are forwarded to the Certification Decision Maker (Certification authority).

The audit pack and recommendation are reviewed in accordance with the Certification decision making process (OP104), when the decision maker is satisfied that the audit has been completed as required and the client's management system meets the KQ Certification scheme requirements and the audit criteria a Certificate of Registration will be issued to the client.

### 5.2.2 Surveillance activities

At least annually (each calendar year) surveillance audits to ascertain that the client's management system continues to satisfy the requirements of the audit criteria for which Certification has been provided shall be completed.

#### 5.2.2.1 Surveillance audit

An audit programme will be established that includes the surveillance audits and sampling required. The audits shall take place at least annually (each calendar year), the frequency and timing may be adjusted based on factors that include, for example the following, which can potentially impact the management system's ability to satisfy the audit criteria:

- Context of operation
- Risk to the performance of the management system and its ability to meet requirements.
- Applicable legislative and regulatory requirements
- Performance of the management system
- Scope of activity, including changes of scope
- Seasonality of operations
- Changes to the management system

On-site surveillance audits may be supplemented by other surveillance activities, which shall be conducted in accordance with the requirements of the Audit Execution Process OP103.

### 5.2.2.3 Maintaining Certification.

On completion of the surveillance activity, the audit pack generated by the audit team is forwarded to the Certification Decision Maker (Certification authority), with a recommendation for Certification (suitable for Maintaining Certification and/or further actions), for review.

When satisfied that the client's management system continues to satisfy the requirements of the audit criteria, the client will be notified of the maintenance of their Certification.

Note: Based on risk and meeting defined criteria, provision is made for waiving the Certification Decision after surveillance activities, Certification Decision Process (OP104) defines the requirements for this provision.

### 5.2.3 Recertification activities

The Recertification audit of the client organisation's management system will take place every third year, prior to the expiry of the Certification.

The Recertification audit assesses continued conformity and effectiveness of the management system as a whole, and its continued relevance and applicability for the scope of Certification.

The purpose of the Recertification audit is to confirm the continued conformity and effectiveness of the management system as a whole, and its continued relevance and applicability for the scope of Certification.

Planning the Recertification audit will take into account factors, including those for a surveillance audit, but over the course of the Certification period (three years), including review of the surveillance reports.

#### 5.2.3.1 Recertification audit

The Recertification audit shall cover the entire management system and be performed in accordance with the requirements of the Audit Execution Process (OP103).

The audit addresses:

- The effectiveness of the management system
- Changes to the management system
- Continued relevance and applicability to the scope of Certification
- Commitment to maintain the effectiveness and improvement of the management system.
- Overall performance of the management system
- How the operation of the management system contributes to the achievement of the organization's policy and objectives.

Where nonconformity or lack of evidence of conformity are identified, time limits for corrective actions are to be defined by the audit team and implemented prior to the expiration of Certification.

#### 5.2.3.2 Granting recertification

On completion of the re-certification activity, the audit pack generated by the audit team, including when applicable, completed improvement action reports, and a recommendation for Recertification, is forwarded, to a Certification Decision Maker (Certification authority) for review and decision-making.

The Certification Decision Maker (Certification authority) reviews the audit pack submitted against the requirements of the Certification decision making process (OP104).

When satisfied that the client's management system meets the KQ Certification scheme requirements, and the audit criteria requirements Certification will be renewed for a further three-year period.

### 5.2.4 Special audits

Special audits are required when the scope of the Certification is intended to change or a risk to the safety of the Certification is identified, as follows:

#### 5.2.4.1 Extensions to the scope of Certification

When the client organisation applies for an extension to scope of their Certification the additional assessment activity required will be determined and new proposal arranged utilising the Sales process (OP101).

The determination of activity required will consider factors that include:

- The audit criteria
- Additional activity, processes, functions, and locations to be assessed.
- Employee, sub-contractors, and contractors within scope
- Working patterns
- The risks associated with the incremental scope change.
- Audit team expertise required for a competence and effective assessment.
- The duration required to effectively assess the incremental scope.

Extension to scope visits shall be conducted in accordance with the Audit Execution Process (OP103).

#### 5.2.4.2 Special visits

Special visits are required when a risk to the safety of the Certification is identified, this can include:

- To verify an improvement action
- Investigation of complaints, allegations, or regulatory breaches

Extension to scope visits shall be conducted in accordance with the Audit Execution Process (OP103) and can take place at short notice or unannounced as required to establish if confidence remains in the Certification status.

Note: The duration and sampling of operations and locations is detailed in the Sales process (OP101), aligned to the requirements of the ISO 17021 series and the relevant IAF Mandatory documents.

#### 6.0 Suspending, withdrawing, or reducing the scope of Certification.

KQ Certification's policy is to ensure a that a safe Certification continues to be operating. Where confidence, from objective evidence, is not available to support a safe Certification KQ Certification shall take action that can include Certification scope reduction, suspension, or withdrawal.

The criteria for Certification scope reduction, suspension or withdrawal are defined in the Certification scope reduction, suspension, or withdrawal process (OP106).

#### 7.0 Certification documents

With the successful completion of the Certification activities a client will be provided with a Certificate of Registration.

The Certificate of Registration provides a clear definition of the Certification provided, including:

- Scope of Certification
- Types of activities, products and/or services under the certified management system
- Location coverage and activities undertake at the locations.
- Audit criteria
- Validity period for the Certification
- A unique identification reference (Certificate number)
- The authority under which the certificate is issued.
- The KQ Certification – Certification mark
- Any additional information required to provide clarity.

#### 8.0 Directory of certified clients

KQ Certification maintains a list of those organisations that it has Certified (including scope extensions and reductions), withdrawn Certification for, suspended Certification for.

The list contains the following publicly available information:

- The name and location (city and country) of each Certificate holder, including the addresses of the Head office and any sites within the scope of a multi-site Certification.

- The Standard to which the holder is certified.
- The scope of the Certification
- Certificate number
- The status of the Certification (valid, suspended or withdrawn)

On request KQ Certification will confirm, in a timely manner, the status of any Certification that it has provided, with the exceptions of where there is a security limitation or potential conflict of interest.

When appropriate and required non-confidential information about the conclusions of specific audits (e.g. audits in response to complaints) to specific interested parties will be made in accordance with the Confidentiality Policy (P002).

Where required by an accreditation authority KQ Certification supplies the information required for a consolidated Certification directory directly.

### 9.0 Reference to Certification and use of marks

Accompanying the issue of a Certification of registration KQ Certification will provide a copy of the KQ Certification Mark. The mark is legally protected, and its use defined in the contractual agreement between KQ Certification and the client. KQ Certification provides a Use of KQ Certification mark and logo policy (P010) and Use of KQ Certification mark and logo - guidelines for use (G010).

### 10.0 Certification process information

KQ Certification provides public access via its web site (kqcertification.com), with standalone electronic files available on request and for download, to the following resources:

- A description of the Certification services provided.
- A description of its Certification process and requirements
- KQ Certification's Process for granting, refusing, maintaining, renewing, suspending, restoring, or withdrawing certification or expanding or reducing the scope of Certification (OP106)
- KQ Certification's Process for handling requests for information (SP511)
- KQ Certification's Process for managing Complaints, disputes, and appeals (SP508).
- KQ Certification's Certification Policy (P006) – this document
- KQ Certification's Client Feedback Policy (P008)
- KQ Certification's Commercial policy (P007)
- KQ Certification's Confidentiality Policy (P002)
- KQ Certification's Impartiality Policy (P003)
- KQ Certification's Privacy Policy (P004)
- KQ Certification's Quality Policy (P001)
- KQ Certification's Use of KQ Certification mark and logo policy (P010)
- KQ Certification's Use of KQ Certification mark and logo - guidelines for use (G010).
- A list of its accredited and operational offices
- A description of the use of KQ Certification's name and Certification mark or logo

The information provided on the KQ Certification website, and the available downloads shall be accurate and not misleading.

### 11.0 Information exchange between KQ Certification and its clients

#### 11.1 Information on the Certification activity and requirements

The information, described in Section 10.0, is provided on the KQ Certification website (and via electronic files that can be downloaded or distributed) to ensure that its Certification process and principles for operation are open and transparent.

In addition, the notice of changes to the process by KQ Certification or client side, are detailed in the following sections:

#### 11.2 Notice of changes by KQ Certification

KQ Certification will formally and in a timely manner notify its clients of any changes to its requirements for Certification, including any transitions for revised audit criteria and/or Standards.



For transitions, notification will be provided as per the requirements established with regard to the implementation of the change. KQ Certification will verify that each certified client complies with the new requirements, according to the requirements.

**11.3 Notice of changes by a client**

Certification clients are contractually required to inform KQ Certification in a timely manner of any changes that may affect the capability of their management system to continue to fulfil the requirements of the Audit criteria(s) used for Certification.

Changes notified will be assessed to consider the potential impact on the Certification and the assessment activity and/or action required.

**12.0 Contractual arrangements**

Certification services provided to KQ Certification clients are covered by a legally enforceable contractual agreement (F101-1 Certification agreement) established between the Certification client and KQ Certification Limited. Where multi-site Certifications are provided the agreement will cover all sites covered by the scope of Certification.

**13.0 Internal audits**

The Certification process and supporting processes (the Certification system) are audited under KQ Certification’s Internal Audit process and programme (SP 501), the output of the internal audit programme is an input to the Management Review process (SP502), with individual actions managed under the organisation’s Corrective and Preventive Action process (SP503).

The internal audit process verifies conformity with KQ Certification’s own requirements, accreditation Standard requirements and relevant Accreditation Body requirements. Internal audits are conducted in accordance with the requirements of Internal Audit Process (SP 501).

**14.0 Improvement**

Improvement to the Certification process and supporting processes are managed as per the organisation’s Corrective and Preventive Action process (SP503) and Management Review process (SP502).

**15.0 Records**

Records in relation to the management of Certification Policy are maintained for a minimum of seven years, in accordance with the Records Management Policy P005.

Revision log		
Revision	Description of Change	Release Date
0.1	First draft	29th March 2024
1.0	Updated second draft (principles)	6 <sup>th</sup> April 2024
1.1	Updated for readability	9 <sup>th</sup> May 2024.
1.1a	Version control typo only (no update of version number)	25 <sup>th</sup> May 2025