THE ACCREDITATION PROCEDURE:
PROVISIONS FOR IMPLEMENTATION

THE GENERAL PROVISIONS DOCUMENTED IN THIS PROCEDURE ARE COMPLEMENTED WITH:

- THE RELEVANT PROVISIONS OF PROCEDURE BELAC 3-12:
  “THE ACCREDITATION PROCEDURE: SPECIFIC PROVISIONS FOR IMPLEMENTATION” FOR EACH ACCREDITATION FIELD

- THE SPECIFIC PROVISIONS OF A DOCUMENT OF THE BELAC SERIES 2-405 EACH TIME RELEVANT FOR A SPECIFIC CONFORMITY ASSESSMENT ACTIVITY.

The only valid versions of the documents of the BELAC management system are those available from the internet website.

English translation for information only

French and Dutch versions remain the authoritative versions

Date of implementation: 01.04.2019
## HISTORY OF THE DOCUMENT

<table>
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<th>Revision</th>
<th>Motivation of the revision</th>
<th>Scope of the revision</th>
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<tr>
<td>0</td>
<td>Replaces documents OBE A010, BELTEST P04T/I and P12 and BELCERT BC-P10, P12, P15, P18, P21, P23, P24, P25, P30</td>
<td>Full revision</td>
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<tr>
<td>CC 20.11.2002</td>
<td>The document is divided into 2 parts: BELAC 3-11 is limited to § 1 to 9 (general provisions) BELAC 3-12 is created and included § 10 (field specific provisions)</td>
<td>Full revision</td>
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<tr>
<td>CC 05.06.2003</td>
<td>Revision following implementation of BELAC R.D: respective responsibilities of the Board and of the secretariat, role of the file manager, duration of the accreditation cycle, unannounced surveillance visits, suspension on decision of the Board, signature of the accreditation documents - Definitions - Organisation of partial assessments - Clearance of non-compliances - Possibility to call an expert in case of decision for withdrawal.</td>
<td>Point 1:1 Point 2.7.4 Points 2.8.6 and 3.3.3.3 Point 7.4.2</td>
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<tr>
<td>1</td>
<td>Identification code of the accreditation certificates for the EMAS sector Update of the provisions for suspension, cancellation and withdrawal of the accreditation.</td>
<td>Point 2.11 Point 7</td>
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<td>Secr. 15.06.2004</td>
<td>Update following the implementation of the standard NBN EN ISO/IEC 17021 replacing the standards ISO/IEC Guide 62 (or NBN EN 45012) and ISO/IEC Guide 66.</td>
<td>Points 1.3.2 and 2.11</td>
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<td>3</td>
<td>Introduction of the concept of « warning » preceeding the decision to enforce a suspension.</td>
<td>Point 7.2</td>
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<td>CC 10.05.2007</td>
<td>Modification of the provisions for the handling of non-conformities and the way to draft and present the assessment report Introduction of the concept of warning in point 7. Introduction of the possiblity to use an higher hour rate for the payment of the assessors and experts</td>
<td>Points 2.3 and 4 Point 7.2 Point 2.4.3</td>
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<td>Reference to the existence of the documents of the series BELAC 2-405 when specific provisions are</td>
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<td>Secretariat 05.09.2008</td>
<td>(+ correspondence consultation 15.02.2009)</td>
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| 16.03.2012 + secretariat 29.10.2012 | applicable for a specific conformity assessment activity.  
Extension of the scope to accreditation reference measurement laboratories and green house gas validation and verification bodies  
Obligation to perform an root cause analysis and analysis of the extent in case of a type B non-conformity  
Deletion module B in case of a pre-assessment | Point 1.3.2 and point 2.11  
Point 2.8.5.2  
Point 6.5 |
| 22.01.2015 | Besides some editorial amendments, the following significants changes have been included:  
- Introduction of the function of supervisor  
- Limitation of the role of coordinator  
- Modifications in change an assessment has to be split in different parts  
- Redistribution of the tasks of the coordinator and of the lead assessor during the opening meetings  
- Possibility of a hearing of the applicant in case of refusal of accreditation  
- Duration of the accreditation and surveillance program starting with the second accreditation cycle  
Editorial amendments | Points 1.3.16 and 2.4.1.9  
Point 2.4.1.1  
Point 2.7.4  
Points 2.8.2  
Point 2.10.4  
Point 4.3.3.4  
Points 2.4.2 and 3.3.2 |
| 20.04.2017 + (correspondence consultation 12.06.2016) | Besides some editorial amendments, the following significants changes have been included:  
- Maximum time limit in case of conditional accreditation  
- Clarification with respect to the categorization and follow-up of non-conformities  
- Deletion of the concept of “remark” +*  
- Transmission of the electronic version of module E to the secretariat  
- Definition of the concept of accreditation cycle and assessment program on the cycle  
- Publication in case of withdrawal or suspension of an accreditation  
Editorial amendments | Point 2.10.3  
Point 2.8.5.2  
Point 2.8.5.3  
Point 2.8.6  
Points 3.3.1, 4.1, 4.3.1  
Points 7.3, 7.5 |
| 20.10.2017 | Introduction of the possibility for technical assessors to also perform the evaluation of the management system. | Point 1.3.13 |
| 19.04.2018 | Substantial revision of the document linked in particular to the implementation changes linked to ISO/IEC 17011:2017:  
- Clarification of the responsibilities of the conformity assessment bodies to provide evidence that they comply with the requirements  
- Clarification of the concepts of assessment program and assessment plan, frequency of | Point 1.1  
1.3.6, 1.3.8, 3.3.2 and throughout the whole document |
| Surveillance assessments, content of the different types of assessments; | 1.3.24 |
| Addition of competence criteria for the reviewers; | 2.3 |
| Clarification of the conditions of acceptance of an application; | 2.6 |
| Modification of the provisions for acceptance of an assignment by an assessor; | 2.7.1 |
| Remote assessment | 2.7.2 |
| Possibility for the CAB to refuse to send documents is cancelled; | 2.8.2 |
| Update of the respective tasks of the coordinator and the lead assessor; | |
| Clarification of the decision process; | |
| Update of the description of presentation of the accreditation certificate; | 2.10.1, 3.3.4, 4.3.3.4 + 8 |
| Composition of assessment team for the different types of assessments; | 2.11 |
| Limit of maximum 6 months for the management of an extension of accreditation; | 2.12, 3.3.3.2, 4.3.3.1 |
| Pre-assessment and consultancy; | 5.1 |
| Withdrawal of accreditation in case there is evidence of fraudulent behaviour, or the conformity assessment body intentionally provides false information or conceals information | 6.1, 6.3 |
| Composition of assessment team for the different types of assessments; | 7.5.1 |
| Limit of maximum 6 months for the management of an extension of accreditation; | |
| Pre-assessment and consultancy; | |
| Withdrawal of accreditation in case there is evidence of fraudulent behaviour, or the conformity assessment body intentionally provides false information or conceals information | |

**CC 10.01.2019 + correspondence consultation 13.03.2019**

| Update of the definition of assessment team | 1.3.23 |
| Transmission of the documents before assessment | 2.7.2 |
| Follow-up of non-conformities: possibility for the CAB to provide a second answer | 2.8.6, 3.3.3.3 |
| Mention of the decision date on the certificates and scopes | 2.11, 4.3.3.4 |
| Definition of what is meant with significant amendment of the accreditation scope | 3.2, 5.1.2, 5.2, 7.3.1, 7.4.2 |
| Extension of Chapter 5 to all types of amendment of the accreditation scope: extension, resignation, reduction | 5 (transfer of 7.4 to 5.2) |
| Clarification with respect to the publication of data on the BELAC website in case of suspension or withdrawal. | 5.2, 7.3.1, 7.4.2 |
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1. **General**

1.1. **AIM OF THE DOCUMENT AND REFERENCE TO STANDARDS**

- The primary role of BELAC as accreditation body is to assess and grant accreditation as evidence of the technical competence of a conformity assessment body to perform well-defined activities, and this according to the relevant international requirements. The conformity assessment body is responsible to provide evidence of continuous fulfilment of the accreditation requirements.

An accreditation is granted for a pre-defined and renewable term (accreditation cycle) Confidence in accreditation can only be achieved through monitoring of the performance of accredited bodies and through assurance from the accreditation body that accredited bodies continue to comply with the accreditation requirements at all times. Such an assurance can only be achieved by the implementation of an effective mechanism for surveillance and periodic reassessment of the accreditation, by allowing the scope of accreditation to be extended and by providing mechanisms for suspending or withdrawing the certificate, either partially or totally.

- This document aims to define the provisions that are necessary for a consistent implementation of the accreditation procedure throughout the whole accreditation cycle, with special attention paid to the assessment visit and the decision-making process.

The general provisions hereafter are applicable to all sectors of accreditation placed under the responsibility of BELAC, such as fixed by the Ministerial Decree of February 16, 2006 (document BELAC 0-06):

For the implementation of the accreditation procedure in a specific accreditation sector, the general provisions are complemented, each time necessary, with specific provisions which are presented in document BELAC 3-12.

- This document refers to and complies with the relevant parts of legal and normative stipulations with regard to accreditation as well as relevant international guidelines.

1.2. **RECIPIENTS**

With follow-up of modifications:
- Coordination Commission
- Accreditation Board
- BELAC Secretariat
- Assessors and experts
- Accredited and applicant bodies

Without follow-up of modifications:
- Occasional experts
- Any external request
1.3. **DEFINITIONS**

1.3.1. **Conformity assessment (ISO 17000 – point 2.1)**
Demonstration that specified requirements relating to a product, process, system, person or body are fulfilled.

1.3.2. **Conformity assessment body (ISO 17000 and BELAC Royal Decree)**
A body providing conformity assessment activities that can be the subject of an accreditation granted according to internationally accepted requirements. The types of conformity assessment bodies and the relevant accreditation criteria are defined in the document BELAC 1-03

1.3.3. **Accreditation requirements**
Requirements defined in internationally agreed and accepted normative documents, that aim to promote confidence in the bodies fulfilling these requirements;

1.3.4. **Accreditation conditions**
Requirements defined in internationally agreed and accepted normative documents and by the specific legal and administrative provisions relevant to BELAC, with regard to the granting and maintaining of an accreditation.

1.3.5. **Accreditation cycle**
A period not exceeding 5 years between the date for the decision for granting the initial accreditation or its renewal and the date of the validity of the accreditation certificate.

1.3.6. **Assessment programme**
Set of assessments consistent with a specific accreditation scheme that the accreditation body performs on a specific conformity assessment body during an accreditation cycle.

1.3.7. **Assessment**
Evaluation of a body aiming to establish whether compliance with the accreditation requirements is effective.

Each assessment includes a preparation phase, the assessment itself and a decision with respect to granting or maintaining the accreditation;

The following types of assessments may be referred to:
- initial assessment, in case of a first application for accreditation.
- extension assessment, in cases where an application is made to extend the scope of the accreditation.
- reassessment, where a renewal of the accreditation is applied for upon expiry of the period of validity.
- surveillance assessment, with a view to ensuring that compliance with the accreditation conditions are being maintained throughout the period of the certificate’s validity.

1.3.8. **Assessment plan**
Description of the activities and arrangements for an assessment

1.3.9. **Pre-assessment**
The various operations relating to a preliminary assessment that aims to establish whether the assessment procedure can be initiated.
1.3.10. Accreditation Board
The BELAC organ responsible for making decisions with respect to granting an accreditation and the follow-up of accredited bodies. This definition refers only to the Board’s responsibilities in relation with the management of the accreditation files.

1.3.11. Competent authority
The authority acting in accordance with a law or other regulation to either notify the EU or to recognise laboratories or inspection bodies or certification bodies.

1.3.12. BELAC secretariat
The BELAC organ responsible for the daily management of the accreditation activities.

1.3.13. Assessor
A person who carries out some or all of the tasks required for the evaluation of an organisation and who meets the requirements specified by BELAC.

1.3.14. Lead assessor
An assessor with experience in evaluating the way in which a laboratory and/or an inspection body and/or a certification body is organised and managed (quality system), and who is qualified to lead the assessment team.

1.3.15. Technical assessor
An assessor with expertise in the technical field to which either all or part of the application for accreditation relates. More specifically, technical assessors have the task of evaluating all technical aspects relating to the accreditation. In certain cases, the technical assessor may also be charged with the evaluation of the management system.

1.3.16. Technical expert
A person with adequate expertise of the field relating to all or part of the evaluation and takes part in the evaluation of the technical competence, but who is not qualified as a BELAC assessor. The technical expert is always accompanied during the assessment.

1.3.17. Assistant to the expert
A person is in charge of assisting the expert during the assessment.

1.3.18. Supervisor
A person in charge of the monitoring of assessors as part of the process of initial qualification of assessors and its maintenance.

1.3.19. Coordinator
A member of a Board who is in charge of following the accreditation process and ensuring that the accreditation requirements and procedures are implemented in an harmonised way. The role of the coordinator is to represent the Board during the accreditation process and to contribute to the harmonisation of this process.

1.3.20. Representative of a competent authority
A representative duly appointed by a competent authority to attend the evaluation when the application concerns one or more regulated sectors.

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1.3.21. **Trainee assessor**
A lead or technical assessor who attends a BELAC assessment as an observer, in order to gain practical experience.

1.3.22. **File manager**
A staff member of BELAC who is in charge of a customer’s file for an assessment and may, if necessary, attend the evaluation.

1.3.23. **Assessment team**
A Group of members, whose tasks are outlined under 1.3.13 to 1.3.20, appointed to participate in an assessment. The rights and duties of these members are defined in the BELAC procedures.

1.3.24. **Reviewer**
A member of the Board who is given the task to review an assessment report with a view to facilitate the decision-making process in the framework of an accreditation process, with demonstrated competence at least at the level of the concerned accreditation standard.
2. The initial assessment

Note: The initial assessment is considered as the model of assessment. The documented provisions presented hereafter apply for the other types of assessment too, provided due consideration is paid to specific provisions detailed under points 3 to 6.

2.1. OBJECTIVES OF THE INITIAL ASSESSMENT

The objectives of an initial assessment are as follows:

- to evaluate whether the applicant carries out the activities for which accreditation has been applied for, in compliance with the accreditation requirements
- to finalise a description of the technical activities for which accreditation is applied for. This will be mentioned on the accreditation certificate or in the technical appendix to the certificate.

In the case of an initial assessment, the evaluation will cover all requirements of the accreditation standard with respect to the adequacy of the management system as well as its documentation and implementation. The technical evaluation will cover all fields for which accreditation has been applied for, with a representative sampling of the activities pertaining to each sector.

If the applicant body operates from several different locations, the assessment program will include an evaluation at the head offices and a representative sampling of the other sites, in compliance with the EA, ILAC and IAF rules.

2.2. RESPONSIBILITIES

- The secretariat is responsible for handling the application for accreditation, including performing all actions necessary for the planning and organisation of the assessment (points 2.3 to 2.6).
- The lead assessor, in cooperation with the team members, is responsible for performing the assessment visit including writing the report (points 2.8 and 2.9).
- The secretariat is responsible for the preparation of the file with a view to a decision by the Accreditation Board.
- The Accreditation Board is responsible for the decision with regard to granting the accreditation (point 2.10)
- The secretariat is responsible to prepare the accreditation certificates and to draft and issue the accreditation schedules (point 2.11)

2.3. THE APPLICATION FOR ACCREDITATION

2.3.1. Submission of application

Each body intending to apply for accreditation and which contacts the BELAC secretariat, will receive documentation providing details on the functioning of BELAC, the procedure and requirements for accreditation, the financial aspects and the way to access the main documents via the homepage of BELAC; this includes the application form.
2.3.2. Registration of application

2.3.2.1. Registration

An application for BELAC accreditation is only fully registered once:
- the completed application form has been returned to the secretariat,
- the secretariat has been provided with a comprehensive description of the activities covered by the application for accreditation;
- the administration fees have been paid,
- the documentation as specified in the application form has been supplied.

Per type of accreditation, the application form mentions the documents and information to be provided to BELAC at least 2 months before the planned assessment date.

By submitting the application form, the body commits itself to abide to the working procedures of BELAC and to the accreditation procedure.

Once these 4 conditions have been satisfied, the secretariat will allocate an application number to the application.

The reference number should be quoted in all correspondence between BELAC (including all members of the assessment team) and the applicant.

2.3.2.2. Preliminary review

The secretariat will acknowledge receipt of the application to the applicant and send a receipt for payment of the administration fees.

The secretariat, referring to the various pieces of documentation submitted with the application, will decide whether to proceed with the application. Particular attention will be paid to examination of the applied scope, in order to check whether the necessary expertise is already available by BELAC or whether specific provisions will be necessary to instruct the case. The applicant is informed in case BELAC will not be able to propose an assessment team within 6 months after registration of the application.

In the event that the applicant’s file appears to contain serious gaps in relation to the accreditation requirements, the secretariat will contact the applicant in order to collect additional information. If the issues cannot be clarified, the secretariat may declare that the application is not receivable. The Accreditation Board will be asked to confirm the decision if the applicant does not accept the accreditation stop being stopped.

The secretariat takes the necessary initiatives to proceed with a pre-assessment (on specific request of the applicant – see under 6)

2.4. ASSESSMENT TEAM AND QUOTATION

2.4.1. Role and responsibilities of the members of the assessment team during the assessment visit

2.4.1.1. The coordinator has the following tasks:

- representation: he is the direct representative of the Board - and therefore of BELAC - in the team.
- coordination: he has the task to ensure that all rules and requirements are implemented in a harmonised way by all assessment teams; in case of doubt or interpretation queries, the coordinator may request information from the from the secretariat or the Board.

- conciliation: should problems arise between the assessment team and the applicant, the coordinator will remain neutral and act as an intermediary.

2.4.1.2. **The lead assessor has the following tasks:**

- evaluation: the lead assessor will evaluate whether:
  - the organisation has devised a management system which complies with the accreditation requirements,
  - the procedures actually exist and comply to the documented aims;
  - the organisation effectively implements the documented system and provisions included in its documentation;
  - based on the findings of the technical assessors and experts, the body has the necessary level of technical competence in order to perform the activities for which accreditation has been applied.

The lead assessor will compile the assessment findings in a report, that will allow to make a decision as to whether or not accreditation should be granted.

- management: the lead assessor coordinates the activities of the technical assessors and experts and receives and coordinates their remarks and technical reports.

- training of any trainee assessors (either lead or technical) in the team.

2.4.1.3. **The technical assessor has the following tasks:**

- evaluation: they assess, with reference to the activities for which accreditation has been applied, whether the measures implemented in accordance with the accreditation requirements are technically adequate.

- information: they work in connection with the lead assessor in considering the extent to which the general procedures included in the documentation are actually implemented in daily practice;

- training of any trainee technical assessor in the team.

2.4.1.4. **The technical expert has the following tasks:**

- To provide assistance or replace technical assessors in evaluating the level of technical expertise of the laboratory.

2.4.1.5. **The person in charge of accompanying a technical expert has the following tasks:**

- To accompany and to mentor the expert in order to make sure that he(she) performs his/her tasks according to the requirements and procedures of BELAC.

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- To draft an appraisal report of the performance of the expert

2.4.1.6. **The representative of a regulatory authority has the following tasks:**

- **observation:** he attends the assessment as an observer. This will allow regulatory authorities wishing to rely on accreditation within the framework of a recognition to ensure that the evaluation is sufficiently thorough.
- **information:** he will inform the applicant of any additional requirements for a recognition, in particular, with regard to finalising the details of the scope of accreditation.

2.4.1.7. **Trainee assessors have the following tasks:**

- **observation:** by attending the assessment, trainees gain practical experience of accreditation procedures.
- **collaboration:** the lead assessor or a technical assessor may ask trainee assessors to examine a specific item. However, trainee assessors are in no way responsible for the assessment and may only act with the approval and under the supervision of the lead or technical assessor.

2.4.1.8. **The file manager**

The file manager may, at any time, join the assessment team when requested due to special circumstances or in order to keep better informed about the case.

2.4.1.9. **The supervisor**

A supervisor may attend the assessment in order to monitor the performance of one or more assessors. The supervisor evaluates the behaviour of the assessor, the knowledge of the accreditation requirements as well as of assessment techniques and procedures. The way of the technical experience is implemented is also evaluated, as well as the ability to write the report.

2.4.2. **Composition of the team**

To decide upon the composition of the assessment team, the secretariat will have in hands the definitive description of activities for which accreditation is requested. Any subsequent extension or reduction of the scope of the accreditation which might affect the composition of the team will require further decision.

The composition of the team needs to allow for evaluation of the organisational aspects (lead assessor) and of the technical fields included in the application for accreditation (or more technical experts).

If the lead assessor has the required technical skills, he/she may also assume some or all of the tasks of a technical assessor.

If no technical assessor with the required technical knowledge is available, the secretariat may include a technical expert in the team.

When composing a team, the secretariat proposes persons who may act with the necessary independence and impartiality.
Depending on the specificities of the accreditation file and on the composition of the team, other persons can be appointed to attend the assessment as observer as coördinator, representative of a competent authority, assistant of an expert, supervisor or trainee assessor.

2.4.3. **Quotation.**

The composition of the assessment team is fixed on the basis of the list of activities accreditation is applied for. A quotation that mentions the duration of the assessment for each assessor or expert is fixed on the basis of the complexity of the application and covers the phases of preparation, assessment visit and drafting of the report. Only the expenses and travel costs of the lead assessor, technical assessors and experts will be charged to the auditee.

The quotation only covers the assessment activities as originally planned based on the information mentioned in the application form. It may be necessary to increase the amount at a later date if these information reveal to be incorrect or incomplete or in the event of an additional evaluation being required.

The quotation is based on the rates that are valid at the moment of edition, but the price will be updated according to the actual date of the assessment.

A higher rate for the hour price is allowed, within the framework documented in the BELAC Royal Decree and following explicit approval of the Accreditation Board, in particular when it is necessary to recourse to assessors or experts with specific technical competence.

The Board will limit the use to a higher rate to exceptional cases and only if it is impossible to find technical assessors or experts with the necessary competence and who accept the basis rate.

If the higher rate is to used,

- the reason will be documented in the minutes of the concerned Board meeting;
- the body and the assessor or expert will be informed of the justification.

2.5. **INFORMING THE APPLICANT**

The secretariat will notify the applicant of the quotation as well as of the proposed selections for the assessment team (including observers) and will request its approval.

The applicant may challenge the selection of one or more members, if there is documented reason for doing so. In this event, the secretariat will attempt to offer an alternative suggestion to the body to be assessed. If it considers that the objection of the applicant is unfounded or unreasonable, the Board will be informed and may confirm its initial choice. If this is the case, the assessor in question will be informed with commissioning letter.

If the assessment does not take place within 6 months after the applicant has been notified, the secretariat can decide on a revision of the composition of the assessment team and of the quotation.

If the assessment has not taken place within 1 year after the notification, the quotation is no longer valid; if the applicant wishes to maintain the application, it is requested to introduce a new application by the secretariat.

2.6. **INFORMING THE TEAM MEMBERS**

Once approval on the proposed provisions for carrying out the evaluation has been received, the secretariat formally notifies every member of the team of their assignment. The secretariat sends them a copy of

- the application form;
- the documentation;
the description of the activities subject to accreditation;
- the identification of the activities to be assessed by each member of the assessment team;
- a copy of the previous assessment report when relevant.

By accepting the assignment, the assessor confirms the absence of conflict of interest and commits him/herself to accept the confidentiality rules and their consequences.

Should one of the members approached decline (with the exception of trainee assessors) , an alternative suggestion will be made by the secretariat. Any assessor who declines must immediately destroy any documents received from the secretariat.

2.7. PREPARING FOR THE ASSESSMENT VISIT

2.7.1. Planning
The file manager will ensure efficient communication between the applicant and BELAC.

The file manager following consultation with the lead assessor,
- will contact the individuals concerned to fix a date for a preliminary meeting (when necessary) and for the assessment visit;
- will confirm the above dates in writing to those concerned;
- will organise the preliminary meeting;
- checks whether all information deemed necessary to draft the assessment plan is available (see 2.7.4);
- defines, together with the concerned assessors, the conditions of the assessment if it is not to be organized on site.

2.7.2. Preparation
Each assessor is required to prepare for the assessment through examination of the documents he has received from the BELAC secretariat (application form, documentation, complementary information and report(s) of the previous assessment(s) when relevant…).

Each assessor is responsible to ask the applicant body to provide him with access to procedures or specific documents relevant to ensure an efficient preparation of the assessment which means to identify the issues requiring specific attention during the visit and to ensure an optimal management of the assessment time.

The body under evaluation is required to positively answer to the assessor’s request; in case of specific situations, a duly motivated request for derogation will be addressed to BELAC and the receivability of the request will be investigated.

2.7.3. The assessment plan
In compliance with the general aims for an initial assessment (see under 2.1), the assessment plan for the assessment visit is prepared by the file manager.

The assessment plan is not intended to fully detail (subject and time) the evaluation activities during the visit because this limits the possibility of the team to react properly on the situations/findings during the audit.

The plan also aims to agree, together with the applicant and the assessment team, on the practical arrangements of the audit, such as:
- timing and persons to be present during the Introduction meeting, the evaluation of activities, the final meeting between assessors and the closing meeting;
- organisation of activities that have certain constraints about time and place (e.g. security, uptime of a machine or installation) and available persons (e.g. working hours);
- witnessing of actual activities.

In specific cases, it may be necessary to fix the date as a function of the schedule of activities of the applicant; on request of the team, the body under evaluation shall provide the necessary information in due time.

It may be necessary to divide the evaluation into several parts. If the total duration of the evaluation exceeds two months, each part will be organised according to the provisions documented under 2.8. The assessment plan will fix if and when partial reports have to be provided, as well as the term for the completion of the corrective actions related to the non-conformities raised during each partial assessment.

2.8. THE ASSESSMENT VISIT

2.8.1. General

The responsibility for assessment falls to the lead assessor who will ensure that the evaluation team works correctly.

The presence of the coordinator, during at least part of the assessment and during the closing meeting, is recommended.

Whilst taking account of the circumstances of each individual case, the assessment visit will include the stages that are described hereafter.

2.8.2. Introductory meeting

The introductory meeting is organised right at the start of the visit to
- allow the representatives of the organisation applying for accreditation to meet all members of the assessment team,
- clarify any misunderstandings regarding the objectives and procedures for the assessment,
- specify what is expected of the applicant.

The meeting should include:
- an introduction by the lead assessor in order to:
  - present the assessment team;
  - explain the objectives of the assessment, the procedures that will be followed, and the task of each team member;
  - reiterate that any information gathered during the assessment will be treated with the utmost confidentiality;
  - remind the applicant that it is its responsibility to demonstrate that it complies with the accreditation requirements;
  - announce the agenda for the final meeting;
  - confirm practical arrangements (room available to the team for meetings, hours of work, meal breaks etc)
  - remind those present that they may ask any questions which they consider to be necessary.
- confirm the accreditation standards and related documents that will form the basis for the assessment;
- outline the assessment plan and confirm that a representative of the organisation has been appointed to accompany each assessor throughout the visit.
- a presentation by the applicant to introduce itself and its representatives and the structure of its management system.

2.8.3. Evaluation of the activities.

The evaluation of the way in which the applicant actually works constitutes the most important part of the assessment. It will take account of the following guidelines:

- the assessors will evaluate the competence of the applicant with relation to the accreditation requirements;
- in order to increase efficiency, the team members work independently, according to the tasks they have been assigned.
- The lead assessor has the task to evaluate the management system on the basis of the documentation through discussion with the quality manager and, where appropriate, any other members of management and/or personnel. Although it is not the task of the lead assessor to go into technical details, he/she will collect information whenever necessary by inspecting installations and making direct contact with the personnel.
- The technical assessors and experts have to examine the management system in operation and to assess the ability of personnel to carry out specific tasks. The evaluation includes witnessing of the performance of actual activities.

Findings noted by the assessors will be both factual and objective and will refer to the relevant accreditation requirements.

Specific provisions that apply for the evaluation of the different types of conformity assessment bodies are outlined in BELAC document 3-12.

2.8.4. Consultation between team members.

Whenever he/she considers it necessary for an efficient evaluation, the lead assessor will consult with the assessment team in order to coordinate the activities. The aim of such contacts will be to exchange information, compare observations, modify the assessment programme where necessary and report on the progress of the evaluation procedures.

In particular, the lead assessor may wish to draw the attention of the technical assessors to certain aspects of the general procedures to be considered.

At the end of the assessment, the lead assessor will consult with the other team members in order to achieve consensus on the assessments findings.

2.8.5. Classification of findings gained during an assessment and clearance of non-compliances

2.8.5.1. The concept of non-compliance

A non-compliance is issued in case one or more accreditation requirements are:

- not given proper consideration;
- not implemented;
- not maintained.

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Analysis of findings gained during an assessment can lead to identify non-compliances with regard to accreditation requirements.

Non-compliance’s can relate to the documentation and/or the implementation of the documented provisions of the management system.

At the end of the assessment, each assessor formulates his/her findings and prepares a list of non-compliances.

2.8.5.2. **Categorisation of non-compliance’s**

The nature of each non-compliance needs be clarified with the auditee, as well as the type of action that is requested. To this end, the following classification shall be used:

**Type A non-compliance:**

A major non-compliance which implies that the system implemented does not meet its own objectives nor those of the accreditation requirements and directly jeopardise the quality of the activities and/or the effectiveness of the management system.

Type A non-compliance may relate either to some aspect of management or to some technical aspect of a general nature or specific to one activity and shall be the subject of an appropriate root cause and extent analysis. With extent analysis is meant an analysis:

- of the possible consequences of the non-compliance on the quality of the results / inspection reports and certificites already delivered;
- of the relevancy of the identified non-compliance with respect to other activities or documents.

The root cause and extent analysis is expected to serve as basis for the definition and implementation of corrective actions; documents providing evidence of implementation shall be submitted and their content need to be positively evaluated before an accreditation can be granted.

As part of the preparation for the next assessment, the accredited body will be required to provide an evaluation of the effectiveness of the implemented corrective actions.

When a type A non-compliance is not fully closed but has lost its critical character, the assessment team may decide to transform it in a type B non-compliance, provided due justification.

**Type B non-compliance:**

An occasional non-compliance, confined to a certain activity or a non-compliance with no immediate effect on either the overall quality of the activities or the efficiency of the management system.

A large number of non-compliance’s of type B relating to the same item may reveal a serious deficiency in the management system; in this event, a type A non-compliance should be raised.

Type B non-compliance’s will be notified in writing at the end of the assessment.

A type B non-compliance will be subject to a proposal of corrective action including at least a detailed action plan with schedule for implementation that will be submitted to the team for evaluation. The action plan will be complemented with a cause analysis and an examination of the extent of the non-compliance; this will include the potential consequences on the reliability of already issued results/inspection certificates/certificates and the relevancy of the identified non-compliance for other elements of the management system or other activities.
A type B non-compliance is closed when the action plan including the implementation schedule is accepted.

Each assessor, for the part of the assessment he/she has been appointed for, is responsible for the formulation and the classification of his/her non-compliances. In case of diverging opinions between the team members with respect to the formulation and classification proposed by the concerned assessor, the lead assessor may feel necessary to make a comment in his/her report, to the attention of the Accreditation Board.

2.8.6. Closing meeting.

A closing meeting will be held between the assessment team and the representatives of the applicant body after each assessment day or at the end of the assessment. The presence of the management, or that of a spokesperson appointed to act on their behalf is required. The lead assessor represents the technical assessors and experts who cannot take part in the closing meeting.

The meeting is chaired by the lead assessor who:

- presents a summary of the identified positive findings and non-conformities. The lead assessor will invite each assessor or expert who is present to comment on the points which are of most relevance to them.
- summarise the measures agreed upon by the applicant body and the evaluation team with regard to the presentation of the scope of accreditation;
- give the applicant the opportunity to make comments regarding the way in which the assessment was carried out and to request any necessary clarification.

Each assessor / expert presents in writing its type A and type B non-compliances to the body; he/she makes use of the relevant form (module E of the report – see under 2.9.2) and invites the body to sign the form for reception. Un module E has to be filled in and presented to the body even if no non-compliance has been identified.

An electronic copy of the E modules shall be sent to the BELAC secretariat (mail “belacdossiers@economie.fgov.be) as well as to the assessed body and the other members of the team. Each assessor / expert sends as well to the BELAC secretariat the signed version of his/her E module within 10 working days (by regular mail or as scanned version to belacdossiers@economie.fgov.be)

The lead assessor will detail the next stages in the procedure:

- the obligation for the applicant to reply to all type A and type B non-compliances according to the provisions documented under point 2.8.5;
- the opportunity for the assessor, after evaluation of the body’s answer, to require only once the body to clarify or complement its answer;
- the opportunity given to an assessor to come back for of a complementary assessment visit, in order to verify that the corrective steps have been taken by the organisation. This visit is not a rule, is subject to a separate quotation, and will be followed by the drafting of the final report.

The coordinator (or the lead assessor if the coordinator is not present) will also:

- remind of the role of the Board whose duty is to examine the final report and, where appropriate, any remarks submitted by the applicant, with a view to decide on granting the accreditation or not;
- explain that the report will only consider observations made at the time of the assessment and will, in no way, prejudice any additional remarks made during a future visit.
- reiterate the possibility for the auditee to comment on the final report to the Chairman of the Board, by recorded delivery letter, within 15 working days after receipt;
- explain that the lead assessor shall report to the Board, at whatever the current state of completion of the assessment, at the latest 6 months after the end of the assessment, so that the Board can take a position on the next steps of the accreditation process.

2.9. THE ASSESSMENT REPORT

2.9.1. Aim and general features with respect to the assessment report.
The assessment report is regarded as an essential element of the accreditation procedure.

It is intended to:
- provide adequate record of the evaluation and evidence of compliance of the applicant's practice with regard to accreditation requirements;
- allow:
  - the Board to make a decision on the case;
  - the applicant to raise remarks or eventually lodge an appeal based on objective facts;
  - team members in charge of the next visit to ensure adequate monitoring of the evolution of the accredited body.

The assessment report is a confidential document and must not be provided to third parties without written agreement of the assessed body, except for BELAC authorities or within the context of an evaluation in relation with a multilateral agreement.

The report represents the views of the whole team that is committed to support the general decisions.

It is the responsibility of the lead assessor to write the assessment report covering evaluation of the management system and its operation as well as any technical aspects. The specific reports of technical assessors and experts will be attached and these will form an integral part of the report. It is the responsibility of the team leader to look for the consistency of the different parts of the report and of the findings.

The lead assessor sends the report to the secretariat.

2.9.2. The assessment report (see also BELAC 4-01 for details)
The report is composed of several modules that are completed step by step during the different phases of the assessment process. The drafting process follows therefore the chronology of the assessment, with contribution of the different involved parties. It is not intended to bind all modules in one single document. The different modules will be made available for the decision-making step.

The full report consist of 8 modules:

Module 0: table of content of the report
Module A: administrative data
Module B: history of the file
Module C: report of the lead assessor
Module D: report(s) of the technical assessor(s) or expert(s)
Module E: follow-up of non-conformities
Module F: approved proposal of technical appendix to the certificate
Module G: final conclusion and recommendation to the Accreditation Board
Depending on the type of assessment, some of the elements presented here above may be discarded: see also under BELAC 4-01 that details the content of the different modules.

As soon as all modules E have been filled in by the applicant, the assessors complete their reports.

If, 6 weeks after the last day of assessment, the assessment team has not yet been provided with the filled in non-conformity sheets (module(s) E), the lead assessor sends modules 0,A,B,C and D to the secretariat that, in turn, inform the applicant.

2.9.3. Transmission of the assessment report

Once the report has been completed and can be transmitted for decision, the lead assessor sends it by electronic mail to the secretariat that, in turn, provides a copy to the following parties:

- the applicant:
  the applicant will be requested to give written approval of the contents of the report and will be reminded of the possibility to submit, within 15 working days of receipt of the report, its comments and remarks for consideration by the Board.

- the team members who may send any remarks to the Chairman of the Board.

- two members of the Accreditation Board and to one file manager not involved in the case, who are asked to act as reviewers.

2.10. PREPARATION OF THE DECISION AND DECISION OF THE BOARD

2.10.1. Making a decision

Preparation:

Based on the assessment report and the recommendation of the assessment team, the advice of the coordinator and of the reviewers and, whenever relevant, the comments submitted by the applicant, the file manager prepares a proposal of decision is presented to the Accreditation Board at the next meeting.

The Board will make a decision or will ask for more information within 50 working days, starting from the date of transmission of the report.

Decision:

The Board decides for one of the following possibilities, taking into account the proportionality principle:

- granting the accreditation:
  Accreditation scope: ..............................................................
  Cycle: ☐ 1 jaar ☐ 3 jaar
  Specific conditions for the maintenance of the accreditation:
  ☐ none ☐ Supplementary assessment ☐ next assessment at shorter term
  ☐ Others: .................................................................

- Refusing the accreditation ☐ Initial assessment ☐ extension Scope: .............
2.10.2. **Granting an accreditation**

If the Board decides that the accreditation can be granted, the secretariat notifies the decision to the applicant and issues the accreditation documents (see under 2.11) within 30 working days.

The Chairman of the Board signs the certificate on behalf of the Board

The decision includes:

- the term of validity of the accreditation, i.e. a maximum of 3 years for a first accreditation cycle;
- the surveillance program that consists of minimum 2 yearly visits for a first accreditation cycle.

Depending on the nature and number of non-conformities, the Board may require complementary surveillance measures (progress report, complementary assessment ….)

2.10.3. **Conditional decision**

In case the application for accreditation concerns activities that could be subject to a documentary evaluation without actual witnessing of the field practice being possible, the Board may decide to grant a conditional accreditation.

These provisions are especially applicable in case of

- activities with an occasional character;
- activities in a sector where accreditation is a prerequisite for a contract being signed with a customer (e.g regulated sectors).

When the applicant has not yet a customer for the concerned activities, the following provisions apply:

- a formal application for the concerned activities shall be sent to the secretariat, together with all requested documents;
- the applicant shall be able to present a full simulation of the activity (at least at the documentary level);
- the accreditation can only be granted when the body can demonstrate appropriate compliance with requirements of the accreditation standard;
- a witnessing of the performance of the activity for an external customer will take place as soon as possible and at anyway within a maximum period of 2 years. In case of failure to comply with this condition, the accreditation for the related activities will be withdrawn.

2.10.4. **Negative decision**

In the event of the Board deciding that compliance to the accreditation requirements is not achieved, the secretariat will notify the applicant within 15 working days by recorded delivery.

The applicant is allowed , following specific request, to be heard once by the Accreditation Board. If the Board confirms the negative decision, the decision is informed by recorded delivery. At each step, the applicant is reminded of the provisions for lodging an appeal.

The applicant has 15 working days from the date of the notification of the decision of the Board to inform the Board:

- if it has decided to drop its application for accreditation, in which case the application is classified as cancelled;
- if it is to continue its request for accreditation, whereupon the case will be suspended and will re-open once the body considers that it is ready to undergo a second visit; if after one year, the applicant has not yet informed that it is ready for a second assessment, the application is classified as cancelled;
if it is to lodge an appeal against the decision. Without any answer within 15 working days, the application is classified as cancelled.

2.10.5. Communication of the decision to the assessment team

The secretariat will inform the members of the assessment team of the decision of the Board and will bring the assignment for which they were appointed to a close.

2.11. THE CERTIFICATE  (see procedure BELAC 2-002 for more detail)

The certificate will be drafted according to a standard model and will include the following information:

- The BELAC logo and a reference to the mutual recognition agreements BELAC is signatory to;
- The identification of the accredited entity and the reference to the legal identity of the accredited body;
- The sites of activities covered by the accreditation;
- The unique identification code of the accredited body;
- The schedule of accreditation, including a statement of compliance with the concerned accreditation standard and the list of concerned activities; this list may be presented under the form of a technical appendix;
- The date of decision as well as the date of issue and the expiry date of the certificate.

In case a body is granted accreditation for different types of conformity assessment activities, there will be one certificate for each accreditation standard.

The technical appendix mentions the date of issue (that may differ from the date of issue of the certificate in case of amendment of the accreditation schedule) and a validity date identical to that of the certificate. Each modification of the technical appendix is identified by an update of the revision index.

The technical appendix is prepared and issued under the responsibility of the secretariat.

The certificate itself is sent to the accredited body under the form of:

- an original certificate written in the language relevant to the case, constituting the definitive linguistic version;
- an original certificate written in the two other national languages and an original certificate written in English. These may also be used by the accredited body in contacts with stakeholders.

The technical appendix is normally issued only in the language relevant to the case. The body may present other linguistic versions to BELAC for assent.

Once the accreditation is effective, the body is registered in the directories of BELAC accredited bodies and the information is published on the BELAC website.

2.12. PREPARING THE ASSESSMENT PROGRAMME FOR THE UPCOMING ACCREDITATION CYCLE

Taking into account the accreditation scope and the accreditation cycle as decided by the Board, the file manager prepares an assessment programme that defines all assessment activities to be performed in the upcoming accreditation cycle.

The programme includes surveillance assessments (see under chapter 3 for more detail) and a renewal assessment (see under chapter 4 for more detail).
3. **Surveillance of accredited bodies**

*Note: Provisions hereafter complement or further detail, in case of a surveillance assessment, provisions applicable for an initial assessment that are presented under point 2.*

### 3.1. AIMS OF SURVEILLANCE AND GENERAL GUIDELINES

The term surveillance implies any of the activities carried out by BELAC at any time between the initial assessment and reassessment or between two reassessments, to ensure that accredited bodies continue to comply with the accreditation requirements.

Surveillance is achieved essentially through assessments carried out at regular intervals, with on site evaluations of both organisational and technical aspects.

Surveillance may nevertheless
- be accompanied by surveys, questionnaires, requests for documents or results of performance during e.g. proficiency testing and inter comparisons exercises for laboratories;
- require visits complimentary to the normal schedule.

### 3.2. RESPONSIBILITIES

- The secretariat is responsible for the organisation of surveillance activities according to the assessment programme as decided by the Accreditation Board.
- The lead assessor, in cooperation with the team members, is responsible for performing the assessment visit including writing the report.
- The secretariat is entitled to confirm the accreditation after a surveillance visit.

A formal decision of the Accreditation Board is however required:
- when a position of the Board is explicitly required by the assessment team, a reviewer of the secretariat;
- if a suspension or withdrawal, total or partial, has to be considered;
- if an application for a significant extension of the accreditation scope has been evaluated during the surveillance visit. With significant extension of the accreditation schedule is meant an accreditation granted for a new accreditation standard, or the extension of an existing accreditation for a new technical field (see “field” in document BELAC 6-017) or to a new activity site.

### 3.3. THE ASSESSMENT WITHIN THE FRAMEWORK OF THE STANDARD SURVEILLANCE PROCEDURE

#### 3.3.1. Content

Surveillance assessment is usually less comprehensive than initial assessment or reassessment, but the evaluation shall, nevertheless, examine aspects of the management system as well as technical processes and involve witnessing of actual activities.

All aspects of the management system will be evaluated, at least once between two reassessments.

During each surveillance visit, particular emphasis will be systematically placed upon:
- the control of documents associated with the management system (revisions, update, attention paid to revisions of BELAC documents …)
- the management system’s implementation through review of records on activities;
- the evaluation of the internal audit and the review of the system;
- the monitoring of corrective measures taken as a result of the remarks or non-compliance’s identified during previous visits;
- the management of complaints, including those communicated to the BELAC secretariat;
- any modifications made in terms of general organisation (field of activities, personnel, premises, equipment, sub-contracting etc.);
- the management of technical critical aspects;
- results of participation in proficiency testing or intercomparison exercises in case of laboratories;
- the working of the advisory and certification boards in the case of certification bodies;
- the control of the schedule of accreditation including aspects related to the flexibility of the scope and the existence of “dormant” activities;
- the reference to accreditation and use of the accreditation symbol.

The technical competence of the accredited body need not necessarily be evaluated by each surveillance visit in all sectors of activities covered by accreditation.

However, the sampling of activities should be such as to allow to cover all concerned fields of technical competence during an accreditation cycle.

If necessary, the planing of the surveillance visits will take into account the program of activities of the body subject to evaluation, in order to allow witnessing of less frequent activities into account.

The way in which the scope of the accreditation is defined will be systematically reviewed in order for it to be kept up-to-date.

3.3.2. Frequency of surveillance assessments

Surveillance assessments will take place according to the schedule drawn up by the Board when it decides in favour of granting an initial accreditation or a renewal. This schedule is sent to the accredited body. To this end, the Board will consider the following guidelines:

- If the accreditation is granted for a period of 1 year, a full renewal assessment (management system and technical fields) is organised;
- If the accreditation is granted for a period of 3 years, surveillance assessments are organised on a yearly basis (2 surveillance assessments);
- If the accreditation is granted for a period of 5 years, 3 surveillance visits are organised.

In normal circumstances, the first cycle after an initial assessment if fixed to 3 years. After the first renewal, the cycle may be extended to 5 years.

The Board may modify the details of a surveillance schedule, if a reason for doing so is given, in order to, for example:

- consider any modifications of an organisational nature which may have been carried out in the body;
- allow an assessment aiming to extend the scope of accreditation to be carried out at the same time;
- take due account of the of the specificities of the accredited activities;
- take due account of a specific schedule for the asessments when required in specific sectors;
- ensure a more strict supervision of the body depending on the nature and the number of the identified non-conformities.
The maximum period between evaluations will not exceed 18 months.

3.3.3. Instructions for surveillance assessment.

3.3.3.1. Preliminary questionnaire

At least 3 months before the visit date listed in the surveillance schedule, the secretariat will send the accredited body a questionnaire that aims to determine whether the body has undergone any major organisational modifications and whether an extension of the scope of accreditation should be considered.

The body shall reply within 15 working days. Without reaction of the accredited body, the surveillance visit is organised on the basis of the existing information.

Together with the filled in questionnaire, the accredited body is required to provide the documents listed in the questionnaire, which includes a review of the status of implementation (update of module E) and, of the effectiveness of the corrective actions taken for all non-conformities identified during the previous assessment.

3.3.3.2. Composition of the evaluation team and quotation - Notification of the composition of the team to the applicant and to the members of the team. - Preparation for and progress of the surveillance visit.

The general guidelines detailed in chapters 2 are applicable, as well as the specific provisions that are detailed hereafter.

Given the specific nature of the surveillance assessment, the evaluation team may be reduced. Nevertheless the team shall be in a position to evaluate both the management system and at least a part of the technical aspects. The team will, therefore, normally consist of a lead assessor and at least one technical assessor. The presence of a lead assessor only is accepted provided he/she has the required level of technical expertise.

Without this being an obligation, the composition of the assessment team will normally be maintained during the whole cycle. However, in order to ensure continuity in the transmission of the information, a new team leader is appointed for the re-assessment but the technical assessors / experts are maintained and replaced for the next coming surveillance assessment. The Board may, following the discussion of the case, decide on the need to modify the composition of the team.

3.3.3.3. Clearance of non-compliances

The general guidelines detailed in chapter 2 are applicable, as well as the specific provisions that are detailed hereafter.

In order for an accreditation being maintained, a type A non-compliance identified during a surveillance assessment shall, in principle, be cleared within a maximum 4 weeks starting from the date of the closing meeting at the end of a (partial) assessment where the non-compliance was notified. If the assessor, after the evaluation of the body’s answer, has asked the body to clarify or complement its answer, the body shall submit the second answer within a maximum of 2 weeks.

In case the non-conformity cannot be fully closed but has lost its critical character, the assessment team may decide, subject to a relevant justification, to transform the non-conformity into a type B one.

In critical situations, immediate suspension or withdrawal of the accreditation, either totally or partially, may need to be proposed by the assessment team; the Accreditation Board will make an urgent decision following the specific provisions included in the rules of order.

A type B non-compliance identified during a surveillance assessment shall be the subject of corrective action as described in point 2.8.5, that will be submitted to the assessment team for evaluation within
a maximum of 4 weeks after the date of the closing meeting at the end of a (partial) assessment where the non-conformity was communicated to the body. If the assessor, after the evaluation of the body’s answer, has asked the body to clarify or complement its answer, the body shall submit the second answer within a maximum of 2 weeks.

When, during an assessment, the assessment team identifies that the follow-up of a type A or B non-compliance has not been appropriate and efficient, the non-compliance needs to be re-issued as a type A or B non-compliance, depending on the nature and on the context of the finding. A type B non-compliance will not systematically be turned into a type A non-compliance if no new element has been identified that can justify it.

In case of insufficient follow-up of the non-compliances identified during the previous assessment, the lead assessor should consider to issue a non-compliance related to the operationality of the management system, in particular with respect to the evaluation of the efficiency of the implementation of corrective actions.

3.3.3.4. **Drafting and transmission of the assessment report**

The assessment report is drafted by the team members and contains the same elements as presented in chapter 2.

The report is transmitted within a maximum of 2 months after the end of the assessment; the other provisions described in chapter 2 apply.

3.3.4. **Confirmation of the accreditation.**

The general guidelines detailed under point 2.9.3 with regard to the examination of the report and the recourse to reviewers are followed.

Based on the full report, comments of the coordinator, the reviewers and the accredited body, when relevant, the file manager states whether the accreditation requirements are still complied with and presents a proposal of confirmation of the accreditation for approval by the Chair of the Accreditation Board.

Following each visit and in case of positive decision with respect to confirmation of the accreditation, the certificate and/or the technical appendix will be reviewed, by updating its contents and changing the date of issue each time when necessary.

If the file manager states that the body does not comply any longer with the accreditation requirements, he/she presents the case to the Accreditation Board for decision. In case the Board considers to make a negative decision for the maintenance of the accreditation, the Board communicates its intention to suspend the accreditation to the body. The Board decides for one of the following possibilities, taking into account the proportionality principle:

- **Maintaining the accreditation:**
  - Accreditation scope:...........................................................

  Specific conditions for the maintenance of the accreditation:
  - None  □ Supplementary assessment  □ next assessment at shorter term
  - Others: .................................................................

- **Intention to suspend / withdraw the accreditation:** Scope ............................................

- **Suspension:** maximum duration:.............................................

- **Lifting of suspension:**

- **Withdrawal:**
Depending on the number and nature of the non-conformities, the Board may impose measures complementary to the surveillance assessment (presentation of a progress report, supplementary assessment, maintenance of the accreditation on condition that all type A identified during the last 5 years are effectively closed in case of recurrent structural problems.

### 3.4. UNSCHEDULED SURVEILLANCE ASSESSMENT

BELAC may decide to request an unscheduled assessment if significant aspects of the accredited body’s management have been modified (legal status, production site, etc).

Depending on the specific nature of the case submitted, the secretariat, after consultation with the Board when relevant, will set the procedures for the assessment (assessor(s) to be involved, assessment visit or simple examination of documents, time required) as well as the quotation.

The secretariat will notify the accredited body of the decision and the procedure will continue as if it were a scheduled surveillance visit.

Furthermore, the Board may request an unscheduled visit

- where a complaint or a dispute is being examined;
- if BELAC becomes informed of new facts which cast doubt on the degree to which the body complies with the accreditation requirements.

In such case, BELAC fixes the date of the visit and informs the concerned body. However, in case of suspicion of abuse or non respect of the accreditation conditions, BELAC is allowed to organise a visit without any previous notice. The accredited body is required to provide free access and assistance to the appointed BELAC representatives, so that they have the possibility to perform the necessary checks.

If the surveillance report confirms that the reasons for the decision of BELAC are justified, the surveillance costs will be charged to the accredited body. If this is not the case, they will be charged to BELAC.

Unless a good reason for doing so is given by the Board, an unscheduled surveillance visit will not affect the normal surveillance schedule.
4. Re-assessment

Note: Provisions hereafter complement or further detail, in case of a re-assessment, provisions applicable for an initial assessment that are presented under point 2.

4.1. AIMS OF THE RE-ASSESSMENT AND GENERAL GUIDELINES

This re-assessment will aim to check, in the course of one single process, whether the body continues to comply with all accreditation requirements. The re-assessment will cover the whole range of activities covered by the certificate.

Based on the outcome of the re-assessment, BELAC will decide to confirm the accreditation for a new cycle.

The plan for re-assessment is similar to the one of an initial assessment but the information gained from the previous surveillance assessments will be taken into account.

The following principles are taken into account to fix the content of a re-assessment:
- All elements of the management system are evaluated;
- The identification of the technical aspects to be covered take into account those included in the assessment plans of the surveillance assessments during the previous cycle.

4.2. RESPONSIBILITIES

- The secretariat is responsible for the organisation of the re-assessment.
- The lead assessor, in cooperation with the team members, is responsible for performing the assessment visit including writing the report.
- The Accreditation Board is responsible for the decision with regard to the renewal of the accreditation.
- The secretariat is responsible to prepare the accreditation certificates and to draft and issue the accreditation schedules (point 2.11).

4.3. INSTRUCTIONS FOR RE-ASSESSMENT

4.3.1. Form and content.

A reassessment will consist of an evaluation at the main premises of the body and sites where the accredited activities are carried out.

The program for re-assessment includes an evaluation of all requirements of the related accreditation standard and a representative selection of the activities covered by the accreditation. Special attention shall however be paid to the evaluation of the implementation of the management system, its effectiveness and the aspects linked to continuous improvement. Elements as identified under 3.3.1 require specific attention.

4.3.2. Application for reassessment.

A minimum of 9 months before the date on which the certificate is due to expire, the body sends to BELAC those documents needed to submit an application for reassessment. The provisions for application for re-assessment are identical to those in force for the initial assessment.
4.3.3. Performing the re-assessment

4.3.3.1. **Composition of the evaluation team and quotation.** - Notification of the composition of the team and quotation to the applicant and team members. - Preparation and procedures for the reassessment - Decision of the Board regarding reassessment of accreditation.

The general guidelines detailed in chapters 2 are applicable as well as the specific provisions that are detailed hereafter.

Without this being an obligation, the composition of the assessment team will be maintained during the whole cycle. In order to ensure continuity in the transmission of the information, a new team leader is appointed for the re-assessment but the technical assessors / experts are maintained and replaced for the next coming surveillance assessment.

4.3.3.2. **Clearance of non-compliances:** see under 3.3.3.3

4.3.3.3. **Drafting and transmission of the assessment report**

The assessment report is drafted by the team members and contains the same elements as presented in chapter 2.

For the transmission of the report, the provisions described in chapter 2 and point 3.3.3.4 apply.

4.3.3.4. **Decision**

Starting with the second accreditation cycle, the duration of validity of the certificate may be extended to 5 years with at least 3 surveillance assessments, except if specific provisions are imposed for a specific accreditation field.

The Board decides for one of the following possibilities, taking into account the proportionality principle:

- Renewal of the accreditation:
  - Accreditation scope: .................................................................
    - Accreditation cycle:  
      - 1 year  
      - 3 years  
      - 5 years
  - Specific conditions for the maintenance of the accreditation:
    - None
    - Supplementary assessment
    - next assessment at shorter term
    - Others: .................................................................

- Intention to suspend / withdraw the accreditation: Scope: .................................................................

- Suspension: maximum duration: .................................................................

- Lifting of suspension:
  - Withdrawal:
  - Warning: .................................................................

Depending on the number and nature of the non-conformities, the Board may impose measures complementary to the surveillance assessment (presentation of a progress report, supplementary assessment, maintenance of the accreditation on condition that all type A identified during the last 5 years are effectively closed in case of recurrent structural problems.)
4.3.4. **Temporary extension of the period of validity of an accreditation certificate.**

If the reassessment procedure cannot be concluded before the date of expiry of the accreditation due to circumstances beyond the control of either BELAC or the accredited body, then the secretariat may decide for a temporary extension of the period of validity of the certificate.

Such a decision for extension of the period of validity will be documented and is subject to the following conditions:

- there is enough evidence to infer that compliance with the accreditation requirements is effective;
- the extension will be agreed for a maximum period of 6 months. It will come to an end, automatically, as soon as the standard procedure reaches its conclusion;
- the expiry date of the new period of accreditation will be calculated from the date initially scheduled.
5. Modifications of the accreditation scope: extension and reduction

5.1. EXTENSION OF THE ACCREDITATION SCOPE

5.1.1. Aims of the extension assessment and general guidelines

*Note: Provisions hereafter complement or further detail, in case of an extension assessment, provisions applicable for an initial assessment that are presented under point 2.*

The accreditation covers only those activities as detailed in its technical appendix, which reflects the situation at the time of the assessment.

Each extension of the scope of application requires in principle a complementary evaluation and a formal approval of BELAC. Depending on the nature and complexity of the case, the evaluation will take the form of an administrative or documentary evaluation, a technical evaluation with on-site visit or even a full complementary evaluation.

The application for extension will be submitted in writing and, each time necessary, by using a relevant standard form available from the secretariat.

A request for extension may be submitted by the accredited body at any time during the period of validity of the certificate.

A request for extension will be closed at the latest 6 months after the extension assessment has been performed.

5.1.2. Responsibilities

The procedure in force for an initial assessment is also valid in case of extension assessment. However, the Board delegates its responsibilities to the secretariat each time the application covers activities that are not significantly different from those already included in the accreditation schedule. By significantly different activity is meant an accreditation for a new accreditation standard or the extension of the existing accreditation scope to a new technical field (see “field” in document BELAC 6-017) or a new activity site. Types of extension and provisions for implementation

5.1.2.1. Administrative extension

By administrative extension is meant the process of updating accreditation documents by the secretariat, following consultation with a technical assessor if relevant.

Administrative extension is only possible in case the new activities are fully covered by the already existing organisational and technical capabilities of the accredited body.

5.1.2.2. Documentary extension

By documentary extension is meant the process of updating accreditation documents following documentary examination by an assessment team (usually limited to a technical assessor).

Depending on the complexity of the case, this examination can require a specific quotation. If it is the case, BELAC shall obtain the approval of the body on the persons and the quotation as well as acceptance of their task by the individuals appointed to perform the evaluation within a pre-determined time limit.

Documentary extension is only possible in case the new activities are covered by the already existing organisational and general technical capabilities of the accredited body, but specific technical aspects need be checked.
5.1.2.3. Extension with on-site evaluation

Provisions for implementation: General

When provisions of 5.3.1 and 5.3.2 are not applicable, any type of extension of the scope of accreditation will require an evaluation on site.

Typical cases are:
- introduction of new activities within a field of accreditation where other activities have already been granted accreditation;
- extension of accreditation to a new field of accreditation;
- extension of the field of application to one or more additional sections of the body, or even to completely separate geographic locations.

Composition of the evaluation team and quotation. - Notification of the composition of the team and quotation to the applicant and team members. - Preparation and procedures for the reassessment - Decision of the Board regarding extension of accreditation.

The general guidelines detailed in chapters 2 are applicable as well as the specific provisions that are detailed hereafter.

If the request
- relates to new technical aspects, but forms part of a general management system that has already been extensively assessed, an additional visit carried out by a technical assessor accompanied by the coordinator will take place;
- has led to a substantial revision of the management system or involves sections of the body or activity sites that have not been extensively assessed, an additional visit by the lead assessor and one or more technical assessors will be required.

On the request of the body, an extension visit may be combined with a surveillance or reassessment visit, on condition that the activities normally carried out during these visits are not affected.

If the lead assessor does not take part in the assessment visit, the technical assessor will be responsible for drafting the report which is sent to the Chairman of the Board.

An extension of the scope of accreditation will involve update of the accreditation documents but the expiry date of certificate and surveillance schedule will normally not be affected.

Clearance of non-compliances – Decision on extension of the accreditation schedule

The same provisions as for an initial assessment are in force.

Granting an extension of the accreditation schedule results in the accreditation documents being revised but the validity date of the accreditation and the surveillance schedule are normally not affected.

5.2. CANCELLATION OF ACCREDITATION OR REDUCTION OF THE ACCREDITATION SCOPE

A body may cancel its accreditation at any time. Such a request may encompass the whole or just a part of the field of activities covered by the accreditation.

BELAC will be notified of a request for cancellation by recorded delivery letter. The letter shall state
the circumstances which justify the request, in the event of a partial cancellation;

- the agreement of the body to consider the cancellation as effective from the date on which the request was sent;

- in case of certification bodies: the measures considered by the organisation with regard to the certified companies concerned by the cancellation.

The secretariat registers the request for cancellation and informs the Board. Except if required by exceptional circumstances, an assessment will normally not be organised to confirm the cancellation as the concerned activities are no longer performed under accreditation.

In case of a total cancellation within an accreditation cycle, the body is required to return the accreditation certificate(s); they will be replaced by certificates with a validity date limited to the date when cancellation comes into effect.

In the event of a partial cancellation, the technical appendix of the certificate is updated.

A decision for cancellation:

- implies the end of the cooperation agreement between BELAC and the body in case of total cancellation;

- does not release the body from its obligations towards BELAC during the accreditation period;

- does not impact on the surveillance schedule or the expiry date of the certificate in the case of a partial cancellation;

- results in an update of the directory of accredited bodies and of the BELAC website;

- is mentioned on the BELAC website in case of total cancellation of in case of cancellation of a significant part of the accredited activities. With significant part is meant a technical as identified in the document BELAC 6-017 or an activity site.
6. **Pre-assessment**

*Note: Provisions hereafter complement or further detail, in case of a pre-assessment, provisions applicable for an initial assessment that are presented under point 2.*

6.1. **OBJECTIVES OF PRE-ASSESSMENT**

The specific objectives of the pre-assessment are as follows:

- to establish initial contact with the applicant in order to ascertain the specific nature of the organisation;
- to provide the specific information needed about the accreditation procedure, accreditation requirements and for establishing the technical field for which accreditation is requested;
- to determine whether the applicant has paid sufficient attention to the accreditation requirements, both in terms of documentation and effective implementation;
- to determine which resources will be needed for the initial assessment;
- to identify the information that need to be provided for the preparation of the initial assessment.

Achieving these objectives will in no way result in providing consultancy. This means that the assessor will refrain to propose concrete ways of implementation of actions aiming to increase the level of compliance with the requirements.

6.2. **RESPONSIBILITIES**

- The secretariat is responsible for the organisation of the pre-assessment.
- The lead assessor, in cooperation with the team members, is responsible for performing the pre-assessment visit including writing the report.
- The secretariat is responsible to report the conclusions of the pre-assessment to the applicant.

6.3. **COMPOSITION OF THE PRE-ASSESSMENT TEAM**

The pre-assessment team normally includes a lead assessor and a coordinator not acting as assessor, who ensures that consultancy is avoided.

There is, in principle, no technical assessor for a pre-assessment. However, depending on the technical complexity of the application, BELAC may feel the need to involve one (or more) technical assessor(s) or expert(s) who will attend the pre-assessment. They may be asked to provide recommendations to BELAC.

One or several representatives of competent authorities may be invited to take part as observer(s)

6.4. **THE PRE-ASSESSMENT VISIT**

6.4.1. **Practical provisions**

Whilst taking the circumstances of each individual case into consideration, the assessment visit will consist of the following stages:
6.4.1.1. **Introduction.**

The lead assessor will introduce the members of the BELAC team, will briefly outline the role of BELAC, the accreditation requirements and the objectives of pre-assessment within the framework of BELAC procedures.

The lead assessor will present the schedule of activities and will make clear that all information gained during the pre-assessment will be treated as confidential matter.

The applicant will present the organisation, summarise the management system and introduce those persons who will participate in the pre-assessment.

6.4.1.2. **Discussion of the scope of accreditation.**

This discussion involves the organisation applying for accreditation, the lead assessor, the coordinator and, where appropriate, the representative of a regulatory authority. The aim of the discussion is to achieve a clear description of the activities which will be examined during the assessment and, therefore, to ensure that the application is correctly and clearly worded according to the BELAC requirements.

The discussion shall lead to an estimate of the time needed for the initial assessment and of the particular expertise that will be required of the technical assessors.

6.4.1.3. **Analysis of the documentation and a representative set of procedures.**

By examining the documentation and a representative set of procedures (relating both to the management system and technical aspects of the laboratory), the lead assessor will draw the applicant’s attention to those areas which may not meet the accreditation criteria. The lead assessor will consider the existence of documentation as well as the level of implementation.

6.4.1.4. **A brief evaluation of the implementation.**

Examination of records relating to activities accreditation has been applied for, meeting staff, visit of premises or all other appropriate means will be used to gain information on the degree of implementation and adequacy of the documented provisions.

6.4.1.5. **Private meetings of team members.**

One or two breaks should be scheduled to allow team members to exchange initial observations, to agree on points which should be considered by the assessor in view of what has already been noted or to allow discussion of other topics.

6.4.1.6. **Final meeting.**

The lead assessor will deliver a verbal report consisting of a summary of his/her observations and of the day’s discussions. The report will outline those factors that will form the basis of the lead assessor’s written pre-assessment report.

The applicant body will be invited to give a response.

Considering that a pre-assessment is not an exhaustive evaluation, especially for technical aspects, the remarks that will be formulated have only an orientating character; they are not presented as non-compliances and are not categorised according to their degree of seriousness.

The coordinator will conclude the pre-assessment visit by reminding the applicant in particular that a written report will be sent within a fixed period of one month.
6.5. PRE-ASSESSMENT REPORT

The report is prepared according to the specific provisions detailed under 2.9, with consideration for the specific aims of a pre-assessment.

The lead assessor will draft a report that shall at the minimum include:

- Module 0
- Module A
- Module C: an evaluation of the documentation and management system drawn up by the applicant as well as their implementation. Considering the pre-assessment is not fully comprehensive, the findings are normally not formally classified as non-conformities. The list of findings need not necessarily be exhaustive, but shall be based on objective facts and shall provide examples. It will be such as to allow the candidate to design and implement the necessary corrective actions that are necessary to ensure compliance with the accreditation requirements prior to the initial assessment, both at the documentation and implementation level.
- Module F: all proposals agreed by the various parties regarding the definition of the technical field to be covered by the accreditation; the module C can also be used to this respect.
- Module G: a conclusion indicating the strengths and weaknesses identified during the evaluation. To this end, the assessor may make proposals regarding the way in which the accreditation will continue whilst listing essential items which must be reviewed by the applicant as a matter of urgency before the procedure can continue.

The lead assessor will send these documents to the secretariat within maximum one month.

It is the responsibility of the secretariat to provide the pre-assessment report:

- to the applicant, who is invited to send his/her comments to the Chairman of the Board. If necessary, the Chairman of the Board will send them to the assessor, requesting his/her comments.
- to the team members who may send remarks.

6.6. CONCLUSION FOLLOWING EXAMINATION OF THE PRE-ASSESSMENT REPORT

The whole report and the received remarks if any are examined by the secretariat.

The secretariat states in which way the accreditation procedure will continue and informs the applicant:

- either the initial assessment phase can begin immediately,
- or the assessment phase can only really be considered once certain corrective action has been undertaken. In this case, the assessment phase can only begin once the applicant has sent a written request to the secretariat.

The procedure is then to continue in accordance with the provisions of chapter 2

In case, during the examination of the case, elements are identified that may lead BELAC to reconsider the application, the case is presented to the Board for decision.
7. **Sanctions**

7.1. **GENERAL GUIDELINES**

If the conditions for accreditation are no longer being met, the Board may decide on a sanction, proportional to the seriousness of the facts.

The facts may be either
- identified by BELAC during an assessment or at any time;
- communicated to BELAC by an external party and duly confirmed on an objective basis.

Furthermore, an accredited body may request the total or partial suspension of the accreditation at any time, or may cancel the accreditation either totally or partially.

By conditions for accreditation is meant:
- continuing to comply with the accreditation requirements, both in terms of the effective implementation of the management system and specific technical competence;
- respecting the operational procedures of BELAC that are applicable to the accredited bodies.

7.2. **WARNING**

If the conditions for accreditation are no longer being met, the Board may decide to issue a warning to the accredited body. The warning may be subject to conditions such as the provision of complementary information or the organisation of a complementary assessment.

In case the accredited body does not react to the warning, the Board may decide on a heavier sanction.

7.3. **SUSPENSION**

7.3.1. **Definition of suspension.**

Suspension applies to those cases where compliance with the accreditation criteria is no longer established, for all or for part but where a return to normal circumstances can be expected.

Suspension implies a short-term withdrawal of the right of an accredited body, as far as the suspended activities are concerned,
- to refer to its status as an accredited body,
- to issue calibration, testing, inspection reports covered by the accreditation,
- to issue certificates covered by the accreditation in the specific case of any new certification contract. This means that the organisation can continue with existing contracts until the end of the suspension period or, where appropriate, the period of renewal of the certification contract.

A decision to suspend
- temporarily interrupts the surveillance programme for the suspended activities but will have no effect on the expiry date of the certificate; there is no interruption in the case of a certification body that is still performing surveillance audits;
- does not release the body from its other obligations towards BELAC during the accreditation period;
results in the words “full suspension” being added to the body’s entry in the list of accredited bodies, the BELAC website and the technical appendix to the certificate in case of suspension of all activities covered by the accreditation.

- results in the words “partial suspension of the activities identified in the technical appendix to the certificate” being added to the body’s entry in the list of accredited bodies in case of partial suspension; the wording “suspended” will be used to identify the concerned activities in the technical appendix to the certificate.

- is mentioned on the BELAC website in case the suspension covers a significant part of the accredited activities; with significant part of the activities is meant a technical field as identified in the document BELAC 6-017 or an activity site;

- is notified to IAF in case of suspension of a certification body because of certification being issued against an accreditation standard (e.g: certifications against ISO/IEC 17025).

7.3.2. Practical provisions relating to suspension.

7.3.2.1. Suspension on the direct initiative of the accredited body.

A body may request the suspension of its accreditation at any time on its own initiative. Such a request may relate either to the whole field of activities covered by the accreditation or just one part of them.

BELAC will be notified of all requests for suspension by recorded delivery. The request shall state
- the reasons for making the request,
- details of the corrective measures planned to restore the conditions of accreditation and a schedule for their implementation (normally not more than 6 months),
- the commitment of the body to consider the suspension as effective from the date on which the request was sent.

After examining the documentation detailing the reasons for suspending the accreditation, the Accreditation Board will decide whether or not to accept a suspension, giving the reasons for its decision.

To this end, the Board may either:

- decide in favour of the suspension for a maximum period of 6 months. In this case, the Board will set the conditions for lifting the suspension and, in particular, whether or not a prior visit will be required; the mention "voluntary suspension" will be brought in the directory of accredited bodies;
- register the suspension request, but state that the specific conditions have not been fulfilled and decide in favour of a total or partial withdrawal. In this event, the measures outlined in section 7.4 will apply.

The body will be notified of the Board’s decision by recorded delivery letter and will be reminded of the procedure for lodging an appeal.

7.3.2.2. Suspension requested by the body on decision of the Accreditation Board.

If, following a surveillance or reassessment visit or during the examination of a complaint, the Accreditation Board forms the opinion that the accreditation conditions are no longer being met, it may decide for suspension of the whole or part of the accreditation schedule, covering the period needed to implement the required corrective measures (normally not more than 6 months).

The chairman of the Board is empowered to take whatever steps are necessary in an urgent case and will report back to the Board as soon as possible.
Depending on the seriousness of the situation, the Board can decide, as a first step, to send a warning to the concerned body and to postpone the effective start of the suspension period for a maximum duration of 2 months. During this period, a complementary assessment will be organised in order to establish whether the situation has been restored; in case of negative outcome, the suspension comes immediately in force.

A decision of suspension will become effective and will be communicated only if the body has been given the possibility of being heard.

### 7.3.2.3. Lifting of a suspension.

The body which is currently suspended but considers that the causes of the suspension have been eliminated, will send BELAC an application to lift the suspension along with appropriate justification of the request.

The secretariat will select an assessment team to examine these documents and/or carry out an assessment visit in order to verify that the accreditation conditions have been restored. The general guidelines of conduct of an assessment.

If, on the basis of the examination of the evaluation report, the Board decides in favour of lifting the suspension, it will
- notify the body of its decision within 10 days, enclosing an updated surveillance schedule. The body may only begin to refer to its status as an accredited body again after it has received written notification of the suspension being lifted;
- remove the reference to a full or partial suspension from the directory list of accredited bodies, the BELAC website and the technical appendix to the certificate.

If the Board rules against the suspension being lifted, it may decide for withdrawal of the accreditation. Provisions detailed in section 7.5 will apply.

### 7.4. WITHDRAWAL

#### 7.4.1. Definition of withdrawal.

The withdrawal of accreditation will be declared in cases where serious or repeated failure to meet the conditions of accreditation has occurred or, where there is evidence of fraudulent behaviour, or the conformity assessment body intentionally provides false information or conceals information,

Withdrawal may be
- total, if the failure to meet the accreditation requirements concerns the management system in relation to the whole range of activities covered by the accreditation;
- partial, if it relates to a particular sector of the technical expertise of the body.

#### 7.4.2. Practical provisions relating to withdrawal

In case a withdrawal is envisaged, the body is notified by recorded letter of the possibility of being heard by the Board. An expert, agreed by both parties, may be called.

In case of evidence of the accreditation conditions not being fulfilled, the Board decides for withdrawal of the accreditation and notify the decision to the body in question by recorded delivery letter, as well as details of the procedure for submitting an appeal.

Withdrawal will take effect immediately upon receipt.
A total withdrawal implies

- the end of the cooperation agreement between BELAC and the body but will not release the organisation from its obligations towards BELAC during the accreditation period;
- in case of certification bodies: the requirement to the organisation to provide necessary details of the certified companies affected by the withdrawal;
- the immediate removal from the list of accredited bodies;
- communication of the withdrawal on the BELAC website;
- notification to IAF in case of withdrawal of the accreditation of a certification body in case fraudulent activities have been identified.

In case of a total withdrawal within an accreditation cycle, the body is required to return the accreditation certificate(s); these will be replaced by certificates with a validity date limited to the date when withdrawal comes into effect. In the event of a partial withdrawal, the technical appendix of the certificate is updated.

In order to restore accreditation after a total withdrawal, the body shall apply for a new accreditation procedure.

A partial withdrawal:

- implies an update of the accreditation documents and of the directory of accredited bodies to reflect the actual accreditation scope;
- does not impact the surveillance schedule or the expiry date of the accreditation;
- does not release the organisation from its other obligations towards BELAC for the remaining sectors covered by the accreditation;
- implies, in case of certification bodies, the requirement to the organisation to provide necessary details of the certified companies affected by the withdrawal;
- results in a communication on the BELAC website in case of withdrawal of a significant part of the accredited activities; with significant part of the activities is meant a technical field as identified in the document BELAC 6-017 or an activity site.

In order to restore the full scope of accreditation after a partial withdrawal, the body shall request an extension according to the relevant procedure.
8. **General presentation of the accreditation process.**

The following chart summarizes the different steps of the accreditation process.
Summary of the different types of decision of the Board:
The Board decides for one of the following possibilities, taking into account the proportionality principle:

- Granting / Maintaining / extending / renewing the accreditation:
  - Accreditation scope:
    - Accreditation cycle: 1 year  3 years  5 years
  - Specific conditions for the maintenance of the accreditation:
    - None  supplementary assessment  next assessment at shorter term:
    - Others:

- Refusing the accreditation:

- Intention to suspend / withdraw the accreditation:
  - Suspension : maximum duration
  - Lifting of suspension
  - Withdrawal
  - Warning

Depending on the number and nature of the non-conformities, the Board may impose measures complementary to the surveillance assessment (presentation of a progress report, supplementary assessment, maintenance of the accreditation on condition that all type A identified during the last 5 years are effectively closed in case of recurrent structural problems.)