

## 1. Purpose

This procedure intends to establish certification decision system for certification decision, grant extension of scope, modification/amendment/changes/renewal/reduction/suspension/withdrawal and transfer of certification in food safety certification schemes to comply with ISO/IEC 17021:2015 Standard regulation.

## 2. Scope

The procedure is applicable to certification program for FSMS Certification.

## 3. References

ARPL-QM-2.0 ARPL FSMS Manual

ARPL-QP-02 Certification Decisions

ISO/IEC 17021:2015

ISO 22003-1:2022

## 4. Responsibilities

Quality Manager together with other member of certification committee shall be responsible for grant of the certification decision, renewal, extension and amendment/changes of scope. Technical Head shall be overall responsible for monitoring of the process in accordance to documented procedure.

Managing Director shall be sole responsible for authorization for approving suspension, reduction and withdrawal of certificates on basis of recommendations of certification decision committee which shall be binding.

Managing Director shall be responsible for signing of the certificate of compliance. Designated Administrator/Coordinators shall be responsible for preparation of certificate, communication and record management.

## 5. Certification Decision Apparatus

All certification decisions shall be reviewed and granted by the Certification Committee designated and constituted for the purpose. It shall retain authority of its decisions relating to certification, including the granting, maintaining, recertifying, expanding and reducing the scope of the certification, and suspending or withdrawing the certification.

The Certification Committee constitutes of the following 03 members-

1. Vice President (Technical)
2. Head - Operation
3. Head – *Certification Division*

Certification Committee members shall not be involved in the audit and technical review process of the site for which the certification decision is required to be taken. Minimum 2 members are required for the certification decision.

Presence of the Vice President (Technical) or a competent technical person is must for decision i.e. issuance or grant of the certificate. This is required for the technical aid in the decision making. A competent technical person can be an FSMS auditor who has not taken part either in auditing or in technical review of the file for the particular case of client/applicant.

Presence of the Vice President (Technical) or a competent technical person is necessary:

- in case of extension of scope/services where existing members do not have expertise to arrive at decisions.
- in case of special investigations/decisions like reviews, reduction/suspension/withdrawal and other matters related to certification decision.

or Head – Strategy & Planning are responsible to independently evaluate (onsite/offsite) the reputation, past history of adherence to legal and food safety requirements, recent food safety issues/incidents, product recall/withdrawal issues and commitment of management towards food safety using relevant sources.

## **6. Procedure of issue/grant of certificate**

### **6.1 Criteria for grant of certificate**

- Certificates may be granted to sites which have had an audit against ISO 22000:2018 (FSMS) and/or that meet(s) the following criteria as minimum-
- The audited site has met the requirements of that standard within the scope of certification sought.
- The site shall also have provided evidence of completion of critical and major non-conformities and a corrective action plan for the minors and these have been reviewed by Lead Auditor and have been further verified by Certification Committee.
- The client has established facilities for the manufacture of product or providing service. Additionally, the audited client (to whom certificate is to be issued) is mandatorily a legal entity or is legally responsible (for example, audited organization is legally incorporated company under companies act or is a govt. undertaking or is registered co-operative organization or other legally incorporated organization),
- The client shall have completed at least one cycle of internal Audit and Management Review meeting to indicate the effective installation of the system.
- Scope/activities of client are covered under accredited scope of Auriga Research Pvt. Ltd. (Certification Division)
- The assessment was conducted by qualified competent Auditors/Technical Experts.
- The information provided by the audit team is sufficient with respect to the certification requirements and the scope for certification.
- Certification committee has reviewed, accepted and verified the effectiveness of correction and corrective actions for all non-conformities that represent
- Failure to fulfill one or more requirements of the management system standard or
- A situation that raises significant doubt about the ability of the client's management system to achieve its intended outputs

All completed documentation required for Certification shall be maintained. The implementation period of applicable Management Systems shall be minimum 3 months.

### **6.2 Certification Decision**

Upon successful review of the audit pack and corrective evidences by Technical reviewer, Annex A23 Technical Review Report along with following supporting documents are placed before Certification Committee for its review and decision-

1. Audit report;
2. Comments on the non-conformities and, where applicable, the correction and corrective actions taken by the client;
3. Confirmation of the information provided to the certification body used in the application review;
4. Confirmation that the audit objectives have been achieved;
5. Recommendation whether or not to grant certification, together with any conditions or observations.

6. ARPL (Certification Division) shall make decisions on renewing certification based on the results of the recertification audit, as well as the results of the review of the system over the period of certification and complaints received from users of certification.

If the certification body is not able to verify the implementation of corrections and corrective actions of any major nonconformity within 6 months after the last day of stage 2, the certification body shall conduct another stage 2 prior to recommending certification. The audit documentation, documentary evidence supporting corrective actions, (Stage 1 & Stage 2 audit report, confirmation of the information provided in the application review and auditor's report on corrective actions) is assessed by the Certification Committee, and a decision will be made on whether a certificate should be issued. Certification Committee shall take the minimum criteria documented in clause 6.1 of this procedure into account while granting/declining of certificate. The decision of committee meeting regarding the grant or decline shall be recorded on the [ARPL-03-02 (F) Certification Decision Report]. If the Certification Committee grants its decision for issuance of certificate, the decision along with Certification Decision Meeting record shall be passed to Administration for preparation of certificate.

Should certification not be granted outstanding issues will be identified and reported back to the site for further evidence to be provided that corrective actions have been completed and verified?

Should the site not follow this up then the audit report will be issued and the status of '**Not Approved**' will be recorded.

### 6.3 Preparation/Drafting and Release of Certificate

The Administration/Operation team shall prepare the certificate and print the certificate. If required, the draft certificate shall be referred to Certification Committee or Quality Manager to avoid mistakes on the certificate. The certificate shall carry the following information –

Name and address of the company/operation to which the Certificate is issued.

Scope of certification e.g. Products/technologies/elements of the operation assessed.

- Exclusions (to scope) where applicable
- Certificate number
- Date of initial certification
- Date of reissue (if applicable)
- Expiry Date of Certificate
- Authorizing signature of Managing Director (or nominated personnel in absence of Managing Director)
- Accreditation Mark (e.g. Logo)
- ARPL (Certification Division)'s Certification Mark (i.e. Logo)

Certificates will be issued with an expiry date of 3 years from the date of certification decision and will be maintained provided the conditions stated in 6.4 of this procedure is kept being maintained.

Invoiced certification charges shall have to be cleared by the audited organization before printed and signed certificate is updated on database and released to client organization representative. ARPL (Certification Division) database shall be updated against the holder's name with Certificate number, the date of issue, the scope and category of assessment. Following update of the ARPL (Certification Division) database, the certificate (along with audit report) shall be forwarded to audited organization representative at contact address recorded in the file. Auriga Research Pvt. Ltd. (Certification Division) shall retain ownership of the certificate and in any eventuality of suspension, withdrawal and reduction in scope, the client shall have to mandatorily send back certificate (in original) to Auriga

Research Pvt. Ltd. (Certification Division) as per the policy (contained here) and terms of contractual agreement.

#### 6.4 Continuation or Maintaining Certificate

Certified clients shall be allowed to maintain certificate based on continued demonstration of effective management system in all respective assessments and in the events of changes/modification or extension of scope. The conditions for maintaining certificate is detailed in clause 10.7 of ARPL (Certification Division)'s Quality Manual (ARPL-QM-2.0 FSMS Manual).

#### 6.5 Extension and Modification in Scope of Certificate

##### 6.5.1 Extension or Modification in Scope of certificate on request

Certified clients, desirous of extension in scope of certificate on existing certificate, shall apply to ARPL (Certification Division) Administrator/Operation Team. Such application shall be then reviewed by Certification Committee members for merits in consultation with the audit team for the last assessment. Such reviews shall be undertaken to determine the condition (e.g. Documentary evidences, additional audit etc.) For extension of scope. If an additional audit is required it shall be carried as per procedure laid down in ARPL-QP-02 to verify changes. This can also be done during the next planned surveillance audit.

Following the grant of extension in scope, Issued certificate (in original) shall be recalled back from the audited client and a revised certificate shall be issued in place in accordance to procedure documented in clause 6.1 and 6.2 of this procedure.

**6.5.2 Modification in the Scope of Certificate due to change in management system** Changes to management system shall be reviewed by Certification Committee which will further evaluate the need for reassessment of a certified client in the event of changes significantly affecting the organization's Management System (such as the legal, commercial, organizational status or ownership, organization and management (e.g. key managerial, decision-making or technical staff), contact address and sites, scope of operations (process change) under the certified management system and major changes to the management system and processes.

Following the grant of modification in scope, Issued certificate (in original) shall be recalled back from the audited client and a revised certificate shall be issued in place in accordance to procedure documented in clause 6.1 and 6.2 of this procedure.

##### 6.5.3 Modification due to changes in Certification requirements/process

When the Accreditation Body revises the requirements of certification body, ARPL (Certification Division) shall follow transition plan as notified by Accreditation Body for the changeover with agreed time frame.

Technical Head shall send due notice of any changes it intends to make in its requirements for certification to its client and the accreditation body. The views expressed by interested parties are considered before deciding on the precise form and effective date of such changes. Based on the publication of the changed requirements, ARPL (Certification Division) shall verify that each client carries out any necessary amendments to its procedure within reasonable time. Based on the changes expected Quality Manager shall decide the actions like a special audit as per documented procedure in ARPL-QP-02. After successful completion of audit, decisions would be taken according to clause 6.1 and 6.2 of this procedure.

#### 6.5.4 Issuance of Certificate in case of Recertification

Upon completion of recertification audit, technical review shall take place and process of certification shall take in this procedure. The certificate shall be issued on satisfactory completion of the process as outlined in ARPL-QP-22 Audit Processes and also additional fulfilling the conditions stated in ARPL (Certification Division)'s ARPL-QM-2.0 FSMS Manual. This recertification shall be for an additional three years. Original certification date shall remain same. Current certification date shall be on or after the date of recertification decision is taken. Certification expiry date will be three years after the date of recertification.

#### 6.5.5 Recertification During NABCB Certificate Under Review (ARPL Cases):

In cases where the certification body's accreditation certificate issued by NABCB is under review (ARPL cases), recertification decisions shall be based on a **comprehensive review of auditing and certification records of previous cycle of three years**. This review shall be conducted by a **qualified and competent auditor** after the certification body has been granted accreditation by NABCB. The evaluation will include verification of previous audit reports, corrective actions, and other relevant certification records to ensure continued conformity with applicable standards. Recertification shall be granted **only after satisfactory verification of documented evidence demonstrating the client's continued compliance** with the applicable certification requirements and standards. All such decisions shall be properly documented and maintained as part of the certification records in accordance with applicable accreditation and certification procedures.

### 7. Procedure for Suspension, Withdrawal and Reduction in Scope of Certificate

#### 7.1 Procedure for suspension of Certificate

Auriga Research Pvt. Ltd. (Certification Division) shall suspend certification in cases where–

1. Clients certified management system has persistently or seriously failed to meet certification requirements for effectiveness of the management system,
2. Certified client does not allow surveillance or recertification audits to be conducted within 3 months of due date,
3. In the events of complaints
4. Certified client voluntarily requests for a suspension.
5. Non-payment issues
6. Misuse of Accreditation Body or ARPL (Certification Division) certification Marks/logos.

Suspensions shall be authorized by Managing Director and clients shall be notified in writing with reason and implication of suspension.

The standard period of suspension would be six months in which the client has to fulfill all conditions for revocation of suspension. On fulfillment of imposed conditions by the suspended sites within the six months timeline, the corrective action shall be reviewed by Quality Manager and pass his/her recommendation to revoke suspension or initiate withdrawal rules depending upon outcome of the review. In case of the failure on the part of the client to satisfy the conditions imposed for reinstatement of certification status, Auriga Research Pvt. Ltd. (Certification Division) shall withdraw or reduce the scope of the certification based on the gravity of situation (refer to Procedure for ARPL-QP-29 Suspension and Withdrawal Process further).

Under imposition of suspension-

1. Client's management shall be rendered temporarily invalid

2. In the period of suspension, client shall refrain from further promotion of its certification (as per terms and conditions of the contract agreement)
3. Suspended status of the client shall be made publicly accessible (e.g. updated on website etc.)

## 7.2 Procedure for Withdrawal of certificate

Auriga Research Pvt. Ltd. (Certification Division) shall follow the documented procedure under 7.2 to affect the withdrawal process for certificate on following reasons–

1. Failure to resolve the issues (that have led to suspension of certification) in six months period,
2. Where entire management is impacted indirectly as result of the reduction in the scope.

The withdrawal of certificates may comprise of but may not be limited, to any of the following:

### **Routine circumstances:**

Failure to maintain standards identified at the routine surveillance assessment and not corrected by submission of documentary evidence.

Failure to allow a scheduled surveillance visit to be undertaken

Voluntary withdrawal from the ARPL (Certification Division)'s scheme.

Failure to pay the appropriate certification fees as agreed prior to undertaking the assessment.

### **Extraordinary circumstances**

Complaints regarding the failure of the company to comply with the requirements of the relevant standard

Deliberate, misleading use of the Certificate

Deliberate or misleading claims relating to the scope, or level of Certificate held

The certified client requests a suspension of the certificate

Falsification of any nature

Failure to comply with terms of contractual agreement

Managing Director shall have authority to authorize withdrawal of the certificate on the recommendation of certification committee. The decision shall be taken based on investigation of Quality Manager. Based on need for decision requirement, Technical Head may advise.

Regional Director to authorize for investigative audit. Based on the outcome of such investigation, decision regarding the withdrawal may be initiated and client shall be notified of the withdrawal process. The client shall further be given specified time to take corrective action and certificate withdrawal process shall be initiated in the event of failure to respond with an acceptable programme for corrective action within the time period specified, or to consent to an assessment will lead to withdrawal of the certificate. In the event where certified site is already under suspension for the past six months, no further time shall be given further before initiation of withdrawal. Following withdrawal, the status shall be made public by updating the database. Issued certificate (in original) shall be recalled back and held in the file. The client shall right to appeal and shall be guided for filing appeal process upon request.

Where a client's certificate has been withdrawn and there has been no rectification of issues within the specified timescale or their certificate has expired, then the only way for a client to reinstate their certificate is by arranging a re-audit.

## 7.3 Procedure for reduction in scope

Failure to resolve the issues (that have led to suspension of certification) in six months period shall result in reduction of scope of certification to exclude the parts not meeting the requirements. Such reductions shall be in line with the requirements of the standard used for certification. In case where reduction in scope is likely impact the entire management system, reduction shall not be permitted and in this eventuality, withdrawal shall be initiated.

Regional Director shall have authority to authorize reduction of the scope of the certificate on the recommendation of Quality Manager Auriga Research Pvt. Ltd. (Certification Division) shall correctly update the reduction in scope status upon request to any party. The reduction in status of the client shall also be made publicly accessible.

## 8. Transfer of Certification

8.1 For transfer of certification from existing certification body to ARPL (Certification Division), the applicant organization shall be required to meet the following criteria-

- I. Transfer of certification shall be permissible only for scopes for which Auriga Research Pvt. Ltd. (Certification Division) hold ISO 22000 accreditation and only for food chain categories within such scopes where Auriga Research Pvt. Ltd. (Certification Division) is meeting competence criteria (Refer to point 8.1 of this section)
- II. The applicant organization shall obtain NOC (No Objection Certificate) from existing certification body. NOC letter shall enable to provide ARPL (Certification Division) to conclude that applicant organization have successfully closed all non-conformances (if open from previous audits) and has no pending financial dues.
- III. Transfer of certificate shall be considered as the case where the existing certification body is holding accreditation to ISO 22000 from NABCB or equivalent recognized accreditation bodies. Where the existing certification body of applicant organization fails to satisfy these criteria, application shall be treated as a new application and in such eventualities, certification shall be considered from initial stage.
- IV. All non-compliances from previous audit shall be successfully addressed and closed out.
- V. Transfer of certification shall be considered only in the cases where certification at time of transfer application is valid (at least 30 days to expiry).

8.2 The procedure shall be operated in the following manner –

1. The application shall be laid for review by Quality Manager. The applicant shall be guided to complete application form and submit following documents (as minimum) –
  - NOC from existing certification Body
  - A copy of existing certificate
  - Audit reports (from previous audits), corrective actions, corrective action evidences and other audit related documentation
  - Any other documentary evidences sought by reviewer
2. Received documentation together with application form (listed in sub-clause 1 above) shall be reviewed by Quality Manager based on criteria mentioned in sub- section 8.1 and discuss with the applicant further to determine if any further documentary evidences are required for review decision.
3. Review decision shall be communicated to applicant with justification for acceptance or rejection/modification within 7 days of submission of all required documentation. In case of acceptance with modification, the applicant organization shall be communicated on the further steps of certification (including the requirement for audit).
4. The applicant, in cases of acceptances, shall be provided with quote proposal and other onboarding documentation like signing of Master Agreement etc.

5. All post agreement steps shall proceed in the same manner as it takes places in case of non-transfer cases.

**9. Records**

<b>Record Name</b>	<b>Responsibility</b>	<b>Record Location</b>	<b>Period</b>
Annex A22 Data Base of Certificates Issued and Withdrawn	Quality Manager	ARPL (Certification Division)	Current Cycle plus one full certification cycle.
Annex A23 Technical Review Report	Quality Manager	ARPL (Certification Division)	Current Cycle plus one full certification cycle.
[ARPL-03-02 (F) Certification Decision Meeting]	Quality Manager	ARPL (Certification Division)	Current Cycle plus one full certification cycle.