SECTION 1 — INTRODUCTION, PURPOSE, SCOPE, DEFINITIONS & STRUCTURE

1. Introduction

The Apex International Accreditation Center (AIAC) establishes and implements this Accreditation Manual to describe the policies, rules, and operational processes governing the delivery of accreditation services to Conformity Assessment Bodies (CABs).

This Manual provides a comprehensive description of AIAC's accreditation system in accordance with ISO/IEC 17011:2017 and relevant international guidance documents.

The contents of this Manual ensure that accreditation services are conducted consistently, impartially, competently, and transparently. The Manual applies to all accreditation schemes offered by AIAC and to all personnel involved in the accreditation process, including internal staff, contracted assessors, technical experts, and decision-makers.

This Manual is controlled as part of AIAC's management system and is subject to periodic review and improvement.

2. Purpose

The purposes of this Accreditation Manual are to:

- Define the policies, procedures, rules, and operational processes governing the accreditation services provided by AIAC.
- Ensure consistent implementation of ISO/IEC 17011 requirements across all accreditation schemes.
- Provide clear guidance to AIAC personnel, assessors, experts, and decision-makers regarding their roles and responsibilities.
- Ensure the integrity, competence, impartiality, and transparency of accreditation activities.
- Describe the full accreditation cycle, including application, document review, assessment, decision-making, surveillance, renewal, and management of accreditation status.
- Serve as a reference document for assessments, internal and external audits, peer evaluations, and stakeholder reviews.

3. Scope and Applicability

This Manual applies across **all AIAC accreditation schemes** and to **all personnel** involved in the process, including:

- **Accreditation Schemes:** Testing (including medical and calibration) laboratories, Inspection bodies, Certification bodies (Halal, product, management systems), and any future schemes.
- **Accreditation Process Stages:** Application, document review, assessment (on-site, remote, witnessing), reporting, finding management, accreditation decision (grant, extension, suspension, withdrawal), maintenance, and sanctions.
- **Personnel:** All AIAC staff, assessors, experts, committee members, and other contracted personnel involved in accreditation operations.

4. Normative References

The following documents are essential for the application of this Manual:

- ISO/IEC 17011:2017 – Conformity assessment — Requirements for accreditation bodies accrediting conformity assessment bodies
- ISO/IEC 17000 series
- ISO/IEC 17025, ISO/IEC 17020, ISO 15189, ISO/IEC 17065, ISO/IEC 17021-1, ISO/IEC 17024, ISO/IEC 17043 (as applicable by scheme)
- Relevant international and regional cooperation documents (e.g., APAC, ARAC, AFRAC, IFHA/IF-HAB where applicable)
- AIAC policies, procedures, forms, templates

5. Definitions

For the purposes of this Manual, the terms and definitions given in ISO/IEC 17000, ISO/IEC 17011, and the following apply:

- **Accreditation**: Third-party attestation related to a conformity assessment body conveying formal demonstration of its competence to carry out specific tasks.
- **CAB**: Conformity Assessment Body applying for or maintaining AIAC accreditation.
- **Assessor**: A person assigned by AIAC to conduct assessments.
- **Technical Assessor (TA)**: Assessor evaluating the technical competence of a CAB.
- **Quality Expert (QE)**: Assessor evaluating the CAB's management system.
- **Team Leader (TL)**: Assessor responsible for leading the assessment team.
- **Technical Expert (TE)**: Person providing specialized knowledge, not necessarily an assessor.
- **IAE**: Islamic Affairs Expert assigned for Halal-related accreditation scopes.
- **Assessment**: Process conducted by AIAC to evaluate CAB conformity with accreditation requirements.
- **Surveillance**: Planned on-site or remote activities, typically conducted between 10–12 months after accreditation is granted.
- **Reassessment**: Complete evaluation conducted within the 2-year cycle, before expiry.
- **Assessment findings**: Non-fulfillment of a requirement.
- **Closure Period**: AIAC's standard 3-month period for CABs to submit corrective action and evidence for assessment findings.
- **Decision Maker**: AIAC-approved competent person responsible for granting, extending, maintaining, reducing, suspending, or withdrawing accreditation.
- **Accreditation Cycle:** The 2-year period between the initial grant/renewal decision and the next required renewal assessment completion
- **Administrative Buffer:** The 3-month period granted beyond the 24-month cycle to allow for final decision-making and certificate issuance.

6. Structure of the Manual

This Accreditation Manual is organized into the following Sections:

Section 1 — Introduction, Purpose, Scope, Definitions, Structure

Given above.

Section 2 — Governance & Accreditation Principles

- Impartiality
- Confidentiality
- Ethics & integrity
- Decision-making impartiality safeguards and Handling conflicts of interest

Section 3 — The AIAC Accreditation Cycle

- 2-year cycle model
- Surveillance after 10–12 months
- Reassessment prior to expiry
- Cycle extension rules
- Flowcharts and timelines

Section 4 — Accreditation Processes and Requirements

- Application and Eligibility screening
- Document review
- Assessment planning
- On-site & remote assessments
- Witnessing
- Assessment findings management (AIAC 3-month rule; extension options)
- Reporting
- Decision-making and accreditation issuance

Section 5 — Managing Accredited CABs

- Scope changes (extension, reduction)
- Suspension, withdrawal, reinstatement

Section 5 — Managing Accredited CABs

- Complaints, appeals, and disputes

Section 2 — Governance & Accreditation Principles

2.1. Impartiality Policy

2.1.1. **Top Management Commitment:** AIAC Top Management is fundamentally committed to operating with integrity and impartiality. This commitment is documented and evident through issuance of impartiality policy, risk assessment records, internal audit arrangements and conduct of management review.

2.1.2. **Non-Discriminatory Access:** Accreditation services are available to all CABs that meet the defined scope and eligibility criteria. AIAC shall not impose undue financial or other conditions that restrict access, and services shall not be contingent upon membership in any association or group.

2.1.3. **Risk Identification and Mitigation:** AIAC maintains a structured risk management process to continuously identify and analyze threats to impartiality, including but not limited to:

* **Self-Interest:** Threats arising from AIAC or its personnel acting in their own interest.
* **Self-Review:** Threats arising from personnel reviewing their own work.
* **Familiarity:** Threats arising from close relationships (e.g., family or social ties).
* **Intimidation:** Threats arising from pressure on AIAC personnel

2.1.4. **Financial Safeguards:** The financial structure of AIAC ensures that funding sources and compensation models for personnel do not compromise the independence of accreditation decisions. Assessors are compensated based on assignment of the assessment or other accreditation process related tasks, time and expenses, not the outcome of the assessment.

2.1.5. **Prohibition of Consultancy:** AIAC personnel, including staffs and assessors, and TEs are strictly prohibited from marketing or providing consultancy services to any CAB or its clients. This prohibition applies for a period of **two years** following involvement with the CAB.

2.1.6 AIAC shall not suggest that accreditation would be simpler, easier, faster, or more favorable through use of any particular consultant, organization, or individual.

2.1.7 **Disclosure of Conflicts of Interest**
All AIAC personnel, committee members, assessors, technical experts, contractors, and individuals involved in accreditation activities shall disclose any actual, potential, or perceived conflict of interest that may compromise impartiality. Such disclosures shall be reviewed by AIAC prior to assignment or continuation of involvement in accreditation activities.

2.1.8 **Safeguarding of Impartiality and Stakeholder Involvement**
AIAC maintains arrangements for effective involvement of interested parties in safeguarding impartiality through its Stakeholder Engagement Committee (SEC) or equivalent mechanisms. The SEC shall provide balanced representation of relevant interested parties and advise AIAC on matters

affecting impartiality, openness, public confidence, and conflicts of interest. No single interest shall predominate within the impartiality safeguarding arrangements.

2.1.9 **Evaluation of Residual Risk**
Where risks to impartiality are identified, AIAC shall evaluate and document the effectiveness of mitigation measures and determine whether any residual risk remains acceptable. Top Management shall review significant residual risks relating to impartiality.
Where impartiality risks cannot be reduced to an acceptable level, AIAC shall not provide or continue accreditation activities related to the affected scope or CAB.

2.1.10 **Separation from Conformity Assessment Activities**
AIAC and any part of the same legal entity shall not perform conformity assessment activities including testing, calibration, inspection, certification, validation, verification, proficiency testing provision, or consultancy services that may compromise impartiality.
AIAC shall maintain operational and decision-making independence from conformity assessment bodies and consultancy organizations.

2.1.11 **Independence of Accreditation Decisions**
Accreditation decisions shall be made independently from assessment activities. Personnel involved in conducting assessments shall not participate in the final accreditation decision-making for the same CAB assessment activities except where specifically permitted under AIAC procedures and risk controls.

2.1.12 **Impartial Conduct of Accreditation Activities**
All accreditation activities shall be conducted objectively, consistently, transparently, and without undue influence from commercial, financial, regulatory, or other pressures that may compromise impartiality. AIAC shall ensure that accreditation activities are performed fairly and consistently for all applicants and accredited CABs.

2.1.13 **Linked Organizations and Related Activities**
Where AIAC maintains relationships, collaborations, or agreements with external organizations, AIAC shall ensure that such relationships do not compromise impartiality, confidentiality, or independence of accreditation activities. AIAC shall implement controls to prevent external organizations, related entities, or commercial interests from influencing accreditation outcomes.

2.2. Confidentiality and Information Security
2.2.1. **Security and Control:** AIAC shall implement robust information security policies to protect all confidential information, including technical, operational, and financial data related to the CAB and its clients.

2.2.2. **Personnel Confidentiality:** All contracted and employed personnel must sign a legally binding confidentiality agreement prior to accessing any CAB file.

2.2.3. **Public Domain Information:** The accreditation status, granted scope, and any applicable sanctions are considered public domain information and shall be published on the AIAC official directory. All other information remains confidential.

2.2.4. **Release of Information:** Confidential information will only be released under the following conditions:
* The CAB has provided explicit written consent for release.
* The information is required by law or a judicial order.
* The information is provided to international or regional cooperations (IAF, ILAC, IFHAB) for the purpose of peer evaluation.

2.3. Ethical Conduct and Contractual Obligations
2.3.1. **Ethical Standard:** All AIAC personnel must adhere to the AIAC Code of Ethical Conduct, emphasizing objectivity, technical competence, and fairness in all dealings.

2.3.2. **Contractual Requirements:** The accepted application form constitutes the formal Accreditation Agreement, outlining the rights and obligations of both AIAC and the CAB. CABs must agree to comply with all requirements.

2.3.3. **Fraudulent Conduct:** AIAC maintains a zero-tolerance policy regarding fraud. If proven evidence of fraudulent conduct (intentional provision of false information, concealment of critical information, or misuse of the AIAC symbol) is found, AIAC shall initiate immediate withdrawal procedures and may take legal action.

For more details and information refer to AIAC quality manual.

Section 3 — The AIAC Accreditation Cycle

3.1. The AIAC 2-Year Accreditation Cycle Model

3.1.1. **Cycle Duration:** AIAC operates a 2-year (24-month) accreditation cycle.

3.1.2. **Administrative Buffer Rule:**
To ensure flexibility and prevent lapses in accreditation status, AIAC grants an automatic 3-month administrative buffer to the certificate expiry date.

* Calculation Example: An accreditation granted on January 1, 2026, will be valid until March 31, 2028. This buffer is specifically designed to allow sufficient time (3 months) for the Renewal Assessment deliverables to be finalized, reviewed by the ADC, and the renewal decision to be made while the accreditation status remains active.

3.1.3. **Accreditation Continuity:** The existence of the 3-month buffer requires diligent scheduling by the COs to ensure the Renewal Assessment is conducted and the Decision made before the end of validity.

3.2. Mandatory Assessment Intervals

Cycle Stage	Target Timeline (From Grant Date)	Assessment Type	Minimum Duration/Coverage
Initial Grant	Day 0	N/A	Start of the 2-year cycle.
Surveillance 1	10 to 12 months ideally	Surveillance Assessment (SA)	Minimum 1 man-day however determined; Sampling of QMS elements, internal audits, management review, and assessing scope activities.
Renewal Assessment	Within 10–12 months after SA (Must be finalized by Month 24)	Renewal Assessment (RA)	Assess overall full scope and all applicable requirements; similar to an Initial Assessment.
Cycle Validity	Month 24 + 3 Months	N/A	Validity date.

3.3. Assessment Scheduling and Continuity Management

3.3.1. **Maximum Interval Rule:** Regardless of AIAC requirements, the on-site or remote assessment (SA, RA, or Special Assessment) **must** be conducted at intervals not exceeding **24 months** in line with ISO/IEC 17011 requirements.

3.3.2. **Scheduling Responsibility:** The AO is responsible for ensuring the assessment schedule is established accurately and that all communication with the CAB occurs in advance to secure dates that guarantee the continuity of accreditation.

3.3.3. **Delays and Mitigation:**
CAB-Caused Delay and inability to undertake the due assessment: If the CAB fails to undergo a required regular assessment (Surveillance or Renewal) within the 24-month period due to reasons within the CAB's control and or any delays caused by the CAB, AIAC shall initiate suspension procedures.

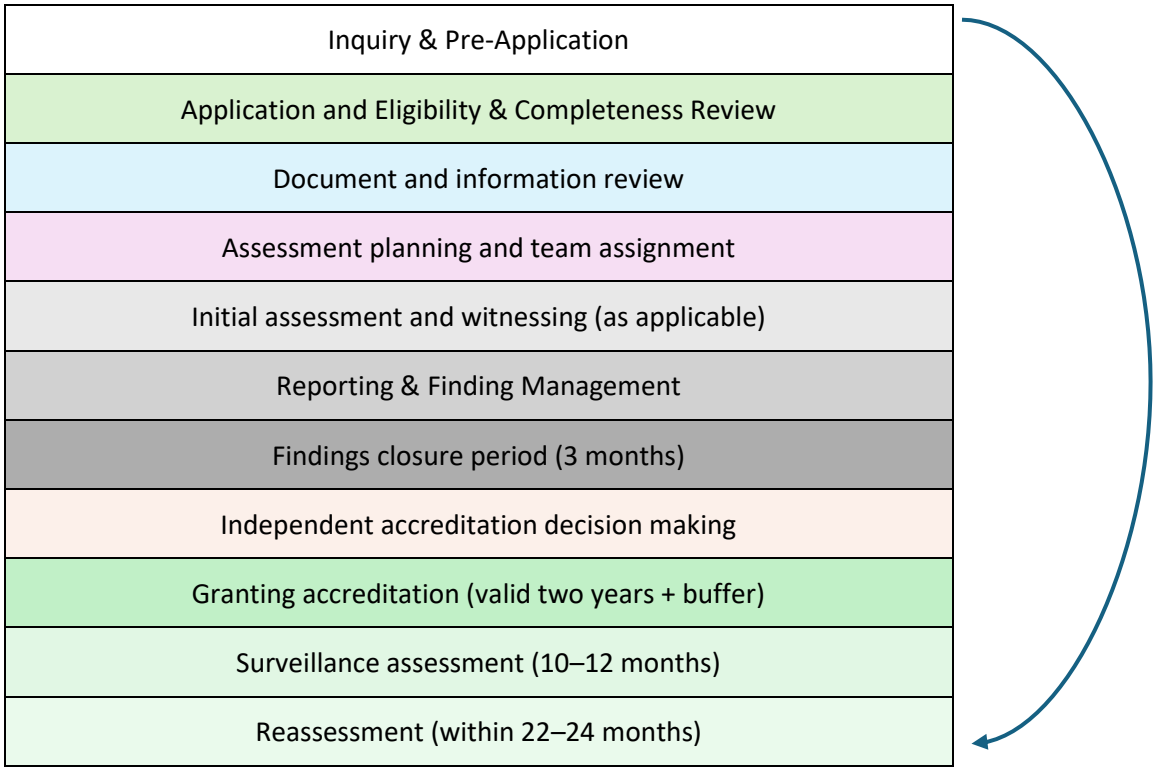
Force Majeure Delay: If delays occur due to Extraordinary Events, AIAC shall utilize alternative assessment techniques (Remote Assessment, Document Review) or call for an early Renewal Assessment to prevent the 24-month limit from being breached or in cases where delays are due to valid reason take decision to extend the period however may still start the assessment with document review at the least.

3.4. Accreditation Cycle Reset
A new 2-year accreditation cycle formally begins on the date the ADC makes the decision for the Renewal Assessment (initial assessment in case of first cycle). The new cycle will reflect the new 24-month period plus the 3-month administrative buffer.

Section 4 — Accreditation Processes and Requirements

Overview of the AIAC Accreditation Cycle and the Accreditation Process:

AIAC operates a structured and predictable accreditation cycle consisting of:



Throughout the cycle, the CAB must maintain conformity with all accreditation requirements.

Step 1 — Application Submission
CAB submits application using AIAC-AM-F-01 including:

- Application form
- Legal and organizational information
- Scope of accreditation requested
- Quality management system documentation
- Relevant procedures and technical records

AIAC verifies completeness and eligibility.

Step 2 — Document Review
AIAC reviews submitted documents to:

- Assess Readiness for Assessment
- Verify Compliance with Applicable Standards
- Identify Gaps Requiring Clarification
- Determine Assessment Resources (Team Size, Expertise, Witnessing Needs)

If documents are insufficient, CAB may be asked to submit additional information before proceeding.

Step 3 — Assessment Planning
AIAC prepares:

- Assessment plan
- Assessment objectives
- Team composition
- Witnessing plan (if required)
- Logistics and timelines
- Cab approval of team members (with conflict-of-interest option)

Assessment may be on-site, remote, or hybrid however as determined by AIAC.

Step 4 — Initial Assessment
This includes:

a) Opening meeting

b) Evaluation of management system
c) Evaluation of technical competence
d) Review of personnel competence
e) Verification of facilities, equipment, and methods/procedures, schemes (as applicable)
f) Witnessing of conformity assessment activities (if applicable)
g) Review of impartiality, confidentiality, and independence
h) Review of records and implementation

At the end:

- Findings (NCs, OFIs) are communicated.
- Assessment report is issued to CAB.

Step 5 — Assessment findings Closure Period

AIAC standard requirement:

CAB is required to close all finings within 3 months

Rules:

- CAB submits corrective action plan + objective evidence.
- Review conducted by TL or designated reviewer/assessment team member.
- If needed, follow-up assessment may be conducted – case by case depending on the nature of assessment findings and the matter concerned.
- AIAC may extend this 3-monht timeframe only under justified circumstances:
    - Force majeure
    - Operational shutdown
    - Unavailability of critical equipment
    - Regulatory issues
    - Any other valid reason provided by the CAB and determined by AIAC

AO / QM / GM can accept CAB's request for extending the timeframe for closure of the assessment findings depending on severity and as stated the above points.

Failure to close findings may result in however determined by the AIAC:

- Denial of accreditation (for new cabs)
- Suspension (for accredited cabs)

Step 6 — Independent Accreditation Decision
Decision is made by qualified decision-makers not involved in the assessment.

Possible decisions:

- Grant accreditation
- Maintain, continue and extend accreditation
- Deny accreditation
- Reduce scope
- Suspend or withdraw accreditation

All decisions are documented and justified.

Step 7 — Issuance of Accreditation
AIAC issues:

- Accreditation Certificate
- Final Scope of Accreditation
- Validity period (2 years + 3-month buffer)
- Rules for use of AIAC symbols and claims

CAB is added to the AIAC public directory which is available at AIAC's website.

Application Process
4.1. Inquiry, Application, Eligibility and Screening

Inquiry
CABs may contact AIAC to:

- understand accreditation requirements
- obtain application documents
- discuss scope and readiness

AIAC may provide:

- information regarding relevant standards and accreditation criteria and requirements
- scheme-specific guidelines
- fee schedule
- information on the 2-year cycle

Note: No consultancy or CAB document preparation is provided.

An applicant CAB is required to provide the completed application form for accreditation along with the required set of the documents, the submission should include at least but not limited to:

- Completed Application Form
- Legal and organizational status documents
- Management system manual & procedures
- Scope of Accreditation (contained within application)
- Supporting documents (as applicable – equipment list, activities procedures, personnel competence records, external services, PT participation, internal audits, management review, etc.)
- CABs must sign and provide Accreditation Agreement (covered within the completed application form)

4.1.1. **Application Review Depth:** The AO reviews the application to verify all technical and administrative prerequisites are met, the review of the application includes review of the information provided within the application and to ensure required information is given along with the required documents. In case of any missing or additional information or document required the AO liaises and coordinates with the CAB. This application review will help determine the size and competence needed for assessment team.

4.1.2. **Readiness Requirements:** CABs must provide records demonstrating operational experience, including:

* Completion of a comprehensive Internal Audit and Management Review.
* Confirmation of adequate technical records and audit trails.
* Successful participation in relevant Proficiency Testing (PT) or Interlaboratory Comparison (ILC) is required for testing, calibration, and medical labs and where applicable to other schemes where measurements are involved such as in case of inspection scheme. Accreditation will not be granted until satisfactory results are confirmed.
* Certification Bodies must demonstrate initial operational capacity, ideally through two issued certifications or by demonstrating robust competence mapping for certification functions.

4.1.3. **Application Lifecycle:**

* **Acceptance:** Formalized via the Formal Invoice.

* **Lapsing:** The application is void if assessment is not initiated within 12 months or if the CAB is non-responsive for 6 months. The CAB must restart the process.

* **Cool-off Period:** If an application is denied after an Initial Assessment, the CAB must observe a 3-month cool-off period before re-applying, demonstrating substantial corrective action in the interim.

4.2. Assessment Planning and Preparation

4.2.1. Team Selection Process: The AO and or GM ensure the nominated team members collectively cover all technical and QMS aspects of the scope. The assessment team members are appointed based on: authorization for the specific scheme/scope, lack of conflict of interest, technical depth, metrological skill (for labs), and Halal expertise (for Halal schemes).

The selection process is documented in specific related assessment report workbook.

* *Special Expertise:* For metrological aspects, a dedicated metrologist may be required if the TAs lack depth in measurement uncertainty or traceability.

4.2.2. Assessment Team Objection: AIAC informs the CAB of the assessment team nomination that is name of each assessment team member, their role and the organization they belong to, AIAC aims to inform about it as early as possible however at the least one week before. The CAB has the right to object to nominated individuals to the assessment team based on justifiable grounds (e.g., conflict of interest within the last two years, ex-employe, dispute between them, documented behavioral issues). Any rejections received are carefully reviewed by AO who may resolve the matter and where necessary consult with GM. AIAC must respond promptly to the objection, and if accepted, replace the nominee.

4.2.3. Man-Day Calculation: Assessment duration (man-days) is determined by the AO based on: scope diversity and complexity, number of locations/sites, risk level, CAB maturity, and type of assessment, this may also include CAB's existing accreditation if applicable. The calculated duration must be sufficient to achieve the assessment objectives. The AO may consult with GM or technical assessors or experts or TLs or other AIAC technical staff if needed to determine the assessment duration.

4.2.4. Logistics Confirmation:

The CAB is responsible for coordinating and bearing the cost of suitable logistical arrangements for the assessment team, including 4-star lodging hotel accommodation (half-board) including a day before and a day after the assessment, flexible/refundable air tickets, and reliable transportation (airport/hotel/CAB premises). Detailed logistical information is documented in *AIAC-OM-F1 – AIAC Services – Fee Structure*.

4.2.5 Document Review: The formal document review is completed by the assessment team as an essential prior activity. The team utilizes scheme-specific checklists completed by the CAB given within the accreditation process report formats to confirm the CAB's QMS and technical procedures meet requirements. This phase minimizes time spent reviewing documents during the on-site visit and may result in the assessment being postponed if serious deficiencies are noted.

Document review is conducted to:

- determine readiness for assessment
- identify gaps requiring clarification
- evaluate management system implementation
- identify necessary witnessing activities
- Determine the suitability of the scheme where applicable

Typical documents reviewed:

- Quality Manual
- Management system procedures
- Records of internal audits & management reviews
- Staff qualification & training records/policies
- Equipment calibration records (as applicable)
- PT/ILC participation (testing/calibration labs, others as applicable)
- Scheme-specific documentation

Outcome:

- Identify major deficiencies (if any)
- Develop initial understanding of CAB's system
- Prepare "Document Review Report"
- Scheme suitability where applicable
- Proceed to assessment planning

If the CAB is not ready, AIAC may:

- Recommend postponement, or
- Proceed with assessment (CAB choice), understanding findings may arise.

In case of significant gaps/findings and issues that can affect the assessment in which cases document review outcome to be shared with the CAB, AIAC allows the CAB up to 3-month timeframe to address the issues/findings identified. Any additional timeframe is up to the discretion of the AIAC.

4.3 Preparation of Assessment Plan

AIAC assessment team prepares an assessment plan covering:

- role/function assignment of the team (TL, QE, TA, TE, IAE)
- assessment dates (on-site/remote)
- scope details and witnessing needs
- duration of assessment
- interview schedules
- sample selection (methods, inspections, audits, certifications, etc.)
- witnessing activity list

Assessment Plan is shared with CAB for their reference as soon as possible however at least a week prior to the assessment.

4.4 Assessment Execution and Techniques

The assessment objective is to gather sufficient information and evidence to allow the team to determine the extent of CAB competence and conformity with all accreditation requirements.

All assessments begin with an opening meeting and conclude with a closing meeting, at the opening meeting the purpose of the assessment and accreditation criteria and requirements are briefed and the assessment plan is discussed and confirmed. The assessment team also discusses the scope of accreditation as required to confirm.

The closing meeting is where the team leader formally presents about the findings and provides an opportunity to the CAB to seek any clarification or more understanding on the assessment findings.

AIAC assessment team would aim to cover the following topics (guidance):

Opening meeting:

- Participants introduction
- Purpose of the assessment
- Scope of accreditation
- Confirmation of the assessment plan
- Confirmation of arrangements (e.g. witnessing)

- Assessment methodology – conduct of assessment
- Assessment findings (e.g. NCs, Observations)
- Dispute handling
- Provision of confidentiality
- Any key changes since the last assessment (if applicable)
- Provide opportunity for the CAB to seek any clarification

Closing meeting:

- Hospitality and care,
- Cooperation and support
- General brief about strengths/weaknesses/areas for improvement etc.
- Presentation of assessment findings
- Timeline for closure of assessment findings
- Method of submission of corrective action evidence(s),
- Accreditation recommendation
- Confirmation of scope
- Next steps
- Provide opportunity for the CAB to seek any clarification

4.4.1. **Assessment Conduct:** The ATL leads the assessment according to the pre-approved plan. The team utilizes scheme-specific checklists/reports per specific scheme to document conformity, findings and evidence.

Evaluation of Management System

Normally conducted by TL/QE:

- review of management policies & procedures
- internal audits
- management review
- document and record control
- complaints & appeals
- impartiality
- control of nonconforming work
- purchasing & subcontracting
- risk management
- reporting & decision-making processes

Evaluation of Technical Competence

Normally conducted by TA/TE:

- personnel competence for each activity
- witnessing vs. simulation
- scheme specific requirements
- equipment performance & calibration
- accommodation & environmental conditions
- methods & technical procedures
- sampling methods (where applicable)
- measurement uncertainty
- traceability
- technical records

4.4.2. **Scope Coverage:** Initial and Renewal assessments require comprehensive coverage of all management and technical requirements including assessment of the overall scope activities. Surveillance focuses on effectiveness of previous corrective actions, QMS elements (Internal Audit, Management Review), staff competence, PT performances as applicable, and assessment of a sample of scope activities.

Scope coverage – Type of assessment				
Titles	**Initial**	**Surveillance**	**Renewal**	**Extension**
Duration of assessment	Duration is determined per 4.2 Minimum will be 1 day – no matter how small is the scope.			
Scope covered	Overall representative	To be as per 4.2.3	Overall representative	Overall representative for applied extension of scope
Locations	Determined by AIAC Consideration - scopes, nature of activities, existing accreditations and risk considerations.	Determined by AIAC and in consideration of previous assessment.	Determined by AIAC Consideration - scopes, nature of activities, existing accreditations and risk considerations.	Relevant locations where the extension of scope activities is performed and risk considerations.
Personnel *(including remote personnel)*	When the information is available for CAB personnel, AIAC's assessment team to consider the selection of personnel considering the factors e.g., authorizations, nature of scope activities, schemes, risks, location to ensure personnel are sampled appropriately.			

4.4.3. **Assessment Techniques and Types of Assessments:**

* Witness and Review **- WR Technique:** The witnessing technique WR where the assessment team not only **W**itnesses an activity (including where field activities) but also in their **R**eview it covers interaction (interview) with authorized personnel that perform the scope activities and review related procedures/methods/standards and equipment. This technique ensures a holistic evaluation of the CAB's capability.

It is up to the assessment team to decide to what extent based on their own risk assessment it would cover the assessment of the scope activities that is whether WR or W or R only.

AIAC Assessment Types

AIAC conducts several types of assessments to ensure the continuous competence and impartiality of accredited Conformity Assessment Bodies (CABs). The core assessments within the accreditation cycle include the Initial Assessment, Surveillance Assessment, and Reassessment, each designed to evaluate conformity at different stages of the accreditation lifecycle.

In addition, AIAC performs Scope / Site Extension Assessments when a CAB requests expansion of its accredited activities. AIAC also conducts Special Assessments, which include Unannounced Visits initiated when concerns arise regarding the CAB's compliance, and Reinstatement Assessments required when accreditation has been suspended and evidence of corrective action must be verified before reinstatement. Together, these assessment types provide a comprehensive oversight framework that maintains confidence in accredited services and supports the integrity of AIAC's accreditation system.

Preliminary visit

Preliminary assessment is not applied being mandatory and it is only conducted with the agreement of the CAB, though the it can be recommended depending on the result of the document review as well as such as assessment can also be requested by the CAB.

Preliminary assessment can provide both the AIAC and the CAB with an opportunity to meet and discuss, clarify and understand accreditation requirements and expectations, visit CAB's facilities, and to determine what would be the scope for application.

Depending on the CAB, AIAC may include a technical assessor too in the team whose initial review could be more beneficial in terms of CAB's preparation that it can through clarifying accreditation requirements, the duration of the assessment could be 1 to 2 days.

The AIAC's assessment team may clarify accreditation requirements, provide advice within the accreditation principles, share experience however every care is taken by the AIAC assessment team to not to indulge in consultation and do not involve in preparing any policy/procedures for the CAB, AIAC shall not involve nor provide any consultancy for the CABs. This type of assessment doesn't result in any accreditation being recommended therefore decision making will not be applicable.

Initial Assessment

The Initial Assessment is the comprehensive, first-time evaluation conducted by AIAC to determine whether a Conformity Assessment Body (CAB) meets all applicable accreditation requirements. It includes document review, on-site or remote evaluation of the CAB's management system and technical competence, witnessing of representative activities, verification of resources, and interviews with personnel. Only after all nonconformities are satisfactorily closed—within the AIAC-specified timeframe—can accreditation be granted. The Initial Assessment establishes the baseline confidence on which subsequent surveillance and reassessment activities are built.

Surveillance Assessment

Surveillance Assessments are periodic evaluations performed within the accreditation cycle to verify the CAB's continued conformity with accreditation requirements. AIAC conducts one surveillance visit within 10–12 months from the date of initial accreditation or previous assessment. Surveillance assessments are targeted where selected activities can be covered, risk-based reviews focusing on the stability of the CAB's management system, follow-up on previously identified issues, and witnessing of selected activities or critical areas. Surveillance provides AIAC with ongoing assurance that the CAB maintains competence throughout the cycle.

AIAC as a minimum will ensure the following requirements are covered during surveillance assessment:

- Effectiveness of the implementation of the NCs raised during the previous assessment,
- Review of the CAB's Management Review,
- Review of the CAB's Internal audit process
- Complaints/Appeals
- Interaction with CAB personnel
- Proficiency testing participation (where applicable)
- Measurement traceability (where applicable)
- Use of AIAC accreditation symbol,
- For Surveillance of Certification Bodies, it is mandatory to assess the performance of personnel involved in the certification process.

Reassessment

The Reassessment is a full review conducted at the end of each accreditation cycle and serves as the basis for renewing accreditation. Per AIAC's model, reassessment occurs within the second 10–12-month window of the two-year accreditation cycle, with the overall accreditation validity extended by an additional three months to allow reassessment to be completed before expiry. Reassessment includes a comprehensive evaluation similar to the initial assessment, covering management system effectiveness, technical competence, changes since last accreditation, and long-term performance trends. Successful reassessment results in the renewal of accreditation for a further cycle.

Scope Extension Assessment

A Scope Extension Assessment is initiated when a CAB requests additional activities, parameters, fields, or standards to be added to its existing accreditation. AIAC evaluates technical competence, personnel qualifications, available resources, and the implementation of new or modified methods, taking into account the associated risk. Depending on the nature of the extension and associated risk, the assessment may require witnessing, on-site verification, or review of objective evidence. The scope extension is approved only when AIAC confirms that the CAB meets all requirements for the additional scope elements. The process for scope extension is quite similar to that of an initial assessment.

Site Extension Assessment

A Site Extension or Multi-site Assessment is initiated when a CAB requests the addition of one or more locations, fields, or programs to its existing accreditation. AIAC evaluates the organization's technical competence, personnel qualifications, resources, and the implementation of its centrally administered management system across all sites, taking into account the associated risk. For multi-site arrangements, assessment activities may be coordinated to avoid unnecessary duplication while ensuring effective oversight of each location. Depending on the nature of the extension and the level of risk, the assessment may include document review, on-site verification, witnessing, or other evaluation of objective evidence. The site extension or multi-site accreditation is approved only when AIAC confirms that the CAB meets all applicable requirements across all included sites. The process is conducted in accordance with the principles applied for initial assessments and ongoing surveillance.

Special Assessment

Special Assessments are unplanned evaluations conducted outside the normal accreditation cycle when the need arises. These may be triggered by complaints, significant changes in the CAB's structure or operations, indications of noncompliance, or concerns affecting impartiality, competence, or credibility. Special Assessments allow AIAC to respond promptly to emerging risks or critical issues affecting accredited activities. Also see below details for aspect of unannounced visit/assessment and reinstatement.

Unannounced Assessment

An Unannounced Assessment is conducted without prior notification and is used when AIAC needs to observe the CAB's operations under normal working conditions, especially in situations where concerns have been raised or risk indicators warrant direct verification. These assessments may include witnessing, document checks, interviews, or facility inspections. Unannounced assessments strengthen AIAC's oversight, ensuring that accredited CABs maintain conformity consistently—not only during planned visits.

Reinstatement Assessment

A Reinstatement Assessment is required when a CAB's accreditation has been suspended and the CAB seeks its reinstatement. AIAC conducts a focused review to verify the effective implementation of corrective actions and resolution of issues that led to the suspension. Depending on the severity or nature of the nonconformities, the assessment may include on-site verification or witnessing. Accreditation is reinstated only after AIAC confirms full compliance and confidence is restored.

Joint Assessment

A Joint Assessment is an assessment activity conducted by AIAC in collaboration with another MRA/MLA signatory accreditation body under a formal cooperation or agreement, with the objective of optimizing resources, reducing duplication, and enhancing assessment efficiency. A Joint Assessment may take the form of any applicable assessment type (e.g. initial, surveillance, reassessment, or scope extension).

The participating accreditation bodies mutually agree in advance on the applicable assessment arrangements, including the assessment plan, reporting format, assessment methodology, and allocation of assessment responsibilities. The assessment team may be composed of assessors and experts nominated by both accreditation bodies, provided competence and impartiality requirements are met. Notwithstanding the joint execution, the accreditation decision related to AIAC accreditation remains solely the responsibility of AIAC, and AIAC retains full authority over conclusions, decisions, and issuance of accreditation within its scope.

Remote Assessment

AIAC may conduct assessments remotely, in whole or in part, using information and communication technologies (ICT), provided that the remote approach can achieve the same objectives, confidence, and effectiveness as an on-site assessment. The suitability of a remote assessment is determined in advance through an ICT readiness evaluation, which considers factors such as the nature of the activities, technical risk, availability of objective evidence, confidentiality, and the reliability of communication tools. AIAC may apply a hybrid assessment approach, combining remote evaluation of management system elements with on-site or remote witnessing of technical activities, where appropriate. When live remote witnessing is not feasible due to technical limitations, client constraints, or operational risks, AIAC may accept alternative means of verification, such as pre-recorded demonstrations of activities, structured interviews with responsible personnel, or detailed review of client files, technical records, and equipment documentation.

The decision to use remote assessment methods remains at the discretion of AIAC and shall not reduce the rigor, depth, or credibility of the accreditation process.

4.5. Accreditation Process Report (APR) and Its Structure

The Accreditation Process Report (APR) is the primary documented output of an accreditation assessment conducted by AIAC. It provides a structured, objective, and evidence-based record of the assessment activities performed, the conformity status of the Conformity Assessment Body (CAB) against applicable accreditation requirements, and the basis for accreditation recommendations and decisions.

The APR is developed progressively throughout the accreditation process and consolidated following the completion of assessment activities. It incorporates inputs from all assigned assessment team members and is coordinated and finalized by the Assessment Team Leader. The APR supports transparency, consistency, traceability, and integrity of accreditation decisions and forms part of the permanent accreditation record maintained by AIAC. The APR is prepared using the AIAC-approved APR format and includes the following sections.

- **General Information**

This section records the essential administrative and contextual information related to the accreditation activity. It includes details of the CAB, assessment type, applicable accreditation scheme(s), assessment dates, locations, and assessment modality (onsite, remote, or hybrid). It also identifies the appointed assessment team, decision-making personnel, and relevant approvals.
Where applicable, this section includes confirmation of suitability for remote assessment and any specific conditions or constraints applicable to the assessment.

- **Metrological Traceability**

This section documents the assessment of metrological traceability relevant to the scope of accreditation. Information provided by the CAB on calibration services, reference standards, certified reference materials, and traceability routes is reviewed and verified by the assigned assessor or expert.
The assessment team records its evaluation based on sample-based judgments, ensuring traceability is appropriate, valid, and aligned with applicable AIAC requirements and international standards. Any limitations, gaps, or risks identified are clearly documented.

- **Proficiency Testing and Interlaboratory Comparisons**

This section addresses the CAB's participation in proficiency testing (PT) and/or interlaboratory comparison (ILC) activities, where applicable. The assessment team evaluates the CAB's PT/ILC participation plan, coverage of scope, frequency, and performance outcomes.
Where PT or ILC is not available, this section records the assessment of alternative quality control measures implemented by the CAB to ensure validity of results. Conclusions are based on objective evidence and risk-based judgment.

- **Assessment Planning**

This section documents the assessment plan developed and agreed prior to the assessment. It reflects the assessment objectives, scope, allocation of responsibilities among team members, time allocation, and coverage of accreditation requirements.
Any specific considerations such as transitions, scope, site extensions, or targeted assessments are clearly described. This section demonstrates that the assessment was planned and conducted in a systematic and effective manner.

- **Witnessed Activities and Assessment Programme**

This section records the scope activities witnessed during the assessment, including testing, inspection, certification, or other conformity assessment activities as applicable. The assigned technical assessor or expert documents details of witnessing, methods observed, locations, and personnel involved.
In addition, this section establishes the forward-looking assessment programme for subsequent assessments (e.g. surveillance or renewal), based on risk, scope, previous performance, and other relevant factors. The programme is reviewed and updated as needed to maintain effective oversight.

- **Findings and Follow-Up**

This section consolidates all findings raised during the assessment, including nonconformities, observations, and opportunities for improvement. Each non-conformity is clearly linked to the relevant accreditation requirement and supported by objective evidence.

The section also facilitates post-assessment activities, including recording of root cause analysis, corrective actions, implementation timelines, and submitted evidence by the CAB. The assessment team documents its evaluation of corrective actions and the basis for closure or further follow-up.

- **Document Review and Conformity Evaluation**

This section records the review of CAB documentation and records against applicable accreditation requirements. It includes assessment of management system documentation, procedures, records, and implementation effectiveness.
Where applicable, this section also addresses consideration of existing accreditation, including transferred or previously granted accreditations, in line with AIAC requirements. A consolidated conformity evaluation is provided for the relevant accreditation scheme(s).

- **Summary and Recommendation**

This section provides the overall assessment summary prepared by the Assessment Team Leader. It highlights key strengths, weaknesses, risks, and areas for improvement, as well as comments on competence and overall performance.
Based on the assessment outcomes, this section includes the assessment team's recommendation regarding granting, maintaining, extending, reducing, suspending, or withdrawing accreditation, including any conditions or limitations associated with the recommendation.

- **Attendance**

This section lists the key participants from both the CAB and the assessment team who attended the opening and closing meetings. It serves as a formal record of participation without requiring signatures.

- **Review, Decision, and Approval**

This section supports the accreditation decision-making process. It records the review conducted by the appointed decision-making personnel, including any questions, comments, or requests for clarification raised.
Responses from the assessment team or CAB are documented as applicable. The final accreditation decision and its endorsement are recorded in this section in accordance with AIAC decision-making procedures.

- **File Notes**

This section provides a controlled space for AIAC internal notes related to the accreditation file. It may include process-related observations, timeline management information, approvals for justified extensions, or other administrative remarks that support continuity and future assessments.

4.6. Management of Assessment Findings and Closure

4.6.1. **Classification and Rationale:** AIAC considers any deviation, gap or non-compliance with the accreditation criteria and requirements as an assessment finding equivalent to that of a non-conformity indicating non-fulfilment of a requirement.

Opportunities for Improvement (OFIs), which do not constitute non-fulfilment of requirements but may enhance system effectiveness, are recorded separately and do not require mandatory corrective action.

The ATL is responsible for providing clear, objective rationale supported by evidence to declare a finding (citing the specific clause of non-fulfillment).

4.6.2. **Mandatory 3-Month Closure Period (AIAC Policy):** The CAB **must** submit a complete and effective response package (Root Cause, Correction, Corrective Action, Evidence) for all assessment findings within **3 months (90 calendar days)** of the closing meeting date. This timeframe applies to all assessment types unless otherwise specified by AIAC.

4.6.3. **Review and Verification:** The assessment team reviews the submitted responses and related evidence and usually communicates with the CAB via email for any iterations and the final closure with date are recorded within the accreditation process report.

4.6.4. **Extension Authority and Consequences (AIAC Specific):**
Extension of Closure Period: An extension beyond the mandatory three-month closure period may be granted only by the accreditation officer (AO), Quality Manager (QM), or General Manager (GM), and solely upon receipt of a formal written request from the CAB providing reasoning. Extensions are exceptional and time-bound decided by AIAC.

Failure: If the assessment findings are not closed, or an extension is not granted, the file is immediately escalated to either the ADC or AIAC QM or GM for sanction determination (typically **Suspension** or **Refusal to Grant**). The accreditation integrity cannot be compromised by delayed corrective action.

4.7. Accreditation Decision-Making

Accreditation decisions are based on the review of the final Assessment Deliverables that is the accreditation process report to determine if the Conformity Assessment Body (CAB) has demonstrated sufficient competence and compliance with all accreditation requirements. The decision process must be impartial and technically valid.

4.7.1. Decision Authority and ADC Composition

A. Decision Responsibility: Accreditation decisions are made by an Accreditation Decision Committee (ADC) or, by the AO or QM, GM when in case of surveillance or reinstatement or special assessment where the scope remains unchanged and the independent decision making is not required. An independent decision can still be considered when CO/QM/GM were not involved in the accreditation process.

B. Impartiality Requirement: Individuals who participated in the assessment (as TL, TA, or TE) or who have any conflict of interest are strictly **prohibited** from serving as Decision Makers for that specific assessment file. AIAC ensures the appointed ADC is impartial and independent.

C. ADC Composition and Appointment:

- **Structure:** The ADC can consist of a single competent assessor/expert capable of covering the full scope, or multiple assessors/experts appointed for files with diverse or complex technical scopes.
- **Appointment:** Appointments to the ADC are typically made by AIAC (CO/QM or GM). These appointees are selected exclusively from AIAC's approved database of authorized and monitored experts/assessors.
- **Technical Context:** Personnel appointed to the ADC may be selected based on their subject knowledge or educational background related to the scope discipline, even if they do not hold full assessor qualifications for that specific scheme, provided they possess appropriate technical expertise/knowledge.

4.7.2. Halal Accreditation Decision Committee

All requirements in this procedure apply, with the following mandatory exceptions for Halal Accreditation:

- **Personnel:** AIAC must ensure that all Muslim personnel are included in the decision-making process.
- **Consensus:** Halal accreditation decisions must be reached by **consensus** among the committee members, reinforcing the technical and religious integrity required by the scheme.

4.7.3. Review Process and Technical Validity

A. Assessment Deliverables Review: For initial, renewal, or scope extension assessments, the ADC reviews the comprehensive file i.e. the accreditation process report, verifying that:

- The assessment was conducted fully and objectively.
- All assessment findings have been effectively closed with sufficient evidence.
- The recommended scope aligns with the evidence of competence and conformity gathered during the assessment.
- The decision is technically valid, ensuring compliance with all scheme, AIAC, and international requirements.

B. Pre-emptive Suspension Action (Note): If the assessment team formally recommends suspension of accreditation during any type of assessment (due to immediate, serious risk), the AIAC may establish an internal decision without waiting for the full assessment deliverables to be completed, to initiate suspension proceedings immediately.

C. ADC's Role and Clarification: The ADC is responsible for reviewing assessment outputs and providing the accreditation decision. Committee member(s) have the right to directly contact the assessment team for explanations and clarifications on evidence or technical rationale. Contact with the CAB during the decision process must be channeled through the Accreditation Officer.

4.7.4. Decision Types and Notification

A. Decision Types: The ADC may make the following decisions:

- **Accreditation:** Grant, Renew, Extend, Maintain, Reinstated.
- **Sanctions:** Decline (not granted), Reduce, Suspend, Withdrawal.

B. Notification - Accreditation: The formal decision to grant, renew, extend, reduce, maintain, or reinstate accreditation is communicated to the CAB via a Notification Letter or an email itself, clearly specifying the decision, any conditions for the grant, and the effective date.

C. Notification - Sanctions: The formal decision regarding decline, suspension, or withdrawal is communicated via a Sanctions Notification Letter or an email itself. This letter or email in which case must clearly state the reasons for the decision, including where applicable specific references to the non-fulfilled requirements (clauses in the standard, AIAC criteria, or rules). This notification may include recommendations for necessary actions if the CAB wishes to re-apply or seek reinstatement.

4.7.5. Handling Scope Updates (Cosmetic Changes)

Minor updates that do not alter the technical scope, methodology, or competence requirements may be approved without a formal ADC decision. These updates include:

- Elaboration of activity titles or minor corrections.
- Editorial updates or version/edition/year updates to a standard/method where there has been no change to the technique or process (cosmetic update).
- Correcting administrative errors in the scope description.

4.7.6. ADC Meeting Rules and Monitoring

A. Meeting Rules (for Multi-Member ADC):

- Meetings may be held online or proceed via email communication.
- The Committee Chair (symbolic chair – chosen in case of more than one ADC members) manages the review process and is responsible for reporting the final outcome.
- The ADC shall attempt to reach decisions by **consensus**. If consensus is not reached, a majority vote (documented by the Chair) shall determine the outcome (in case of a two-member ADC lacking consensus, AIAC may appoint a third member making effort to reach a decision).
- The indicative timeframe for the decision is **10 working days** (2-weeks) from the date the complete file is made available to the ADC, subject to extension for valid reasons at the discretion of AIAC.

B. ADC Performance Monitoring: The performance of ADC members is continuously monitored by the AO or can be by QM. This monitoring ensures the quality and integrity of decision-making and is documented in the accreditation process report itself. In cases of poor performance, corrective action and retraining shall be determined by QM.

Section 5 — Managing Accredited CABs

5.1 Scope Extension or Changes

Extension Application: The process is similar as described above for new application, the CAB is required provide application for extension of scope. If the request is deemed substantial (major new activities, complexity), AIAC may initiate a new accreditation cycle (resetting the 2-year clock) after the extension is granted.

Equivalent Scope Extension: AIAC may extend the scope for equivalent standards or methods (similar technique, equipment, and personnel) based on a rigorous document review only, provided the CAB submits a comparison study and the AO confirms no additional technical risk exists.

5.2 Sanctions, Suspension, Reduction and Withdrawal of Accreditation

AIAC establishes and applies sanctions in a fair, impartial, transparent, and risk-based manner to protect the integrity of accreditation, maintain confidence in accredited conformity assessment results, and safeguard the credibility of the AIAC accreditation system.

Sanctions may be applied to applicants for accreditation or to accredited Conformity Assessment Bodies (CABs) where conditions exist that adversely affect compliance with accreditation requirements, contractual obligations, or ethical expectations.

Sanctions are proportionate to the nature, severity, impact, and persistence of the issue(s) identified and are determined through AIAC's established decision-making process.

Situations That May Lead to Sanctions

Examples of situations that may result in the application of sanctions include, but are not limited to:

- Failure to address nonconformities within agreed timeframes
- Serious or repeated noncompliance with accreditation requirements
- Adverse outcome of complaint or appeal investigations
- Misuse, misrepresentation, or misleading reference to AIAC accreditation or symbols
- Non-compliance with applicable laws, regulations, or regulatory obligations relevant to the accredited scope
- Proven fraudulent behavior, including intentional provision of false information or concealment of information, as addressed in applicable IAF/ILAC documents
- Failure to comply with AIAC contractual obligations, including payment of fees
- Conduct or practices that may damage the credibility, impartiality, or reputation of AIAC or the accreditation system
- Other matters determined by AIAC to pose a risk to confidence in accreditation

Types of Sanctions

Depending on circumstances, AIAC may apply one or more of the following sanctions:

- Suspension of accreditation (partial or full)
- Reduction of scope of accreditation
- Withdrawal of accreditation
- Termination of application for accreditation
- Legal or contractual actions, where applicable

Sanctions may apply to the full scope of accreditation, specific activities, or specific locations.

Responsibilities of Applicants and Accredited CABs

Applicants and accredited CABs are required to:

- Establish and maintain processes to address fraudulent conduct or unethical practices by their clients
- Investigate allegations related to conformity assessment activities within their accredited scope
- Take appropriate actions, including suspension or withdrawal of reports or certifications where justified
- Inform AIAC promptly of confirmed or suspected cases of fraud or unethical practices relevant to their accredited scope
- Notify AIAC if sanctions are imposed by another accreditation body for the same or overlapping scopes

AIAC will conduct its own due diligence where relevant, while respecting legitimate actions taken by other IAF or ILAC member accreditation bodies.

Suspension of Accreditation

Suspension of accreditation is a temporary measure applied where confidence in a CAB's conformity assessment activities is compromised but may be restored within a defined period.

Suspension may be applied to part or all of the accredited scope and is normally limited to a maximum period of six (6) months, unless otherwise justified and approved.

AIAC formally notifies the CAB of:

- The decision to suspend
- The reasons for suspension
- The scope affected
- Conditions and timelines for reinstatement

If accreditation is not reinstated within the stipulated period, AIAC may proceed with withdrawal or reduction of accreditation.

Voluntary Suspension

An accredited CAB may request voluntary suspension due to circumstances such as:

- Loss of key personnel
- Damage to essential facilities or equipment
- Relocation affecting accredited activities
- Temporary inability to meet accreditation requirements

Voluntary suspension is normally granted for up to six (6) months. Failure to demonstrate progress toward reinstatement may result in withdrawal of accreditation.

Enforced Suspension

AIAC may enforce suspension where:

- Significant nonconformities remain unresolved
- Accreditation rules or contractual obligations are breached
- Required assessments are not conducted within prescribed intervals
- Complaints or information indicate serious risk to confidence
- Financial obligations remain unpaid
- Accreditation symbols are misused
- The CAB provides conformity assessment against accreditation standards in a misleading or unauthorized manner

Suspension may be imposed following assessment activities or through verified information obtained outside routine assessments.

Reinstatement of Accreditation

Reinstatement occurs when AIAC is satisfied that the causes of suspension have been effectively addressed.

Reinstatement may be based on one or more of the following, depending on risk and circumstances:

- Targeted onsite or remote assessment
- Verification of corrective action implementation
- Review of documented evidence
- Combination of reinstatement activities with a scheduled assessment

The decision on reinstatement follows AIAC’s established decision-making procedures.

Reduction or Withdrawal of Accreditation

Accreditation may be reduced or withdrawn voluntarily by the CAB or enforced by AIAC where compliance cannot be restored within reasonable timeframes.

Voluntary Reduction or Withdrawal

A CAB may request reduction or withdrawal of accreditation at any time. Where notification is provided late and assessment preparations have commenced, the CAB may be responsible for costs incurred.

Enforced Reduction or Withdrawal

AIAC may enforce reduction or withdrawal where:

- Suspension conditions are not resolved
- Persistent or serious noncompliance exists
- Fraudulent behavior is confirmed
- Accreditation rules are deliberately violated
- The CAB no longer meets accreditation requirements

In cases of proven fraud or intentional deception, AIAC may terminate the application or withdraw accreditation with immediate effect.

Expiry of Accreditation

Accreditation expires at the end of the accreditation cycle where renewal is not completed within prescribed timelines.
AIAC tracks accreditation validity and assessment intervals to ensure continued compliance with ISO/IEC 17011 requirements. Extensions may be granted in justified circumstances but shall not compromise confidence in accreditation.

Communication with Interested Parties

Where sanctions involve:

- Fraudulent behavior
- Unauthorized conformity assessment against IAF MLA or ILAC MRA standards
- Serious breaches affecting confidence

AIAC will inform relevant interested parties, including IAF, ILAC, scheme owners, or regulators, after completion of appeal processes where applicable. Information communicated will include the nature of the sanction and the reasons for the decision. (Reference IAF MD-7).

Section 6 — Managing Complaints and Appeals

AIAC maintains documented and impartial processes for the receipt, evaluation, investigation, decision-making, and resolution of complaints and appeals related to its accreditation activities. These processes ensure fairness, confidentiality, transparency, and independence, and are implemented in accordance with ISO/IEC 17011 requirements. Complaints and appeals are handled in a manner that avoids conflicts of interest and does not result in discriminatory actions against the complainant or appellant.

Records of all complaints and appeals, including actions taken and outcomes, are maintained and are subject to internal review to ensure effectiveness and continual improvement.

6.1 Complaints

6.1.1 Receipt and Registration

Complaints may be received from accredited or applicant CABs, their clients, regulators, or other interested parties, and may relate to:

- AIAC, its personnel, assessors, experts, or decision-making processes; or
- CABs accredited by AIAC and matters within the scope of AIAC accreditation.

All complaints received are formally registered, assigned a unique reference number, and acknowledged by AIAC within 10 days' time.

6.1.2 Validation

AIAC reviews each complaint to determine whether:

- it relates to AIAC's accreditation activities or accredited CABs;
- sufficient information is provided to enable investigation; and
- it falls within AIAC's authority.

Complaints that do not meet these criteria may be closed with justification, with the complainant informed accordingly.

6.1.3 Investigation

Complaints are investigated by personnel independent of the subject of the complaint and not previously involved in the activities concerned. Where a conflict of interest exists, alternative independent resources are appointed. AIAC GM or alternate ensuring impartiality may appoint one or more investigation officers.

The investigation may include:

- review of relevant records and reports;
- consultation with involved parties;

- requests for clarification or corrective actions; and
- verification activities, including special assessments where justified.

6.1.4 Decision and Communication

A decision on the complaint is made or reviewed by competent personnel not involved in the activities complained of. AIAC formally communicates the outcome to the complainant, including conclusions and any actions taken, while respecting confidentiality obligations.

6.1.5 Complaints Against Accredited CABs

Where a complaint relates to an accredited CAB, AIAC may require the CAB to:

- investigate the matter under its own complaint handling process;
- submit findings and corrective actions; and/or
- accept additional monitoring, special assessments, or sanctions in accordance with AIAC procedures.

6.1.6 Closure and Records

AIAC aims to resolve any complaint within 30 days period however depending on the nature and complexity of the matter it may take longer. Complaints are closed once actions are completed and effectiveness verified. Records are retained and reviewed as part of AIAC's management system and internal audit activities.

6.2 Appeals

6.2.1 Right of Appeal

Applicants and accredited CABs have the right to appeal AIAC decisions related to:

- refusal of accreditation or extension of scope;
- suspension, reduction, or withdrawal of accreditation; or
- other formal accreditation decisions.

Appeals must be submitted in writing within the 2-weeks following notification of the decision.

6.2.2 Acknowledgment and Initial Review

Upon receipt, appeals are registered, acknowledged within 10 days, and reviewed to confirm validity. Personnel involved in the original decision are excluded from the appeal handling process.

6.2.3 Appeal Review Process

AIAC establishes an Appeal Review mechanism, AIAC GM or alternate ensuring impartiality may appoint one or more investigation officers as appeal panel, that ensures:

- independence from the original assessment and decision;
- competence in the relevant accreditation scope; and
- impartial evaluation of all submitted information.

The appeal review considers:

- the basis of the original decision;
- evidence submitted by the appellant; and
- applicable accreditation requirements and procedures.

Additional information may be requested where necessary to support a fair determination.

6.2.4 Appeal Decision

AIAC aims to resolve any appeal within 30 days period however depending on the nature and complexity of the matter it may take longer.

The appeal outcome may:

- confirm the original decision; or
- overturn or modify the decision and require appropriate corrective actions or reassessment.

The decision is documented and formally communicated to the appellant, including the rationale for the outcome.

6.2.5 Finality and Closure

The appeal decision represents the final stage of AIAC's internal process. All records are retained, and outcomes are reviewed for potential system improvements. In case of appeal is not successful, this may incur costs to the appellant which will be made clear prior to the process initiated.

Section 7 — Amendment Table

Section	Revision	Summary Of Changes	Edited /Reviewed by	Approved by
All	00	First Issued: 30-11-2025	Quality function	General Manager
All	01	1. Replacement of the term Case Officer to Accreditation Officer 2. Addition of the Amendment Table	Quality function	General Manager