



SADCA EVALUATION PROGRAM TEMPLATE

Name of the Accreditation Body: _____

EVALUATION RE-EVALUATION FOLLOW UP VISIT

EXTENSION OF SCOPE / SUB-SCOPE: <Provide details of the scope extension applied for>

EVALUATION SCOPE

- Accreditation of Calibration Laboratories
- Accreditation of Testing Laboratories
- Accreditation of Medical Laboratories
- Accreditation of Inspection Bodies
- Accreditation of Management System Certification Bodies – (MS):
 - QMS Certification Bodies (QMS)
 - EMS Certification Bodies (EMS)
 - FSMS Certification Bodies (FSMS)

Team Leader (TL): _____

Team member(s) (TM): _____

Observers / Trainee Evaluators: _____

Evaluation date(s): _____

References:

ISO/IEC 17011
SADCA M001, M002
IAF/ILAC A 2, A 3, A 4, A 5
ILAC, P 5, P 8, P 9, P 10, P 13, P 14, P15, R 7
IAF MD 1, MD 2, MD 3, MD 4, MD 5; MD 7, MD 10, MD 12, MD 15, MD 17, MD 19, MD 20, ML 2, ML 4
Conformity Assessment standards: ISO/IEC 17025, ISO 15189, ISO/IEC 17020, ISO/IEC 17021 -1, 2, ISO/IEC 17021-3 and ISO/TS 22003

Applicable SADCA, ILAC & IAF Resolutions

(Delete not applicable references as appropriate.)



- The objective of this peer evaluation is to verify that <name of AB> complies with SADCA, IAF and ILAC requirements in the scopes of <add scopes>.
- This evaluation will be conducted in accordance with the evaluation plan with each team member having responsibility for their assigned evaluation criteria.
- Outstanding issues from the document review and previous evaluation will be followed-up with the planned evaluation of the relevant criteria.
- The evaluation team will meet at <state venue> on the day before the evaluation and regularly throughout the evaluation, to review progress and consider any necessary changes to the evaluation plan. The evaluation team will also meet in the evenings to discuss the day's results and begin development of the report and evaluation findings.
- The evaluation plan includes a column for each team member with their assigned evaluation criteria and timing however some flexibility may be required.

- <AB name> is requested to:
 - Provide an office (and other relevant administrative support) for the evaluation team to meet, discuss and to prepare the report during the evaluation.
 - Provide a brief introductory presentation about the organization: please limit this briefing to no more than 30 minutes.
 - Provide the evaluation team with a short tour of the premises before the commencement of the evaluation.
 - Lunch and other breaks to be taken at times to suit staff and cultural norms. Whilst the evaluation is being undertaken in the <AB> office, it is preferably that lunch is taken in the <AB> office.
 - Arrange for the staff with direct responsibility for the areas subject to evaluation to be available for discussions at the approximate times listed in this evaluation plan.
 - Arrange for interpreters as needed for the office evaluation, as well as for assessments to be witnessed by the evaluators.

Key: TL – Lead responsibility to evaluate requirements & write up findings
 C – Contribute with relevant information
 NA – Not applicable

| ISO/IEC 17011:2017 Clause | Requirements | TL | TM | TM | TM |
|---------------------------|--|----|----|----|----|
| 4. | General Requirements | | | | |
| 4.1 | Legal entity | | | | |
| 4.2 | Accreditation agreement | | | | |
| 4.3 | Use of accreditation symbols and other claims of accreditation | | | | |
| 4.4 | Impartiality requirements | | | | |
| 4.5 | Financing and liability | | | | |
| 4.6 | Establishing accreditation schemes | | | | |
| 5. | Structural Requirements | | | | |
| 6. | Resource Requirements | | | | |
| 6.1 | Competence of personnel | | | | |
| 6.2 | Personnel involved in the accreditation process | | | | |
| 6.3 | Personnel records | | | | |
| 6.4 | Outsourcing | | | | |
| 7. | Process Requirements | | | | |
| 7.1 | Accreditation requirements | | | | |
| 7.2 | Application for accreditation | | | | |
| 7.3 | Resource review | | | | |
| 7.4 | Preparation for assessment | | | | |
| 7.5 | Review of documented information | | | | |
| 7.6 | Assessment | | | | |
| 7.7 | Accreditation decision-making | | | | |
| 7.8 | Accreditation information | | | | |
| 7.9 | Accreditation cycle | | | | |
| 7.10 | Extending accreditation | | | | |
| 7.11 | Suspending, withdrawing or reducing accreditation | | | | |
| 7.12 | Complaints | | | | |
| 7.13 | Appeals | | | | |
| 7.14 | Records on conformity assessment bodies | | | | |

| ISO/IEC 17011:2017 Clause | Requirements | TL | TM | TM | TM |
|---------------------------|--|----|----|----|----|
| 8. | Information Requirements | | | | |
| 8.1 | Confidential information | | | | |
| 8.2 | Publicly available information | | | | |
| 9. | Management System Requirements | | | | |
| 9.1 | General | | | | |
| 9.2 | Management system | | | | |
| 9.3 | Document control | | | | |
| 9.4 | Records control | | | | |
| 9.5 | Nonconformities and corrective actions | | | | |
| 9.6 | Improvements | | | | |
| 9.7 | Internal audits | | | | |
| 9.8 | Management reviews | | | | |

| SADCA M002 Clauses | Requirements | TL | TM | TM | TM |
|--------------------|--|----|----|----|----|
| 2.2 | Compliance with SADCA M001, ISO/IEC 17011, relevant standards and ILAC/IAF mandatory documents and mandatory sector specific documents | | | | |

| | | | | | |
|-----|---------------------------------------|--|--|--|--|
| 2.3 | Responsibilities of SADCA signatories | | | | |
|-----|---------------------------------------|--|--|--|--|

| IAF/ILAC A2 Clauses | Requirements | TL | TM | TM | TM |
|---------------------|--|----|----|----|----|
| 2.2.1.1 | Have demonstrated experience in the assessment of its CABs with at least one accreditation in each of the scopes applied for. Self -declarations for IAF level 4/5 scopes. | | | | |
| 2.2.1.2 | Have demonstrated experience in operating an AB and access to technical expertise. | | | | |
| 2.2.1.3 | Routes for traceability (see ILAC P10) | | | | |
| 2.2.1.4 | PT Requirements (see ILAC P9) | | | | |
| 2.2.1.5 | Abide by regional & international Arrangements | | | | |
| 2.2.1.6 | Evidence of promoting the Arrangement | | | | |
| 2.2.1.7 | Contribute fair share to peer evaluations | | | | |
| 2.2.1.8 | Cross frontier policy according to IAF documents or taking into account ILAC G 21 | | | | |
| 2.2.2 | Notification of Changes | | | | |

| ILAC Designation | IAF/ILAC Documents | TL | TM | TM | TM |
|------------------|---|----|----|----|----|
| ILAC P8 | Supplemental requirements for use of symbols and claims of accreditation | | | | |
| ILAC P9 | ILAC Policy for participation in proficiency testing activities | | | | |
| ILAC P10 | Policy on Measurement Traceability | | | | |
| ILAC P13 | Application of ISO/IEC 17011 for the Accreditation of Proficiency Testing Providers | | | | |
| ILAC P14 | ILAC policy for uncertainty in calibration | | | | |
| ILAC P15 | Application of ISO/IEC 17020:2012 for the accreditation of inspection bodies | | | | |
| ILAC R 7 | Rules for the Use of ILAC MRA Mark | | | | |

| IAF Designation | IAF Documents | TL | TM | TM | TM |
|-----------------|--|----|----|----|----|
| IAF MD 1 | Certification of Multiple Sites based on Sampling | | | | |
| IAF MD 2 | Transfer of Accredited Certification of Management Systems | | | | |
| IAF MD 3 | Advanced Surveillance & Recertification Procedures | | | | |
| IAF MD 4 | Computer Assisted Auditing Techniques for Accredited Certification of Management Systems | | | | |
| IAF MD 5 | Duration of QMS & EMS Audits | | | | |
| IAF MD 7 | IAF Mandatory Document for Harmonization of Sanctions to be applied to CABs | | | | |
| IAF MD 10 | Assessment of Certification Body Management of Competence in Accordance with ISO/IEC 17021: 2011 | | | | |
| IAF MD 11 | Application of ISO/IEC 17021 for Audits of Integrated Management Systems (IMS) | | | | |
| IAF MD 12 | Accreditation Assessment of Conformity Assessment Bodies with Activities in Multiple Countries | | | | |
| IAF MD15 | IAF Mandatory Document for the Collection of Data to Provide Indicators of Management System Certification Bodies' Performance | | | | |
| IAF MD 17 | Witnessing Activities for the Accreditation of Management Systems Certification Bodies | | | | |

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|-----------|--|--|--|--|--|
| IAF MD 19 | <u>IAF Mandatory Document for the Audit and Certification of a Management System operated by a Multi-Site Organization (where application of site sampling is not appropriate)</u> | | | | |
| IAF MD 20 | <u>Generic Competence for AB Assessors: Application to ISO/IEC 17011</u> | | | | |
| IAF ML 2 | Use of the IAF MLA Mark | | | | |
| IAF ML 4 | Part 4, - Text of the IAF MLA | | | | |
| IAF ML 5 | Procedure for IAF Listing of Foreign Critical Locations (FCLs) / Foreign Premises (FPs) | | | | |
| IAF ID1 | <u>- IAF Informative Document for QMS and EMS Scopes of Accreditation</u> | | | | |
| IAF ID3 | <u>Informative Document for Management of Extraordinary Events or Circumstances Affecting ABs, CABs and Certified Organizations</u> | | | | |
| IAF ID4 | <u>Market Surveillance Visits to Certified Organizations</u> | | | | |
| IAF ID12 | <u>Principles on Remote Assessment</u> | | | | |

Schedule of activities during the evaluation.

This schedule shall include: place, time, and details of activities such as, evaluation of requirements, witness of meetings, witness of assessments, evaluation team meetings, visit to the NMI, travelling, names of staff from the AB that will be involved in the activities. etc, The draft program may include the names of the CABs, however the final program shall not include CAB names and shall refer to assessments witnessed only as Witness 1, 2, 3, etc. together with an indication of the MLA scope and field of activity.

| Date | TL | TM | TM | TM |
|-------------|-----------|-----------|-----------|-----------|
| Day 1 | | | | |
| Day 2 | | | | |
| Day 3 | | | | |
| Day 4 | | | | |
| Day 5 | | | | |
| Day 6 | | | | |