

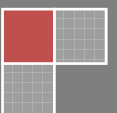
2013

SADCA POLICIES & PROCEDURES FOR A MUTUAL RECOGNITION ARRANGEMENT (MRA) AMONG ACCREDITATION BODIES

SOUTHERN AFRICAN DEVELOPMENT COMMUNITY COOPERATION IN ACCREDITATION

The document defines the policies and procedures of SADCA to establish, maintain and extend an MRA among accreditation bodies that are signatories to the SADCA MRA.

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CONTENTS

SECTION 1: INTRODUCTION	4
SECTION 2: REQUIREMENTS FOR AN ACCREDITATION BODY	6
Section 3: Flowchart for Peer Evaluation Procedures of an Accreditation Body	7
Annex 1	13
APPOINTMENT AND COMPOSITION OF THE PEER EVALUATION TEAM	13
Annex 2.....	15
PLANNING AND MANAGING THE EVALUATION	15
2.1 Maximum duration.....	15
2.2 Types of evaluation	16
2.3 Witnessing	16
2.4 Size of the AB.....	17
3.1 Preparation and planning.....	19
3.2 On-site evaluation.....	20
3.3 Activities after the on-site evaluation.....	22
Annex 3.....	23
EVALUATION REPORTING ON AN ACCREDITATION BODY.....	23
Annex 4.....	28
DECISION MAKING REGARDING EVALUATIONS	28
Annex 5.....	32
MONITORING AND RE-EVALUATION OF AN ACCREDITATION BODY	32
Annex 6.....	33
DISCLOSURE OF EVALUATION REPORTS.....	33



SECTION 1: INTRODUCTION

1.1 Purpose

This document defines the policies and procedures of the Southern African Development Community Cooperation in Accreditation (SADCA) to establish, maintain and extend a Mutual Recognition Arrangement (MRA) among accreditation bodies that are signatories to the SADCA MRA.

These accreditation bodies accredit calibration and/or testing laboratories, including medical laboratories, certification/registration bodies (QMS, EMS, Product and Persons) and inspection bodies. SADCA will broaden its MRA scopes as the need arises.

1.2 Scope

This document identifies general requirements for evaluation of an Accreditation Body. Section 3 establishes procedures for the peer evaluation process. There are six Annexes to describe in more detail the major steps of the process.

Note: This document has been based on IAF/ILAC A2.

1.3 Confidentiality

1.3.1 All oral and written information received relating to preliminary visits, evaluations, re-evaluations shall be treated confidentially by all parties and persons concerned. This includes information relating to applicants and/or members of the MRA Council. All members and observers of the evaluation teams; all members and observers of the MRA Council, the MRA Secretary, MRA Committee, other persons having access to any report on preliminary visits, evaluations and re-evaluations of other applicants and members must have signed a declaration of confidentiality before being given access.

See the SADCA F006 Declaration of Confidentiality and Impartiality.

1.3.1.1 Form F006 shall be signed by evaluators before they are accepted as SADCA evaluators. Evaluators will also sign form F006 during each evaluation; this form will be attached to the report. *See Annex 3.*

1.3.1.2 Form F006 shall be signed by representatives of MRA Council Members before they are given access to the first evaluation report.

Note: Only one Declaration of Confidentiality will be signed by MRA Council representatives. It is not necessary to sign form F006 for each meeting.

1.3.1.3 Observers to the MRA Council meetings shall sign form F006 at each meeting, before they are given access to evaluations reports.

1.3.2 Unless otherwise agreed the Team Leader (TL) and Team Members (TM) shall destroy all documents they have received, when the final decision has been made by the MRA Council.

1.4 Definitions and Acronyms

The following definitions apply for the purpose of this document:

1.4.1 Accreditation Body (AB): An organisation that operates an accreditation system for one or more types of conformity assessment bodies.



1.4.2 Accreditation program: Accreditation of bodies according to a standard or normative document included in the SADCA MRA, used for the accreditation of conformity assessment bodies.

1.4.3 Arrangement: The Mutual Recognition Arrangement (MRA), as a consequence of the “recognition” process, will be accepted as a subset of the ILAC or IAF Arrangements.

1.4.4 SADCA: Southern African Development Community Cooperation in Accreditation.

1.4.5 ISO/IEC Standard: An ISO/IEC standard, guide or technical report related to accreditation and conformity assessment.

1.4.6 MRA Committee (MRA COMM): The committee responsible for planning and managing the implementation and maintenance of SADCA’s Mutual Recognition Arrangement. This Committee includes the MRA Council, and may also include non-signatory members.

1.4.7 MRA Council: All signatories to the SADCA Arrangement. The MRA Council decides on and manages membership of the SADCA Arrangement.

1.4.8 MRA Secretary: Secretary for the MRA Committee and MRA Council.

1.4.9 Peer Evaluation: A structured process of assessment of an Accreditation Body.

Note: ISO/IEC 17040 defines peer assessment as an evaluation of a body, against specified requirements, by representatives of other bodies in, or candidates for, an agreement group.

1.4.10 Proficiency Testing Activity: All those activities of comparisons of tests, calibrations and inspections between laboratories/inspection bodies used by Accreditation Bodies to assess performance including proficiency tests (refer to ISO/IEC 17043:2010 “Conformity assessment -- General requirements for proficiency testing”) interlaboratory comparisons and measurement audits conducted by SADCA and/or other Regional or International Groups, Accreditation Bodies, commercial organisations, or other providers (*see ILAC P9*).

1.4.11 Signatory: A Member of SADCA who has signed the SADCA Mutual Recognition Arrangement for one or more scopes.

1.4.12 (Peer-evaluation) Team Leader (TL): A lead evaluator responsible for leading a peer evaluation team.

1.4.13 (Peer-evaluation) Team Member (TM): An evaluator or trainee evaluator serving on a peer evaluation team.

1.4.14 Witnessing: Observing of an AB assessing the CABs premises, management system and records by an evaluation team. (It may also include observing the AB's staff preparing for an assessment and dealing with assessment reports, and observing committee meetings.)



SECTION 2: REQUIREMENTS FOR AN ACCREDITATION BODY

2.1 An Accreditation body shall comply with the provisions of ISO/IEC 17011:2004 and future versions thereof.

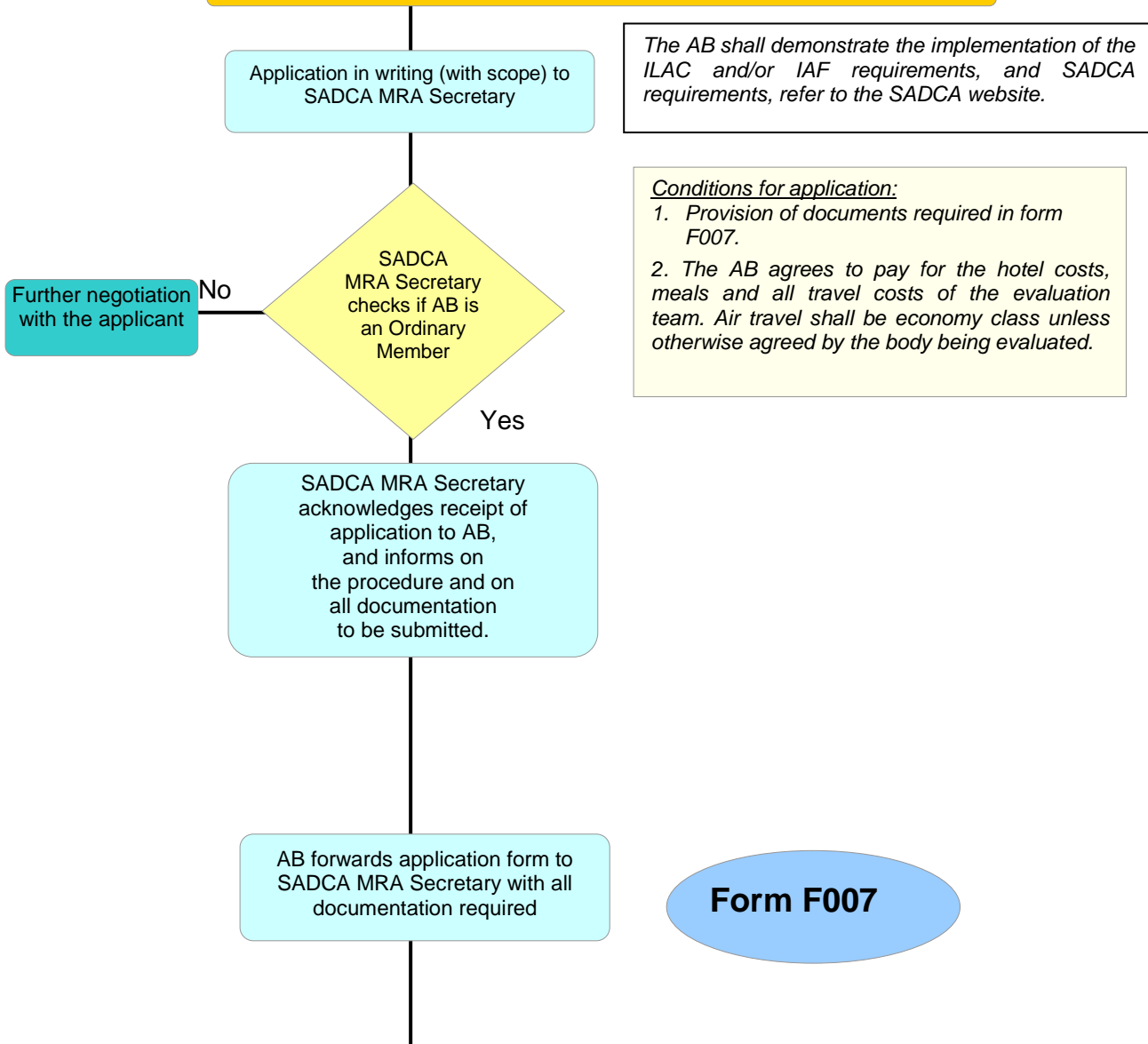
2.2 Every applicant or signatory to the SADCA MRA shall operate according to applicable ILAC/IAF mandatory documents, as specified in the ILAC/IAF A series documents, IAF Mandatory Documents, and ILAC Policy documents, as specified in the ILAC P series, as well as any mandatory documents issued by sector specific schemes that have been endorsed by SADCA, ILAC or IAF. Every applicant or signatory of the SADCA MRA shall comply with any decision made by SADCA, ILAC or IAF regarding the implementation date of these mandatory documents.

2.3 Every applicant or signatory to the SADCA MRA shall contribute its fair share of personnel resources for carrying out peer evaluations at the regional and/or international level. Every signatory shall provide SADCA with at least one peer evaluator for each program for which it is a signatory.

2.4 Every applicant Accreditation Body or Signatory to the SADCA MRA shall keep SADCA updated on Proficiency (PT) Schemes operating in their country in order to keep the SADCA PT database on the SADCA website current and up to date.

Section 3: Flowchart for Peer Evaluation Procedures of an Accreditation Body

I. Application for Arrangement Membership



Form F025

The MRA Secretary shall check the application and documents within 10 days after receiving the complete set of documents.

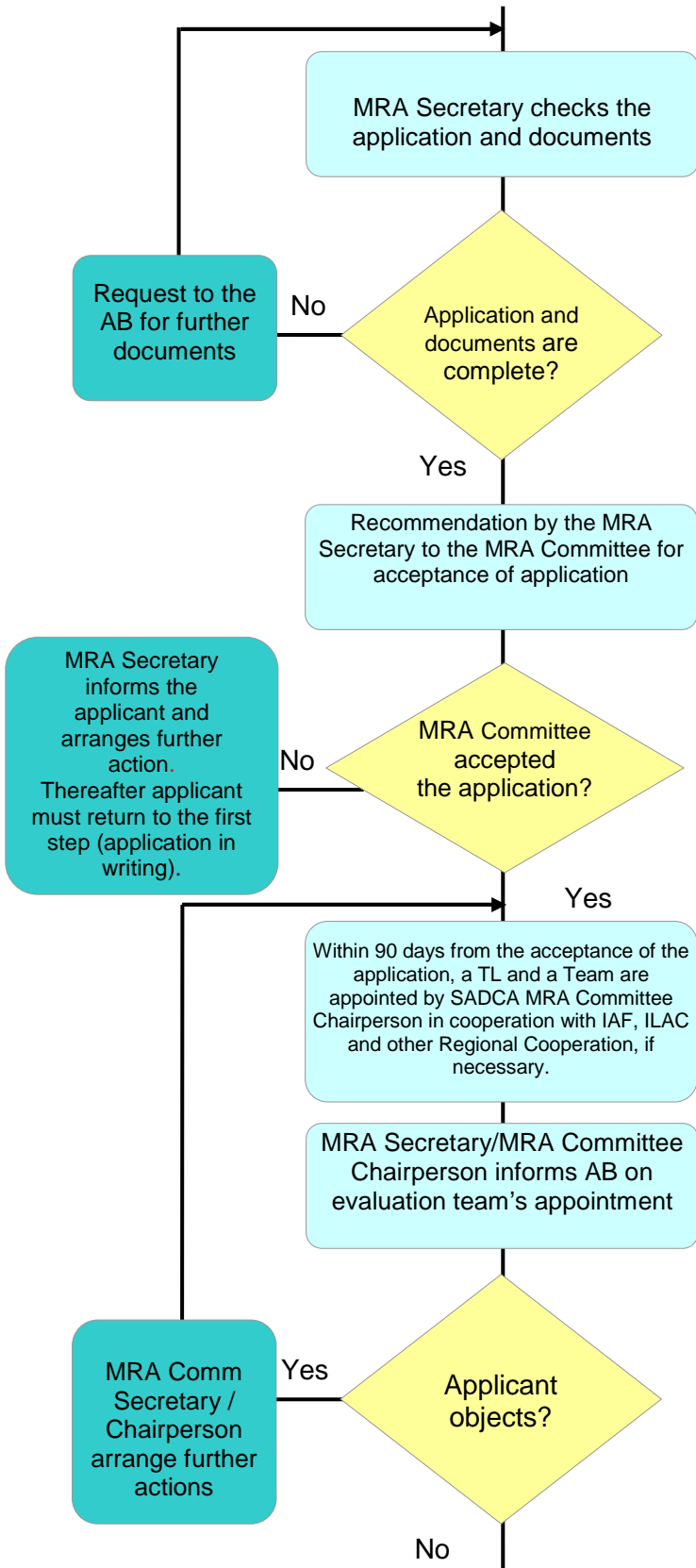
Voting on application may be done by email ballot. If MRA Committee raises comments during the ballot that may not be resolved by email, the application will be discussed in the next meeting of the MRA Committee.

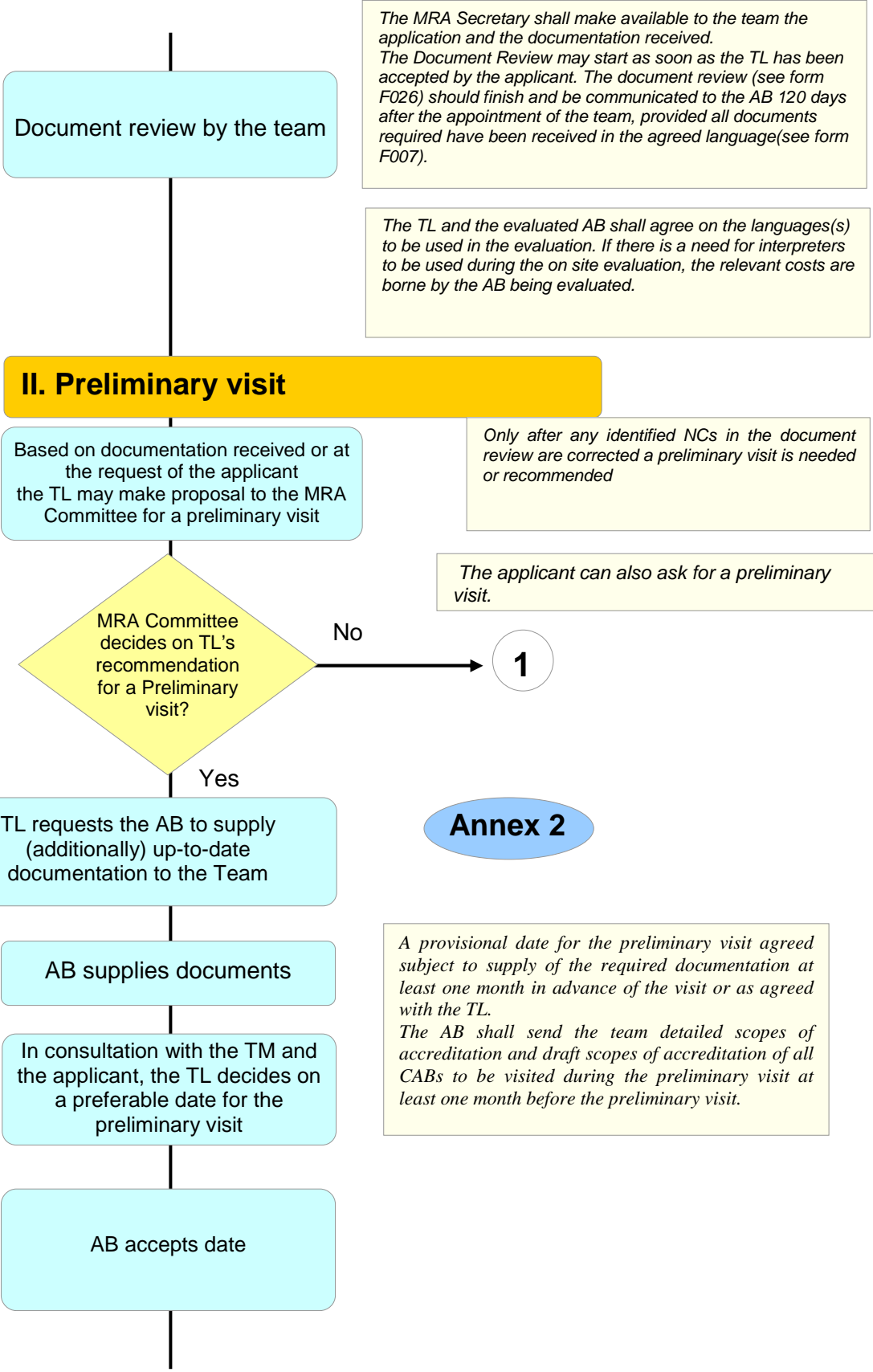
Note: Members of the team may be appointed on separate occasions.

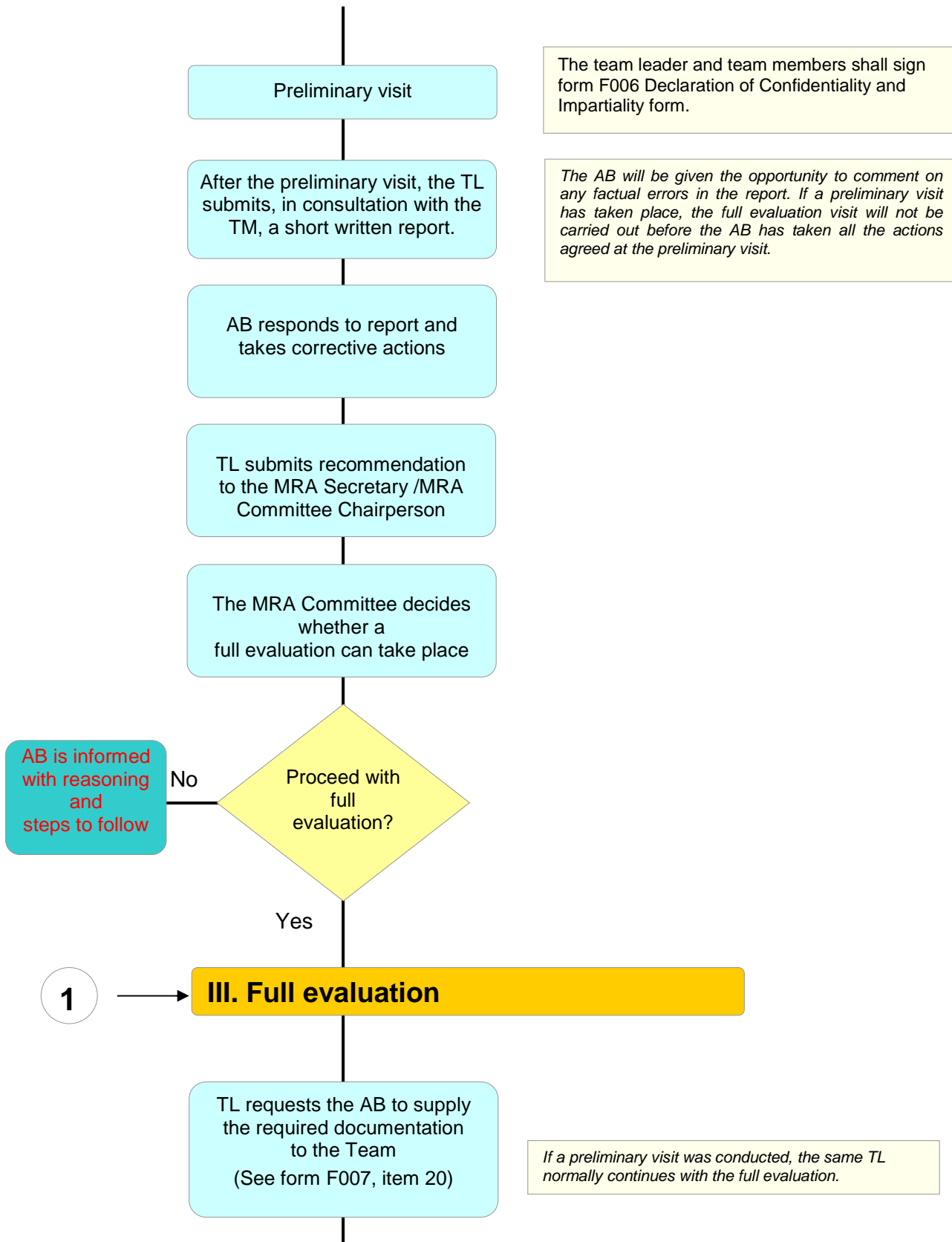
Annex 1

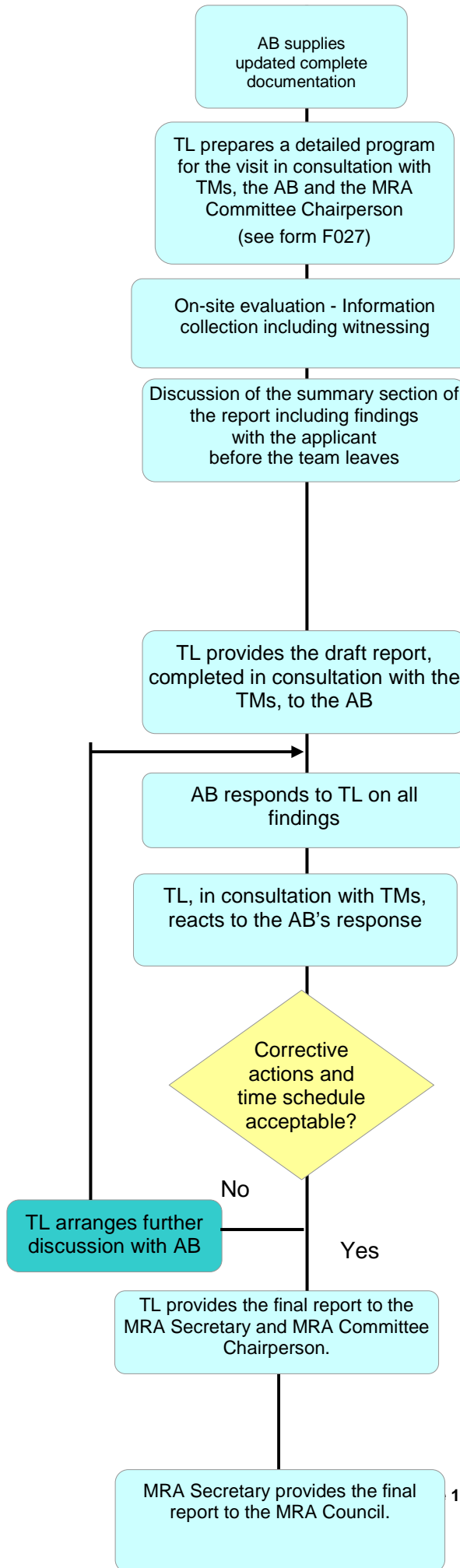
The MRA Committee Chairperson/ MRA Secretary shall inform the TL and TM of their appointment and mandate, including any evaluators appointed by IAF, ILAC or other regional cooperations. If the evaluation is done in cooperation with ILAC/IAF or other Regional Cooperation, the team shall take into account the relevant requirements and procedures of SADCA as well as the requirements and procedures of those organisations.

The AB may object, based on conflict of interest and impartiality, the appointment of any member of the team.









All members of the team shall be supplied with updated copies of the necessary documentation (see form F007 item 20), in the agreed language, at least three months in advance of the visit, or as agreed with the TL. The AB shall also provide the evaluation team detailed information on the assessments planned from about 6 weeks of the evaluation or as agreed with the TL so that the evaluation team may select the assessments to be witnessed. The scopes of accreditation of all CABs to be visited during the evaluation shall be provided to the team. If the documentation is not provided on time, the evaluation may be cancelled by the MRA Committee Chairperson (see also Annex 4 clause 2.7.1 for suspensions). The team leader shall request the Chair of the LSC information about participation in PT. See Annex 2, clause 3.1)

Annex 2

The team leader and team members shall sign form F006 Declaration of Confidentiality and Impartiality.

The TL shall ensure that the head of the applicant body understands and accepts that the evaluation shall be conducted in accordance with this document and on the basis of the requirements document.

The TL shall give the AB an opportunity to comment on and discuss the summary section and the team's findings and recommendations and to clear up any misunderstandings that may have arisen.

The team shall leave a summary section of the report with the AB (see Annex 3) together with the list of finding using form F008.

If a follow-up visit is recommended, this should be stated during the visit and be documented in the summary section of report (see Annex 3 section A, item 1).

The summary section and the findings shall be provided to the MRA Secretary and MRA Committee Chairperson immediately after the evaluation.

Decision to authorize a follow up visit may be made by the MRA Committee Chairperson based on the Summary Report.

If possible, the team should leave a complete draft report with the AB (see Annex 3, section A item 2).

After the evaluation, the TL and TMs and the evaluated AB shall send MRA Secretary and MRA Committee Chairperson the performance logs as required in P011.

Annex 3

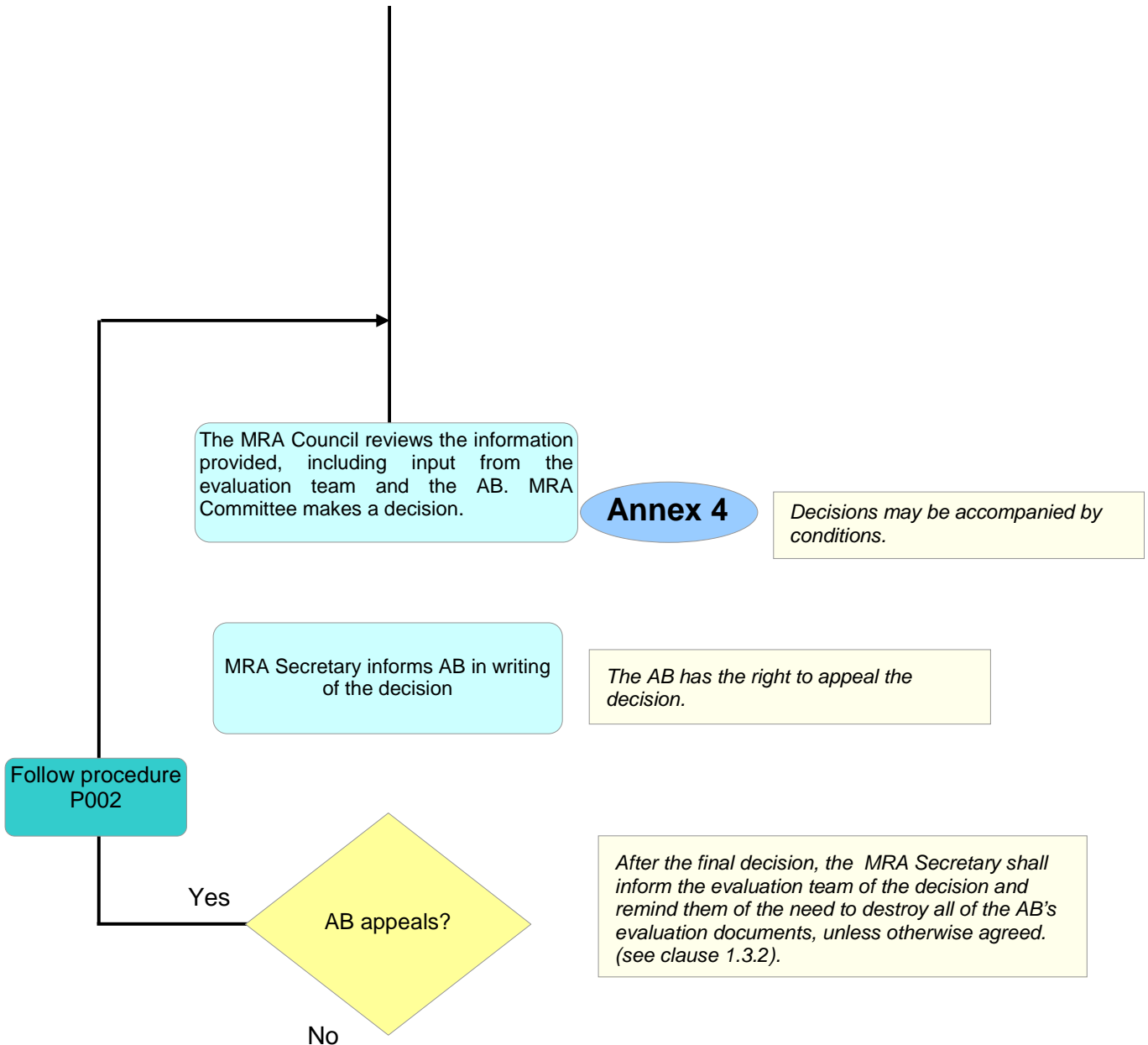
See deadlines for the AB responding to findings and for the TL to react in Annex 3, section A, items 3 and 4.

If the AB does not meet these deadlines, the TL shall report to the MRA Committee Chair for a decision.

Annex 3

See deadlines for the completing the Final report in Annex 3, section A, item 6.

The team leader shall also provide the MRA Secretary a separate document (F010) containing the list of assessment witnessed, including identification of the CAB and names of assessors and experts.



IV. Re-evaluation

The MRA Secretary/MRA Committee Chairperson arranges the **re-evaluation**, based on the decision

Annex 5

About 12-18 months before the next reevaluation is due the re-evaluation will be planned.



Annex 1

APPOINTMENT AND COMPOSITION OF THE PEER EVALUATION TEAM

1 APPOINTMENT AND DUTIES OF TEAM LEADER

1.1 Team leaders shall be chosen from the list of qualified lead evaluators of the SADCA Peer Evaluators List available in the member's area on the SADCA Website.

Note: See procedure P011 for information on training and qualification of SADCA Evaluators.

1.1.1 In appointing team leaders for a specific evaluation, the MRA Committee Chairperson should not appoint the same team leader for two successive evaluations of the same accreditation body.

Note: It is normal practice that evaluators from as many members as possible are used.

1.1.2 The team leader appointed for an evaluation should not be from the same AB as the team leader from the previous evaluation.

1.2 The team leader shall have ultimate responsibilities for all phases of evaluation and is delegated authority by the MRA Council to make final decisions regarding the conduct of evaluation.

1.3 The team leader shall normally, in addition to the responsibility for managing the evaluation and preparing the evaluation report, mentor any trainee evaluator assigned to the evaluation team. Mentoring trainee evaluators includes, allocating him/her such task as he/she is capable of performing, supervising and providing a report to the MRA Secretary about the performance of the trainee evaluator.

2 COMPOSITION OF EVALUATION TEAM

2.1 For the full evaluation visit, members of the evaluation team shall be chosen as needed to cover the types of accreditation, the technical fields, size and complexity of the accreditation system under evaluation.

Note 1 A team leader should normally be accompanied by at least one other team member for a preliminary visit to ensure more than one person is involved in establishing an Applicant Body's readiness for a full evaluation visit.

Note 2: See procedure P011 for information on qualification of SADCA lead evaluators, evaluators and trainee evaluators.

2.2 The evaluation team shall be chosen from the SADCA Peer Evaluators List. Lead evaluators, evaluators and trainee evaluators may be appointed as evaluation team members. The evaluation team chosen shall consist of representatives from a cross-section of accreditation body members of SADCA. The evaluation team shall be chosen to provide a balanced set of skills so as to be able to conduct an effective evaluation of the key components of the system under examination.

Note 1 The team members should have working knowledge of the language the team leader and the AB have agreed to use in the evaluation. Knowledge of the local language should be taken into account.

Note 2 Some of the evaluation team members may have as their only task to perform witnessing at different geographical places or at different times than the rest of the evaluation team.

Note 3 Where an evaluation is conducted jointly by SADCA and ILAC, IAF or other recognized regional cooperation, the Chair of the MRA COMM will work in cooperation with the other organisation and the team leader to set up a team that meets the needs of



SADCA. Apart from that, all other steps in this procedure apply and all team members shall be informed to follow it.

- 2.3** No team member should be associated with any Accreditation Body that has provided consultancy service to the body being evaluated for the last three years.
- 2.4** A re-evaluation visit should be carried out by a team, in which the majority of the members will not have been on the evaluation team that undertook the previous evaluation.
- 2.5** There shall be at least one lead evaluator or evaluator qualified for each accreditation standard. Where more than one accreditation activity or program is covered by the same accreditation standard (e.g. ISO/IEC 17025, for testing and calibration; ISO/IEC 17021 for QMS and EMS), a trainee evaluator may be appointed to evaluate one of the activities or programs with the support of the lead evaluator or evaluator who is qualified for the applicable standard.
Note: For each accreditation standard that is being evaluated, there should only be one team member from each accreditation body member taking part.
- 2.6.** When a trainee evaluator is appointed as a team member, he/she may be assigned evaluation tasks by the team leader and shall be mentored and supervised by the team leader and or another evaluator so as to ensure those tasks are appropriately carried out. During the evaluation at the AB's facilities, the trainee evaluator shall always be supervised by a lead evaluator or evaluator; during witnessing of assessment the trainee evaluator may work on his/her own.
- 2.6.1** The MRA Secretary or MRA COMM Chairperson shall provide the team leader with information on the training and experience of the trainee evaluator and on the task that may be performed by the trainee evaluator.
Note 1: Costs of the participation of a trainee evaluator as a team member in an evaluation are to be covered by the AB being evaluated.
Note 2: If a trainee evaluator is appointed to participate in an evaluation only to take advantage of evaluator training opportunities without any responsibility as a team member, the costs of participation will be borne by the trainee, the AB where the trainee belongs or by the SADCA.
- 2.7** For laboratory accreditation, one member of the evaluation team should be familiar with proficiency testing. For testing laboratory, when the AB accredits to ISO 15189 apart from ISO/IEC 17025, the decision to appoint team members qualified for each of those standards shall take into account the relevance / number of accredited laboratories for each standard.



Annex 2

PLANNING AND MANAGING THE EVALUATION

A Preliminary Visit Program

If it is determined by SADCA or the applicant AB that a preliminary visit to the AB is needed before the full evaluation can take place, a preliminary visit program shall be prepared. Based on the results of the document review, the preliminary visit team may consider reviewing the following in the context of the preliminary visit:

Issues to be considered:

- Management system policies and procedures (as part of a document review prior to the preliminary visit);
- Legal identification of the AB;
- Relationships with the regulators and other specifiers (recognition; possible competition);
- Job descriptions and backgrounds of top management, organisation chart;
- Impartiality and conflict of interest; related bodies
- Access to technical expertise;
- Application documents;
- Assessor records and documents;
- Sampling of CAB assessment records, including the decision making process;
- Proficiency testing participation levels (for testing and calibration accreditation);
- Traceability routes (for testing and calibration accreditation). In some cases it may be necessary to visit the NMI.
- Witnessing one or more assessments, if possible.

B Full Evaluation Program

B1 Introduction

In principle it is the task of the TL to create a timetable (see form F027) for an evaluation that allows for sufficient time to collect such information that confidence can be obtained in the operation of the AB to such an extent that the signatories to the Arrangement can promote acceptance of results from CABs accredited by the evaluated AB.

Because there exist a large variety of circumstances under which an evaluation will take place, it should be the prerogative of the TL to deviate from the examples shown under 3.2. The TL should agree with the team members on the duration. Consultation with the AB under evaluation is essential. When the proposed timetable largely differs from the examples of 3.2 or when additional team capacity is required, the MRA COMM Chairperson should also be consulted at an early stage.

2 Considerations

2.1 Maximum duration

The TL should try to arrange the evaluation to take place in the shortest possible time, preferably within one full (7 days) week. If witnessing is not possible during the week of the formal evaluation and if no alternatives are possible, the TL should make arrangements to have witnessing performed in the weeks preceding the evaluation. This will allow for a well-founded closing meeting in which all fact finding can be reviewed and discussed. It is additionally advised to use only experienced team members for such parts of the evaluation.



2.2 Types of evaluation

Given the long interval (approximately 4 years) between evaluations, the duration of a re-evaluation is comparable to that of an initial evaluation. A shorter duration applies for preliminary visits, for follow-up evaluations and for scope extensions that are conducted separately from a re-evaluation.

2.3 Witnessing

- The evaluation team shall consider how to deal with witnessing.

At present 7 scopes of Arrangement are recognised:

- Calibration Laboratories
- Testing Laboratories, including Medical Laboratories
- Inspection bodies
- QMS Certification bodies
- EMS Certification bodies
- Product Certification bodies
- Bodies operating certification of persons

For planning of the witnessing, the AB shall provide the evaluation team with a list of assessments that will take place from about 6 weeks before the proposed on-site evaluation date, or as agreed with the team leader. This gives the evaluation team the opportunity to carefully select and plan the witnessing activities taking into consideration:

- Standards for accreditation
- Number of accredited CAB,
- Size of the fields,
- Initial evaluation/ re-evaluation
- Witnessed assessments from the last evaluation,
- Cross frontier accreditation policy and relative arrangements.

It is important to have the opportunity to witness assessments covering all accreditation requirements, particularly in the initial evaluation. It may be necessary to perform more witnessing in initial evaluations than in re-evaluations.

Normally the evaluation team will witness an initial assessment or a reassessment of a CAB or two surveillances for every accreditation program. Preferably the evaluation team should witness reassessments instead of initial assessments. In case it is not possible to witness a reassessment or an initial assessment or two surveillances, the evaluation team may witness only one surveillance assessment that covers all accreditation requirements.

For laboratory accreditation, the evaluation team shall witness at least one initial assessment or reassessment for each of calibration and testing (where applicable),

For laboratory and inspection body accreditation the evaluation team shall also witness other reassessments and surveillance assessments as determined by the team leader.

For laboratory and inspection body accreditation witnessing includes witnessing of the assessment by the AB of the CAB performing testing, calibration and inspection.



For testing laboratories, the decision whether or not it is necessary to witness an assessment using ISO 15189, apart from assessments to ISO/IEC 17025, shall be made by the evaluation team, taking into account the number of medical laboratories accredited to that standard in relation to the overall number of accredited testing laboratories. Even if witnessing for ISO 15189 is not considered necessary, the evaluation team shall review records of accreditations granted in those schemes and record this information in the evaluation report.

For Management System Certification Bodies accreditation, the evaluation team can witness one initial assessment or a reassessment that includes both EMS and QMS scopes. It is also appropriate to witness a reassessment for one of the programs and a surveillance visit for the other one.

For Management System and Product Certification Bodies it is not necessary to witness the AB witnessing the CB perform certification audits. However the evaluation team shall review the AB's procedures for witnessing certification audits as well as assessment records to confirm appropriate implementation.

Since MoUs are being concluded with certain industry sectors, specific attention may be needed to assure the AB's competence to assess in these fields. The evaluation team shall consider the need to witness assessments of CAB accredited for accreditation programs endorsed by SADCA, IAF and ILAC. Even if witnessing is not considered necessary, the evaluation team shall review records of accreditations granted in those schemes and record this information in the evaluation report.

It must be stressed that despite spending time on witnessing, it is very important to spend ample time to check on how an AB selects its assessors and experts for a particular assessment. Thorough checking of records from assessments is required including matching the assessor's expertise to the scope of the CAB being assessed. It is also important to review assessment records and reports and decision making records other than those of the CAB witnessed.

2.4 Size of the AB

The influence of the AB's scope on the duration of the on site evaluation relates primarily to the number of witnessing activities. The AB's management system may not differ too much when the AB has one activity or several activities.

When there is a large difference in the number of accreditations in the various fields, the TL may decide to place more emphasis on witnessing in the larger field(s).

2.5 Evaluation of Sources of Traceability and Visit to the NMI

2.5.1 One of the tasks of the evaluation team is to evaluate the AB's policy on traceability and how the AB ensures traceability of results of their accredited laboratories. The evaluation team will then need to evaluate (see ILAC P10).

“(i) the sources of traceability to national standards of measurement available to accredited or applicant laboratories in their economy and details of how these standards are linked to internationally recognised primary standards;

(ii) the best measurement capabilities available from the sources in (i) above for each field of measurement provided to accredited laboratories in their economy;”

Note: As agreed by ILAC and the BIPM, the term “best measurement capability (BMC)” is going to be replaced by “calibration and measurement capability (CMC)”.

This information is provided by the AB to the evaluation team in advance of the evaluation. (see form F007, item 20). This information as well as information on the NMI participation in the CIPM MRA needs to be evaluated in connection with the AB policy for traceability to confirm its compliance with ILAC P10.



2.5.2 The evaluation team shall consider the need for a visit to the NMI.

2.5.2.1 The visit to the NMI will not be necessary in the following cases:

- a) When the NMI is a signatory to the CIPM MRA for all quantities for which traceability is needed under the scopes accredited by the AB.
- b) When the NMI is a signatory to the CIPM MRA for some of quantities for which traceability is needed under the scopes accredited by the AB, and the AB requires traceability for the remaining quantities to acceptable sources of traceability.
- c) When the NMI is accredited by a signatory of the SADCA and/or ILAC Arrangement.

2.5.2.2 The visit to the NMI is needed in the following cases

- a) When the NMI is not a signatory of the CIPM MRA.
- b) When the NMI is a signatory of the CIPM MRA. but none of its calibration and measurement capabilities (CMC) are listed in Appendix C of the CIPM MRA.
- c) When the NMI is a signatory to the CIPM MRA for some of quantities for which traceability is needed under the scopes accredited by the AB, but is also the source of traceability to quantities which are not yet included in Appendix C of the CIPM MRA.

Note 1: The NMI may be in one or several organisations. The evaluation team needs to take that into account when planning the evaluation.

Note 2: When deciding whether or not a visit to the NMI is needed, the evaluation team also needs to consider the fact that traceability may be achieved through sources other than the NMI, such as, NMIs from other economies, laboratories accredited by other signatories to the SADCA and/or ILAC Arrangement, in the economy or abroad.

Note 3: In the situation describe in clause 2.5.2.2 c), the visit to the NMI may not be needed in case the information provided by the AB about sources of traceability in the country is sufficient to confirm compliance with ILAC P10.

2.5.3 The visit to the NMI, when applicable, aims at:

- a) Confirming the information provided by the AB about the NMI activities, in particular its participation in regional metrology organisations, the BIPM, and regional and international intercomparisons.
- b) Confirming the calibration and measurement capabilities available from the NMI for quantities which are not included in Appendix C of the CIPM MRA and collecting information the NMI's traceability chain and on how the NMI has validated those CMC.

Note: The evaluation team is not supposed to carry out an assessment of the NMI.

The information collected in this visit needs to be included in the evaluation report. This information needs to be considered by the evaluation team in connection with the AB's traceability policy and information on its implementation in order to confirm compliance with the requirements in ILAC P10.

2.6 Other factors

2.6.1 Factors that may influence the duration of the evaluation include:

- a) Need for translators and their effect of slowing down the evaluation
- b) Extensive travel and travel circumstances
- c) Cultural differences

2.6.2 The team leader shall also consider the results of other peer evaluations in planning the evaluation program (e.g. information provided by applicant with the application form).

2.6.2.1 If the AB has been evaluated by an IAF and/or ILAC recognized regional body within the past two years, and the findings and corrective actions warrant, the team leader may adjust the evaluation program accordingly. Possible adjustments may include:

- a) reduction of the number of witnessed assessments;



- b) reduction of the amount of time spent reviewing the AB's management system;
- c) visits to supporting agencies (e.g. NMI) being shortened or eliminated.

2.6.2.2 If the team leader, in consultation with the AB, recommends adjustment of the program as described in 2.6.2.1, he/she shall notify the MRA COMM Chairperson prior to finalizing the program. The MRA COMM Chairperson shall review the recommendation and approve the evaluation program unless the adjustment is deemed significant. If significant, the MRA COMM Chairperson shall bring the issue before the MRA Council for review and approval.

2.6.3 This annex cannot provide guidance on all possible cases. It is left to the evaluation team and their experience to judge these effects and to cater for them in such a way that there is no compromise to the principle stated in the introduction to this annex.

3 Managing the evaluation

3.1 Preparation and planning

The time for the evaluation team needs to spend on preparation largely depends on the quality of the documents that the AB forwards. The documents that are required for both initial evaluations and reevaluations are specified in form F007 item 20. Accurate translation of the documents into English must be done if requested by the TL and /or TMs and agreed with the AB. The self-assessment document as per IAF/ILAC A3 and the checklist (see form F026) relating the accreditation standard(s) to the AB's procedures/documents must be detailed and accurate. These two documents will greatly assist the evaluation team in preparation. The AB shall send all documents listed in form F007, item 20 at least 90 days in advance of a visit to allow for preparation and for requesting additional information.

If documentation is not received on time, the TL shall inform the Chair of the MRA COMM who may as a result cancel the evaluation (see also Annex 5 for cancelation of a reevaluation).

The team leader shall request the Chair of the SADCA Laboratory Subcommittee to provide a summary report on the participation and performance of the AB's accredited laboratories in Regional PT programs.

The team members must start reviewing the documents directly after receipt. In essence the team leader should be able to prepare a part of the report with background information before the on-site evaluation. This part of the preparation is the same for all types of evaluations. The total time involved in studying of the documentation may take on average 3 to 5 days for the TL and 2 to 4 days for the team members.

When planning the evaluation, the TL shall also consider the need to mentor and supervise trainee evaluators working as team members. Particular care should be taken to ensure that trainee evaluators are supervised by an evaluator or lead evaluator when carrying out evaluation tasks in the AB's office. Trainee evaluators may perform witnessing on their own.

If the applicant has applied for accreditation activities for an industry specific program, then the requirements set by that industry group for accreditation bodies shall also be considered.

The TL, in cooperation with the TMs, shall prepare an evaluation plan using form F027 that contains as a minimum:

- Identification of the AB,
- The purpose and date of the evaluation, including the accreditation programs to be evaluated
- The names of the TL and TMs and the accreditation programs that they are qualified for
- The requirements to be considered.
- Date and time for the opening meeting and date and estimate time for the final meeting.



- General description of activities and/or requirements to be evaluated by each member of the evaluation team each day.
- If necessary, identification of AB personnel that will be involved with particular evaluation activities.
- Private activities of the evaluation team, such as meetings before the evaluation, at night or after the evaluation.
- Identification of the assessments to be witnessed and the evaluators assigned to them (This identification should include the type of CAB, accreditation program or specific field of conformity assessment, number of assessor.)
- Other organisations to be visited (such as the NMI) or Committee meetings to be witnessed and the TM that has been assigned those tasks.
- Any travel or any other arrangements that may interfere with the performance of the evaluation.

The evaluation plan F027 should be sent to the AB 30 days in advance of the evaluation.

3.2 On-site evaluation

The evaluation team should be prepared to make long working days during the on-site evaluation.

An on-site visit typically consists of:

- Opening meeting, presentation by team leader outlining aims, objectives and procedure to be used by evaluation team;
- Evaluation of the AB's offices and management system, review of files and records
- Discussing the results of the self-assessment report as per IAF/ILAC A3;
- Evaluation of the records of CAB whose assessment is to be witnessed and of the preparation for the assessment;
- Splitting the team members in accordance with their experiences for the purpose of witness including the on-site preparation of the draft assessment report with a list of findings;
- Discussing the results of the witnessing with the AB assessment team and AB staff, and preparing the report on the witnessed assessments using form F014;
- Preparation of the summary section of the report, and writing and classification of findings; and
- Closing meeting, presentation and discussing of findings.

During the evenings the team members should meet to discuss their findings and possibly adjust the focus of their attention. In case meetings are not possible the evaluation team should arrange means of communication with the team leader. The TL will need to add/modify/enhance the preliminary report that resulted from the studying of the documentation and discuss such changes during the week with the team members. The TL may also require the AB to provide a general description of the AB to be used in the background section of the report.

The evaluation program shall allow the evaluation team sufficient time for all team members to review the findings before presenting them to the AB so as to make sure that all issues raised by all members of the evaluation team have been covered.

Some timetable examples are:

3.2.1 Full size scope AB

Day	Actions	Evaluators
Sunday	>= 4 hours for preparation with the evaluation team (key issues to be addressed + evaluation plan)	TL + 4 TM
Monday	Office, opening meeting, records, etc. + preparation for witnessing assessments	TL + 4 TM
Tuesday	Office + witnessing staff + witnessing assessments (split team)	TL + 4 TM



Day	Actions	Evaluators
Wednesday	Office + witnessing staff + vertical audits + witnessing assessments (split team)	TL + 4 TM
Thursday	Office + witnessing staff + vertical audits (specially directed for confirmation of previous findings + witnessing assessments (split team)	TL + 4 TM
Friday	Same + preparation final report + closing meeting	TL + 4 TM
Saturday	Discussing further actions for TMs + departure	TL + 4 TM

3.2.2 Single scope AB

Day	Actions	Evaluators
Day 1	3 hours for preparation with the evaluation team Office, opening meeting, records, etc. (key issues to be addressed + evaluation plan)	TL + 2 TM
Day 2	Office + witnessing assessments (split team)	TL + 2 TM
Day 3	Office + witnessing staff + preparation final report + closing meeting	TL + 2 TM
Day 4 morning	Discussing further actions for TMs + departure	TL + 2 TM

3.2.3 ABs with 2 scopes of accreditation

Day	Actions	Evaluators
Day 1	3 hours for preparation with the evaluation team Office, opening meeting, records, etc. (key issues to be addressed + evaluation plan)	TL + 2 TM
Day 2	Office, opening meeting + preparation for witnessing assessments	TL + 2 TM
Day 3	Office + witnessing staff + witnessing assessments (split team)	TL + 2 TM
Day 4	Same + preparation final report + closing meeting	TL + 2 TM
Day 5 morning	Discussing further actions for TMs + departure	TL + 2 TM



3.2.4 ABs with 3 fields of accreditation

Day	Actions	Evaluators
Sunday	>= 4 hours for preparation with the evaluation team (key issues to be addressed + evaluation plan)	TL + 3 TM
Monday	Office, opening meeting, records, etc. + preparation for witnessing assessments	TL + 3 TM
Tuesday	Office + witnessing staff + witnessing assessments (split team)	TL + 3 TM
Wednesday	Office + witnessing staff + vertical audits + witnessing assessments (split team)	TL + 3 TM
Thursday	Office + witnessing staff + vertical audits (specially directed for confirmation of previous findings + witnessing assessments (split team)	TL + 3 TM
Friday	Preparation final report + closing meeting + Discussing further actions for TMs + departure	TL + 3 TM

3.3 Activities after the on-site evaluation

Electronic means to communicate with the team members should be sufficient to provide feedback and support as the TL prepares the final report for the AB.

The evaluation team needs to spend time on reviewing the AB's response to the findings and preparing the evaluation team's reaction. The TL shall take the lead in preparing this reaction. Finally the TL shall prepare the evaluation team's recommendation to the SADCA MRA Council. Typically these activities may take 2-3 days for the TL. For TMs, the time involved may be limited to one day.



Annex 3

EVALUATION REPORTING ON AN ACCREDITATION BODY

A) STEPS IN EVALUATION REPORTING ON AN ACCREDITATION BODY:

A1 Preparation of summary section of report

This summary section has to be completed and be confirmed by the applicant at the end of the on-site evaluation visit: It includes as an appendix the nonconformities, concerns and comments presented in table format using form F008.

If a follow up visit is recommended by the evaluation team, the evaluation team should inform in the summary section the reasons for the visit, preferably with reference to the findings to be checked, and propose a composition of the evaluation team.

The summary report and the findings shall be provided to the MRA Committee Secretary and MRA Committee Chairperson immediately after the evaluation visit.

A2 Preparation of the Draft Report of the On-site Evaluation Visit

(Deadline - within 60 days from the on site evaluation)

This report is the agreed report of the evaluation team and the Accreditation Body and includes all information described in section B of this Annex, except the responses to the findings, the reaction from the evaluation team, and the recommendation.

A3 Formal Response of the Accreditation Body to the Findings

The accreditation body's response can simply be inserted under each finding in form F008, with attachments of supporting evidence of corrective action as appropriate. (see what is expected of the AB's response and corrective action described in section C of this Annex).

For initial evaluations and extensions of scopes:

- *Within 3 months from the evaluation the AB shall present an action plan and time schedule for implementation of actions for nonconformities and concerns as well as responses to the comments.*
- *The AB should provide evidence of effective implementation of corrective actions for nonconformities within 8 months from the evaluation or as agreed with the TL.*
- *In case there is a need for a follow up visit to confirm implementation of actions, the AB shall present evidence of implementation of actions at least two months before the follow up visit, or as agreed with the TL. In this case, if there are any actions pending after the follow up visit, the AB should provide evidence of effective implementation of corrective actions for nonconformities within 4 months from the follow up visit.*

Note: For initial evaluations and extensions of scopes, it is acceptable that the AB may need more time to implement corrective actions.

For re-evaluations:

- *Within 1 month from the reevaluation the AB shall present an action plan and time schedule for implementation of corrective actions for nonconformities and concerns, as well as responses to the comments.*



- *The AB shall present evidence of effective implementation of corrective actions for nonconformities within 3 months from the evaluation.*
- *In case there is a need for a follow up visit to confirm implementation of actions, the AB shall present evidence of implementation of actions at least two months before the follow up visit, or as agreed with the TL. In this case, if there are any actions pending after the follow up visit, the AB shall provide evidence of effective implementation of corrective actions for nonconformities within 1 month from the follow up visit.*

A4 Formal Reaction of the evaluation team to this Response.

The evaluation team's reaction to each response to every finding is submitted in writing to the Accreditation Body for consideration using form F008. (Deadline - within 30 days from step 3.)

A5 Steps 3 and 4 may be repeated.

Any problems completing steps 3 and 4 shall be reported to the Chairperson and Secretary of the SADCA MRA COMM.

A6 Preparation of a Final Report to the MRA Council

(Deadline: 30 days from completion of step 4.)

This report consists of the items identified under steps 2, 3 and 4 (i.e., formal team report, formal AB response and formal team reaction). In addition, the recommendation of the evaluation team is stated as a section of the evaluation team's final report (see section B1 in this Annex). Items included in steps 3 and 4 shall be combined into form F008 stating the findings, the formal AB response including corrective actions, and the evaluation team's reaction. The report shall also include information on the follow up visit, if relevant (see section B2 in the Annex). This will ease the MRA Council review process.

For initial evaluations and extensions of scope, the final report shall be provided to the MRA Secretary and MRA COMM Chairperson 30 days after all findings have been closed.

For reevaluations, the final report shall be provided to the MRA Secretary and the MRA COMM Chairperson 6 months from the date of the reevaluation even if some findings are still open unless the MRA Council or the MRA COMM Chairperson has authorized a follow up visit, in which case the final report shall be provided to the MRA Secretary and the MRA COMM Chairperson 60 days after the follow up visit.

B) TYPICAL STRUCTURE AND CONTENT OF A FINAL EVALUATION REPORT ON AN ACCREDITATION BODY

B1) Full evaluation report

0 Cover page

The cover page states the type of evaluation, the name of the Accreditation Body that has been evaluated, the dates of the evaluation visit(s), the names of the team leader and team members, specifying the organisation to which they belong, and a clear indication that the report is confidential.



1 Contents

For a full evaluation, this page should list the contents of the report, including the Annexes.

2 Summary section

For a full evaluation, the name of the accreditation body, the type of evaluation and scope of the MRA considered in the evaluation, criteria against which the evaluation was performed, activities undertaken during the evaluation, types of assessments witnessed and other institutions visited, strengths of the AB's accreditation system and number and type of findings. The summary section should include the next steps in the process, any recommendations for a follow up visit and reference to the nonconformities, concerns and comments (see section C of this Annex) and must be signed by all team members

3 Introduction

The introduction should give the reason for the evaluation, the participants, a summary of the content of the evaluation, criteria against which the evaluation was performed, provisions of documentation and translation, activities undertaken during the evaluation, types of assessments witnessed and other institutions visited, and follow up from previous evaluation findings.

4 Recommendation to the SADCA MRA Council

For initial evaluation and for extensions of the MRA scope the recommendation shall indicate whether or not the AB should be accepted into the MRA and the scope of recognition. For reevaluations this recommendation shall indicate whether or not the AB should be maintained in the MRA and the scope of recognition.

The recommendation shall also indicate when the next evaluation should be done. Normally the next reevaluation will be done within 4 years from the last evaluation; if a shorter interval is recommended the evaluation team shall provide the reasons for that and the proposed scope of the evaluation.

The recommendation should reflect the consensus of the evaluation team. If the evaluation team cannot reach consensus, the recommendation shall reflect the different views of the team members and include the reasons for the difference.

5 Background on the Accreditation Body

This section should state the history and background of the accreditation body, including fields of accreditation, relationship to government, responsibilities, management, number of accreditations, staffing levels, number of assessors and arrangements with other bodies.

6 Performance of the System

The subsections of this section are based upon IAF/ILAC A3.

7 Arrangement Obligation

For re-evaluations, the steps taken by the signatory to implement the obligations stated in the Arrangement document(s).

8 Annexes

Annex 1 - Nonconformities, concerns and comments to be left at the end of the on-site evaluation visit.



Note: The list of findings is to be prepared using form F008. The response and actions by the evaluated AB and the reaction by the evaluation team shall be included in form F008. Form F008 is to be filled out in such a way that it will allow the MRA Council to understand the proposal made and actions taken by the AB as well as the reactions of the evaluation team.

Annex 2 Lists of documents supplied before evaluation.

Annex 3 Evaluation program and agenda using form F027.

Annex 4 Organisation chart of the Accreditation Body.

Annex 5 Reports on the assessments witnessed using form F014.

Annex 6 Declaration of confidentiality and impartiality (F006) signed by all team members and observers.

Note: The evaluation team should avoid referring to names of CABs, assessors, experts and AB staff in findings and in the report about the performance of the AB's system.

The team leader shall also provide the MRA Secretary and MRA Chair a separate document (F010) containing the list of assessment witnessed, including identification of the CAB and names of assessors and experts. This document will not form part of the evaluation report due to the fact that the AB may disclose it to interested parties (see Annex 6). This information will be used by the SADCA MRA Council to help plan future reevaluations of the AB.

B2) Follow up Visit Report

B2.1) Follow up visits done before a final decision by the MRA Council.

If the follow up visit aims at checking implementation of corrective actions **before** SADCA MRA Council makes a decision on granting or maintaining recognition, the information on the activities done in the follow up visit shall be included in the summary section of the Final Report of that evaluation as follows:

- a. The report shall include a section with a summary of the follow up visit, including the reasons for the follow up visit; reference to the decision authorizing the visit, either by the MRA Council or the Chairperson of the MRA Council; the evaluators participating in the visit and dates of the visit; a summary of the activities performed by the evaluation team; confirmation whether or not all findings have been closed; and the next steps of the process.
- b. An annex with the follow up visit program.
- c. An annex with the report on any assessments witnessed using form F014.
- d. In form F008, information about the evidence obtained by the evaluation team for each of the findings that was checked, if relevant confirmation that the finding is closed or information on the actions that are still pending.

The summary section about the follow up visit and the updated form F008 shall be provided to the AB at the end of the visit.

B2.2) Follow up visits done after a final decision by the MRA Council.

If the follow up visit aims at checking implementation of corrective actions **after** SADCA MRA Council makes a decision on granting or maintaining recognition, the information on the activities done in the follow up visit shall be included in a report issued specifically for that follow up visit as follows:

- a) The cover page shall state the type of evaluation, the name of the Accreditation Body that has been evaluated, the dates of the evaluation visit(s), the names of the team leader and team members, specifying the organisation to which they belong, and a clear indication that the report is confidential.



- b) The report shall include a section with a summary of the follow up visit, including the reasons for the follow up visit, reference to the decision authorizing the visit, by the MRA Council, the evaluators participating in the visit, dates of the visit, a summary of the activities performed by the evaluation team, confirmation whether or not all findings have been closed and a recommendation to the MRA Council on the next steps of the process.
- c) An annex with the follow up visit program.
- d) An annex with the report on any assessments witnessed using form F014.
- e) Form F008 including only the findings and corrective actions of the previous evaluation visit that were checked in the follow up visit, and information about the evidences obtained by the evaluation team for each of the findings, confirmation that the finding is closed or information on the actions that are still pending.

The summary section, the table of findings with information about the actions taken shall be provided to the AB at the end of the visit. The final report shall be sent to the MRA Secretary and MRA COMM Chairperson 30 days after the visit.

C) GUIDANCE ON CLASSIFICATION OF FINDINGS

Finding: To be used as a general term

Non-conformity: Finding where the AB does not meet a requirement of the applicable standard (ISO/IEC 17011), its own management system or the Arrangement requirements.

The evaluated AB is required to respond to nonconformity by taking appropriate corrective action and providing the evaluation team with evidence of effective implementation.

A non-conformity is considered closed when the evaluation team has accepted the evidence of effective implementation of corrective action provided by the AB.

Concern: Finding where the AB's practice may develop into non-conformity.

The evaluated AB is required to respond to a concern by providing the evaluation team with an appropriate action plan and a time schedule for implementation.

A concern is considered closed when the evaluation team has accepted the plan and the time schedule proposed by the AB and has confirmed that the AB started to implement that plan.

Comment: Finding about documents or AB's practices with a potential of improvement; but still fulfilling the requirements.

The evaluated AB is required to respond to comments.

A comment is considered closed when the evaluation team has received the response from the AB.



Annex 4

DECISION MAKING REGARDING EVALUATIONS

1. Decision Making Regarding Evaluations

1.1 The final evaluation report shall be submitted to the MRA Secretary and MRA COMM Chairperson (See deadlines in Annex 3, item A 6).

Note: For reevaluations the report will be submitted to the MRA Council before all findings have been closed if the AB is not able to meet the deadline for closing findings (see Annex 3, item A 6).

1.2 The MRA Secretary distributes the final report to the MRA Council, which shall decide:

- In the case of an initial evaluation, whether or not the Applicant Body may enter the Cooperation's Arrangement;
- In the case of a re-evaluation, whether or not the Applicant Body will remain a Signatory to the Arrangement. Positive decisions can be accompanied by conditions (see 2.0 Hierarchy of Decisions).

Note 1 The MRA Council may decide to carry out a re-evaluation, partly or totally, prior to the normal 4 year period. Normally this would be the case after initial evaluations or fundamental re-organisations.

Note 2 For voting rules see the document A012.

1.3 The MRA Council shall review the evaluation report findings to confirm that they are correctly classified and that the report contains the necessary information to have full confidence that the applicant complies with MRA requirements. The MRA Council may request additional information from the evaluation team and the AB, in which case it should duly note it, in order to harmonize peer evaluator criteria.

1.3.1 Decision on initial evaluations will normally be made during the meetings. In case decisions on evaluations or reevaluations are made by email ballot, this process will be carried out in 3 steps:

Step 1) Review of the evaluation report by the MRA Council and presentation of comments.

The MRA Council shall provide written comments to the report within 30 days or as agreed by the MRA Council. All signatories are required to send their comments to the MRA Secretary. If a signatory does not have any comments, the signatory's representative shall state that in writing.

Comments shall clearly identify the section, page of the report and, if relevant, the number of the finding. Comments should include issues that need to be clarified by the evaluation team and/or the evaluated accreditation body.

Step 2) Clarification on comments

The MRA Secretary will collate all comments. These comments will be reviewed by the SADCA MRA COMM Chairperson who will seek clarifications from the evaluation team and, if necessary, the evaluated accreditation body. This step should be completed within 30 days or as agreed by the MRA Council.

Step 3) Email ballot

After getting clarifications on the comments, the MRA Secretary will submit the final report, the comments and the clarifications to the for a 30 days electronic ballot.



In order to avoid conflict of interests, the person representing the signatory in this email ballot shall not have participated in the evaluation.

2. Hierarchy of Decisions

2.1 Decisions made as a result of peer evaluations can take many forms. Implicit in these decisions is the possibility of a variety of sanctions. This guidance outlines a hierarchy of the major types of decisions from the most positive decision to the least positive decision (i.e., when conditions or sanctions of increasing severity are imposed).

2.2 The SADCA MRA Council makes all decisions on MRA signatories. There are primarily two situations to address: *New MRA Applicant* and Maintenance of a *MRA Signatory*. A third situation that is not addressed below is the possibility of adverse decisions or sanctions imposed on an MRA signatory which fails to abide by its obligations under the Arrangement itself.

2.3 Decisions on New MRA Applicant and Extensions of Scope

2.3.1 Approval without conditions (re-evaluation to occur 4 years from the date of the evaluation).

2.3.2 Approval with conditions (e.g., shortened interval for re-evaluation, completion of one or more Interlaboratory Comparisons ILCs), a follow up visit by one or more members of the evaluation team.

2.3.3 Defer approval pending submittal of required evidence of corrective actions and/or a follow up visit by one or more members of the evaluation team to confirm implementation of corrective actions.

2.3.4 Disapproval with a new evaluation required.¹

2.4 Decisions on MRA Signatory

2.4.1 Approval without conditions (re-evaluation to occur 4 years from the date of the evaluation).

2.4.2 Approval with conditions (e.g., shortened interval for re-evaluation, completion of one or more ILCs, a follow up visit by one or more members of the evaluation team).

2.4.3 Defer re-approval pending submittal of required evidence of corrective actions and/or follow up visit by one or more members of the evaluation team. In case the AB is not able to meet the deadlines for responding to and closing findings, the MRA Council may issue warnings and fix a prorogation of the deadline after which a decision will be made.

2.4.4 Reduction of recognition for one or more scopes of the Arrangement.

2.4.5 Suspension from the MRA (see clause 2.7).

2.4.6 Withdrawal of Signatory status (subject to Appeals Process) -- if ultimately a Signatory were withdrawn, a new application and evaluation would be required to re-enter the Arrangement. (see clause 2.4.8).

2.5 Acceptance into the SADCA MRA Council

2.5.1 Once the SADCA MRA Council has approved a new signatory of the MRA, it is accepted immediately into the MRA.

¹ Disapproval should rarely happen for New Applicant (Accreditation Bodies) since an evaluation report is normally only submitted for a decision once all findings have been closed.



2.5.2 The MRA Secretary will inform the SADCA General Assembly of new signatories and their scopes of recognition.

2.6 Notification of change

2.6.1 Each Signatory of the SADCA MRA shall report any significant changes in its status and/or its operating practices (e.g. as listed below) without delay to all MRA Council members through the SADCA MRA Secretary.

- Legal status;
- Senior accreditation program personnel;
- Contact person or liaison officer for the Arrangement;
- Accreditation criteria and procedures, related to the Arrangement;
- Office address (and postal address, if different), including head office and any offices;
- Relationship with government;
- Sector specific accreditation programs/schemes endorsed by SADCA, IAF and ILAC with which the AB is involved
- Other changes that significantly affect the competence or credibility of the accreditation process.

2.6.2 The MRA Secretary will update the relevant information about the signatory on the SADCA website and inform all SADCA members about the changes. The MRA Council shall review the changes that affect the MRA and decide on the need for any subsequent actions, which may include but are not limited to:

- Request the signatory to provide additional information,
- Perform an extraordinary evaluation,
- Verify the implementation of the changes in the next re-evaluation,
- Update the name of the organisation and sign a new Signature Sheet of the SADCA MRA.

2.7 Maintenance, suspension, and withdrawal of MRA Council Membership

2.7.1 It may be that the SADCA MRA Council cannot accept the corrective action taken by an AB with regard to significant changes notified by the AB, or to nonconformities which have been found, or to substantiated complaints from interested parties. It may also be that the AB does not provide the documentation required to perform the evaluation, delays reevaluations or follow up visits, or does not appropriately respond to the nonconformities and concerns of a peer evaluation in the time frame established in this document. The SADCA MRA Council may then take appropriate action. This action can be suspension for a maximum period of 6 months or withdrawal from the SADCA MRA.

2.7.2 Notwithstanding any other clause in this document, an accreditation body member shall not remain a member of the MRA Council if it is, for any reason, suspended or withdrawn from the MoU. The SADCA Secretary shall immediately notify the MRA Council when any member of the MRA is suspended or withdrawn from the MoU for any reason, and the MRA Council shall immediately suspend or withdraw the membership of the body in the MRA.

2.7.3 Maintenance, suspension or withdrawal of a signatory shall be decided by the SADCA MRA Council in accordance with the same procedures used for acceptance of MRA signatory. SADCA MRA Secretary shall inform SADCA members, ILAC, IAF, and all recognized Regional Cooperations about any suspension or withdrawal decided by SADCA. That information shall be accompanied by an appropriate explanation stating the reason for suspension or withdrawal to the signatory.



The suspended or withdrawn AB may appeal the decision in accordance with SADCA P002.

2.7.3.1 If the AB is suspended, the AB must inform its accredited bodies. There are no consequences for the CABs accredited before the suspension. Any new accreditation by the AB during the suspension period are not covered by the MRA and not recognized by SADCA.

2.7.3.2 If the signatory status of the AB is withdrawn, the AB has to inform all applicants and accredited CABs that the accreditation is no longer accepted under the SADCA MRA and the IAF/ILAC Arrangement and the CAB shall no longer make reference to the SADCA MRA and to IAF/ILAC Arrangement.

2.7.3.3 When a withdrawn AB applies to become an SADCA signatory again, the procedure for new applicants must be followed.



Annex 5

MONITORING AND RE-EVALUATION OF AN ACCREDITATION BODY

1. Periodic monitoring and re-evaluation of the Arrangement(s) is necessary.
2. All MRA Signatories shall be formally re-evaluated at maximum intervals of four years from the month when the previous full evaluation was done.
 - 2.1 The procedures for reevaluation are essentially the same as for an initial evaluation. Although an application as per form F007 is not required, the AB shall provide the evaluation team all documents required in form F007, item 20, 90 days in advance of the evaluation. For planning of the witnessing, the AB shall also provide the evaluation team with a list of assessments that will take place from about 6 weeks before the proposed on-site evaluation date, or as agreed with the team leader. Failure to meet that deadline may lead to the cancelation of the re-evaluation and other action as found appropriate by the MRA Council (see Annex 4, clause 2.7.1).
 - 2.1.1 In addition, the MRA Secretary shall send the evaluation team:
 - a) The final report of the last evaluation or reevaluation;
 - b) Reports on any follow up visits done after the last evaluation/reevaluation;
 - c) The MRA Profile of the AB which includes all of the MRA Council resolutions regarding the AB, as well as other useful information for the evaluation team;
 - d) A list of the names of the CABs and assessors/experts that were witnessed during the previous evaluation, form F010; and
 - e) Information on accredited laboratories that have participated in proficiency testing programs of SADCA and APLAC, if applicable.
 - f) Any other relevant MRA Council resolution in relation to the AB issued after the last evaluation/reevaluation.
 - 2.2 Where there are difficulties to agree on a date for the re-evaluation that suits the evaluation team and the accreditation body, the MRA COMM Chairperson may authorize the evaluation to be delayed for 30 days. Any delay longer than 30 days shall be considered by the SADCA MRA Council and may lead to suspension from the MRA or other actions as found appropriate by the SADCA MRA Council.
3. Partial to total re-evaluation may be conducted at an earlier date as directed by the MRA Council, should there be due cause such as notification of significant changes (see Annex 4, clause 2.6).

Note: Re-evaluations may also be conducted earlier than the deadline if that is requested by the accreditation body, for example, in order to carry it out together with an evaluation for extension of the scope of recognition.

4. Monitoring of changes notified by an MRA signatory shall be appropriately examined (see Annex 4, clause 2.6).



Annex 6

DISCLOSURE OF EVALUATION REPORTS

1. A report on the evaluation of an accreditation body carried out on behalf of the SADCA MRA Council shall not be published in the public domain.
2. An accreditation body may, however, choose to disclose the full report to its interested parties with the purpose of promoting the acceptance of the SADCA MRA under the conditions detailed below.
3. The evaluation report shall not be disclosed until after it has been formally considered by the SADCA MRA Council.
4. The SADCA MRA Secretary may provide to the accreditation body the documents that may be collectively disclosed to interested parties. Those documents shall include the full evaluation report, including the responses to the findings and all other Annexes, and the SADCA MRA Council resolution arising from the consideration of the report. All references to any specific conformity assessment body and names of assessors shall be removed by the SADCA MRA Secretary from the documents that may be disclosed. The SADCA MRA Secretary may provide these documents to the accreditation body, if requested, within 30 days from the date of the MRA Council resolution.
5. The documentation provided by the SADCA MRA Secretary to the AB shall be disclosed by the AB collectively; together with an appropriate statement as to the confidential nature of the information, i.e. the information shall remain confidential to the accreditation body and the recipient except where the law requires such information to be disclosed.
6. Where the evaluation is performed jointly with other regional groups or with ILAC or IAF, the evaluation report shall not be disclosed unless there is agreement among the parties involved in the evaluation and the accreditation body.