



Global Accreditation Foundation

QUALITY MANUAL

Global Accreditation Foundation

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GLOBAL ACCREDITATION FOUNDATION

QUALITY MANUAL

1.1	Purpose:	
1.1.1	This quality manual covers all aspects of GAF quality system to ensure that all requirements of ISO/IEC 17011:2004 are met.	
1.1.2	This quality manual shall be used by the GLOBAL ACCREDITATION FOUNDATION (GAF) for the accreditation of third party independent CABs that undertake conformity assessment services such as assessing & certification of the management systems; testing & calibration services; assessment of personnel and inspection, as per various international standards, publicly available documents and for compliance with GAF standards. The GAF standards are the SQAM (Standardization, Quality and Accreditation & Metrology) principles and criteria followed by GAF.	
1.1.3	This quality manual, which is the apex manual along with the applicable lower level documents, forms the basis for the participation of GAF in multilateral agreement with the similar accreditation bodies.	
1.1.4	This quality manual shall ensure continuity and consistency of the conformity assessment processes deployed by the GAF accredited CABs against the relevant standards.	
1.1.5	This quality manual shall ensure that GAF accredited CABs bodies operate in a controlled manner.	
1.1.6	This quality manual endeavors to provide transparency that is required of an independent international accreditation body.	
1.1.7	This quality manual ensures flexibility by focusing on outcomes rather than be prescriptive and bureaucratic.	
1.1.8	This quality manual endeavors to assist applicant and accredited CABs to meet and surpass the accreditation requirements by providing guidance and notes.	
1.1.9	This quality manual endeavors to bring clarity and acceptance of multiple points of views.	
1.2	Scope:	
1.2.1	This quality manual is useful for those who find the GAF accreditation services beneficial and all CABs that wish to avail GAF accredited conformity assessment services which is voluntary in nature and allow accredited organizations the use of GAF logo.	
1.2.2	This quality manual shall be updated from time to time and is subject to regular supervision by the Technical Advisory Committee (TAC) of GAF and is approved by the CEO on behalf of the Board of Directors (BOD).	
1.3	Responsibility & Authority:	
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1.3.1	The TAC of GAF is responsible for the quality manual in GAF's official language – English.

1.4	Operation:			
Sr. No	Description	Policy. No.	Current Status	Approved By
1	Manual Identification	00	00	CEO
2	Table of Contents	01	00	CEO
3	Amendment Record	02	00	CEO
4	List of Controlled Copy Holders	03	00	CEO
5	Terminology/Definitions Used	04	00	CEO
6	Accreditation Body	05	00	CEO
7	Management	06		
8	Human Resources	07	00	CEO
9	Accreditation Process	08	00	CEO
10	Relations Between GAF and the accredited CABs	09	00	CEO
11	Cross Reference Compliance to ISO/IEC 17011:2004	10	00	CEO
1.5	Reference: The QMS incorporated the requirements of the following Documents:			
1.5.1	The following reference documents are used for the application of various accreditation schemes operated by GAF. In case all these referred documents only the latest edition including any amendments shall apply:			
1.5.2	ISO 9000:2005 Quality Management Systems – Fundamentals and Vocabulary.			
1.5.3	ISO/IEC 17000:2004 Conformity Assessment – Vocabulary & General Principles.			
1.5.4	VIM: 10993, International Vocabulary of Basic and General Terms in Metrology issued by BIPM, IEC, IFCC, ISO, IUPAC, IUPAP and OIML .			
1.5.5	ISO/IEC 17011:2004 Conformity assessment – General requirements for accreditation bodies accrediting conformity assessment bodies.			
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2.1	Purpose:				
2.1.1	To maintain a list of all revisions made to policies.				
2.2	Scope:				
2.2.1	Applicable to Quality Manual of GAF.				
2.3	Responsibility& Authority:				
2.3.1	Management Representative.				
2.4	Details Of Previous Issues:				
2.4.1	Current Issue No	01			
2.4.2	Date Effective	01/09/2010			
2.4.3	Last Updated on	15/04/2014			
2.5	Note:				
2.5.1	The latest changes are identified in the amendment record.				
2.6	Operation:				
Policy No.	ParaNo.	Nature of Amendment	Current Rev. No.	Date	PreviousRev. No.
QM	QM	NA	00	1/9/2017	0.5
Approved By:					
Technical Advisory Committee (TAC)					

4.1	Purpose:				
4.1.1	To define the meanings of terminologies and abbreviations used in this manual.				
4.2	Scope:				
4.2.1	Applicable to quality management system of GAF.				
4.2.2	The definitions contained in the following documents along with cross-referred documents are applicable.				
4.2.3	Additional information for clarity is acceptable provided it does not conflict with the governing standards.				

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4.3	Operation:
4.3.1	Accreditation:
4.3.1.1	Third-party attestation related to a conformity assessment body conveying a formal demonstration of its competence to carry out specific assessment tasks.
4.3.2	Accreditation Body:
4.3.2.1	A body responsible for third party attestation related to conformity assessment and calibration facilities conveying a formal demonstration of their competence to carry out tasks against specified criteria, including that of given in the international guides and the standards.
4.3.3	Accreditation Certificate:
4.3.3.1	A formal document or a set of documents, stating that accreditation has been granted for the defined scope.
4.3.4	Accreditation Criteria:
4.3.4.1	The requirements and conditions that have to be met before a laboratory, body, proficiency scheme provider or certification body can be considered for accreditation by GAF.
4.3.5	Accreditation Schedule for Calibration Laboratory:
4.3.5.1	A document describing the parameters ranges and best measurement capabilities for which a calibration laboratory is accredited. The document also contains other information including the names of authorized signatories of laboratory certificates.
4.3.6	Accreditation Schedule for Testing Laboratory:
4.3.6.1	A document that defines the scope of accreditation in terms of materials/products tested, types of tests, properties measured and range of measurements. The techniques and test methods for which accreditation applies are identified as well as the names of authorized signatories of test reports.
4.3.7	Accredited Body:
4.3.7.1	An organization or facility that has been accredited by GAF.
4.3.8	Advisory Committee:
4.3.8.1	A voluntary committee consisting of industry / stakeholder's and other individuals representatives with an interest in accreditation, established by the board and whose main object is to provide strategic/technical advice , guidance and inputs to the board of GAF.

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4.3.9	Appeal:		
4.3.9.1	Request by a CAB for re-consideration of any adverse decision made by the GAF related to its desired status.		
4.3.9.2	Note: Adverse decisions include: a. refusal to accept an application; b. refusal to proceed with an assessment; c. changes in accreditation scope; d. corrective action requests; e. decisions to deny, suspend or withdraw accreditation and f. any other action that impedes the attainment of accreditation.		
4.3.10	Applicant:		
4.3.10.1	The body seeking accreditation from GAF.		
4.3.11	Accreditation Approval Committee (AAC):		
4.3.11.1	A GAF committee whose task is to determine whether an applicant meets all relevant ISO/IEC guides, International Standards, OECD principles of GLP and GAF requirement documents etc. and as such is eligible for accreditation compliance as appropriate. This committee may be composed of only one person.		
4.3.12	Assessment:		
4.3.12.1	A process undertaken by GAF to assess the competence of a CAB, based on particular standard(s) and /or other normative documents and for a defined scope of accreditation.		
4.3.12.2	Note: Assessing the competence of a CAB involves assessing the competence of the entire operations of the CAB, including the competence of the personnel, the validity of the conformity methodology and the validity of the conformity assessment results.		
4.3.13	Assessment Cycle:		
4.3.13.1	The period between an initial assessment and a re-assessment.		
4.3.14	Assessment Reports:		
4.3.14.1	The reports compiled by the lead assessor in conjunction with the assessment team. Parts of this report are presented to the applicant and his//her representatives immediately following completion of the assessment. The full report is submitted to the Accreditation Approvals Committee (AAC) for approval.		
4.3.15	Assessor:		
4.3.15.1	A person assigned by GAF to, alone or as part of an assessment team, perform an assessment of a		
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	CAB.
4.3.16	Audit:
4.3.16.1	Systematic, independent, documented process for obtaining records, statements of fact or other relevant information and assessing them objectively to determine the extent to which specified requirements are fulfilled.
4.3.17	Bilateral Arrangement:
4.3.17.1	An arrangement whereby two parties recognize or accept each other's conformity assessment results.
4.3.18	Calibration Laboratory:
4.3.18.1	A body that performs a set of operations that establish, under specified conditions, the relationship between values of quantities indicated by a measuring instrument or measuring system, or values represented by a material measure or reference material, and corresponding values realized by standards whatever their uncertainty. It ensures that calibration results are traced back to the applicable national/international standards.
4.3.19	Certification Body:
4.3.19.1	An organization that certifies other organizations in respect of the compliance of their management systems, schemes or products with recognized specifications or standards.
4.3.20	Certificate of Competence:
4.3.20.1	A certificate issued to a metrologist who has demonstrated his competence in a specific field of metrology.
4.3.21	Certificate of GLP Compliance:
4.3.21.1	A formal document or set of documents stating that GLP compliance has been demonstrated.
4.3.22	Clearance of Findings Visit:
4.3.22.1	A process undertaken by an GAF assessor/s to assess the implementation of corrective actions raised during an assessment. It is during this visit that the Corrective Actions are verified as cleared.
4.3.23	Complaint:
4.3.23.1	An expression of dissatisfaction other than an appeal, by any person or organization, to GAF, relating to the activities of GAF or of an accredited CAB, where response is expected.
4.3.24	Complainant:

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4.3.24.1	A person / body who has a complaint related to the activities of a CAB or GAF.
4.3.25	Compliance Criteria:
4.3.25.1	The requirements and conditions that have to be met before a facility can be considered for compliance status by GAF.
4.3.26	Conformity Assessment:
4.3.26.1	The procedure used to determine, directly or indirectly, that the relevant requirement in technical regulations, voluntary standards or any other relevant and validated documentation has been fulfilled.
4.3.27	Conformity Assessment Body:
4.3.27.1	A body that performs conformity assessment services and that can be the object of accreditation.
4.3.28	Consultancy:
4.3.28.1	Participation in any of the activities of a CAB subject to accreditation. Examples: <ul style="list-style-type: none"> a. preparing or producing manuals or procedures for a CAB; b. participation in the operation or management of the system of a CAB; c. giving specific advice or specific training towards the development and implementation of the management system and/or competence of a CAB; d. giving specific advice or specific training for the development and implementation of the operational procedures of a CAB.
4.3.29	Corrective Actions (CA's):
4.3.29.1	The documented action taken by the organization's management to solve each problem noted as a non-conformity by the assessment team.
4.3.30	Dispute:
4.3.30.1	A disagreement with a decision made by GAF.
4.3.31	Divisional Head (DH):
4.3.31.1	The person responsible for a particular field of accreditation i.e. specific areas of calibration, testing, inspection, certification, etc.
4.3.32	Expert:
4.3.32.1	Person assigned by GAF to provide specific knowledge or expertise with respect to the scope of accreditation to be assessed.

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4.3.33	Extending accreditation:
4.3.33.1	Process of enlarging the scope of accreditation.
4.3.34	External Accreditation Body:
4.3.34.1	An accreditation body other than the GAF.
4.3.35	External Assessor:
4.3.35.1	A person employed by an external accreditation body.
4.3.36	Extension Assessment:
4.3.36.1	Assessment is scheduled if and when required by the organization. An Extension can also include application for approval of personnel.
4.3.37	Franchising:
4.3.37.1	Franchising is the business practice whereby a franchisor allows a franchisee to use a certain trademark or trading name, and typically supplies support and training in exchange for a recurring royalty fee. The trademark is typically the name under which the business operates. The franchisee is a separate legal entity to that of the franchisor, although this is not necessarily apparent to the customer who assumes that the legal entity is the holder of the trademark or name under which the organization operates. As the franchisee does not own the trademark or name under which they operate, the franchisee is not explicitly identified as the entity that is legally responsible.
4.3.38	GCP(Good Clinical Practice):
4.3.38.1	International Conference on Harmonization (ICH)'s Good Clinical Practices (GCP) is an ethical and scientific quality standard for designing, conducting and recording trials that involve the participation of human subjects.
4.3.39	GLP (Good Laboratory Practice):
4.3.39.1	A quality system concerned with the organizational process and the conditions under which non- clinical health and environmental safety studies are planned, performed, monitored, recorded and reported.
4.3.40	GCP/GLP Inspector:
4.3.40.1	A person who performs the test facility inspections and study audits on behalf of GAF.
4.3.41	Inspection Body:
4.3.41.1	An organization that performs examination of a product design, product, service, process or plant and

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	determination of their conformity with specific requirements or, on the basis of professional judgment and with regards to applicable requirements.
4.3.42	Interested Parties:
4.4.42.1	Parties with a direct or indirect interest in accreditation.
4.4.42.2	Note: Direct interest refers to the interest of those who undergo accreditation; indirect interest refers to the interests of those who use or rely on accredited conformity assessment services. GAF has extended the ISO/IEC 17011:2004 definition to include business, academia, industry and government institutions with an interest in accreditation.
4.4.43	Initial Assessment:
4.4.43.1	An Initial assessment is the first full assessment of the organization. All the disciplines and/or methods indicated on the application form.
4.4.44	Laboratory:
4.4.44.1	Any specialized confined environment used for the performance of scientific work, including laboratories involved in testing work.
4.4.45	Lead Assessor:
4.4.45.1	A competent person registered as a lead assessor with GAF, who complies with the relevant GAF requirements.
4.4.46	Major Non-Conformance:
4.4.46.1	This category of non-conformance is allocated by the lead assessor against those observations indicating that the technical competence of the organization to continually perform work within the limits of its proposed/approved accreditation schedule/scope has either been or is in imminent danger of being seriously compromised.
4.4.47	Minor Non-Conformance:
4.4.47.1	This category of non-conformance is allocated by the lead assessor against those observations indicating that although the organization has failed to conform to the prescribed accreditation requirements, the failure has no immediate or imminent effect on its competence to perform work within the limits of its proposed/approved accreditation schedule/scope.
4.4.48	Non-Conformance:
4.4.48.1	If the subject of a particular observation is deemed to cast doubt on the organization's ongoing ability to meet GAF accreditation criteria, the consultation with the assessment team, shall convert the observation to a non-conformance. Non-conformances are graded as major and minor.
4.4.49	Observation:

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4.4.49.1	This is a comment recorded by a member of the assessment team when noting a situation or action, which may prejudice the organization's ability to meet GAF accreditation requirements. A representative of the facility must acknowledge (by signature) that the observation has been accurately recorded.
4.4.50	On-Site Assessment:
4.4.50.1	An assessment performed at a location where specific activities are conducted.
4.4.51	Personnel Records:
4.4.51.1	Records of personnel qualifications, experience etc. which are used to determine eligibility for assessments.
4.4.52	Pre-Assessment:
4.4.52.1	A visit undertaken by the lead assessor to the applicant's organization to determine the applicant's capacity, capability and state of readiness for an initial assessment. This assessment is confined to assessing the quality management system of the organization.
4.4.52.2	Note: In the voluntary domain a pre-assessment is optional, need not cover the entire system in detail and only verbal feedback is given.
4.4.53	Proficiency Testing Scheme:
4.4.53.1	Inter-laboratory comparisons designed and operated to assure laboratory performance in specified areas of testing, measurement and calibration.
4.4.54	Re-Assessment:
4.4.54.1	A procedure performed after the initial assessment and normally after two surveillance assessments for certification bodies and for laboratories, to verify continued compliance with GAF accreditation requirements. A re-assessment is scheduled at the end of each assessment cycle.
4.4.54.2	Note 1: A re-assessment can be performed at the end of an assessment cycle.
4.4.54.3	Note 2: A re-assessment can also be performed on an organization in the event of the lifting of a period of suspension.
4.4.55	Regulatory Body:
4.4.55.1	Any governing body that uses accreditation by GAF, as the basis for their decision to grant an organization approval to operate within the regulatory domain.
4.4.56	Six-Month Follow-up Assessment:
4.4.56.1	A six-month follow-up assessment is the first assessment of the organization after the initial assessment.

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4.4.57	Specialist Technical Committee (STC):
4.4.57.1	An GAF committee of technical experts tasked with providing guidance to GAF on technical matters pertaining to accreditation, in their specific field of expertise.
4.4.58	Surveillance Assessment:
4.4.58.1	Set of activities performed at a defined frequency, except reassessment, to monitor the continued fulfillment by accredited CABs of requirements for accreditation. Items are selected from the accreditation schedule in such a manner to ensure that normally after a complete assessment cycle all aspects of the schedule have been covered.
4.4.59	Suspending Accreditation:
4.4.59.1	A process of temporarily making accreditation invalid, in full or for part of the scope of accreditation.
4.4.60	Technical Assessor:
4.4.60.1	A person with appropriate technical competence and recognized training in assessment practice and techniques appointed by GAF to an assessment team for the purpose of assessing the technical competence of a facility with respect to their schedule of accreditation.
4.4.61	Technical Expert:
4.4.61.1	A person with appropriate technical competence but who has not undergone or completed GAF training in assessment practice and techniques. The Technical Expert is appointed to the assessment team for the purpose of assessing the technical competence of a facility with respect to their schedule of accreditation or for GLP Inspections to assist the Inspectors with the technical component of the inspection activities. A technical expert will normally be accompanied by an GAF registered assessor/inspector for the duration of the assessment / inspection. For laboratory accreditation the lead assessor may decide alternatively to monitor the technical expert him/herself and allocate more time (if necessary) to complete the assessment.
4.4.62	Withdrawing Accreditation:
4.4.62.1	A process of canceling the scope of accreditation.
4.4.63	Witnessing:
4.4.63.1	Observation of the CAB carrying out conformity assessment services within its scope of accreditation.

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5.1	An Introduction:
5.1.1	General:
5.1.1.1	<p>GLOBAL ACCREDITATION FOUNDATION (GAF) is an independent, international and multi economy accreditation body (AB). It works to serve the global communities of businesses and consumers. GAF accredits appropriately qualified independent third party Conformity Assessment Bodies (CABs) such as certification bodies, inspection bodies, and testing & calibration laboratories to ensure their competence to carry out specific tasks as per the international standards & benchmarks. GAF provides external training services in accreditation-associated activities.</p> <p>GAF ensures that the training activities do not conflict with GAF's role as a multi- economy accreditation body.</p>
5.1.1.2	GAF offers accreditations according to the following Voluntary Standards:
	<ol style="list-style-type: none"> a. ISO/IEC 17021:2011 Conformity assessment -- Requirements for the bodies providing the audit and the certification of the management systems. b. ISO/IEC 17021:2011 Conformity assessment -- Requirements for the bodies providing the audit and the certification of the Fastener Quality Assurance System covered by the latest Fastener Quality Act (FQA) Public Law 101-592 as amended 1999 of the United States of America as per the Consensus Standard or Standards. c. ISO/IEC 17024:2012 Conformity assessment -- General requirements for the bodies operating certification of persons. d. ISO/IEC 17020:2012 General criteria for the operation of various types of bodies performing inspection. e. ISO/IEC 17025:2005 General requirements for the competence of testing and calibration laboratories. f. ISO/IEC 17025:2005 General requirements for the competence of laboratories that conduct Tests and Measurements of Fasteners covered by the latest Fastener Quality Act (FQA) Public Law 101-592 as amended 1999 of the United States of America as per the Consensus Standard or Standards. g. ISO 15189:2012 Medical laboratories -- Particular requirements for the quality and the competence. h. ISO/IEC 17043:2010 - Conformity assessment -- General requirements for proficiency testing i. ISO Guide 34:2009 - General requirements for the competence of reference material producers. j. ISO/IEC 17065:2012- Conformity assessment – Requirements for bodies certifying products, processes and services; k. ISO 14065:2013 Green House Gases – requirements for Green House Gas validation & verification bodies for using accreditation or other forms of recognition; l. GAF's "Responsible Education Provider" TM Accreditation Standard for Further Education & Training Institutions.

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5.1.1.3	The services of the GAF are administered from an international head office, which is based in Ontario, Canada.
5.1.1.4	GAF operates in accordance with the requirements, criteria, rules and regulations laid

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	down in the following documents:
5.1.1.5	<ul style="list-style-type: none"> a. The requirements of the international standard ISO/IEC 17011:2004, General requirements for bodies providing assessments and accreditation of conformity assessment bodies. b. The requirements and other benchmarks as stipulated in the Publicly Available Documents (PAD) published by various international bodies and GAF c. Legally established objectives as per Memorandum & Articles of Association with the Registrar of Companies, Ministry of Corporate Affairs, and Government of India.
5.1.2	The Vision, Mission, Objectives & Quality Policy:
5.1.2.1	Vision:
5.1.2.1.1	<p>Our vision is to serve global communities of businesses and consumers. We will accomplish our vision through the successful implementation of an accreditation System for conformity assessment bodies. Add value is the core idea behind the services provided by GAF to its clients and Comply with internationally recognized accreditation or other appropriate recognition criteria.</p> <p>Professional and ethical resulting in value addition to our stakeholders.</p>
5.1.2.2	Mission & Objectives:
5.1.2.2.1	Mission:
5.1.2.2.1.1	To promote advancement of SQAM (Standardization, Quality, and Accreditation & Metrology), which protect the interest of the Global Communities of Businesses & Consumers.
5.1.2.2.2	Objectives:
	<ul style="list-style-type: none"> a. To establish itself as a lead non-government - private sector trade support institution as per the policy of international trade center (UNCTAD/WTO) to provide a proactive, transparent, impartial and credible accreditation and recognition to conformity assessment service providers in the field of quality, environmental, sustainability, occupational health & safety, food safety, information security & technology, testing, calibration, researchand food related service providers globally. b. To accredit organizations in accordance with trade and industry accepted criteria, international standards, guides and other normative documents and continue to comply itself with the relevant international criteria. c. To cooperate with national and international peer organizations on the conditions for accreditation and issues relating to accreditation as per the World Trade Organization (WTO) Agreement on Technical Barriers to Trade to ensure that regulations, standards, testing, certification and accreditation procedures do not create unnecessary obstacles.
5.1.2.2.3	Quality Policy:

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5.1.2.2.3.1	<ul style="list-style-type: none"> a. we are committed to provide distinguished and excellent accreditation services globally to the conformity assessment and further education sector; b. we will continually improve the effectiveness of the quality system within the confines of the international standard ISO/IEC 17011:2004; c. we shall safeguard the integrity, objectivity and impartiality of our accreditation
	<p>services;</p> <ul style="list-style-type: none"> d. we will operate within the spirit of all relevant legislations; e. our goal is to serve Global Communities of Businesses and Consumers at all the time.
5.1.3	Legal Responsibility:
5.1.3.1	<p>GLOBAL ACCREDITATION FOUNDATION (GAF) is a trading name for GAF Accreditation Pty. Ltd. a company limited by shares established in terms of Companies Act</p> <p>GAF is the registered legal entity in the context of ISO/IEC 17011:2004.</p>
5.1.3.2	<p>The authority vested in GAF is that assigned to them by the Conformity Assessment Bodies and other Organizations it accredits and recognizes by virtue of these applicant and accredited bodies pledging support for the mission and objectives of GAF and ensuring that their actions are according to that policy. It is an independent, impartial and non- governmental body and makes no claim to be connected with any government. The accreditation services provided by GAF may be accepted on the basis of an independently delivered service designed to support organizations seeking verification of the credibility and integrity of accredited conformity assessment bodies. GAF has a policy of not to subscribe to the membership of any forum, association or network which may encourage undesirable business practices including monopolistic practice. The applicant or the conformity assessment bodies accredited by GAF are clearly directed not to mean or cause to give impression to any member of the public that GAF acts with the approval of the government unless it is so.</p>

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5.1.4	Structure:
5.1.4.1	Organogram
	<pre> graph TD GAF[Global Accreditation Foundation] --> BD[Board of Directors I CEO/MR I] GAF --> C[Committee] GAF --> IC[Impartial Committee Technical Advisory committee Appeals and Disputes committee Accreditation approval committee] BD --> D1[Divisional head laboratories] BD --> D2[Divisional head certification bodies] BD --> D3[Divisional Head inspection, product and personnel] BD --> D4[Divisional Head responsible for food safety] C --> D1 C --> D2 C --> D3 C --> D4 IC --> D1 IC --> D2 IC --> D3 IC --> D4 D1 --> ATE[Assessors and Technical Expert] D2 --> ATE D3 --> ATE D4 --> ATE ATE --> OAS[Office Administration and supporting staff] </pre>
5.1.4.2	Board of Directors:
5.1.4.2.1	<p>GAF being an independent private limited company is governed by the Board of Directors of GAF as defined in the Memorandum & Articles of Association of the company. The Board of Director has overall authority and responsibilities for policies and procedures for the operations of GAF. The terms of reference of this body shall be the following amongst others:</p> <ol style="list-style-type: none"> the development of policies relating to the operations of GAF; supervision of the implementation of the policies of GAF; supervision of the finances of GAF; decisions on accreditations; contractual arrangements.
5.1.4.3	Chief Executive Officer:
5.1.4.3.1	The Board delegates to the Chief Executive Officer (CEO) of GAF the responsibility to implement the GAF policies and procedures. The CEO also acts as the Management Representative.
5.1.4.3.2	The CEO is responsible to the Board of Directors for the development, direction and management of GAF in accordance with the Business Plan and Objectives implementation. In his/her absence the CEO shall appoint an acting CEO. The appointment shall be formalized in the memo and distributed to relevant persons within GAF. Divisional Heads are responsible for GAF activities within their own domain. The responsibilities and duties of the CEO are documented and duly signed by the CEO and the Board of Directors.

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5.1.4.3.3	The CEO is responsible for the overall management of the accreditation and assessment activities.
5.1.4.3.4	The CEO being the Management Representative is a responsible Quality Manager for ensuring amongst other duties that GAF complies with the requirements of ISO/IEC 17011:2004 and other relevant criteria in order to achieve and maintain industry recognition.
5.1.4.3.5	Quality is everybody's business in GAF therefore it is the responsibility of each GAF staff member to ensure that GAF policies and procedures as contained in the GAF Quality Management System are adhered to at all times. Each staff member shall read and understand the Quality Management System Manual and relevant procedures and other documents which are made available to the staff at all times.
5.1.4.3.6	The CEO is responsible for the financial administration of GAF and will be assisted by the finance and accounts support staff.
5.1.4.4	Committees:
5.1.4.4.1	Impartiality Committee:
5.1.4.4.1.1	GAF shall endeavour that relevant interested parties are represented on its impartiality structure, with no single interest predominating. Interested parties are defined in ISO/IEC 17011:2004 as parties with a direct or indirect interest in the accreditation services provided by GAF. These include the GAF Itself, Regulatory Authorities, Trade & Industries Associations, NGOs, Academia, Accredited Conformity Assessment Bodies and Consumer Rights Forums. However it may not be possible for GAF to ensure that regulatory authorities are represented in the impartiality Committee considering difficulty of such persons getting formal approval from their employers. The Impartiality Committee is made up of at least Five Members (Seven members Desirable) without predominance by GAF accredited CABs. When necessary, an expert from a panel/any-interested party may also be invited to participate in the Impartiality Committee meetings other than those who are already members of the Impartiality Committee. The Chief Executive Officer of GAF is an ex-officio member of the Impartiality Committee but shall have no voting power. The Impartiality Committee supports the functioning of GAF accreditation scheme by way of advisory actions and unsolicited advice. The Impartiality Committee may approve of several separate Expert Panels comprising of a single member dealing in their area of expertise. Meetings of the Impartiality Committee are held at least once a year. The present members would elect the chairman of the meeting and the Chief Executive Officer would facilitate the secretarial function. The quorum for the Impartiality Committee should be 60 % of the minimum strength i.e. 3 members. In case of not reaching a unanimous decision on any matters, the Chairperson of that particular meeting shall have the final verdict. The Impartiality Committee shall constitute the Appeals & Dispute Committee (ADC) of minimum three members from amongst the members of the Technical Advisory Committee (TAC) who do not have any interest in the matter under consideration.
5.1.4.4.2	Technical Advisory Committee (TAC):

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5.1.4.4.2.1	The TAC is a fundamental and vital component of operating a technically relevant accreditation system. Amongst other things, it is a tool to guide technical policy and to provide important mediation support in technical matters to the assessment process within a specified area of accreditation. If this important focus is somehow lost or blurred then problems are bound to arise with potentially damaging consequences to the credibility of the accreditation process.
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5.1.4.4.3	Accreditation Approval Committee:
5.1.4.4.3.1	Accreditation Approval Committee (AAC) shall take decisions regarding granting, extending, reducing, suspending and termination of accreditation. Initially AAC members will be drawn from either internal or external experts and the committee ensures that it acts independently and impartially. This may be a single member committee.
5.1.4.5	Divisional Heads:
5.1.4.5.1	The Divisional Head will be delegated with responsibilities of independently managing various accreditation schemes and shall report to the Chief Executive Officer.
5.1.4.6	Assessors/Technical Experts:
5.1.4.6.1	The GAF Assessors are responsible for undertaking accreditation assessments on behalf of GAF on a contract basis. Assessment teams consist of a Lead Assessor and an appropriate number of Technical Assessors to cover the scope of accreditation. The lead Assessor is responsible for organizing, directing and conducting assessments, report findings and to evaluate corrective actions. During the assessment the Lead Assessor is also responsible for assessing the Quality Management System of the applicant as well as undertaking technical assessment within his/her field of expertise. The Technical Assessors are responsible for advising the Lead Assessor on special to type technical matters relating to the applicant's scope of accreditation. GAF may use Technical Experts on a subcontracted basis in the assessment of an applicant or accredited body. GAF ensures that GAF Assessor always accompanies Technical Expert on assessment visits. Experts may also be contracted to provide expert opinion or any aspect of activities being assessed. GAF keeps updated register of Assessors and database of Technical Experts.
5.1.4.7	Support Staff:
5.1.4.7.1	The Support Staff shall provide marketing, purchase, administrative, information technology and other internal services and co ordination with CABs and other external parties under the supervision of the Divisional Heads/CEO as applicable.
5.1.4.8	Outsourcing of Functions:
5.1.4.8.1	GAF outsources various functions including Information Technology & Website Maintenance, Legal Matters, Human Resources, Marketing and Communication. Subcontractors who may have access to the confidential information and where deemed necessary shall sign Confidentiality Statements from GAF and such records are maintained by the CEO.
5.1.4.9	Impartiality Policies:
5.1.4.9.1	In accordance with the requirements of International Accreditation Standards and by Resolution of the GAF Board of Directors, the GAF hereby confirms implementation and adherence to the Impartiality Policies.

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5.1.4.9.2	GAF will ensure that the value of accreditation is upheld, the services are available to all the users of accreditation and such services shall be applied in a manner necessary to preserve impartiality, objectivity, independence, freedom from conflict of interest, freedom from bias, lack of prejudice, neutrality, fairness, open-mindedness, even-handedness, detachment and balance.
5.1.4.9.3	GAF shall be accessible to all applicants whose requests for accreditation fall within the activities and the limitations as defined within GAF's policies and rules. Access to GAF's services shall not be conditional upon the size of the applicant CAB or membership of any association or group nor shall accreditation be conditional upon the number of CAB's already accredited
5.1.4.9.4	GAF shall not participate in the designing, implementation or maintenance (including Internal Audit) of the management systems of its accredited bodies neither shall offer nor provide conformity assessment services that its accredited bodies provide.
5.1.4.9.5	GAF may arrange training and participate as a trainer provided that, where the course relates to management systems or assessing of CABs, it is confined to the provision of generic information.
5.1.4.9.6	In the management of impartiality the GAF recognizes the possibilities for conflicts of interests arising from relationships of those persons or organizations having an interface with the GAF. This includes staff, sub-contractors and related bodies. GAF has established a proper management system based on ISO/IEC 17011:2004, its own physical and other infrastructure, its own logo and it controls its own income and expenditure. GAF does not have any contractual arrangement with any - body it accredited. There could be links via shareholding or directorships either personal or corporate or via family members. All accredited organizations are independent trading entities with no other common ties with GAF other than the contractual obligation to maintain accredited status. In such cases, GAF shall undertake to complete a thorough assessment of the risks to impartiality and to determine the action to be taken to eliminate or minimize those risks. The risk assessment process will be ongoing and will be maintained through the GAF's Board of Directors and associated Management Review process.
5.1.4.9.7	GAF shall require personnel, internal and external, to reveal any situation known to them that may present them or the GAF with a conflict of interests. GAF shall use this information as input to identifying threats to impartiality raised by the activities of such personnel or by the organizations that employ them, and shall not use such personnel, internal or external, unless they can demonstrate that there is no conflict of interests.
5.1.4.9.8	The Accreditation Approval Committee, which is a panel of auditors, does the accreditation decision and the above threats cannot influence the decision of the panel.
5.1.4.9.9	Applicable statutory policies and voluntary policies regarding GAF operation with regards to maintaining an unbiased position will be followed.
5.1.4.9.10	An updated analysis of threat to impartiality shall be presented to the Impartiality Committee during its annual meeting.

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5.1.4.9.11	From time to time the GAF is required to evaluate its systems and procedures and practices, to ensure that impartiality in its accreditation is maintained. Parties with an interest in the accreditation services of the GAF are invited, by virtue of this policy, to submit any proposals, comments or relevant observations on the services of GAF such that these may
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	be considered by the GAF as part of its evaluation process for continual improvement.
5.1.4.9.12	Parties with an interest in accreditation include: <ul style="list-style-type: none"> a. applicants to the accreditation scheme; b. accredited conformity assessment bodies; c. customers of conformity assessment bodies; d. governmental authorities; e. non-governmental organizations and trade bodies; f. consumers and members of the public.
5.1.4.10	Confidentiality Policies:
5.1.4.10.1	GAF has non-disclosure and confidentiality policies and procedures in place to ensure that the confidentiality of the information obtained in the process of its accreditation activities is safeguarded at all levels including the board of directors, committees, external bodies and individuals acting on behalf of GAF.
5.1.4.10.2	GAF shall not disclose confidential information about a particular CAB outside GAF without written consent of the CAB, except where the law requires such information to be disclosed without such consent.
5.1.4.11	Financing Policies:
5.1.4.11.1	GAF generates its revenue from the accreditation fees it charges to its accredited CABs and other organizations. In addition, GAF is appropriately self-sustaining in terms of its accreditation activities and has implemented strategies and objectives in these regards.
5.1.4.11.2	GAF Board of Directors shall take reviews of its finances and source of income i. e. accreditation activities and demonstrate to the Impartiality Committee during the annual meeting that commercial, financial & other pressure does not compromise the impartiality. Such reviews would be inputs to the management review meetings.
5.1.4.12	Liability:
5.1.4.12.1	GAF does not accept liability for mistakes that accredited/inspected bodies/facilities may make in terms of their accreditation/compliance nor does GAF accepts liability for any mistakes that may possibly occur on the certificates or reports issued by GAF accredited CABs. The GAF accreditation agreement contains disclaimer that limits the liability of GAF. All applicants are required to sign this disclaimer prior to being accredited.
5.1.4.12.2	The liability of GAF is limited to the application fees charged by the GAF.
5.1.4.12.3	GAF has undertaken a review with its various Insurance Brokers, regarding the insurance cover that the GAF may require in the conduct of its business as an accreditation body operating domestic and overseas accreditation. The Directors of GAF have accepted that the following Insurance provision is necessary to maintain the GAF with proper insurance cover; Office Equipment, Loss of Data, Employers Liability, Key Man Insurance, Professional Indemnity Insurance to INR 10.0 Million. Such insurance cover requirements will continue to be reviewed on an ongoing basis by the GAF and adjusted accordingly.

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5.1.4.12.4	GAF and its directors, officers, employees and agents are not liable for any losses, damages, claims, liability, causes of actions or demands and all costs and expenses incidental thereto (including costs of defense, settlement and reasonable attorney's fees) made at any
	time by any party arising out of, resulting from, or in any way relating to, the claims, liabilities, causes of action or demands arising exclusively from the willful misconduct of GAF, its directors, officers, employees or agents.
5.1.4.13	Accreditation Activity:
5.1.4.13.1	GAF shall ensure that its accreditation criteria activities are clearly described and has reference to the relevant international standards, guides and other normative references.
5.1.4.13.2	GAF may develop or adopt guidance documents and / or participate in the development of them.
5.1.4.13.3	GAF shall ensure that such documents have been formulated by Technical Advisory Committee or Technical Experts possessing the necessary competence and, where appropriate, with participation of interested parties.
5.1.4.13.4	GAF shall use international application or guidance documents where available, provided CABs under GAF regime and their customers find them beneficial.
5.1.4.13.5	GAF ensure that it establishes the procedures for extending its accreditation activities in the new field and to respond to demands of interested parties which shall include analysis of its present competence, suitability of extension, resources required, accessing and employing expertise from other external sources, evaluating need for application or guidance documents, initial selection and training of assessors and training its staff for the new accreditation activities and to respond to demands of interested parties.

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6.1	Introduction:		
6.1.1	Quality Management System is established, documented, implemented, maintained and continually improved as required by ISO/IEC 17011:2004 as well as documents required by and nature of GAF.		
6.1.2	GAF ensures that the documented procedures referenced in this Quality Manual are established, implemented and maintained.		
6.1.3	GAF firmly believes that the quality is everyone's responsibility within GAF. Therefore each person within GAF, assessors, technical experts and subcontractors are required to read and understand the policies and procedures to ensure that GAF complies with the requirements of the documented quality management system.		
6.1.4	The CEO of GAF has the overall responsibility for GAF's quality management system.		
6.2	Management System:		
6.2.1	<p>GAF's top management provides evidence of its commitment to the development and improvement of the quality management system by:</p> <ul style="list-style-type: none"> a. Establishing and complying with the quality policy, quality objectives and quality management system as per ISO/IEC 17011:2004; b. Effectively communicating to the organization the needs of interested parties; c. Ensuring that the policies are understood, implemented and maintained at all levels and functions. 		
6.2.2	GAF top management ensures that the quality objectives are measurable and consistent with the quality policy and include the commitment to continual improvement.		
6.2.3	Structure of the GAF Documented Quality Management System:		
6.2.3.1	The GAF quality management System consists of number of sets of documents.		
6.3.2.2	All GAF quality system documents are assigned specific identification number and shall be legible and presented in prescribed format as follows:		
Sr. No.	Document Name	Description	Doc. No.
I	Quality Manual	GAF policies in compliance with ISO/IEC 17011& other international guidelines interpretations for operating as an accreditation body. This manual supports GAF staff and subcontractors in their work as well as it provide information to other stakeholders on GAF quality management system. GAF staff and subcontractors shall read, understand, implement and abide with the GAF Quality Manual. This Manual is posted on the GAF website.	GAF-QM

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II	Quality System Procedures Manual	These are the Standard Operating Procedures generated for internal use and describe the manner in which particular work is to be performed. These procedures are issued as controlled documents either in entirety or in part thereof	XXX (Three Letters Describing Procedure)-P(Stands For
		relevant to the work being performed.	Procedure)-XX (Procedure Number)
III	Accreditation Scheme Manual	This manual contains number of chapters and is useful for the applicant and accredited CABs and the stakeholders. This manual gives detailed information about GAF assessment and accreditation processes, including arrangement for granting, maintaining, extending, reducing, suspending and withdrawing accreditation, references to the requirements of accreditation, general information about the fees related to the accreditation, description of the rights and obligations of CABs, information on procedures for lodging and handling complaints and appeals, information about authority under which the accreditation program operates, description of GAF's rights and duties, sample accreditation agreement and the application forms.	GAF-ASM
IV	Policy / Guidance / Advisory Documents	These are a compilation of various Policy, Guidance and Advisory Documents published by GAF for the applicant and accredited CABs and the stakeholders. These Documents may reflect policies/ requirements/guidance/advisories/philosophies of GAF and other international organizations.	GAF- PD/GD/AD
V	Technical Briefing Notes	These are generated internally or externally by professionals / professional bodies, accreditation bodies or other international organizations as required which provide guidance to interpretation/explanation of the standard/technical scope/requirements for specific applications. These documents can be issued as controlled or uncontrolled copies	GAF-TBN
VI	Forms For Reporting & Record Keeping including GAF Accreditation Certificate Templates & Logos	Documentation generated internally in the style of formats to facilitate operational and auditing reporting and record keeping.	XXX (Three Letters Describing Procedure)-F(Stands For Form)-XX (Form Number)
VII	Memos/Circulars/Instructions	Memos, circulars or instructions	GAF-MCI

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VIII	Electronic Data Versions	Established documentation generated internally to facilitate the functioning of GAF, which is executed under electronic control. System specifications, software and data may be issued and controlled or uncontrolled	GAF-EDP
IX	Other Publications	For external issue such as directories of CABs and accredited certificated organization and the website.	GAF Website

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X	External Documents	Review and approval is not applicable for these, as received condition will be maintained. Efforts will be made by the CEO for maintaining its current versions. Some of these are maintained in library also.	As Applicable
6.2.4	Management Representative:		
6.2.4.1	GAF’s top management has appointed a member of the management team(Chief Executive Officer) who, irrespective of other responsibilities, has responsibility and authority that includes: a. Ensuring that procedures needed for the quality management system are established and maintained; b. Reporting to the top management on the performance of the quality management system, including needs for improvement.		
6.2.4.2	The responsibility of the Management Representative may include arranging the internal audits and liaison with external parties on matters relating to the quality management system.		
6.3	Document Control:		
6.3.1	Documents required for the quality management system are controlled by GAF.		
6.3.2	The procedure addresses: a. approval of documents for adequacy prior to issue; b. the review and update as necessary and re-approval of documents; c. identification of the changes and the current revision status of documents; d. ensuring that the relevant versions of applicable documents are available to personnel, subcontractors, assessors and experts and CABs at the points of use; e. ensuring that documents remain legible, readily identifiable and retrievable; f. ensuring that documents of external origin are identified and their distribution controlled; g. prevention of unintended use of obsolete documents, and application of suitable identification to them if they are retained for any purpose; h. safeguarding, where relevant , the confidentiality of documents.		
6.4	Records:		
6.4.1	Records required for the quality management system are controlled by GAF. The procedure addresses identification, collection, indexing, accessing , filing, storage, maintance and disposal of records.		
6.4.2	The procedure addresses the requirements for retaining records for a period consistent with the applicable contractual and legal obligations. GAF ensures that these records are consistent with the confidentiality arrangement.		
6.5	Nonconformities and Corrective Actions:		
6.5.1	GAF ensures identification and management of nonconformities in its own operations.		

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6.5.2	GAF takes corrective action to eliminate the cause of nonconformities in order to prevent recurrence. Corrective action is appropriate to the impact of the problems encountered.
6.5.3	GAF shall established a documented procedure for: <ul style="list-style-type: none"> a. identifying nonconformities (including complaints and internal audits); b. determining the causes of nonconformity; c. evaluating the need for actions to ensure that nonconformities do not recur; d. determining the actions needed and implementing the corrective actions in timely manner; e. recording results of action taken; and f. reviewing the effectiveness of corrective action taken.
6.6	Preventive Actions:
6.6.1	GAF identifies preventive action to eliminate the causes of potential nonconformities to prevent occurrence. Preventive actions taken are appropriate to the impact of the potential problems.
6.6.2	GAF shall establish a documented procedure for Preventive Action that defines requirements for: <ul style="list-style-type: none"> a. identifying potential nonconformities and their causes; b. determining and ensuring the implementation of preventive action needed; c. recording results of action taken; and d. reviewing of preventive action taken.
6.7	Internal Audits:
6.7.1	GAF conducts periodic internal audits (at least once in a year) to determine whether the quality management system: <ul style="list-style-type: none"> a. conforms to the requirements of this International Standard; b. has been effectively implemented and maintained; c. encourages to identify the opportunities for improvement.
6.7.2	GAF has established a documented procedure for internal audit that ensures: <ul style="list-style-type: none"> a. internal audits are planned taking into consideration the status and importance of the activities and areas to be audited as well as the results of previous audits; b. the audit scope, frequency and methodologies are defined; c. internal audits are conducted by qualified personnel knowledgeable in accreditation, auditing and requirements of ISO/IEC 17011; d. personnel other than those who perform the activity being audited conduct audits.; e. actions are taken in timely and appropriate manner; and f. any opportunities for improvement are identified.

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6.8	Management Review:
6.8.1	GAF has established the procedure for conducting review of its management system at planned intervals to ensure continued suitability and effectiveness of its management system including requirements of ISO/IEC 17011:2004 and relevant policies and objectives.
6.8.2	The review of the management system is normally conducted once in a year, however could be conducted at more frequent intervals at the discretion of the top management.
6.8.3	The Management Representative arranges the management review.

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6.8.4	Inputs to the management review shall include:
	<ul style="list-style-type: none"> a. results of audits; b. results of peer evaluation, where relevant; c. feedback from interested parties; d. new areas of accreditation; e. trends in nonconformities; f. status of preventive and corrective actions; g. follow up actions from earlier management reviews; h. fulfillment of objective; i. changes that could affect the management system; j. appeals; k. analysis of complaints
6.8.5	The Top Management ensures that output from the management reviews shall lead to actions related to:
	<ul style="list-style-type: none"> a. improvement in the management system and its processes; b. improvement of services and accreditation process in conformity with the relevant standards and expectations of interested parties; c. identification of need for resources; and d. defining or re-defining policies, goals and objectives.
6.8.6	The records of review of the management system are maintained.
6.9	Complaints:
6.9.1	GAF has established a procedure to deal with complaints.
6.9.2	GAF ensures that:
	<ul style="list-style-type: none"> a. the complainant is responded; b. the validity of complaint is ascertained; c. the accredited CAB first addresses a complaint concerning them. Only when the accredited CAB has not been able to resolve the complaint shall the matter be referred to GAF; d. complains are investigated by a person independent to the complaint; e. appropriate actions are taken to resolve the complaint and assess their effectiveness; f. unresolved complaints are classified as disputes and are brought to the attention of CEO; and g. records of all complaints and actions taken are maintained.

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7.1	Personnel associated with GAF:	
7.1.1	GAF ensures that it has sufficient number of competent personnel internal or external, temporary or permanent, full time or part time having necessary education, training, technical knowledge, skills and experience necessary for handling the type, range and volume of work performed.	
7.1.2	GAF shall ensure that it has access to a sufficient number of assessors, including lead assessors and technical experts to cover the accreditation activities.	
7.1.3	GAF has documented Performance Indicators outlining the extent and limits of their duties, responsibilities and authorities.	
7.1.4	GAF ensures that all personnel commit themselves formally by signature to comply with the rules and the policies as issued by the GAF Board of Directors.	
7.1.5	GAF requires that all personnel associated with its activities give formal undertaking regarding maintaining of confidentiality and impartiality. All personnel shall formally declare their independence from any commercial and other interest either existing or prior association with CAB's to be assessed.	
7.2	Personnel involved in the accreditation process:	
7.2.1	GAF has documented the qualifications, experience, skills and training (initial & ongoing) required for each activity involved in the accreditation process.	
7.2.2	GAF has established documented procedures for selecting, training and formally approving assessors and experts used in the accreditation process.	
7.2.3	GAF ensure that the specific scopes are identified in which each assessor and expert has demonstrated competence to conduct accreditation assessment activities.	
7.2.4	GAF identifies training needs and conduct trainings or take other suitable actions so that each assessor and technical experts: <ul style="list-style-type: none"> a. are familiar with accreditation procedures, accreditation criteria and other relevant requirements; b. undergo a relevant accreditation assessor training; c. have thorough knowledge of relevant assessment methods; d. are able to communicate effectively, both in writing and orally, in the required language; and e. have appropriate personnel attributes as found in current version of ISO 19011:2011. 	
7.3	Monitoring:	
7.3.1	GAF has established a documented procedure for monitoring satisfactory performance and competence of the personnel involved in the accreditation assessment and decision making process to facilitate regular reviews of the performance and competence of assessor/experts.	
7.3.2	GAF procedure of monitoring performance of assessors/experts necessitate on site observation, review of assessment records, feedback from conformity assessment bodies and peer monitoring.	
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7.3.3	GAF ensures that each assessor/technical expert is observed on site every three years, unless there is sufficient supporting evidence that the assessor/expert continue to perform competently.
7.3.4	GAF ensures that whenever monitoring indicates a need for improvement, appropriate follow up actions are taken.
7.4	Personnel Records:
7.4.1	<p>GAF ensures that records of relevant qualification, training, experience and competence of each person (including assessors & experts) involved in the accreditation process are maintained and are updated at regular intervals. The personnel records shall include:</p> <ul style="list-style-type: none"> a. name & address; b. position held and for external assessors and experts, the position held in their own organization; c. educational qualifications & professional status; d. work-experience; e. training in management systems, assessment and conformity assessment activities; f. experience for specific assessment tasks; g. experience in assessment and results of their regular monitoring.

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8.1	Accreditation Criteria and Information:
8.1.1	<p>The CAB shall comply with the current requirements of the following standards/documents as appropriate:</p> <ul style="list-style-type: none"> a. ISO/IEC 17021:2011 Conformity assessment -- Requirements for the bodies providing the audit and the certification of the management systems. b. ISO/IEC 17021:2011 Conformity assessment -- Requirements for the bodies providing the audit and the certification of the Fastener Quality Assurance System covered by the latest Fastener Quality Act (FQA) Public Law 101-592 as amended 1999 of the United States of America as per the Consensus Standard or Standards. c. ISO/IEC 17024:2012 Conformity assessment -- General requirements for the bodies operating certification of persons. d. ISO/IEC 17020:2012 General criteria for the operation of various types of bodies performing inspection. e. ISO/IEC 17025:2005 General requirements for the competence of testing and calibration laboratories. f. ISO/IEC 17025:2005 General requirements for the competence of laboratories that conduct Tests and Measurements of Fasteners covered by the latest Fastener Quality Act (FQA) Public Law 101-592 as amended 1999 of the United States of America as per the Consensus Standard or Standards. g. ISO 15189:2012 Medical laboratories -- Particular requirements for the quality and the competence. h. ISO/IEC 17043:2010 - Conformity assessment -- General requirements for proficiency testing i. ISO Guide 34:2009 - General requirements for the competence of reference material producers. j. ISO/IEC 17065:2012- Conformity assessment – Requirements for bodies certifying products, processes and services; k. ISO 14065:2013 Green House Gases – requirements for Green House Gas validation & verification bodies for using accreditation or other forms of recognition; l. GAF's "Responsible Education Provider" TM Accreditation Standard for Further Education & Training Institutions.
8.1.2	Publically Available Information:

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8.1.2.1	<p>GAF shall make the following information publically available and shall update it at adequate intervals as necessary:</p> <ul style="list-style-type: none">a. GAF's assessment and accreditation processes, including arrangement for granting, maintaining, extending, reducing, suspending and withdrawing of accreditation;b. References to the requirements of accreditation including technical requirements; specific to each field of accreditation, where applicable;c. General information about the fees related to the accreditation;d. Description of the rights and obligations of CABse. Information on procedures for lodging and handling complaints and appeals;
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	<p>f. Information about authority under which the accreditation program operates;</p> <p>g. description of GAF’s rights and duties;</p> <p>h. General information about means by which it obtains financial support;</p> <p>i. Information about its activities and stated limitations under which GAF operates;</p> <p>j. Sample accreditation agreement and the application forms; and</p> <p>k. Information about the related bodies, if applicable.</p>		
8.2	Application for Accreditation:		
8.2.1	A request for GAF accreditation can be made to GAF in person, by post, by telephone or by e-mail for relevant information on Accreditation, alternatively the GAF accreditation process, relevant documentation and the Application Form are made available to the prospective clients on the GAF website www.global-accreditation-foundation.com applicant should read and understand GAF’s Accreditation Scheme Manual especially the Requirements for Granting and Maintaining Accreditation and the Current Fee Structure before submitting the application in the prescribed format.		
8.2.2	It is expected that the applicant CABs have a specific & assured plan of action for obtaining the GAF accreditation and nominate a senior & accountable person to co-ordinate all the activities related to the accreditation process. The person nominated should be familiar with the CAB’s documented quality system.		
8.2.3	An applicant CAB shall ensure that a quality manual is prepared in accordance with the requirements specified in the GAF Accreditation Scheme Manual and this should be supplemented by a set of other documents such as procedures, work instructions, records etc. The applicant CAB shall ensure that the procedures described in the quality manual and other documents are being implemented. Preferably the applicant CAB must have conducted at least one Internal Audit and one Management Review before the submission of application.		
8.2.4	The applicant CAB shall submit the duly completed application form and the applicable annexure along with a copy of the quality manual and other relevant documents and records to GAF. The application form and the documents can be submitted electronically. The application must be accompanied with the prescribed application fee. CAB shall give due consideration to the scope applied for. In case, the CAB finds any clause of the Standard/Requirements (in part or full) is not applicable then valid justification should be given.		
8.2.5	The GAF provides no guarantees to the applicant CABs that their application for accreditation will be successful. In such cases the GAF reserves the right to forfeit the application fee.		
8.2.6	The GAF shall issue an acknowledgement to the applicant on receipt of the application, the quality manual, other relevant documents and the requisite fees. On receipt, the application shall be examined by GAF for its completeness in all respects. GAF may request for additional information / clarification(s), if necessary from the applicant CAB. If the application is found complete in all respects, an unique GAF Registration Number shall be allocated to the applicant, which shall be used for correspondence with the GAF thereafter.		
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8.2.7	The applicant CAB shall be informed in writing if GAF is of the opinion that an assessment cannot result in accreditation on the basis of either the documents and/or information provided by the CAB or GAF's own policy, its competence and the availability of suitable resources, experts and its ability to carry out the initial assessment in a timely manner.
8.2.8	The GAF Chief Executive Officer shall deal with the application and the case file shall be maintained thereafter. All information of the CAB shall be kept strictly confidential.
8.2.9	This registration is valid for a period of three years. During this period, the CAB shall be notified if there are any changes in the accreditation procedures and requirements. The CAB shall be notified well in advance before the expiry of this period. The applicant CAB shall also have an obligation to inform to GAF if any changes have taken place at its end.
8.2.10	If an GAF accredited CAB wishes a second or further accreditation against another internationally accepted standard or for that matter any recognized and accepted standard, the procedure is the same as for a new registration. However, in such case, the assessment effort by the GAF may be limited to cover the areas not covered by the existing accredited system and certain specific areas as decided by GAF.
8.2.11	In case an applicant CAB is already accredited for the applied scope by another Accreditation Body, the GAF may grant accreditation after a reduced assessment; however any such decision shall be taken at the sole discretion of GAF.
8.2.12	In case a CAB requests accreditation for a Certification Activity where an established Standard/ Guide is not available or not listed in this document, GAF, in consultation with the Technical Advisory Committee shall decide on the suitable accreditation criteria to be followed by the CAB.
8.2.13	The applicant CAB must submit essential documents as evidence to substantiate their claim when they seek accreditation under Special Cases.
8.3	Resources Review:
8.3.1	GAF reviews its ability to carry out the assessment of the applicant CAB, in terms of its own policy, the competence and availability of suitable assessors and experts.
8.3.2	GAF review shall be carried out at the enquiry stage, shall include its ability to carry out the initial assessment in timely manner.
8.4	Subcontracting:
8.4.1	<p>This is applicable only when it has been decided to sub-contract total assessment work to an external body (not applicable to the individual assessors and experts subject to the criteria noted below). The audit can be accreditation, surveillance, renewal or follow-up audit:</p> <ol style="list-style-type: none"> GAF takes full responsibility for all the subcontracted assessments and ensures that it has competence in decision making; GAF maintains its responsibility for granting, maintaining, extending, reducing, suspending or withdrawing accreditation; GAF ensures that the body and its personnel involved in the assessment process , to which

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	<p>assessment has been subcontracted, are competent and comply with applicable requirements of ISO/IEC 17011 and any provisions given by GAF;</p> <p>d. GAF obtains consent of the CAB to use particular subcontractor; and</p> <p>e. GAF lists the subcontractor it uses and has means for assessing and monitoring their competence and for recording results.</p>
8.5	Preparation for Assessment:
8.5.1	Applicant CAB may voluntarily request GAF to conduct pre-assessment to assess their readiness for accreditation prior to or after embarking on the formal accreditation process. GAF does not issue any formal report for pre-assessment.
8.5.2	The GAF shall formally appoint an assessment team consisting of a lead assessor to carry out assessments on the system adopted by the applicant CAB. When selecting the assessment team for each assessment, GAF shall ensure that their skills are appropriate to the assessment and their availability and they are free from any direct or indirect involvement with the applicant CAB which may compromise their impartiality and independence.
8.5.3	The GAF shall inform the CAB of the names of the members of the assessment team and the organization they belong to, sufficiently in advance to allow the applicant CAB to object to the appointment of any particular assessor or expert. Such an objection shall be moved by clear reasons and evidence. In such cases the suitable replacement shall be found and given to the assessment team.
8.6	Document and Record review:
8.6.1	The Assessment Team shall review all relevant documents and records supplied by the CAB to evaluate its system, as documented, for conformity with the relevant standard(s) and other requirements for accreditation.
8.6.2	The non-conformities found during this review shall be reported in writing to the CAB.
8.6.3	The GAF shall not proceed with an on-site assessment until reported non conformities are resolved and suitable corrective actions are taken.
8.7	Onsite Assessment:
8.7.1	The GAF shall carry out on site assessment of conformity assessment services of the CAB's premises of CAB from which one or more key activities are performed, and where relevant, shall perform witnessing at other selected locations where the CAB operates, to gather objective evidence that the applicable scope of the CAB is competent and conforms to the relevant standard(s) and other requirements for accreditation.
8.7.2	At the end of each assessment the Lead Assessor shall submit an Assessment Reports as appropriate to the objective of the assessment.
8.7.3	The GAF shall contact the CAB to concur on the date(s) and schedule for the assessment. Based on this GAF shall prepare the Assessment Schedule and the composition of the team and send it across to the CAB well in advance.

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8.7.4	The GAF assessment team shall conduct the assessment of the CAB's premises from which one or more key activities are performed.
8.7.5	The on-site assessment shall commence with an opening meeting at which the purpose of the assessment and criteria are clearly defined and the assessment schedule and the scope for the assessment are confirmed.
8.7.6	The GAF assessment team shall assess the documentation and implementation of the management system as well as the competence of the CAB in accordance with the requirements of applicable standards and normative documents during the assessment.
8.7.7	The GAF assessment team can take a representative sample in the areas within the scope of the accreditation.
8.7.8	The GAF requires that the CAB demonstrates that it is competent in all the activities at all sites for which accreditation has been applied for.
8.7.9	The GAF's assessment team shall assess at least one complete cycle of the Internal Audit and Management Review.
8.7.10	In ordinary situations the onsite assessment shall be concluded with the closing meeting. In the closing meeting the assessment team shall discuss the results of the assessment with the CAB. The nonconformity reports are handed over to the Management of the CAB, so it can immediately proceed with the implementation of corrective action plan. The assessment shall not proceed further into next stage unless all Non Conformities are satisfactorily addressed and closed.
8.7.11	The purpose of the witness assessment is to assess the process of determining the competence of CAB's assessors/technical personnel and the degree and effectiveness of the applicant CAB's management system. The witness assessment shall focus on issues pertaining to the CAB's assessor/technical personnel competency requirements & training processes rather than against an individual assessor.
8.7.12	For the purpose of witness assessment, the CAB may be requested to provide a list of suitable sites. However the selection of the sites shall be done at the discretion of GAF. This particular assessment shall be either compliance audit or reassessment. The surveillance assessments may be witnessed as exceptional cases at the discretion of the Chief Executive Officer of GAF.
8.8	Analysis of Findings & Assessment Report:
8.8.1	The GAF requires that the CAB takes necessary corrective actions on the Non-Conformance(s)/ other concerns and shall submit a report on the actions taken to GAF within a maximum period of three months.
8.8.2	The GAF assessment team shall take decision with regard to closure of Non Conformities.
8.8.3	The GAF may arrange for a verification visit for the closure of the significant Non-Conformities identified during the on-site assessment, the progress is monitored closely and in this regard.
8.8.4	The GAF requires that whatever may be the case all Non-Conformities raised during the assessment shall be closed before consideration for the Grant of Accreditation.

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8.8.5	<p>The Lead Assessor shall prepare an assessment report with the inputs from the assessment team members. The assessment report shall include recommendations on suitability for accreditation. The recommendation together with supporting documentation shall be forwarded to the Accreditation Approval Committee for the decision. The reporting shall include:</p> <ol style="list-style-type: none"> a. Unique identification of the CAB; b. Date(s) of the on-site assessment; c. Name(s) of the assessor(s) and/or experts involved in the assessment; d. Unique identification of all premises assessed; e. Proposed scope of accreditation that was assessed; f. The assessment report; g. A statement on the adequacy of the internal organization and procedures adopted by CABs to give confidence in its competence, as determined through its fulfillment on the requirements of accreditation; h. Information on the resolution of all nonconformities; i. Any further information that may assist in determining fulfillment of requirements and competence of the CABs; and j. Where applicable, summary of the results of proficiency testing or other comparisons conducted by the CABs and any actions taken as a consequence of the results.
8.9	Accreditation Decision & Granting Accreditation:
8.9.1	The Accreditation Approval Committee (AAC) of GAF shall prior to making a decision for granting/extending of accreditation shall ensure that it is fully satisfied that the relevant information provided by the assessment team is adequate to decide that the requirements for accreditation have been fulfilled.
8.9.2	Where the GAF uses the results of an assessment already performed by another accreditation body, it shall have assurance that the other accreditation body was operating in accordance with the requirements of ISO/IEC 17011:2004.
8.9.3	The GAF shall inform the CAB in writing of the decision taken without undue delay.
8.9.4	If the CAB is not satisfied with any of the decisions taken by GAF regarding grant of accreditation it can file an appeal as per the Complaints & Appeals Procedure.
8.9.5	The GAF shall issue an Accreditation Certificate on receiving the accreditation decision by the Accreditation Approval Committee.
8.9.6	<p>The GAF Accreditation Certificate shall identify:</p> <ol style="list-style-type: none"> a. The name and logo of the GAF; b. The unique identity of the accredited CAB; c. All premises from which one or more key activities are performed and which are covered by the accreditation; d. The unique accreditation number of the accredited CAB; e. The standards based on which the accreditation was granted; f. The effective date of granting the certificate; g. The period of validity of the certificate; h. A Schedule Referring to the Scope of Accreditation.

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8.9.7	The GAF accreditation certificate shall be valid for a period of 4 years.
8.9.8	The applicant CAB must sign the Accreditation Agreement - GAF-ASM-10.0 including fulfilling all the financial obligations due to GAF, before receiving the accreditation certificate(s).
8.10	Appeals:
8.10.1	If the CAB is not satisfied with any of decisions taken by GAF regarding grant of accreditation it can file an appeal as per the Complaints & Appeals Procedure.
8.11	Post Accreditation Assessments:
8.11.1	During the validity of accreditation, the CAB must continuously comply with the requirements of applicable standards and other requirements specified in the GAF's Accreditation Scheme Manual. In this regard GAF shall periodically review the validity of Accreditation by conducting surveillance assessment annually and a re-assessment within three years. During the accreditation period, the scope of the accreditation may be altered.
8.11.2	Surveillance:
8.11.2.1	The GAF shall inform the accredited CAB at least two months before the due date of accreditation for conducting the surveillance visit and the Certification Body shall confirm its readiness within 30 days. Delay in this matter may result in the suspension of the accreditation.
8.11.2.2	The methodology for conducting surveillance assessment is similar to the initial assessment although it shall cover only selected areas. The Non-Conformities, if any, shall be closed within three months of conduct of surveillance. Based on the surveillance report along with other relevant information, recommendation shall be submitted to the Chief Executive Officer of GAF for a decision on the continuation of accreditation or otherwise. GAF shall inform the CAB, in writing, about the decision.
8.11.3	Reassessment and Renewal of Accreditation:
8.11.3.1	The GAF shall inform the CAB in writing on the expiry of Accreditation approximately three months in advance and the CAB has to respond at least one month before the expiry. If CAB does not respond in the prescribed time limit, then, it shall be considered as a fresh applicant CAB.
8.11.3.2	The procedure for processing of renewal of application is similar to that of initial application. The CAB may request for extension of scope of accreditation, which should be clearly mentioned in the application form.
8.11.3.3	The GAF shall extend the validity of the certificate by a further period of three years without any discontinuity provided the results of reassessment visit are positive and all non-conformances are closed before the expiry of the certificate.
8.11.3.4	The GAF shall issue a new certificate of accreditation while the registration number remains the same.
8.11.4	Supplementary/ Extraordinary Assessments:

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8.11.4.1	The GAF may organize Supplementary/ Extraordinary Assessments as a result of Complaints supported by facts and evidence from the interested parties regarding the certification activities or any adverse publication in the media or misuse of GAF logo.
8.11.4.2	The GAF reserves the right to conduct the Extraordinary Assessments without any prior notice or with very little time between notification and execution.
8.11.4.3	Extraordinary Assessment may also become necessary when significant changes occur relevant to the accreditation or any aspect of the status or operation of CAB or in the accreditation Criteria. However in these cases the GAF shall give sufficient notice to the concerned CAB.
8.12	Extension of Accreditation:
8.12.1	The CAB desirous of an extension of the scope shall submit a written application to the GAF.
8.12.2	The CAB must understand the difference within and outside the scope. Extensions within the framework of the same accreditation standard shall be considered Extension within the scope and if not it shall be considered outside the scope. Any requests for accreditation involving a different accreditation standard shall be treated as a new application.
8.12.3	The GAF shall determine the extent of the assessment needed for the extension depending on the size and nature of the extension requested.
8.12.4	The GAF shall not proceed with the request of the extension of scope until such time all non conformities are closed in the management system of the CAB.
8.13	Suspending, Withdrawing or Reducing Accreditation:
8.13.1	The GAF shall make decisions to suspend and/or withdraw accreditation when an accredited CAB has persistently failed to meet the requirements of accreditation or to abide by the rules of accreditation.
8.13.2	The GAF required the accredited CAB to demonstrate the compliance with the accreditation criteria regarding the entire scope and that it has complied with these criteria from the date on which accreditation was granted. In order to demonstrate that a CAB has complied with and is complying with the criteria for the complete scope of accreditation, the CAB shall provide records of the activities carried out. The concerned part of the scope shall be withdrawn if records do not demonstrate this. If this means that the entire scope is withdrawn, then the entire accreditation is withdrawn.
8.13.3	It is expected that the CAB withdraws the relevant part of the scope by itself, if a CAB fails to demonstrate the compliance with the accreditation criteria regarding the scope in question.
8.13.4	The GAF shall review the validity of the remaining part of accredited scope.
8.13.5	The CAB can file a fresh application for grant of withdrawn part of the accreditation at the later date.
8.13.6.1	Transfer of Accreditation:

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8.13.6.1.1	The accreditation may be transferred at the sole discretion of GAF if the CAB makes such request in writing if the ownership or name of an accredited CAB changes provided: <ul style="list-style-type: none"> a. The basic resources, infrastructure and other facilities remain intact; b. The CAB continues to operate within the legal and regulatory framework of the country in which it operates; c. The documented policy and management system remain unchanged; d. The general composition of the CAB's management and key personnel remains same; e. The material evidence exists that the former owner(s) do not operate under the same trade name, similar name, related name and similar business activities.
8.13.6.1.2	The GAF shall require CAB to provide the necessary documents showing that the above conditions are adequately met. The costs for reviewing the documents/ conducting onsite review shall be charged to the CAB.
8.13.6.1.3	The GAF shall allot the same registration/accreditation number and issue the new accreditation documents provided if such review is positive. The surveillance and re-assessment schedule is subject to change depending on the review.
8.13.6.1.4	GAF shall not transfer accreditation / compliance status from one accredited/ compliant body to another or from an accredited / compliant body to a non-accredited body.
8.14	Records of CABs:
8.14.1	GAF shall maintain records of all applicants and accredited organizations. The files shall contain at least the following information: <ul style="list-style-type: none"> a. Application forms; b. A copy of the accreditation certificate and schedule of accreditation; c. Correspondence including correspondence with assessors; d. Information on proficiency testing/inter-laboratory comparisons (where relevant); and e. Assessment report.
8.14.2	GAF shall maintain database of the accreditation scopes of all accredited organizations and publish on the GAF website.
8.15	Proficiency Testing & Other Comparisons for Laboratories:
8.15.1	Proficiency Testing:
8.15.1.1	GAF requires that applicant and accredited testing laboratories shall have a program and procedure in place for the Proficiency Testing & Other Comparisons. Laboratories are required to maintain complete records of participation in such schemes and to have procedures for evaluation of performance and implementation of corrective action. GAF shall assess performance during assessments, surveillance and re-assessments. If the results are outside the acceptable limits, corrective action shall be instituted. If causes for unacceptable results are not found within a reasonable time or if a laboratory is not undertaking suitable investigation to solve the problem, then the accreditation of the specific parameter/method/analysis may be suspended or terminated.
8.15.1.2	GAF requires that applicant and accredited laboratories participate in appropriate proficiency testing

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	schemes when and where such schemes are available in their technical field of work and are justifiable in terms of economic benefit to the supply chain stockholder.
8.15.2	Traceability:
8.15.2.1	GAF shall require applicant and accredited laboratories to demonstrate calibration of critical equipment and the measurement results generated by that equipment, relevant to their scopes of accreditation have traceability to the International System of Units (SI units). Where this is not possible, traceability shall be to certified reference materials provided by a competent supplier and/or to other specified methods or consensus standards.

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9.0	Responsibilities of GAF and the Conformity Assessment Body (CAB):
9.1	Obligations of the CAB:
9.1.1	GAF ensures that the CAB accredited by GAF signs an agreement that details the obligations of the CAB and of GAF with regard to accreditation. The contractual agreement shall cover all aspects that the accredited CAB must comply with in order to maintain accreditation.
9.1.2	<p>The CAB shall:</p> <ul style="list-style-type: none"> a. agree to adopt to changes in the requirements for accreditation; b. provide cooperation to GAF to enable to verify the fulfillment of the requirements of accreditation in all the premises where the CAB's activities are undertaken; c. provide access to information, documents and records as necessary for the assessment and maintenance of accreditation; d. provide access to those documents that provide insight into level of independence and impartiality of conformity assessment body from its related bodies are applicable; e. provide arrangement of witnessing of its services when requested by GAF; f. claim accreditation only with respect to the scope for which accreditation has been granted; g. not to use accreditation in any manner that will bring GAF into disrepute; h. pay accreditation fees as determined by GAF from time to time.
9.1.3	<p>The GAF ensures that the accredited CAB immediately informs GAF of any significant changes relevant to its accreditation or any aspect of its status or operation relating:</p> <ul style="list-style-type: none"> a. its legal, commercial, ownership or organizational status; b. the organization, top management and key personnel; c. main policies; d. resources and premises; e. Scope of accreditation, and f. Other such matters that may affect the ability of CAB to fulfill requirements of accreditation.
9.2	Obligations of GAF:
9.2.1	GAF shall operate itself in line with its policies, mission and objectives.
9.2.2	GAF shall make publically available information about the current status of the accreditation it has granted to CABs. The information is regularly updated. The information shall include:

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	<ul style="list-style-type: none"> a. name and address of each accredited CAB; b. dates of granting accreditation and expiry dates, as applicable; c. scopes of accreditation, condensed and/or in full; d. information about how to obtain full scope in case condensed scope is provided;
9.2.3	GAF shall ensure that the CAB is provided with information about suitable ways to obtain traceability of measurement results in relation to the scope to which accreditation is provided.
9.2.4	GAF shall ensure that the information about international arrangements is provided, in which it is involved.
9.2.5	GAF shall ensure that any changes to the accreditation requirements are notified after taking into account the views expressed by interested parties. The notification of changes shall include the precise form and effective date of the changes.
9.2.6	GAF shall, within a reasonable period of time, notify all accredited CABs affected by any such changes. So that Sufficient time is available to the accredited CABs to accommodate the changes and the timeline is aligned with the international arrangements and guidelines.
9.2.7	GAF shall verify actions implemented to address the change(s). The fees for such verification shall be charged according to the fees policies where, the verification is done either as an additional assessment or as a part of the annual assessment.
9.3	Reference to accreditation and use of symbols:
9.3.1	GAF shall remain the sole proprietary owner of its trademark/accreditation symbol that has been registered and is therefore protected by the law.
9.3.2	GAF ensures that the conditions for use of the GAF accreditation symbol are documented including outline of actions that GAF shall take in cases where the symbol is misused or conditions of usage of symbol are violated. The action may include request for corrective action, withdrawal of accreditation, publication of transgression and if necessary other legal action.

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Clause	ISO/IEC 17011:2004	Reference	
		Quality Manual	Procedures & Other Manuals
4	Accreditation body	5	
4.1	Legal responsibility	5.1.2	
4.2	Structure	5.1.3	BOD-P-01 The Procedure for Board of Directors. TAC-P-01 The Procedure for Technical Advisory Committee. AAC-P-01 The Procedure for Accreditation Approval Committee.
4.3	Impartiality	5.1.3.8	IPS-P-01 The Procedure for Impartial Service & Risk Analysis.
4.4	Confidentiality	5.1.3.9	CND-P-01 The Procedure for Confidentiality & Non-Disclosure.
4.5	Liability and financing	5.1.3.10 & 5.1.3.11	
4.6	Accreditation activity	5.1.3.12	
5	Management	6	
5.1	General	6.1	
5.2	Management system	6.2	
5.3	Document control	6.3	DOC-P-01 The Procedure for Document Control.
5.4	Records	6.4	REC-P-01 The Procedure for Records Control.
5.5	Nonconformities and corrective actions	6.5	NCW-P-01 The Procedure for Non-Conforming Work, Corrective Actions and Preventive Actions.
5.6	Preventive actions	6.6	NCW-P-01 The Procedure for Non-Conforming Work, Corrective Actions and Preventive Actions.
5.7	Internal audits	6.7	IQA-P-01 The Procedure for Internal Quality Audit.
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5.8	Management reviews	6.8	MRM-P-01 The Procedure for Management Review.
5.9	Complaints	6.9	CAD-P-01 The Procedure for Complaints,

			Appeals & Disputes.
6	Human resources	7	
6.1	Personnel associated with the accreditation body	7.1	ABP-P-01 The Procedure for Training & Monitoring of GAF Personnel. APP-P-01 The Procedure for Accreditation Process Personnel.
6.2	Personnel involved in the accreditation process	7.2	
6.3	Monitoring	7.3	
6.4	Personnel records	7.4	
7	Accreditation process	8	
7.1	Accreditation criteria and information	8.1	Accreditation Scheme Manual
7.2	Application for accreditation	8.2	AAA-P-01 The Procedure for Application & Agreement.
7.3	Resource review	8.3	
7.4	Subcontracting the assessment	8.4	SBC-P-01 The Procedure for Subcontracting.
7.5	Preparation for assessment	8.5	CRA-P-01 The Procedure for Conducting & Reporting Accreditation Assessment.
7.6	Document and record review	8.6	
7.7	On site assessment	8.7	
7.8	Analysis of findings and assessment report	8.8	
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