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INFORMATION TO ORGANIZATIONS APPLYING FOR ACCREDITATION

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1. PURPOSE AND SCOPE

This document provides information to applicant organizations about policies and procedures related to handling of application for accreditation and some of the obligations for accreditation.

2. GENERAL

2.1 Background

The Southern African Development Community Accreditation Service (SADCAS) is a multi-economy accreditation body incorporated in Botswana under the Botswana Companies Act Ch. 42:01 as a non – profit limited company. SADCAS was established in terms of article 15 B of the Technical Barriers to Trade (TBT) Annex to the SADC Protocol on Trade. SADCAS is a subsidiarity institution of SADC. The relationship between SADCAS and SADC is formalized through a memorandum of understanding on general cooperation.

SADCAS objective is to provide accreditation services to laboratories (calibration/testing/medical), certification bodies (management systems/product/personnel) and inspection bodies to relevant international standards/guides and the African Accreditation Cooperation (AFRAC), SADC Cooperation in Accreditation (SADCA) and respective International Laboratory Accreditation Cooperation (ILAC) and International Accreditation Forum (IAF) requirements/guidance/interpretations thereof. The accreditation services are aimed at supporting regional and international trade, enhancing the protection of consumers and the environment and improving the competitiveness of SADC products and services.

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2.2 SADCAS Objectives

SADCAS objectives are to:

- Provide accreditation services to SADC Member States that do not have a national accreditation body for their laboratories, certification and inspection bodies.
- Provide accreditation services to SADC Member States whose national accreditation body only services a limited scope of accreditation.
- Provide international recognition of conformity assessment results produced by conformity assessment service providers accredited by SADCAS.
- Provide accreditation services that promote, develop and maintain good regulatory practices.
- Provide an opportunity for SADC Member States to participate in multilateral arrangements for recognition of conformity assessment results.
- Provide a database of all conformity assessment bodies accredited by SADCAS.
- Provide accreditation expertise, qualify register and use of experts from amongst SADC member states.
- Facilitate National Accreditation Focal Points for those SADC Member States using SADCAS' services.

SADCAS' quality management system complies with the requirements of ISO/IEC 17011 and the relevant interpretation documents and/or other standards as appropriate.

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2.3 SADCAS Accreditation Schemes

SADCAS accreditation schemes are Testing laboratories (chemical, microbiology, food, associated products, engineering, textiles, etc.), Calibration laboratories (mass, volume, dimension, temperature, electrical,pressure etc.), Medical testing (clinical chemistry, microbiology, haematology, serology,immunology etc.), Certification bodies (management systems: quality; environment; occupational health; safety; etc., product, personnel), Inspection bodies (import/export, pressure equipment, food, agricultural products, timber, electrical, etc.). Please refer to SADCAS TG03 – Area of Accreditation for more details.

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The compliance requirements for organizations applying for accreditation are given in the following international standards/guides:

Type of Accreditation	Requirements
Calibration, testing laboratories and legal metrology bodies	ISO/IEC 17025 : General requirements for the competence of testing and calibration laboratories
Medical laboratories	ISO 15189 : Medical laboratories – Particular requirements for quality and competence
Certification bodies for management systems	ISO/IEC 17021-1 : Conformity assessment -- Requirements for bodies providing audit and certification of management systems -- Part 1: Requirements
Certification bodies for product certification	ISO/IEC 17065 : General requirements for bodies operating product certification systems
Certification bodies for personnel certification	ISO/IEC 17024 : Conformity assessment – General requirements for bodies operating certification of persons
Inspection Bodies	ISO/IEC 17020 : General criteria for the operation of various types of bodies performing inspection

Accreditation is based upon a number of international, standards/guides as listed above. In addition, SADCAS has published documents that provide guidance on how the standards/guides shall be understood within a specific area. There can be issues which make it necessary to provide guidelines for accreditation in respective SADC Member States.

Accredited testing can be related to detailed standards which describe testing methods, Accredited certification of products, management systems and personnel is always based upon more detailed standards which describe characteristics of a given product, a given management system or competence of a person who is certified for a given task. In the case where detailed national or international standards or other normative documents which describe the characteristics of the products or system or competence requirements are not available, it may not be possible to accredit a certification body for such certification.

Standard or normative documents which are rather general and not specific in terms of acceptable requirements i.e. vaguely developed may also not be used for accreditation purpose until there are interpretation documents.

3. PREPARATION OF APPLICATION DOCUMENTATION/ QUALITY SYSTEM

Before applying for accreditation, it is recommended to read the requirements and interpretation documents in detail. The documents prepared by SADCAS are available on the SADCAS's website www.sadcas.org. These documents also refer to international guidelines and the sites and places where these documents can be obtained. The applicant must establish a management system which gives documentary evidence that the requirements of the applicable standard/guide have been implemented and must understand that there will be subsequent periodic on-site assessments and renewal of the accreditation. For many organizations it may mean a change in their current mode of working. A detailed review of requirements will be the basis for a greater reward and more effective process in relation to preparation of an application for accreditation. SADCAS recommends that a Nominated Representative (management representative) be appointed in the early phase of the process.

At the time of submitting the application, the organization shall include the necessary documentation describing the applicant's activities together with the scope of application. The applicant shall have a matrix which demonstrates where in the management system the different requirements of the standard are documented.

Prior to accreditation, the management system shall be satisfactorily implemented and that SADCAS has evaluated the competence of the applicant by performing assessment of the applicant. The assessment is conducted through a number of stages.

It is possible to gain experience and advice on how a management system can be established in order to show compliance with the requirements. This can be done through different organizations, courses and information material. There is a need for general competence about quality assurance. SADCAS will disseminate information related to the requirements that are valid for accreditation and can provide general recommendations. However, SADCAS cannot be involved directly in the tasks of establishing and implementing the system which is the organization's responsibility.

4. ACCREDITATION PROCESS

The SADCAS Accreditation Process is outlined in SADCAS AP 12: Part 1: Accreditation Process for Testing/ Calibration/ Medical Laboratories, SADCAS AP 12: Part 2: Accreditation of Inspection Bodies Operating in the Regulatory/Voluntary Areas, Accreditation Process, SADCAS AP 12:Part 3: General Principles for the Assessment of Management System, Product, Personnel Certification Bodies and TPA J01: Guidelines for SADCAS/SANAS Joint Assessments under the Twinning Partnership Arrangements.

4.1 **Application and Document Review**

The application is submitted to SADCAS on a prescribed application form SADCAS F 43 (a)/(b)/(c)/(d)/(e)/(f)/(g)/(h)(i). The quality manual and other relevant information described in the application form shall accompany the application. Applications for accreditation shall be submitted directly to SADCAS office in Gaborone, Botswana. SADCAS undertakes a completeness check on the application documents received. If the application documents are incomplete SADCAS requests the applicant to provide additional information.

All the information given in the application and any accompanying information shall be treated as confidential. All SADCAS staff, NAFP, recruited assessors /experts shall sign a declaration of confidentiality.

If the application documents are found to be complete, the assessment team shall review all relevant documented information. In case of nonconformities and the need for more information, the applicant shall be advised accordingly and institute the necessary changes or submits additional information.

Once SADCAS has confirmed that the applicant's documented quality management system addresses all the requirements of the relevant standard and once the CAB has advised SADCAS of their readiness for initial assessment, an on-site assessment will be scheduled to assess the applicant's technical competence within three (3) months after the facility has addressed the issues raised in the document review report. An assessment team is set up and presented to the applicant for approval. In case of objection raised by the applicant regarding impartiality, this shall be explained and SADCAS shall evaluate if the reasons are acceptable, then changes are made to the assessment team.

SADCAS may lapse the application if initial assessment cannot be conducted within 12 months of application receipt due to unreadiness of applicant.

4.2 **Pre-assessment**

Prior to or after embarking on the formal accreditation process, the organization may voluntarily request SADCAS to conduct a pre-assessment to assess their readiness for accreditation. Pre – assessments may however be compulsory for new organizations seeking accreditation depending on the regulator's conditions of acceptance.

If a pre-assessment is found necessary, then the team leader/technical assessor shall visit the applicant's premises and undertake a pre-assessment of the applicant's quality management system.

The pre-assessment will visit will normally be completed within one (1) day. No technical assessment of the laboratory's technical capabilities and competence will be conducted during the pre-assessment.

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After such visit a report will be presented to the applicant. The possible result of a pre-assessment is:

- The initial assessment can be conducted.
- Corrective actions are necessary, the applicant confirms when they will be ready for an assessment.
- Assessment cannot be conducted.

Where decision of pre- assessment is to conduct the initial assessment, then SADCAS and the applicant agree on the date of the initial assessment. The initial assessment is conducted on site at the applicant's premises.

4.3 Initial Assessment

The assessment visit starts with an opening meeting where the assessment team is introduced to the representatives of the organization. The final plan for the conduct of the visit is made and the process of the assessment and accreditation is explained. The practical implementation of the quality system and documents related to it are reviewed.

For laboratories, the facilities, equipment and conduct of calibration/test procedures are reviewed. The results from possible inter laboratory comparison are reviewed. The technical expert witnesses tests analysis or verification.

For certification bodies and inspection bodies, the assessment team or part of it will perform a witnessing of the applicant's audits/inspections of customers performed at the customer's sites.

All nonconformities are recorded. The assessment visit is concluded with a closing meeting with the management of the organization and other relevant personnel to review the results. The nonconformity forms are handed over to the applicant. The assessment team presents a summary report of the assessment at the closing meeting for the assessment and recommends that the applicant identify and propose the corrective actions to address the raised nonconformities within one (1) month after the assessment and have the corrective actions cleared within three (3) months.

4.4 Periodic On-site Assessment

In order to maintain accreditation, periodical on-site assessments are necessary. SADCAS shall plan the periodic on-site assessments of accredited conformity assessment bodies taking into account other periodic on-site activities. The original application is also considered as application covering periodic on-site assessments. Periodic on-site assessments are conducted at the site of the accredited body. The first periodic on-site assessment shall be undertaken not more than twelve (12) months after accreditation. Thereafter periodic on-site visits are scheduled annually throughout the accreditation cycle of five (5) years. The periodic on-site activities can vary between assessment visits to document review of different aspects together

with witnessing of test analysis, calibration, certification or inspection bodies in their practical work.

Conformity assessment bodies shall address the findings raised and to have the corrective action cleared within two (2) months after the assessment.

4.5 **Extraordinary Assessments**

SADCAS may decide that extraordinary assessments be undertaken at any time as a result of complaints or changes in the conformity assessment body. Where such assessments are deemed necessary, SADCAS shall advise the conformity assessment body accordingly and of the scope and reasons for the extraordinary assessment. Refer to SADCAS AP 18: Criteria for Extraordinary Assessments.

4.6 **Reassessment**

Reassessments will be conducted at least 6 months before the end of an assessment cycle of every five (5) years. This will be a complete assessment covering the organization's scope of accreditation including elements of relevant standards. The results of inter laboratory comparisons are assessed as one part in the consecutive periodic on-site assessment and renewal. The organization shall submit application forms for renewal of accreditation with at least fully completed management and technical checklists containing comments on how the requirements of the relevant standard are implemented and in which policy/procedures it is addressed. SADCAS may request other information as needed e.g. validation or proficiency testing reports and inspection reports for new scopes added.

The application information will be submitted to the assessment team once they are appointed in order to allow the team to prepare for the assessment, and request any further information/clarification before the assessment. Feedback on this information need not be provided, unless they are any concern on information provided and where the laboratory is required to take actions.

Conformity assessment bodies shall address the findings raised and to have the corrective action cleared within two (2) months after the assessment.

4.7 **Extension of SADCAS Accreditation**

Accredited organization may extend its accreditation scope for more business areas, testing methods, calibration procedures or certification standard by applying to SADCAS. Extensions of accreditation follow the same process as initial accreditation, i.e. application, assessment, proficiency testing (where appropriate), assessor recommendation, and Accreditation Approvals Committee decision. Application for extension should be made at least six (6) weeks prior to the on-site visit. SADCAS reserves the right not to process any application for scope extension that has not been received six (6) weeks in advance.

An interim extension may be considered as an exception. It may be granted on the recommendation of the Technical Manager or the Accreditation Approvals Committee, subject to the facility being able to demonstrate the competence of the organization to perform in accordance with the extension (e.g. submission of validation data for a test method) and the scope of the extension undergoing thorough review at the next scheduled assessment.

Scope extensions that are granted within an accreditation cycle shall expire at the end of that accreditation cycle.

4.8 Assessment Report

The assessment report which is prepared by the Team Leader with input from the assessment team members shall be submitted by the Team Leader to SADCAS within one (1) week after the assessment. The report will be reviewed by the Scheme Coordinator and submitted to the Accreditation Approvals Committee for decision. Assessment shall include recommendations and suitability for accreditation.

4.9 Accreditation Decision

The Accreditation Approvals Committee will determine from the information submitted by the assessment team that a thorough assessment has been carried out correctly. The recommendation made should be supported by the information contained in the pack as recorded in the various assessment forms and, if raised, nonconformities.

Documentation of initial assessments, reassessments and extensions of accredited facilities outside the existing scope are the subject of the Accreditation Approvals Committee evaluation. The Accreditation Approvals Committee decision could be:

a) Accreditation granted in accordance with the application,
b) Parts of the application accredited,
c) Accreditation is rejected,
d) Accreditation is suspended,
e) Accreditation scope is reduced,
f) Accreditation is terminated,
g) Accreditation is continued.

Assessment documentation received after a periodic on-site assessment with a recommendation for suspension of accreditation for partial or complete scope of existing accreditation status, will be subject to an Accreditation Approvals Committee. The meeting will be held as soon as possible after the assessment has taken place.

If a recommendation for suspension is approved by the Accreditation Approvals Committee, then the Technical Manager will follow this through in accordance with SADCAS related procedure.

Where the applicant needs to effect corrective actions of the raised nonconformities, a new visit may be necessary in order to verify that the corrective actions have been implemented. When all nonconformities are addressed and SADCAS has received documentation that verifies it, the recommendation for accreditation can be submitted to the Accreditation Approvals Committee,

After the Accreditation Approvals Committee has made a decision about accreditation, the decision is communicated to the applicant organization immediately.

4.10 **Suspending, Withdrawal or Reducing Accreditation**

An accreditation can be withdrawn after request from the accredited body. This has to be done in writing and according to the requirement described in the requirements document for concerned technical area.

An accreditation can be suspended or can be withdrawn if the requirements are no longer met. Suspension is applied when a nonconformity cannot be corrected within the agreed time limit. Suspension shall be for a period not exceeding six (6) months. Both suspension and withdrawal may apply to parts of the accreditation scope. A re-instatement after suspension may take place when all nonconformities are closed. If accreditation that has been withdrawn is sought to be re-instated, it has to be done in a form of a new application.

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SADCAS will update the accreditation status of the CAB on the SADCAS website including the applicable dates of the suspension or withdrawal of the affected scope(s). The withdrawal status of the CAB will be shown on the website for a period of 3 months after which all details of the CAB will be removed. Where accreditation has been withdrawn, paid fees will not be refunded.

Deleted[Xavier Mugari]: Once accreditation is suspended/withdrawn, the name of the organization is removed from the website directory within two (2) weeks of the suspension/withdrawal

The procedure to be followed when organizations are to be suspended/withdrawn is outlined in SADCAS TR 06: Suspension, Reduction, Withdrawal and Re-Instatement of Accredited Organizations

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An accredited CAB may apply to SADCAS to have their scope of accreditation reduced at any time. An application for the reduction in scope may be for a number of reasons such as lack of access to the expertise needed for the scope, insufficient applications in the scope, etc. If the facility fails to meet the requirements for accreditation for the scopes already accredited, SADCAS shall reduce the scope of accreditation to exclude these scopes.

SADCAS will update the certificate and schedule of accreditation accordingly and publish the amended version on the SADCAS website.

CABs are prohibited from making any alterations to their certificates and schedules of accreditation. Only certificates and schedules of accreditation issued by SADCAS are valid.

4.11 **Certificate Issuance**

The organization should receive SADCAS certificate and schedule of accreditation after the decision of the Accreditation Approvals Committee. The Scheme Coordinators prepare the certificate/schedules of accreditation (SOA) then the certificate will be signed by the SADCAS Chief Executive Officer whilst the SOA shall be signed by the Technical Manager and both certificate and SOA will be sent to the organization by the Accreditation Administrator.

4.12 **Appeal**

SADCAS accepts appeals from organizations on accreditation decisions. An appeal on the accreditation decision shall be communicated to SADCAS in writing. Throughout the investigation of an appeal, all decisions made

prior to the appeal stand. Appeals are handled in accordance with SADCAS AP 08: Customer Feedback Handling procedure which maintains independence and impartiality.

5. ACCREDITATION FEES

The applicants and accredited organizations are obliged to pay fees in accordance with SADCAS AP 02: SADCAS Accreditation Fees which are reviewed annually and are subject to amendment at any time. The current rates are published on the SADCAS website: www.sadcas.org.

6. PUBLICATION

SADCAS publishes a list of all organizations accredited by it. The list is available on the SADCAS website www.sadcas.org

7. OBLIGATIONS FOR ACCREDITATION

An organization accredited by SADCAS and applicant organization shall sign an agreement (SADCAS F 44: SADCAS Accreditation Agreement) which details the obligations of the accredited conformity assessment body and of SADCAS with regard to accreditation. If SADCAS F44 is revised, SADCAS shall communicate the changes in writing and shall require all accredited organizations to acknowledge the changes through signing latest issue of the agreement. The agreement covers all aspects that the accredited conformity assessment body must comply with in order to maintain accreditation including:

- Agreement to adapt to changes in the requirements for accreditation,
- Provision of the necessary cooperation to SADCAS to enable it to verify the fulfillment of the requirements for accreditation in all the premises where the conformity assessment body's activities take place,
- Provision of information, documents and records as necessary for the assessment and maintenance of accreditation,

- Provision of documents that provide insight into the level of independence and impartiality of the conformity assessment body from its related bodies where applicable,

- Arranging for witnessing of conformity assessment body services when requested by SADCAS,

- Follow SADCAS TR 01: Part 1 and SADCAS TR 01: Part 2,

- Pay accreditation fees as determined by SADCAS,

- Advise SADCAS without delay for any significant changes relevant to its accreditation relating to:
  - Its legal, commercial ownership or organization status;
  - Organization, top management and key personnel;
  - Main policies ;
  - Resources and premises;
  - Scope of accreditation, etc.

8. REFERENCES

- SADCAS AP 02 - SADCAS Accreditation Fees
- SADCAS AP 08 - Customer Feedback Handling Procedure
- SADCAS AP 12: Part 1 - Accreditation of Laboratories
- SADCAS AP 12: Part 2 - Accreditation of Inspection Bodies Operating in the Regulatory/ Voluntary Areas
- SADCAS AP 14 - Accreditation Decision Making Process
- SADCAS AP 18 - Criteria for Extraordinary Assessments
- SADCAS TR 01: Part 1 - Conditions for the Use of SADCAS Accreditation Symbols
- SADCAS TR 01: Part 2 - Use of Combined Accreditation Symbol and ILAC MRA/IAF MLA Mark
- SADCAS TR 04 - Proficiency Testing and other Comparison Programmes Requirements for Calibration Laboratories
- SADCAS TR 05 – Criteria for the Accreditation of Inspection Bodies Performing Inspection in terms of the Pressure Vessels/Boilers Regulations in Zimbabwe
- SADCAS TR 06 - Suspension and Reinstatement of Accredited Organizations
- SADCAS TR 08 - Proficiency Testing and other Comparison Programmes Requirements for Testing and Medical Laboratories
- SADCAS TR 09 - SADCAS Policy on Metrological Traceability of Measurement Results
- SADCAS F 43 (a) - Application for Accreditation of Calibration Laboratory
- SADCAS F 43 (b) - Application for Accreditation of Testing Laboratory
- SADCAS F 43 (c) - Application for Accreditation of Medical Laboratory

- SADCAS F 43 (d) - Application for Accreditation of Certification Bodies for Management Systems
- SADCAS F 43 (e) - Application for Accreditation of Certification Bodies for Products
- SADCAS F 43 (f) - Application for the Approval of Personnel
- SADCAS F 43 (g) - Application for Accreditation of Certification Bodies for Personnel
- SADCAS F 43 (h) - Application for Accreditation of Inspection Bodies
- SADCAS F 43(i) - Application for Accreditation of Legal Metrology Body
- SADCAS F 44 - SADCAS Accreditation Agreement
- SADCAS F 93 – Completeness check/File review of application and Resource review
- SADCAS SL 11 – Lapsed Application Notification
- TPA J01 - Guidelines for SADCAS/SANAS Joint Assessments under the Twinning Partnership Arrangement
- ILAC P 8: ILAC Mutual Recognition Arrangement (Arrangement): Supplementary Requirements and Guidelines for the Use of Accreditation Symbols and for Claims of Accreditation Status by Accredited Laboratories and Inspection Bodies
- ILAC R 7: Rules for the use of the ILAC MRA Mark
- ILAC P 9: ILAC Policy for Proficiency Testing(PT) and/or ILCs other than PT
- ILAC P 10: ILAC Policy on the Traceability of Measurement Results
- ILAC P 14: ILAC Policy for Uncertainty in Calibration
- ILAC P 15 - Application of ISO/IEC 17020:2012 for the Accreditation of Inspection Bodies
- ISO 15189 - Medical laboratories – Particular requirements for quality and competence
- ISO/IEC 17020 - General criteria for the operation of various types of bodies performing
- ISO/IEC 17021-1 - Conformity assessment -- Requirements for bodies providing audit and certification of management systems -- Part 1: Requirements
- ISO/IEC 17024 - Conformity assessment – General requirements for bodies operating certification of persons
- ISO/IEC 17025 - General requirements for the competence of testing and calibration laboratories
- ISO/IEC 17065 - General requirements for bodies operating product certification systems

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APPENDIX – AMENDMENT RECORD

Revision Status	Change			Approved by	Effective Date
	Page	Clause/ Subclause	Description of Change		
Issue 6	2	Contents Page	Aligned title of Clause 4.10 to the one in Contents page	CEO	2016-07-20
	3	2.1	Paragraph 2, Line 3 – Added "African Accreditation Cooperation" between "the" and "and the respective"		
	4	2.3	Deleted "Guide 65" and substituted with "17065". Deleted "ISO/IEC 17021" and the title and substituted with "ISO/IEC 17021-1" and its title.		
	10	4.10	Added at end of clause: "An accredited CAB may apply to SADCAS to have their scope of accreditation reduced at any time. An application for the reduction in scope may be for a number of reasons such as lack of access to the expertise needed for the scope, insufficient applications in the scope, etc. If the facility fails to meet the requirements for accreditation for the scopes already accredited, SADCAS shall reduce the scope of accreditation to exclude these scopes. SADCAS will update the certificate and schedule of accreditation accordingly and publish the amended version on the SADCAS website.		

Revision Status	Change			Approved by	Effective Date
	Page	Clause/ Subclause	Description of Change		
			CABs are prohibited from making any alterations to their certificates and schedules of accreditation. Only certificates and schedules of accreditation issued by SADCAS are valid."		
Issue 6	12	8	Added to references: ▪ SADCAS TR 05 – Criteria for the Accreditation of Inspection Bodies Performing Inspection ▪ ILAC P 15 - Application of ISO/IEC 17020 - for the Accreditation of Inspection Bodies ▪ SADCAS F 93 – Completeness check of application and Resource review ▪ Updated reference to ISO/IEC 17021 with ISO/IEC 17020-1	CEO	2016-07-20
Issue 7			In whole document: • "Lead Assessor" deleted and substituted with "Team Leader" • "Surveillance" deleted and substituted with "periodic on-site"	CEO	2018-11-15
	3	2.1	• Line 2: "regional" deleted and substituted with "multi-economy • Line 4: "10(1) and 10(2) of the Southern African Development Community (SADC) Memorandum of Understanding on Standardization, Quality Assurance, Accreditation and Metrology (SADC SQAM). The SQAM/MoU has since been superseded by the TBT Annex to the SADC Protocol on Trade. SADCAS is recognized by the SADC Council of Ministers as a subsidiarity organization of SADC." Deleted and substituted with "15 B of the Technical Barriers to Trade (TBT) Annex to the SADC Protocol on Trade. SADCAS is a subsidiarity institution of SADC"		
	4	2.3	• Title: "Programmes" deleted and substituted with "Schemes" • Line 1: "medical" deleted • Line 3: "Medical testing (chemistry, microbiology, haematology, serology,		

Revision Status	Change			Approved by	Effective Date
	Page	Clause/ Subclause	Description of Change		
			etc.)" added before "Certification bodies"		
	5	3	Paragraph 1, Line 5/Paragraph 2, Line/ Paragraph 3, Line 1/Paragraph 4, Line 1: "quality" deleted and substituted with "management"		
Issue 7		4	Line 3: Added "SADCAS AP 12:Part 3: General Principles for the Assessment of Management System, Product, Personnel Certification Bodies" between "Process" and "TPA J01"	CEO	2018-11-15
	7	4.1	Line 1: "a SADCAS appointed Lead Assessor will conduct a desk review of the documents" deleted and substituted with "the assessment team shall review all relevant documented information".		
		4.4	Paragraph 2, Line 2: • Deleted " shall be invited to identify and propose corrective action on nonconformities raised within one (1) month after the assessment" • "Three (3)" deleted ad substituted with "two (2)"		
	8	4.6	After applications forms: • Deleted" and the quality manual. A review of the full documentation shall be undertaken prior to the on-site assessment" and substituted with "for renewal of accreditation with at least fully completed management and technical checklists containing comments on how the requirements of the relevant standard are implemented and in which policy/procedures it is addressed. SADCAS may request other information as needed e.g. validation or proficiency testing reports and inspection reports for new scopes added." • New paragraph added: "The application information will be submitted to the assessment team once they are appointed in order to allow the team to prepare for the assessment, and request any further information/clarification before the assessment. Feedback on this information need not be provided, unless they are any concern on information provided and where the laboratory is required to take actions. • In the last sentence: Deleted " shall be invited		

Revision Status	Change			Approved by	Effective Date
	Page	Clause/ Subclause	Description of Change		
			to identify and propose corrective action on nonconformities raised within one (1) month after the assessment"; and "Three (3)" deleted ad substituted with "two (2)"		
	9	4.8	Line 3: "Technical Manager" deleted and substituted with "Scheme Coordinator"		
Issue 7	10	4.10	• Paragraph 2, Line 3:"six (6)" deleted and substituted with "three (3)" • Paragraph 3, Line 1: inserted "suspension" between "accreditation is" and "withdrawn"	CEO	2018-11-15
		4.11	• Line 2: "Technical Manager" deleted and substituted with "Scheme Coordinators" • Line 3: "of accreditation" between "schedule" and "then" • Line 4: "whilst the schedule of accreditation (SOA) shall be signed by the Technical Manager and both certificate and SOA will be" added " between " Officer" and "sent" • At the end of the sentence: "accreditation documentation" deleted		
	11	7	Bullet 6: "marks" deleted and substituted with "symbols"		
Issue 8	6	4.1	Paragraph 4, Line 2 - Inserted "and once the CAB has advised SADCAS of their readiness for initial assessment" between "relevant standard" and "an on-site assessment".	CEO	2019-07-30
Issue 9	6	4.1	Added new paragraph: "SADCAS may lapse the application if initial assessment cannot be conducted within 12 months of application receipt due to unreadiness of applicant".	CEO	2022-02-16
	8	4.7	Added new paragraph: "Scope extensions that are granted within an accreditation cycle shall expire at the end of that accreditation cycle".		
	12	8	Referenced SADCAS SL 11 – Lapsed Application Notification and SADCAS F 43i - Application for Accreditation of Legal Metrology Body		