POLICIES AND PROCEDURES

FOR A MULTI-LATERAL RECOGNITION ARRANGEMENT

AMONG ACCREDITATION BODIES

CLASSIFICATION
This document is classified as an IAAC Mandatory Document.

AUTHORIZATION

Issue Nº: 12
Prepared by: MLA Committee
Date: June 2020
Revision Nº: 01
Approved by: General Assembly
Issue Date: July 30, 2021
Application Date: Immediate
Document number: IAAC MD 002/21
Inquiries: IAAC Secretary
Telephone: +52 (55) 9148-4300
E-mail: secretariat@iaac.org.mx

AVAILABILITY
Copies of this document in English and Spanish, are available at the IAAC Secretariat and on the IAAC website.

COPYRIGHT

Original: English

Table of Contents

Section 1. Introduction

1.1 Purpose
This document defines the policies and procedures of the Inter American Accreditation Cooperation (IAAC) to establish, maintain and extend a Multilateral Recognition Arrangement (IAAC MLA) among accreditation bodies that are signatories to the Memorandum of Understanding (MoU) of IAAC.

1.2 Scope
This document identifies general requirements for evaluation of a single accreditation body. Section 3 establishes procedures for the peer evaluation process. The Annexes describe in more detail the major steps of the process.
Note: This document has been based on IAF/ILAC A2.

1.3 Confidentiality

1.3.1 All oral and written information received relating to preliminary visits, evaluations, re-evaluations shall be treated confidentially by all parties and persons concerned. This includes information relating to applicants and/or members of the MLA Group. All members and observers of the evaluation teams; all members and observers of the MLA Group, the MLA Secretary, other persons having access to any report on preliminary visits, evaluations and re-evaluations of other applicants and members must have signed a declaration of confidentiality before being given access. (See FM 011 Declaration of Confidentiality and Impartiality).

1.3.1.1 Form FM 011 shall be signed by evaluators before they are accepted as IAAC evaluators.

1.3.1.2 Form FM 011 shall be signed by representatives of MLA Group members before they are given access to the first evaluation report.

Note: Only one Declaration of Confidentiality will be signed by MLA Group representatives. It is not necessary to sign form FM 011 for each MLAG meeting.

1.3.1.3 Observers to the MLA Group meetings shall sign form FM 011 at each meeting, before they are given access to evaluations reports.

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

1.4 Definitions and Acronyms

The following definitions apply for the purpose of this document:

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

1.4.2 Accreditation program: set of criteria specified in a standard or normative document included in IAF and/or ILAC Arrangements used for the accreditation of conformity assessment bodies.

1.4.3 Arrangement: The Multi-Lateral Arrangement (MLA), as a consequence of the "recognition" process, will be accepted as a subset of the ILAC or IAF Arrangements.

1.4.4 IAAC: Inter-American Accreditation Cooperation.

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

1.4.6 MLA Committee (MLAC): The committee responsible for planning and managing the implementation and maintenance of IAAC Multilateral Recognition Arrangement. This committee includes the MLA Group, and may also include non-signatory members.

1.4.7 MLA Group (MLAG): All signatories to the IAAC Arrangement. The MLAG decides on and manages membership in the IAAC Arrangement.

1.4.8 MLA Secretary: Secretary for the MLA Committee and MLA Group.

1.4.9 Peer Evaluation: A structured process of evaluation of an Accreditation Body by representatives of other accreditation bodies.

Note 1: ISO/IEC 17040 defines peer assessment as an evaluation of a body, against specified requirements, by representatives of other bodies in, or candidates for, an agreement group.

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

1.4.11 Signatory: A Member of IAAC who has signed the IAAC multi-lateral recognition Arrangement for one or more scopes.

1.4.12 Standard: a document, established by consensus and approved by a recognized body, that provides, for common and repeated use, rules, guidelines or characteristics for activities or their results, aimed at the achievement of the optimum degree of order in a given context.

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

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

1.4.15 Witnessing:
Observation of an AB carrying out assessment at the premises of the conformity assessment body (CAB) and evaluation of the AB's management system and records by an evaluation team. (It may also include observing the AB's staff preparing for an assessment and dealing with assessment reports.)

Note: Witnessing can be accomplished with on-site evaluation, remote evaluation, or a combination of both, as appropriate.

1.4.16 **Remote Evaluation:** Peer Evaluation of an AB, including associated witnessing activities, using electronic means.

Section 2: Requirements for a Single Accreditation Body

2.1 An Accreditation body shall comply with the provisions of ISO/IEC 17011.

2.2 Every applicant or signatory to the IAAC MLA shall operate according to applicable IAF and ILAC mandatory documents, as specified in the IAF/ILAC A series documents, and the supplementary requirements of IAF/ILAC A2**,** IAF Mandatory Documents, and ILAC Policy documents, as specified in the ILAC P series, as well as any mandatory documents issued by sector specific schemes that have been endorsed by IAAC, IAF or ILAC. Every applicant or signatory of the IAAC MLA shall comply with any decision made by IAAC, IAF or ILAC regarding the implementation date of these mandatory documents.

2.3 Every applicant or signatory to the IAAC MLA shall contribute its fair share of personnel resources for carrying out peer evaluations at the regional and/or international level.

Every MLA signatory shall, within each MLA recognition cycle, contribute to IAAC at least the same number of peer evaluator days as IAAC has provided to carry out their peer evaluations.

Every MLA signatory shall provide a peer evaluation Team Leader (AB staff or contracted) within its recognition cycle. If the AB does not have a qualified and available Team Leader then it shall either nominate an individual to be trained by IAAC to become a Team Leader or contract a qualified Team Leader.

Section 3: Flowchart for Peer Evaluation Procedures of a Single Accreditation Body

I. Application for Arrangement Membership

Application in writing (with scope) to IAAC MLA Secretary

The AB shall demonstrate the implementation of the ILAC and/or IAF requirements, and IAAC requirements, refer to the IAAC website,

IAAC MLA Secretary checks if AB is Full Member

No → Further negotiation with the applicant

Yes

Conditions for application:
1. _Provision of documents required in form FM 001._

2. _The AB agrees to pay for the hotel costs, meals and all travel costs of the evaluation team. Air travel shall be economy class unless otherwise agreed by the body being evaluated._

IAAC MLA Secretary acknowledges receipt of application to AB, and informs on the procedure and on all documentation to be submitted.

AB forwards application form to IAAC MLA Secretary with all documentation required

Form FM001

MLA Secretary checks the application and documents

Form FM 002

Application and documents are complete?

No → **Request to the AB for further documents**

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

Yes

Recommendation by the MLA Secretary to the MLA Group for acceptance of application

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

MLA Group accepted the application?

No → **MLA Secretary informs the applicant and arranges further action**

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

Yes

Within 90 days from the acceptance of the application, a TL and a Team are appointed by IAAC MLAC Chairperson in cooperation with IAF, ILAC and other Regional Cooperations, if necessary.

Annex 1

MLA Secretary/MLAC Chairperson informs AB on evaluation team's appointment (Form FM 019)

The MLAC Chairperson/ MLA Secretary shall inform the TL and TM of their appointment and mandate, using form FM 019, including any evaluators appointed by IAF, ILAC or other regional cooperations.
If the evaluation is done in cooperation with IAF/ILAC or other Regional Cooperation, the team shall take into account the relevant requirements and procedures of IAAC as well as the requirements and procedures of those organizations.

Applicant objects?

Yes → **MLAC Secretary / Chairperson arrange further actions**

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

No

IAAC
INTER-AMERICAN

Document review by the team
(Form FM 003)

The MLA Secretary shall make available to the team the application and the documentation received together with information on laboratories that have participated in proficiency testing programs of IAAC and other recognized regions' programs, if applicable.
The Document Review may start as soon as the TL has been accepted by the applicant. The document review (see form FM 003) should finish and be communicated to the AB 120 days after the appointment of the team, provided all documents required have been received in the agreed language (see form FM 001).

The official languages for IAAC evaluations are English and Spanish. The TL and the evaluated AB shall agree on the languages(s) to be used in the evaluation. If there is a need for interpreters to be used during the on-site evaluation, the relevant costs are borne by the AB being evaluated.

II. Preliminary visit

Based on documentation received the TL may make proposal to the MLA Group for a preliminary visit

Only after any identified NCs in the document review are corrected a preliminary visit is needed or recommended

The applicant can also ask for a preliminary visit.

Preliminary visit recommended by MLA Group, in agreement with applicant? — No → (1)

Annex 2

Yes
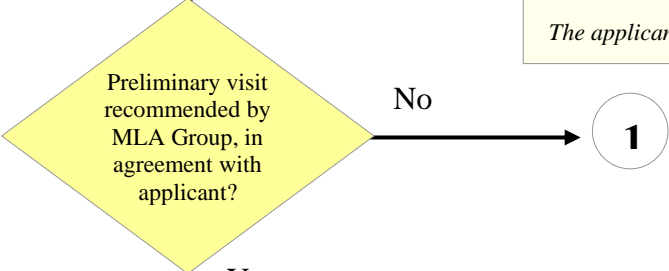
TL requests the AB to supply (additionally) up-to-date documentation to the Team

AB supplies documents

A provisional date for the preliminary visit agreed subject to supply of the required documentation at least one month in advance of the visit or as agreed with the TL.
The AB shall send the team detailed scopes of accreditation or draft scopes of accreditation of all CABs to be visited during the preliminary visit at least one month before the preliminary visit.

In consultation with the TM and the applicant, the TL decides on a preferable date for the preliminary visit

AB accepts date

Preliminary visit

After the preliminary visit, the TL submits, in consultation with the TM, a short written report.

The AB will be given the opportunity to comment on any factual errors in the report. If a preliminary visit has taken place, the full evaluation visit will not be carried out before the AB has taken all the actions agreed at the preliminary visit.

AB responds to report and takes corrective actions

TL submits recommendation to the MLA Secretary /MLAC Chairperson

The MLA Group decides whether a full evaluation can take place

AB is informed with reasoning and steps to follow

No

Proceed with full evaluation?

Yes

1 ⟶ **III. Full evaluation**

TL requests the AB to supply the required up to date documentation to the Team
(See form FM 001, item 20)

If a preliminary visit was conducted, the same TL normally continues with the full evaluation.

IAAC
INTER-AMERICAN ACC...

AB supplies updated complete documentation

TL prepares a detailed plan for the visit in consultation with TMs, the AB and the MLAC Chairperson (See form FM 004)

On-site and/or Remote evaluation - Information collection including witnessing

Discussion of the summary section of the report including findings with the applicant before the team leaves

TL provides the draft report, completed in consultation with the TMs, to the AB with c/c to the MLAC Chair and MLA Secretary

AB responds to TL on all findings

TL, in consultation with TMs, reacts to the AB's response

Corrective actions and time schedule acceptable?

No

Yes

TL arranges further discussion with AB

All members of the team shall be supplied with updated copies of the necessary documentation (see form FM 001 item 20), in the agreed language, at least three months in advance of the visit, or as agreed with the TL. The AB shall also provide the evaluation team detailed information on the assessments planned from about 6 weeks of the evaluation or as agreed with the TL so that the evaluation team may select the assessments to be witnessed. The scopes of accreditation of all CABs to be visited during the evaluation shall be provided to the team.
If the documentation is not provided on time, the evaluation may be cancelled by the MLAC Chairperson (see also Annex 4 clause 2.7.1 for suspensions).

Annex 2

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

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

The team shall leave a summary section of the report with the AB (see Annex 3) together with the list of finding using form IAF-ILAC A3 Annex IV. The summary section and the findings shall be provided to the MLA Secretary and MLAC Chairperson immediately after the evaluation.

If a follow-up visit is recommended to verify corrective actions, this should be stated during the visit, if possible, and documented in the summary section of report (see Annex 3 clause 2.1).
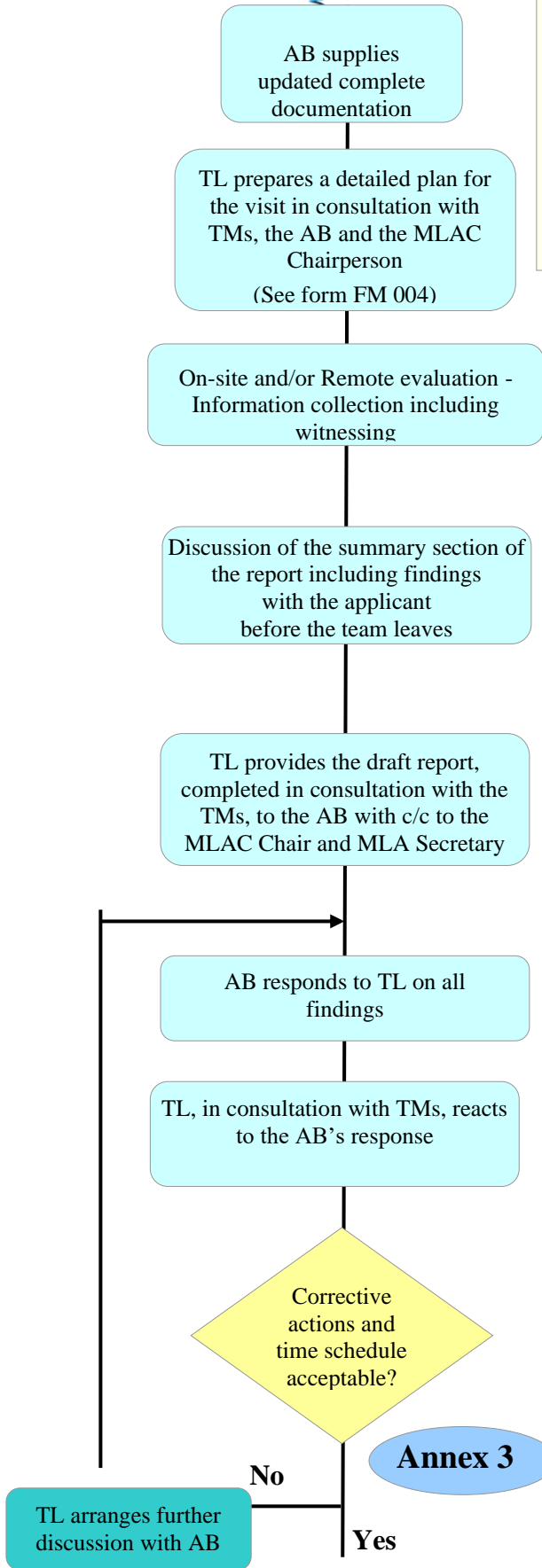
Decision to authorize a follow up visit may be made by the MLAC Chair based on the Summary Report. This decision will be recorded in an MLAG resolution. If a follow-up visit is to be conducted the evaluation team shall be composed of one or more members of the evaluation team who carried out the full evaluation.

If the team recommends suspension of the AB (see clause 2.4), the MLAC Chair shall initiate the decision making process as per Annex 4.
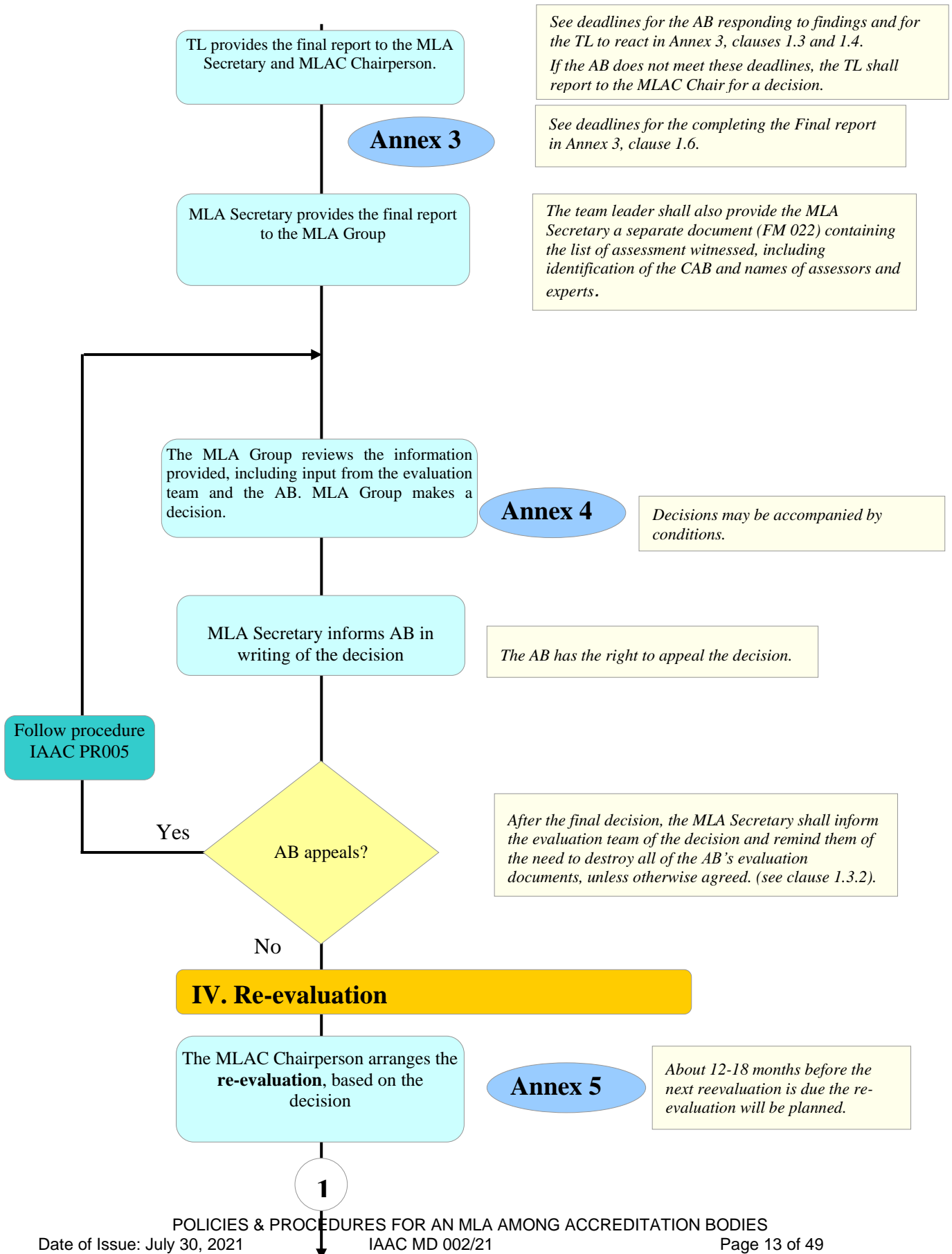
If possible, the team should leave a complete, draft report with the AB (see Annex 3, clause 1.2).

If there is a disagreement within the evaluation team or between the evaluation team and the accreditation body all parties should describe their opinions in the complete draft final evaluation report. For any AB appeals of findings or adverse decisions by an evaluation team during the evaluation process, see PR 005, Procedure for Handling Appeals and Complaints.

Annex 3

After the evaluation, the TL and TMs and the evaluated AB shall send MLA Secretary and MLAC Chairperson the performance logs as required in PR 004.

TL provides the final report to the MLA Secretary and MLAC Chairperson.

See deadlines for the AB responding to findings and for the TL to react in Annex 3, clauses 1.3 and 1.4.

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

Annex 3

See deadlines for the completing the Final report in Annex 3, clause 1.6.

MLA Secretary provides the final report to the MLA Group

The team leader shall also provide the MLA Secretary a separate document (FM 022) containing the list of assessment witnessed, including identification of the CAB and names of assessors and experts.

The MLA Group reviews the information provided, including input from the evaluation team and the AB. MLA Group makes a decision.

Annex 4

Decisions may be accompanied by conditions.

MLA Secretary informs AB in writing of the decision

The AB has the right to appeal the decision.

Follow procedure IAAC PR005

Yes

AB appeals?

After the final decision, the MLA Secretary shall inform the evaluation team of the decision and remind them of the need to destroy all of the AB's evaluation documents, unless otherwise agreed. (see clause 1.3.2).

No

IV. Re-evaluation

The MLAC Chairperson arranges the re-evaluation, based on the decision

Annex 5

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

1

Annex 1

Appointment and Composition of the Peer Evaluation Team

1   Appointment and duties of Team Leader

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

Note: See procedure PR 004 Procedure for selection, training, qualification and monitoring the performance of IAAC peer evaluators.

1.2   In appointing team leaders for a specific evaluation, the MLAC Chair should not appoint the same team leader for two successive evaluations of the same accreditation body. The team leader appointed for an evaluation should not be from the same AB as the team leader from the previous evaluation.

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

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

2   Composition of Evaluation Team

2.1   For the full evaluation visit, members of the evaluation team shall be chosen as needed to cover the activities and standards of the MLA Scopes, the technical fields, knowledge of flexible scopes of accreditation and/or remote assessment techniques (as applicable), size and complexity of the accreditation system under evaluation.

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

Note 2: See procedure PR 004 Procedure for selection, training, qualification and monitoring the performance of IAAC peer evaluators.

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

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

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

Note 3: Where an evaluation is conducted jointly by IAAC and ILAC, IAF or other recognized regional cooperation, the Chair of the MLAC will work in cooperation with the other organization and the team leader to set up a team that meets the needs of IAAC. Apart from that, all other steps in this procedure apply.

Note 4: The number of members of the team for each scope of the MLA depend on several factors, such as the variety of fields in which the AB accredits, the number of accredited CAB, the complexity of the AB's management system, the time required for witnessing and office evaluation, the experience of the team members and their scope of qualification, the need for IAAC to involve trainee evaluators so as to increase the number of qualified evaluators.

2.3   When a person is invited to participate in an evaluation team, he/she or his/her AB shall inform the MLAC Chair or MLA Secretary of previous involvement with the AB being evaluated. No team member shall be associated with any Accreditation Body that has provided consultancy service to the body being evaluated for the last three years. The following activities performed by the person in the last two years may be considered a threat to a team member`s impartiality:

- Participation in recent internal audits (last 2 years);
- Provision of training specially tailored for the design and development of the AB's accreditation system;
- Participation as an assessor in joint assessments of CABs.

2.4   A re-evaluation visit should be carried out by a team, in which the majority of the members will not have been on the evaluation team that undertook the previous evaluation.

2.5   There shall be at least one lead evaluator or evaluator qualified for each accreditation standard, except where there are two standards for the same activity (e.g. testing - ISO/IEC 17025 and ISO 15189). Where more than one accreditation activity or program is covered by the same accreditation standard (e.g. ISO/IEC 17025, for testing and calibration; ISO/IEC 17021-1 for QMS, EMS, FSMS, etc.), or more than one standard for the same accreditation activity (e.g. for testing, ISO/IEC 17025 and ISO 15189), a trainee evaluator may be appointed to evaluate one of the activities or programs with the support of the lead evaluator or evaluator who is qualified for the applicable activity or standard.

Note 1: For each accreditation standard that is being evaluated, there should only be one team member from each accreditation body member taking part.

Note 2: For laboratory accreditation, one member of the evaluation team should be familiar with the use of proficiency testing in accreditation.

2.6.   When a trainee evaluator is appointed as a team member, he/she may be assigned evaluation tasks by the team leader and shall be mentored and supervised by the team leader and/or another evaluator so as to ensure those tasks are appropriately carried out. During the evaluation at the AB's facilities, the trainee evaluator shall always be supervised by a lead evaluator or evaluator; during witnessing of assessments the trainee evaluator may work on his/her own.

2.6.1   The MLA Secretary or MLAC Chair shall provide the team leader with information on the training and experience of the trainee evaluator and on the task that may be performed by the trainee evaluator.

Note 1: Costs of the participation of a trainee evaluator as a team member in an evaluation are to be covered by the AB being evaluated.

Note 2: If a trainee evaluator is appointed to participate in an evaluation only to take advantage of evaluator training opportunities without any responsibility as a team member, the costs of participation will be borne by the trainee, the AB where the trainee belongs or by the IAAC.

2.7   If the team leader or a team member is from another recognized regional cooperation, the MLAC Chair and/or the MLA Secretary shall provide him with instructions about IAAC procedures and requirements for peer evaluations as well as the main differences from the procedures used by IAF/ILAC.

Annex 2

Planning and Managing the Evaluation

1. Preliminary visit plan and Full Evaluation plan

1.1. Preliminary Visit Plan

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

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

1.2. Full Evaluation Plan

Introduction

In principle it is the task of the TL to create a timetable (see form FM 004) for an evaluation that allows for sufficient time to collect such information that confidence can be obtained in the operation of the AB to such an extent that the signatories to the Arrangement can promote acceptance of results from CABs accredited by the evaluated AB.

It is recommended that the TL start planning the evaluation as soon as the evaluation team is appointed.

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

2   Considerations

2.1   Maximum duration

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

The TL in conjunction with the MLA Secretary and MLAG Chair will consider if remote peer evaluation techniques could be used to make more effective use of the time available for the evaluation. The decision to use remote evaluation techniques is left to the discretion of the TL in conjunction with the AB and should normally not to be used to fully replace the on-site evaluation. The MLAG Chair and the MLA Secretary must be informed of what has been agreed for their approval.

The TL may determine, in coordination with the AB and team members, that some interviews, review of documents and / or records, etc. could be reviewed remotely prior to the on-site evaluation. The use of remote peer evaluation techniques must achieve the same objectives as the on-site peer evaluation being replaced and the use of such techniques shall be justified.

The TL should arrange the evaluation to take place within a defined timeframe taking into account both on-site and remote evaluation activities, as applicable. The on-site evaluation should not exceed one full week (7 days) unless special circumstances or scheduling issues arise. Remote evaluation activities should be completed in advance of or during the on-site evaluation to ensure assistance can be provided during the on-site evaluation. The evaluation findings must be provided to the AB at the closing meeting and remote evaluation activities must be arranged such that they do not delay the delivery of the findings to the AB at the closing meeting.

In some instances, it may be beneficial to arrange witnessing outside the on-site evaluation dates chosen for the full evaluation. If witnessing (remote or on-site) will take place outside of those on-site evaluation dates, the TL should make arrangements to have witnessing completed prior to the on-site evaluation in order to allow for all fact finding from the evaluation process tobe reviewed and discussed with the evaluation team and AB.

2.2   Types of evaluation

There are different kinds of evaluation: e.g. initial evaluation, pre-evaluation, follow-up evaluation, evaluation for scope extension, re-evaluation.

Given the interval (approximately 4 years) between evaluations, the duration of a re-evaluation is comparable to that of an initial evaluation. A shorter duration applies for preliminary visits, for follow-up evaluations and for scope extensions that are conducted separately from a re-evaluation. Specific instructions about evaluations for extensions of the MLA scope are given in Annex 7.

2.3 Evaluation of Level 3, 4 and 5 activities

2.3.1 Witnessing

The evaluation team shall consider how to deal with witnessing for the activities and standards of the MLA scopes that are being evaluated. Discussion about number and type of assessments to be witnessed should start as soon as the team has received the AB documentation. The AB should be informed about the evaluation team plans so that they may provide the team with a possible list of assessments to be witnessed and should include both on-site and remote assessments (as applicable)..

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

- standards for accreditation,
- number of accredited CAB,
- size of the fields,
- new fields and complex fields,
- initial evaluation/ re-evaluation,
- witnessed assessments from the last evaluation,
- assessment techniques applied by the AB (on-site and/or remote),
- flexible scopes of accreditation and for which accreditation schemes they are used,
- crossfrontier accreditation documents and relative arrangements,
- self-declaration of new sub-scopes.

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

Normally the evaluation team will witness an initial assessment or a reassessment of a CAB or two assessment activities for every level 3 scope. Preferably the evaluation team should witness reassessments instead of initial assessments. In case it is not possible to witness a reassessment or an initial assessment or two assessment activities, the evaluation team may witness only one assessment activity that covers all accreditation requirements; this shall be clearly stated in the evaluation plan (FM 004). The key is that the peer evaluation team witness the AB assessment team's performance when assessing the technical activities of the CAB. Table 1 below provides additional instructions for each scope.

Note: For definitions of Levels, please refer to IAAC PR 025, as applicable.

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

Table 1: Additional Instructions about witnessing

Scope	Specific instructions about witnessing
Calibration ISO/IEC 17025	Witnessing includes witnessing of the assessment by the AB of the CAB performing calibration. Depending on the risk, number of accredited laboratories, the variety of the scopes, and IAAC MLAG decisions, it may be necessary to perform more witnessing.
Testing ISO/IEC 17025	Witnessing includes witnessing of the assessment by the AB of the CAB performing testing. Depending on the risk, number of laboratories, the variety of the scopes, and IAAC MLAG decisions, it may be necessary to perform more witnessing.
Testing ISO 15189	Witnessing includes witnessing of the assessment by the AB of the CAB performing testing. Depending on the risk, number of accredited laboratories, the variety of the scopes, and IAAC MLAG decisions, it may be necessary to perform more witnessing. If the team witness an initial assessment of testing laboratory to ISO/IEC 17025 it may not be necessary to witness the assessment of the management system requirements of ISO 15189 which are essentially the same as those in ISO/IEC 17025. In any case witnessing needs to cover the assessment of the technical requirements of ISO 15189 as well as those management requirements of ISO 15189 which are not addressed in ISO/IEC 17025.
Inspection ISO/IEC 17020	Includes witnessing of the assessment by the AB of the CAB performing inspection. Depending on the risk number of accredited inspection bodies, the variety of the scopes, and IAAC MLAG decisions. it may be necessary to perform more witnessing.
Management system certification ISO/IEC 17021-1	Witnessing includes witnessing of an office assessment by the AB of the CAB. It may be a remote assessment, as agreed by the team leader with the AB.

The peer evaluation team shall carry out at least one witness of the on-site assessment carried out by the accreditation body to the conformity assessment body in regard to its compliance with the requirements of ISO / IEC 17021-1, regardless of the chosen sub scope.

The witnessing will be selected considering:
- The risk
- The findings and scopes witnessed in the last peer evaluation.
- The number of accreditations granted for each sub-scope
- The experience of the AB in the sub-scope
- New sub-scopes and more complex sub-scopes
- Decisions by the IAAC MLAG.

If a particular sub-scope is not witnessed in a reevaluation, the peer evaluation team shall review assessment records to confirm the AB's competence in that field.

It is not necessary to witness the AB witnessing the CB perform certification audits. However, the peer evaluation team shall review the AB's procedures for witnessing certification audits as well as assessment records to confirm appropriate implementation. |
| Product certification ISO/IEC 17065 | Depending on the number of accredited CB and the variety of scopes, it may be necessary to perform more witnessing. When the assessment to be witnessed by IAAC includes different schemes, the peer evaluation team will confirm with the AB's assessment team the witnessing to be performed. The witnessing will be selected considering:
- The risk
- The findings and scopes witnessed in the last peer evaluation.
- The number of accreditations granted for each scope
- The experience of the AB in the scope
- More complex scopes
- Decisions by the IAAC MLAG.

It is not necessary to witness the AB witnessing the CB perform certification audits. However, the evaluation team shall review the AB's procedures for witnessing certification audits as well as assessment records to confirm appropriate implementation. |

Scope	Specific instructions about witnessing
Certification of persons ISO/IEC 17024	Depending on the number of accredited CBs, the risk of the scopes, and IAAC MLAG decisions, it may be necessary to perform more witnessing, to be confirmed by the AB's assessment team, when performing assessments to different schemes. Note: The evaluation team shall review in detail the AB`s procedures for assessing the cases where a CB subcontracts the examination services, as well as assessment records to confirm appropriate implementation. In case where the CB subcontracts the majority of the examination process, the evaluation team may consider it appropriate to witness how the AB assesses the competence of the CB for that certification.
Proficiency Testing Provider (PTP) ISO/IEC 17043	Witnessing includes witnessing of the assessment by the AB of the CAB, including assessment of all key activities. Note 1: The evaluation team shall review in detail the AB's procedures for assessing the cases where a PTP uses subcontractors, as well as assessment records so as to confirm appropriate implementation. The evaluation team should consider the need for witnessing the AB that assesses how the proficiency testing provider demonstrates that the subcontractors' experience and technical competence are sufficient for their assigned tasks and that they comply with the relevant clauses of this International Standard and other appropriate standards. Depending on the risk, number of accredited PTPs, the variety of the scopes, and IAAC MLAG decisions, it may be necessary to perform more witnessing. Note 2: ISO/IEC 17025 or ISO 15189 can be used to demonstrate the competence of a proficiency testing provider's laboratory, or the laboratory subcontracted to perform tests or measurements related to the proficiency testing schemes. ISO 17034 can be used to demonstrate the competence of producers of reference materials that provide proficiency test items.
Reference Material Producer (RMP) ISO 17034	Witnessing includes witnessing of the assessment by the AB of the CAB, including assessment of all key activities. The evaluation team shall review in detail the AB's procedures for assessing the cases where a RMP uses subcontractors, as well as assessment records so as to confirm appropriate implementation. Note 1: The evaluation team should consider the need for witnessing the AB that assesses how the RMP demonstrates that the subcontractors' experience and technical competence are sufficient for their assigned tasks and that they comply with the relevant clauses of this International Standard and other appropriate standards. Depending on the risk, number of accredited and the variety of the scopes, IAAC MLAG decisions, it may be necessary to perform more witnessing. Note 2: ISO/IEC 17025 or ISO 15189 can be used to demonstrate the competence of a RMP's laboratory, or the laboratory subcontracted to perform tests or measurements related to the reference material.
Validation and verification of ISO/IEC 17029	The evaluation team shall witness a validation where possible, otherwise a verification shall be witnessed. Validation requires greater judgment and competency and therefore, represents more risk than verification. Depending on the risk, number of accredited and the variety of the scopes, IAAC MLAG decisions, it may be necessary to perform more witnessing. It is not necessary to witness the AB witnessing the CAB as it performs validation and verification audits. However the evaluation team shall review the AB's procedures for witnessing those audits as well as assessment records to confirm appropriate implementation.

The use of assessment techniques implemented by the AB (on-site and/or remote) shall be evaluated and considered when developing the witnessing plans for each accreditation scheme for which the AB is seeking recognition. The acceptability of an assessment technique will differ based on the accreditation scheme and the accreditation activity for which the assessment technique is being used. The TL and evaluation team members must understand and be knowledgeable with the assessment techniques implemented by the AB and evaluate the appropriateness of their use for each accreditation scheme.

If an AB only uses on site assessment techniques for an accreditation scheme, then the peer evaluation must include witnessing of on-site assessment. If an AB uses remote assessment and on-site assessment for the same accreditation scheme, the Lead Evaluator, with the approval of the MLAG Chair, will determine the type of witnessing to be performed, on-site, remote, or a combination of both. This determination will be made based on a risk assessment that will include considerations such as the results of previous peer evaluations, complaints received by IAAC, the complexity of the accreditation scheme, etc. The remote and/or on-site evaluation techniques implemented must ensure that all the relevant requirements of ISO/IEC 17011 and IAAC are evaluated for compliance during the witnessing of the evaluated accreditation scheme(s). On-site witnessing will normally be required for extensions to the scope of recognition that include onsite assessment and always be required for initial evaluations, when onsite assessment techniques are utilized by the AB for that accreditation scheme(s).

2.3.2 Additional instructions for Level 4 and 5:

For all level 4 and 5 activities, it must be stressed that despite spending time on witnessing, it is very important to spend ample time to:
- check how an AB selects its assessors and experts for a particular assessment. Thorough checking of records from assessments is required including matching the assessor's expertise and competence criteria for the scope of the CAB being assessed.
- review assessment records and reports and decision-making records other than those of the CAB witnessed.
- review the way an AB expands its accreditation activities for level 4 and 5, according to clauses 4.6.3 and 4.6.4 of ISO/IEC 17011, especially the demonstration of competence by the AB, in new fields and how relevant requirements as defined by IAF, ILAC or IAAC have been met, when applicable.

2.4   Size of the AB

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

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

2.5   Evaluation of Sources of Metrological Traceability and Visit to the NMI

2.5.1   One of the tasks of the evaluation team is to evaluate the AB's policy on metrological traceability and how the AB ensures traceability of results of their accredited laboratories. *The AB is required to provide the following information (see form FM 001, item 20)*

- information about the available sources of metrological traceability and the calibration and measurement capabilities (CMC) available from these sources (see ILAC P10 and ILAC P14);
- a list of recent international comparisons in which the economy's national metrology institute (NMI) or designated institutes have been involved (e.g., BIPM or regional metrology organization) or, when applicable, reference to the NMI's calibration and measurement capabilities as published on the BIPM website;

This information needs to be evaluated in connection with the AB policy for traceability to confirm its compliance with ILAC P10.

2.5.2 Need for a visit to the NMI.

2.5.2.1 The visit to the NMI will not be necessary in the following cases:
a) When the NMI is a signatory to the CIPM MRA for all quantities for which traceability is needed under the scopes accredited by the AB.
b) When the NMI is a signatory to the CIPM MRA for some of quantities for which traceability is needed under the scopes accredited by the AB, and the AB requires traceability for the remaining quantities to acceptable sources of traceability.
c) When the NMI is accredited by a signatory of the IAAC and/or ILAC Arrangement.

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

a) When the NMI is not a signatory of the CIPM MRA.

b) When the NMI is a signatory of the CIPM MRA. but none of its calibration and measurement capabilities (CMC) are listed in Appendix C of the CIPM MRA.

c) When the NMI is a signatory to the CIPM MRA for some of quantities for which traceability is needed under the scopes accredited by the AB, but is also the source of traceability to quantities which are not yet included in Appendix C of the CIPM MRA.

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

Note 2: When deciding whether or not a visit to the NMI is needed, the evaluation team also needs to consider the fact that traceability may be achieved through sources other than the NMI, such as, NMIs from other economies, laboratories accredited by other signatories to the IAAC and/or ILAC Arrangement, in the economy or abroad.
Note 3: In the situation describe in clause 2.5.2.2 c), the visit to the NMI may not be needed in case the information provided by the AB about sources of traceability in the country is sufficient to confirm compliance with ILAC P10.

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

a) Confirming the information provided by the AB about the NMI activities, in particular its participation in regional metrology organizations, the BIPM, and regional and international intercomparisons.

b) Confirming the calibration and measurement capabilities available from the NMI for quantities which are not included in Appendix C of the CIPM MRA and collecting information the NMI's traceability chain and on how the NMI has validated those CMC.

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

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

2.5.3 Use of non accredited calibration laboratories

2.5.3.1 If the AB's policy for metrological traceability allows for the use of non accredited calibration laboratories, the evaluation team needs to evaluate how the AB ensures metrological traceability. The evaluation team needs to provide Information in the evaluation report about the AB's policy for this case and its implementation, in compliance with ILAC P10.

2.6 Application from an AB that is a signatory of the MLA of another recognized regional body and/or ILAC and IAF

2.6.1 If the AB is applying for recognition for a scope for which it is already a signatory of the MLA of a recognized regional body and/or IAF and ILAC, team leader shall also take into account all information provided by the AB with the application in planning the peer evaluation, including:

- the previous evaluation report;
- the decision made by the regional body and/or IAF and ILAC;
- the changes that have taken place since the previous evaluation.,

Note: This procedure is also applicable for new MLA scopes that are developed by IAAC. In case the new MLA scope is not yet implemented by IAF and/or ILAC in their own MLA, any regional cooperation that is recognized by IAF and or ILAC for other scopes of the MLA are considered "recognized cooperations" for the new MLA scopes.

2.6.2 If the AB has been evaluated by an IAF and/or ILAC recognized regional body within the past two years and if the findings are closed the team leader may adjust the evaluation plan accordingly. Possible adjustments may include:

a) reduction of the number of assessments to be witnessed;
b) reduction of the amount of time spent reviewing the AB's management system on site;
c) elimination of the need to visit the NMI
d) limit the evaluation activities to a document review of the current documentation and resolution of any findings observed therein.

2.6.2.1 If the team leader in consultation with the AB, recommends adjustment of the plan as described in 2.6.2, he/she shall notify the MLAC Chair prior to finalizing the plan. The MLAC Chair shall review the recommendation, approve the evaluation plan and shall inform the MLA Group of the decision.

2.6.2.2 If the evaluation activities are limited to a document review, the next reevaluation shall be done 4 years from the previous on site evaluation.

2.7 Other factors

2.7.1 Factors that may influence the duration of the evaluation include:
   a) Need for translators and their effect of slowing down the evaluation
   b) Extensive travel and travel circumstances
   c) Cultural differences

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

3   Managing the evaluation

3.1   Preparation and planning

The time for the evaluation team needs to spend on preparation largely depends on the quality of the documents that the AB forwards. The documents that are required for both initial evaluations and reevaluations are specified in form FM 001 item 20. Accurate translation of the documents into English or Spanish must be done if requested by the TL and /or TMs and agreed with the AB. The self-assessment prepared by the AB using IAF/ILAC A3) and the checklist (see form FM 003) relating the accreditation standard(s) to the AB's procedures/documents must be detailed and accurate (instructions, forms, guides, etc.) indicating the current revision. These two documents will greatly assist the evaluation team in preparation. If the self-assessment document does not provide adequate information to the team, the team leader can ask the AB to revise the document with the necessary information. The AB shall send all documents listed in form FM 001, item 20 at least 90 days in advance of a visit to allow for preparation and for requesting additional information.

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

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

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

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

The TL, in cooperation with the TMs, shall prepare an evaluation plan using form FM 004 that contains as a minimum:
   - Identification of the AB,
   - The purpose and date of the evaluation, including the accreditation programs to be evaluated

- The names of the TL and TMs and the accreditation programs that they are qualified for
- The requirements to be considered.
- Date and time for the opening meeting and date and estimate time for the final meeting.
- General description of activities and/or requirements to be evaluated by each member of the evaluation team each day.
- If necessary, identification of AB personnel that will be involved with particular evaluation activities.
- Private activities of the evaluation team, such as meetings before the evaluation, at night or after the evaluation.
- Identification of the assessments to be witnessed and the evaluators assigned to them (This identification should include the type of CAB, accreditation program or specific field of conformity assessment, number of assessor.)
- Information on the need for a meeting between the IAAC TM and the AB's assessment team after the end of the assessment witnessed.
- Other organizations to be visited (such as the NMI) or Committee meetings to be witnessed and the TM that has been assigned those tasks.
- Any travel or any other arrangements that may interfere with the performance of the evaluation.

The evaluation plan FM 004 should be sent to the AB 30 days in advance of the evaluation.

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

An on-site evaluation typically consists of:
- Opening meeting, presentation by team leader outlining aims, objectives and procedure to be used by evaluation team;
- Evaluation of the AB's offices and management system, review of files and records
- Discussing the results of the self-assessment report as per IAF/ILAC A3 (This self-assessment is written by the AB using IAF-ILAC A3);
- Evaluation of the records of CAB whose assessment is to be witnessed and of the preparation for the assessment; if possible witnessing of the accreditation decision making process;
- Splitting the team members in accordance with their experiences for the purpose of witness including the on-site preparation of the draft assessment report with a list of findings;
- Discussing the results of the witnessing with the AB assessment team and AB staff,
- Preparing the report on the witnessed assessments using IAF-ILAC A3 Annex IV;
- Preparation of the summary section of the report, and writing and classification of findings; and
- Meeting with the AB's Director to review IAF-ILAC A3, Annex I, for comments prior to the closing meeting;
- Closing meeting, presentation and discussing of findings.

During the evenings the team members should meet to discuss their findings and possibly adjust the focus of their attention. In case meetings are not possible the evaluation team should arrange means of communication with the team leader. The TL will need to add/modify/enhance the preliminary report that resulted from the studying of the documentation and discuss such changes during the week with the team members.

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

Some timetable examples are:

3.2.1 Full size scope AB

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

3.2.2 Single scope AB

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

3.2.3 ABs with 2 scopes of accreditation

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

3.2.4 ABs with 3 fields of accreditation

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

3.3   Activities after the on-site or remote evaluation

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

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

Annex 3

Evaluation Reporting on an Accreditation Body

1. Steps in Evaluation Reporting on an Accreditation Body:

1.1. Preparation of summary section of report
This summary section has to be completed and be confirmed by the applicant at the end of the on-site evaluation visit. The content of the summary is described in IAF/ILAC A3. It includes as an annex the nonconformities and comments presented in table format using form IAF/ILAC A3, Annex I (see section 2.1).

The summary report and the findings shall be provided to the MLAC Secretary and MLAC Chair immediately after the evaluation visit.

1.2. Preparation of the Draft Report of the On-site and Remote Evaluation Visit.
(Deadline - within 60 days from the on-site evaluation).
This report is the agreed report of the evaluation team and the Accreditation Body and includes all information described in IAF/ILAC A3, except the responses to the findings, the reaction from the evaluation team, and the recommendation.

The report shall include any disagreement within the evaluation team or between the evaluation team and the accreditation body, with the opinions of all parties.

For any AB appeals of findings or adverse decisions by an evaluation team during the evaluation process, see PR 005, Procedure for Handling Appeals and Complaints

1.3. Formal Response of the Accreditation Body to the Findings.
The accreditation body's response can simply be inserted under each finding in form IAF/ILAC A3, Annex I, with attachments of supporting evidence of corrective action as appropriate. (see what is expected of the AB's response and corrective action described in section 3 of this Annex).

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

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

For reevaluations:

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

- *The AB shall present evidence of effective implementation of corrective actions for nonconformities within 3 months from the evaluation.*

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

1.4. Formal Reaction of the evaluation team to this Response. The evaluation team's reaction to each response to every finding is submitted in writing to the Accreditation Body for consideration using IAF/ILAC A3, Annex I. (Deadline - within 30 days from step 3.)

1.5. Steps 3 and 4 may be repeated.
Any problems completing steps 3 and 4 shall be reported to the Chair and Secretary of the IAAC MLAC.

1.6. Preparation of a Final Report to the MLA Group.
(Deadline: 30 days from completion of step 4.)
This report consists of the items identified under steps 2, 3 and 4 (i.e., formal team report, formal AB response and formal team reaction). In addition, the recommendation of the evaluation team is stated as a section of the evaluation team's final report (see section 2.1 in this Annex). Items included in steps 3 and 4 shall be combined into IAF/ILAC A3, Annex I, stating the findings, the formal AB response including corrective actions, and the evaluation team's reaction. The report shall also include information on the follow up visit, if relevant (see clauses 2.2 and 2.3 in this Annex). This will ease the MLA Group review process.

At this stage of the evaluation, if the evaluation team's recommendation includes a follow-up visit to verify the corrective actions, this decision shall be made by the MLAC Chair. If a follow-up visit is to be conducted, the evaluation team should be composed of one or more members of the evaluation team that conducted the full evaluation.

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

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

2.   Typical Structure and Content of a Final Evaluation Report on an Accreditation Body

2.1. Full evaluation report
The report shall be prepared using IAF/ILAC A3.

2.2. Follow up visits done before a final decision by the MLA Group.

The report shall be prepared using IAF/ILAC A3.

The summary section about the follow up visit and the updated IAF/ILAC A3, Annex I, shall be provided to the AB at the end of the visit.

2.3. Follow up visits done after a final decision by the MLA Group.

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

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

2.3.2. The report shall include a section with a summary of the follow up visit, including the reasons for the follow up visit, reference to the decision authorizing the visit, by the MLA Group, the evaluators participating in the visit, dates of the visit, a summary of the activities performed by the evaluation team, confirmation whether or not all findings have been closed and a recommendation to the MLA Group on the next steps of the process.

2.3.3. An annex with the follow up visit plan.

2.3.4. An annex with the report on any assessments witnessed using IAF/ILAC A3, Annex V.

2.3.5. IAF/ILAC A3, Annex I, including only the findings and corrective actions of the previous evaluation visit that were checked in the follow up visit, and information about the evidences obtained by the evaluation team for each of the findings, confirmation that the finding is closed or information on the actions that are still pending.

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

3. Content of a final evaluation report for an Accreditation Body that is a signatory of the MLA of another recognized regional body and/or ILAC and IAF.

3.1. When an AB is applying for recognition for a scope for which it is already a signatory of the MLA of a regional body and/or IAF and ILAC, the evaluation activities may be limited to a document review of the current documentation and resolution of any findings observed therein.

3.2. In this case the report shall include:
- A summary section regarding the application, related documents, and the decision to limit the evaluation activities to a document review;
- Description of the outcomes of the document review for all the requirements of ISO/IEC 17011. The team leader can issue the report based on the complete and updated IAF/ILAC A3. If there is an IAAC mandatory document related to the scope under evaluation, it shall be considered in this section of the report;

- Information regarding the changes in the AB since the evaluation date performed by the regional body and/or IAF and ILAC;
- Evaluation team recommendation to the MLA Group;
- An annex using IAF/ILAC A3, Annex I, that includes the nonconformities and comments, and when applicable, it should include the AB's responses;
- An annex with the full report of the regional body and/or IAF and ILAC; and
- An annex with the decision from the regional body and/or IAF and ILAC.

4. Content of a final evaluation report for an accreditation body extending the MLA to level 4 and/or 5.

4.1. for extensions of scope to include new Level 4 and/or Level 5 normative documents the evaluation report shall include:
- A summary section regarding the application, related documents, the decision to limit the evaluation activities to a document review according to Annex 7 on this document.
- Description of the outcomes of the document review for clauses, 4.6, 6 and, 7 of ISO/IEC 17011 and IAAC, IAF and ILAC mandatory documents applicable to the MLA subscope.

   Note: Other requirements may be evaluated if the evaluation team finds it necessary.

- Evaluation team recommendation to the MLAG
- An annex using IAF/ILAC A3, Annex I, with the nonconformities and comments, and when applicable, it should include the AB's responses.

5.   Guidance on classification of findings

Finding: To be used as a general term

The IAAC MLA structure is defined in procedure PR 025. During an evaluation, findings shall only be raised within the scope the IAAC MLA that is being evaluated.

The IAAC MLA for calibration, testing (including clinical/medical testing), inspection, product certification, certification of persons, validation and verification of GHG, proficiency testing and reference materials production covers all accreditations granted by the AB under the applicable standards for those activities, and all conformity assessment services accredited by the AB. Therefore, findings can be raised for issues related to all Levels of the IAAC MLA (Levels 1, 2, 3, 4 and 5).

The IAAC MLA for management systems certification covers all accreditation granted by AB under ISO/IEC 17021-1, therefore, findings can be raised to any issues related to Levels 1, 2 and 3 of the IAAC MLA (main scope). The IAAC MLA for management system covers only conformity assessment services included in the Level 4 and 5 standards specified in PR 025 (sub-scopes), therefore, findings can only be raised for issues related to those specific Level 4 and 5 standards.

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

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

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

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

The evaluated AB is required to respond to comments.

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

Decision Making Regarding Evaluations

1.   Decision Making Regarding Evaluations

1.1   The final evaluation report shall be submitted to the MLA Secretary and MLAC Chair (see deadlines in Annex 3, item 1.6).

Note: For reevaluations the report will be submitted to the MLA Group before all findings have been closed if the AB if not able to meet the deadline for closing findings (see Annex 3, item 1.6).

1.2   The MLA Secretary distributes the final report to the MLA Group, which shall decide:

- in the case of an initial evaluation, whether or not the Applicant Body may enter the Cooperation's Arrangement;

- in the case of a re-evaluation, whether or not the Applicant Body will remain a Signatory to the Arrangement. Positive decisions can be accompanied by conditions (see 2.0 Hierarchy of Decisions).

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

Note 2 *For voting rules see the document AD 021.*

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

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

Step 1) Review of the evaluation report by the MLA Group and presentation of comments.
The MLA Group shall provide written comments to the report within 30 days or as agreed by the MLA Group. All signatories are required to send their comments to the MLA Secretary. If a signatory does not have any comments, the signatory's representative shall state that in writing.

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

Step 2) Clarification on comments
As soon as the comments for a MLAG member are received, the MLA Secretary will forward them to the evaluation team leader and the evaluated accreditation body for their clarification. This step

should be completed within 30 days from the end of the comment period or as agreed by the MLA Group.

Step 3) Email ballot
After getting clarifications on the comments, the MLA Secretary will submit the final report, the comments and the clarifications to the MLAG for a 30 days electronic ballot.
In order to avoid conflict of interests, the person representing the signatory in this email ballot shall not have participated in the evaluation.

2.   Hierarchy of Decisions

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

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

2.3   Decisions on New MLA Applicant and Extensions of Scope.

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

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

2.3.2.1 Where the number of accredited CAB in the scope the applicant is applying for is less than four at the time of evaluation, the need for a follow-up evaluation before the normal 4 year period shall be considered by the MLA Group**.**

2.3.3   Defer approval pending submittal of required evidence of corrective actions, or of any other information as determined by the MLA Group, and/or a follow up visit by one or more members of the evaluation team to confirm implementation of corrective actions.

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

2.3.5   For decisions on new MLA applicants and extensions of scope that are not specified in the situations described above, the MLAG will make a decision considering case by case so as to ensure the reliability of the IAAC MLA.

2.3.6   For decisions on MLA signatories that are not specified in the situations described above, the MLAG will make a decision considering case by case so as to ensure the reliability of the IAAC MLA.

2.3.7 Disapproval with a new evaluation required.[1]

2.4 Acceptance into the IAAC MLA Group

2.4.1 Once the IAAC MLA Group has approved a new signatory of the MLA, it is accepted immediately into the MLA.

2.4.2 The MLA Secretary will inform the IAAC General Assembly of new signatories and their scopes of recognition.

2.5 Decisions on MLA Signatory

2.5.1 Approval without conditions (re-evaluation to occur in the normal 4 year period from the date of the evaluation).

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

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

2.5.4 Reduction of recognition for one or more scopes of the IAAC MLA.

2.5.5 Suspension from the MLA (see clause 2.7).

2.5.6 Withdrawal of Signatory status (see clause 2.7)

2.6 Notification of change

2.6.1 Each Signatory of the IAAC MLA shall report any significant changes in its status and/or its operating practices (e.g. as listed below) including the impact of these changes, without delay to all MLA Group members through the IAAC MLA Secretary.

- Legal status;

- Senior accreditation program personnel;

- Contact person or liaison officer for the Arrangement;

- Accreditation criteria and procedures, related to the Arrangement;

- Office address (and postal address, if different), including head office and any offices;

- Relationship with government;

- Sector specific accreditation programs/schemes endorsed by IAAC, IAF and ILAC with which the AB is involved

---

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

- Other changes that significantly affect the competence or credibility of the accreditation process.

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

- Request the signatory to provide additional information,

- Perform an extraordinary evaluation,

- Verify the implementation of the changes in the next re-evaluation,

- Update the name of the organization and sign a new Signature Sheet of the IAAC MLA.

2.7 Suspension and withdrawal of MLA Group

2.7.1 It may be that the IAAC MLA Group cannot accept the corrective action taken by an AB with regard to significant changes notified by the AB, or to nonconformities which have been found, or to substantiated complaints from interested parties. It may also be that the AB does not provide the documentation required to perform the evaluation, delays reevaluations or follow up visits, or does not appropriately respond to the nonconformities of a peer evaluation in the time frame established in this document. The IAAC MLA Group may then take appropriate action. This action can be suspension for a maximum period of 12 months or withdrawal from the IAAC MLA.

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

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

The suspended or withdrawn AB may appeal the decision in accordance with IAAC PR 005.

2.7.4 Decisions on suspension shall state:
- the reasons for suspension;
- the period of suspension (maximum 12 months) and/or the conditions for reacceptance into the IAAC MLA;
- the consequences of suspension.

2.7.4.1 The consequences of suspension shall be decided by the IAAC MLA Group on a case by case basis, depending on the reason for suspension. The consequences of suspension may include, for the applicable scope:
- Not actively promote the fact that they are a signatory to the IAAC MLA;
- Not be able to participate in any ballots associated with the IAAC MLA;
- notify all accredited CABs of the suspension and the consequences of the suspension as it relates to them; and

- Notify stakeholders in their economies of the suspension.

2.7.4.2 The obligations of the accreditation body while suspended are:
- Continue to comply with the obligations of full membership;
- Cooperate fully with the IAAC MLA Group to enable a speedy resolution of the suspension;
- Maintain oversight of their signatories or accredited CABs.

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

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

Monitoring and Re-evaluation of a Single Accreditation Body

1. Periodic monitoring and re-evaluation of the Arrangement(s) is necessary.

2. All MLA Signatories shall be formally re-evaluated at maximum intervals of four years from the month when the previous full evaluation was done.

2.1 The procedures for reevaluation are essentially the same as for an initial evaluation. Although an application as per form FM 001 is not required, the AB shall provide the evaluation team all documents required in form FM 001, item 20, 90 days in advance of the evaluation. For planning of the witnessing, the AB shall also provide the evaluation team with a list of assessments that will take place from about 6 weeks before the proposed on-site evaluation date, or as agreed with the team leader. Failure to meet that deadline may lead to the cancelation of the re-evaluation and other action as found appropriate by the MLA Group (see Annex 4, clause 2.7.1).

2.1.1 In addition, as soon as the evaluation team is appointed, the MLA Secretary shall send the evaluation team:
a) The final report of the last evaluation or reevaluation;
b) Reports on any follow up visits done after the last evaluation/reevaluation;
c) The MLA Profile of the AB which includes all of the MLA Group resolutions regarding the AB, as well as other useful information for the evaluation team;
d) A list of the names of the CABs and assessors/experts that were witnessed during the previous evaluation, form FM 022; and
e) Information on accredited laboratories that have participated in proficiency testing programs of IAAC and other recognized regions' programs, if applicable.

2.2 Where there are difficulties to agree on a date for the re-evaluation that suits the evaluation team and the accreditation body, the MLAC Chair may authorize the evaluation to be delayed for 30 days. Any delay longer that 30 days shall be considered by the IAAC MLA Group and may lead to suspension from the MLA or other actions as found appropriate by the IAAC MLA Group.

3. Partial to total re-evaluation may be conducted at an earlier date as directed by the MLA Group, should there be due cause such as notification of significant changes (see Annex 4, clause 2.6).

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

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

5. The MLA Group shall monitor the implementation of new versions of standards applicable to the scope of the IAAC MLA, and if necessary other documents mandatory for the MLA, so as to ensure that implementation dates decided by IAAC, IAF and ILAC are met. The General Assembly shall approve a resolution about the procedures to be used to monitor the implementation. An example of such a resolution is given below:

"Considering that **(IAAC, ILAC or IAF)** has decided that the deadline for transferring accreditation to **(standard and year of publication)** is **(implementation date)** and considering the obligation established in MD 002, Section 2, clause 2.2, in relation to implementation of that deadline, the General Assembly agrees that:

1) Certificates of **(standard and year previous version)** shall not be valid after **(implementation date)**.

2) Each MLA Group member shall submit a report to the MLAG on the implementation of **(standard and year of publication)** before each MLAG meeting held before the deadline.

3) Each MLAG member shall submit a final report to the MLAG on **(first day after the implementation date)**. This report shall state:

   a) the number of conformity assessment bodies accredited to **(standard and year of publication)**,
   b) the number of conformity assessment bodies whose accreditations have been suspended or cancelled because they have not been able to implement **(standard and year of publication)**,
   c) confirmation that there is no valid accreditation to the previous version of **(standard)**.

4) In case an MLA signatory maintains any valid accreditation certificates to **(standard and year of previous version)**, after the deadline, the Chair of the MLA Group shall suspend the MLA of that signatory for the scope of **(specify MLA scope)** until evidence that those certificates have been either withdrawn or suspended is submitted to the MLA Group."

Annex 6

Disclosure of Evaluation Reports

1. A report on the evaluation of an accreditation body carried out on behalf of the IAAC MLA Group shall not be published in the public domain.

2. An accreditation body may, however, choose to disclose the full report to its interested parties with the purpose of promoting the acceptance of the IAAC MLA under the conditions detailed below.

3. The evaluation report shall not be disclosed until after it has been formally considered by the IAAC MLA Group.

4. The IAAC MLA Secretary may provide to the accreditation body the documents that may be collectively disclosed to interested parties. Those documents shall include the full evaluation report, including the responses to the findings and all other Annexes, and the IAAC MLA Group resolution arising from the consideration of the report. All references to any specific conformity assessment body and names of assessors shall be removed by the IAAC MLA Secretary from the documents that may be disclosed. The IAAC MLA Secretary may provide these documents to the accreditation body, if requested, within 30 days from the date of the MLA Group resolution.

5. The documentation provided by the IAAC MLA Secretary to the AB shall be disclosed by the AB collectively; together with an appropriate statement as to the confidential nature of the information, i.e. the information shall remain confidential to the accreditation body and the recipient except where the law requires such information to be disclosed.

6. Where the evaluation is performed jointly with other regional groups or with ILAC or IAF, the evaluation report shall not be disclosed unless there is agreement among the parties involved in the evaluation and the accreditation body.

Annex 7

Extension of the Accreditation Body's MLA scope

1. A signatory of the IAAC MLA may wish to extend its MLA to include new scopes. This Annex specifies the procedures to be followed for those extensions. The IAAC MLA structure is documented in PR 025 and includes 5 Levels. Those Levels are referred to in this Annex. The term "scope" is used in this Annex a generic term for all MLA Levels; the term "sub-scope" is used for Levels 4 and 5 of the IAAC MLA.

2. Before an AB applies for an extension it shall have a minimum of one accredited CAB under the scope or sub scope applied for. If the AB does not have the minimum of accredited CABs the application shall not be considered by the MLA Group.

   The AB shall apply for an extension of the IAAC MLA using FM 001.

   Note: Extensions of MLA scopes are not required for Levels 4 and 5, but for recognition of accreditation of sub-scopes for certification of management systems, the AB shall present to the MLA Secretary a self-declaration using IAF MLA MC 28 "MLA Declaration for sub-scope extensions (AB)". The MLA Group will decide on the acceptance of the self-declaration by resolution. This decision/resolution will be communicated to IAF by the IAAC Secretary.

   Note: Instructions on how to evaluate the sub-scopes are described in Annex 2 clause 2.3

3. Extensions of scope to include a new Level 3 activity will require a full evaluation of all MLA requirements, similar to an evaluation for initial recognition for the IAAC.

4. The evaluation team will need to include at least one evaluator that is qualified for the MLA scope. If an evaluation for scope extension is done separately from a re-evaluation, depending on the evaluator's experience, it may not be necessary to appoint a team leader to do the on-site evaluation, however a team leader shall be appointed to supervise the work of the evaluator and to make sure IAAC procedures are followed.

5. Evaluation methodology for IAAC MLA signatories who are also IAF MLA signatories that are already recognized by Global G.A.P. for the Integrated Farm Assurance (IFA) scheme.

   MLA signatories of IAAC and IAF, that are currently recognized by Global G.A.P. for the IFA scheme could have their scope of the IAAC MLA extended to include the Global G.A.P. IFA scheme without any initial evaluation based on the following:

   a. MLA signatories that are currently recognized by Global G.A.P. have demonstrated compliance with ISO/IEC 17065,
   b. MLA signatories recognized by Global G.A.P. have been working with the Global G.A.P. IFA scheme for long periods
   c. Global G.A.P. integrity program undertakes surveillance on accredited certification bodies and their certified suppliers,
   d. The next re-evaluation of the IAAC MLA signatories whose scope includes Global G.A.P. IFA scheme, will include the Global G.A.P. IFA scheme in the scope of their re-evaluation. (Instructions on how to evaluate the sub-scope are described in Annex 2 clause 2.3)

Annex 8

Guide for Evaluation teams

1   Introduction:

This Annex is produced as a guide and check list for IAAC evaluation teams to assist them in the planning and conduct of on- site peer evaluations. It is also a useful resource for IAAC accreditation bodies that are subject to these evaluations.

For initial evaluations and evaluation for extensions of scope, the AB is responsible for submission of the application for arrangement membership to the IAAC MLA Secretary who will carry out a review and if the application is complete, will send it to the MLA Group for a ballot. If the application is accepted, the Team Leader and Team Members will be appointed by the IAAC MLAC Chair within 90 days from the acceptance of the application. For a re-evaluation, the evaluation team is usually appointed from 6 to 12 months before the re- evaluation due date.
The MLA Secretary informs the AB of the composition of the Team, and the AB may object based on conflict of interest or impartiality.

2   Preparation for the evaluation

2.1 The Team Leader must communicate with the AB to, identify any changes occurring since the submittal of the application, and identify potential dates for the evaluation.

2.2 For an initial evaluation all Team Members will receive the application and documentation from the IAAC MLA Secretary. For extensions of scope, the IAAC MLA Secretary will forward the application to the Team and the AB must provide the documentation specified in FM 001 to the team 90 days in advance of the evaluation.

2.3 For a re-evaluation the AB shall provide the evaluation team all documents required in FM 001 90 days in advance of the evaluation. Failure to meet that deadline may lead to the cancelation of the re-evaluation (see Annex 5, clause 2.1 of MD 002). The Team will also receive the previous evaluation report and other documentation from the IAAC MLA Secretary (See Annex 5, clause 2.1.1 of MD 002).

2.4 The Team will begin the document review as soon as they receive the documentation. For initial evaluations and extensions of scope the document review (FM 003) should be completed and sent to the AB 120 days after the appointment of the Team.   FM 003 should also be sent to the AB before a re-evaluation.

2.5 For initial evaluations, if a Preliminary Visit is done a short written report is submitted by the Team Leader and all corrective actions must be completed. The MLAG will receive the recommendation of the Team Leader and decide if a full evaluation can take place.

2.6 If the evaluation is done jointly with another Regional Body, the Team Leader should liaise with the Chair of the IAAC MLAC and the other region's MLA Committee Chair to agree on specific arrangements for the evaluation.

2.7 The AB must provide a list of possible CABs to be visited including detailed scopes of accreditation preferably 3 months prior to the visit. (See Annex 2, section 2.3 for guidance on witnessing)

2.8 Team Leader must work with AB on agenda of the evaluation visit including:

- Dates of visit, to include any possible need to stay more than 5 days;
- Travel considerations including flight issues to/from the evaluation and travel to CABs for witnessing;
- Assignment of tasks to Team Members; care should be taken to avoid allocating the evaluation of related requirements to different members of the evaluation team, when there is not enough AB personnel available for interviewing, the purpose is to avoid duplication and restricted access to the appropriate AB staff;
- Need for interpreters;
- Ensure sufficient time for team meetings after the evaluation at the AB's office, especially for the evening before the last day of the evaluation. Inform the AB of any dietary requirements and physical limitations of Team Members;
- Ensure that the AB knows the requirement for arranging travel and accommodations, as well as for covering daily expenses incurred by the each Team Member;
- Need for a meeting room at the hotel the day before the evaluation and each evening during the evaluation;
- Need for a private meeting room during the evaluation at the AB's office;
- Need for Internet access at the AB 's office and at the hotels;
- Identification of AB Staff Members who will be involved in the evaluation and the requirements they will be involved with (This information may be included in FM 004);
- It may be important to document in FM 004 information regarding location, type of assessment and dates of the witnessing activities;
- Complete form FM 004 approximately 30 days prior to the visit and submit to the AB.

2.9 TL should check the AB website to review its accreditation scopes and the dates of accreditations renewals, in order to plan the peer evaluation schedule and to select the assessment activities to be witnessed.

2.10 Team Leader must communicate with Team Members to:

- Obtain information about their technical background and experience in accreditation and peer evaluations, and language skills;
- Ensure Team Members understand the need to complete document review and submit comments for inclusion in Form FM 003;
- Verify Form FM 004 is completed and assignments understood;
- Ensure any special dietary or physical limitations are clearly communicated to the TL;
- Explain how travel and hotel arrangements will be made and how costs of will be managed;
- Explain expectations at the AB's site or witnessing sites including dress codes and /or safety issues.

2.11 Additional issues to be considered by the Team Leader during preparation:

- Is there a need to visit the NMI? (see Annex 2, section 2.5)
- Is the AB applying for recognition for a scope for which it is already a signatory of the MLA or a recognized regional body and /or IAF or ILAC? (see Annex 2, section 2.6)
- Determine a time for team meeting each day by telephone or some other means communication.
- Preparation of part of draft report using submitted self-evaluation given in FM 003.
- Consider the need to mentor and supervise trainee evaluators.

2.12   Evaluation team meeting before the evaluation

The Team Leader should conduct a meeting with the Team Members the day before the evaluation in which discussions should focus on:
- Identification of key items arising from the documentation review to follow-up on;
- For re-evaluations, identification of any findings from the previous evaluation that need to be reviewed and any special instructions / resolution from the IAAC MLA Group concerning the evaluation;
- What objective evidence to going to be sought to verify conformity requirements;
- Assignment of any specific task to Team Members;
- Any queries to be clarified during the opening meeting;
- Confirmation of means of communication and issues to be reported, particularly when Team Members need to travel for witnessing;
- Review of expectations during witnessing (IAF-ILAC A3, Annex V);
- Confirmation on expectations on reporting from each Team Member (findings, summary report, IAF-ILAC A3);
- Provide any necessary guidance to trainee evaluators and confirm how they will be mentored / supervised;
- Confirmation of evaluation plan (FM 004) and any need for changes, verify that documents not applicable to the evaluations scope are deleted from the plan.

3   During the evaluation

3.1 The Team Leader should:

- Lead the opening meeting; ensure any queries from team members have been clarified with AB and remind the AB the classification of findings as describe in MD 002;
- Ensure the evaluation remains on track;
- Ensure team members gather sufficient objective evidence to support their findings;
- Mentor less experienced team members;
- Ensure AB receives feedback, as appropriate, throughout the evaluation;
- Ensure team discussions remain on track;
- Gather information from team members each evening.
- Ensure that meetings and other communications among the team focus on:
  - follow up on issues as decided the day before,
  - findings already confirmed, potential findings and additional evidence to be sought,
  - issues to be followed up and assignment of tasks,
  - confirmation that plans are on track and need for changes of plans,
  - confirmation that reports (IAF-ILAC A3) are being done by each team member as planned;
- Ensure that the meeting the evening before the last day focuses on:
  - confirmation of findings and their classification by all team members
  - drafting the summary report (as far as possible),
  - issues to be finalized the last day,
  - confirmation of the time by which all findings and the summary report will be completed the next day for review by the AB before the final meeting,

- remind team members that report on witnessing (IAF-ILAC A3, Annex V) should have been completed before that meeting. If that is not possible, all issues that may result in a finding shall be reported during the meeting and IAF-ILAC A3, Annex V shall be delivered to the Team Leader soon after the evaluation.

- Ensure findings are based on clear and objective evidence, are correctly classified and assigned to clauses of ISO/IEC 17011 and other MLA requirements;
- IAF-ILAC A3, Annex I, should be reviewed for comment by the AB prior to the closing meeting;
- Prepare summary report and list of Nonconformities and Comments (IAF-ILAC A3 Annex I) for presentation to AB at closing meeting;
- Recommendations for follow up visits should be made based on:
    - the need of confirming implementation of actions,
    - AB has not demonstrated enough experience due to a limited number of accredited CABs or limited number of evaluators,
    - Or the peer evaluation team may indicate that the recommendation for follow up will be made after they received the AB's response for the findings. The summary report should highlight any findings that are recurrences of findings from the previous evaluations;
- Ensure, during closing meeting, that any misunderstandings are clarified, disagreements resolved;

3.2 Team Members should:

- Follow the evaluation plan and instructions given by the Team Leader;
- Make sure enough evidence is collected to confirm compliance and competence, or sufficient evidence for any finding;
- Keep notes of evidence collected for reference (document number, forms, identification and dates of records, details observed in records, persons interviewed, etc.);
- Make sure the AB understands any finding and is given opportunity to clarify the issue;
- Make sure the person that provides information is the appropriate responsible person in the AB and, if necessary double check and reconfirm the information given;
- Not interfere with the work of AB assessors during witness;
- Provide feedback after the conclusion of the witnessing and clarify any outstanding issues with the AB assessors
- Make notes of discussion, records and documents during witnessing so that information may be recollected and confirmed with assessors after the end of the witnessing;
- Confirm facts with assessors and AB representative after the end of witnessing;
- Report to the Team Leader any issues that may need to be confirmed by other team members;
- Complete reports on time.

4   After the evaluation

4.1 The Team Leader should:

- Provide the draft report, agreed among the team members, to the AB for comment and correction of factual errors (if necessary) within 60 days of the evaluation visit (see Annex 3, section 1.2);
- Review the AB 's corrective action and response report (IAF-ILAC A3 Annex I), assigning parts to team members, as applicable;

- Ensure AB provides evidence of identification of and correction of the root cause(s) of non-conformities, as well as a response to comments (see Annex 3, section 5);
- Advise the AB if the response is acceptable within 30 days of receipt;
- Ensure the deadlines for responses from the AB and the team for delivering the report to the MLAC Chair is met (see Annex 3, section 1.3, 1.4 and 1.6);
- Once the team is satisfied that the AB 's response is satisfactory and all necessary corrective action has been taken, prepare a recommendation to the IAAC MLA Group and include it in the Final Report (IAF-ILAC A3);
- Send the Final Report (IAF-ILAC A3)(findings, AB 's response, evaluation team 's reaction to that response), and any relevant annexes to the MLA Secretary and the MLAC Chair, together with Lists of Witnessed Assessment (FM 022);
- complete evaluator performance log for each team member (FM 007) and send it to the IAAC MLA Secretary;
- In case the Final Report is distributed to the MLA Group for written comments, respond to comments as requested and amend the Final Report, if necessary (see Annex 4); within 30 days
- Inform the MLA Secretary whether you will be present in the next MLAC meeting or whether you may be available via Internet. In case attendance of the meeting is not possible, inform the MLA Secretary who may represent the evaluation team during the meeting.

4.2 Team Members should:

- Provide the Team Leader their complete report on assessments witnessed (IAF-ILAC A3 Annex V) immediately after the evaluation (if not complete during the evaluation);
- Provide the Team Leader their assigned part of the Final Report (IAF-ILAC A3) immediately after the evaluation;
- Review AB 's response for the findings assigned to him/her as soon as they are received;
- Complete evaluator performance log for the Team Leader (FM 008) and send it to the IAAC MLA Secretary.