
	BUREAU OF INDIAN STANDARDS MANAGEMENT SYSTEMS CERTIFICATION	MANAGEMENT SYSTEMS CERTIFICATION MANUAL
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0. GENERAL

0.1 DISTRIBUTION LIST FOR QUALITY MANUAL


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1. INTRODUCTION

The Bureau of Indian Standards, established as National Standards Body of India through an act of parliament i.e., BIS Act 2016, to develop & publish Indian Standards, Implement Conformity Assessment Schemes, Recognise & run laboratories for Conformity Assessment, Implement Hallmarking, Work for Consumer empowerment, conduct capacity building programs on quality assurance and represent the country in ISO & IEC and other related activities. The Management Systems Certification (MSC) activities of the Bureau of Indian Standards (BIS) consists of a series of activities aimed at assessing the ability of an organization's management system(s) and thereby providing third party Certification to the organizations. The list of various management systems in operation under management systems certification scheme is given in **2.1**. Grant of licence to an organization to use Standard Mark that demonstrates the organization has implemented and is maintaining an effective management system in the area(s) specified on the licence/certificate as per the relevant Indian standards. The certification services are open to all organizations irrespective of size and affiliation within the country and to other countries depending upon the relations, agreements and feasibility of operations.


The MSC activities of BIS are carried out through systematic, documented policies and procedures. This system has been documented in following levels:

- a) Manual (titled as Management Systems Manual) describes the policies, structure, procedures, methodologies and responsibilities for the General Management Systems Requirements in line with option A of clause **10.2 of ISO/IEC 17021-1**;
- b) Procedures which describe the sub-system elements and control of operations of BIS Management Systems Certification activities;
- c) Guidelines for carrying out various activities; and
- d) Forms which support the overall system and control.

The policies and procedures as laid down in the Manual and related documents describe the Management Systems established for BIS Management Systems Certification (MSC) activities. These are non-discriminatory in nature. These policies and procedures as laid down and followed distinguish clearly between MSC activity and other activities of BIS like, Standards formulation, Product Certification, Training etc.

1.1 Purpose

This Management Systems Manual describes the policies, structure, guidelines, procedures and methodologies for operating and maintaining effective Management Systems Certification Activities which are in line with ISO/IEC 17021-1 and prevailing supplementary standards regarding 'Requirements for bodies providing audit and certification' such as ISO 22003-1 for Food Safety Management Systems, ISO 50003 for Energy Management

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Systems, ISO 27006 for Information Security Management Systems, etc. Appearing in the text of this manual, the compliance to ISO 17021-1 shall be understood as compliance to these management systems specific requirements also.

1.2 Scope

This Manual covers all aspects of MSC activities which are being operated under the provisions of Bureau of Indian Standards Act 2016, and the Rules and Regulations made thereunder. It meets the requirements of ISO/IEC 17021-1 and prevailing supplementary standards regarding 'Requirements for bodies providing audit and certification' such as ISO 22003-1 for Food Safety Management Systems, ISO 50003 for Energy Management Systems, ISO 27006 for Information Security Management Systems, etc. These requirements have also been brought out through a matrix relating to the requirements of ISO/IEC 17021-1 vis-à-vis the provisions made under controlled documents. The manual covers various Management Systems Certification Schemes under operation as per **2.1** and combination of two or more management systems (Integrated Management System Certification Schemes).

1.3 Administration of the Manual

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The Document Control Officer (DCO) of the MSC activity is responsible for the maintenance and operation of the Document Control System.

Each personnel involved in MSC activity is responsible for ensuring that the latest issue of the Manual is in use.

2. BIS MANAGEMENT SYSTEMS CERTIFICATION SCHEME PROFILE

2.1 Details of various Management Systems in operation under the scheme

- i) Quality Management Systems as per IS/ISO 9001
- ii) Environmental Management Systems as per IS/ISO 14001
- iii) Occupational Health & Safety Management Systems as per IS/ISO 45001
- iv) Food Safety Management Systems as per IS/ISO 22000

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- v) Service Quality management Systems as per IS 15700
- vi) Hazard Analysis and Critical Control Points as per IS 15000
- vii) Medical Devices Management Systems as per IS/ISO 13485
- viii) Energy Management Systems as per IS/ISO 50001
- ix) Social Accountability Management Systems as per IS 16001
- x) Educational Organizations Management System as per IS/ISO 21001
- xi) Information Management system as per IS/ISO 27001
- xii) Adventure Tourism safety Management Systems as per IS/ISO 21101
- xiii) Road Traffic Safety Management systems as per IS/ISO 39001
- xiv) Ready Mixed Concrete Certification Scheme as per ISO 9001 and IS 4926
- xv) Piped Drinking Water Supply Management Systems Certification as per IS 17482
- xvi) Medical Devices Quality Management Systems Requirement and Essential Principles of Safety and Performance as per IS/ISO 23485
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- xviii) Ready Mixed Concrete Process Certification as per IS 4926
- xix) Conformity Assessment Scheme for Milk and Milk Products as per IS/ISO 22000 and process certification
- xx) Conformity Assessment Scheme for Online Consumer Review Process as per IS 19000

2.2 Certification to Foreign Organization

BIS would extend the services of Management Systems Certification to other countries based on the response received from industry and service organizations. BIS would ensure the auditors understand the language, culture and business environment of these countries. Either the audit team should possess the knowledge of language, culture and business environment or alternatively other arrangements like interpreter and/or awareness programs to be arranged for auditors. The other BIS certification personnel may appropriately possess awareness of the language, culture and business environment or may consult the auditors.

2.3 Accreditation of BIS MSC Activity

BIS operates Management Systems Certification Scheme (MSCS) as per the requirement specified in ISO/IEC 17021-1 and other management systems specific requirement standards has obtained accreditation by National Accreditation Board for Certification Bodies (NABCB) under the Quality Council of India (QCI), for various scope sectors for Quality Management Systems, Environmental Management Systems, Food Safety Management Systems, Occupational Health and Safety Management Systems and Energy Management Systems. BIS may seek accreditation of additional scope sectors of these and for any other Management Systems which BIS operates under MSCS.

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3. POLICY STATEMENT FOR BIS MANAGEMENT SYSTEMS CERTIFICATION

BIS Management Systems Certification Scheme shall operate and maintain a systematic approach for its operation to deliver credible and efficient management systems certification services which shall satisfy the requirements of National and International Standards and their equivalents.


In doing so,

- a) BIS shall provide management systems certification services as per the provisions of BIS Act, Rules & Regulations to give confidence to the interested parties
- b) BIS shall maintain a comprehensive, documented system which provides for effective and systematic methods of operation and ensure improvement of services on a continual basis.
- c) BIS shall ensure the certification process confines itself to matters specifically related to the scope of certification and locations of the applicants/licensees
- d) BIS shall ensure objectivity, confidentiality, fairness and impartiality, manage conflict of interest and address associated risks.

3.1 Objectives


To achieve the above Policy, the following objectives will be implemented:

- a) Provide MS certification services within the time norms as far as possible;
- b) Investing in personnel and ensuring competence through continual training to the concerned personnel;
- c) Feedback received from the interested parties are thoroughly analyzed and actions including corrections and corrective actions taken not only for improvements but enhancing confidence of the interested parties in the BIS management systems;
- d) Maintain completeness, accuracy and correctness of information related to services.
- e) Continuous innovation of service delivery through adaptation of technology.

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4. PRINCIPLES

BIS Management Systems Certification has been designed and implemented in compliance with the principles of certification as given in ISO/IEC 17021-1. The overall aim of certification is to give confidence to parties that its management systems comply specified requirements as per the relevant management systems standard. The principles include impartiality, competence, responsibility, openness, confidentiality, responsiveness to compliance and risk-based approach apart from other principles related to auditing outlined in IS/ISO 19011.

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5. GENERAL REQUIREMENTS

5.1 Legal and Contractual Matters

The Bureau of Indian Standards, established as National Standards Body of India through an act of parliament i.e., BIS Act 2016, provides certification services to Indian and overseas organizations in the field of Management Systems. This is known as the BIS Management Systems Certification activity, and is regulated by BIS Rules, 2018 and the BIS Regulations (Conformity Assessment), 2018. As stated in the Act, the BIS is "a body corporate having perpetual succession and a common seal, with power, subject to the provisions of this Act; to acquire, hold and dispose of property, both movable and immovable, and to contract and shall by the said name sue and be sued." As BIS has been established under an Act of Parliament, it is deemed to be legal entity.

5.1.1 Management Systems Certification Regulations


The Bureau of Indian Standards (Conformity Assessment) Regulations, 2018 sets out manner, condition and fees for grant and Re-certification of licence for management systems. These regulations are followed by BIS in operation of the management systems certification schemes covering various management systems standards and form the basis of agreement with the organizations seeking and maintaining certification.

5.1.2 Certification Agreement

The terms and conditions that apply to the services of BIS Management Systems Certification activity as laid down in the Application Form and reference made therein to the BIS (Conformity Assessment) Regulations, 2018 and Guidelines for Applicants, describe the rights and responsibilities of BIS MSC activity personnel and applicants/licensees. An undertaking is obtained from the licensee to abide by all terms and conditions of the licence through online portal during the submission of application. In addition, in the event of licence being suspended or withdrawn, the licensee shall undertake that they will not publicize by any means that they hold the licence. In addition, the licensee undertakes to cease with immediate effect to use all the facilities extended to them in respect of licence and return the licence along with related documents to BIS.

5.1.3 Responsibility for Certification Decisions

BIS is responsible for, and retains the authority for, its decisions relating to certification, including the granting, refusing, maintaining of certification, expanding or reducing the scope


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of certification, renewing, suspending or restoring following suspension or withdrawing of certification.

5.2 Management of impartiality

BIS is committed to ensure impartiality in management system certification activities. The process of certification has been organized and designed to identify, analyze, evaluate, treat, monitor and document the risk related to conflict of interest arising from provision of certification including any conflicts arising from its relationship on and on-going basis where there are any threats to impartiality. BIS documents and demonstrates how it eliminates or minimizes such threats and documents any residual risk. The evidence would cover all potential threats that are identified whether they arise from within the certification body or from the activities of other persons, bodies or organizations. Whenever a relationship possesses an unacceptable threat to impartiality, then certification is not provided. The functions of BIS, other than management systems certification, include standards formulation, product certification, standards promotion, laboratory testing and training services. There is no conflict of interest with other functions of BIS, which may affect the confidentiality, objectivity or impartiality of the management systems certification activity. No function of BIS involves consultancy for the development of Management Systems, services to design, implement or maintain management systems and/or those services that BIS certifies/registers. DDG-Incharge of MSC activity and Deputy Director General in the regions are also involved in other activities like planning & coordination, public relations, legal, product certification, promotional activities, laboratory testing, etc. All these activities other than Management Systems Certification also have an independent set up which consists of Head of Departments responsible for these activities and officers and staff working under them. No conflict of interest exists as all these functions are undertaken independently and do not affect the operations of Management Systems Certification. The National Institute of Training for Standardization (NITS) was established to promote quality and the concept of standardization among the Indian industry as this is one of the functions of BIS as laid down in BIS Act. To ensure independence, confidentiality, objectivity and impartiality of the MSC activity, the Training Institute has been established under a separate stream of operation which is headed by Deputy Director General (Policy, Research and Training) who is independent of operation of BIS Management Systems Certification Scheme.

The NITS provides services to industry by organizing general awareness training programmes on quality, environmental, occupational health & safety, food safety and other management systems and other related topics. These programmes including in-house training programmes are devised in such a way that they are not company specific and are generic in nature. These programmes are confined to the provision of generic information and advice which is freely available in the public domain. The intention of organizing these programmes is to only to create awareness on quality, environment, safety & health of employees, food safety, information security etc., standardization and on related topics. It is the responsibility of the

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Director General of BIS to ensure that in no circumstances, the training programmes organized by NITS will contravene the requirement of the international standard to avoid any potential conflict of interest in relation with management systems certification activities.

Standards Formulation Departments of BIS or any other department including MSC may make available and publish on request information on the basis for interpretation of the requirements of the assessment and other related standards. This shall not be considered as consultancy or necessarily creating a conflict of interest.

Operation of Product Certification Scheme of BIS does not have any existing or potential conflict of interest with the operation of Management Systems Certification services provided by BIS. There is no undue pressure on product certification certificate holders (licensees) to adopt BIS Management Systems Certification Schemes.


MSC activity of BIS may also provide pre-certification services like Trial Assessment/Survey, etc which are aimed solely at determining readiness for assessment. These services shall not result into recommendations or advice which can be considered as consultancy and shall also not reduce the eventual assessment/audit duration. BIS does not provide internal audit service to any organization including the certified clients. BIS also does not provide certification to another certification body for its quality management system.

BIS does not provide any kind of consultancy services for preparing advising, development, implementation, participation on any matter relating to Management Systems for any organization. Therefore, neither the situation exists for marketing this activity of consultancy services nor BIS suggests or markets any specified consultancy or training services undertaken by other organization. BIS management system certification activities are not marketed or offered as linked with the activities of management system consultancy organization.

Impartiality and independence of MSC activity is assured at three levels as given below:

- i) Strategic & policy – Bureau, Executive Committee, MSCS Committee, DG & DDG-Incharge
- ii) Decisions on certification – DDGRs
- iii) Auditing – Panel of auditors

BIS MSCS Committee on which a broad variety of interest are represented without any predominance by any organization (interest), monitors the functioning of the MSC activity

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BIS personnel including its senior executive and staff are free from any commercial, financial and other pressures for undertaking Management Systems Certification activity and other activities undertaken by it which might influence the results of the certification process.

In case the nodal Central Govt. Department/Ministry which has the responsibility of administrative control of BIS or any other organization under the control of this nodal Govt. Department/Ministry applies for Management Systems Certification, BIS would ensure that certification process involving audits and decision shall be undertaken in such a manner that it ensures impartiality through the use of an audit team leader who is from outside BIS (i.e. External auditors) for the audits and decision on certification is taken by MSCS Committee ensuring that representatives from the Ministry do not have significant influence on decision on certification. This can be assured by the distribution of voting rights.

5.3 Liability and Financing

It is the policy of BIS MSC to ensure that certification of organizations to requirements of relevant management system standard, shall be administered in a controlled, impartial, non-discriminatory manner and without any undue financial or other conditions to any applicant.

BIS is a statutory body and all its Income and Liability rests with the Central Government. Income and Expenditure for various activities of BIS are made through a common pool called the BIS Fund which finances MSCS activity along with other activities thereby it is ensured that impartiality is not compromised.

BIS has adequate arrangements (for example insurance or reserves) to cover liabilities arising from its operations in each of its activities.


5.3.1 Responsibilities related to Liability and Finance

DG, DDG-Incharge of MSC activity, Deputy Director General (Finance) and Head (MSCD) have the overall responsibility for the financial affairs of the Scheme and for decisions regarding scales of fees.

Based on a request or administrative reasons, DDG-Incharge of MSC activity may assign specific application/licence of a region to another region.


DDGR and MSCO(R) have the responsibility for the financial affairs of the scheme within the region and assigned applications/licences of other regions.

MSCO(R) is responsible for the handling and transmitting of fees received, to the Accounts Department, and sending receipts to the applicants and licensees.

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Accounts Department in the region is responsible for managing and day to day accounting of fees received from applicants/licensees and for supplying such information to DDGR, MSCO(R)s and to Head (Management Systems Certification Department).

DDG-Incharge, DDGR, MSCO(R) and Head (Management Systems Certification Department) are responsible for the analysis of the accounts figures and reporting the same to the DG and to the MSCS Committee.

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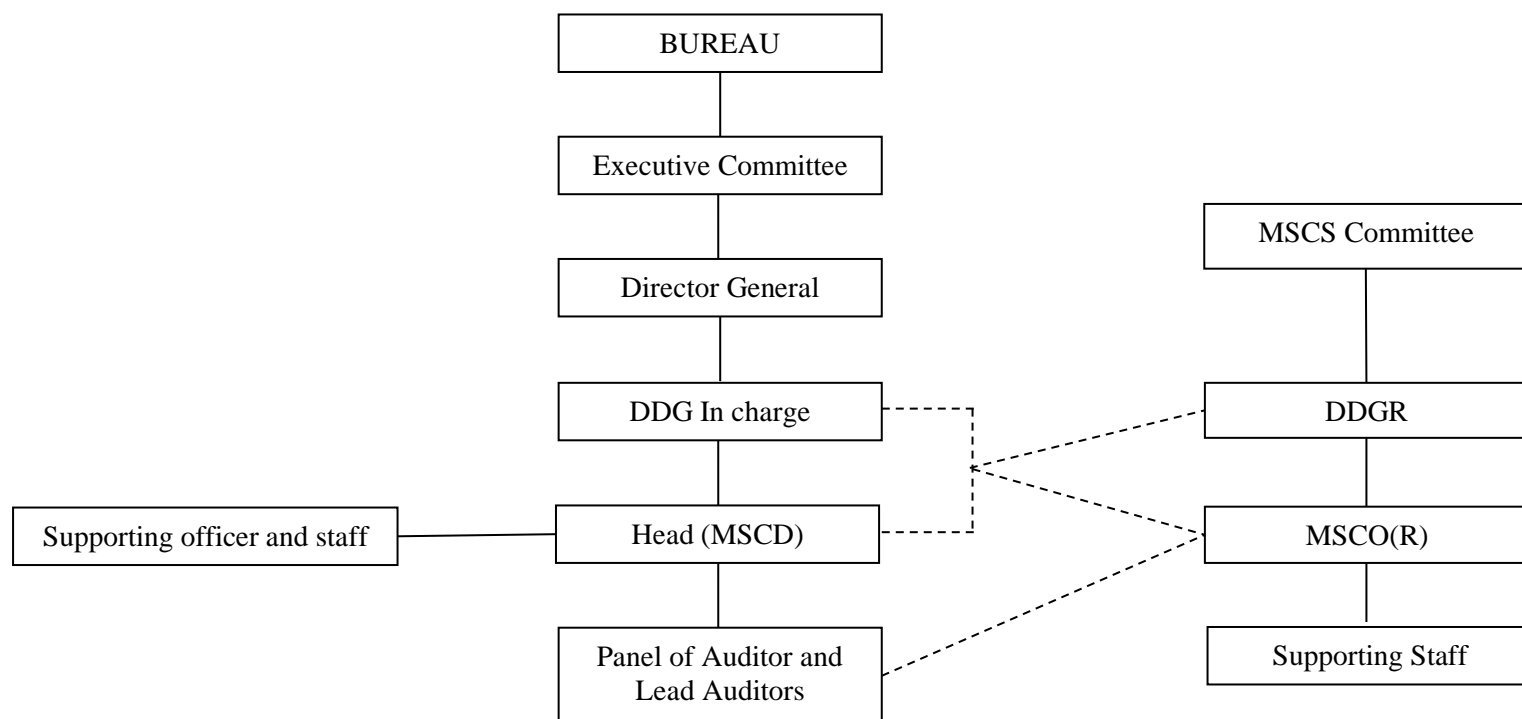
6. STRUCTURAL REQUIREMENTS

6.1 General

The BIS MSC is operated and maintained in such a way that effective guidance is provided to each region of BIS in the execution of the MSC, and that clear lines of responsibility and authority are assigned and communicated to personnel in decision-making roles. The certification activities are structured and managed to safeguard impartiality.


6.1.1 Organization Chart

The Organization Chart for MSC activity is as given below:



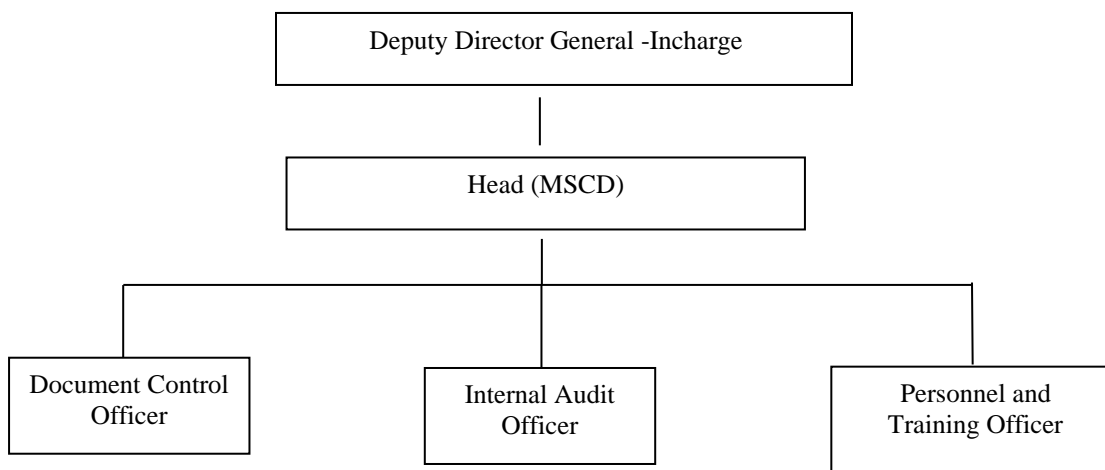
NOTE: DDGR - Deputy Director General for each region i.e. R = C, E, N, S or W
 MSCO(R) - Regional Management Systems Coordinating Officer (R = C for Central, E for Eastern, N for Northern, S for Southern and W for Western)

Deputy Director General in each region (DDGR) i.e., in Central Region at New Delhi; Western Region at Mumbai; Eastern Region at Kolkata; Southern Region at Chennai; and Northern

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Region at Chandigarh and the respective Regional Management Systems Coordinating Officer MSCO(R) along with auditors and supporting staff are responsible for undertaking MSC activities in the various regions. Management Systems Certification activities related to foreign clients are dealt by MSCD and such clients are covered under Foreign Region which would be designated as 'F'.

6.1.2 The Functional Hierarchy of Management Systems Certification Department at HQ



Note: The functional roles specified within the Head (MSCD) can be fulfilled by either a single officer or by more than three officers concurrently.


6.1.3 Functional Roles and Responsibilities

6.1.3.1 The Bureau

The Bureau has been constituted under Section 3 of Bureau of Indian Standards Act, 2016. The Bureau is a body corporate with powers and functions as assigned under the Act which include, grant, renew, suspend or cancel a licence for the use of the standard Mark. It comprises of members from Government, industry, consumers, scientific and research institutions among other interests. No single interest predominates as the independence of the Bureau is paramount and provided for within the Act.

6.1.3.2.1 Executive Committee

The Bureau has constituted Executive Committee under Section 4 of the Bureau of Indian Standards Act 2016 under the chairmanship of DG, BIS for discharge of functions as delegated to it by the Bureau. This Committee is made up of similar representation as is held in the

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Bureau, but in a smaller number, and includes members of government, industry, research bodies and others.

6.1.3.3 MSCS Committee

The Executive Committee of the Bureau has established MSCS Committee with the following scope:

“The MSCS Committee is responsible for the formulation of policy matters relating to the operation of Management Systems Certification Scheme, for reviewing the operation, for implementation of BIS MSC policies and reviewing the financial affairs”.

The MSCS Committee comprise of members from Government, industry and other bodies to secure participation of all the significantly concerned parties with no sector having a majority interest as decided by EC from time to time. The members shall be free from any commercial, financial and other pressures which might influence the results of certification process.

The Terms of reference for MSCS Committee are as under:


- To assist in developing the policies relating to impartiality of BIS management systems certification activities
- To counteract any tendency on the part of BIS to allow commercial or other considerations to prevent the consistent objective provision of certification activities
- To advise on matters affecting confidence in certification, including openness and public perception.
- To conduct a review, at least once in a financial year, of the impartiality of the audit, certification and decision-making processes of BIS.
- To review the operation and implementation of BIS policies and financial matters.

The Committee shall ensure impartiality of the certification system of BIS and to this end it may call for any information relating to the certification process.

The advice of the Committee is respected by BIS. However, in case any of its advice is not respected by BIS, the Committee may take appropriate measures (e.g., informing the Executive Committee, the accreditation body, stakeholders). In taking independent action, the confidentiality requirements are to be respected.

6.1.3.4 Director General

The Director General of the Bureau of Indian Standards is an ex-officio member of the Bureau and is responsible for the effective implementation of the Bureau's policies and objectives.

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She/he is the Chairperson/Chairman of the MSCS Committee and has the responsibility for management and coordination of all BIS MSC activities including its performance.

The Director General is responsible for ensuring that the organization structure of the MSC is planned, clearly defined, communicated and understood. Each person accountable for a given function is responsible for ensuring effective communication at each level and with interfaces successfully established.


6.1.3.5 Deputy Director General- Incharge

The Deputy Director General- In charge of MSC activity reports to DG. DDG- Incharge provides guidance for effective and efficient implementation of management system certification activities in BIS. In various management systems documents Deputy Director General-In charge mentioned means Deputy Director General given the charge of management systems certification activity of BIS by the top Management. S/he acts as a member secretary of MSCS committee on impartiality and ensures establishment of processes and procedures in accordance with the approved policy. He is also a member of management review committee. He is responsible for the execution and supervision of Management Systems Certification Scheme run by BIS. S/he is the approving authority for all the MSC activities documents other than the Manual. For changes in the MSC manual, S/he is the reviewing authority. DDG In charge is responsible for operation of management systems certification activities for foreign organizations through Head of Management Systems Certification Department. S/he is responsible for decisions on assessment i.e., processing of applications/refuse/grant/surveillance/Re-certification/suspension/cancellation, change of scope, complaint handling/ investigations, etc related to certification of foreign clients. DDG Incharge has the authority to send quotation, fill-up tenders, respond to queries and deal with related matters as per the existing documentation. DDG in charge may delegate these responsibilities to Head (MSCD). S/he is also responsible for decisions on empanelment of Auditor and Expert.

DDG Incharge approves the nomination of Deputy Director General (Region) as auditor for carrying out management systems audits for application/licence being processed or operated under their respective jurisdictions.

6.1.3.6 Deputy Director General Region (DDGR)

The Deputy Director General Region (DDGR) is responsible for operation of management systems certification activities within their region as well as assigned application and licenses through Regional Management Systems Coordinating Officer (MSCO(R)). S/he is responsible for decisions on assessment i.e. processing of applications/refuse/grant/surveillance/Re-certification/suspension/cancellation, change of scope, complaint handling/ investigations, facilitate accreditation of management systems, achievement of targets for management

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systems activities, etc. DDGR has the authority to send quotation, fill-up tenders, respond to queries and deal with related matters as per the existing documentation. DDGR may delegate these responsibilities to MSCO(R) in the region.

6.1.3.7 Head - Management Systems Certification Department (MSCD)

Head, Management Systems Certification Department (MSCD) is the appointed Management Representative for Management Systems Certification and has responsibility for maintaining uniformity of operation of the BIS MSC in various regions, and management systems implementation within BIS. MSCD acts as central coordinator for all the scheme activities carried out by the regions. Head (MSCD) shall have direct access to highest executive level (DG and Deputy Director General- In charge) and has the responsibility and authority for ensuring the establishment, implementation and maintenance of management systems as per ISO/IEC 17021-1. S/he shall report the performance of the management systems and any need for improvement to the management. S/he is responsible for initial & ongoing evaluation and upgradation of the BIS auditors.

6.1.3.8 Management Systems Coordinating Officer MSCO(R)


The MSCO(R) is a Regional Officer appointed in each region as the coordinator for all MSC activities. MSCO(R) reports directly to the DDGR for the day-to-day activities and provides necessary information to Head (MSCD) through DDGR for monitoring and control of MSC activities. In case more than one officer is nominated for the responsibilities of MSCO(R) in a region, they may be designated as MSCO(R)- I, MSCO(R)- II, etc. However, they will undertake all the functional roles and responsibilities as mentioned under the designation MSCO(R) in MSC documentation or other related documents, in their respective assigned area of Management Systems Certification and assist DDGR in the activities/responsibilities/areas/regions/ countries mentioned and authorized for DDGR.

6.1.3.10 Document Control Officer (DCO)

The Document Control Officer is responsible for the operation of the Document Control System which applies to all documentation relating to BIS MSC. This includes policies, manual, procedures, guidelines, forms, records and publications.

6.1.3.11 Internal Audit Officer (IAO)

The Internal Audit Officer has the responsibility of coordinating all of BIS MSC activities in the area of internal audit in order to maintain the effectiveness and efficiency of the management systems operated within the scheme as well as to ensure the policies contained in this Management Systems Manual are implemented.

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6.1.3.12 Personnel and Training Officer (PTO)

The Personnel and Training Officer is responsible for coordinating all activities regarding personnel engaged in the audit process including sub-contract personnel. This involves the preparation and management of records/data related to approved personnel in accordance with the procedures as well as coordinating the training of all BIS MSC personnel. S/he is responsible for operation of initial & ongoing evaluation and upgradation of the BIS auditors.

6.1.3.13 Team Leaders, Auditors and Experts

Team Leaders, Auditors and Experts are engaged for carrying out activities relating to Stage 1 audit, Stage 2 audit, follow-up audit, surveillance audit, recertification audit, complaints investigation and other activities relating to certification. Initial evaluation, selection and on-going evaluation of these personnel are carried out as per the procedures/ guidelines and policies framed by Management time to time. The roles and responsibilities of these auditing personnel are given in Guidelines for Roles and Responsibilities of auditing personnel.


6.1.3.14 Supporting Staff

Supporting staff are engaged in MSCD and Regional Offices to assist the officers in day-to-day activities. Appointment and service of staff is governed by the Regulations established under the BIS Act, 2016.


Note: In the performance of duties under MSC, in case any person is absent, an alternate person may be nominated to undertake the authority and responsibility of the work. For example, in case MSCO(R) is not available, DDGR or DDG- In charge may nominate any other suitable/competent officer to take the authority and responsibility of MSCO(R). Similarly, during the non-availability of DDGR, DG may nominate another officer to undertake the authority and responsibility of DDGR. In case of conflict of interest, the authority for taking decisions moves upwards and functional responsibility to the person nominated by the designation immediate senior to the designation involving conflict of interest.

6.2 Operational Control

BIS delivers Management System Certification services through Regional Offices. Regional DDG, Regional Management Systems Coordinating Officer MSCO(R) along with auditors and supporting staff are responsible for undertaking MSC activities in the various regions. Management Systems Certification activities related to foreign clients are dealt by MSCD and

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such clients **are** covered under Foreign Region would be designated as `F'. The risk related to these activities in respect of competence, consistency and impartiality are analyzed and controlled. The documents applicable to certification are centrally controlled and access to this documentation are also controlled centrally to ensure that appropriate procedure/guideline/form is available to the concerned persons. In addition, auditors to be utilized is also centrally controlled and updated periodically based on review to ensure that suitable auditors are only utilized by the regions. Audit time calculation is also centrally controlled through the software to ensure uniform calculation of time by the regions. The areas of accreditation are also identified in our MSC portal for better control. Also refer clause 5.2 for additional information.

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7. RESOURCE REQUIREMENTS

7.1 Competence of Personnel

7.1.1 General

All personnel involved in the BIS MSCS are assigned activities only for which they have appropriate knowledge and skill relevant to the type of management system and geographic areas in which it operates. The level of competence required for each level of function have been determined and identified in the procedures. DDG(R)s and MSCO(R) are to be competent to assess applications, conduct contract reviews, select auditors and verify their competence and also brief auditors on general requirement, arrange training, and implement certification, surveillance and re-certification procedures. The authorized personnel are competent to decide on granting, maintaining, closing the application, suspending the licence, cancellation of licence apart from changing the scope of certification. They are also authorized to process complaints and dispute procedures.


7.1.2 Determination of Competence Criteria

BIS has established well defined procedure for determining the competence criteria for personnel involved in the management and performance of audit and other certification activities. Competence criteria have been determined with regard to the requirements of each type of management systems for the identified technical areas and for each function in the certification process. The output of the process has been documented in the form of knowledge and skills. The specific competence criteria, wherever required as per the relevant standard also have been applied while documenting the competence requirement.

7.1.3 Evaluation Process

The procedures for competency evaluation cover initial competence and on-going monitoring of competence and performance. Only suitable personnel are allowed to take up MSC activities including auditing. Initial evaluation is carried out based on the information received through the application for empanelment and based on the assessment and interview by the Personnel and Training officer to which they would be attached in the area of their specific competence. The technical areas (such as NACE code, IAF code, sector categorization, etc.) for relevant management systems have been identified and made available to the regions for utilization of their expertise for the systems for which they are qualified.

Clearly documented instructions through procedures, guidelines, forms are available to the audit personnel. BIS audit personnel and external audit personnel are subject to regular monitoring and review to ensure the standards of performance specified by BIS MSC activity

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are being maintained. The Personnel and Training Officer has the responsibility to ensure that performance of each auditing personnel is regularly evaluated. For on-going evaluation of auditors, the performance would be reported by Team Leader of the audit team. For the Team Leaders-in-Training and Team Leaders, the performance would be reported by the designated Lead Auditor. This information is regularly reviewed and individual personnel files updated. In the event of an adverse report, the Head (Management Systems Certification Department) in conjunction with the DDG-Incharge of MSC Activity reviews the facts and determines the appropriate action and communicates this to the Personnel and Training Officer for further action as required.

Performance of External Auditors/Experts are reviewed periodically to identify any threat to impartiality raised by the activities of such personnel and appropriate actions are taken to ensure complete impartiality.


7.1.4 Other considerations

BIS has access to the necessary technical expertise for advice on matters directly relating to management systems certification activities for all technical areas, types of management systems and geographic areas in which it operates. Such advice may be sought from External Auditor/ Expert or relevant standard formulation department of BIS

7.2 Personnel involved in the certification activity

BIS has identified competent personnel for managing and supporting the type and range of audit programmes and other certification work performed in all levels. Sufficient numbers of auditors have been allotted to all regions to handle the work under their jurisdiction. The roles and responsibilities of each person involved in the certification has also been defined in the Manual as well as in the procedures. All personnel utilized for carrying out the Management Systems Certification audits are selected based on pre-identified requirements including qualifications, experience and discipline specialization. The other personnel engaged in the process of management systems certification i.e., Head (MSCD), MSCO(R), DCO, PTO & IAO also have to meet the qualification criteria.

Personnel and Training Officer maintains a record of all personnel who can be utilized in the certification process and this contains, as a minimum, their name and contact details, audit records, discipline specialization (expertise), training, experience and qualifications. The on-going evaluation records of auditors are reviewed to identify any training requirement for enhancing their competence level. BIS auditors may be registered with bodies registering auditing personnel, if required.

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All personnel utilized for certification are to be regularly trained in changes in auditing practices and revisions of management systems standards through training programmes organized/coordinated by Head (MSCD).

Training of personnel is carried out in a planned and controlled manner to ensure maximum effectiveness. Personnel have the requisite education, training, technical knowledge and experience or their combination as per the kind of activity assigned to them especially in the technical areas/scope sectors for which they undertake audits.


No personnel including external auditors are involved in any consultancy services, employment or any kind of relation with the organization for which they are deputed for the auditing. Personnel from outside BIS (external auditors) or from BIS are nominated for specific contracts based on their competency for the same. Team Leaders, Auditors and expert shall meet the requirements as given under guidelines for criteria for auditing personnel and competence criteria for specific management systems in line with the corresponding national/international standard and accreditation requirements, as applicable.

All personnel including BIS personnel, external auditors and experts have to maintain and improve their knowledge skills and personal attributes. BIS personnel regularly attend meetings, seminars and conferences held in the field of standardization, certification and other relevant fields. These BIS personnel also gain additional work experience and training from time to time especially for changes in the auditing practice, standards and other requirements. Similarly external auditors also have to demonstrate their continual professional development. Technical experts also have to develop their knowledge on a continuing basis through product certification inspections, standards formulation activities and work place experience. All the auditing personnel including technical experts are given online access to the up to date set of documented procedures containing audit instructions and all relevant information on the certification activities.

7.3 Use of Individual External Auditors and External Technical Experts

BIS may also engage the services of external auditing personnel. The policies specified for BIS personnel regarding qualifications, experience and registration shall be equally applicable for external personnel as well.

The Personnel and Training Officer shall maintain comprehensive criteria for the selection of external auditors and experts. They are required to formally apply for status as an approved external auditor and this becomes a data of approved individuals for carrying out audit work within the certification scheme. External auditors can be utilized only for activities for which they can demonstrate technical capability, impartiality and experience.

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Where external auditing personnel are employees of an organization, it shall be encouraged that the organization establishes a contractual agreement with BIS MSCS to ensure elements of impartiality, confidentiality, fee structures and other requirements, as applicable.

Generally, an undertaking should be submitted by individual external auditor and not by the organizations.

Responsibility

The Personnel and Training Officer has the responsibility for ensuring personnel requirements, audit records, maintenance of training records. Training plans and updated skill records are established and maintained for the effective use of human resources within the BIS MSCS.

DDG-Incharge is responsible for ensuring that only qualified personnel are selected in the execution of the certification process. DDG(R) is responsible for ensuring that only selected personnel are utilized/nominated in the execution of the certification process.


Head (Management Systems Certification Department), and the MSCO(R)s are responsible for ensuring that all supporting staff reporting to them are assigned tasks for which they are adequately trained.

7.4 Personnel Records

BIS maintains up-to-date records of personnel including their qualification, training, experience, affiliation, professional status and competence.

7.5 Outsourcing

No part of the Certification Process is outsourced. Individual external auditors/experts are used for auditing which do not constitute outsourcing as described in ISO/IEC 17021-1.

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8. INFORMATION REQUIREMENTS

8.1 Public Information

Policy

It is the policy of BIS MSC to publish, update or make available without request information regarding the management systems certification and how they are operated, the requirements for obtaining certification. The information about audit process, process for granting, refusing, maintaining, renewing, suspending, restoring or withdrawing certification or expanding or reducing the scope of certification, the types of management system, the logos for each system, procedure for complaint and appeal and the policy on impartiality is maintained and made public. BIS Act 2016, BIS Rules 2018 and BIS Regulations 2018 are made available to public through BIS website www.bis.gov.in. The detailed information regarding certification schemes of various management systems, forms for appeal and complaint are also available on BIS web-site.

BIS also provides, on request, information about geographical areas in which it operates, status of a given certification, details of specified client (name, scope, location and validity). The information would be restricted or can be limited depending on the security reasons. The requirements for certification include a description of the rights and duties of certified organizations including requirements for and restriction against the use of the Standard Mark and use of words referring to the certificate granted. These publications shall be reviewed at least once in three years and at any other time as and when change may be considered necessary.

Responsibilities


It is the responsibility of the Head (Management Systems Certification Department) to ensure that documents are produced and published and updated or amended as necessary.

It is the responsibility of the MSCO(R) to ensure that all publications are available to the applicants, licensees and other concerned interested parties.

BIS Website www.bis.gov.in

8.2 Certification Documents

A documented guideline has been prepared for the issue of certificate and the information to be provided in the certificate given to the certified client.

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8.3 Reference to Certification and use of Marks

Policy

The Standard Mark for each management systems certification which BIS operates is notified in the official Gazette.

The use of the licence(s) and its related Standard Mark(s) is/are carefully controlled. Licensee is clearly instructed and monitored regarding use and display of the Licence(s) and the Standard Mark(s) as well as the penalties to be imposed for misuse. The Standard Mark(s) shall not be used on a product including laboratory test, calibration or inspection report, or in a way that may be interpreted as denoting product conformity.

As specified by the BIS Act, penalties are imposed on those who abuse or misuse the Licence(s) or the Standard Mark(s). Complaints by members of the public and industry and commerce are encouraged and regularly reviewed to identify preventive measures regarding abuse or misuse of the Licence(s) or the Standard Mark(s).

The mark of accreditation body is to be used only in relation to the scope sectors for which the management systems certification scheme of BIS is accredited.

Responsibility

DDG(R) s and MSCO(R) s have the overall responsibility for ensuring adherence to this policy through clear instruction and regular monitoring of surveillance visits undertaken by auditors.


Head (Management Systems Certification Department) is responsible for ensuring that clear instructions are documented. The MSCO(R) is responsible for communicating to licensees on the appropriate usage of the licence(s) and the Standard Mark(s).

Auditors are responsible for checking on the usage of the licence(s) and the Standard Mark(s) during surveillance and Re-certification audit.

8.4 Confidentiality

Policy

All MSC activities ensure full confidentiality of their applicants'/licensees'- confidential material or information held by the BIS MSCS. Each applicant/licensee file are maintained separately system wise and no comparison shall be made by MSCS personnel between findings of audits

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in one applicant/licensee to those of another/system. All personnel who may gain access to confidential information are bound by a legally enforceable confidentiality agreement not to disclose any information considered to be confidential by the applicant/licensee without written agreement of the applicant/licensee and to take the utmost care in filing and handling of confidential information. Whenever it is required to release the confidential information required by law or authorized by contractual agreement, the client or individual concern shall, unless prohibited by law, be notified of the information provided. Information about the client from sources other than the client shall be treated as confidential. The confidential information shall be under the custody of authorized person to secure its confidentiality.

All team leaders and auditors are bound by a code of professional ethics which, together with contractual arrangements with each individual, remains in force at all times.

All personnel including external auditing personnel are required to keep all information confidential, particularly from fellow employees and from their other employers.

Responsibility

The Deputy Director General- Incharge and Dy. Director General (R) are responsible for ensuring all personnel are aware of the importance of confidentiality as well as adhere to good practices which safeguard this area, and that procedures are operated in such a way as to maintain this confidentiality. MSCO(R), Head (Management Systems Certification Department) and team leader are responsible for ensuring that all audit team members including external auditors and staff give statements of confidentiality before taking up audit.


8.5 Information Exchange between a Certification Body and its Requirements

8.5.1 Information on the Certification Activity and Requirements

BIS has documented the information requirements to the prospective applicant and made available in BIS website along with procedures for handling complaints and appeals.


8.5.2 Notice of Changes by a Certification Body

In the event of changes to the certification standards and changes in certification requirements like organizational status, change on management, contact addresses and site, scope and major changes to the management system and processes etc., licensees shall be given a reasonable transitional time-period to be declared by BIS MSCS, to satisfy the new or changed requirements. BIS will verify that each certified client complies with the new requirements.

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8.5.3 Notice of Changes by a Certified Client

As per the agreed terms and conditions, the certified client is required to inform BIS without delay the changes, if any, which may affect the capability of management system to continue to fulfill the requirements of the standard used for certification. This includes legal, commercial, organizational status or ownership, management, addresses, scope and major changes in the process.

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9. PROCESS REQUIREMENTS

9.1 Pre-Certification Activities

9.1.1 Application

BIS operates its Management System Certification activity involving processing of application, granting licence and operation from its five regional offices located across the country viz. Delhi, Mumbai, Kolkata, Chennai & Chandigarh. For applications received from overseas organizations, MSCD processes the same.

Application procedures for Management Systems Certification have been clearly documented and communicated to the applicant. Documentation in this respect includes the following:


- the forms for submitting application along with the questionnaire-cum-declaration form;
- the steps to be followed for grant of licence;
- the terms and conditions to be agreed for the provision of the services; and
- That all organizations without discrimination are able to apply to the BIS MSCS.

The terms and conditions that apply to the services of BIS Management Systems Certification activity as laid down in the Application Form and reference made therein to Certification Regulations and Guidelines for Applicants, describe the rights and responsibilities of BIS MSCS and applicants/licensees. The sector for which BIS MSC Scheme is accredited is made known to the applicant. BIS also reviews the requirements of certification in other sectors before accepting the application and the same is informed to the applicant. In case of any new sector to be certified, BIS makes all efforts to identify the competent auditors, experts and other personnel either within BIS or from outside. Accordingly, the applicant is informed whether BIS have the ability in understanding the sectors and the administrative ability to manage audits in the new sector. The applicant agrees with the terms and conditions by signing the application form.

9.1.2 Application Review

The application (request) of the applicant is reviewed if required, necessary actions are taken as per the laid down procedures and guidelines.

Each application shall have to be accompanied by the applicable documents containing information about the applicant organization and its management system sufficient enough to develop an audit programme.

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Following the review of application, decision to accept or decline an application shall be taken and documented. Decision shall also to be communicated to client.

Responsibility

All MSCO(R) have the responsibility for maintaining adequate information, certification regulations, Application Forms, Guidelines for Applicants and other related publicity material and supply to prospective applicants.

The Document Control Officer is responsible for ensuring that the MSCO(R) are issued with the latest release of documentation to enable them to fulfill their roles in this respect.

9.1.3 Audit Programme

An audit programme for the full certification cycle is developed to clearly identify the audit activity requires to demonstrate that the client management system fulfils the requirements for certification to the relevant management system standard. The audit programme for certification cycle covers Stage 1, Stage 2 audit and surveillance audit for the first and second years following the certification decision, and a re-certification audit in the third year prior to expiration of certification.


The first three years certification cycle begins with certification decision. Subsequent cycle begins with re-certification decision. The audit programme is adjusted considering the changes in the size of the client, scope and complexity, products and process as well as demonstrated level of management system and its effectiveness in the previous audits. The audit programme will also take into consideration the activities performed in different shifts which are not covered in general shifts and the need to audit all activities even if performed in different shifts. This will impact the audit time calculation.

9.1.4 Determining the Audit Time

System has been developed for determining the audit time with justification to accomplish a complete and effective audit as per existing guidelines. Wherever specific criteria have been specified, this has been incorporated in the relevant guidelines. Interactive software on the intranet developed based on the guidelines to be used for calculation of audit time. This software module is accessible to all BIS auditors for homogeneity and uniformity. Audit duration and its justification are recorded.

9.1.5 Multi-site Sampling

Multi-site sampling is used for the audit of a client's management system covering the same activity in various locations. The rationale for sampling plan shall be documented for each

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client. Wherever sampling is not followed (at present for FSMS sampling is not followed), it has been specified in the documentation.

9.1.6 Multiple Management Systems Standards

Whenever certification to multiple management system standards is provided, the planning of the audit shall be adequate to ensure on-site auditing as per the guidelines.

9.2 Planning of Audits

9.2.1 Determining Audit Objectives, Scope and Criteria

BIS determines the audit scope and criteria including any changes while planning the audits. This includes determination of the conformity of client's management system with audit criteria, determination of the ability of the management system to ensure that client meets applicable statutory, regulatory and contractual requirements, determination of the effectiveness of the management system to achieve the specified objectives and potential areas of improvement.

The audit scope includes the extent and boundaries (including sites) of the audit, activities and processes to be audited.


9.2.2 Audit Team Selection and Assignments

Policy

Team of auditors chosen for execution of Initial Audit are predetermined based on an estimate of the technical and resource requirements for the task. The personnel are required to be chosen from the list of approved team leaders/auditors/experts who are suitably qualified to execute their responsibilities

The names and, when requested, the available background information for each member of audit team are informed to the applicant with sufficient notice to appeal and if there are any objections, the same are evaluated and accordingly actions are taken. Application for certification includes the information on agency/personnel who provided consultancy to the firm. In order to ensure that there is no conflict of interest, any personnel who provided management system consultancy to the applicant will not be included as part of the audit team.

The integrity and impartiality of the audit team while executing the audit shall be ensured at all times both through the documented procedure and guidelines as well as any supervision placed on the team. The appropriate working documents which comprise of audit checklist, report format, etc are provided to the audit team.

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Responsibility

The Personnel and Training Officer has the responsibility of ensuring that competent personnel are available for executing the audit. The list of auditing personnel is regularly updated and put up on BIS Intranet.

MSCO(R) has the responsibility to recommend the audit team in accordance with Guidelines for selection of audit team, estimation of audit time and is also responsible for ensuring compliance to the procedures for preparation for auditing, for audit planning, communicating with applicant and audit team members, providing working documents to audit team and coordination and execution of the audit plan.

Dy. Director General (Region) has the responsibility to approve the nomination of the audit team in accordance with the Guidelines for Audit Team Selection.

Controlling officers (having the authority to sanction leaves) or above have the responsibility for approval of nomination of officers working under them.

9.2.3 Audit Plan

The BIS ensures that the audit plan is established prior to each audit identified in the audit programme to provide the basis or agreement regarding the conduct and scheduling of audit activities. The audit plan covers audit objectives, audit criteria, audit scope including identification of the organizational and functional units or processes to be audited, date and place including temporary sites and remote sites, duration of on-site audits. The role of each auditing personnel are clearly indicated in the audit plan. The responsibilities are communicated to the auditing personnel.


Audit plan is communicated to auditee and team members and dates of audit are agreed upon in advance.

9.3 Initial Certification

9.3.1 Stage –I Audit.

Policy

Procedures for Stage 1 audit are required to be followed to ensure that the objectives of stage 1 are met. During the Stage 1 audit, identification of expertise required for specific scope sectors for the initial/certification audit, scope of the audit, clients' site details, processes and

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equipment, levels of control established, applicable statutory and regulatory requirements and allocation of resource requirements for Stage 2 are determined. The Stage 1 audit provides a focus for planning Stage 2 by gaining sufficient understanding of client's management system standard or other normative documents. Part of the Stage 1 is carried out at the client's premises as per the time allocated. Finding of the stage 1 audit shall be documented and communicated to the applicant, including identification of any areas of concern that could be classified as nonconformity during the stage 2 audit. In case, significant changes which could impact the management system occur, between stage 1 and stage 2, stage 1 shall be repeated. In such a case, the client shall be informed that the results of stage 1 may lead to postponement or cancellation of stage 2 audit.

Responsibility

The Document Control Officer has the responsibility for ensuring procedures and guidelines are clearly documented and MSCO (R) has the responsibility for implementing this task.

The MSCO(R) appoint the auditor(s) for carrying out the Stage-1 audit.

The auditor(s) carrying out the stage-1 is (are) responsible for adhering to the prescribed methods and criteria and while doing so must give clear recording of the findings.


9.3.2 Stage 2 Audit

Policy

Documented procedures and guidelines are maintained for the assurance of the correct execution of an audit at the Applicant.

Each audit commences with an opening meeting and conclude with a closing meeting. The latter includes a full report by the audit team on the findings of the audit based on analysis of all information and audit evidence gathered during the audits. The audit includes information and evidence about conformity to all requirements of applicable management system standard, performance monitoring, measuring, reporting and reviewing against performance objectives and targets, ability to meet statutory/regulatory and contractual requirement, operational control of client process, internal auditing and management review etc. These are clearly and objectively documented in the form of a report.

A brief report is submitted to the applicant during the closing meeting. A detailed report is submitted by the team leader to MSCO(R) and any differences from the report submitted to the applicant are explained/brought out clearly for the benefit of the applicant. Organizations

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are requested to give feedback on the conduct of audit with the purpose of identifying areas of improvements particularly that related to certification process.

Any non-conformity found is recorded, and the organization is required to undertake root cause analysis and describe the specific corrections and corrective actions, taken or planned to be taken, to eliminate the detected nonconformities as well as the causes for these non-conformities, within a defined time frame.

Audit team may identify opportunities for improvements but does not recommend specific solutions.

Responsibility

DDGR is responsible for ensuring the systems are in place and followed for the successful execution of the audit under their respective jurisdiction.

MSCO(R) is responsible for the successful execution of systems and audits under their jurisdiction. He/She is also responsible for the upkeep of the applicant records.

Team leader is responsible for carrying out the audit under controlled conditions and in line with prescribed guidelines and procedures for factual reporting and recording.

9.3.3 Follow-Up Audits


Policy

The corrections and corrective actions submitted by the applicant for the nonconformities pending from the stage 2 audit are reviewed for acceptance. Based on such review, the organization is informed if an additional full audit, an additional limited audit, or documented evidence (to be confirmed during subsequent surveillance audits) will be needed to verify effectiveness of the actions taken.

Responsibilities

The applicant is responsible for the timely resolution of deficiencies as outlined in the audit report.

Team leader is responsible for review of corrections and corrective actions submitted by the applicant. For situations such as non-availability of the team leader, such review can be got done through other auditor of the audit team or even done by MSCO(R) as well.

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9.4 Conducting Audits

Audit is conducted at the site as per the guidelines and procedure. Where any part of the audit is made by electronic means or where the site to be audited is virtual, BIS ensures that such activities are conducted by personnel with appropriate competence. The evidence obtained during such audit shall be sufficient to enable the auditor to take an informed decision on the conformity of the requirement.

9.5 Certification Decision

Policy


The decision for granting or refusing certification, expanding or reducing the scope of certification, suspending or restoring certification, withdrawing certification or renewing certification are different from those who carried out the audits. Competence of individuals making decision shall be as per the requirements specified. The certification decisions shall be recorded against each certification including any information sought from the audit team or other sources. The Bureau shall award certification in the form of a licence to applicants who have demonstrated successfully their compliance with the requirements of the applicable standard and BIS MSC requirements. The licence shall be qualified by a Schedule, which shall define the scope of the system covered by the licence.

If BIS is not able to verify the implementation of corrections and corrective actions for any major nonconformity within six months after the last day of stage 2, another stage 2 audit shall be conducted.

The first three-year certification cycle begins with the certification decision. This Licence so granted is subject to the agreed Terms & Conditions and in accordance with BIS (Conformity Assessment) Regulations, 2018 as amended from time to time. Subsequent cycles begin with the recertification decision.

The authority for granting, maintaining, reducing, suspending or withdrawing certification is not delegated to any outside person or body.

Any amendment to the scope of certification shall be processed as per the laid down procedures/ guidelines. Similarly, decision on reduction, suspension, withdrawal, cancellation, etc., are undertaken based on the documented procedures and guidelines.

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Responsibility

DDGRs are responsible for approval for awarding the Licence under their respective jurisdiction. In case, the audit team comprises of DDG(R), DDG-Incharge of MSC activity is responsible for approval for awarding the licence. In case Sc'G' or DDG other than DDG(R) is part of the audit team, DDG(R) is responsible for approval for awarding the licence. Similarly, approval for amendment in scope, reduction, suspension, withdrawal, cancellation, etc., shall be accorded by DDG(R) and other officers under the circumstances mentioned above.

MSCO(R) is responsible for verifying, based on the documentation and through other means, that all necessary pre-qualifications have been fulfilled prior to recommending that a licence be awarded and also for amendment in scope, reduction, suspension, withdrawal, cancellation, etc.

9.6 Maintaining Certification

9.6.1 General


The certification is maintained based on the demonstration that the client continues to satisfy the requirements of the management system standard. This could be based on the positive conclusion by team leader without further independent review provided that

- a) For any major non conformity or a situation which will lead to suspension or withdrawal of certification, the MSCO shall initiate a review by another competent personnel different from those who carried out the audit.
- b) Surveillance activities, including monitoring the report by its auditors, to conform that the certification activity is operating effectively.

9.6.2 Surveillance

Policy

The Licensee shall at all times during the life of the Licence be subject to regular surveillance and Re-certification audits for compliance to the requirements of the Licence. Surveillance and Re-certification audits shall be undertaken as per the laid down procedure and guidelines. The surveillance audit shall be carried out at least once a calendar year, except in recertification years. The date of the first surveillance audit following initial certification shall not be more than 12 months from the certification decision date. Surveillance shall include licensee's Internal audits, Management review, review of actions taken on non-conformities identified

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during the previous audit, complaints handling, effectiveness of system with regard to objectives, progress of planned objectives and continual improvement, continuing operational control, review of any changes and usage of certification marks.

9.6.3 Re-certification


Recertification audits are planned and conducted in due time to enable re-certification before the expiry date. Re-certification audit is conducted to evaluate and confirm the continued conformity and effectiveness of the management system as a whole, and its continued relevance and applicability for the scope of certification. The procedures and guidelines are consistent with those for initial audit. Re certification audit activities may need to have stage 1 audit in situations where there are significant changes to management system, the organization, or the context in which management system is operating.

When recertification activities are successfully completed prior to the expiry date of the existing certification, the expiry date of the new certification can be based on the expiry date of the existing certification. The issue date on a new certificate is required to be on or after the recertification decision. When recertification audit has not been completed or in a situation where it is not possible to verify the implementation of corrections and corrective actions for any major non conformity prior to the expiry of date of the certification, then recertification shall not be recommended and the validity of the certification shall not be extended. The client is required to be informed and the consequences explained. Following the expiration of certification, within 6 months the certification can be restored provided the outstanding recertification activities are completed, otherwise at least a stage 2 shall be conducted. The effective date of on the certificate shall be on or after the recertification decision and the expiry date shall be based on prior certification cycle.

The certification period may be slightly reduced in order to align with the validity dates of other licence(s) provided the organization agrees to pay the licence fee for the entire three year period.

9.6.4 Special Audits

Any change in scope, reduction, suspension, withdrawal, cancellation, etc., of the licence document may result from surveillance and Re-certification audits as given in the section for licensing. Short notice audits or unannounced audits may be conducted to investigate the complaints or in response to changes or follow up on suspended clients. In such cases. The communication shall be given to client on conditions under which the audits will be conducted, the assignment of audit team.

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Responsibility

The MSCO(R) at each regional office has the responsibility of scheduling, coordinating surveillance and Re-certification activities in their jurisdiction and that prescribed records and systems are maintained for review of performance of each license. The MSCO(R) is responsible for ensuring that a schedule of surveillance and Re-certification is established for each Licensee and that it is followed.

The DDGR is responsible for ensuring adequate resources are available for carrying out this task throughout the jurisdiction.

9.6.5 Suspending, Withdrawing or Reducing the Scope of Certification


The licence shall be suspended in cases when, the client's certified management system has persistently or seriously failed to meet certification requirements, including requirements for the effectiveness of the management system; the certified client does not allow surveillance or recertification audits to be conducted at the required frequencies; or the certified client has voluntarily requested a suspension. During suspension of licence, the licensee ceases the licence rights and privileges. The licence shall be restored when the issue that has resulted in the suspension has been resolved. The suspension does not generally exceed beyond 6 months. If the licensee does not take the corrective actions/fails to resolve the issues within the stipulated time, depending on the non-conformity/issue, its scope shall be reduced or licence withdrawn/cancelled.

The scope of licence shall be reduced to exclude the parts not meeting the requirements, when the certified client has persistently or seriously failed to meet the certification requirements.

9.7 Appeals

Policy

In case handling and redressal of complaints/disputes does not result into acceptable resolution or where the proposed procedure is unacceptable to the complainant or other parties involved, BIS MSCS provides for an independent and impartial appeals process. All decisions by BIS under the Management System Certification Scheme are subject to appeal. Appeals shall be made formally, in writing, not later than 90 days from the date of intimation of the decision of BIS, marked for the attention of the DG, BIS, in accordance with Section 34 of the Bureau of Indian Standards Act, 2016. The decision of the DG, BIS is final.

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The appeal system is clearly documented and available for distribution to all interested parties on request. The appellant would be provided an opportunity to formally present its case. Appeal findings including the reasons for the decision taken shall be informed to the appellant in writing.

Responsibility

The Director General, BIS is responsible for taking decision on the appeal. The Deputy Director General- Incharge is responsible for coordinating with DG, for ensuring that impartial investigation is undertaken and impartial appeal methods are practiced, and for ensuring no personnel involved in the appeals process are subject to a conflict of interest.

Head (Management Systems Certification Department) is responsible for ensuring that all information regarding the appeal is supplied to the authorities.

9.8 Complaints

Policy


Complaints also include disputes for all purposes of their redressal as given in this section and related documents. Wherever the word 'complaint' occurs, it will also cover disputes.

Complaints received by BIS MSCS shall at all times be treated with utmost importance. A documented system for handling complaints is operated and maintained which ensures adequate recording, investigation and satisfactory resolution. All complaints received are required to be recorded and acknowledged prior to investigation. Complainant is required to be notified as to the results of the findings of investigation of the complaint. Complaints shall be regularly reviewed to identify possible trends or weaknesses or areas of improvement which can be made within the MSC activity.

Complaints received by licensee for their product and/or services are verified by the auditors during each audit (initial, surveillance, Re-certification) for their redressal.

The system for complaint and dispute redressal is clearly documented and available for distribution to all interested parties on request. It shall be ensured that the submission, investigation and decision on complaints do not result in any discriminatory actions against the complainant.

Responsibility

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The Deputy Director General-Incharge and Dy. Director General (Regional) as given in the documented procedure, are responsible for determining the correct redressal process for a complaint, either against BIS or an applicant or a licensee, to prevent conflict of interest as well as to ensure timely resolution.

The Management Systems Coordinating Officer (MSCO) of the region and Head (Management Systems Certification Department) as given in the documented procedure, are responsible for the efficient coordination of investigations and resolutions of complaints which could originate from any member of the public, body corporate, or applicant.

9.9 Client Records


Policy

Procedures are established and maintained to define the controls needed for the identification, storage, protection, retrieval, retention time and disposition of records of all key activities related to management systems certification. These records include application, audit reports, certification agreement, justification for sampling and auditing time, Verification of correction and corrective action, complaints, appeals, MSCS committee decisions, documented certification decisions, scope of certification, competence of auditors and auditors' information and audit programmes. The records are identified, managed and disposed off in such a way as to ensure that the integrity of the process and confidentiality of the information are maintained. Records are stored in such a way that retrieval methods are effective and their condition preserved. Retention periods are a minimum of five years for all records. Records of applicants and licensees shall be retained for the duration of the current cycle plus one full certification cycle, as applicable. The integrity of the process and confidentiality of the information in the records is ensured by storing the records in a room/designated area. After its retention period is over, the records are physically destroyed.

Responsibility

The Head (MSCD) has the responsibility of establishing and maintaining effective procedures for the management of records for the BIS MSC activities, including storage, retrieval and retention.

The Head (MSCD) is responsible at MSCD Department, and the MSCO(R) under their jurisdiction, for ensuring that records procedures are adhered to.

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10. MANAGEMENT SYSTEM REQUIREMENTS FOR CERTIFICATION BODIES

10.1 Control of Documents & Records

It is the policy of BIS MSCS to maintain and operate procedures to control all documents and information relating to the system of certification. These documents are reviewed and approved for adequacy by authorized personnel prior to issue. It shall be ensured that the Manual and the relevant associated documents are accessible to all relevant personnel.

All documents of internal origin are now controlled by access control and made available as per the access rights decided by HMSCD. All documents on approval are hosted in intranet and current version only is made available to the relevant personnel. Apart from the above, printed version of the manual is distributed to the controlled copy holders as mentioned in 1.3.1 of the manuals. This control ensures that pertinent issues of appropriate documents are available at all locations where operations essential to the effective functioning of the management system are performed and that obsolete documents are promptly removed from all points of use. It ensures that documents remain legible and readily identifiable. Documents of external origin are suitably identified and their distribution is controlled.

Matrix relating requirements of IS/ISO/IEC 17021-1 to MSC documents is maintained and updated as and when changes are made in the existing document, as required, or new documents are introduced.


10.2 Responsibility

DCO is responsible for issue and distribution control of all documents pertaining to the management system and the recall and disposal of obsolete documents at Headquarters and for their distribution to the regions.

MSCO(R) is responsible for issue and distribution control of all documents in the respective jurisdiction including the recall of obsolete documents, and issue of updated or new information and publications to applicants and licensees.

10.3 Amendment

Changes and amendments to documents within the management system are reviewed and approved by the same functions, where possible, that performed the original review and approval unless specifically designated otherwise. The designated functions shall have access to pertinent background information upon which to base their review and approval where practicable. The nature of the change shall be identified in the appropriate attachments.

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A master list is generated by system in the intranet to identify the current revisions of documents. Only current versions of documents are made available.

Responsibility

It is the responsibility of the Document Control Officer to ensure that this policy and procedures for control are followed. It is the responsibility of all personnel to inform the Document Control Officer whenever a new document is needed or a change in existing document becomes apparent.

10.4 Management Review

Policy


The BIS Management System shall be reviewed at least once a year by Management Review Committee to ensure its continued suitability, adequacy and effectiveness including stated policy and objectives. The Director General shall convene a meeting of Management Review Committee for the purpose of carrying out management review of the performance of the BIS MSC in relation to the services offered to the applicants and licensees and its service.

The Management Review Committee comprises of DG (as Chairman), DDG-Incharge, DDG(R)s, Head (MSCD), DCO, PTO, IAO and MSCO(R)s. Other officers may also be invited, as necessary. Head (MSCD) acts as Secretary.

This activity shall be recorded and corrective actions assigned and followed up. Any corrective actions agreed and allocated by the Management Review Committee, shall be initiated, recorded, closed out and confirmed by the Internal Audit Officer.

Responsibility

The Director General is responsible for ensuring that the Management Review meeting is held. Head (MSCD) is responsible for scheduling the meeting of the Management Review by Management Review Committee. He prepares the agenda and the minutes of the meeting. He ensures follow-up actions are taken and are effective, and recording the results for reporting to the MSCS Committee.

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10.5 Internal Audit

Policy

Audits are required to be conducted in BIS MSCS to ensure that effective and efficient working practices are operated to give the best service to applicants/licensees by duly competent auditors who are independent of the operations being audited. Internal audits help the departments to identify the weaknesses in the systems before problems arise. All the management systems employed in the BIS MSCS are regularly subjected to audit and review to ensure their effectiveness and conformity to ISO/IEC 17021-1 and other guides as applicable, as well as for the identification of areas where improvements can be made. No penalties of any kind shall result from audit findings as all personnel are encouraged to identify weak areas or areas where improvements could be made within the management systems, and within normal working practices. All weaknesses recorded within the system shall be analyzed for corrective action.

Each activity of the management systems of BIS MSCS is required to be audited at least once a year and records shall be systematically maintained and analyzed. The audit would comprise of Office Assessment or/and Witness Audit. One Witness Audit and one Office Assessment shall be done in a cycle of three years for each region. List of Internal Auditors for carrying out the MSC audits shall be selected by the Audit Planning Group. It shall be ensured that auditors do not audit their own work.

Responsibility

The Internal Audit Officer is responsible for the planning, coordinating and reporting of all internal audit activities.


All Personnel have the duty to cooperate and assist in the effectiveness of the BIS MSCS through the provision of assistance in the supply of information and data, and identifying any areas of potential weaknesses in the system.

10.5.1 Audit Planning Group

An Audit Planning Group shall be made up of MSCO(R)s, Head (MSCD), DCO, PTO, IAO with DDG-Incharge of MSC Activity as Chairman.

The responsibilities of the Audit Planning Group shall be the planning of the internal audit, the evolving of a schedule, audit procedures, list of internal auditors and circulation of audit reports. Group also advises the Director General and the MSCS Committee on audit matters through recommendations based on findings of the internal audits.

10.5.2 Corrective Actions

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BIS MSC shall establish procedure for identification and management of nonconformities in its operation. Actions shall be taken, where necessary to eliminate the causes of non-conformities in order to prevent reoccurrence. Corrective actions taken shall be appropriate to the impact of the problems encountered.