

## AC 1.0 Introduction and Flowchart

### 1. Purpose:

The purpose of this Accreditation Procedure is to outline the process that is to be followed by the GAC (GCC Accreditation Center) in providing its accreditation services.

Accreditation is the result of an assessment process that is designed to determine whether a conformity assessment body (CAB) has the competence to carry out its conformity assessment activities. These activities may include calibration, testing, inspection or certification.

The standards against which a determination of competence is made are defined by international bodies that have appropriate recognition to do so using technical criteria established by groups of technical experts.

The applicable standards are those published by the International Organization for Standardization (ISO) and the International Electrotechnical Commission (IEC) in the suite of standards within the ISO/IEC 17000 series. In future, other recognised standards may be applied.

The international and regional groups of accreditation bodies such as the International Accreditation Forum (IAF), International Laboratory Accreditation Cooperation (ILAC), International Halal Accreditation Forum (IHAF), Asia Pacific Accreditation Cooperation (APAC), Arab Accreditation Cooperation (ARAC) and European Accreditation (EA) have produced guidance on the implementation of relevant ISO/IEC standards in accreditation situations.

Criteria for the proper application of test methods, standard and other conformity assessment activities are necessary for the valid use of accreditation procedures are also defined in product standards, codes of practice and similar documents published by international and national standards bodies, industry standards or enterprise standards.

GAC, as an accreditation body, may also issue supplementary requirements and guidelines derived from its own expert resources.

### 2. Scope:

This procedure is applicable across all the accreditation services that GAC provides against the accreditation schemes for such as testing & calibration laboratories including medical labs, certification bodies, halal CBs, inspection bodies etc. The accreditation process described here and the process as outlined in the flow chart is applicable across all the accreditation schemes offered by GAC.

This procedure is for general description purposes for illustrating the accreditation process, the details of the process are in the procedures from AC (accreditation) series documents of the GAC's management system.

Also, this procedure briefly describes assessment scheduling as well as accreditation cycles.

### 3. Responsibilities:

The Accreditation Services Manager (ASM) and Technical & Quality manager (TQM) are responsible for ensuring these procedures are adhered correctly by GAC personnel (including assessors/experts as applicable).

### 4. Procedure:

Only the key steps in the accreditation process are given below as well as in the flow chart, however the details of all the steps can be found in the AC series procedures referenced in this procedure.

#### Application for Accreditation:

Following the inquiry, the accreditation process begins with the formal application (AC 2.1 application form) submission to GAC by the CAB (client – that is conformity assessment body), GAC reviews the application to ensure necessary information is provided and that GAC has the resources needed and that it can meet the client's requirements for accreditation. The CAB is to provide required documents as specified in the application form within Annex-2, if the application is within GAC's services scope and capability an invoice is issued to the CAB which reflects application acceptance.

#### Document Review:

GAC's appointed assessment team conducts the review of documents submitted by the CAB as part of the assessment preparations, the review of the documents is usually prior to the assessment (normal document

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review fee invoiced) or in some specific cases it can be at CAB site or online however this does usually incur additional assessment time cost.

**Assessment:**

GAC & the CAB agrees on the assessment dates following which the assigned assessment team prepares the assessment plan and sends it to the CAB, the assessment team conducts the assessment of the management system and of the witnessing of the scope activities. Gaps identified by the assessment team are raised as findings. When the CAB closes all the findings, the assessment team submits the assessment deliverables to GAC e.g., assessment report, NC sheet, evidences, PT & metrology sheets, agreed scope of accreditation etc.

**Decision Making:**

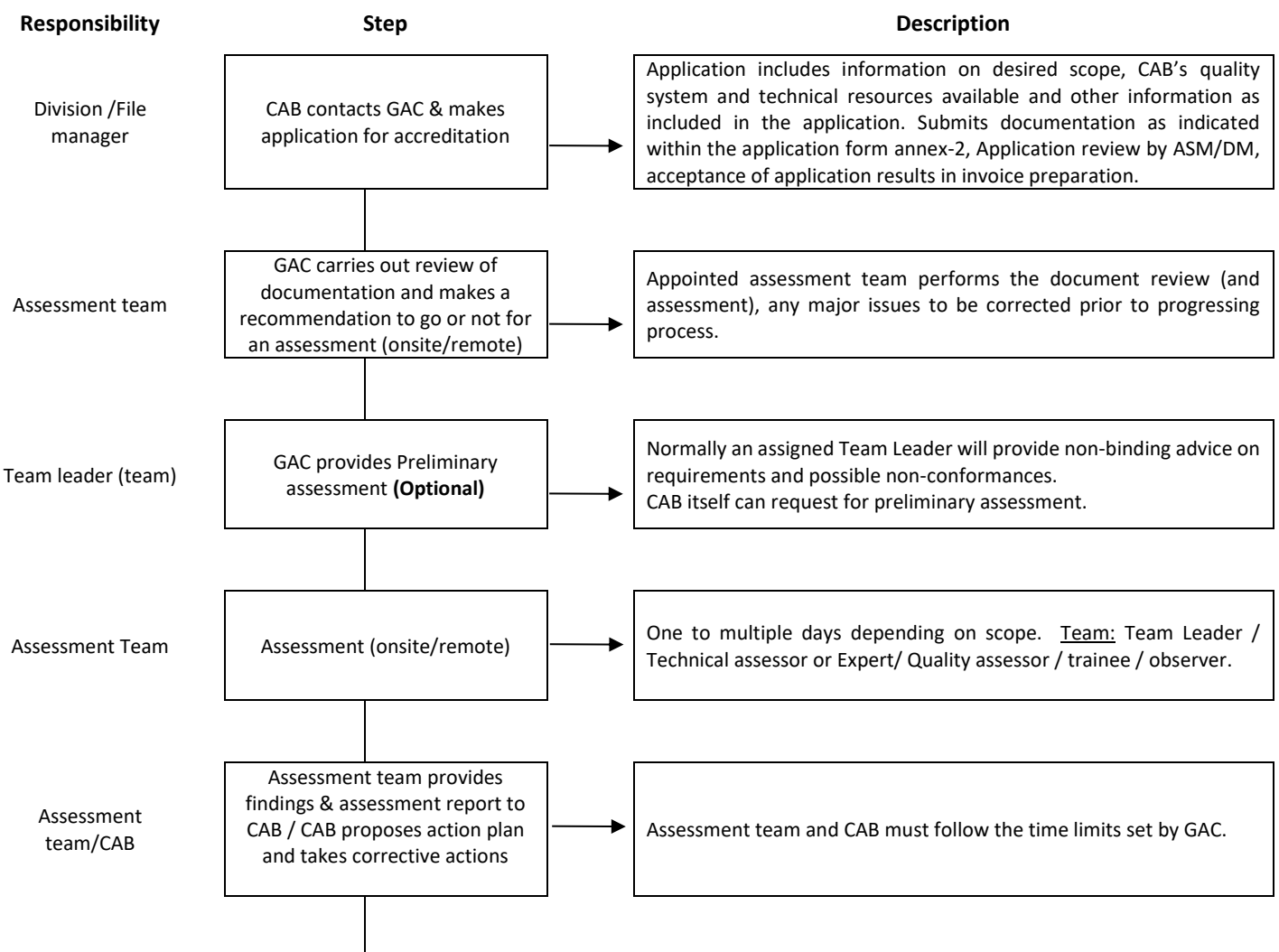
Upon receipt of the assessment deliverables GAC appoints a decision committee which normally is consists of independent experts/assessor. The assigned decision committee reviews and submits their decision input for final approval of the Accreditation Decision Manager of GAC.

**Issuance of Accreditation:**

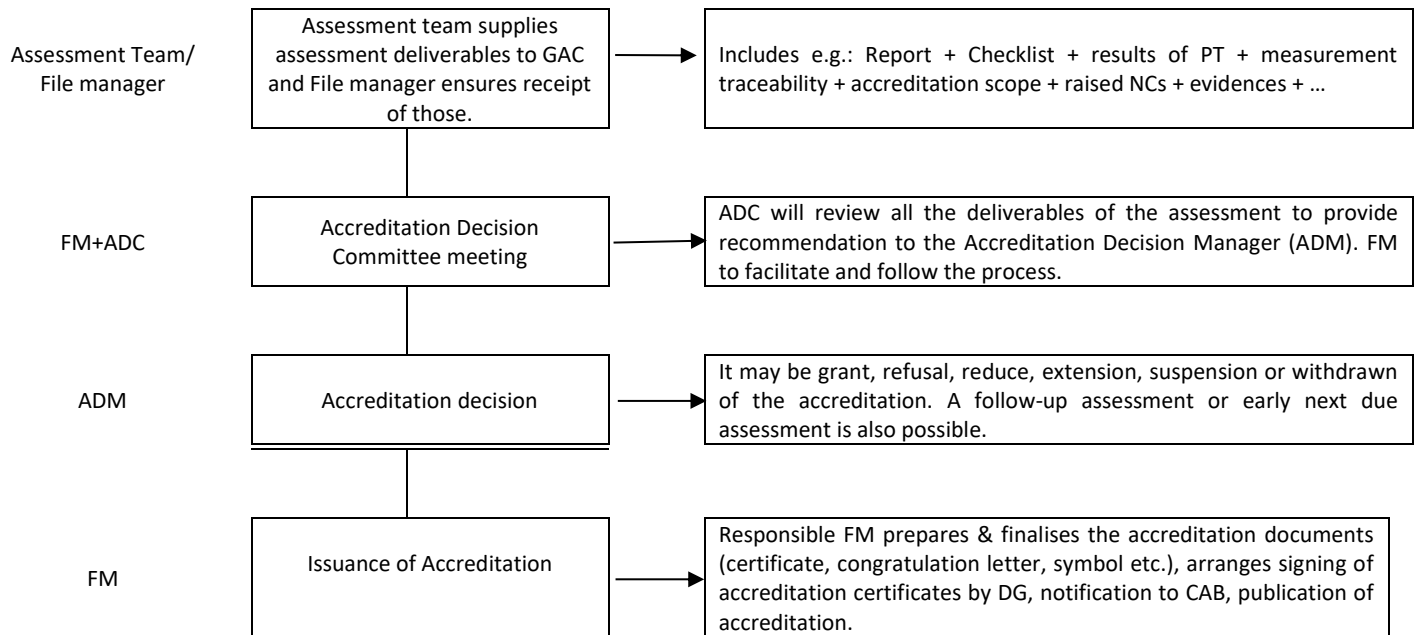
GAC File manager prepares the accreditation documents and obtains necessary approvals following which accreditation is issued to the CAB and is published on GAC’s website.

The process of accreditation at the GAC involves a number of steps that are illustrated in the flow chart below.

Accreditation process flowchart



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**Note:** Only main steps are shown in the flowchart, intermediary steps are outlined in accreditation procedures.

### 5. Assessment scheduling:

With regard to the accreditation cycle, each File Manager ensures an accurate planning for the assessment dates, especially for surveillance and reassessments. The dates must be arranged to guarantee the continuity and maintenance of the accreditation.

Each File Manager, shall start to plan the assessment as presented in the chart hereafter. The main steps are:

- a. **Preparation:** this step is done enough time before to allow for the contact with the CAB, the selection of the assessment team and the document review.
- b. **Assessment:** this step includes the applicable due assessment (e.g. initial, surveillance, renewal), submitting to GAC the assessment deliverables and the close-out of the nonconformities.
- c. **Decision:** this step includes decision making process.

- The due date is 24 months from the previous assessment, all assessment shall be conducted before the due date.
- In case of additional assessments that do not require changing the accreditation program (follow up, complaint, reinstatement, additional surveillance by DC): keep surveillance and renewal as planned.
- In case of early surveillance, only accept if the surveillance is up to 6 months from the due date.
- In case of additional assessment (scope extension, early surveillance more than 6 months), adjust the dates of next assessment but make sure renewal doesn't exceed the end of cycle

Additional assessments, other than the regular surveillance, can be conducted by GAC as needed to ensure continued compliance of the CAB to the Accreditation requirements.

**Note:** Assessment scheduling and the follow-up of the deadlines is made on the form AC 1.1 'Schedule of GAC assessments.

The assessment schedule can be altered when required e.g., due to extraordinary events, or other unforeseen situation or valid reason however ensuring that it doesn't exceed 24months for conductance of an assessment for a CAB.

GAC file managers can reshuffle the assessment planning within the schedule of assessment AC 1.1 allowed based on their convenience, convenience of the CAB, regulator or as discussions progresses on assessment planning with CAB & the assigned assessment team.

In case, if the duration between the consecutive assessments exceeds 24-months whatever the reason such as CAB's request or due to an extraordinary event/unforeseen situation or due to impossibility/difficulty of assessment conductance, this has to be at the approval discretion of ASM or relevant DM.

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However, if GAC determines that an on-site assessment is not applicable, it shall use another assessment technique to achieve the same objective as the on-site assessment being replaced and justify the use of such techniques (e.g., remote assessment), ref. to AC 4.2 tab-1.

### 6. Accreditation Cycle

Default cycle: GAC normally operates a 4-years accreditation cycle

The accreditation cycle begins on or after the date of accreditation decision for the initial or renewal assessment. GAC may also adopt a cycle of any duration from 2 to 5 years depending on demand by an economy, market, scheme, industry, regulator and or at the discretion of GAC (CAB management system proven stability/instability, CAB contractual agreements,...), regardless of the duration of the cycle opted GAC shall determine the need of periodic assessment and its type but ensures in all the cases as minimum an assessment must takes place at least by every 2 years.

GAC can decide to start a new accreditation cycle following an assessment (e.g., surveillance, transition, extension, synchronization with other AB, regulatory requirement, any other situation that GAC adjudges fit to do so) however ensures it doesn't affect the integrity of the accreditation and that appropriate extent of requirements is covered.

The illustration diagram provided is symbolic to reflect type of assessments involved in an accreditation cycle or process however timeline of the next assessment will always and only be determined with preceding assessment date ensuring not to exceed 24-months' time period without an assessment, also additional assessment in a cycle could be determined depending on the risk, outcome/recommendation from the decision-making process, regulatory requirements, complaints etc.

#### 2-yearly Cycle:

Normally no regular surveillance is applied unless recommended following the initial assessment or determined by any other means.

Renewal assessment: normally sufficient time enough so as to be ready for decision a month before the end of cycle (2-yearly renewal assessment)

#### 3-yearly Cycle:

Surveillance assessment: normally 16 months  $\pm$  4 months from the date of preceding assessment

Renewal assessment: normally sufficient time enough so as to be ready for decision a month before the end of cycle.

#### 4-yearly Cycle:

Surveillance assessment: normally 20 months  $\pm$  4 months from the date of preceding assessment

Renewal assessment: normally sufficient time enough so as to be ready for decision a month before the end of cycle.

#### 5-yearly Cycle:

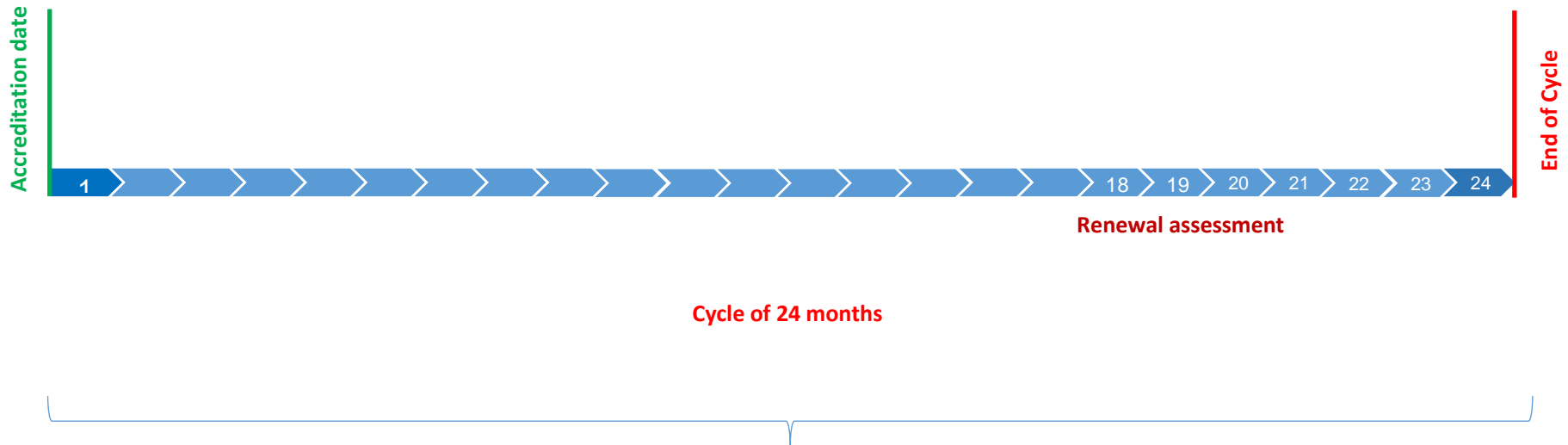
A five-year long cycle beholds 2 surveillances which are normally conducted at 20 months  $\pm$  4 months from the date of preceding assessment whereas the renewal assessment is normally conducted after 20 months  $\pm$  4 months from the date of preceding surveillance assessment or normally sufficient time enough so as to be ready for decision a month before the end of cycle.

### 7. Associated Forms and Documents

- AC series documents
- QM series documents
- Technical notes
- FAD – Field application documents
- AC 1.1 Schedule of assessments

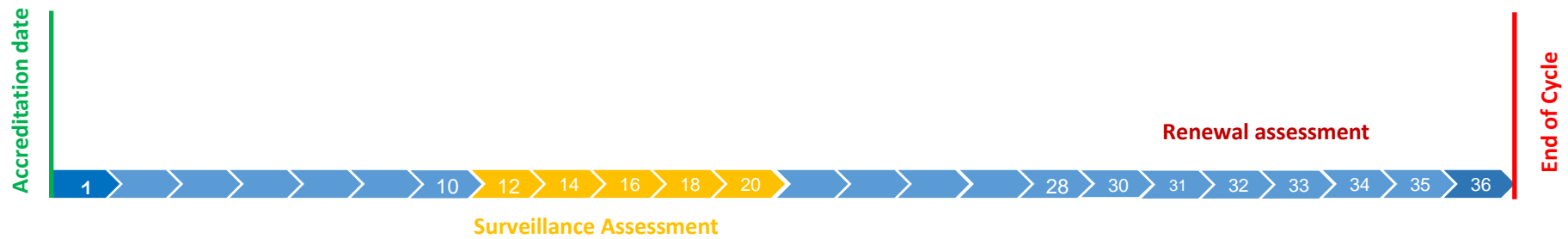
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### 2-year Cycle Illustrated



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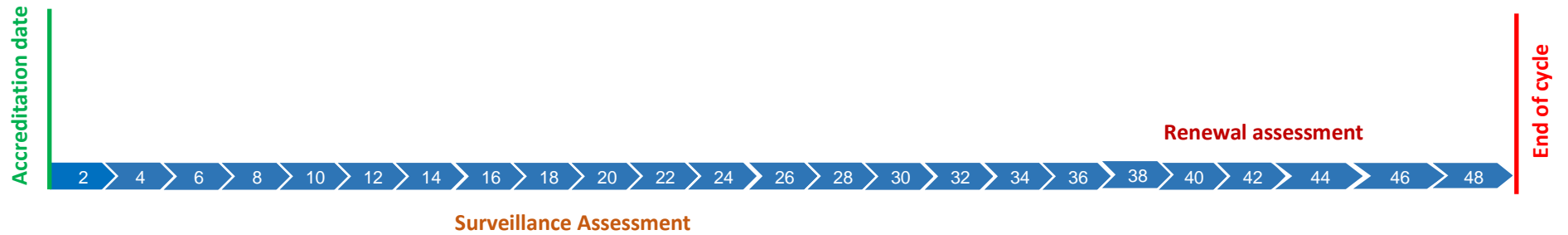
### 3-year Cycle Illustrated



Cycle of 36 months

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### 4-year Cycle Illustrated



**Cycle of 48 months (4-yearly cycle)**

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### 5-year Cycle Illustrated

