	<b>BHUTAN STANDARDS BUREAU MANAGEMENT SYSTEMS CERTIFICATION SCHEME</b>	<b>MANAGEMENT SYSTEM PROCEDURES</b>
	<b>DOC: BSB MSCS-P 9.1-01</b>	<b>ISSUE: 01</b>

## **PROCEDURE FOR PROCESSING OF APPLICATIONS FOR MANGEMENT SYSTEMS CERTIFICATION**

### **1. PURPOSE**

This procedure describes how to ensure an organized approach for receiving, registering and processing of applications for Management Systems Certification.

### **2. SCOPE**

The procedure is limited only to the receiving, reviewing and registering of Applications relating to certification of Management Systems to ISO 9001, ISO 14001, and ISO 22000.

### **3. DEFINITIONS**

**3.1 Application review:** an examination of application and supplementary information relating to the applicant organization and its management system, requirements for certification and scope of certification sought.

**3.2. Applicant-**An organization, which applies for a certificate under the GSB Management Systems Certification Scheme.

**3.3 Application** - The request for grant of certificate on the prescribed form under Management Systems Certification Scheme submitted by the applicant.

**3.4 DCO** - The Document Control Officer appointed to coordinate preparation, control and dissemination of documentation pertaining to MSCS.


### **4. RESPONSIBILITIES**

**4.1. Head MSCS** - is responsible for implementing this procedure.

### **5. PROCEDURE**


<b>Clause No.</b>	<b>Task</b>	<b>Responsibility</b>	<b>Related Document</b>
<b>5.1</b>	<b>Receipt and registration of application</b>		
<b>5.1.1</b>	Applicant company seeks information on QMS/EMS/FSMS	<b>Head MSCS</b>	
<b>5.1.2</b>	Review request/correspondence with applicant.	<b>Head MSCS</b>	
<b>5.1.3</b>	Send application form and questionnaire	<b>Head MSCS</b>	<b>MSCS-F9.1-01</b>

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<b>5.1.4</b>	Receive application from applicant, record application in register and assign next sequential number	<b>DCO</b>	
<b>5.1.5</b>	Raise file marked confidential and identify with the assigned number.	<b>DCO</b>	
<b>5.1.6</b>	Review the application submitted for adequacy and completeness	<b>Head, MSCS</b>	MSCS-F9.1-02
<b>5.1.7</b>	Arrange a preliminary visit, if needed	<b>Head MSCS</b>	
<b>5.2</b>	<b>Document review</b>		
<b>5.2.1</b>	Assess the Manual and related documents submitted by the applicant against relevant scope, and all applicable certification requirements.	<b>Team Leader</b>	
<b>5.2.2</b>	Write a review report and send to applicant for compliance to deficiencies, if any, in respect of adequacy of documents submitted to MSCS	<b>Head MSCS</b>	
<b>5.3</b>	<b>Contract review</b>		
<b>5.3.1</b>	Calculate audit man days for audits	<b>Head MSCS</b>	
<b>5.3.2</b>	Prepare contract and get consent from the applicant.	<b>Head MSCS</b>	
<b>5.3.3</b>	request applicant to remit applicable fees and	<b>DCO</b>	
<b>5.3.4</b>	Verify payment of fees from Accounts Department.	<b>DCO</b>	
<b>5.4</b>	<b>Organize stage 1 audit</b>		
<b>5.4.1</b>	Based on the scope of certification and the proposed dates for audit, select a competent audit team	<b>Head MSCS</b>	
<b>5.4.2</b>	Finalise audit dates and allocation of Auditors in consultation with applicant.	<b>Lead Auditor</b>	
<b>5.4.3</b>	Send audit plan and composition of the team to applicant for his agreement	<b>Head MSCS</b>	
<b>5.4.4.</b>	Resolve any disagreement on the plan with the applicant and revise the plan when becomes necessary	<b>Head MSCS</b>	


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## 7. REFERENCES

Doc: MSCS- G9.2-06 Guideline for applicant for management system certification

Doc: MSCS-F9.1-02 Determination of adequacy of application (Contract review)

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## ANNEX A

### (INFORMATIVE)

#### **Guidance on Preparation for Audit, reporting and recommendation for granting of certificate:**

**A.1** Before proceeding with any contract agreement or before proceeding to undertake any service for a client, Head MSCS would carry out a review of contract or request.

**A.2** If the scope is not within MSCS certification, the applicant should be accordingly informed, by any means.

**A.3** Upon finalization of the Certification agreement, the initial certification audit should be planned and the relevant processes initiated to carry out audits as agreed with the company.

**A.4** Based on the scope of certification and the proposed dates for audit, HSC should select a competent audit team in accordance with procedure MSCS P7.3-01 and duly approved by the chairman of MSCC ( Director, BSB). The team leader and team members should be advised accordingly about the proposed audit and relevant documents made available to the team leader to arrange for an initial visit, if required.

If an internal audit or auditor / expert performance monitoring is being organized, the team leader should be informed accordingly.

**A.5** The Auditee should be informed by the team leader or his nominee about the proposed dates of audit, composition of audit team (the names of the members of the audit team) and schedule with sufficient notice to appeal against the appointment of any particular auditor(s) or expert(s). Any such appeal should be considered when justified.


#### **A.6 Multi-location Companies:**

When an auditee is operating a number of outstations/sites, all of which:- are part of the same company, are producing similar products or providing similar services at each site, are centrally structured and has a Management System of which are the same and subjected to regular internal audits, the audit of activities at these locations shall be on sampling basis (Ref IAF MD 1 and ISO/TS 22003).

#### **A.7 Management of Audit programme**

This should include all activities necessary for planning and organizing audits and for providing resources to conduct audits effectively and efficiently to meet the organization's

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required period. The programme should also cover the actions require to be taken to comply with the requirements of stage 1 and 2 audits procedures.

These activities shall include the following:

1	<b>Planning</b>	Establishing the audit programme - by defining objectives and extent & responsibilities - by providing resources & procedures
2	<b>Implementing</b>	Implementing the audit programme by scheduling audits & selecting competent team to conduct audits - Directing the audit activities by providing requisite documents and maintaining records
3	<b>Checking</b>	Monitoring and reviewing by scrutiny of reports at BSB MSCD - by Identifying opportunities for Corrective Action and Preventive Action or for continual improvement
4	<b>Acting</b>	By improving the audit programme

#### **A. 8 Audit programme & audit plan.**


Formulation of Audit programme and audit plan should take in to consideration the requirements of the applicable standard and ISO 19011 paragraphs 5.2.2 & 6.4.1)

#### **A. 9 Conduct of Audit:**

The procedures of BSB MSCS require that at least one internal audit cycle and one management review is carried out at least once in the last one year before applying for a certificate (i.e. a system should be designed and installed before submitting an application).

This will ensure the effectiveness of internal audit and management review process. Certification shall not be granted until there is sufficient evidence to demonstrate that the arrangements for management review meeting and internal quality audit have been implemented, are effective, and are being maintained.

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**A.9.1** The minimum mandays required for audit should be derived from one or more of the following as appropriate and should be based on the size of the Organization, number of sites to be covered, applicable standards, and other normative documents:

- a. If specified in system manual it should comply with relevant management Standard
- b. Manday tables/ guidance given in guidelines such as IAF MD 1 and 5, ISO 22003


**A.10 Reporting Procedure:**

Audits should be carried out and reported as specified in clause 6.16, of this procedure the audit report should ensure that:

- Outcome of audit (Audit findings) is promptly brought to the attention of the concerned auditee and if required, to the managing personnel.
- Identify any Non-conformity to be discharged in order to comply with the specified requirements. Provides an opportunity to the Organization for seeking any clarifications / asking questions about the findings and their basis and invites auditee to take action on any reported non-conformities within a defined time for remedy.
- The audit team prepares an audit report: documenting the details and audit findings in a defined manner as per audit procedures and provides an opportunity to the Organization to comment on the report.
- The report clearly specifies whether the QMS/EMS/FSMS is in conformity, if not, informs the auditee the need for full or partial re-audit or whether a written declaration will be considered adequate in order to comply with all of the certification requirements
- The report contains as a minimum: dates of audit, names of the audit team including experts / specialists, names and addresses of all sites / facilities audited, scope of certification and reference standard and other reference documents and summary of findings.
- Actions being taken to correct any non-conformity including those noticed during earlier internal/external audits.

**A.11** It is the policy of MSCS that no certification is granted until all non-conformities and other requirements specified by the audit team leader are acted upon, implemented and verified for effectiveness and closed.

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### **A.12 Review & Scrutiny of Audit Report:**

All audit reports are forwarded to Head MSCS. These are reviewed for completeness as per guideline for the closure of application (MSCS-G9.2) and any inadequacies are brought to the notice of lead auditor for necessary corrective action.

The scrutiny personnel should be a qualified lead auditor or expert and not a member from the audit team.

During scrutiny, any non-conformities or observations noted are commented in the report. HSC acts on these for resolution with the concerned lead auditor or auditor and where applicable for initiating corrective actions.

**A.13** In an audit, which combines audits of more than one management system, the reports should be made separately and these should clearly identify all elements that are applicable and covered, to each management system standard.

**A.14** As a BSB MSCS policy, scrutiny of reports/decision making is not delegated to any external body or person.

### **A.15 Decision on Certification:**


- The decision whether or not to recommend and certify an Organization's QMS/ EMS /FSMS should be taken on the basis of information gathered during the audit, recommendation of the audit team and approval by the Approval committee/Person.
- As a policy, no certification should be granted until there is sufficient evidence to demonstrate that the arrangements of management review and internal audit(s) have been implemented, are effective, and are being maintained.
- As a policy, MSCS shall not delegate authority for granting, maintaining, renewing, extending, reducing, suspending, or withdrawing certification to an outside body or person.

**A.16** A Certificate of Compliance valid for a period of three years shall be issued by MSCC and signed by the Executive Director or any other officer who has been assigned with such responsibility and authority.

**A.17** It shall be issued along with artwork of logo and with information on proper use of certificate and logo to the Organization.

**A.18** The client is entitled to display his Certificate of Approval and the appropriate logo at his premises or in any promotional or advertising literature or stationery such as letterheads,

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complimentary slips, etc. The client shall not use logo on his products. Certification under the scheme does not imply certification of supplier's products or services and as such does not exempt him from legal obligations.