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***ANSI*** National Accreditation Board

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# MANAGEMENT SYSTEMS ACCREDITATION MANUAL

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## FOREWORD

This manual explains the operational activities and responsibilities of the ANSI National Accreditation Board (ANAB) and management systems certification bodies (CBs) and Superior Energy Performance (SEP) verification bodies (VBs) accredited by ANAB. This manual is a companion document to ISO/IEC 17021-1, ANAB Accreditation Rules, ISO standards and technical specifications, and IAF documents as they relate to specific programs. Other activities and responsibilities of ANAB and ANAB-accredited and applicant CBs and VBs may be described in additional requirement and operational documents.

For more information, contact the ANSI National Accreditation Board, 330 E. Kilbourn Ave., Suite 925, Milwaukee Wisconsin, 53202, USA, telephone 414-501-5494, [anab@anab.org](mailto:anab@anab.org), [www.anab.org](http://www.anab.org).

Note: All references to ISO, IAF, and ANAB documents and other controlled materials are to the current versions, including new versions and revised versions in transition. Most ANAB documents are accessible free of charge at [www.anab.org](http://www.anab.org). IAF documents are accessible free of charge at [www.iaf.nu](http://www.iaf.nu). ISO documents are copyright material and can be purchased from ISO and ANSI.

## DEFINITIONS

**Accreditation cycle:** Begins at the initial accreditation date and expires no more than five years later, during which time office assessments and witness assessments are conducted annually (at a minimum). In the last year of the cycle, a reaccreditation office assessment is conducted prior to expiration. By exception, the accreditation cycle may be less than five years, including but not limited to when another standard is added to the scope of accreditation of an ANAB-accredited CB (with the expiration the same for all standards within the scope) or when increased monitoring is required and the CB is granted accreditation for a shorter term.

**Accreditation requirements:** In addition to this manual and applicable ANAB Accreditation Rules, ISO/IEC 17021-1 and, depending on the specific program, related normative documents (for example, ISO/IEC 17021-2) and other requirement documents (for example, ISO 50003), IAF documents, and industry-sector documents identified in program-specific Accreditation Rules.

**Accreditation Rules:** Requirements for accreditation by ANAB.

**Appeal:** Request by a conformity assessment body for reconsideration of any adverse accreditation decision related to the CAB's desired accreditation status (ISO/IEC 17011, 3.21). The appeal process is limited to reviewing whether applicable procedures have been followed in reaching the accreditation decision.

**Assessment program:** Tool and record maintained throughout the accreditation cycles to manage required assessments, plan and maintain accreditation, and confirm all assessment requirements are met, including but not limited to annual assessments planned, type of audits, standards and scopes witnessed, and critical location assessments. The program includes initial accreditations, scope expansions and reductions, and withdrawals. The CB is responsible for maintaining and managing its ANAB accreditation and, in collaboration with ANAB, ensuring the assessment program is maintained accurately.

**Base standard program:** A program for a certification standard for which ANAB offers accreditation that is not based on another standard (examples include but are not limited to ISO 9001, ISO 14001, ISO/IEC 27001, and Responsible Recycling).

**Cause analysis:** Collective term that describes a wide range of approaches, tools, and techniques used to uncover cause of a nonconformity. Required for nonconformities issued by ANAB.

**Closure (of a nonconformity):** Evidence of acceptable correction and corrective action, or (in some cases) an acceptable plan for correction and corrective action, along with evidence the plan is being implemented.

**Correction:** Action to eliminate a detected nonconformity.

**Corrective action:** Action to eliminate the cause of a detected nonconformity or other undesirable situation. Corrective action is taken to prevent recurrence.

**Document review:** Process of comparing the requirements embodied in the CB's certification and management systems documentation with accreditation requirements.

**Enterprise Quality Manager (EQM):** Web-based data system used by ANAB to administer CB applications and accreditation programs. Users (including ANAB personnel and accredited and applicant CBs) can access EQM via ANAB's website.

**Executive Assessment Team Leader (EATL):** ANAB assessment team leader assigned to a CB for the accreditation cycle. The EATL conducts office assessments, assists with updates of the assessment program, selects CB witness assessments, assists with complaint investigations, and works directly with the CB on technical questions about the CB's systems. In most cases, the EATL is assigned at the receipt of the CB's first application and then normally the CB is transferred to a new EATL during the reaccreditation office assessment.

**Information visit:** An optional visit by an ANAB accreditation assessor during which the assessor reviews ISO/IEC 17021-1 requirements and answers questions, typically prior to the CB's application for initial accreditation. The visit can also include industry sector requirements (e.g., ISO/IEC 27006) and information about ANAB's accreditation process. The assessor cannot tell the CB how to meet a requirement.

**Initial assessment:** Process of evaluating an applicant CB's suitability for accreditation using such techniques as review of documentation, office assessments, and witness assessments.

**International Accreditation Forum (IAF):** World association of conformity assessment accreditation bodies and other bodies interested in conformity assessment in management systems, products, service, personnel, and similar programs. Its primary function is to develop a single worldwide system of conformity assessment that reduces risk for business and its customers by assuring them that accredited certificates can be relied on ([www.iaf.nu](http://www.iaf.nu)).

**Major nonconformity:** Absence of or failure to implement and maintain one or more requirements for accreditation or requirements of the CB's certification system or the CB's management system, which would on the basis of available objective evidence raise significant doubt as to the credibility of the certificates issued by the CB; *or* a number of minor nonconformities to one or more requirements, which when combined represent a breakdown of the CB's systems; *or* a minor nonconformity previously issued and not addressed effectively.

**Minor nonconformity:** Observed lapse in the CB's systems that does not represent a breakdown of the CB's systems and does not raise significant doubt with regard to the credibility of any certificates issued by the CB.

**Nonconformity:** Non-fulfillment of a requirement. All nonconformities are managed in EQM.

**Nonconformity challenge:** Request by a CB for reconsideration of a nonconformity issued by ANAB.

**Office assessment:** Systematic and independent evaluation performed at the CB's location to determine whether the CB's management system for operating a certification system has been and continues to be in conformance with accreditation requirements and is effectively implemented. At ANAB's discretion, the assessment can be conducted entirely or partially by using information and communication technology (ICT).

**On-site:** When referred to within ANAB's documentation (e.g. Accreditation Rules); an assessment conducted at an agreed to location or remote using ICT.

**Opportunity for improvement (OFI):** Finding not classified as a minor or major nonconformity. Any finding of a potential nonconformity is classified as an OFI. There may be OFIs that are not potential nonconformities, and not all OFIs need to be documented in EQM.

**Request for information (RFI):** Additional information requested by ANAB that does not affect the conformity of the CB's system and does not constitute an OFI or minor or major nonconformity. RFIs are documented in EQM and do not require correction, cause, or corrective action.

**Scope Expansion:** Process of a CB requesting an additional scope for a specific standard (e.g., ISO 9001, ISO 14001, ISO 22000) and ANAB assessing the CB's suitability for accreditation of the requested scope. Based on the review, as well as the risk associated with the requested scope, ANAB will determine the appropriate assessment techniques such as a document review, office assessment, or witness assessment/s. Note: The process of a CB requesting an additional standard to be included in ANAB's scope of accreditation is considered an application for accreditation and follows the initial assessment and accreditation process.

**Subordinate standard program:** A certification program dependent on a base standard for which ANAB offers accreditation (for example, AS9100 and TL 9000 based on ISO 9001 and e-Stewards based on ISO 14001).

**Suspension of accreditation:** Temporary restriction of the services a CB may provide within the scope of accreditation. While accreditation for a standard is suspended, a CB may not issue any initial ANAB accredited certification for that standard. Notification of suspension is published at [www.anab.org](http://www.anab.org). (See section 17 of this manual.)

**Verification body (VB):** Organization that performs validations and/or verifications of SEP energy performance claims in accordance with SEP verification criteria. References to the CB in ANAB requirements are understood to apply also to the VB as relevant.

**Withdrawal (cancellation) of accreditation:** Cessation of accreditation for some or all of the scope of accreditation. Withdrawal for the entire scope of accreditation requires destroying the certificate of accreditation, cessation of use of the ANAB symbol in any form and any reference to accredited status, and withdrawal of accredited certificates. Notification of withdrawal is published at [www.anab.org](http://www.anab.org). (See section 17 of this manual.)

**Witness assessment:** Witnessing by an ANAB assessment team of a CB's audit team conducting an audit (from beginning to end) of an organization's management system to the requirements of applicable standards to ascertain the audit team's competence to conduct the audit and to evaluate the effectiveness of the CB's audit program implementation.

## 1. TERMS AND CONDITIONS

1.1. Applicant and accredited certification bodies are required to commit to fulfilling requirements for ANAB accreditation.

1.1.1. ANAB has defined the terms and conditions required for application and accreditation by ANAB for all accreditation programs. Certification bodies are required to abide by these terms and conditions while in application and when accredited.

1.1.2. ANAB's terms and conditions are outlined in the [Accreditation Agreement](#) and referenced in each application for initial accreditation.

1.2. Per ISO/IEC 17021-1, certification bodies are required to have a certification agreement with each certified organization. In addition to what is required by ISO/IEC 17021-1, the following shall be included in the agreement:

1.2.1. The CB shall require its client to commit to continually fulfill the requirements for certification of its management system and to implement changes in requirements for certification in accordance with the transition periods as duly announced by the CB.

1.2.2. The CB shall authorize each organization under its accredited certification system only so long as the organization continues to operate in conformance with its certified management system to apply the ANAB accreditation symbol with the CB's own symbol only on those organization documents that relate to the certified management system and not on a product or in any way that could imply product, process, or service certification.

## 2. APPLICATION FOR ACCREDITATION

2.1. Information about the application process, including sample application forms in PDF format, is available on ANAB's website.

2.1.1. Before or during application for accreditation, an information visit may be requested by the CB or recommended by ANAB. ANAB and the CB will determine the agenda for the visit. The fee for the information visit is based on ANAB's Fee Schedule (see Assessment Personnel under On-site Assessment Fees and Off-site Assessment Fees, as applicable).

2.2. Formal application, which occurs in four steps, shall be made electronically through a web portal to ANAB's Enterprise Quality Manager (EQM) database.

2.3. All information requested by ANAB, including the application forms and supporting documentation, shall be submitted in English.

2.4. In step 1 of the application process, the CB provides evidence of conforming to several primary ISO/IEC 17021-1 accreditation requirements and pays the initial application fee, which is non-refundable. ANAB reviews the information provided. If no concerns are raised, ANAB accepts the information (for this step of the application process) and notifies the CB in writing of the next steps in the application process. If the information is not acceptable, ANAB may allow the CB to re-submit the information.

2.5. Steps 2, 3, and 4 include the CB purchasing and downloading an application for a specific standard (for example, ISO 9001 or ISO 50001) and subsequently uploading the completed application with evidence. ANAB staff verifies that ANAB is able to serve the CB in terms of policies, scope, and availability of competent assessors and experts. A public announcement of the CB's application is posted

on ANAB's website with instructions for submitting comments to ANAB during a 30-day comment period. ANAB or the CB shall acknowledge and respond to any comments received if appropriate.

2.6. ANAB shall determine at its sole discretion whether the CB meets ANAB requirements for accreditation and is granted ANAB accreditation. If at any time during the application process ANAB deems that the CB is not proceeding in a timely and appropriate manner to meet the accreditation requirements, ANAB shall inform the CB in writing that the application cannot be considered further and the reasons thereof, and ANAB shall withdraw the application for accreditation. Application fees are not refunded.

2.6.1. If the CB voluntarily decides not to pursue accreditation, the CB shall inform ANAB in writing. Application fees are non-refundable.

2.6.2. If the CB wishes to re-apply, a new application and application fees shall be required. The CB shall contact ANAB to determine the action necessary to re-apply.

2.7. The CB shall actively pursue the initial application by participating in required application activities in a timely manner (for example, providing additional information when requested, responding to requests for corrective action, arranging for office assessments, and arranging for suitable audits for ANAB to witness).

2.7.1. If a CB is unable to achieve accreditation within one year of initiating the application process (step 1), ANAB may withdraw the CB's application. ANAB will notify the CB of the impending change of status.

2.7.2. If the CB is unable to achieve accreditation within one year of ANAB's receipt of an application for a specific program (step 4), ANAB may withdraw the CB's application for that program. ANAB will notify the CB of the impending change of status.

2.7.3. If the CB wishes to re-apply, the CB shall contact ANAB to determine the required course of action. Depending on where the CB was in the application process, the CB shall start over at step 1 or be provided a new application to complete (steps 2 through 4). In either case, the CB shall submit the application fees to re-apply.

2.8. A CB applying for ANAB accreditation that is already accredited by another IAF MLA signatory accreditation body for the same scope (for example, ISO 9001) shall follow the initial application process as outlined in this manual.

### 3. GENERAL REQUIREMENTS FOR ASSESSMENTS

3.1. ANAB informs the CB of the identities, employment status, and experience of the members of the assessment team, which may include technical experts and observers (for example, industry representatives, evaluators, assessors in training).

3.1.1. If the CB submits in writing an objection with supporting justification concerning any assessment team member, ANAB shall not assign that person to the team if ANAB deems the objection well founded.

3.2. ANAB team members shall be impartial and free from conflicts and they are required to keep confidential all information about the CB and its operations.

3.3. Under the IAF Management Systems Multilateral Recognition Arrangement (MLA) and in accordance with ANAB's [Cooperation Manual](#), ANAB at its discretion may cooperate with other IAF Management

Systems MLA signatory accreditation bodies for office assessments and/or witness assessments, provided the CB has signed ANAB's CB agreement for cooperation.

3.3.1. ANAB's cooperation with other accreditation bodies may include review of assessments conducted by other accreditation bodies, accepting other accreditation bodies' assessments in lieu of ANAB assessments, joint assessments by ANAB and other accreditation bodies, and/or having other accreditation bodies conduct assessments on ANAB's behalf.

3.3.2. When ANAB accepts assessments by other IAF Management Systems MLA signatory accreditation bodies, ANAB may conduct abbreviated office assessments or witness assessments.

3.3.3. When ANAB accepts assessments by other accreditation bodies, ANAB takes responsibility for the assessments in accordance with ISO/IEC 17011.

3.4. For witness assessments, the number of members of the ANAB assessment team shall (excluding any technical experts) equal the number of auditors on the CB's audit team.

3.5. The CB shall have enforceable arrangements with organizations being audited for accredited certification to ensure ANAB access to witness the CB's audit team performing an audit at the organization's site. Enforceable arrangement shall include allowing other oversight bodies access to certified organizations in accordance with applicable program requirements (for example, aerospace OEMs for AS9100, AS9110, and AS9120 and representatives of ACC for RC14001).

3.6. When witnessing a CB conducting an integrated audit or an audit that includes multiple standards, ANAB's witness assessment scope may not include all standards within the CB's audit; however, if the standards are within the scope of the CB's ANAB accreditation, ANAB has a responsibility to identify nonconforming conditions for any accredited certification program regardless of the scope of ANAB's witness assessment.

3.7. The CB shall notify ANAB when an organization refuses a witness assessment. The CB shall remove the ANAB accreditation symbol from the organization's certification or withdraw the certification (some schemes require accredited certification). If the organization attempts to transfer to another CB to avoid having its audit witnessed, an ANAB-accredited certificate shall not be issued by the accepting CB. ANAB will notify IAF member accreditation bodies of such refusals.

3.8. During ANAB's witnessing of a CB audit, the ANAB assessor is not authorized to agree to any release of responsibility by the witnessed organization for the safety of the assessment and audit teams, and is expected to take immediate action at any time to avoid injury, including leaving the area or the organization if necessary. The ANAB assessor will conform with the safety rules of the organization as made known to the ANAB assessor.

3.9. If at any time during ANAB's witnessing of a CB audit the ANAB assessor observes a potential hazard he or she considers to be an imminent risk to health and safety, the assessor shall request an immediate caucus with the CB's audit team leader to inform him or her of the potential hazard, with the expectation that the CB's audit team leader will address the hazard with the organization in accordance with the CB's processes.

3.10. The ANAB assessment report and identified nonconformities related to noncompliance with statutory or regulatory requirements by the witnessed organization shall be written in terms of the management system requirements, certification requirements, and accreditation requirements, with due consideration of the risk to the organization of disclosure to other parties.

3.11. ANAB assessments are administered through EQM.



3.11.1. ANAB staff and accreditation assessors and the CB are required to maintain assessment information in EQM.

3.11.2. An email confirmation is provided to the CB and ANAB's assessment team (including all members of the assessment team) to confirm the assessment and outline the detail.

3.11.3. Prior to office assessments, the CB shall complete or update ANAB forms, including [FM 5303](#) (CB Profile), [FM 5304](#) (CB Structure), [CL 5313](#) (ISO/IEC 17021-1 Requirement Matrix), and [FM 5305](#) (Assessment Program), found in EQM reference documents, following the instructions on the current versions of the forms. The instructions for each form include a deadline for submittal. The completed forms shall be uploaded to EQM under the CB detail page. ANAB uses the completed documents to prepare for office assessments and to conduct and support ANAB office assessments.

3.11.4. The CB shall upload to EQM the pre-assessment documentation required by ANAB by the date indicated in the email confirmation or as indicated within the preaudit section of EQM for the assessment. This information includes but is not limited to details on logistical arrangements; the CB's documentation; the CB client profile, audit team competence, and audit plan (for witness assessments); and the CB's risk analysis (for office assessments).

3.11.5. Prior to the office assessment, ANAB provides the plan for the office assessment.

3.12. For each assessment, the assessment team leader prepares an assessment report including assessment details, discussion of nonconformities issued, and findings identified, including requests for information and recommendations made by the assessment team.

3.12.1. Nonconformities shall be documented and reported for identified findings that require correction, cause analysis, and corrective action by the CB.

3.12.2. Other findings may be identified; RFIs require a specific response of information and OFIs do not require any response. If the information provided in response to an RFI is determined to be nonconforming, then a nonconformity will be issued.

3.12.3. The assessment report, nonconformities, and RFIs are entered in EQM, where the CB can access them and provide the responses to the nonconformities and RFIs.

## 4. INITIAL ASSESSMENT

4.1. Upon accepting an application (including an application from an ANAB-accredited CB to add an additional standard or standards to the scope of accreditation), ANAB assigns an ANAB accreditation assessor to review the application.

4.1.1. If the CB's EATL is competent for the specific standard, the EATL will be the reviewer. If not, an assessor competent for the specific standard will be the reviewer.

4.1.2. The assessor reviews and evaluates the applicant's documentation submitted with the application to determine if the requirements for accreditation have been satisfactorily integrated into the applicant's management system and operating procedures and documentation. The assessor shall provide the results of the document review within the application. The applicant may be required to provide clarifications and corrections before the accreditation process proceeds.

4.1.3. The CB is expected to respond to the results of each document review within 30 days. If the CB takes an extended amount of time greater than 30 days to respond, additional time will be needed for subsequent review by ANAB. The CB may be invoiced for the cost of additional review time.

4.2. At this time, the CB also shall notify ANAB staff of its timeline for the initial assessments. ANAB schedules initial assessments following a process similar to that for annual assessments. In keeping with the principles in Accreditation Rule 18, assessments are scheduled approximately 120 days in advance. Assessments shall not be confirmed until the initial application document review has been closed by the application reviewer; however, the timeline is to be communicated throughout the application process.

4.3. ANAB arranges with the applicant a mutually acceptable schedule for the office assessment and the two stages of the witness assessments to ensure all objectives of the assessments are achieved.

4.3.1. For the first application to ANAB for initial accreditation, ANAB normally assigns at least one assessment team member to participate with the assessment team leader at the initial office assessment. For subsequent applications, ANAB may (at ANAB's discretion) assign additional assessment team members for the initial office assessment, based on the scope and objectives.

4.3.2. Other locations of the CB also are subject to initial assessment if they are considered "critical" as defined in [ANAB Accreditation Rule 6, Implementation of IAF MD 12](#).

4.3.2.1. The CB shall complete and maintain [FM 5304](#) (CB Structure) following the instructions on the form to specify other locations of the CB, the functions related to the requested accreditation, and additional information for the scope of accreditation.

4.3.3. Prior to conducting the office assessment for initial accreditation, the applicant shall have at least one complete client file from application to certification decision and draft certificate, understanding that the CB shall not issue an ANAB-accredited certificate to the client. In addition, the applicant shall have conducted a complete internal audit (of all elements of the management system) and at least one complete management review that includes review of the results of the complete internal audit. For CBs accredited by ANAB that are adding standards to the scope of accreditation, this internal audit and management review may be limited to the standards for which the CB is applying.

4.3.4. For initial witness assessments, ANAB shall witness the CB's audit team conducting a two-part full system audit (stage 1 and stage 2 audit as defined in ISO/IEC 17021-1) of an organization's management system to the requirements of applicable standards. ANAB prefers to witness a CB's stage 1 and stage 2 audits of the same organization in sequence. Review of the CB audit report is part of the witness assessment process.

4.3.4.1. Normally, prior to ANAB witnessing the stage 2 portion of the audit, the applicant shall provide ANAB evidence of the completed report and/or conclusions from the stage 1 portion of the audit.

4.3.5. For initial accreditation, ANAB may accept assessments from another IAF Management Systems MLA signatory AB (see section 3), in which case ANAB may accept a stage 2 witness assessment without a stage 1 witnessed audit if the other AB does not conduct stage 1 witness assessments in its accreditation process; ANAB will then witness a stage 1 audit at the first opportunity, which could be after initial accreditation.

4.4. In keeping with section 3 of this manual, assessment records are generated by ANAB's team leader and are maintained in EQM.

4.5. In keeping with section 13 of this manual, nonconformities should be closed within 90 days or the application may be withdrawn. All nonconformities shall be closed and major nonconformities may need to be verified before the initial accreditation decision process is initiated. Follow-up assessments and/or additional assessments may be required. ANAB shall communicate results of all reviews to the applicant.

4.6. Initial assessments shall occur within the 12-month period preceding the accreditation decision. If any assessment occurred more than 12 months prior to the accreditation decision, ANAB may require an additional assessment.

## 5. INITIAL ACCREDITATION DECISION PROCESS

5.1. If the assessment team concludes the effectiveness of the certification system is satisfactory and recommends accreditation, and ANAB staff concludes all other requirements have been met, including closure of all nonconformities and any required verification of major nonconformities, ANAB staff prepares an accreditation package for an Accreditation Decision Subcommittee of the ANAB Management Systems Accreditation Committee. The package consists of a summary of the CB's application information and the ANAB executive review of the initial accreditation activity and recommendation. The Accreditation Decision Subcommittee has access to all assessment reports and nonconformities issued, including the CB's responses and ANAB's review of the responses.

5.1.1. The Management Systems Accreditation Committee Operating Procedure ([PR 5500](#)) governs Accreditation Decision Subcommittee voting.

5.2. If the assessment team or ANAB staff do not recommend accreditation, ANAB will notify the CB of additional actions required or withdrawal of the application.

5.3. If the Accreditation Decision Subcommittee decides in favor of initial accreditation, the decision shall be communicated to ANAB staff. The Accreditation Decision Subcommittee may impose certain conditions in its decision to accredit the applicant. The newly accredited CB shall ensure that those conditions are met.

5.3.1. ANAB staff shall notify the CB of the favorable decision.

5.4. If the Accreditation Decision Subcommittee decides against initial accreditation, the decision shall be communicated to ANAB staff. ANAB staff shall notify the CB in writing of the basis of the decision and any appropriate next steps for the applicant. The applicant may appeal the decision in keeping with section 18.

5.4.1. The unsuccessful applicant is responsible for ANAB fees and assessment expenses associated with the accreditation activity.

## 6. INITIAL ACCREDITATION

6.1. When a CB is accredited by ANAB, the terms and conditions referred to in section 1 and in the application apply in their entirety.

6.2. Prior to ANAB granting initial accreditation, all past due invoices must be paid in full.

6.3. For the first standard for which a CB is accredited by ANAB, ANAB sends the CB the ANAB accreditation symbol and [PR 1018, Policy on Use of the ANAB Accreditation Symbols and Claims of Accreditation Status](#).

6.4. When accreditation is granted, a new or revised accreditation certificate and scope of accreditation are issued and the accreditation is published on ANAB's website.

6.4.1. If the CB is already accredited by ANAB for another standard, the expiration may remain the same for standards added to the scope of accreditation.

6.5. The accreditation certificate includes the accredited legal entity name and address, main scope of accreditation, initial management systems accreditation date, and current expiration date. The scope of accreditation includes accreditation details by standard, including when applicable initial accreditation dates, expiration dates, versions of standards, scope categories, date approved for use of the IAF MLA mark, and other locations of the CB, with critical locations identified.

## 7. CERTIFICATION DOCUMENTS ISSUED BY THE CB

7.1. For a certification document issued by an ANAB-accredited CB to be considered ANAB-accredited, the document shall include ANAB's accreditation symbol as specified in [PR 1018, Policy on Use of the ANAB Accreditation Symbols and Claims of Accreditation Status](#), and [ANAB Accreditation Rule 42](#).

7.2. For integrated management systems certification, any ANAB-accredited certificate that includes standards *not* covered under the ANAB accreditation shall *clearly* delineate within the scope statement or elsewhere on the certificate which standards are covered by the ANAB scope of accreditation and which standards are outside this scope.

7.3. A CB initially accredited by ANAB for a specific standard may issue ANAB-accredited certificates only after the CB receives formal recognition of accreditation from ANAB.

7.3.1. The CB shall provide ANAB a plan to transition clients certified prior to the CB's accreditation by ANAB to ANAB-accredited certification. The plan shall be approved by ANAB prior to implementation.

7.3.2. ANAB-accredited certificates may be issued to the CB's clients for whom ANAB witnessed satisfactory audits by the CB for initial accreditation of the CB, and for any of the CB's clients subsequently audited by the CB within the scope of the ANAB accreditation.

7.3.3. For clients audited and/or certified (as an unaccredited certification) prior to the satisfactory witness assessments for initial ANAB accreditation, the CB may issue certificates to include the ANAB accreditation symbol following satisfactory surveillance or recertification audits by the CB that are conducted after the date of accreditation.

7.3.4. The CB shall not issue or re-issue a certificate with an ANAB accreditation symbol bearing an issue or effective date prior to the date on which the CB attained ANAB accreditation.

7.4. CBs previously accredited for the specific standard by an accreditation body that is a signatory to the IAF Management Systems MLA for that standard may formally request an exception to section 7.3. The CB shall provide ANAB a plan to transition clients certified prior to accreditation to ANAB-accredited certification, which shall be approved by ANAB prior to implementation. ANAB will evaluate the plan and history of the CB making this request and will require permission to make inquiries of the other relevant accreditation bodies. Following this retrospective evaluation, ANAB may permit replacing the previously issued certificates with ANAB-accredited certificates.

7.4.1. ANAB will establish the date after which the CB may issue or re-issue certificates with the ANAB accreditation symbol.

## 8. MAINTAINING ACCREDITATION

8.1. ANAB monitors and evaluates the CB's competence and conformity with accreditation requirements, reference documents, and applicable ANAB Accreditation Rules and the effectiveness of the CB's implementation of its systems throughout the term of the accreditation. This includes periodic office

assessments to monitor selected requirements and periodic witnessing of CB audit teams conducting management systems audits to applicable standards.

8.1.1. All information received by the CB, including supporting documentation for assessments and corrective action responses, shall be submitted in English.

8.2. ANAB maintains an assessment program ([FM 5305](#)) that allows the CB and ANAB to ensure assessments are completed when required and assessment requirements are fulfilled (for example, types of audits witnessed, critical location activity, scopes witnessed).

8.3. ANAB shall conduct office assessments at approximately six months after initial accreditation to the first standard or 12 months after the first initial office assessment, whichever occurs first, and thereafter normally every 12 months. The intent is to schedule office assessments six months prior to the month of expiration of accreditation. ANAB reserves the right to conduct unscheduled office assessments at times other than those stated.

8.3.1. When the CB gains accreditation for additional standards, office assessments will be conducted concurrently when possible.

8.3.2. ANAB determines the duration of the office assessment according to ANAB's internal calculation process.

8.4. ANAB shall witness audits of CB audit teams annually for each standard or as otherwise stated in the applicable Accreditation Rule for each standard and following the process in [ANAB Accreditation Rule 18](#). ANAB reserves the right to witness additional CB audits if deemed necessary.

8.5. Other locations of the CB are also subject to assessment as defined in [ANAB Accreditation Rule 6, Implementation of IAF MD 12](#).

8.6. Based on the results of the annual office assessment, ANAB confirms if the CB continues to maintain its accreditation.

8.6.1. When the ANAB assessment team can confirm this, the annual office assessment report will reflect that the CB continues to maintain its accreditation.

8.6.2. If the team is not able to confirm this or the scope of accreditation is being modified, the ANAB assessment team will escalate the review to ANAB management.

8.7. When a standard or other requirement document is revised, ANAB establishes a transition process in accordance with existing requirements or guidance (for example, IAF documentation, industry-sector requirements). ANAB communicates the process to CBs via a Heads Up and/or Accreditation Rule. ANAB determines each transition process based on the extent of changes and effect on ANAB-accredited CBs. The transition process includes required activities (for example, CB declaration of transition, application review, document review, assessments) and specific timelines to be met to expedite the process.

8.7.1. ANAB staff is authorized by the Management Systems Accreditation Committee to make decisions on transitions to new versions of standards following the process specified for the transition to each specific standard.

8.7.2. The declaration of transition process is an option<sup>1</sup> whereby the CB is required to submit a declaration of transition document containing relevant and/or key activities the CB attests to having completed to meet the requirements for transition. ANAB transitions the CB's accreditation based on the CB's declaration and reviews the implementation of transition against it at the next and future

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<sup>1</sup>This method is not an option for all transitions but may be used (at ANAB's discretion) when transition requirements are clearly defined by a scheme owner and changes have a minimal impact on the CB and certified clients.

assessments. ANAB writes any nonconformities associated with the required changes for transition, and correction, cause analysis, and corrective action are required by the CB per ANAB's normal corrective action process. A declaration that is false or cannot be substantiated through future assessments is a breach of the Conditions of Accreditation and is grounds for suspension or withdrawal.

8.8. The CB is required to maintain its accreditation in accordance with general management system requirements as outlined in option A or B of ISO/IEC 17021-1 and verified by ANAB as part of the initial accreditation decision, in accordance with section 6.

8.8.1. If the CB subsequently changes the option for its management system, ANAB shall conduct an office assessment to the new option, the assessment team will make a recommendation to ANAB staff, and ANAB staff is authorized by the Management Systems Accreditation Committee to make the decision. When the decision is made, the scope of accreditation will be revised accordingly.

## 9. INCREASED MONITORING OF ACTIVITY

9.1. ANAB staff is authorized by the Management Systems Accreditation Committee to increase monitoring of a CB's activity in circumstances where there is reasonable concern about the CB's operations but where suspension or withdrawal of accreditation may not be appropriate. Increased monitoring need not precede suspension or withdrawal.

9.2. Increased monitoring may be required based on any of the following reasons:

9.2.1. Significant organization changes

9.2.2. Increased certification activity

9.2.3. Multiple nonconformities and/or complaints in a specific program or process

9.2.4. Relationships that cause a real or perceived conflict of interest

9.2.5. Other conditions deemed appropriate

9.3. Increased monitoring may include an increase in office assessment and/or witness assessment activity, or special assessments, depending on the reasons for increasing the frequency.

9.4. Monitoring of activity shall return to normal levels when ANAB regains confidence in the CB's system and the CB demonstrates effective control of its system.

## 10. REACCREDITATION

10.1. For reaccreditation, ANAB shall conduct an office assessment or assessments of the CB's full management and certification systems, including an assessment at the CB's head office and/or any other office designated as an accredited office for a given standard, at approximately six months prior to the expiration of the accreditation, to include all standards for which the CB is accredited to provide certification.

10.2. ANAB reviews all witness assessments completed prior to reaccreditation.

10.3. Other locations of the CB are subject to reaccreditation assessments as defined in [ANAB Accreditation Rule 6, Implementation of IAF MD 12](#).

10.4. Before the expiration of accreditation, ANAB staff shall prepare the CB's reaccreditation package, consisting of a summary of all assessments that occurred during the accreditation cycle, summary of complaints, summary of appeals, and the ANAB executive recommendation. Members of the Accreditation Decision Subcommittees have access to all assessment reports and nonconformities issued (with status) and (when available) the CB's correction action responses and ANAB's review of the responses. The reaccreditation package shall be submitted to an Accreditation Decision Subcommittee of the Management Systems Accreditation Committee for the reaccreditation decision.

10.4.1. The Management Systems Accreditation Committee Operating Procedure ([PR 5500](#)) governs Accreditation Decision Subcommittee voting.

10.5. The executive recommendation with justification may be for a full accreditation cycle, short-term accreditation cycle, suspension, or withdrawal.

10.6. If the Accreditation Decision Subcommittee decides in favor of reaccreditation, the decision shall be communicated to ANAB staff and ANAB issues a new accreditation certificate and scope of accreditation. The Accreditation Decision Subcommittee may impose certain conditions in its decision to reaccredit the CB. The reaccredited CB shall ensure that those conditions are met.

10.7. If the Accreditation Decision Subcommittee decides against reaccreditation, the decision shall be communicated to ANAB staff. ANAB staff shall notify the CB in writing of the basis for the decision and any next steps on the part of the CB and ANAB appropriate to initiate suspension or withdrawal of accreditation in keeping with section 14. The CB may appeal the decision in keeping with section 18.

10.8. ANAB shall revise the accreditation certificate and scope of accreditation based on the decision.

## 11. EXPANSION OR REDUCTION OF SCOPE

11.1. The scope of accreditation, if applicable, is specified in the ANAB Accreditation Rule for a given standard.

11.2. The CB shall formally request an expansion of scope electronically through ANAB's EQM database. Once the request is accepted; the CB may request a scope expansion review at a future office assessment or request a special office assessment; or the CB may complete an application, downloaded through EQM. If the scoping for the standard includes clusters or groups, the CB may request to apply for all or some of the scopes in the cluster or group. If the assigned EATL is competent for the specific standard relevant to the scope/s being requested, the EATL can be assigned as the reviewer. If not, an assessor competent for the specific standard will be assigned.

11.2.1 Depending on the scope, a witness assessment may be required per the ANAB Accreditation Rule for a given standard.

11.3. Sections 2.6 above applies for expansions of scope.

11.4. ANAB staff is authorized by the Management Systems Accreditation Committee to make decisions on an expansion of scope under a management systems standard based on the recommendation of the reviewer and witness assessment results (if applicable) following the process specified in the ANAB Accreditation Rule for the relevant accreditation program.

11.5. The process to transition clients certified prior to the CB's accreditation by ANAB for the expansion of scope to ANAB-accredited certificates is in accordance with section 7.3 and [ANAB Accreditation Rule 42](#).



11.6. ANAB staff is authorized by the Management Systems Accreditation Committee to make decisions on a reduction of scope under a management system standard when there is evidence that the CB no longer possesses the necessary competence for auditing and certification for the scope or when the CB may not have clients to support required witness assessments in accordance with applicable Accreditation Rules.

11.6.1. The CB shall inform any clients affected of the reduction of scope and the effect on the clients' certifications within 10 calendar days of receiving notice of the reduction.

## 12. COMPLAINTS

12.1. ANAB staff shall process any complaints against ANAB in keeping with ANAB procedures for complaints including, if necessary, the correction and corrective action process. The complaint shall be addressed in writing.

12.2. Complaints about ANAB-accredited CBs and organizations with ANAB-accredited certifications shall be addressed in accordance with [ANAB's policy](#).

12.3. ANAB shall maintain a record of all complaints received and their resolution.

## 13. NONCONFORMITIES

13.1. If ANAB determines an accredited CB is not in conformance with accreditation requirements or with the CB's own policies and procedures or if a process is not effectively implemented, ANAB shall give the CB the opportunity to make correction, determine cause (that is, complete a cause analysis), and take corrective action within a period determined by ANAB without prejudice to the right to also initiate suspension or withdrawal.

13.2. A nonconformity may result from any assessment or other source of information (for example, a complaint) if there is objective evidence indicating non-fulfillment of any requirement.

13.3. For witness assessments, because the ANAB assessment team witnessing a CB audit team functions as an observer only and cannot actively pursue an assessment trail, a potential nonconformity is not classified prior to discussion with the CB audit team during the closing meeting between ANAB and the CB audit team. It is the responsibility of the ANAB assessment team to decide on the classification and status of a potential nonconformity.

13.4. ANAB shall document each CB nonconformity identified to include (1) the requirement, (2) the statement of finding, and (3) the evidence, and shall classify it as a major or minor nonconformity. ANAB shall provide the nonconformity to the CB electronically or in hard copy at the conclusion of the assessment activity and subsequently enter it in EQM for formal response by the CB.

## 14. CORRECTIVE ACTION

14.1. The CB shall respond to any nonconformity via EQM.

14.2. The process for corrective action for most standards is outlined in this section; when a standard varies from this process the detail is found in the applicable Accreditation Rule for that standard. Additional detail on what is to be included in corrective action responses can be found in [PR 5301, Corrective Action Review for ANAB-issued nonconformities](#).



14.3. The four parts of the CB's response are:

14.3.1. Correction, which may include containment.

14.3.2. Cause analysis.

Note: It is necessary to determine the cause to take corrective action. The CB should use an appropriate process, such as root cause analysis or five whys, to determine cause.

14.3.3. Corrective action, including the method used to determine its effectiveness.

14.3.4. Evidence, including documentation to support the correction and implementation of corrective action.

14.4. Within 10 calendar days, the ANAB assessment team leader or technical reviewer shall review the response and enter his or her review in EQM.

14.4.1. A technical reviewer (for example, team member) may be assigned to review the corrective action response if the nonconformity is in a program for which the assessment team leader is not an expert. ANAB will invoice the CB for the review in accordance with ANAB's fee schedule.

14.5. ANAB accreditation assessors and staff are authorized by the Management Systems Accreditation Committee to assess whether adequate correction and corrective action have been taken and effectively implemented.

14.6. The review shall include justification for not accepting the response or for accepting the response and closure of the nonconformity.

14.6.1. A nonconformity may be withdrawn with justification.

14.7. If a response is not accepted, the CB shall enter additional responses and supporting documentation in EQM.

14.8. The corrective action process shall be repeated as necessary until the response is accepted and the nonconformity is closed, within the allowed response time (see sections 14.9 and 14.10).

14.8.1. If the corrective action responses exceed two reviews, ANAB will invoice the CB for the additional review time in accordance with ANAB's fee schedule.

14.9. For a major nonconformity, the CB shall submit the cause analysis and the correction (or a plan for correction) and the plan for corrective action within 30 calendar days from the date the nonconformity is issued and a *satisfactory* response for closure, including evidence of implementation, within 60 calendar days from the date of the nonconformity, unless the CB and ANAB agree on a longer period of time.

14.9.1. Failure to submit a plan within 30 calendar days shall result in immediate suspension in accordance with [ANAB Accreditation Rule 11, Suspension of Accreditation by ANAB Management Staff](#).

14.9.2. Failure to submit a satisfactory response, including evidence of implementation, within 60 calendar days shall result in a recommendation for suspension in accordance with section 17.

14.10. For a minor nonconformity, the CB shall submit the cause analysis and the correction (or a plan for correction) and the plan for corrective action within 30 calendar days from the date of the nonconformity and a *satisfactory* response for closure, including evidence of implementation, within 90 calendar days from the date of the nonconformity, unless the CB and ANAB agree on a longer period of time.

14.10.1. Failure to meet the deadlines for responding and closure to a minor nonconformity shall result in the nonconformity being escalated to a major nonconformity and addressed in accordance with 14.9.

14.11. It is recommended that the CB provide responses early to allow time for additional reviews if needed. These timelines do not apply while a nonconformity is being challenged, unless a requirement of a relevant standard varies (for example, AS9100).

14.12. During assessments, ANAB shall verify continued effective implementation of correction and corrective action for any nonconformity addressed since the previous assessment when applicable.

## 15. PUBLIC NOTICE AND INFORMATION

15.1. ANAB makes public announcement of applications for accreditation (including the subsequent withdrawal of an application) and the granting, renewal, suspension, and withdrawal of accreditations.

15.2. ANAB maintains on its website a publicly available directory of ANAB-accredited CBs, lists of applicant and transitioned CBs, and information regarding suspensions and withdrawals of accreditation.

## 16. FEES

16.1. The CB shall pay fees as shown in the current fee schedule.

16.2. Payment in full of all invoices is due 30 days from the date on the invoice in accordance with the current fee schedule.

16.3. Within 10 calendar days after the expiration of the due date, ANAB will email a reminder to the CB with a copy of the invoice. At this time, the CB is officially on “financial probation.” A CB on financial probation may not:

16.3.1. Apply for expansion of the scope of accreditation.

16.3.2. Receive a revised ANAB accreditation certificate and/or scope of accreditation.

16.3.3. Apply for accreditation to additional standards.

16.3.4. In addition, ANAB may suspend any such activity that may be under way on behalf of the CB.

16.4. While on financial probation, a CB can still operate ANAB-accredited programs.

16.5. If ANAB does not receive payment within 60 calendar days of the invoice date (30 calendar days past the due date), a monthly 2% interest charge will be assessed on the outstanding amount due, backdating to the initial invoice date. This 2% interest per month will continue to accrue until the invoice is paid in full.

16.6. ANAB staff is authorized by the Management Systems Accreditation Committee to suspend a CB's accreditation if an invoice remains unpaid 90 calendar days after the invoice date (60 calendar days past the due date), as outlined in [ANAB Accreditation Rule 11, Suspension of Accreditation by ANAB Management Staff](#). ANAB will send the CB written notice of the suspension decision.

16.6.1. Possible action could also include withdrawal of accreditation.

16.7. The CB can submit questions about invoices to ANAB staff for review; however, the invoice shall be paid prior to the due date to avoid financial probation and/or suspension as referred to above.

16.8. In case of premature termination of the Accreditation Agreement (withdrawal of ANAB accreditation), a pro-rata payment of the fee for the portion of the accreditation year during which accreditation was in effect is payable in full upon termination.

## 17. SUSPENSION AND WITHDRAWAL OF ACCREDITATION

17.1. Suspension of accreditation places restrictions on a CB's ability to continue to offer and provide accredited certification. Suspension can be for the CB's full scope of accreditation or for specific standards.

17.1.1. While suspended, a CB shall continue to conduct required surveillance and recertification audits and other services necessary to maintain existing accredited certifications, and may continue to conduct audits for initial certification, but shall not issue any new accredited certifications within the scope of the suspension. Additional suspension rules may apply for a given program (refer to ANAB Accreditation Rules).

17.1.2. The CB shall inform any clients affected of the suspension and the effect on the clients' applications or certifications within 10 calendar days of receiving notice of suspension. Within 30 calendar days of notice of suspension, the CB shall provide to ANAB the name, mailing address, telephone number, and email address (as applicable) of every client with an accredited certification within the scope of the suspension.

17.1.3. While suspended, the CB may be required to pay in advance for any assessments or other services performed by ANAB to maintain accreditation.

17.2. Normally, suspension or withdrawal of accreditation is initiated by formal action of a panel of the Management Systems Accreditation Committee and shall be lifted only by formal action of the same panel.

17.2.1. ANAB staff is authorized by the Management Systems Accreditation Committee to suspend a CB's accreditation for reasons outlined in [ANAB Accreditation Rule 11, Suspension of Accreditation by ANAB Management Staff](#).

17.2.2. An ANAB-accredited CB can request a voluntary suspension of accreditation. If ANAB agrees to the voluntary suspension, ANAB staff will determine the conditions for lifting suspension. The only formal action of a suspension panel is for lifting when conditions are met. The actions outlined in sections 17.3 and 17.8 apply.

17.2.2.1. If ANAB and the CB cannot agree on the details of the voluntary suspension, the normal suspension process is followed.

17.2.3. An ANAB-accredited CB can request a voluntary withdrawal of accreditation. Ideally, the actions in section 17.6 should be completed prior to the effective date of the withdrawal but if that is not possible, the timelines outlined in section 17.6 must be met following the effective date of the voluntary withdrawal.

17.3. The period of suspension shall not exceed six months unless specifically authorized by the panel of the Management Systems Accreditation Committee. Failure to satisfy the conditions or to remedy the causes of suspension within the specified time period is grounds for initiating withdrawal of accreditation.

17.4. Any of the following reasons are considered grounds for suspension or withdrawal:

17.4.1. Failure of the CB to conform with accreditation requirements.

17.4.2. Failure to maintain an effective audit management program in keeping with the current version of ISO/IEC 17021-1 and any related documents.

17.4.3. Inability or unwillingness of the CB to ensure conformity of its certified organizations to applicable standards.

17.4.4. Major nonconformity previously issued and not addressed effectively.

17.4.5. Ineffective correction and/or corrective action taken, or corrective action not implemented within a specified time period.

17.4.6. Nonconformity with or failure to execute the ANAB Accreditation Agreement.

17.4.7. Improper use of the accreditation certificate, scope of accreditation, or ANAB accreditation symbol (see [PR 1018, Policy on Use of the ANAB Accreditation Symbols and Claims of Accreditation Status](#)).

17.4.8. Existence of a complaint or a number of complaints indicating the management system of the CB is not being maintained.

17.4.9. Failure to meet financial obligations to ANAB.

17.4.10. Falsification of any nature.

17.4.10.1. ANAB will invoke IAF Mandatory Document 7 and initiate its process for withdrawal when there is reliable evidence of fraudulent behavior or the CB intentionally provides false information or intentionally violates accreditation requirements, including notification of all IAF member accreditation bodies by the IAF Secretary.

17.5. The chair of the Management Systems Accreditation Committee shall appoint a three-member panel of Committee members, with one of the members appointed chair, for a suspension or withdrawal hearing. ANAB staff shall submit to the panel a recommendation for suspension or withdrawal with appropriate documentation to support the recommendation. The recommendation for suspension shall include conditions for lifting suspension. ANAB shall provide a copy of the recommendation and supporting documentation to the CB.

17.5.1. ANAB staff shall schedule the hearing, which may be a face-to-face meeting or teleconference as agreed by the panel, the CB, and ANAB. For face-to-face hearings, the CB will be billed for travel expenses for the panel members.

17.5.1.1. Suspension and withdrawal hearings are not legal proceedings. Therefore, ANAB shall be notified at least 10 calendar days in advance if the CB intends to have legal counsel present to ensure ANAB has sufficient advance notice so that ANAB can also have legal counsel present. ANAB will invoice the CB for the cost of having ANAB's legal counsel present.

17.5.2. The CB may submit to the panel and ANAB staff documentation contesting or rebutting the recommendation for suspension or withdrawal.

17.5.3. At the hearing, except as otherwise agreed by all parties, the panel chair shall lead introductions and then allow the CB 30 minutes to present its position to the panel. Next, ANAB shall have 30 minutes to present its position. Then the panel chair will lead a question-and-answer period, followed by 10 minutes for each party to provide any rebuttals. The panel chair will then indicate the expected time frame for communicating the panel's decision (normally not exceed three calendar days) and close the hearing and dismiss the parties.

17.5.4. Following the hearing, the panel members will deliberate without any involvement of the CB or ANAB.

17.5.5. Within three calendar days or as otherwise agreed by all parties, the chair of the panel shall communicate the decision of the panel to the CB and ANAB.

17.5.6. Within three calendar days of the decision of the panel, ANAB staff shall notify the CB of suspension or withdrawal in writing. The notice of suspension or withdrawal shall include the effective date of suspension or withdrawal and a clear statement of the reasons for the suspension or withdrawal. ANAB shall make public notice of the suspension or withdrawal on ANAB's website.

17.6. Upon receipt of notice of withdrawal of accreditation, the CB shall:

17.6.1. Provide to ANAB within five calendar days a list of all clients affected, including contact information for each client.

17.6.2. Provide to ANAB within five calendar days for review and approval the notice the CB intends to provide to its certified and applicant clients of (1) withdrawal or cancellation of ANAB accreditation, (2) the requirement for the client to return the ANAB-accredited certificate (as applicable), and (3) the process to transfer to another ANAB-accredited CB or the process for the CB to transfer the ANAB-accredited certificates to another IAF Management Systems MLA accreditation body's accreditation.

17.6.3. Send the ANAB-approved notification to its certified and applicant clients within 15 calendar days.

17.6.4. Make every reasonable effort to withdraw any ANAB-accredited certificate within 90 calendar days.

17.6.5. Following withdrawal, ANAB shall grant accreditation only after the CB has again successfully completed both the application and initial accreditation processes, including payment of all required fees. The CB shall contact ANAB to determine the action necessary to re-apply.

17.7. ANAB may contact directly the CB's certified and applicant clients to fulfill the requirements in section 17.6 in the event the CB fails to fulfill its obligations.

17.8. A record of suspensions and withdrawals of accreditation shall be maintained on ANAB's website. The name of each CB whose accreditation has been suspended or withdrawn shall be posted with the effective dates and explanation of why the CB's accreditation has been suspended or withdrawn (that is, financial, voluntary, year-end required audits, or nonconformance).

17.9. If a CB questions an ANAB invoice, the CB shall pay the invoice in full prior to the due date to avoid financial probation and/or suspension, in accordance with section 17 and [ANAB Accreditation Rule 11, Suspension of Accreditation by Management Staff](#). Questions can be submitted to ANAB staff for review.

## 18. APPEAL PROCESS

18.1. A CB may appeal any adverse accreditation decision by ANAB related to the CB's desired accreditation status. The appeal shall be submitted to ANAB no later than 30 days after notification to the CB of the accreditation decision following the [appeal process](#). Each appeal shall be adjudicated by an ANAB Accreditation Panel as specified in the procedure.

## 19. NONCONFORMITY CHALLENGES

19.1. A CB may challenge a nonconformity issued by ANAB. All challenges shall follow [PR 1026, Nonconformity Challenge Procedure](#). Each challenge will be reviewed by a manager or a Challenge Panel.

19.2. Per [PR 1026](#), a challenge shall be submitted to ANAB no later than 15 days after the nonconformity is issued to the CB.

## 20. CONFIDENTIALITY AND DISCLOSURE OF INFORMATION

20.1. Contact information submitted by the CB and the scope of the CB's ANAB accreditation is considered public information and is publicly available on ANAB's website and provided to IAF as required for the IAF database.

20.2. All other information ANAB acquires in relation to ANAB accreditation activities, except for accreditation information that is required to be made public and information made publicly available by the CB, is treated as confidential by all ANAB staff, agents, committees, subcommittees, and any contractors or subcontractors.

20.3. Such information shall not be disclosed to any unauthorized party without the written consent of the CB, except where the law requires disclosure. When ANAB is required by law to release such information, the CB shall be informed of the information provided.

20.3.1. ANAB may provide access to confidential information to accreditation peer evaluators from accreditation bodies recognized by IAF, ILAC, or regional groups or other oversight bodies (for example, the aerospace OEMs for AS9100, AS9120, or AS9110; a QuEST Forum member for TL 9000; or the Food Marketing Institute for SQF ethical sourcing) who have signed appropriate agreements to not disclose confidential information as required by specific schemes.

## 21. APPROVAL AND REVISION OF ACCREDITATION REQUIREMENTS

21.1. ANAB staff shall approve this manual and ANAB Accreditation Rules and will determine the date on which the manual and Accreditation Rules and revisions thereof shall take effect.

21.2. ANAB shall seek input from Management Systems Accreditation Committee members representing interested parties and may invite public comment regarding this manual and Accreditation Rules prior to publication.

21.3. The manual and Accreditation Rules, or revisions thereof, shall be posted on ANAB's website.

21.4. When the manual and Accreditation Rules are revised, ANAB shall notify ANAB-accredited and applicant CBs. ANAB shall specify a schedule for monitoring CB action to achieve conformity to the revised accreditation requirements and the date by which the changes are to be implemented.

21.5. When external documents (such as ISO/IEC standards and IAF documents) relating to certification and/or accreditation requirements are published or revised, ANAB shall notify the Management Systems Accreditation Committee and ANAB-accredited and applicant CBs. ANAB shall specify a schedule for monitoring CB action to achieve conformity to such new and/or revised accreditation requirements and the date by which the changes are to be implemented.