# P13 – Management System Certification Process

**APPROVALS**

| S. No | Function | Documentation Administration |
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| 01 | Management Representative | Document Author & Controller |
| 02 | Certification Manager | Document Reviewer & Approver |

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# Contents

## 1. PURPOSE

This document outlines the process for conducting on-site audits as defined in documenting requirements drawn up in accordance with the relevant guidance provided in17021 & ISO 19011 and to ensure that management system audits are planned to determine the extent to which the Client's management system meets the applicable Management system requirements.

## 2. SCOPE

The procedure is for planning of all audits conducted by TURC and it is structured to fully meet the requirements of the referenced documents listed under paragraph 3.0 below, and to enable free client access, impartiality, non-discrimination, and participation by all parties concerned in the certification process.

## 3. REFERENCES

ISO 17021 Clause 9

## 4. DEFINITIONS

| | | |
|---|---|---|
| QMS | - | Quality Management Systems |
| EMS | - | Environmental Management System |
| OH&SMS | - | Occupational Health and Safety Assessment Services |
| ISMS | - | Information Security Management Systems |
| Lead Auditor | - | A Registered Lead Auditor who has attended an appropriate quality awareness/auditors' course. |
| Auditor | - | A Registered Auditor who has attended an appropriate quality awareness/auditors' course. |
| Specialist Auditor | - | A person who has specific knowledge/expertise of the quality effects disciplines within the scope of the audits and should have knowledge of quality management system standards. |
| Specialist | - | A person who has specific knowledge/expertise of the quality effects disciplines within the scope of the audit and some understanding of quality management system standards. |
| Client | - | An organisation, or part thereof, to be audited. |
| Pre-Audit | - | A visit or off-site assessment undertaken to determine whether the Client's quality management system is of an assessable standard and as an aid to audit planning. |

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|---|---|---|
| Main Audit | - | As systematic evaluation to determine if the quality management system and the quality performance it achieves conform to planned arrangements, if the system is implemented effectively and is suitable to fulfil the organisation's quality policy and objectives. |
| Surveillance | - | A planned surveillance of the Client's quality Audit management system against pre-determined clauses/requirements of the relevant standard, to ensure continued compliance. |
| Observation | - | Where the auditor feels that there is a potential non-conformity but cannot provide objective evidence to prove it (for guidance only) |
| CAR | - | Corrective Action Request Written notification to a Client of non-compliance identified during an audit. These will be classified either major or minor. |
| Minor CAR | - | An isolated or sporadic lapse in the content or implementation of the quality management system against a clause/requirement of the audit standard. |
| Major CAR | - | The absence or lack of implementation of a clause/requirement of the audit standard or total breakdown in complying with such a clause/requirement of the quality management system. |

## 5. PROCEDURE

### 5.1 APPLICATION ACCEPTANCE

The organization express its interest for the management system certification and submits the request either verbally or email either through certification offices or through the sales personnel of TURCor through the appointed agents of Mevlana Bilgi Teknolojileri Ltd Sti.

In response, TURCshall send the organization, an application form for management system certification (initial certification) or other applicable application forms (Certification Transfer Application).

Additional information such as TURCcertification brochure and other related certification documents such as required procedure shall be sent along with application, if needed, upon request.

The filled in applications shall be received by Certification Sales Coordinator, who then identifies and segregates the application based on the nature of services requested.

### 5.2 CONDUCTING APPLICATION REVIEW - FOR INITIAL CERTIFICATION

The applications once segregated shall be taken for review by the application reviewer. The review is performed to verify if TURCcan meet all requirements of the certification process and enable TURCto establish the audit schedule. This review shall draw the following information but not limited to;

1. Contact details of client organization (address, contact person name etc.)
2. Scope of certification desired and how the organization wishes it to appear on the certificate (NOTE: minimal changes to the scope will be allowed after the contract has been finalized)
3. EA code(s) –EA codes are very important. They are used to identify and analyse the competence of TURCcertification personnel.
4. Description of premises of facility, number of employees, number of work shifts, current projects, yards, their dimensions, outsourced
5. activities
6. Status of existing quality or other management system.
7. Language spoken, if the native language of the client is other than English, TURCshall identify a suitable expert.

8. Number of sites, to enable TURCto decide on sampling.
9. Total employees at each site and
10. Shift details at each site.
11. Details of Processes, aspects & impacts, risks, hazards and any other information necessary to identify the audit risk category and man days.

**Certification Scheme**

The review shall identify the certification scheme requested by the organization to identify the audit criteria. Only the application that specifies the certification schemes operated by TURCwill be accepted.

**Scope of Certification**

The application reviewer shall identify the scope requested for certification. If the scope of certification requested is like the activities of Mevlana Bilgi Teknolojileri Ltd Sti.

The review shall also identify the technical sector(s) (using NACE Rev - 02) and audit risk category under which the applicant organization and site scope(s) is covered. By this the application reviewer shall identify and analyse the required competence of TURCcertification personnel. This review also identifies the need of expertise by TURCto carry out the management system certification audit.

Reviewing of specific scheme requirements shall be completed by the reviewer by use of an available auditor who is qualified to carry out audits in that specific technical sector and in the management system scheme.

**Sampling**:

In the case of management system operated over multiple sites it is necessary to establish if sampling is permitted or not based on the evaluation of the level of specific management system risks associated to the nature of activities and processes carried out in each site included in the scope of certification. The rationale of such decisions, the calculation of the audit time and the frequency of visiting each site shall be consistent with the specific management system standard requirements and shall be documented for each client during the application review process.

**For Multi-site clients, where sampling can be applied:**

a) Only the organizations fulfilling the definition of “multi-site organizations” will be eligible for sampling.
b) Sampling is applied based on the requirements of the specific management system for which the client is applied and as per the requirements of IAF Mandatory Document IAF MD 1:2018.
c) The review shall identify if the client has recognized one central function location for its sites, where activities and other functional requirements are planned, controlled and managed for the management system of the whole organization.
d) It shall be noted by the application reviewer if the processes at all sites are identical or partiality identical except for the central office. If the activities of the sites are significantly dissimilar, then TURCshall not apply sampling.
e) Addition of a new site to an existing multi-site requires Stage 1 and Stage 2 audits.
f) When the review identifies the sites of organization as temporary sites and if the scope of sites is included in the management system, the certification documents of TURCshall identify the sites as “Temporary Sites”. The temporary sites shall be audited to provide evidence of the operation and effectiveness of the specific management system if required. For example, for OH&SMS.

**For Multi-site clients, where sampling can’t be applied:**

a) TURCshall not apply sampling if the review identifies any situations involving the audit and certification of Management Systems operated by organization with a network of sites where application of site sampling is not appropriate. Such situations are not limited to:

   i. Activities / processes of the sites identified in the application are of dissimilar.
   ii. When an applicant organization site performs similar processes or manufactures similar products to other sites, TURCshall take account of the differences between the operations of each site (technology, equipment, quantities of hazardous materials used and stored, working environment, premises etc.). The differences may not justify sampling.
   iii. If the organization request an audit for each of its sites
   iv. Requirements of specific management system that requires audit of each site
   v. Regulatory and or legal requirement for the conduct of systematic audits for each site.

b) TURCshall apply the requirements of IAF MD 1:2018 for the organizations where sampling is not permitted.

For specific management systems such as Information Safety Management Systems (ISMS) sampling shall be based on the standard requirements specifying these management systems.

The documented conclusions for each client on justification of decisions on sampling, the calculation of the audit time and the frequency of visiting each site shall be consistent with the specific management standard requirements (For example, ISO 45001:2018 clause B.10 in Appendix B).

**Effective number of Personnel:**

The application reviewer shall identify the effective number of personnel employed and the ones subcontracted by the organization together with its sites.

The review of effective number of personnel shall enable TURCto decide upon audit man-days with respect to the identified audit risk categories for specific management system scheme. The required number of audit days for audit of a single management system is determined by using the IAF MD 5 (IAF Mandatory Document for Duration of QMS and EMS Audits).

**Combined / Integrated Management Systems Audit Certification:**

Application reviewer shall review the applicant organization's type of management system; Combined / Integrated Management System (For example, Quality, Environmental and Occupational management systems).

Based on the information provided by the applicant organization and the criteria set by Mevlana Bilgi Teknolojileri Ltd Sti, the application reviewer shall identify the organization's level of integration of the management system and shall identify the nature of audit assignment and the number of man-days in which the audit of all systems can be covered effectively.

A combined audit is an audit of an organization's management system(s) against two or more sets of audit criteria/standards conducted at the same time. An integrated management system results only when an organization uses a single management system to manage multiple aspects of organizational performance, to meet the requirements of more than one management system standard. TURCapplies the requirements of IAF MD 11 to determine audit time for an audit covering more than one management system.

### 5.3 AUDIT DAYS CALCULATION

Application reviewer shall perform the audit day calculation based on the information given by the client. The application reviewer shall consider the following in calculation of audit days:

1. The management system(s) for which the certification audit requested by the applicant organization.
2. Level of integration of management system (for combined / integrated management system audits)
3. Effective number of personnel employed and subcontracted by the applicant.

4. Size, Number of sites & activity performed in site(s).
5. Audit risk category (complexity of client as per technical sector and management system)
6. Technological and regulatory context
7. Any outsourcing activity performed by the organization
8. Results of previous audits if any
9. Risks associated with products and processes
10. Any other related information provided by the client

The audit days calculation by TURCassumes the accuracy of the information provided by organization and is subject to change to cover additional work by TURCcaused by inaccurate or incomplete information.

Deviations (+ or -) to the required audit days shall be allowed by application reviewer after documenting justification. The reasons for reduction are recorded in application review form and may include the following:

**Reasons for reduction of Audit Man- Days:**

a) Companies performing basic activities
b) If clause 8.3 is out of scope
c) Maturity of Management System
d) Availability of another system certification
e) Combined audit of Integrated Management System
f) Prior knowledge of client about Management System
g) Availability of Automation for key / entire processes
h) Significant staff working in “off location” (for example, Drivers)
i) Similar processes / Repetitive activities (servicing activities)
j) Repetitive processes within scope (significant staff perform similar simple function)
k) Identical activities of low complexity performed in all shifts.

**Reasons for addition of Audit Man- Days:**

a) Complex transport to the plant/site
b) Number of employees speaking different languages in plant/site;
c) Documentation provided in more than one language; Translator Required
d) Very large site for the number of personnel
e) High risk group/ High degree of regulation required by the management system
f) Complexity of activities (Availability of complex system/ different kind of processes / higher number of unique activities / low complex)
g) Certification in more than one plant/site
h) Activities requiring visit for more than one plant/ site or visit of temporary sites
i) Higher sensitivity of receiving environment
j) Views of interested parties
k) Indirect aspects (For EMS audits)
l) Additional / unusual environmental aspects or regulated conditions for the sector (For EMS audits)
m) Risks of environmental aspects, impacts arising or likely arising (For EMS audits)
n) Consequences of incidents, accidents and potential emergency situations
o) History of environmental problems contributed by the organization. (For EMS audits)
p) Absence of certified relevant management system (in audit days)

All the above justification may not be applicable for all management system certification audits. Application reviewer shall verify the specific management system requirements and other applicable documents such as IAF MD 5, IAF MD 11 etc. to apply the deviations (+ or -). The documentation of the justification for the deviation (+ or -) applied is therefore considered important and TURCshall communicate this information to the applicant.

For certifying specific management systems such as Information security management systems, audit day calculation is performed based on the requirements of relevant management system schemes and applicable annexes of guidance documents outlining specific requirements for certification bodies shall be addressed in addition the aforesaid requirements.

Audit days calculation shall not include the time spent on travelling (to and from audit sites), time spent by any team member who is not assigned as an auditor (i.e. technical experts, translators, interpreters, observers and trainee auditors). It shall be noted by the application reviewer that the use of translators, interpreters can necessitate additional time.

### 5.4 PROPOSAL AND CONTRACT

Based on the information provided the organization, TURCwill either accept or decline the application. When the application review is completed positively, TURCconsiders the applicant as a potential applicant and shall proceed with proposal and contract stage. TURCestimate document shall cover the following:

1. Audit Objectives
2. Scope of Certification
3. Audit Criteria
4. Basis of audit days calculation by TURC(Audit days shall cover Initial (Stage 1 & Stage 2) subsequent surveillance audit man - days and reporting man days required by TURCaudit team)
5. TURCTerms and conditions of certification

The certification sales coordinator shall confirm with the applicant organization if any of the known differences between the TURCand applicant are resolved and shall ensure that the contract is signed by the client.

The proposal along with TURCTerms and conditions of certification once signed by the applicant organization shall be a binding contract made between the applicant organization and Mevlana Bilgi Teknolojileri Ltd Sti. This shall be a legally enforceable agreement made between TURCand each client for the provision of certification activities with the relevant requirements of ISO/IEC 17021.

The contract shall be for 3-year cycle certification with two routine surveillances each conducted annually, however the number of surveillances and frequency shall be varied depending upon the industry / standard / customer requests. If specified by the industry specific certification scheme, the certification cycle can be different from three years.

In the case of clients who operate on multiple sites covering the scope of certification, and if the certification services are requested for all its sites, it shall be ensured that these details are included in the proposal and contract. In cases where there are multiple contracts are signed for the client for each of its sites or signed by branch offices of Mevlana Bilgi Teknolojileri Ltd Sti, these proposals and contract carry the identification references to each other.

The signed proposals are received back by the application reviewer along with required valid legal documents of client (For example, Trade License) and the scanned copies of the same are retained in TURCserver in respective client folder(s).

When TURCdeclines an application because of the review of application or the contract, the reasons for declining an application will be made clear to the client.

### 5.5 PLANNING OF THE CERTIFICATION AUDITS

On completion of proposal contract stage, the application reviewer shall confirm the following details in the respective client folder.

a) A copy of application received from the client,
b) The documented results of application review
c) A copy of signed proposal contract
d) A copy of valid legal document related to the client organization (For example, valid Trade License).

It shall also be ensured by TURCthat the management system of the client organization shall include all activities, products and services within the organization’s control or influence that can impact the organization’s management system performance.

The application reviewer shall communicate the required details to the audit coordinator / audit planner. He shall be then guided by the application reviewer to assign the competent audit team and to schedule the audit by coordinating with the client based on the availability of auditors.

**Selection of audit team**

The audit coordinator shall make use of the application review results to identify the technical sector, audit risk category of the client organization.

For every audit, the audit coordinator shall select the audit team members based on skills, experience and, special product expertise as needed for the client scope of registration. The selection shall be based on the following:

1) Scheme qualification
2) Level of impartiality
3) Specific industry experience
4) Language skill
5) Geography
6) Organization input

The required competence of TURCpersonnel corresponding to the technical sector, audit risk category of the client organization (documented as results of application review) shall be selected by the audit coordinator using the TURCskill matrix.

The audit coordinator shall identify the available competent auditors and shall constitute an audit team. In doing so, the audit coordinator shall ensure that the audit team has the totality of competences required to carry out the audit.

The size and composition of the audit team shall be designed considering the following:

a) Audit objectives
b) Audit Type - Combine, joint or integrated
c) Overall competence of audit team required to achieve the audit objectives
d) Certification requirements including statutory, regulatory or contractual requirements, as applicable
e) Language and culture

The following shall be other considerations:

a) For integrated management system audits, the in - depth knowledge of audit team leader selected in at least one of the standards and awareness of other standards used for the audit.
b) Need of technical experts, translators and interpreters who shall operate under direction of audit team leader to supplement the knowledge and skills of TURCaudit team
c) The criteria set by TURCto select the technical experts

Auditors in training or whose performance needs to be monitored can be part of audit team, provided that a witness auditor who can take over the duties, responsibilities for the audit findings of trainee auditor or for the auditor who is under witness shall be part of the audit team.

In constituting the audit team, audit coordinator may consult the audit team leader in selection of audit team members required to audit specific processes, functions, sites, areas or activities in the audit. In general, the audit team is appointed and shall composed of auditors (and technical experts, as necessary) who, between them, have the competence to perform the certification of the applicant organization.

For the determination of the ability of the management system to ensure the client meets applicable statutory, regulatory and contractual requirements, TURCaudit team shall apply the method of approach described in Appendix C of IAF MD 22:2018.

**Use of Technical Experts**

Technical experts can provide advice to the audit team for preparation, planning or audit. Experts can also assist / advice audit team offsite by use of proper communication tools. In such cases, the auditors shall

record the details of experts and details of input. Exceptions for such offsite participation of experts shall be for high risk codes (For example, Health, pharmaceuticals etc.), where onsite participation of experts concerned is mandatory.

**Communication of Audit Plan**

Upon constituting the audit team for every audit, the audit coordinator shall communicate with the client organization to set the auditing activities. Desired dates are obtained from the client and accordingly the audit team availability is fixated by the audit coordinator.

The audit plan corresponding to each audit type (stage 1/ stage 2 / surveillance/ recertification) is obtained from the audit team leader and shall be sent in advance to the client organization for acceptance.

The audit team leader shall prepare the audit plan and shall verify its correctness to cover the objectives and scope of audit.

The presence and justification of personnel other than audit team members (i.e. client's consultants, guides, witnessing accreditation body personnel, regulators or other justified persons) shall be agreed in advance between TURCand the client organization prior to the audit.

If there are any change requested in audit plan, including any conflict of interest observed towards the audit team by the organization, shall be addressed in consultation of the CB manager. If the organization has not given any comments towards these, the audit plan and the team constituted shall be considered as acknowledged by the organization.

For stage 1 audit, a formal audit plan is sent based on the request from the client. However, the audit coordinator shall be obliged to communicate the audit plan requirements such as audit objectives, criteria, audit team details and any on site activities planned to be performed during stage 1 audit.

TURCshall use any technological tool such as email, electronic calendars etc or may be in person to communicate the audit details and audit plan to the client organization. In all cases, the audit coordinator shall retain a copy of audit plan as agreed by the client for TURCrecords.

**Communication of Audit Team Tasks**

The tasks of TURCaudit team are briefed and shall include:

1. To examine, verify the structure, police, processes, procedures, records and related documents of the client relevant to the management system standard;
2. To determine that these (structure, police, processes, procedures, records and related documents of the client relevant to the management system standard) meet all the requirements relevant to the intended scope of certification;
3. To determine if the processes and procedures established, implemented and maintained effectively, to provide a basis for confidence in the client's management system;
4. To communicate any inconsistencies observed between the client's policy, objectives and targets to the client for action.

**Preparation of Audit Programme**

When the audit details are confirmed for the Stage 1 audit (as a part of initial audit) with the client organization, the lead auditor assigned shall prepare the Audit Program comprising of complete management system requirements that shall be covered by TURCfor the three-year cycle. In doing so, the lead auditor shall consider the applicant information and the results of application review. The audit programme for the initial certification shall include a two stage (stage 1 & stage 2) initial audits, surveillance audits for year 1 and 2 following certification decision and a recertification audit. The recertification cycle shall begin with recertification decision.

The lead auditor shall consider the following list of items when developing an audit programme:

1. Size of organization
2. Scope and complexity of management system

3. Products and processes including those processes which have been outsourced to external providers
4. Effectiveness of management system; results of any previous audits
5. Complaints received by TURCby the client, if any.
6. Combined, integrated or joint audit
7. Changes to the certification and accreditation requirements
8. Changes to legal requirements
9. Organizational performance data (e.g. defect levels, KPIs etc)
10. Concerns from relevant interested parties.
11. Factors necessary to accommodate factors such as seasons or duration of management system (e.g. temporary construction site) in considering adjustment of surveillance frequency.

In developing the audit programme, the lead auditor shall also consider the industry specific scheme, as the certification cycle can be different from three years accordingly.

### 5.6 CONDUCTING STAGE 1 AUDIT

The following shall be objectives of a Stage 1 audit:

a) Client organization has documented information, including the scope, non-applicability of any standard clauses, identification of interested parties and the sequence and interaction between the processes of the management system and identification of valid exclusions of the processes.

b) Client organization has identified measurable objectives/targets (i.e. key performance indicators) for all its identified processes

c) Evidence that the auditee will have adequate process performance data for all objectives listed in 5.3.3 by the Stage 2 audit

d) Evidence that the auditee's processes address all the requirements of the applicable standard.

e) Evaluate that all necessary process controls are established and that all relevant regulatory and legal requirements are met by the client organization.

f) Understanding of the client's site-specific operations, shift pattern in the context of the organization and other applicable normative document(s).

g) For integrated management systems, confirm the level of integration of management systems

h) Evidence that a full system process-based internal audit has been completed and the internal audit process reflects all requirements of the certifying standard and confirmation that internal audit conducted in an impartial manner.

i) Competency requirements for internal auditors and other personnel have been established.

j) Evidence that a management review (meeting all required inputs and outputs) has been completed after the process-based internal audit and results of internal audit addressed in the review meeting.

k) Evidence of implementation of corrections, corrective actions for the findings of internal audit.

l) Evaluate client's specific conditions, resource requirements and client preparedness for stage-2 audit in context of management system standard or any other normative document.

m) Any other verification and confirmation as required.

Stage-1 audits are conducted mostly on-site or a part of stage-1 audit can be off-site in aiding to achieve the objectives stated above. If off-site, the justification for conducting the assessment off-site shall be recorded by the assigned lead auditor.

Where audits are conducted on-site, each auditor shall be accompanied by a guide unless otherwise agreed by the audit team leader and the client.

Guides can be part of audit team and responsibilities of a guide can include:

a) Establishing contact and timing for interviews

b) Arranging visits to specific parts of site or organization

c) Ensuring rules concerning site safety and security procedures are known and respected by the audit team

d) Witnessing the audit on behalf of the client

e) Providing clarification or information requested by an auditor.

The audit team leader shall ensure that the guides do not influence or interfere in the audit process or outcome of the audit.

On the day of the audit and at the scheduled starting time, the Lead Auditor shall begin the audit with an Opening Meeting describing the objectives and scope of Stage-1 Audit. The Lead Auditor should record auditee attendance at the opening meeting and closing meeting on the Attendance Sheet.

The results of the Stage -1 audit are to be documented on the Stage 1 Audit Report. At the end of the Stage-1 Audit Report, the Lead Auditor shall give the recommendation if the client can proceed to Stage-2.

The Lead Auditor shall also record any variation required in the contracted Stage-2 days and any variation to the audit programme is needed and whether the days contracted for the Stage 2 are appropriate or would recommend a different amount of time for the Stage 2.

At the closing meeting, the lead auditor shall thank the organization for the support extended by the client organization for the successful completion of the audit, shall present the findings and shall give a brief on the TURCconfidentiality procedure.

The audit coordinator shall send the stage-1 report for the client and shall follow – up with the client for the corrections for the findings raised. The client organization shall submit correction on Stage 1 concerns/nonconformities. These shall be verified during stage -2 audit.

TURCmay request for additional audit time / visit if audit evidences are not enough for any positive conclusion. This shall be communicated by audit team leader during the closing meeting.

### 5.7 VARIATION TO AUDIT PROGRAMME

The audit team leader shall verify the audit findings of stage 1 audit and amend the audit programme. If there are any major variation of the contracted audit man–days and to the audit program proposed, certification manager shall review the new requirement to change the planned audit resource (time, skill and cost) then agree or disagree the changes. If the certification manager agrees the changes then the audit coordinator shall inform the client of the required changes to programme. The audit team requirements are re allocated and updated by the respective audit team leader.

If the lead auditor finds that the audit currently being conducted needs to be extended, then the lead auditor shall seek the agreement from the client organization's management representative and the certification manager before completing the extra audit time.

In cases of major deviation to the audit programme, a revised contract indicating newly estimated charges and man-days shall be communicated to the client by the client co-ordinator and shall be agreed between TURCand the client organization.

Major changes may include,

a) If there are major non-compliances (corrective action requests) outstanding, then the audit time on site shall be as a re-assessment visit.

b) Additional audit time may be allocated for stage 2 audits, surveillance audits or recertification based on the comments given by the lead auditor during stage 1, stage 2 assessment.
c) When nonconformities are found during site sampling, corrective action should be applied to all affected sites including those not physically audited.
d) If the new client has not maintained the previous certification body's schedule of surveillances, then the audit time on site shall be as a re-assessment visit.

TURCshall auditors ensure to balance between review of documents and records and the evaluation of the management system implementation (especially in standards which requires relevant legal compliances as well, for example, EMS, OH&SMS) during operational activities (e.g. tour of facilities and other work sites).In such cases to prevent inadequate assessment and potentially to poor performance overlooked, TURCshall ensure that an adequate audit of the effectiveness of the management system is undertaken by its audit team with respect to legal compliance and shall ensure to uphold stakeholder confidence in the certification process.

**5.8 STAGE 2 AUDITS**

The audit coordinator shall communicate with the client for its preparedness for stage 2 audit and shall agree for the suitable dates for the proposed man days.

Once the client agrees for the given date or for the preferred date of the client, the auditors are assigned in the same manner as for stage 1 audit.

On appointment of auditors, the co-ordinator shall communicate the lead auditor appointed to prepare the audit plan.

Audit plan shall take into consideration of the information about the client, the results of the stage 1 audit, and audit programme.

The audit plan shall refer the following:

a) Audit objectives
b) Audit criteria
c) Type of Audit (Stage 2 / Surveillance / Recertification)
d) Audit scope including the name of the organization, its functional units or processes to be covered in audit
e) The dates and sites where onsite audit is conducted, including visit details of temporary sites and remote auditing activities, where appropriate
f) Expected duration of onsite audit activities
g) The roles and responsibilities of audit team members, accompanying persons such as experts, observers etc.,

The audit coordinator shall communicate the audit plan and the audit team details (to ensure there is no conflict of interest known to exists between the client and the audit team) to get the confirmation from the client and on its preparedness for the Stage-2 audit.

The presence and justification of observers (i.e. client's consultants, witnessing accreditation body personnel, regulators or other justified persons) and the safety concerns to be respected by audit team shall be agreed to by TURCand the client prior to the stage-2 audit.

Lead Auditor shall begin the Stage-2 audit with an opening meeting describing the objectives and scope of Stage-1 Audit. The Lead Auditor shall record auditee attendance at the opening meeting on the Attendance Sheet.

The items to be addressed must include, but need not be limited to:

1. Introduction of team members.
2. The purpose of the audit, the standards to be employed and the method of recording Non-conformance.
3. The scope of the audit, including details of the activities to be reviewed.

4. Limits of confidentiality.
5. Noting of attendees
6. Confirmation of the programme agreed to review stages and closing.
7. Explanation of CAR's.
8. Inform Client that the audit team cannot suggest solutions or improvements.
9. Identify guides and specialists.
10. State that guides must not answer questions directed at individuals unless requested to do so by the Auditor and must remain with Auditor always during the audit.
11. Safety requirements required for audit team.

The first part of the on-site audit activity is the conclusion of the Stage-1 audit. The lead auditor shall verify corrections taken to address the off-site Stage-1 nonconformities and areas of concern.

The Lead Auditor shall clearly document the objective evidence reviewed to substantiate that these concerns/nonconformities have been addressed. Only after the verification of stage-1 results, the lead auditor shall officially begin the Stage - 2 audit.

A process-based Stage-2 audit then commences in accordance with the audit plan. The lead auditor shall ensure that the team member with competence in the auditee's process (i.e. the team member with competence in the EA code of the auditee) is assigned to audit the technical processes of the client organization.

Each auditor shall be accompanied by a guide unless otherwise agreed by the audit team leader and the client. The audit team shall ensure that the guides do not influence or interfere in the audit process or outcome of the audit. During the audit, the audit team shall periodically assess audit progress and exchange information. The lead auditor shall also reassign work as needed between the audit team members and periodically communicate the progress of the audit and any concerns to the client. The lead auditor shall ensure that adequacy of time for conduct of audit team meetings etc.

Every effort shall be made by the audit team to audit the organization's processes where they occur. Audit evidence gathered through interviews shall be verified by acquiring supporting information from independent sources, such as observations, review of documented information and results of existing measurements. Justifications in case of interviews conducted remotely shall be recorded,

The audit team shall interview the following personnel:

1. the management with legal responsibility for management system (QMS, EMS, OH&SMS etc)
2. employees' representative(s) with responsibility for Quality/ Environmental /Occupational Health and Safety etc
3. personnel responsible for monitoring employees' health, for example, doctors and nurses.
4. managers and permanent and temporary employees.

Other personnel that should be considered for interview are:

1. managers and employees performing activities related to the prevention of Quality/ Environmental / Occupational Health and Safety risks.
2. contractors' management and employees.

The names, job titles and working shifts of those interviewed are to be recorded on the audit and documented in the audit report.

10% of the total on-site time contracted shall be dedicated to report preparation by the lead auditor. The audit team shall record ample notes of conformity and nonconformity raised with adequate evidences. If the audit performed is a multi-site audit, the audit working document must indicate which site is being assessed. Audit Notes must be organized in accordance with the processes of the organization and not just with the clauses of the standard being audited.

Audit team leader shall ensure that the audit notes and evidences are legibly recorded so that it enables the certification decision maker to make a clear and final decision.

Auditors shall pick their own samples without requesting the client. Sampling by the auditor shall include important elements for conducting a value-added audit for the client organization. Adequate sampling can evaluate effective operation of the client's management system and identify its weaknesses. It is important for the audit team to keep in mind that the term "sampling" suggests a somewhat random selection of evidence within a specific process and hence, auditors must remember to "actively" select those processes that preliminary review has shown to be associated with customer complaints, returned product, or internal nonconformity.

If the organization cannot make a process or documented information available for review, because of confidentiality or security concerns, then the Lead Auditor must contact the appropriate Technical reviewer. Together, they will make the decision if the management system can be adequately audited in the absence of these items. Any activities that cannot be verified cannot be included in the scope of certification. If these activities represent exclusions that are not permissible, then certification may not be possible.

The initial certification processes (Stage 1& Stage 2) of TURCshall also include the evaluation of organization's conformity with the requirements of a management system standard (for example EMS, OH&SMS) as they relate to legal compliance and shall not grant certification until conformity with these requirements are demonstrated by the organization.

The results of on- site Stage-1 activity shall be documented as the verification of Stage-1 non-conformities in the stage-2 audit report.

The results of Stage -2 Audit and the status of corrective actions report for the findings received shall be reviewed by the respective technical reviewer and shall approve the conduct of stage-2 audit for the respective client.

The stage – 2 audit results reported by the audit team shall include the confirmation of verification of at least the following:

a) Enough information and evidence about the conformity to all requirements of the certifying standard(s) including the requirements of the applicable normative documents;
b) Performance monitoring of the key processes and objective of the organizations and the successful monitoring of the performance of these objectives;
c) Client organization's ability in meeting the applicable legal, regulatory and contractual requirements;
d) Operational controls established and the monitoring results;
e) Results and actions from Internal audits and Management Review Meetings held;
f) Management responsibility and ability in establishing and fulfilling the policies and objectives.

Should there be an objective evidence exist to support writing a nonconformity, the following format should be used by the lead auditor in addressing the Non-Conformity:

a) Non- conformity reference number.
b) Non- conformity area/ process / responsible person.
c) Objective evidence observed that supports the statement of nonconformity and
d) Citation of the requirement(s) not being met.

### 5.9 AUDIT FINDINGS

TURCdefines the following categories of nonconformities:

**Category -1 - Major Non-Conformity**:

QMS - A major nonconformity is defined as the absence of, or the failure to implement and maintain, one or more requirements for certification, or requirements of the organization's management system, which would, on the basis of available objective evidence raise significant uncertainty as to the credibility of the management system and its capability to achieve the policy and objectives of the organization; or a number of minor nonconformities against one or more requirements, which, when combined, can

represent a breakdown of the management system; or a minor nonconformity that was previously issued and not addressed effectively.

EMS, OH&SMS: Non-Conformity corresponding to a requirement of the standard not met (totally or partly), with a potential impact on the safety on the environment and personnel respectively.

ISMS – Non-Conformity corresponding to a requirement of the ISMS standard not met (totally or partly), with a potential for information security failure.

For all category – 1 findings, the corrections shall be submitted immediately in the Corrective Action Report Form and shall be closed within 30 days from the last of the audit and it shall be verified for appropriateness by any one member of the audit team and it may require a follow up audit to verify the effectiveness of correction on site. Failure to comply with this can be rejection of application which shall be at the discretion of certification manager.

**Category - 2 – Minor Non-Conformity**:

QMS - A single observed lapse in the management system.

EMS, OH&SMS – Non-Conformity corresponding to a requirement of the standard not met (totally or partly), without affecting on the safety on the environment and personnel respectively.

ISMS - nonconformity corresponding to a requirement of the ISMS standard not met (totally or partly), without risk of security failure

Any Minor Non-Conformity, for which corrective actions and evidence of implementation if not submitted within 90 days shall escalated as category -1 findings and shall be notified to the client.

If the lead auditor identifies a major non-conformance during the audit, it will be notified to the client immediately. For multiple day audits, the lead auditor must a wrap-up meeting with the audit team and the client to discuss a summary of the findings and observations of that day.

If a member of the audit team identifies a suspected major non-conformance during the audit, it shall be notified to the lead auditor immediately. (Team members are expected to refrain from classifying non-conformities during the audit; classifying non-conformities is the responsibility of the lead auditor, who makes final determination of non-conformities and their severity).

Category -1 Non-conformities may require a revisit. Whenever the lead auditor feels that a Category -1 Non-Conformity has been identified, the lead auditor must contact the certification manager immediately to determine if an on-site revisit is required.

If the available audit evidence indicates that the audit objectives are unattainable and it becomes clear during the course of the audit that the lead auditor shall not recommend the client for certification due to severe deficiencies in the management system or due to the presence of an immediate and significant risk (e.g. safety), or if it becomes apparent that a revisit will be necessary to close one or more category – 1 non-conformities, it is important that lead auditor communicates that to the client organization and contacts the respective technical reviewer immediately or certification manager to determine appropriate action.

Such action may include reconfirmation or modification of the audit plan, changes to the audit objectives or audit scope, or termination of the audit. The following can be possible options:

a) continue the audit with the understanding that a re-visit may be required or
b) discontinue the audit.

The lead auditor then presents the options to the client organization and makes a recommendation. It is important that the decision be communicated to certification manager immediately, as often these situations require contractual modifications.

Opportunities of Improvement may be recorded as part of the audit findings (other than nonconformities) unless prohibited by requirements of a management system. A finding which may transform in to a

potential conformity in future can be recorded as observation. Observations doesn't require corrections and corrective actions.

### 5.10 PREPARING AUDIT REPORT

After the audit team has concluded the audit itself, but prior to the closing meeting, the lead auditor shall assemble the audit team and review the team's findings as well as other appropriate information collected during the audit against the audit objectives. The Lead Auditor shall consider the input from the audit team and complete the audit report.

The lead auditor shall review the audit notes of audit team members to ensure that all clauses of the standard were audited, and all process were audited appropriately and makes whatever modifications are necessary and numbers the NCRs (each NCR issued receives a sequential number).

If TURCaudit team discovers a a non-compliance with relevant regulatory requirements, it shall be immediately communicated to the client organization. In such cases, TURCshall follow with the certification issue and withdrawal procedure.

The audit report shall remain the property of TURCand its distribution is limited to the audit team, decision maker, the client organization and accreditation authorities. If necessary, TURCshall submit the report to the legal authorities and unless it is required by law, TURCshall inform the client organization well in advance on this. TURCshall retain the electronic copy of the report along with other client documents for a maximum period of two certification cycles, the current cycle plus one full certification cycle.

As a minimum, the audit report of TURCshall refer the following:

a) Identification of TURCincluding the address and contact numbers of TURChead office
b) Details of the client organization including the name, address and contact numbers of client organization
c) Audit team details
d) Type of audit (e.g. Initial / surveillance / re-certification / follow-up audits etc.,) and whether audit is combined / joint / integrated.
e) The audit criteria against which the audit was conducted
f) Audit objectives
g) Scope of the audit including time and details of the processes audited
h) Deviations from the audit plan and their justifications
i) Date and time of Sites and activities covered
j) Exclusions identified within the scope of audit and justifications
k) Significant issues that created impact to the conduct of audit
l) Personnel interviewed
m) Audit findings and their appropriate evidences
n) Significant changes causing impact to the management system audited
o) Unresolved issues identified
p) Disclaimer that audit was conducted with available information and was based on sampling process.
q) A recommendation whether certification can be issued or not
r) Use of ant statements regarding certification, use of logo(s), certification marks and accreditation marks
s) Lead Auditor's verification on the effectiveness of corrective actions for the previously identified non-conformities
t) Management system's capability of the client organization to meet the applicable requirements of the standard and its expected outcomes
u) The effectiveness of the internal audit and management review processes
v) Documented conclusion on the appropriateness of the certification scope to the client organization
w) Confirmation that the audit objectives are fulfilled by the client organization.
x) Enough evidences for conformity and nonconformities identified.

### 5.11 CONDUCTING CLOSING MEETING

Once the audit team meeting is finished, the client organization's representatives legally responsible for matters such as quality, occupational health and safety, personnel responsible for monitoring employees' health and the employees' representative(s) with responsibility for quality, occupational health and safety, environmental safety etc are called in and the results of the audit are presented including the recommendation regarding the certification and shall be agreed with the client organization. Any absence of personnel shall be recorded with justification in the audit attendance sheet by the audit team.

Audit findings shall be reviewed with the auditee with the goal of acknowledging the factual basis of nonconformities prior to the closing meeting. The lead auditor shall record auditee attendance at the closing meeting on the Attendance Sheet. The following shall be the closing meeting agenda but not limited to:

(a) Circulation of an attendance sheet.
(b) A reiteration of the standard employed.
(c) Advising client that the audit was done on method of sampling and hence there is always uncertainty.
(d) Presentation of the report of the audit prepared at the final review meeting
(e) Presentation and issue of CAR's including the grading of findings.
(f) TURCprocesses for handling non-conformities and its consequences relating to status of client' s certification.
(g) The timeframe for the client to present the correction, corrective action for the non-conformities issued.
(h) TURCactions following the audit completion
(i) An invitation to ask questions.
(j) Issue and explanation of the post audit action sheet.
(k) Inform the Client of the complaints and appeals procedure.
(l) Inform the Client that any breaches of legal or regulatory requirements must be reported to TURCimmediately**.**
(m) Inform the client about the confidentiality policy of Mevlana Bilgi Teknolojileri Ltd Sti.
(n) Inform the client that the issuance of "certificate of approval" shall be based only on the outcome of decision-making process, which is an independent process.

On completion of the audit the report and documentation shall be processed in accordance with the Certificate issue and withdrawal procedure TURCP16.

The Lead auditor will submit all audit documentation to the respective Technical reviewer no later than two weeks of the audit completion. The respective Technical reviewer, after the review shall send audit documentation for the final approval and for decision making process to the Certification Manager.
Should any findings be noted in the brief audit report, the entire audit documentation except for the final audit report shall be submitted, with the final report sent upon acceptance of the client's implementation of appropriate actions by the lead auditor. It is the responsibility of the Lead Auditor to track client closure of non-conformances within the specified period, and to assure timely submission of audit documentation.

**5.12 SURVEILLANCE AUDITS**

Surveillance audits of certified clients shall be undertaken every 12 months during the certification period.
Surveillance audits shall be conducted at least once a 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 making date.

Monthly, the head of certification coordination shall scrutinise the audit programme and selects clients who are due a surveillance audit and update programme. The audit coordinator shall inform the client and sales personnel of planned surveillance audits.

The surveillance audit is scheduled with the client with a tolerance of minus three, plus zero months of the certification date. When it is necessary for TURCto adjust the frequency of its surveillance audit activities to accommodate factors such as seasons or management systems certification of a limited duration (e.g. temporary construction site), the arrangements are made such that the surveillance audits are conducted once in a year, before the end of 12 months.

Where the client operates shifts, the activities that take place during shift working shall be considered when developing the audit programme and audit plans. The Lead Auditor is responsible to verify with the client information is correct (Scope, site details etc.). If any differences are found, the lead auditor will notify the office, who will notify the Certification Manager. The Certification manager will review the changes for their potential impact on the performance of the audit, including possible modification to the certification. Surveillance activities shall include on-site audits assessing the certified client's management system's fulfillment of specified requirements with respect to the standard to which the certification is granted. Surveillance are conducted with a tolerance of - 3 months & + 0 months from the marked surveillance due date.

Audit planning is done to assure that that TURCcan maintain confidence that the certified management system continues to fulfill requirements between recertification audits. The audit plan shall consider the previous audit activities, including areas of nonconformance and identified opportunities for improvement.

The audit planning will try to cover as many processes of the client's system as practiced. Where no significant issues exist from previous audits, the second annual surveillances will include the client processes not included in the first annual surveillance cycle.

When there is a change of auditors between audits, the new auditor has access to the prior audit results to help familiarize themselves with the client and its certified management system.

The conduct of the audit will be consistent with the requirements of certification audits, i.e. open meeting, interviews, etc.

TURCshall develop its surveillance activities so that representative areas and functions covered by the scope of the management system are monitored on a regular basis and consider changes to its certified client and its management system.

Audit programme shall be updated for follow up of previous nonconformities issued, for the critical areas identified to be audited and the site review details. The lead auditor will submit all audit documentation to the Certification Manager no later than two weeks of the audit completion. Should any findings be noted on the Brief audit report, the entire audit documentation package except for the final audit report shall be submitted, with the final report sent upon acceptance of the client's implementation of appropriate actions by the lead auditor.

It is the responsibility of the lead auditor to track client closure of non-conformances within the specified time, and to assure timely submission of audit documentation.

Surveillance activities shall include on-site audits assessing the certified client's management system's fulfilment of specified requirements with respect to the standard to which the certification is granted.
Other surveillance activities may include

a) Enquiries from TURCto the certified client on aspects of certification,
b) Reviewing any client's statements with respect to its operations (e.g. Promotional material, website),
c) Requests to the client to provide documents and records (on paper or electronic media), and
d) Other means of monitoring the certified client's performance.

Surveillance audits are on-site audits, but are not necessarily full system audits, and shall be planned together with the other surveillance activities so that the certification body can maintain confidence that the certified management system continues to fulfil requirements between recertification audits.

For certification schemes such as EMS & OH&SMS, for which organizations have obligations to legal compliances related to the requirements of the standard, surveillance audits by TURCshall include the assessment of organization's conformity with those requirements using the methodology followed in the initial certification.

The surveillance audit programme shall include:

a) Review of Internal audit results,

b) management review and preventive and corrective action;
c) Review of action taken on nonconformities identified during the last audit;
d) Customer complaints;
e) Changes to the documented system;
f) Review of areas subject to change(s);
g) Other selected areas as appropriate
h) The effectiveness of the management system regarding achieving the organization's objectives and the intended results of the respective management system(s);
i) Continuing operational control
j) The functioning of procedures for notifying management of any breaches;
k) Progress of planned activities aimed at continual improvement of system performance;
l) Follow up of the conclusions resulting from internal audits;
m) Use of logos and / or any other reference to certification;
n) Records of appeals, complaints and disputes brought before TURCcertification,
o) Where any nonconformity or failure to meet the requirements of certification is revealed, that the organization has investigated its own systems and procedures and taken appropriate corrective action.
p) The scope of registration as listed on the certificate will be covered to ensure no changes have occurred.

Surveillance program by TURCshall assure that conformity is being maintained during the 3-year certification cycle. TURCauditors shall verify the management of legal compliance based on the demonstrated implementation of the system and not rely only on planned or expected results.

For any organization failing to demonstrate their initial or ongoing commitment to legal compliances TURCshall initiate its proceedings as per its withdrawal procedure. TURCshall not certify or permit such organization to continue as certified as meeting the requirements of the specific management system standard.

The lead auditor assigned for surveillance audits will make use of the Stage 2 audit report and the surveillance audit documentation completed by the Auditor shall include:

- Audit Plan
- Opening and Closing Meeting attendance
- Brief audit report
- Audit Report
- Auditor Notes

The surveillance audit report describing the results of the audit shall be submitted to the TURCoffice no later than 04 days after the audit is completed. Should any findings be noted in the brief audit report, the entire audit documentation package except for the final audit report shall be submitted, with the final report sent upon acceptance of the client's implementation of appropriate actions by the lead auditor. It is the responsibility of the Lead Auditor to track client closure of non-conformances within the specified period, and to assure timely submission of audit documentation to the TURCoffice.

The client certification shall be maintained based on successful completion of surveillance audits, including audit document submission reviews by Mevlana Bilgi Teknolojileri Ltd Sti. Should the results of the audit indicate certification is not maintained, the process described in Certificate Suspension, Withdrawal or reducing the scope of certification shall apply.

Surveillance due dates are clearly indicated on the TURCcertificate. The recommendation to continue certification is stated in the audit report.

### 5.13 RE-CERTIFICATION AUDIT

A recertification audit is conducted at the end of the initial certification to evaluate the continued fulfillment of all the requirements of the relevant management system standards. Recertification audits typically follow the same process outlined for Stage-2 audits above.

The purpose of the recertification audit is to confirm the continued conformity and effectiveness of the management system and its continued relevance and applicability for the scope of certification.

When the client organization intends to go for renewal of existing certification, 03 months prior to the end of present contract, a newer proposal shall be prepared for another 3-year contract.

The information for the recertification proposal shall be prepared through a contract reviewed upon the customer's history found in the customer file. The information shall be recorded, and a new proposal marked "extension to contract proposal" or "recertification" shall be sent to the client for signing. Upon the customer signing the recertification process starts.

For recertification, consideration is given to the performance of the client's management system over the period of certification and includes the review of previous surveillance audit reports. The time and skills of the recertification of IMS audits shall be in accordance with the requirements of ISO 17021-1:2015, ISO 17021-2:2016, ISO 17021-3:2013 and IAF MD 5 and IAF MD 11. For multi-site client, the requirements of IAF MD 1:2018 shall be followed in addition.

TURCshall ensure that time for recertification audit shall be based on the updated client information and shall cover 2/3 of the initial certification audit time (Stage – 1 & Stage - 2). The review of system performance, audit planning and reporting shall not be part of audit time for the recertification audits.

The recertification audit normally will not include a stage 1but may have a stage 1 audit in situations where there have been significant changes to the management system, the client, or the context in which the management system is operating (e.g. changes to legislation).

In the case of multiple sites or certification to multiple management system standards, the planning for the audit shall ensure adequate on-site audit coverage to provide confidence in the certification per planning procedure. All recertification audits shall include the following:

- The effectiveness of the management system in its entirety in the light of internal and external changes and its continued relevance and applicability to the scope of certification;
- Demonstrated commitment to maintain the effectiveness and improvement of the management system to enhance overall performance;
- Whether the operation of the certified management system contributes to the achievement of the organization's policy, objectives and intended results of the respective management system(s).

During a recertification audit, if non-conformances are noted, correction and corrective actions need to be implemented and verified prior to the expiration of the current certification.

The decision for renewing certification and the results of recertification audit, as well as the results of the review of the system over the period of certification and complaints received from users of certificates. Delays in conducting Re-certification/Surveillance assessments will be intimated to the client through assessment delay letter. No response from the clients after a period of two weeks from the planned date will be considered as non-compliance to management systems and decision for suspension or withdrawal or reduction in scope will be taken after a technical review such that the validity of the certification will not be extended, and client shall be informed, and the consequences are explained.

Following expiration of certification, the certification can be restored within 6 months if the outstanding recertification activities are completed, otherwise at least a stage 2 shall be conducted. The effective date on the certificate shall be on or after the recertification decision and the expiry date shall be based on prior certification cycle.

### 5.14 USE OF COMPUTER AIDED AUDITING TECHNIQUES ("CAAT")

To enhance audit effectiveness and efficiency, to enhance conventional audit process and to support and maintain the integrity of the audit process it may be necessary for TURCto use Computer Assisted Auditing Techniques ("CAAT"). Such "Computer Assisted Auditing Techniques" ("CAAT") may include, for example:

- Teleconferencing,
- Web meetings,
- Interactive web-based communications,
- Remote electronic access to the management system documentation and/or management system processes.

While TURCis planned to use CAAT for an audit, the audit plan of TURCshall identify any computer-assisted auditing techniques that will be utilized. In this case, specific attention shall be given to the auditors' ability to understand and utilize the information technologies employed by the client organization to manage its management system processes.

When CAAT is being used by Mevlana Bilgi Teknolojileri Ltd Sti, it may be considered as partially contributing to the total on-site auditor time. If the percentage of remote auditing activities such as CAAT used is more than 30% of the planned on-site auditor time, then TURCshall justify the audit plan and obtain specific approval from the accreditation body prior to its implementation.

**NOTES:**

1) It is expected that this "specific approval" will initially be done on a case-by-case basis but does not preclude a "blanket approval" from the accreditation body for the certification body to go over a 30% reduction once the certification body has demonstrated that its process is robust.

2) On-site auditor time refers to the on-site auditor time allocated for individual sites. Electronic audits of remote sites are remote audits, even if the electronic audit is physically carried out from another of the client organization's premises.

Audit reports of the audits conducted using CAAT shall indicate the extent, to which CAAT has been used in carrying out the audit, and how it contributes to audit effectiveness and efficiency.

when the TURCis proposing to use CAAT for part of the audit, the application review shall include verification that the client organization has the necessary infrastructure to support this approach. Regardless of the use of CAAT, the organization shall be physically visited at least annually by Mevlana Bilgi Teknolojileri Ltd Sti.

Client Records maintained by TURCshall indicate the extent to which, CAAT has been used in carrying out the audit and certification of the respective client organization.

### 5.15 SPECIAL AUDITS

In the event of special audits that are deemed necessary for extensions to scope or short-notice audits, TURCwill handle these situations on a case by case basis. Documentation of these will be maintained in the client's file.

Receipt of a valid complaint from an interested third party is an example of when a short notice audit may be performed. Documented complaints by a third party relative to the client have certified management system will be reviewed by the Certification Manager. If the complaint is determined to be valid, TURCmay elect to perform an audit specifically addressing the complaint. Any non-conformances raised during this audit will be subject to the same process as a nonconformance issued in a scheduled audit.

Independently from the involvement of the competent regulatory authority, a special audit may be necessary if TURCbecomes aware that there has been a serious incident related to occupational health and safety, for example, a serious accident, or a serious breach of regulation, to investigate if the management system has not been compromised and did function effectively. In these cases, the TURCaudit team shall document the outcome of its investigation and submit to certification manager.

Audit report shall provide the client with information of when a short notice may also be required. This includes major changes to the quality system or quality documentation, changes in location, ownership, product scope and key personnel. When received, the impact of the changes is reviewed by the

Certification Manager against the certified system, and potential impact is determined. If additional information is required, the client or other interested parties may be contacted.

### 5.16 CLOSE-OUT CAR'S

If Corrective Action Report forms are not returned within the nominated time scale, the lead auditor appointed for surveillance audit shall contact the client's representative by email to request a return. If, despite repeated requests, the client fails to return CAR, the matter shall be referred to the certification manager.

When the completed CAR's is returned by the client, the audit coordinator shall ensure the CAR is passed to the lead auditor for appropriate action on completion of the audit the report and documentation shall be processed.

### 5.17 REVIEW OF AUDIT FINDINGS & PROCESSING OF AUDIT REPORTS

The lead auditor shall submit the audit report, audit documentation including the corrections and proposed corrective actions from the client and list of evidences and shall pass to the technical reviewer for review.

The technical reviewer shall ensure that the audit report is complete and shall pass the audit report and other required documents to the decision maker for the final review and approval.

The review shall determine that the audit report and documentation technically meet the general good audit practices, evaluates the client's processes and considers the following:

(a) The recommendations of the Lead Auditor must be based on documented and verifiable facts.
(b) For main and closeout audits a certificate cannot be recommended until all outstanding major CARs have been closed out.
(c) For surveillance audit evidence must demonstrate that continued certification is justified based on continued compliance of the management system with the relevant standard.
(d) Consistency of presentation.

Unsatisfactory reports shall be notified to the concern lead auditor for correction and re-submission.

Satisfactory reports shall be issue to the client and the copies of the report and other relevant documents shall be retained in respective client's file located in TURCServer. The certification will be issued once the decision-making form is signed by the decision maker.

Where appropriate the head of certification coordination shall implement Issue and Withdrawal of Certification in accordance with TURCP16 in consultation with certification manager.

### 5.18 ISSUING THE CERTIFICATE

The certification approval is made by the certification manager such that he shall be responsible for and shall retain authority for all the decisions made by it relating to certification, including the granting, refusing, maintaining of certification, expanding or reducing the scope of certification, renewing, suspending or restoring following suspension, or withdrawing of certification.

In situations where certification manager acts as an audit team member, eligible personnel are nominated as decision maker. The risk associated for these arrangements shall be identified along with necessary control measures to control the risks identified as part of risk analysis.

The certification manager shall ensure that each certification file is 'Technically Reviewed' for compliance with TURCcertification procedures. When that review shows that the certification and the file documentation is correct, then that 'Technical Reviewed' date is the date appended to the certificate as the approval date.

The certificate of registration shall be issued upon approval by the certification manager with a validity of three years in accordance with issue and withdrawal of certification procedure; TURCP16.

After the issuance of the certificate, TURCshall continue to verify that the management system continues to meet the specific management system standard requirements and to be effectively implemented in respect of the closed facilities and work areas, and, if not, suspend the certificate.

TURCshall withdraw or suspend an issued certificate, If the certified facilities and work areas are subject to closure, the organizational risks, environmental aspects / impacts or if OH&S risks change, as there may no longer be the same risks to organization, environment or employees respectively but there may be new risks applicable to members of the public (e.g. in case of lack of suitable maintenance and surveillance activities).

The maintenance of certification by the certified client organization shall be in accordance with specific management system requirements and is subject to TURCcertification terms and conditions.

Deliberate or consistent non-compliance by the organization shall be considered a serious failure to support the policy commitment to achieving legal compliance and shall preclude certification by TURCor cause an existing management system standard certificate to be suspended or withdrawn.

The Issue and withdrawal of management system certification shall be in accordance with issue and withdrawal procedure

### 5.19 TRANSFERS FROM OTHER CERTIFCATION BODY

All transfers are verified for compliances against accreditation certification transfer requirements, IAF MD 2:2017 and ISO 17021-1:2015 requirements. The TURCoffice using transfer application form shall discover the reason for the transfer request; If the reason is commercial or performance of other certification body, then the application is processed as an application for initial certification.

The client shall be asked supply TURCwith all previous certification body audit reports so that the audit can be planned to use those reports to match the client's requirements on depth and time of the audit.

Where TURCis taking account of certification already granted to the client and to audits performed by another certification body, TURCobtains and shall retain enough evidence, such as reports and documentation on corrective actions, to any nonconformity. The documentation shall support the fulfilling of the requirements in this part of ISO/IEC 17021.

TURCshall, based on the information obtained, justify and record any adjustments to the existing audit programme and follow up the implementation of corrective actions concerning previous nonconformities.

**Applicants Currently Registered by A Certification Body Accredited by An IAF MLA Signatory**

When clients wish to transfer from other certification bodies, TURCshall follow the respective accreditation polices, which identifies the clarification and introduces requirements, considered necessary to strengthen and facilitate the smooth transfer of accredited management systems certification, whilst maintaining the integrity of the certification process.

**a) Eligibility of a certification transfer:**

i. Only certification which is covered by an accreditation of an IAF or Regional MLA signatory at level 3 and where applicable level 4 and 5 shall be eligible for transfer. If not covered by such accreditations they are treated as new clients.

ii. Only valid accredited certification shall be transferred. Suspended certifications will not be accepted for transfer.

iii. When a certificate issued by a certification body which has had its accreditation suspended or withdrawn, or which has stopped operating, can be transferred, within a maximum of six months. In these cases, TURCshall inform the accreditation body must always be informed before the

transfer. After six months the file must be managed as a new certification by Mevlana Bilgi Teknolojileri Ltd Sti.

**b) Period of Transfer:**

The transfer of a certificate by TURCshall not coincide with a surveillance or renewal audit. TURCshall only plan its surveillance or renewal audit only after completion of the transfer activities (document review plus the pre-transfer visit, if necessary).

**c) Competence Criteria**

TURCshall have the competence criteria for persons doing the pre-transfer review; equal to those of an auditor qualified for the technical areas which are the object of the visit; For this, TURCshall conduct an application review to select the competent personnel for conducting such review / visit.

**d) Documents required for transfer:**

For the conduct of the pre-transfer review the transfer application along with documentation of the initial audit/last renewal audit, documentation of the last surveillance, is necessary. Without the initial / last audit / surveillance documentation, the organization shall be treated as a new client.

**e) Pre-Transfer Review**

TURCshall perform a pre-transfer visit performed during the transfer, which is obligatory only based on the pretransfer document review (e.g. if there are outstanding major NC). The pre-transfer visit is not an audit by Mevlana Bilgi Teknolojileri Ltd Sti.

Review of initial / last audit / surveillance documentation of the applicant organization for transfer is necessary.

TURCshall set and record the applicant organization's audit plan and program, if necessary shall revising those documents.

This review will be conducted by means of the application review and, direct contact with the prospective client by telephone if necessary. The transfer review covers the following aspects:

i. Verification of compliance with accreditation polices on certification transfer.
ii. Confirmation that the client's scope is within TURCaccreditation scope
iii. The reasons for seeking a transfer
iv. A valid accredited certificate, in terms of authenticity, duration, scope of activities covered by the quality management system and scope of accreditation, is held in respect of the site or sites wishing to transfer.
v. A review of the last audit report by the previous certification body and non-conformances, if any
vi. Customer complaints
vii. Expiration date of current certificate

**f) Decision Making Process**

After the completion of transfer activities (document review plus the pre-transfer visit, if necessary) TURCshall follow the normal decision-taking process follows, carried out by independent personnel from those who performed the document review and pre-transfer visit.

**g) Issuance of Certificate**

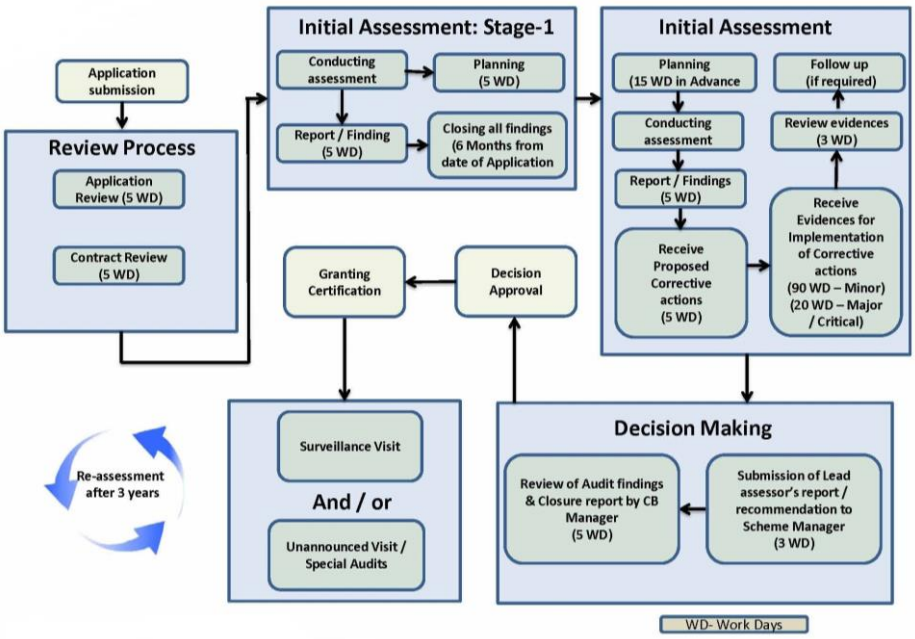
Certificate is issued upon completion of the transfer activities gives the date of initial certification and shall indicate that the certificate has been issued previously by another certification body.

### h) Conducting the transfer audit

The need for conducting transfer audit is determined based on the results of pre-transfer review. If the transfer audit is needed to be performed, an auditor shall be assigned by the audit coordinator in same manner as for other audits and the appointed lead auditor will obtain evidence as to the current health of the applicant's management system. This will involve review of past audit reports and non-conformances issued, as well as auditing a representative sample of the client's certified management system.
Technical reviewer will review the audit information and shall pass the information to certification manager to make a final determination concerning the audit team recommendation. If the application for transfer or assumption of registration is accepted by Mevlana Bilgi Teknolojileri Ltd Sti, certificate will be issued for the length of time of the original certification period, i.e., the expiry of the certificate shall be based on the first cycle.

## 6. PROCESS FLOW CHART

The following flow chart outlines the basic certification process employed by Mevlana Bilgi Teknolojileri Ltd Sti.




## 7. QUALITY RECORDS

| Quality Record Number | Quality Record Title | Retention Time |
|---|---|---|
| P13-F01 Issue 01 Rev 00 | Certification Application | 6 Years |
| P13-F02 Issue 01 Rev 00 | Application Review Form | 6 Years |
| P13-F03 Issue 01 Rev 00 | Certification Proposal | 6 Years |
| P13-F04 Issue 01 Rev 00 | Certification Terms and Conditions | 6 Years |
| P13-F05 Issue 01 Rev 00 | Audit Programme - 3 years cycle | 6 Years |
| P13-F06 Issue 01 Rev 00 | Stage 1 Report Form | 6 Years |
| P13-F07 Issue 01 Rev 00 | Audit Plan | 6 Years |
| P13-F08 Issue 01 Rev 00 | Audit Attendance Form | 6 Years |
| P13-F09 Issue 01 Rev 00 | Stage 2 Audit Report | 6 Years |
| P13-F10 Issue 01 Rev 00 | Corrective Actions Report Form | 6 Years |
| P13-F11 Issue 01 Rev 00 | Audit checklist | 6 Years |
| P13-F12 Issue 01 Rev 00 | Client Feedback | 6 Years |
| P13-F13 Issue 01 Rev 00 | Technical Review form | 6 Years |
| P13-F14 Issue 01 Rev 00 | CB manager review & Decision-Making Form | 6 Years |

| | | |
|---|---|---|
| P13-F15 Issue 01 Rev 00 | Certification Transfer Application | 6 Years |