

ACCREDITATION POLICY FOR AEROSPACE QUALITY MANAGEMENT SYSTEM CERTIFICATION BODIES

1. Preamble:

- 1.1 This policy provides the process for the accreditation of **Aerospace Quality Management System Certification Body (AQMSCB)** with International Accreditation Service (IAS). The scope of this program is defined by the requirements based in the relevant standards and where applicable, normative standards as listed in sections 2 and 3 of this policy.

2. Accreditation Requirements: (Publications listed below refer to current editions unless otherwise stated):

- 2.1 Applicable International Standards
 - 2.1.1 ISO/IEC 17000 Conformity assessment – Vocabulary and general principles
 - 2.1.2 ISO/IEC 17011 Conformity assessment –General requirements for accreditation bodies accrediting conformity assessment bodies
 - 2.1.3 ISO/IEC 17021-1 Conformity assessment – Requirements for bodies providing audit and certification of management systems – Part 1: Requirements
 - 2.1.4 ISO/IEC 17021 series of standards (Discipline specific, as applicable)
 - 2.1.5 AS 9104/1 Requirements for Aviation, Space, and Defense Quality Management System Certification Programs
 - 2.1.6 Other specific standards as applicable (refer to normative reference in section 4)
- 2.2 Accreditation Criteria for Management Systems Certification Body – AC 477 (Contains discipline specific standard references)
- 2.3 Rules of Policy for Management Systems Certification Body Accreditation
- 2.4 IAF Mandatory Documents (https://www.iaf.nu/articles/Mandatory_Documents_/38)

3. Normative References: Publications listed below refer to current editions (unless otherwise stated):

- 3.1 AS 9100 Quality Management Systems – Requirements For Aviation, Space And Defense Organizations
- 3.2 AS 9104/1 Requirements for Aviation, Space and Defense Quality management system certification programs
- 3.3 AS 9104/2 Requirements for Oversight of Aerospace Quality Management System Registration/Certification Programs
- 3.4 AS 9104/3 Requirements for Aerospace Auditor Competency and Training Courses.
- 3.5 AS 9100 Quality Management Systems - Requirements for Aviation, Space and Defense Organizations
- 3.6 AS 9101 Quality Management Systems - Audit Requirements for Aviation, Space, And Defense Organizations
- 3.7 AS 9110 Quality Management Systems - Requirements for Aviation Maintenance Organizations
- 3.8 AS 9120 Quality Management Systems - Requirements for Aviation, Space, And Defense Distributors
- 3.9 ISO 9000 Quality management systems - Fundamentals and vocabulary
- 3.10 ISO 9001 Quality management systems - Requirements
- 3.11 ISO/IEC 17024 Conformity assessment - General requirements for bodies operating certification of persons
- 3.12 ISO 19011 Guidelines for auditing management systems
- 3.13 IAS Management System Manual (MSM)
- 3.14 IAF Publications: Publications listed below refer to current editions (unless otherwise stated).

- 3.14.1 IAF MD 1 IAF Mandatory Document for the Audit and Certification of a Management System Operated by a Multi-Site Organization.
 - 3.14.2 IAF MD 2 IAF Mandatory Document for the Transfer of Accredited Certification of Management Systems
 - 3.14.3 IAF MD 4 IAF Mandatory Document for the Use of Information and Communication Technology (ICT) for Auditing/Assessment Purposes.
 - 3.14.4 IAF MD 5 Determination of Audit Time of Quality, Environmental, and Occupational Health & Safety Management Systems
 - 3.14.5 IAF MD 11 IAF Mandatory Document for Application of ISO/IEC 17021 for Audits of Integrated Management Systems (IMS)
 - 3.14.6 IAF MD 17 Witnessing Activities for the Accreditation of Management Systems Certification Bodies
 - 3.14.7 IAF MD 23 Control of Entities Operating on Behalf of Accredited Management Systems Certification Bodies
 - 3.14.8 IAF ID 1 IAF Informative Document for QMS and EMS Scopes of Accreditation
- 3.15 Abbreviations commonly used in this policy and aerospace sector
- 3.15.1 AA: Aerospace Auditor
 - 3.15.2 AAB: Auditor Authentication Body
 - 3.15.3 AAQG: Americas Aerospace Quality Group
 - 3.15.4 AB: Accreditation Body
 - 3.15.5 AEA: Aerospace Experienced Auditor
 - 3.15.6 AIEA: Aerospace Industry Experience Auditor
 - 3.15.7 AQMSCB: Aerospace Quality Management System Certification Body
 - 3.15.8 AQMS: Aerospace Quality Management System
 - 3.15.9 CB: Certification Body
 - 3.15.10 IAQG: International Aerospace Quality Group
 - 3.15.11 ICOP: Industry Controlled Other-Party
 - 3.15.12 OASIS: Online Aerospace Supplier Information System
 - 3.15.13 OPMT: Other Party Management Team
 - 3.15.14 SMS: Sector Management Structure
 - 3.15.15 TP: Training Provider
 - 3.15.16 TPAB: Training Provider Approval Body
 - 3.15.17 CBMC: Certification Body Management Committee

4. Enquiry and Application:

- 4.1 Inquiries from AQMSCB are received through the IAS customer Portal like other sub-scope application received from MSCB applicants.
- 4.2 Applicant are required meet following pre-requisites and provide information along their initial application:
 - a) AQMSCB shall first be accredited to latest version of ISO/IEC 17021 and applicable IAF mandatory documents.
 - b) AQMSCB shall have been accredited to ISO 9001 certification for at least one year by an IAF MLA signatory AB, prior to submitting an application.
 - c) AQMSCB shall identify a single office location that has overall responsibility for the implementation of the 9104-series standards requirements.
 - d) AQMSCB lead (main) office shall formally identified a person(s), either employed or directly contracted, who have responsibility and authority for the design, development, and maintenance of the implementation of the 9104-series standards.
- 4.3 IAS rejects an application for AQMS accreditation for a minimum of 12 months, if accreditation of AQMSCB is suspended, withdrawn, expired, or the application is terminated in accordance with AS9104/1.
- 4.4 Cost estimates are provided to each inquirer and are based off the following information:
 - a) AQMSCB location and locations of other key activities
 - b) Proposed scope of accreditation and associated witnessing requirements
 - c) Information on transfer of accreditation, if applicable

- d) After the above items have been determined, the cost estimate is prepared and sent to the applicant.
- e) Important requirements with special considerations include - IAF MD's 1, 2, 4, 10, 11, 17 and 23

- 4.5 All documentation submitted to IAS must be in English
- 4.6 All accredited AQMSCB's are subject to an Annual Renewal fee separate from the assessment fee
- 4.7 All applications to be submitted through the IAS portal available from the IAS website, www.iasonline.org

5. Receiving application and Resource review:

- 5.1 Application and payment are received through the IAS customer portal.
- 5.2 Application review is intended to ensure that the AQMSCB's requirements are clearly defined, that IAS is capable of satisfying those requirements, and that any differences between the AQMSCB and IAS are resolved before work begins.
- 5.3 This initial application and resource review are done by the Program Manager or designee
- 5.4 All documentation received by IAS must be in English
- 5.5 The portal sends an acknowledgement email to the AQMSCB. This email and/or invoice acknowledges receipt of the application package, advises the AQMSCB of the applicant's number, and estimated costs (where requested). The email serves as a record to the AQMSCB that the application package has been reviewed.
- 5.6 As part of the application process AQMSCB shall not issue any AQMS standard certificates with the IAS symbol until the applicant is granted accreditation. IAS can terminate the application process, if such conditions are not followed.
- 5.7 IAS recommends the AQMSCB to seek accreditation through the ICOP approved accreditation body where the applicant AQMSCB is operating. If the AQMSCB accredited by IAS operating outside the Americas, IAS notifies ICOP approved AB operating in the AQMSCB's region of operation.
- 5.8 Upon granting accreditation, AQMSCB shall upload information concerning the accreditation granted in the OASIS database. The information uploaded shall include:
 - a) details of AQMSCB's aerospace lead office;
 - b) AQMSCB contact information; and
 - c) the AQMS standard(s) that the AQMSCB is accredited to grant certification

Note: Please refer to AS9104/1: APPENDIX C – INFORMATION TO BE UPLOADED INTO THE ONLINE AEROSPACE SUPPLIER INFORMATION SYSTEM DATABASE (OASIS) or Appendix 1 of this document.

- 5.9 The initial accreditation of AQMSCB within the ICOP scheme includes the following activities to be completed:
 - a) Documentation review
 - b) Office assessment(s)
 - c) Witness assessment(s)

6. Documentation Review:

- 6.1 Once the application, fees and management system documentation are received; the applicant's management system is reviewed to ensure substantial compliance with the applicable requirements of AS 9100 standards, IAS Accreditation Criteria AC477, IAS Rules of Policy and ISO/IEC 17021-1.
- 6.2 IAS assessors conduct the review of any AQMSCB management system documentation in an impartial and non-discriminatory manner.
- 6.3 If the documentation review determines that the management system documentation is not in compliance with IAS requirements and/or International Standard/Accreditation Criteria requirements, the applicant is notified, in writing, of the findings seeking corrections or amendments.
- 6.4 If there is no response from the AQMSCB to the review letter within 180 days, IAS management to cease further processing of the application.

7. Preliminary Visit:

- 7.1 A preliminary visit is optional and can be requested by the applicant AQMSCB. A preliminary visit assesses the organization to identify gaps between their management system and the standard or accreditation criteria. This is not a consultancy visit as the assessment team only provides determination on what aspects of the management system are not in compliance with the applicable standard or accreditation criteria.

8. Agenda Preparation and Assessment Planning:

- 8.1 When the management system is determined to be in substantial compliance with the applicable requirements, an on-site visit to the applicant's main office is scheduled.
- 8.2 IAS requires that activities relating to the implementation of the 9104-series standards, including the initial qualification and performance monitoring of AQMS auditors, application review, assignment of audit teams, review of reports, certification decisions, and the issue of certification documents are all conducted and controlled by a competent person(s) employed or directly contracted (i.e. through a written agreement between the AQMSCB and a person) by the AQMSCB lead office.
- 8.3 AQMSCB is prohibited to outsource any of the activities required by AS9104/1 or deploy these activities to other offices and do not utilize critical locations, as defined by the IAF, as such the critical locations are not recognized by the IAQG or AAQG (*ref: AS9104/1 - 5.3, c*).
- 8.4 The applicant is provided with the names of the assessment team members, including the names of any organizations they are associated with. The applicant AQMSCB is given an opportunity to object to the appointment of any assessment team member.
- 8.5 When AQMSCB objects to the appointment of an assessment team member(s), IAS at its discretion, takes appropriate action that may include replacement of the assessment team member(s).
- 8.6 The lead assessor or IAS staff member contacts the AQMSCB CAB to arrange the schedule for the visit and provides an agenda of assessment activities.
- 8.7 The assessment team commences the on-site office and witness assessments with an opening meeting and ends with a closing meeting.
- 8.8 Where a conclusion about a finding cannot be reached, IAS management decision is final.
- 8.9 Any remote assessment utilizing Information Communication Technology (ICT), agreement between IAS and the applicant must be reached before the assessment is planned.
- 8.10 The initial accreditation for AS 9120 certifications includes:
 - a) An office assessment to review AQMSCB's documentation and its revisions, confirm compliance to AQMSCB's competency requirements and conformance to relevant requirements of AS 9120.
 - b) Additional witness assessment depending upon the results of the office assessment completed in (refer to 10.4.1 a & b)

9. Findings-Corrective Action Requests (CARs) & Concerns:

- 9.1 For all issued CARs or Concerns a mandatory response(s) to IAS within 30 days of submission of the AQMSCB assessment report is required. The assessment report contains the instructions for responding to CARs or Concerns identified during assessment.
- 9.2 The applicant may request additional time from the lead assessor to respond to the findings. The extension request must contain a plan of action and a timeline to respond to the findings.
- 9.3 Additionally, evidence of effective implementation of actions taken may be requested as a follow-up assessment to verify effective implementation of the corrective actions. All findings, where required, shall provide action containing root cause analysis including any evidentiary attachments, corrective action that has been implemented, reviewed, accepted, and verified, within 90 calendar days of submission of the assessment report.
- 9.4 If the applicant fails to respond and resolve all the CARs and Concerns within 90 calendar days, the process to suspend the existing AQMS accreditation is initiated, and in the case of initial application for AQMS standard accreditation, a process is initiated to terminate the AQMSCB's application. The reason for termination of AQMS accreditation is communicated in writing.
- 9.5 The lead assessor packages the following documents and submits to IAS program manager for review soon after the assessment date.

- 9.5.1 Assessment Records – Reports including details of accreditation scope, Checklists and Technical Worksheets, as applicable
- 9.5.2 Other pertinent communication records

9.6 When AQMSCB findings are closed, the IAS program manager shall proceed to submit for accreditation decision.

10. **Witness Assessment:**

- 10.1 All witness assessment shall include, at a minimum, one Stage 1 audit and one Stage 2 audit for the complete AS 9100 standards.
- 10.2 If the AQMSCB is already accredited by another AB and recognized by the ICOP scheme, the witness assessment(s) can take place during a surveillance audit.
- 10.3 During one accreditation cycle and within the scope of each AQMSCB's accreditation, the following witness assessments are completed:
 - a) each accredited AQMS standard is witnessed at least once; and
 - b) each AQMSCB certification cycle audit stage (i.e., Stage 1, Stage 2, surveillance, recertification) is witnessed at least once.
- 10.4 The number of witness assessments for each standard is approximately proportional to the number of certificates issued for each standard.
- 10.5 Where an authenticated AQMS auditor competency issue is identified, in relation to AQMS certification audits, and when deemed appropriate by an IAS, IAQG / AAQG representative, and/or AQMSCB; the results of aerospace witness assessments and associated data may be shared with the Auditor Authentication Body (AAB) responsible for the subject auditor's aerospace authentication.
- 10.6 When deemed appropriate by an IAS, IAQG / AAQG representative, and/or AQMSCB, they shall share the results of aerospace witness assessments and associated data of an AQMS auditor competency issue with the AAB responsible for the subject auditor's AQMS authentication.
Note: For number of annual witness assessments requirement as per AS9104/1 (refer to Table 1 below).

11. **Decision on Accreditation:**

- 11.1 Once the assessments are completed, IAS prepares the completed assessment package for decision.

12. **Surveillance and Reassessment (Remote and Onsite options):**

- 12.1 In addition to IAS Accreditation Criteria AC 477, Rules of Procedure for Management System Certification Body and this policy for the accreditation of Aerospace Quality Management System Certification Bodies, the following also apply:
 - 12.1.1 The assessor selection and assessment processes are the same as conducting initial assessment.
 - 12.1.2 The surveillance and reassessment of the AQMSCB's multisite accreditation includes, at a minimum:
 - a) one annual office assessment of the lead office that includes a review of CB client files as listed in Table 1
 - b) a number of annual witness assessments as listed in Table 1.
- 12.2 Where AQMSCB competency or conformity issues are identified by IAS, the number of visits to the AQMSCB may be increased until confidence of competence and conformance is re-established. This is at the discretion of IAS.
- 12.3 Use of any remote assessment utilizing Information Communication Technology (ICT) must be agreed between IAS and the AQMSCB. Where required, IAS can opt to conduct partial file reviews by remote access when all the following AQMSCB arrangements are in place:
 - a) All client records are electronic and accessible remotely

- b) Sufficient remote access is provided to IAS assessor for viewing certification records

Note: The records include granting access to associated application, quotation, auditing, calculation of audit duration, the certification decision, and any of the AQMS auditor's competence and demonstration of competence records.

- c) The IAS assessor is appropriately oriented to the AQMSCB's document and records management system
- d) Client files are to be performed prior to the scheduled on-site assessment; and at least two client files be verified on-site

12.4 Decision on surveillance and reassessment accreditation follows section 5, 6, 7 and 8 of these documents.

TABLE 1 – Requirements for Accreditation Body Assessment of Multisite Certification Body

Number of AQMS Sites Certified by a CB*	Minimum Number of CB Client Files to be Reviewed Annually*	Number of Annual Witness Assessments*
1-3	All client files	1
4-25	3	1
26-50	5	1
51-90	6	2
91-150	7	2
151-280	10	3
281-500	11	4
501-1200	15	5
1201-3200	18	6

* Quantities based on the OASIS database records at the time of assessment planning.

Note: Surveillance assessment and/or reassessment dates may be adjusted to accommodate AQMSCB's work schedules, major scope expansions, evaluations by other MRA/MLA signatories or to coordinate assessments with other accreditation bodies. Except under extraordinary circumstances, the surveillance assessments and/or reassessment schedules may not extend beyond the two-year interval between on-site assessments.

13. **Scope Extensions:**

13.1 Extensions to IAS scope of accreditation are requested via the IAS portal or email from the AQMSCB.

13.2 Request for scope extension may include addition of:

13.2.1 new sub scopes

13.2.2 specific AS or other aerospace standards.

13.3 Based on the AQMS standards requested, either a remote or an onsite scope expansion assessment is planned and follows the processes described in sections 2,3, 5, 6, 7 and 8.

13.4 For extension of AQMSCB accreditation scope beyond the AS 9100 standard (for certification based on AS 9110, AS 9120 etc.), IAS requires the following:

10.4.1 The initial accreditation for AS 9110 certification includes:

- a) An office assessment to confirm compliance to AQMSCB's documentation and auditor competency related requirements of AS 9110.
- b) Witness assessment(s) including Stage 1 and Stage 2 audits in accordance with AS 9110 standard.

14. **Follow-up Assessment:**

14.1 As determined by IAS, follow-up assessments of an AQMSCB is conducted in accordance with the processes described in sections 2,3, 5, 6, 7 and 8.

- a) Verify required actions for compliance with IAS accreditation criteria;
- b) Review any accredited organization displaying serious deficiencies during its previous assessment;
- c) Validate any changes to the AQMSCB legal and organizational structure such as a change in ownership,

- scheme requirements, key personnel or other significant management system changes;
- d) Investigate a complaint received by IAS.
- e) Generally, all assessments are onsite but under special or extraneous circumstances IAS may consider remote visit.

14.2 When significant issues related to AQMSCB competency or conformity are identified, IAS may increase the number of visits to AQMSCB until confidence of competence and conformance is re-established.

15. **Administrative Renewal Fees:**

- 15.1 After each first year of accreditation, the accredited AQMSCB is sent a renewal notice. This is separate from the assessment fees.
- 15.2 IAS Administrative staff sends a reminder through the portal to the accredited AQMSCB of their upcoming renewal fees (administrative renewal) and creates a record in CRM.
- 15.3 Renewal Notice/Fee consists of:
 - 15.3.1 Basic application fee includes AS9104
 - 15.3.2 Additional standard fee is required for other AS9100 standards such as AS9100, AS9110, AS9120 (refer to scope count field in CRM)
 - 15.3.3 Certificate fee – calculated based on number of certificates issued and maintained by the accredited organization.
- 15.4 The administrative staff verifies renewal status for each accredited AQMSCB annually.
- 15.5 Assessments are not scheduled until the administrative renewal is complete.

16. **Accreditation Suspension, Scope Reduction or Withdrawal:**

- 16.1 When the accreditation of AQMSCB for ISO 9001 certification is suspended or withdrawn, IAS suspends or withdraws accreditation for all AQMS accreditations (i.e., AS9100, AS9110, AS9120) and the following actions are taken by IAS:
 - a) Informs in writing to the AQMSCB the reasons for the suspension or withdrawal.
 - b) CBMC or IAQG/AAQG is notified within five business days
 - c) OASIS database is updated within ten business days to reflect any change in AQMSCB accreditation status.
 - d) All other IAQG recognized ABs are informed on withdrawal and the reasons for the withdrawal.
- 16.2 In addition to SOP 13 requirements for accreditation suspension, the following conditions also apply:
 - 16.2.1 AQMSCBs accreditation is suspended:
 - a) When the required annual assessments of an AQMSCB is not permitted to be conducted;
 - b) When an AQMSCB is not correctly applying the definitions of corrective action requests, as defined in the 9101 standards;
 - c) When an AQMSCB has not taken verifiable correction and corrective action to eliminate the cause(s) of a nonconformity.
- 16.3 The actions and relevant decision are communicated to the IAQG / AAQG or relevant CBMC and the process completed within 60 calendar days.
- 16.4 When an AQMSCB is suspended the following actions are required:
 - a) Notify existing and applicant AQMS clients of its suspended status and any consequences that may have an impact on the client, within 15 calendar days of the date the suspension decision was issued to the AQMSCB;
 - b) Continue performing required surveillance and recertification audits;
 - c) Cease conducting any planned Stage 1 audits for initial certification;
 - d) Cease conducting any certification scope extensions;
 - e) Stop accepting any AQMS certificate transfers of clients from other AQMSCBs;

- f) Obtain a documented agreement from the IAS defining the conditions and controls for the issuance of any client certification (new or recertification), during the suspension period, to ensure the credibility of the certification;
 - g) Upon request, provide the IAS and/or IAQG / AAQG with a documented list of any certifications (new or recertification) issued during the period suspension; and
 - h) Adhere to any other conditions that may be imposed by the IAS as a result of the suspension.
- 16.5 IAS initiates the withdrawal process for AQMS accreditation when AQMSCB fails to conform to requirements above.
- 16.6 Where suspension exceeds 3 months then IAS refers to the IAQG / AAQG or relevant CBMC for review. If the suspension exceeds 6 months from the date of the suspension decision, IAS considers withdrawing accreditation to all AQMS standards.
- 16.7 Where the accreditation of an AQMSCB is withdrawn or has expired, IAS provides a maximum of 6 months validity on the accreditation certificate or expiration date of the AQMSCB or until client AQMS standard certificate expires (whichever is earlier). This is to allow eligibility for transfer of AQMSCB's client certifications to other AQMSCBs in accordance with accreditation requirements (e.g. IAF MD 2, AS 9104/1 and IAS accreditation criteria).
- 16.8 When IAQG / AAQG or CBMC recommend to the IAS suspension of an AQMSCB's accreditation, IAS reviews the supporting evidence and in accordance with SOP 13 take suspension decision. This is the responsibility of the IAS Program Manager. The process is completed within 60 calendar days and the action taken is communicated to the IAQG / AAQG or CBMC.
- 16.9 In the case of suspension or withdrawal of accreditation, IAS communicates to the CB and CBMC/IAQG/AAQG within five days and updates the OASIS database within 10 days.
- 16.10 Direct Suspension and Withdrawal of AQMSCB by IAQG/AAQG
- 16.10.1 In case of suspension of an AQMSCB by IAQG/AAQG due to a lack of objective evidence of conformance to or serious breach of the requirements of AS 9104/1, then IAS submits its corrective action addressing the breach to IAQG/AAQG within 90 days of notification.
 - 16.10.2 IAS withdrawal of accreditation gives the AQMSCBs 6 months to seek accreditation with another IAQG/AAQG approved Accreditation Body or they will have their IAQG/AAQG recognition withdrawn.
 - 16.10.3 If IAQG/AAQG recognition of an AQMSCB is withdrawn due to withdrawal of accreditation by IAS, then the affected certifications are eligible for transfer.
 - 16.10.4 The actions and resolutions associated to an IAS suspension is defined by the IAQG/AAQG and communicated through the IAQG OPMT to the other IAQG sectors.

17. Complaint and Resolution Process

- 17.1 All stakeholders can send feedback to IAS using the OASIS database feedback process. This feedback may address AQMSCB performance, complaints, or other issues/concerns.
- 17.2 If the IAS determines that a short notice assessment is necessary, this assessment is completed within 90 calendar days of the complaint.
- 17.3 When a complaint is received, a corrective action process is established providing for containment activities such as the relevant conformance to the applicable standard is re-established, corrective actions identified, root cause analysis undertaken and a completion date for the implementation of all corrective actions is defined.
- 17.4 If the complaints concerning the requirements of AS9100 series of standards under IAS accreditation cannot be resolved, it is then where applicable, referred to the IAQG and/or AAQG.
- 17.5 If any issues cannot be resolved between affected parties, then the matter is escalated to the next level of authority within the ICOP scheme (refer to Table 2).
- 17.6 All complaints are also handled in accordance with the requirements of IAS internal procedure, SOP 16.

TABLE 2 – Complaint Resolution Escalation Matrix

If complaint is against the:	Auditor or Assessor	IAQG Member Company	AB	CB	CBMC	SMS
The issue shall be elevated to:	Auditor's or Assessor's Organization (i.e., AB, CB, IAQG Member Company)	SMS or CBMC	SMS or CBMC	AB	SMS	IAQG OPMT

18. IAS Obligations:

- 18.1 IAS provides IAQG/AAQG and applicable regulatory authorities the 'right of accesses' to all IAS and AQMSCB records and information related to the implementation and maintenance of the ICOP scheme, including IAS and AQMSCB activities associated with the 9104-series standards requirements and recognition by IAQG/AAQG.
- 18.2 IAS ensures that the 'right of access' is communicated to its AQMS IAQG sector accredited AQMSCBs. This access includes information or records pertaining to IAF Peer reviews of IAS.
- 18.3 IAS reports annually to the IAQG / AAQG or CBMC the following information in relationship to the ICOP scheme for each accredited AQMSCB:
 - a) date of last AQMSCB office assessment and witness assessment, including classification (i.e. Corrective Action Request as major and Concern as minor) and quantity of nonconformities identified;
 - b) any increase in IAS assessments and available performance information (e.g., complaints, suspensions, improvement plans).

APPENDIX 1

INFORMATION TO BE UPLOADED INTO THE ONLINE AEROSPACE SUPPLIER INFORMATION SYSTEM DATABASE

1. Data Input:

- Certificate identification, including issue/reissue and expiry date.
- Scope of certification.
- Type of audit performed (i.e., initial, surveillance, recertification, special).
- Audit dates and number of on-site audit days (i.e., number of auditors and number of days spent by the audit team); for example, 3 auditors spend 4 days = 12 audit days.
- The number of organization employees per site listed on the certificate.
- Name of lead auditor.
- Name(s) of other Aerospace Experience Auditors (AEAs) and Aerospace Auditors (AAs) that participated on the audit.
- The applicable AQMS standard and revision level (e.g., AS9100C) against which the audit was performed.
NOTE: For each standard (i.e., 9110, 9110, 9120) a separate entry is required.
- Number of major and minor nonconformities per clause for the applicable AQMS standard(s).
- Audit summary.
- Organization identified exclusions; identified by clauses for the applicable standard.
- Process Effectiveness Assessment Report (PEAR) data:
 - PEAR identification number;
 - Effectiveness level;
 - Process name;
 - Standard(s) clause(s);
 - Site;
 - Auditor(s) name;
 - Issue date; and
 - Audit report number.

2. Upload applicable audit records as an electronic file in pdf format (see 9101):

- Stage 1 Audit Report;
- Audit Report (Stage 2, Surveillance, Recertification/Approval, and Special);
- Supplemental Audit Report;
- Nonconformity Report(s) [NCR(s)] - all NCRs to be uploaded in one pdf file;
- PEAR(s) - all PEARS to be uploaded in a single pdf file; and
- QMS Process Matrix Report.

NOTE 1: The Objective Evidence Record (OER) should not be uploaded, but remains part of the audit file maintained at the Certification Body (CB) office.

NOTE 2: Training/guidance on data entry will be provided by the Sector Management Structure (SMS) upon accreditation of a CB.

NOTE 3: The data related to the certified organization [e.g., name, full address, contact person(s)] will be maintained in the OASIS database by the certified client (organization).

APPENDIX 2

**INDUSTRY CONTROLLED OTHER PARTY SCHEME CERTIFICATION
STRUCTURES MATRIX FOR 9100/9110/9120:2009 CERTIFICATION AUDITS**

Type of Certification	Single Site	Multiple Site	Campus	Several Sites	Complex Organization
<p>Description:</p> <p>NOTE: Certification structures are defined in section 3.11.</p>	<ul style="list-style-type: none"> An organization that operates at one site. 	<ul style="list-style-type: none"> An organization having an identified central function and a network of sites at which activities are fully or partially carried out. All sites must be doing substantially the same manufacturing and/or value-added process. 	<ul style="list-style-type: none"> An organization having an identified central function and a decentralized, sequential, linked product realization process. 	<ul style="list-style-type: none"> An organization having an identified central function and a network of sites that do not meet the criteria for a multiple site or campus organization. Several sites are listed on the same certificate. 	<ul style="list-style-type: none"> An organization having an identified central function and a network of locations that are any combination of multiple sites, campus (can be more than one campus), or several sites.
<p>Eligibility Criteria:</p> <p>NOTE: An organization must meet ALL criteria.</p>	<ul style="list-style-type: none"> Stand-alone self-supporting organization, with no value stream dependencies from related companies, operating under the same quality management system. One address. 	<ul style="list-style-type: none"> All sites shall have a legal or contractual link with the central office. One quality management system with central control, management review, and internal audit. Central office can require other sites implement corrective action. Central collection and analysis of data, with the ability to initiate organizational change. Complies with IAF MD 1, "Multi-site Organization" definition and eligibility requirements. All quality management system processes at all sites have to be substantially (i.e., >80%) the same and are operated to the same methods and policies. Some sites may conduct fewer processes than others. Sampling per IAF MD 1 will only be allowed for 9120 certifications, with defined geographic limitations. One address per site. 	<ul style="list-style-type: none"> All sites shall have a legal or contractual link with the central office. One quality management system with central control, management review, and internal audit. Central office can require other sites implement corrective action. Central collection and analysis of data, with the ability to initiate organizational change. The outputs from one site are an input to another site to realize the final product or service; a single value stream. Can be dissimilar processes at different sites or combination of sites that contribute to the same overall product or service. More than one product or service may be realized provided they are substantially (i.e., >80%) the same (e.g., a family of products) and realized through the same methods and policies. One address per campus. 	<ul style="list-style-type: none"> All sites shall have a legal or contractual link with the central office. One quality management system with central control, management review, and internal audit. Central office can require other sites implement corrective action. Central collection and analysis of data, with the ability to initiate organizational change. Processes at each of the sites are not substantially similar (i.e., <80% similar). Processes may be operated to the same or different methods and policies that are controlled through one common quality management system. Sites realize different products or services. One address per site. 	<ul style="list-style-type: none"> All sites shall have a legal or contractual link with the central office. One quality management system with central control, management review, and internal audit. Central office can require other sites implement corrective action. Central collection and analysis of data, with the ability to initiate organizational change. Overall structure contains combinations of multiple sites, campus (can be more than one campus), or several sites. Requires IAQG OPMT approval of rationale, justification, audit duration calculations, audit program, and sampling plan (for 9120, multiple site, or campus). One address per site and campus.

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Audit Duration (Audit Day Calculations):	<ul style="list-style-type: none"> 9104/1 Table 2 using the total number of employees. No reductions allowed, unless applying ASRP or CAAT. Additions allowed. 	<ul style="list-style-type: none"> 9104/1 Table 2 using the number of employees from each site. No reductions allowed, unless applying ASRP (as part of Category 2) or CAAT. Additions allowed. 	<ul style="list-style-type: none"> 9104/1 Table 2 using the total number of employees from all sites added together as a starting point. Require 10% additional time to support communication and other aspects of a campus. No reductions allowed, unless applying ASRP or CAAT. Other additions allowed. 	<ul style="list-style-type: none"> 9104/1 Table 2 using the total number of employees from each site as a starting point. 30% maximum reduction allowed at each site for reduced scope complexity (reference 9104/1 Table 4). No other reductions allowed, unless applying ASRP or CAAT. Additions allowed. 	<ul style="list-style-type: none"> Any combination of multiple sites, campus (can be more than one campus), and/or several sites. Calculate using requirements for each type of entity within the organization using 9104/1 Table 2. Requires IAQG OPMT approval.
Initial Audit:	<ul style="list-style-type: none"> One site with audit duration, as defined above. 	<ul style="list-style-type: none"> All sites audited with audit duration, as defined above. 	<ul style="list-style-type: none"> All sites audited. CB to allocate total time between all sites to achieve an effective audit. 	<ul style="list-style-type: none"> All sites audited with audit duration, as defined above. 	<ul style="list-style-type: none"> All sites audited.
Surveillance:	<ul style="list-style-type: none"> Annual surveillance using 9104/1 Table 2 (based upon 1/3 of initial audit duration). 	<ul style="list-style-type: none"> Refer to 9104/1 Table 3 for audit frequency and Table 2 for audit duration calculations. 	<ul style="list-style-type: none"> All sites audited using 9104/1 Table 2 for surveillance (based upon 1/3 of initial audit duration), plus minimum 10% additional time. 	<ul style="list-style-type: none"> All sites audited using 9104/1 Table 2 for surveillance (based upon 1/3 of initial audit duration). Up to 30% maximum reduction per site for reduced scope complexity. 	<ul style="list-style-type: none"> Dependent on combination of certification structures utilized.
Recertification:	<ul style="list-style-type: none"> Recertification using 9104/1 Table 2 (based upon 2/3 of initial audit duration). 	<ul style="list-style-type: none"> Refer to 9104/1 Table 3 for audit frequency and Table 2 for audit duration calculations. 	<ul style="list-style-type: none"> All sites audited using 9104/1 Table 2 for recertification (based upon 2/3 of initial audit duration), plus minimum 10% additional time. 	<ul style="list-style-type: none"> All sites audited using 9104/1 Table 2 for recertification (based upon 2/3 of initial audit duration). Up to 30% maximum reduction per site for reduced scope complexity. 	<ul style="list-style-type: none"> Dependent on combination of certification structures utilized.
Certificate Contents:	<ul style="list-style-type: none"> Single address listing; defined certification scope. 	<ul style="list-style-type: none"> Central function and all sites, including scope applicability statement for each site. Site with central function to be identified. 	<ul style="list-style-type: none"> One controlling address and scope for campus must be listed on the certificate. Each site within campus shall have an address and sub-scope of activity for the site. Site with central function to be identified. 	<ul style="list-style-type: none"> Central function and all sites to be listed on the certificate. Shall include an overall scope statement and scope statements for each site. 	<ul style="list-style-type: none"> Central function and all sites and/or campuses. Include scope applicability for all campuses and sites using criteria for each type of sub-organization.

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OASIS:	<ul style="list-style-type: none"> • Single OIN. 	<ul style="list-style-type: none"> • Each site listed in the OASIS database with a unique OIN. • Site with central function to be identified. 	<ul style="list-style-type: none"> • Controlling address listed in the OASIS database with a single OIN. • Site with central function to be identified. 	<ul style="list-style-type: none"> • Central function and all sites must be listed in the OASIS database and each site shall have a unique OIN. • Site with central function to be identified. 	<ul style="list-style-type: none"> • Each site and/or campus shall be listed in the OASIS database; each site and/or campus shall have a unique OIN. • Site with central function to be identified.

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