INTERNAL REGULATIONS PERTAINING TO ACCREDITATION FOR CERTIFICATION BODIES

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1. Preamble

The *Conseil des appellations réservées et des termes valorisants* (CARTV) establishes and maintains an accreditation program for organizations carrying out product certification programs under reserved designations.

These regulations provide detailed information about the assessment and the accreditation process for those bodies that apply to be granted accreditation for any scope comprised in the CARTV field of competence at the time of submitting application for accreditation.

The CARTV is governed by a Board that has been established under the *Act Respecting Reserved Designations and Added-Value claims*. Subject to this Act and to the *Regulation Respecting Reserved Designations*, the Board has determined its own rules and procedures (internal by-laws) in which are defined and broken up authority and responsibility for the accreditation of certifiers.

In this text, the term "Board" refers to the authority having decisional jurisdiction in matters involving the accreditation of certifiers. Regarding the decisions to grant, maintain, extent, reduce, suspend, withdrawn or to renew the accreditation, fall within the exclusive domain of the Board for reserved designations and added-value claims, and it is the latter which determines the scope of accreditation of those accredited bodies. The Board's composition reflects all the interested parties in the agriculture and the agrifood sectors.

The Board has entrusted the Accreditation Committee with the responsibility of evaluating initial accreditation applications or applications for renewal, as submitted by certification bodies. The Accreditation Committee members are different from those taking decisions regarding accreditation in accordance with the *ACA2PL4351* policy on the authority that makes accreditation decisions.

In order to increase the effectiveness of the accreditation process, an accreditation department called "Committee on Accreditation for Evaluation of Quality (CAEQ)" has been set up. The CAEQ is made up of the Accreditation Committee (external experts) and a Secretariat, whose staff is appointed by the CARTV.

The CAEQ's mandate consists of providing applicant or accredited certification bodies with accreditation services, in order to make recommendations to the Board, or any other competent authority with which the Board has concluded an agreement, regarding the appropriateness of granting, maintening, refusing, increasing, reducing or withdrawing accreditation.

- *CARTV/CAEQ is one of the Conformity Verification Bobies designed by the Canadian Food Inspection Agency (CFIA) for the oversight of the CFIA accredited certification bodies concerning the certification of organic products under the Canada Organic Regime.*

- *CARTV/CAEQ Audit reports are recognized by the European Commission to accompany Certification Bodies whom request a recognition to export organic products in Europe.*

- *The evaluation work of the certification process according to ISO 17065 is recognized by the SENASICA in Mexico.*

Accreditation is obtained as the result of a rigorous process. Whether applying for accreditation or for its renewal, applicants can expect to undergo several distinct control stages: starting with the preliminary application analysis, followed by forming an auditing team, reviewing documentation, carrying out on-site assessment, drafting the final evaluation report, making accreditation decisions and issuing certificates. The CAEQ is committed to carrying out each one of these stages in a competent and impartial manner, ensuring that the end result of the accreditation exercise will be one of quality. The accreditation program functioning is subject to the policy *IN2PL4300* concerning the organization's impartiality.

The CAEQ shall do its utmost to supply evaluation and accreditation services to applicants in their efforts to obtain accreditation, allowing them to:

- demonstrate their capacity to operate their certification program in an objective and competent manner;
- operate their program within a plan that will serve accredited organizations in an equitable manner;
- create confidence in the certification services they provide to firms, and also to consumers and to public authorities, both on the national and international markets.

The procedures used by the CAEQ to evaluate certification bodies that submit applications for accreditation must fulfill the general requirements pertaining to the assessment of accreditation bodies, as described in *ISO/IEC 17011*.

Many of the definitions used in these regulations are consistent with the standard terminology used in *ISO 9000 and ISO 17011*.

2. Purpose and Scope of Application

2.1 Certification bodies that are eligible for accreditation

Although not limited to these, the accreditation is specifically addressed to bodies carrying out one or more programs for which the goal is to certify products corresponding with any one of more of the following categories:

A. Tangible products

- *Agricultural products or foodstuffs*

a) bearing or are intended to bear descriptive labelling that refers to a reserved designation or to added-value claims, as recognized or authorized by Québec's Ministry of Agriculture, Fisheries and Food in accordance with the *Act Respecting Reserved Designations and Added Value Claims* when they are

produced in Québec and are intended for sale in that province, or,

b) bearing or are intended to bear labelling referring to the organic production methods in accordance with the *Organic Products Regulation - 2009* and bear the "Canada Organic" label, and with the equivalency arrangements signed between Canada and other countries, or,

c) bearing or are intended to bear labelling referring to the organic production method under a private standard equivalent to EU regulations including the EU compliance seal, insofar as they are intended for sale within EU countries.

d) bearing or are intended to bear labelling referring to the organic production method in accordance with the *Mexican national standard.*

B. Intangible products

- *Assorted services contributing to specific production systems*
- *Qualification of service suppliers*

2.2 Accreditation Manual

The evaluation leading to the accreditation of a certification body is carried out according to the accreditation manual of the CARTV or any other competent authority with which the Board has concluded an agreement. Accreditation granted to a CB by the Board or any competent authority with which the Board has signed an agreement means the latter, being a responsible and qualified third party, has the financial and organizational capacity to manage a certification program that will result in consistent and credible decisions.

2.3 Scope and duration of accreditation

The scope of the accreditation granted by the CARTV or any other competent authority specifies the one or more fields of certification for which the certification body is accredited, and also the regions within which the body may carry out its activities within the framework of this accreditation.

Accreditation is valid for five years. The body must reapply once this period has ended and its accreditation must be recommended to the Board, or any other competent authority with which the Board has an agreement, following the CAEQ's re-evaluation of its program.

2.4 Impact of other business activities on accreditation

Participation in the accreditation program administered by the CAEQ is not intended to prevent certification bodies from carrying out other business activities, in addition to those covered by the accreditation scope that has been requested or granted. However, operations resulting from these other activities should neither constitute an infringement nor result in conflicts of interest with a certification program included in the scope of the accreditation granted by the accrediting authority.

3. Definitions

Within the current document, the following definitions (with their French equivalents) apply:

Accreditation (Accréditation)
The act whereby the CAEQ Executive Board officially approves an independent organization as competent to operate a certification program in specified business sectors and countries.

Accreditation body (Organisme d'accréditation)
Authoritative body that grants accreditation.
Note: An accreditation body's authority usually stems from the government.

Accreditation body's advisory services (prestation de conseil de la part de l'accréditeur)

Participation in the activities of a given CAB, subject to accreditation;

Examples:
- preparation or development of the CAB's manuals or procedures
- participation in the implementation or management of the CAB's system
- offering of specific advice or individual training for the development and implementation of the CAB's management system, operational procedures or for its competences.

Accreditation certificate (Attestation d'accréditation)
Official document including a main page and a technical annex stipulating that accreditation or approval has been granted for a specific scope by an administrative authority.

Accreditation cycle (Cycle d'accréditation)
The period including the initial assessment or reassessment and the surveillance years between the assessment and the reassessment or between two reassessments.

Accreditation extension (Extension de l'accréditation)
Accreditation scope enlargement process following the application of a certification body to extend either the sectoral or the geographical scope of the accreditation it already holds.

Accreditation reduction (Réduction de l'accréditation)
Process that consists in withdrawing an accreditation for part of its scope.

Accreditation scope (Portée d'accréditation)
Specific conformity evaluation services scop for which accreditation is requested or has been granted to cover a standard, a specifications manual or a specific geographic area.

Accreditation suspension (Suspension de l'accréditation)
Process consisting in temporarily invalidating an accreditation for all or part of its scope.

Accreditation symbol (Symbole d'accréditation)
Symbol issued by an accreditation body to be used by accredited CABs to indicate their accreditation body status.

Note: the term "mark" is reserved for a body's direct conformity with a set of requirements.

Accreditation withdrawal (Retrait de l'accréditation)
Process that consists in withdrawing an accreditation in its entirety.

Annual report (Rapport annuel)
Report which the accredited certification body submits to the Competent Autority on an annual basis.

Appeal to a certification body (Appel logé à l'endroit de l'organisme de certification)
Request made by an operator towards an accredited certification body, for reconsideration of any adverse decision made by the certification body as regards to certification.

Appeal to the Accreditation Committee (Appel logé à l'endroit du Comité d'accréditation)
Request made by an operator towards the Accreditation Committee for cancellation of adverse decision made by an accredited certifier after having maintained its verdict following a first level appeal.

Approved reference standards (Normes de référence homologuées)
Basic official standards constituting requirements used by accredited certifiers to certify products bearing a particular designation.

Approved service (Service approuvé)
Intangible product (service) resulting from an activity carried out by a supplier on a tangible product at the request of a client ensuring the conformity of the product, and being approved by the certifier.

Assessment of a certification body (Évaluation d'un organisme de certification)
Process implemented by an accreditation body to evaluate the competence of a CAB based on standard(s) or other identified prescriptive documents and for a specific accreditation scope.

Note: The assessment of the CAB's competence covers all the CAB's operations and applies to the staff's competence, the validity of the conformity evaluation methodology, and the validity of the conformity evaluation results.

Assessment Plan (Plan de contrôle)

Document including:

a) the standard control procedure to be followed, containing a detailed description of the control measure intended for evaluating the operations, as well as precautions that the certification body undertakes to impose on operators in order to ensure compliance of certified products;

b) the measures that the certification intends to apply where irregularities and/or nonconformities are found while evaluating operations;

c) the means taken by the certification body to make sure that conditions aimed to resolve remaining nonconformities are adhered to by operators.

Certificate (Certificat)
Document issued by certification body attesting that the listed products result from operations that are in compliance with standards prescribed in the mentioned certification program.

Certification (Certification)
Procedure whereby a third party provides a written guarantee that a product, process or service conforms to stipulated requirements as the result of an evaluation exercise, whereby techniques or production systems, including preparation operations leading to changes to initial labelling, are evaluated as to their conformity to stipulated standards.

Certification body (Organisme de certification)
Impartial body or subdivision of an impartial body, also called conformity assessment body, which has the required ability and reliability to operate a system for certifying products within a specific accreditation scope.

Certification program (Programme de certification)
Application of a certification system to the production, processing, handling and marketing according to specific standards regarding a reserved designation.

Certification system (Système de certification)
Set of activities based on rules governing procedures and management for the purpose of certifying products in a given category, in accordance with established standards.

Certified product (Produit certifié)
Any product subjected to certification and resulting from a process, be it a tangible product intended for consumption (finished) or transformation (primary) in the form of an ingredient, and distributed by the firm responsible for ensuring that products meet and, if applicable, continue to meet requirements upon which the certification is based.

Committee on Accreditation for Evaluation of Quality (CAEQ) (Comité d'accréditation en évaluation de la qualité)
Entity entrusted with carrying out the initial and the ongoing competency evaluation of certification bodies registered in its accreditation program for the purposes of recommending their accreditation to competent authorities and deciding on maintaining the granted accredited.

Competence (Compétence)
Demonstrated aptitude to apply knowledge and expertise.

Complaint (Plainte)
Expression of dissatisfaction, other than that mentioned under the term "appeal," from any individual or company lodged with an organization and regarding the operations of this organization.

Conformity Assessment Body (CAB) (Organisme d'évaluation de la conformité (OEC))
Body that provides conformity evaluation services and that may be granted an accreditation.

Note: Unless otherwise stated, the term "CAB" used in this document applies to all CABs, whether they are applicants or accredited bodies.

Conformity Certificate (Certificat de conformité)
Document issued by certification body attesting that the listed products result from operations that are in compliance with standards prescribed in the mentioned certification program.

Conseil des appellations réservées et des termes valorisants (CARTV)
Organization having jurisdiction regarding compliance of products to stipulated standards pertaining to a designation (appellation) or added-value claims reserved by the Québec Ministry of Agriculture, Fisheries and Food and to which the *Act Respecting Reserved Designations and Added-Value Claims* grants the power to accredit certification bodies.

Continuous improvement (Amélioration continue)
Regular activity to increase the capacity to meet requirements.

Corrective action (Action corrective)
Action aimed at eliminating the cause of a detected non-conformity or another undesirable situation detected.

Designation (Appellation)
Designation of a product based either on its specificity, its production method or its geographic region.

Effectiveness (Efficacité)
Level of achievement of planned activities and expected results.

Efficiency (Efficience)
Relationship between the result achieved and the resources used.

Enterprise (Entreprise)
Institutional unit that has accounting and financial autonomy and that pools resources (staff, capital, soil, raw materials and services) in order to produce goods and services and, occasionally, to distribute them. It is operated as a business by an individual or several individuals incorporated as a legal person, which, in both cases, have legal status with regards to the purpose of their business (production of a product, merchandise trade, provision of services, etc.)

Note: To carry out its operations, the enterprise manages one or several separate operation sites (owned or rented) on each of which are found one or several production units that are under its responsibility.

Evaluator (Évaluateur)
Individual appointed by an accreditation body to evaluate a CAB alone or as a member of an evaluation team.

Expert (Expert)
Individual appointed by an accreditation body to contribute knowledge or expertise within the context of the accreditation scope to be evaluated.

Inspection (Inspection)
Visit to production sites to verify the compliance with standards of systems and operations, which result in the certification of products.

Interested parties (Parties intéressées)
Parties with a direct or indirect interest in certification.

License (Licence)
Document issued in conformity with rules of a certification system, by which a certification body grants an operator the right to use its mark of conformity and/or its issued certificate, whether on the firm's advertising, labelling or product presentation, or in commercial documents referring to it, owing total respect to the conditions set in the contract signed between both parties.

Mark of certification (Marque de certification)
Mark vouching for the certification control of a product, with a mandatory mention of the certification body's name, and an optional logo of the certification program.

Mark of compliance (Marque de conformité)
Mark vouching that a product or service produced by a system complies with established norms. A trademark or mark of certification may vouch for this compliance.

Non-conformity (Non-conformité)
Failure or weakness to comply with the requirements of regulations, criteria and standards. Failure in the implementation of the certification system.

Operation site (Site d'opération)
Geographical location where are concentrated the activities of a business that uses in a specific place lands and installations to supply specific products. Each operation site must be subject to an on-site inspection. Therefore, a farm and maple grove, even spatially adjoined, are two different operation sites that will require inspections at different times in the year. An operation site could include one or many production units.

Operator (Exploitant)
Enterprise that produces or prepares, under its own name or that of others, or that has produced or prepares by others under its own name, agricultural and food products of or aiming at production methods compliant with certification standards, and using a reserved designation (appellation) within its advertising, labelling, or in its commercial packaging or in documentation referring to it, for the purposes of subsequent marketing. The operator's activities can be held in one or many operation sites under its supervision.

Prevention (Prévention)
All the preventive actions against certain risks (non-standardized concept).

Preventive Action (Action preventive)
Action aimed at eliminating the cause of a possible non-conformity or another potentially undesirable situation.

Product (Produit)
Result of a process.

Note: The use of the word "product" may also mean "service," "software," "material product" or "product derived from continuous processes."

Product evaluation (Évaluation d'un produit)
Process, including a set of examination and inspection measures used by a certification body to insure conformity of operations, from which come the final products to be considered when applying for certification.

Production unit (unité de production)
Area with clear spatial delimitations, part of an operation site used by a firm to produce a farmed product or kind of food related to a specific type of operation. The production unit normally includes:
- In crop production, one or many fields close to each other;
- In animal production, livestock buildings and pastures;
- In maple production, buildings and maple grove;
- In aquacultural production, a pool or pond and the land surrounding it;
- For food production, the factory with its land and buildings.

Quality (Qualité)
Ability of a set of intrinsic characteristics to meet requirements.

Quality control (Maîtrise de la qualité)
Area of quality management that focuses on the fulfillment of quality requirements.

Quality management (Management de la qualité)
Coordinated activities to guide and control a body's quality, including:

- Establishment of a quality policy and quality objectives;
- Quality planning;
- Quality assurance; and
- Quality improvement.

Review (Revue)
Examination carried out to determine the relevance, appropriateness and effectiveness of what is being examined in order to meet specific objectives.

Note: The review may also examine efficiency.

Supplier (Fournisseur)
Party who has the responsibility to ensure that products comply or continue to comply with requirements on which certification is based. In this document, the words supplier and operator are used interchangeably and generally refer to an enterprise.

Surveillance (Surveillance)
All the monitoring activities, to ensure that the CAB continues to meet accreditation requirements during the period between the initial evaluation and the revaluation.

Note: Monitoring includes on-site surveillance assessments and other monitoring activities such as:

- information requests concerning accreditation sent to the CAB by the accreditation organization;
- an analysis of the CAB's statements regarding its accreditation;
- requests sent to the CAB concerning the provision of documents and records (for example: audit reports, results from internal quality control in order to verify the

validity of the CAB's services, the registering of complaints, and reports on management reviews);
- monitoring of the CAB's performance (such as the results from participation in aptitude tests).

Tangible evidence (Preuve tangible)
Information that demonstrates the existence or truthfulness of something.

Third party (Tierce partie)
Person or body recognized as independent from the concerned parties in relation to a specific matter.

Trademark (Marque de commerce)
Mark belonging to one or more enterprises used to distinguish marketed goods in the eye of the consumer. These enterprises are responsible for complying with currently applicable regulations and standards.

Transaction certificate (Certificat de transaction)
Document attesting to the organic certification of a specific batch of products within a commercial transaction framework.

Validation (Validation)
Confirmation, through tangible evidence, that requirements for a specific use or application have been met.

Verification (Vérification)
Confirmation, through tangible evidence, that requirements have been met.

Verification agent (Agent de vérification)
Person assigned by the certification body to inspect an operation site of a business applying for certification or renewal.

Verification audit (Audit de verification)
Review by the accreditation body of a previous inspection/verification carried out by a certification body at a specific site, in order to verify whether the certification process and the inspection plan were implemented in compliance with requirements.

Witness audit (Audit-témoin)
An operator inspection performed under normal certification body procedure in the presence of an auditor assigned by the accreditation body.

4. Applying for Accreditation

4.1 The CAEQ shall publish a sufficient quantity of information needed to allow all certification bodies to make decisions as to whether applying for accreditation would be opportune. The *ACA3PLR7101* document on information concerning the accreditation process specifies the nature of

information published by the accreditation body regarding accreditation requirements and finally the accreditation assessment program administered by the CAEQ.

4.2 Any certification body seeking information from the CAEQ regarding the procedures it applies for processing accreditation applications from certification bodies may consult the CAEQ Web site to access the *Internal Regulations Pertaining to Accreditation for Certification Bodies* and, if applicable, the specification manuals related to the products they wish to certify. Accreditation and assessment fees are enumerated in the fee schedule presented in *Appendix C* which can be consulted on the CAEQ Website. Any organization interested in obtaining a copy of the accreditation criteria and any other relevant information may submit a request directly to the CAEQ.

4.3 According to the terms of the accreditation program managed by the CAEQ, any certification body, regardless of its size or its associations, may submit an application. To do so, it must submit a properly completed and signed application form, including a registration fee payment. A copy of the application form may be acquired by contacting the CAEQ or by consulting its Web site. In addition, the certification body shall forward for each type of application all necessary documentation to the CAEQ (see details in *Appendix A*). The *ACA3PLR7201* document relative to accreditation applications specifies the arrangements made by the CAEQ so that certification bodies may submit a formal application for an initial certification or its renewal. When an accreditation application is made with the aim of changing the CVB, the conditions governing this change are defined in the *ACA3PLR7251* document.

4.4 On the application form, the applicant must specify the accreditation scope it expects to obtain, the certification program concerned and the categories of products to be certified. Currently, it may request accreditation for one or more of the following programs:

a) Certification of products according to Québec's Organic Reference Standards,

b) Certification of products according to Canada's organic standards under *Organic Product Regulation* (OPR 2009);

Note: This regulation covers food and drink intended for human consumption and food intended to feed livestock, as well as agricultural crops used for those purposes, and also the cultivation of plants. Neither aquaculture nor fertilizer products are subject to the OPR 2009. Product categories such as cosmetics, pet food, and natural health products are excluded from the scope of application of the OPR 2009. The body can also profit from the equivalency arrangements signed between Canada and other countries.

c) Certification of organic products according to private standards having equivalency with those published by the European Commission for export in the EU.

d) Certification of products intended to bear a reserved designation or added-value claim (other than "organic") recognized by the Minister of Agriculture, Fisheries and Food of Québec.

e) Verification of conformity of products or services certification system according to the requirements of *ISO 17065* standard.

4.5 Upon receiving the application, the CAEQ shall determine whether the documentation submitted is sufficiently complete to allow them to move on to review. If this documentation is deemed inadequate, the CAEQ shall inform the applicant to this effect, detailing the missing elements. The CAEQ may also communicate with the applicant or an independent source, in order to obtain any other information needed to examine the application, with costs being paid by the certification body.

4.6 Upon completion of the preliminary review, the CAEQ shall notify the applicant regarding the admissibility to its accreditation program.

5. Preparing for Assessment

5.1 Once the certification body has been considered eligible, the assessment process shall begin. The *ACA3PLR7501* document relative to assessment preparation specifies the arrangements made by the CAEQ to carry out an assessment of the certification system used by the body having applied for accreditation.

5.2 The CAEQ shall verify whether it is capable of assessing the applicant's certification system, based on its own policy and skills, and the availability of evaluators and experts. The *ACA3PLR7301* document relative to review of resources required specifies the arrangements made by the CAEQ to ensure it is capable of proceeding within reasonable time with an assessment of the organization applying for initial accreditation or its renewal as well as for surveillance audits.

5.3 Upon having completed its preparation, the CAEQ manager shall appoint one or more evaluators to go ahead and assess the program being carried out by the certification body. To do so, the manager may call upon CAEQ staff and also hire external evaluators whose professional skills have been recognized. In addition to the above, technical experts may be assigned.

5.4 Competency criteria for all evaluators include the following, among others:

a) Knowledge and understanding of the accreditation program operated by the competent authority under which accreditation is being requested (accreditation criteria and procedures)

b) Knowledge of the reference standards pertaining to the designation targeted by the certification program being examined. Practical experience in production, processing, inspection or certification management would be an important asset.

c) Professional training (or equivalent work experience) in the implementation or certification of quality system.

d) Knowledge of assessment methods including interview techniques and the ability to draft reports, among others.

e) Not currently involved in the management of certification activities falling within the scope of accreditation being requested.

f) Any evaluator acting as principal auditor must hold an auditor training certificate (according to *ISO/IEC 19011* requirements).

5.5 The CAEQ itself shall usually make the basic assessment for this accreditation, although another organization may be entrusted to carry out on the CAEQ's behalf, certain parts of the evaluation of a body that has joined the accreditation program. In such cases the Management shall sign a subcontracting agreement with it, specifying the audit plan to be observed and before proceeding, obtains approval from the certification body which is to be visited.

All organizations called upon by CAEQ to complete its assessment must be operating a certification program compliant with *ISO 17011*, according to an appraisal made by the CAEQ or any other competent authority.

Whenever specialized organizations have been subcontracted, the steps specified in the *ACA3PLR7401* document relative to CAEQ's subcontracting of assessments must be taken.

5.6 The one or more evaluators appointed (the CAEQ or a subcontractor) must not have been previously employed by a certification body or within a time period likely to affect their impartiality. They must also agree not to work for any other certification body involved in certification activities within the territory corresponding to the geographic scope of the accreditation being requested by the applicant, within a period of two years beginning on the assessment date.

5.7 The CAEQ shall inform in advance the Certification Body of the names of the members of the assessment team and if applicable the name of the subcontracted organization they belong, in order to allow it to object to the appointment of any particular assessor or expert. The *ACA3PLR7501* document relative to the handling of objections made by a certification body concerning an evaluator specifies the modalities to apply when the CAEQ has assigned an auditor or an expert. This would occur when the body is being assessed in view of having its accreditation granted, maintained, renewed or upheld by any competent authority.

6. Reviewing Documentation

6.1 The documentation submitted by the body shall be screened in terms of its compliance with certification requirements. The *ACA3PLR7601* document on documentation and document review specifies the arrangements made by the CAEQ to review documents and records sent by the certification body which is applying for initial accreditation or its renewal.

6.2 The CAEQ Secretariat shall first assess the certifier's ability to carry out a certification program, based specifically on the validity and the relevance of the documents and information obtained from this body, along with any other information deemed to be useful. If applicable, it shall establish any points of non-conformity. It must then ask the body to implement or complete implementation of any element required, thus ensuring it can adequately carry out its certification program. Based on the body's response, it shall provide the Accreditation Committee with a notice specifying that:

a) The certifier is fully capable of carrying out a certification program, or;

b) The certifier does not possess the general elements needed to properly carry out the certification program for which it has requested accreditation and therefore cannot be accredited.

If the Accreditation Committee indeed concludes that the certification body cannot be accredited at this stage, it shall terminate the evaluation process under way and informs the applicant body by registered letter. The *ACA3PLR7691* document on interrupting the evaluation process of a certification body covers all decisions made to interrupt the assessment of the organization applying for accreditation

6.3 When the applicant body is deemed capable of properly carrying out its certification program, all documentation concerning its program shall be subjected to review. This documentary review shall be based on the accreditation criteria adopted by the Board and set out in the *Accreditation Reference Manuals* of the accreditation authority to which the certification body has applied.

6.4 When the application is for a limited scope of accreditation, the Accreditation Committee shall take into account all evaluations carried out by any official body having granted accreditation to the applicant body. In this situation, the

Accreditation Committee will make sure to obtain a copy of the evaluation report that was prepared for this other accreditation body and related to the requested accreditation scope, provided that the certification body has been issued with this report during the past 12 months.

6.5 When the document review reveals points of non-compliance, the body shall be requested to rectify them. Any requests for corrective action involving non-compliant documents must all have been met before the evaluation visit takes place.

7. Assessing the Body Functioning

7.1 In applying for accreditation or to have its accreditation renewed, the certification body agrees to have its program submitted to assessment, in addition to a documentation review. This includes a meticulous on-site assessment examination of its certification activities, according to its monitoring plans. The purpose of this assessment is to verify whether the body manages its certification program in the manner described in its documentation. The *ACA3PLR7701* document for on-site assessments specifies the arrangements made by the CAEQ to assess the one or more offices where one or more of the applicant's fundamental activities are being carried out.

7.2 The assessment includes a visit to the certification body's main office, as well as any other offices where activities linked to the body's certification program are carried out, relative to the certification included in the scope of accreditation being requested. The purpose of this initial assessment visit is to determine whether activities related to the body's certification process are equivalent to those measures foreseen in its quality manual.

7.3 In the event the applicant body carries out tasks related to the certification process in more than three offices including its main office, the Accreditation Committee will use a sampling technique to determine which three offices to visit, based on the following criteria:

a) The main office is obligatory, and then

b) The body's two or more offices most affecting clients, or

c) The two offices in which the most important tasks linked to the body's certification process are carried out.

7.4 During their visits to each of the offices chosen, the evaluators shall gather objective evidence needed to assess the extent to which the organization fulfils the certification requirements related to the accreditation requested.

8. Assessing Control Plan Implementation Level

8.1 The *ACA3PLR7801* document related to the process of decision on the recommandition for granting or maintaining of accreditation defines the approach used by the CAEQ to assess the certification body's compliance relative to the accreditation manual, thus allowing a decision to be made on an initial accreditation or its renewal and maintaining. The policy also determines

the allotment of tasks within the CAEQ among the Accreditation Committee, responsible for assessing certification bodies so as to recommend granting the initial accreditation or maintaining it, and the staff assigned to assessment tasks.

8.2 Audit Notice

The CAEQ Secretariat shall send to the applicant the information, documentation and instructions needed to conduct the on-site assessment visit, along with a cost estimate linked to this visit. The names of the evaluators assigned shall also be sent, and for a valid reason, the body may object to the appointment of any evaluator mentioned. Based on the reasons the body indicates, the CAEQ Secretariat shall either appoint another evaluator or retain the one originally chosen.

8.3 Visiting Certification body's Office

8.3.1 The assessment team shall begin every visit with an opening meeting held with the certification body's management, to specify the scope of the assessment to be carried out, explain the audit's objectives relative to the accreditation criteria and announce the work schedule.

8.3.2 Following the opening meeting, the assessment team shall meet with management, employees and contractors to carry out the required interviews.

8.3.3 The assessment team shall then conduct a rigorous examination of a sampling of the operator's certification files . The examination of files ensures that:

a) The documentation found in the file (i.e. signed contracts, most recent operational compliance management plan, inspection reports, decision sheets and other correspondence, copies of certificates, etc.) is complete and up-to-date.

b) The inspection reports contain the amount of information needed to make decisions pertaining to the certification.

c) The body's decisions are consistent with the review results of the operational compliance management plan submitted by the applicant and the inspection report following from visits made to operation sites.

d) The control body has monitored the implementation of all corrective actions, if any, requested of operators having products certified.

The evaluator shall base the quantity and choice of files to be examined on sampling rules determined by the competent authorities (CARTV, CFIA, EU,…).

a) In case of initial application , the evaluator carries out a verification of files according to the table referred in *ACA3PLR7501* document.

One part of files included in the sample shall be randomly selected, in relation to the various operation categories being managed by the companies registered with the body, and the other part composed of files previously targeted at the auditor's discretion (eg. known complaint). If necessary, the number of files reviewed by the evaluator may then exceed the amount required according to the sampling rules.

8.3.4 The assessment team shall verify the competence of the personnel involved in the certification activities, within the framework of the positions they hold. To do so it shall scan these employees' competence, training and education through records in the employees' files. It shall then conduct interviews with some of them.

8.3.5 The assessment team shall conclude its visit by holding a closing meeting, during which it presents the audit findings and any discrepancies identified to the certification body's management.

8.4 Witness audit

The auditor shall observe the inspection of at least one of the certifier's operating sites, conducted by an inspector assigned by the certification body. The purpose of any witness audit is to confirm that the inspection procedures are properly implemented.

8.5 Verification audit

The auditor performs an audit with an operator under the control of a certification body to verify if the certification process and the inspection plan were applied as required.

8.6 Audit Report

8.6.1 Upon finishing the site visits, the evaluator shall draft an audit report based on the results of the assessment. This report includes comments on competency and compliance, and identifies any non-compliances that need to be dealt with in order to meet all accreditation requirements.

8.6.2 The evaluator shall send the audit report to the applicant body, inviting it to comment on the report's content and to describe specific

actions taken or foreseen within a specific given timeframe, in order to resolve all non-compliances identified.

9. Evaluation Report

9.1 Upon receiving an action plan designed to resolve the non-conformities identified, the CAEQ Secretariat shall prepare a draft of the evaluation report. It includes the result of the analysis of all information and evidence found during the document and record review and the on-site assessment. It contains also the conclusion of the assessment team regarding the competence and the extent of conformity of the certification boby with the requirements for accreditation. This report includes among others:

a) General information about the certification body, including an accreditation background,

b) An assessment of the certification program's independence relative to the applicant body's other activities,

c) An assessment of how well the certification practices comply with the quality manual published by the certifier, including the control plan in relation to the scope of certification requested,

d) A summary report on the assessment visit, including persons interviewed, sites visited and observations noted,

e) All non-compliances identified by the evaluator,

f) The plan of action to be implement by the body to resolve the non-compliances,

g) A reconciliation analysis indicating to what extent the action plan may correct all non-compliances,

h) A summary of the evaluator's principal findings and the recommendations made.

9.2 The draft of the assessment report shall be made available to the Accreditation Committee members for their review. They shall review the report to validate non-compliances relative to the accreditation's applicable reference manual requirements and the deviations between the certification program's documentation and its current application. It shall also clarify any issue related to a finding about which the assessment team has not reached a conclusion.

9.3 Following this stage, the Committee shall establish the instances of non-compliance if applicable and inform the body via an official notification in which it requires the implementation of any measures intended to correct the instances of non-compliance detected. Everything shall be done in compliance with the *ACA3PLR7851* document specifying the modalities

covering corrective action requests made to a certification body having been assessed by the Accreditation Committee, as well as communications between the certifier and the CAEQ on implementing corrective actions, including the resolution of any disputes with the certification body that might surface in light of the requests.

9.4 The Accreditation Committee may ask the body for even more information and additional evidence regarding the implementation of actions taken or even conduct a follow-up assessment to verify whether the body has implemented the corrective actions.

9.5 When the Committee is satisfied with the responses obtained from the applicant organization, and it has completed all the necessary verification, it shall take a position on the body's degree of competence and compliance. Within a reasonable timeframe, it shall draft recommendations to the Board or any other competent authority with which it made an agreement.

9.6 In the event the Accreditation Committee is unable to make a recommendation, the Board itself shall determine the accreditation status or, if applicable, make a recommendation to the competent authority to which the accreditation application was submitted.

9.7 The evaluation report shall include the decision made about recommending or not the accreditation of the applicant certification body. The accreditation shall not be recommended as long as all identified non-conformities have not been addressed adequately by the applicant body.

10. Deciding on Recommendation to Accreditation Authority

10.1 When the Committee submits its recommendations to the competent authority as to the accreditation status that should be granted, it may recommend either:

a) In the case where the Committee finds that the applicant organization conducts a certification program compliant with the accreditation criteria by means of an assessment plan that matches the approved specification manual or specified in the accreditation application;

b) An accreditation including requirements for amendments to the certification management system within a specified period, in the event of deficiencies. The time allocated must take into account the deficiencies and certifier's ability to carry out the required changes on time. The requirements established must be met within a maximum period of twelve months or less.

c) An accreditation refusal in the following cases:

- One or more non-compliance instances persist, obviously reflecting the body's inability to control requirements applying to the products

being certified, relative to the certification requirements for which it requested accreditation;

- A large number of non-compliance instances persist, such that the cumulative impact undermines the integrity of the products to be certified.

10.2 The Accreditation Committee shall send a copy of the evaluation report to the applicant body and at the same time notify it of the recommendation it makes to the competent authority regarding the accreditation status.

10.3 In the event of a refusal, the Accreditation Committee shall state in its letter the reasons for its decision and advise the applicant of their right to request that the Board or any competent authority review the decision within 30 days after receipt of the notice.

10.4 In the case of accreditation with conditional requirements, the Accreditation Committee shall submit to the certification body one or more corrective action requirements to be implemented, along with a realistic implementation schedule needed to meet these requirements.

10.5 If the certification body is unable to meet the requirements as presented, it may request that the Accreditation Committee reconsider one or more of them, or even their timeframe, in light of additional information. The Committee shall thus reassess this information regarding whether they maintain the initial requirements, establish new requirements, or even drop specific requirements.

10.6 According to Section A4 of *ACA3PLR7801 document on the Process on decision of the Recommendation for Granting or Maintaining Accreditation,* the Accreditation Committee shall provide the accreditation authority with all the information required to make the decision, including it in the definitive version of the evaluation report.

11. Accreditation by the Board

11.1 The Board shall make a decision whether or not to accredit the applicant certification body or to extend the scope of the accreditation already granted to the latter and in doing so, it must abide by the *ACA3PLR7801* document on the *Process on decision of the Recommendation for Granting or Maintaining Accreditation*. In accordance with this document, the Board shall make sure that it has in hand sufficient information to make its decision.

11.2 Where it uses the results of an evaluation already performed by another accreditation organization, the Board shall have assurance that the other accreditation body was operating in accordance with the requirements of the ISO 17011 Standard.

11.3 When the accreditation decision falls under the *Québec Act Respecting Reserved Designations and Added-Value Claims*, it must be made in

accordance with *Policy pertaining to the Publication of the Board's Accreditation Decisions ACA2PL7961*. This policy describes the Board's duties and responsibilities, and to ensure that its decisions to grant or withdraw accreditation take effect and come into force.

11.4 Once the Board or any competent authority has decided to grant the accreditation, the accreditation director shall forward an accreditation contract to the certification body, binding the latter to comply with the agreed requirements and deadlines. The *ACA3PLR8101* document relative to the accreditation agreement defines the rights and obligations of the of the Committee on Accreditation for Evauation of Quality (CAEQ) and of the certification bodies accredited by any competent authority that recognize the CAEQ as a conformity verification body.

11.5 The accreditation contract shall include in particular the following provisions:

a) on how the certification body must refer to accreditation and use of symbols. The *ACA2PL8301* policy relative to accreditation references and use of symbols is intended to specify the arrangements made by the CAEQ to make sure any reference to accreditation, including the use of symbols, corresponds at all times uniquely with the accreditation decision made by the accreditation authority, particularly within the scope of this accreditation

b) obligating the certification body to accept any inspection assignments requested by the competent authority regardless whether they are for the entire processing chain, parts thereof or single operators.

11.6 The validity period for accreditation granted by the Board shall be five (5) years from the date the accreditation agreement was signed. To have the accreditation renewed once this period has ended, each certification program included within the accredited body's scope of accreditation must have undergone a complete reassessment.

11.7 Following the signature of the accreditation agreement by both parties, the CAEQ shall issue to the accredited certification body a certificate mentioning:

a) The full name and logo of the CAEQ;

b) The legal name of the certification body, as well as any commercial name under which it operates;

c) The address of any premises from which one or more key activities are performed and which are covered by the accreditation;

d) The unique accreditation number of the accredited certification body;

e) The effective date of granted accreditation and the expiry date;

f) A complete reference to the standards and norms with which the certification body has been deemed to comply;

g) The complete reference to the accreditation scope, including any certification programs for which the accredited body has been accredited in association with;

h) The territories (countries) where the body is authorized to operate within its scope(s) of accreditation;

i) The full name of any competent authority that has granted accreditation or approval for a given certification program.

The *ACA3PLR7941* document relative to accreditation certificates issued by the CAEQ specifies the information included in the accreditation certificate sent to each certification body, following its accreditation.

11.8 In the case of non-compliance with the terms of accreditation agreement, the Committee may recommend the competent authority to suspend, reduce or cancel the accreditation or approval of the defaulting organization.

12. Obligations Resulting from Accreditation

12.1 Scope of Accreditation, Mutual Recognition and cooperation

12.1.1 The certification body shall only be accredited for product classes covered by reference standards regarding the designation to which its products refer.

12.1.2 Beginning one year after first approval accreditation, the accredited certifier must not certify and/or inspect according to standards on their own, when the certification program included in the body' accreditation scope now provides for certification according to an approved standard for the same category of good, processes or services.

12.1.3 The accredited bodies must automatically and unconditionally accept the certification decisions made by:

a) any other certifier accredited by the Executive Board, under a similar scope of accreditation and involving domestic products (traded within Québec);

b) any other certifier approved by another competent authority, under a similar scope of accreditation, when it concerns products which fall under this competent authority's jurisdiction.

12.1.4 Accredited bodies shall cooperate as far as possible with other certifiers approved by the same administration authority under a similar scope of accreditation to ensure equal application of

standards and inspection and certification procedures, and therefore observe cooperation rules laid down by the administrative authority.

12.2 Information on Companies that Hold Compliance Certificates

12.2.1 Any certification body accredited by the Board or an competent authority linked with the Board for a full or limited scope shall notify the CAEQ of the granting, extension (newly certified products), reduction (products no more certified), suspension or withdrawal of any certification within the deadline definied in Annex B of this Regulation or according to the frequency definied by the competent authority , when the referred certification is included within the accreditation scope of the certification body. On this occasion, the certifier's notification must contain all data required for each operator subject to a certification decision, including the concerned certified products. In accordance with the agreements taken, the CAEQ will transmit this information to the concerned competent authorities.

12.2.2 Appendix B within these internal regulations contains a list of data required from each accredited body, and pertaining to each operator under its control, as long as it holds a compliance certificate for those certified products included within the category of products covered by the certification body's scope of accreditation.

12.3 List of approved inputs

12.3.1 A certification body that has received accreditation for the scope to approve inputs (including auxiliary agents) on positive lists is obligated to make current issues of the list available to the concerned competent authority as well as to the approved certification bodies so they can be used as a tool for assessment for all operators registred to the same certification scheme.

12.3.2 Lists which are issued on confidential basis to a specific client will not be disclosed to the other approved certification bodies and their clients.

12.4 Annual Report

12.4.1 After each calendar year, all accredited organizations shall submit to the Accreditation Committee an annual report containing the information required by the competent authority or the following for the Board:

a) An update of documents required to obtain accreditation, and included on the list the CAEQ sends to certification bodies each year;

b) All major changes that took place during the previous year and that have affected administrative structures and directors, including the organization's managers and committee members, including the names of persons having been newly appointed;

c) All modifications made to policies, internal procedures and regulations governing the organization and its certification system;

d) The number of certificates newly issued, renewed, suspended and withdrawn, for each certification program included in the scope of accreditation allocated;

e) The number of unannounced visits and the number of samples;

f) The list of reconsideration requests (or appeals) submitted by the operators regarding decisions made by the body related to the products within the framework of a certification program included in the scope of accreditation allocated;

g) A copy of the registry of complaints against the organization and involving operators licensed within the framework of programs included in the scope of accreditation allocated;

h) A copy of the registry of exemptions granted to licensed operators by the body if it is permitted by the accreditation program and at a minimum including the following information:

- nature of exemption
- period of validity
- grounds upon which decision was based.

i) A financial statement showing the organization's income and expenses regarding its overall certification activities during the period covered, along with details on income obtained from its certification activities regarding the scope of the accreditation attributed;

j) A copy of the registry of reports regarding the misuse of the certifier's mark or any official mark related to a regulation for products certified according to a specification manual comprised in the accreditation scope of the body;

k) A copy of the latest reports regarding the internal audit and the management review (if applicable).

12.4.2 The Accreditation Committee may additionally demand any relevant document.

12.4.3 The certification body's annual report shall be completed using the form provided by the CAEQ Secretariat. It shall be signed by authorized personnel and be submitted to the Accreditation

Committee during the first quarter following the end of calendar year.

12.5 Other reports

12.5.1 Any accredited organization whose certification program is subject to conditional requirements must submit a report, within the agreed deadline, on the methods implemented to meet these requirements.

12.5.2 The accredited certifier shall submit to the competent authority, when requested, detailed inspection documentation in order to permit the competent authority's internal technical body to ascertain the level of the certifier's membership to the Standard and any procedural rules or interpretations issued time to time by the competent authority. Internal technical committees members shall be bound to treat any of these information confidentially.

12.6 Payment of accreditation fees

12.6.1 Fees related to accreditation maintenance are described in the fee schedule that is published under Appendix C of these regulations.

12.6.2 The certification body shall pay each year a fee as determined by the accreditation authority plus tax if applicable per operation site (facility/unit) inspected and/or certified, in accordance with rates applicable as indicated in the fee schedule.

13. Surveillance Activities and Reassessment of Certification body

13.1 Surveillance Activities

13.1.1 The surveillance of accredited certification bodies shall be carried out using various measures, particularly monitoring visits, which must take place during the accreditation period.

13.1.2 The *ACA3PLR7113* document relative to the surveillance of accredited organizations specifies the arrangements made by the CAEQ to monitor accredited certification bodies, within the scope of accreditation granted to them.

13.2 Surveillance Visits

13.2.1 Unlike the initial and re-evaluation visit intended to audit the program generally, the surveillance visits shall entail the verification of precise program elements, particularly those identified by the Accreditation Committee. For all surveillance visits a written report must be prepared, according to the standard practices used to draft reports.

13.2.2 The first on-site surveillance assessment at the certification body's office shall take place within twelve months following the date of initial onsite visit. The CAEQ shall carry out each subsequent evaluation visit no later than two years following the date of the most recent on-site evaluation. Satellite offices from which one or more key activities are performed and that were not visited during the initial accreditation assessement, shall be assessed during the accreditation cycle.

13.2.3 At any time during the accreditation cycle, and upon its own initiative, the CAEQ may carry out an extraordinary surveillance visit as a result of complaints, major changes or to verify the implementation of corrective actions, at the expense of the certification body.

13.2.4 The assessment team may use distance audit techniques (such as interactive Web-based cooperation, Web meetings, teleconferences and/or electronic organizational audit procedures), to assess the certification program's implementation. The decision to conduct a remote audit shall be made by the CAEQ Secretariat. This takes the place, if applicable, of an on-site visit as long as the carried-out assessment activities can generate results similar to those obtained during an on-site visit. The ACA3PLR7771 document relative to the remote audit specifies the arrangements made by the CAEQ to perform a remote evaluation.

13.2.5 For each planned surveillance visit carried out during the accreditation cycle, the evaluator carries out a verification of files according to the table referred in *ACA3PLR7501* document.

Note:The sampling can be different according to the standard of the competent authority.

13.2.6 Over the length of the accreditation cycle the CAEQ shall conduct witness audits according to the table referred in *ACA3PLR7501* document as a means of verifying that the accredited certification body satisfactorily implements its inspection procedure.

The CAEQ shall choose the operation sites where the witness audits will be conducted by taking into consideration the certification body's schedule for on-site inspections.

Note:The sampling can be different according to the standard of the competent authority.

13.2.7 Over the length of the accreditation cycle the CAEQ shall conduct verification audits to confirm the information appearing in certification files.

The number of verification audits per accreditation cycle is referred in *ACA3PLR7501* document. The CAEQ shall choose the operators where the verification audits shall be conducted.

Each verification audit must allow the evaluator to verify that:

a) The operator has on-hand a copy of the certification body's requirements, including specifically the standards to be met as well as requests for corrective actions submitted to the operator by the body.

b) The operational compliance management plan relative to the scope covered by the certification is available and understood by the staff assigned to produce the certified products.

c) The inspection report adequately describes the operator's production system.

d) The inspection was carried out according to the procedures so as to ensure proper detection of instances of non-compliance relative to the prescribed standards.

The sampling can be different according to the standard of the competent authority.

13.2.8 The lead auditor shall record findings from any on-site visit, or witness audit as well as the results of the verification audit. The CAEQ shall provide the certification body with a report including results of these surveillance activities and notify it about any non-compliance.

13.3 Changes to Legal Status, Control Structure and Certification Operations

13.3.1 The legal status of an accredited certification body may be modified during the accreditation period. This also applies to the corporate control structure, which may change following a business transaction involving the accredited body.

13.3.2 Changes in the legal status or corporate control structure may affect the certification body's accreditation. They must therefore be reported to the CAEQ, since it is an obligation included in the Accreditation Agreement in compliance with the *ACA3PLR8101* document. The *ACA2PL9131* policy pertaining to the impact of changes on an organization's status or structure defines the accreditation modalities covering the assessment of these changes up to and including the resulting decision, as well as who is responsible for carrying them out.

13.3.3 The accredited certification body shall immediately inform the CAEQ of any significant changes that affect its certification activities or its functioning with respect to its scope of accreditation. Major changes concerning its sectoral scope as well as its geographical scope of accreditation must be reported to CAEQ.

13.3.4 Any significant change related to the organization, the top management and key personnel of the certification body must be reported without delay to the CAEQ by the accredited body.

13.4 Reassessment of Certification Program

13.4.1 A reassessment of the accredited certification programs shall be conducted at least once every five years after the body has applied to renew its accreditation. It shall be carried out during the last term of the fifth year of accreditation. For exceptional reasons, it may be conducted at another time. This full report on the reassessment shall be prepared, according to the standards used to draft the initial evaluation report.

13.4.2 The accredited certification body shall apply for the renewal of its accreditation at least eight months prior to the end of the accreditation period.

13.4.3 The *ACA3PLR7111* document related to the accreditation renewal process identifies the various assessment steps in the revaluation process for certification bodies and specifies the minimum and maximum duration of each of these steps such that the CAEQ and certification bodies can manage their deadlines.

13.5 Extension and Reduction of the Accreditation Scope

13.5.1 An accredited certification body may apply to have its accreditation scope extended or reduced. In this case it shall state the objectives of and the reasons for this request. The *ACA3PLR7121* document relative to extended accreditation and the *ACA3PLR7131* document relative to reduced accreditation determine the motives by which the CAEQ could recommend to a concerned accreditation authority that a body's scope of accreditation be extended or reduced, and also who is responsible for assessments and decisions related to these aspects.

13.5.2 In the case of a request for an extended scope of accreditation, the body shall also supply documents related to the control measures it intends to put into effect. A list of documents to be submitted for each type of extension can be found on the CAEQ Website.

13.5.3 All applications for extension or reduction in the scope of accreditation are sent to the Accreditation Committee for assessment. The latter then shall make a recommendation to the accreditation authority as to grant or not an extension or reduction in the scope of

accreditation. It then informs the certification body of its recommendation.

14. Decisions relative to accreditation

14.1 Board Decisions (when the Board is the accrediting authority) or any competent authority

The Board or any competent authority are the bodies that make decisions regarding the accreditation of applicant bodies. It is also the body that makes decisions affecting the accreditation status of accredited certification bodies, including extension or reduction of the scope of accreditation, renewal, suspension or cancellation of the accreditation

14.1.1 The Board or any competent authority shall base their decisions on information that has been provided by the CAEQ Secretariat, which sends recommendations made by the Accreditation Committee that it may or may not ratify unchanged.

14.1.2 The Board or any competent authority may suspend a certification body's accreditation as a result of repeated failures, a failure to co-operate in the course of surveillance activities including the investigation of an issue, failure to address an issue satisfactorily, or request for temporary surrender of the accreditation. Suspension will not be lifted unless satisfactory resolution of the issue(s) which had caused suspension has been decided by the Accreditation Committee.

14.1.3 The Board or any competent authority may reduce a certification body's scope of accreditation in order to exclude any certification program sections that the body has consistently been unable to carry out in a satisfactory manner, resulting in some persistent doubt as to its competence in providing certification for one or more product areas.

14.1.4 The Board or any competent authority may revoke accreditation of a certification body when:

- it fails to adequately rectify the issues that have led to its suspension;
- there is a significant issue affecting the credibility of the auditing standards prescribed in the Accreditation Reference Manual;
- there is a material breach to one or several sections of the Accreditation Contract.

14.1.5 Before a certification body's accreditation can be formally suspended or revoked, it shall receive notification from the Accreditation Committee informing it of each non-compliance detected and requiring that it be corrected to the Accreditation Committee's satisfaction, within the prescribed timeframe, failing which the accreditation is suspended or revoked, depending on the applicable situation. Once a non-compliance is considered resolved, the Accreditation Committee shall inform the certification body. However, before doing so, the Accreditation Committee may require an on-site visit to verify whether corrective measures were properly implemented, with the certification body being responsible for any charges incurred.

14.1.6 The Accreditation Committee shall inform by letter any certification body on which it has rendered of a negative decision (recommendation of suspension or withdrawal of accreditation, etc.). The Accreditation Committee shall state the reasons for its decision in the letter and advise the body of their right to request that the Board review the decision within 30 days. Lastly, the Committee shall specify in the letter the date on which the decision will take effect, at the end of the review or appeal period.

14.1.7 The Board shall or any competent authority revoke, within the time specified in the contract, the accreditation of any certification body that has ceased its operations, whenever this discontinuance has not resulted from a merger, a sale or any other transfer of ownership to another certification body or after it has notified the Board or any competent authority of its intention to withdraw.

14.1.8 Whenever a certification body has its accreditation suspended, its name and description sheet shall be transferred to the list of inactive organizations. When the accreditation is revoked or lapses, all details related to the concerned organization shall be removed from the list of accredited certifying organizations. The body must then forward to the CAEQ all certification files related to those companies whose products were certified by the body, within the accreditation scope granted to it. When the withdrawal of accreditation of a Certification Body has been ratified by the Board or any competent authority and the appeal deadline has expired, the CAEQ shall ensure that the companies affected are advised accordingly.

14.1.9 Any certification body that has had its accreditation revoked may again apply for accreditation within twelve months following the date on which the revocation decision was made.

14.2 Accreditation Committee Decisions

14.2.1 After each audit or major problem, the CAEQ Secretariat provide the Accreditation Committee with a report concerning the level of compliance with accreditation requirements, methods followed by the certification body to comply, as well as any action that might change the accreditation status. This report shall include a summary of all

monitoring activities carried out by the CAEQ during the previous calendar year, in order to oversee the certifier's performance and compliance.

14.2.2 According to the content of this report, the Accreditation Committee may, if applicable, subject the body to conditional requirements, to be fulfilled within a specific deadline.

14.2.3 Depending on the results of the reconciliation analysis carried out to ensure convergence of the corrective measures the body intends to put in place in order to fulfill these requirements, the Accreditation Committee shall make a decision regarding the continuation of the certification body's accreditation.

14.2.4 If the Committee decides that accreditation should be continued, with or without conditional requirements, it shall notify the accredited body.

14.2.5 If the Committee decides that accreditation cannot be maintained as is then it shall make a recommendation to the accreditation authority and then inform the certification body of it. This recommendation may be either to suspend, cancel the accreditation or to reduce its scope of the accreditation.

14.2.6 The *ACA3PLR7131* document provides a framework by which the CAEQ can make decisions on recommending any type of punitive action against certification bodies which breach the requirements contained in the contracts signed with the CAEQ, within the framework of their registration in the accreditation program.

14.2.7 A certifier may request to opt out of the accreditation program. Such a case would lead to an interruption in the accreditation application process, should the body request it, either an accreditation suspension wherein the accredited body would temporarily cease to operate or a complete abandonment of its accreditation, because this body would permanently cease to operate its certification system within the scope authorized. The *ACA3PLR7133* document relative to voluntary withdrawal from the accreditation program specifies the applicable proceedings whenever a certification body requests to opt out of the CAEQ's accreditation program.

15. Appeals

15.1 Appeal made by a certification body registered to the accreditation program

15.1.1 A certification body may appeal any negative decision made by the Accreditation Committee (e.g., refusal, suspension or withdrawal of accreditation). The *ACA3PLR7911* document relative to appeals specifies the modalities followed by certification bodies to enter appeals against any unfavourable decisions made against them regarding accreditation.

15.1.2 Any appeal must be filed within 30 days following the reception of

the decision notice. It must be submitted along with the amount of money required to cover the costs of the appeal. The CAEQ Secretariat must provide the applicant with an appeal form.

15.1.3 In order for an appeal to be admissible, it must give cause to a justifiable procedural error, misinterpretation, or inconsistency regarding the Committee's previous decisions.

15.1.4 All appeals meeting acceptance criteria as listed above shall then be forwarded to the CARTV Appeals Committee.

15.1.5 This committee shall investigate the appeal on the basis of the line of reasoning submitted in the file that accompanies its application. The committee shall accept or reject the appeal after the hearing process. Its decision is final and it must be ratified by the Board if it is the accrediting authority.

15.1.6 The CAEQ Secretariat shall inform the appellant, by registered mail, of the outcome of the appeal that it lodged. It shall also inform it that it can appeal the verdict of the Appeals Committee if it has applied for accreditation to an competent authority other than the Board or if it already holds an accreditation thereof when this competent authority has provided for an additional level of appeal in its procedures. In such cases, the CAEQ Secretariat shall provide the body with the name and complete contact information of any authority to which an additional appeal may be lodged.

Note 1: In accordance with the Organic Products Regulations – 2009, the certification body, to which the CAEQ refuses to recommend approval to the CFIA, may request that the latter review its decision within 30 days after receipt of the notice informing it of its decision (Section 7).

Note 2 : In accordance with these regulations, bodies that have an accreditation number provided by the CFIA may request it to review a negative decision, made by the Accreditation Committee and upheld by the Appeals Committee, within 30 days after receipt of the notice informing it of the decision (Section 9 (5) b) and (6) b).

16. Complaints

16.1 Complaints about the accreditation program implementation

16.1.1 Should a certification body believe that it has been injured in the course of the accreditation program implementation, it may file a complaint with the Accreditation Director.

16.1.2 Any complaint from a certifier shall be brought to the attention of the Board. It shall be processed according to the policy *IN2PL5901*.

16.2 Complaints Concerning an Accredited Certification body

16.2.1 Complaints or even verification requests regarding the performance of an accredited certification body shall be submitted in writing and accompanied by justifying evidence or documents. The admissibility of any complaints must be determined.

Any complaint deemed admissible is handled in accordance with the *ACA3PLR5900* document regarding the handling of complaints concerning accredited certification bodies.

16.2.2 If it seems appropriate, the CAEQ may both inform the body concerned by the denunciation, and invite it to comment. A confidential investigation may be initiated on behalf of the CAEQ in order to provide elements of proof.

16.2.3 The case shall be examined by the CAEQ as soon as enough items of evidence have been gathered.

16.2.4 Should it be justified by the results of the investigation, the CAEQ may impose disciplinary measures.

17. Confidentiality and Conflict of Interest Management

17.1 All information provided by the applicants in connection with an information request about accreditation, an application for accreditation or an assessment, is confidential. Such information is entirely or partly examined by a small group of CAEQ staff, external evaluators if necessary, the Accreditation Committee and the accreditation authority representatives. All of them are made aware of the confidentiality requirements. Such information shall not be released unless either the applicant or accredited organization provides to the CAEQ permission in writing to do so. As long as it is not accredited, the CAEQ does not disclose the name of the applicant organization unless it makes such a request in writing. Information management and confidentiality are administered in accordance with the *ACA3PLR4401* document.

17.2 In order to avoid actual or apparent conflicts of interests, any person directly involved in the evaluation or deliberations leading to decisions related to the accreditation of certification bodies shall abide by to the rules of conflicts of interests published in the CARTV's code of ethics and deontology. These rules are consistent with the principles set forth in *ISO/CEI 17011*. In order that its accreditation services be impartial and objective, any person directly involved in actions relating to the accreditation process of a certifier shall avoid direct participation in CAEQ or Board's activities that may involve an actual or apparent conflict of interest. Trust in the objectivity and impartiality of the body's services and decisions are ensured through the application of the *IN2PL4300* policy.

18. Accredited Certification Body Profile and Public Information

18.1 Once an accreditation status has been established by an competent authority, a descriptive profile of the accredited certification body shall be drawn up by the CAEQ. The *ACA3PLR8211* document relative to information disseminated to the public on accredited certification bodies specifies the information elements on certification bodies made public by the CAEQ, once the certifiers have been accredited. This profile includes at least the full name of the body, the address of its main office, the way of displaying the certification body's name on the labels of the products that it certifies, the initial accreditation date, the accreditation scope that defines the categories of products, and the geographic scope (i.e., the regions where it is authorized to certify products).

18.2 The purpose of this profile is to provide the public and regulatory authorities with a summary describing the accredited certification body and its certification program.

18.3 The accredited certification body profile shall be drafted to meet requirements for recognition of certifiers by competent authorities having jurisdiction on geographic markets where certified products are intended to be sold.

18.4 The CARTV shall publish a list of accredited bodies on its Web site, including a profile of each certification body. This profile is included in the list of bodies under the CAEQ's supervision that appears on its Web site.

19. Records on Certification Body

The CAEQ shall maintain records on each accredited body to demonstrate that the requirements for accreditation, including competence, have been effectively fulfilled. The records to be maintained include:

a) The application form filled, including:
- general features of the certification body, including corporate entity, name, addresses, legal status and human and technical resources;
- names of persons responsible for managing the body and running the certification program;
- general information concerning the certification body such as its activities, its relationships in a larger corporate entity if any, and addresses of all location(s) where certification activities covered by the scope(s) of accreditation are undertaken;
- requested scope(s) of accreditation;
- commitment to fulfill the requirements for accreditation and the other obligations of the certification body.

b) A copy (on paper or in electronic form) of the quality manual of the certification body, and relevant associated documents and records (see Documents to submit when requesting extension of accreditation scope on CAEQ Website,

c) Copies of accreditation agreement,
d) Relevant correspondence including decision letters,
e) Assessment records and evaluation reports,
f) Records of the Accreditation Committee deliberations and decisions,
g) Records of decisions made by the Board concerning accreditation of the certification body,
h) Copies of accreditation certificates.

20. Program Verification

20.1 The CAEQ's accreditation activities shall be subject to an internal audit at least once a year to ensure that these activities shall be carried out in accordance with the requirements of the *ACA3PLR5701* document.

20.2 An independent evaluation carried out by an external auditor may replace the internal audit, as long as internationally accepted audit techniques are applied.

20.3 The CAEQ management system shall be reviewed once a year to ensure its continuing adequacy and effectiveness in satisfying the relevant requirements. Management reviews are conducted in accordance with the *ACA3PLR5800* document.

21. Amendments to the Regulations

The CARTV Board shall be responsible for passing or repealing these regulations, including the appendixes. It is the only body authorized to amend requirements contained in these regulations, and it may do so at any time, either by its own initiative or in response to recommendations made under an audit exercise.

LIST OF APPENDIXES A, B AND C

Appendixes referred to in this Regulation are now published separately on the CAEQ Website or can be available on request.

Appendix A:

- Application form requesting an initial accreditation
- Application form requesting an extension of the accreditation sectoral scope
- Application form requesting an extension of the geographical scope of accreditation
- Application form requesting an expansion of accreditation for the evaluation of quality management systems in companies whose operations are on multiple sites
- Application form requesting an expansion of accreditation for the evaluation of the competence of persons employed in companies in order to certify their products

Appendix B – Required information on each operator

Appendix C - Fee Schedule

END OF THE REGULATIONS