

ACCREDITATION PROCEDURE FOR CERTIFICATION BODIES

Revision 00

January 2015

AUTHOR	REVIEWER	APPROVER
Md. Towhidur Rahman Assistant Director	Md. Nasirul Islam Deputy Director	Md. Abu Abdullah Director General

TABLE OF CONTENTS

Section	Page
1. GENERAL	3
2. ACCREDITATION REQUIREMENTS.....	3
3. PREPARATION FOR ACCREDITATION.....	4
4. ACCREDITATION PROCESS	6
5. WITNESSING OF AUDITS (ISO/IEC 17020 AND ISO/IEC 17021) ERROR! BOOKMARK NOT DEFINED.	
6. SPECIAL CASES.....	14
7. TRANSFER OF ACCREDITATION	15

INTRODUCTION

The Bangladesh Accreditation Board (BAB) is the National Accreditation Authority of Bangladesh established under the Bangladesh Accreditation Act 2006. BAB offers accreditation services to bodies that provide Conformity Assessment Services such as Certification Bodies, Inspection Bodies, Testing and Calibration Laboratories, Bodies Certifying Persons and Training Institutes.

The work procedures of the BAB for Certification Bodies are based on ISO/IEC 17011 – General Requirements for Accreditation Bodies Accrediting Conformity Assessment Bodies. Preference will be given to Subject Specific Documents published by International Accreditation Forum (IAF), wherever applicable. BAB Board or relevant advisory committees, if required, will advise BAB management in the areas for which there are no IAF or other acceptable explanatory documents available.

1. GENERAL

1.1 Scope

This document outlines the policies and procedures to be adopted when Certification Bodies seek accreditation for their certification activities from BAB. Certification activities for accreditation by BAB cover Product Certification (ISO/IEC 17065), Systems Certification (ISO/IEC 17021) and Certification of Persons (ISO/IEC 17024). Accreditation will be granted against the applicable International Standards or widely accepted standards or guidelines that are auditable or verifiable. This document is to be followed in conjunction with **AP01 Accreditation Procedure, SP05 Terms and Conditions for Accreditation of CB & IB and other relevant BAB requirement documents.**

2. ACCREDITATION REQUIREMENTS

2.1 Accreditation Criteria

The applicable international documents, used by the BAB for accreditation, are presented in the table below.

ACTIVITY	APPLICABLE STANDARD/GUIDE
Quality Management System Certification	ISO/IEC 17021:2011 ISO/IEC TS 17021-3: 2013
Environmental Management System Certification	ISO/IEC 17021:2011 ISO/IEC TS 17021-2: 2012
Food Safety Management System (ISO 22000)/HACCP	ISO/IEC 17021:2011 ISO/TS 22003: 2007 ISO/TS 22003: 2013
Occupational Health and Safety	ISO/IEC 17021:2011
Product certification	ISO/IEC 17065: 2012
Certification of Persons	ISO/IEC 17024:2003 ISO/IEC 17024:2012

As relevant to the Accreditation Schemes, the following mandatory documents and resolutions published time to time by International and Regional Accreditation Organizations as applicable as Accreditation Criteria. Depending on each accreditation scheme / scope (s) Specific criteria have been laid down and the above standard shall be read in conjunction with the relevant specific criteria

documents.

IAF Mandatory Documents;

1. IAF MD 1- Certification of Multiple Sites Based on Sampling
2. [IAF MD 2 - Transfer of Accredited Certification of Management Systems](#)
3. [IAF MD 3- Advanced Surveillance and Recertification Procedures \(ASRP\)](#)
4. [IAF MD 4- Use of Computer Assisted Auditing Techniques \("CAAT"\) for Accredited Certification of Management Systems](#)
5. [IAF MD 5:2009 Duration of QMS and EMS Audits](#)
6. IAF MD 7: Harmonization of Sanctions to be applied to Conformity Assessment Bodies
7. IAF MD 10- Assessment of Certification Body Management of Competence in accordance with ISO/IEC 17021:2011
8. IAF MD 11- Application of ISO/IEC 17021 for audits of Integrated Management Systems
9. IAF MD 12- Assessment of Certification Activities for Cross-Frontier Accreditation

IAF/ILAC Documents;

1. IAF/ILAC A5 - Application of ISO/IEC 17011:2004

Resolutions;

1. IAF Resolution 2003-18: Conformity Assessment Services
2. IAF Resolution 2010-10: IAF/ISO Joint Communiqué on Certification to ISO 26000
3. JGA Resolution 2007-07: Certification to accreditation standards

If any document mentioned above is revised, the BAB will automatically adopt those amendments/modifications in its criteria and parties concerned are given sufficient time as prescribed in publications of International/Regional Accreditation Organizations or as deemed suitable by BAB for transition.

2.2 Eligibility

The applicant Certification Body must comply with all criteria of APPLICABLE STANDARD/GUIDE. In addition to this the applicant Certification Body must comply with the relevant specific criteria (if any) of BAB for the scopes covered in their certification scheme.

Certification Bodies that perform Systems Certification activities (Quality Management System, Environmental Management System, and Food Safety Management System etc.), Product Certification or any other certification that has international or local recognition and acceptance can be accredited by BAB.

The applicant Certification Body must ensure that their auditors are qualified and involved in continual professional development activities gaining skills and competencies as well as updating themselves to meet the demands and expectations of the clients/ stakeholders.

3. PREPARATION FOR ACCREDITATION

3.1 Preparing for Accreditation of Certification Bodies

The management of Certification Bodies should first decide to obtain accreditation for their certification activities from BAB. It is important for a Certification Body to make a definite plan of action for obtaining accreditation and nominate a responsible person to co-ordinate all activities related to the accreditation process. The person nominated should be familiar with the Certification Body's existing quality system.

A request can be made to BAB in person, by post, by telephone or by E-mail for relevant information on Accreditation. Information regarding BAB Accreditation process, relevant documents and application form (AF03) will be made available to prospective clients (Ref. BAB website; www.bab.org.bd). The Certification Body should be acquainted with the BAB assessment procedure & methodology before submitting the application in the prescribed format.

A **quality manual** shall be prepared in accordance with the requirements specified in the APPLICABLE STANDARD/GUIDE and this should be supplemented by a set of other documents such as **procedures, work instructions** etc. in alignment with the particular quality system requirements. The Certification Body must ensure that the procedures described in the Quality Manual and other documents are being implemented. Preferably the applicant Certification Body must have conducted at least one **Internal Audit** and one **Management Review** before the submission of application. At least one certificate should have been issued against each normative standard for which the accreditation is sought.

Certification Body needs to establish the status of its existing quality system and technical competence with regard to requirements of BAB for accreditation.

3.2 Scope of Accreditation

The scope of the accreditation, often referred to as the 'scope', is defined as those activities for which the BAB has determined that the Certification Body complies with the requirements. The scope also specifies the locations/branches where the Certification Body carries out its activities. Where applicable, critical locations have to be identified by the applicant.

Based on the scope of accreditation, when an application is registered it is ensured that the policies, processes and procedures as necessary are in place. Therefore each application is subjected to Application Review, Adequacy Audit, Document Review, Pre-assessment, Final Assessment in combination with onsite audit witnessing, sampling and review of Assessment findings, Technical Committee Review and Granting Accreditation.

During the preliminary audit process, the scope of the accreditation is discussed with the Certification Body in detail, and the nature and extent of the assessment will be based on that.

In the Final Assessment, in addition to visiting the main or head office, based on the Scope of accreditation, visits will be made to 1/3 of **critical locations** from which one or more key activities are performed (ex. Policy formulation, process and/or procedure development, contract review, planning, review, approval and decision on certification). Whenever a new critical location has applied, that critical location will also be assessed .

The details of scopes are given in ***QF41 NACE codes for Conformity Assessment Bodies.***

4. ACCREDITATION PROCESS

Sec. No	Procedure / Action	Responsibility / Reference Document
4.1 APPLICATION FOR CAB ACCREDITATION		
	<p>BAB accredits CABs to applicable international and/or national standards and BAB requirements.</p> <p>Applicant CABs submits two copies of the relevant application to BAB in a prescribed format, with two sets of Quality Manuals or equivalents (uncontrolled copy) and associated documents.</p> <p>The Quality Manual should respond to the requirements of applicable international and/or national standards. Prescribed fee is required to be submitted along with the application.</p> <p>All publicly available accreditation information is available in the BAB website (www.bab.org.bd). The applicant CAB can visit the website for general information for the details of BAB functions, including accreditation schemes, accreditation process, obligations to the CABs, the fee schedule, details of associated expenditures and Terms and Conditions for accreditation. CAB can download informative documents, guidelines and application forms at free of cost from the BAB website. Applicant CAB can also collect the publicly available accreditation information from BAB office on request.</p>	<p>AF01 Application Form for Testing and Calibration Laboratory</p> <p>AF02 Application Form for Medical Laboratory</p> <p>AF03 Application form for Certification & Inspection Body</p> <p>SP05 Terms and Conditions for Accreditation of CB & IB</p> <p>SP04 Accreditation Fee Schedule for CB & IB</p>
4.2 Appointment of CASE officer (CO)		
	<p>Quality Manager/Director assigns the application to a Case Officer (CO). The BAB Case Officer is a BAB staff officer assigned to the applicant as the steward of the file. CO sends an acknowledgement letter (QF21) to applicant CAB as soon as possible.</p>	<p>Director Case Officer (CO)</p> <p>QF21 Acknowledgment Letter</p>
4.3 REGISTRATION OF APPLICATION AND RESOURCE REVIEW		

Sec. No	Procedure / Action	Responsibility / Reference Document
	CO opens a file with unique identification no. to be used for future correspondence and keep the application, (QF 36) Quality Manual and associated documents in the respective binder.	CO Applicant CAB QF36 Registry of CABs
	CO examines the completeness of the application, including the application fee. In those cases where the application is incomplete the CAB concerned is informed for corrective measures.	
	CO reviews the BAB's ability considering its policy, competence and availability of suitable assessors and experts to conduct the assessment of the applicant CAB in timely manner.	
	In the event that the application is for a new field of accreditation or BAB is being asked to undertake a new type of accreditation because of the expressed desire of interested parties, BAB will:	Director / QM
	a) Conduct an analysis of its present competence, suitability of extension, resources, etc. in the new field,	Director / QM
	b) Determine the need and availability of employing expertise from other external sources, such as universities, industry associations, scientific community or other groups	Director / QM
	c) Determine the need for creating special requirements or guidance documents for the new field of accreditation,	
	d) Determine the need for identification, recruitment, training and selection of assessors for this new field of accreditation in accordance with AP11, and	Director / QM AP 11
	e) Determine the need for any special training of BAB staff to support accreditations in the new field.	Director / QM
	Report to the DG on the suitability of BAB to undertake accreditations in the new field for final decision by the DG.	

4.4 FORMATION OF ASSESSMENT TEAM

Quality Manager/Director in consultation with Case Officer forms an assessment team consisting of a Lead Assessor (LA) as Team Leader and Technical Assessor(s) or Technical Expert(s) as team member by evaluating BAB listed assessors'/expert's profiles according to the requested scope of accreditation by CABs. Quality Manager assigns the team for the assessment using form no. QF 37	Director CAB Lead Assessor (LA) AP03 Assessment Procedure QF37 Assignment of Assessment
CO informs the applicant CAB of the acceptance or rejection of the application and consent of the assessment team using QF22. The team starts work only after CAB's positive consent to BAB.	QF22 CAB Consent to Assessor Nomination
If CAB objects to the assessment team or any member of the team BAB will give due considerations provided the reasons cited by the CAB are valid.	

4.5 ADEQUACY AUDIT

Sec. No	Procedure / Action	Responsibility / Reference Document
	<p>LA examines the quality manual and seeks clarification on the issues/points from the CAB through CO when required.</p> <p>LA does the adequacy audit of the CAB using the Adequacy Audit Checklists and Report Form (QF12) and submits the report to CO with his recommendations for pre-assessment or assessment.</p> <p>CO examines the report and informs the CAB of the recommendations of the LA, if any. After getting the responses from the applicant CAB, CO proceeds with the next steps.</p> <p>An Adequacy Audit only applies to a new applicant.</p>	<p>Lead Assessor (LA) CAB CO QF12 Adequacy Audit Check List and Report Form SP04 Accreditation Fee Schedule for CB & IB</p>

4.6 PRE-ASSESSMENT

<p>Pre-assessment is mandatory for new applicant CABs. For CABs accredited by an ILAC/IAF signatory, pre-assessment is optional.</p> <p>The CAB may request BAB for pre-assessment during application or later.</p> <p>Pre-assessment follows the same processes described in the section 8 below. An assessment is a must even if there are no findings in the pre-assessment.</p> <p>CAB is to respond to findings, if any, raised in the pre-assessment within the specified timeframe given on the assessment report. LA determines timeframe for responses to the findings in consultation with the applicant CAB. This is normally 90 days from the date of pre assessment. But extension of time is subject to the request from the CAB. CO receives the responses along with the evidence for actions taken and sends this report to the Lead Assessor who closes out the findings and gives recommendation for assessment. CO in consultation with QM will take the decision. CAB in consultation with LA and CO, may request Quality Manager to include one or more technical assessors/experts in the pre assessment team.</p> <p>Pre-assessment activities are not for TRP or TC review.</p>	<p>Lead Assessor (LA) CAB CO</p>
--	---

4.7 DOCUMENT REVIEW

<p>The team reviews the documents at least 7 days before assessment and reassessment. If the applicant CAB is not interested to send the associated documents with the application, the assessment team will conduct on site document review. This is subject to the payment as per BAB Fee Schedule.</p> <p>But BAB encourages the CABs to send the associated documents with application.</p> <p>The requested scope(s) of accreditation are reviewed and agreed between the CAB and the Case Officer at this point to determine the possibility of going further with the assessment.</p>	<p>CO LA AP03 Assessment Procedure</p>
--	---

4.8 ASSESSMENT

Sec. No	Procedure / Action	Responsibility / Reference Document
	CO is responsible to communicate with LA, Technical Assessor/Expert and CAB. LA is responsible to organize the assessment. CO gives Assessor Kit (QF32) to fresh assessor/expert. The team works following this and other relevant procedures. And submits their assessment report including the witness report to the CO at BAB office in the prescribed form. CO duly informs QM of the results of the assessment.	Director CO, LA TA/Expert AP03 Assessment Procedure AP02 Assessment Preparation QF 32 Assessor Kit

4.9 Witnessing of audits (ISO/IEC 17020)

As a part of assessment, the applicant CAB shall make arrangements informing the CO ensuring that assessor of BAB shall witness the competence of the applicant's /CAB's auditors on site. Therefore all applicant CABs shall inform their clients or include in the contract with the clients that BAB shall be entitled to conduct witnessing of audit at client premises.	Director CO LA TA/Expert AP03 Assessment Procedure AP02 Assessment Preparation CAB
Conduct of such witnessing of audit shall normally be done in connection with the application of extension in scope and shall be relevant for applicants who has limited experience with the branch for extension in scope has been sought and application of extension include a new branch (s) that is not related to earlier accredited branch (s)	
BAB shall normally conduct witnessing of audits of CAB annually. However this frequency shall be increased depending upon Total number of certificates /reports issued by CAB, CABs scope of accreditation, Number of lead auditors of CAB, Possible certification outside Bangladesh, Earlier findings or observations recorded by BAB	
In order to assist BAB for planning and conduct of witnessing of audit, a list of planned audits to be conducted by the applicant CAB shall be made available to CO which will be communicated with the LA by him. This list shall provide information on name of branch, identification of auditor, date for the planned audit, the identification of geographical and administrative unit where applicable. Selection of witnessing of audits shall be made by BAB on sampling basis.	
In some cases BAB can require to receive a copy of quality manual and other relevant documents of the CABs client prior to conduct of audit witness.	
For certification bodies including inspection bodies, the witnessing is conducted for each normative document against which the organization either seek accreditation or has been accredited. If several normative document appear to fall in the same category, then one witnessing in the category can be regarded to cover all normative documents.	
For system certification, the accreditation is awarded for a single certification standard and for specified branches (NACE codes). Accreditation shall not be awarded for a given branch unless an on- site witness audit has been conducted in that branch.	

Sec. No	Procedure / Action	Responsibility / Reference Document
4.10	JOINT ASSESSMENTS	
	<p>BAB occasionally works with other ILAC/IAF signatory accreditation bodies in the delivery of joint assessments. Normally, these assessments may result in two separate certificates of accreditation based on the work of the assessors from both bodies.</p>	<p>Director CO</p>
	<p>In most instances, joint assessments are conducted by joint teams with assessors from both accreditation bodies and one designated as the Lead Assessor.</p>	<p>AP03 Assessment Procedure</p>
	<p>In all cases, BAB will forward its proposed scope of accreditation to the other accreditation body for review prior to completing its review of CAB responses.</p>	
4.11	ACCEPTANCE OF RESPONSES	
	<p>CAB is to respond to findings, if any, raised by the assessment team within the specified timeframe given on the assessment report. This is normally 90 days from the date of assessment of a new applicant CAB and 30 days for a reassessment.</p>	<p>CO LA/Assessor/Expert QF04 Assessment Finding Form</p>
	<p>Every assessment finding is generally recorded as a single assessment finding in Assessment Finding Form (QF04). The CAB responds to BAB using this same form and sends it to the CO with the evidences for close out of NCs, if any. Additionally, the CAB duly signs and submits a summary of responses to the findings using Finding Response Form (QF38).</p>	<p>QF38 Finding Response Form</p>
	<p>CO receives the responses along with the evidence for actions taken and sends this report to the team members respective of whoever raised the findings during the assessment for close out and comments. The lead assessor as a team leader of the assessment team signs the report, provided meeting the requirements satisfactory, and sends it to CO. LA closes out the findings in consultation with the Expert, if any in the team.</p>	
	<p>During closing out of findings by the team if more information need be, CO will communicate with CAB for further information. After successfully completion of findings CO accepts the response by signing off in the appropriate place in each QF04 assessment finding form and proceeds with the next steps.</p>	
4.12	TECHNICAL COMMITTEE (TC)	

Sec. No	Procedure / Action	Responsibility / Reference Document
	<p>CO presents the files with in the TC Meeting.</p> <p>The TC consists of three members. One member is from the members of the Board who will chair the meeting. The other two members are selected from the BAB Assessor/Expert pool or BAB committees or working groups including the Lead Assessor.</p> <p>For each individual accreditation a separate TC may be formed.</p> <p>The duties of TC Committee are to ensure that the accreditation program is being delivered in accordance with AP01 – Accreditation Procedure and AP03 – Assessment Procedure and the integrity of BAB accreditations are upheld. Finally the committee makes a recommendation in QF33 to DG, BAB for, or against, the accreditation of the CAB applicant based on the contents of the file being reviewed.</p> <p>TC should refrain from conducting their own “assessment” of the CAB being reviewed.</p>	<p>Technical Committee (TC) CO DG QF33 Technical Committee Ballot</p> <p>Technical Committee(TC) AD03 TRP and TC ToR</p>

4.13 APPROVAL AND ISSUE OF ACCREDITATION CERTIFICATE

The recommendation of the TC is forwarded to the DG for approval.

DG BAB
Quality Manager

On approval from the DG, CO prepares certificate and scopes of accreditation. Then Quality Manager checks **both certificate and scope of accreditation** and signs on the scope of accreditation.

CO

Then the file is forwarded to DG for signing the certificate.

Before issuing the accreditation certificate CO shall ensure that all dues are paid by the CABs. Withholding accreditation is subject to the pending of dues.

CAB

The CO informs the CAB of the issuing of accreditation **certificate** and arranges to display the certificates with scope of accreditation in BAB website.

4.14 EXTRAORDINARY CONTINUATION OF ACCREDITATION

In the event that an accreditation is in jeopardy of expiry, through no fault of the CAB, the DG may extend it for up to 60 days, based on the recommendation of the Case Officer and the Quality Manager.

DG BAB
Quality Manager
CO

4.15 SURVEILLANCE THROUGH YEARLY REASSESSMENT

Sec. No	Procedure / Action	Responsibility / Reference Document
	<p>Though the accreditation given to a CAB is valid for three years, still BAB keeps a watch on its accredited CABs to ensure that they continue to abide by BAB's norms. It is for this reason to determine if the accredited CABs have been working on the basis of its approved quality system and have been abiding by the BAB's conditions for maintaining accreditation. BAB as per its policy organizes annual reassessments for its accredited CABs. Depending on the recommendations of assessment team and DG, BAB may continue, suspend or withdraw accreditation.</p> <p>BAB can also organize additional visits to the premises of the CAB if it has reasons to do so, for example; receiving information about unethical practices at the CAB and breaching of terms and conditions of accreditation.</p>	<p>CO AP03 Assessment Procedure CAB</p> <p>DG</p>
<hr/>		
4.16	EXTRAORDINARY VISITS TO CABs	
	<p>BAB may conduct an extraordinary visit (verification visit) to a CAB in the event that it undergoes any significant changes, such as a move of the lab or other changes in the structure or operating environment of the CAB that may have significant impact on the test results.</p> <p>Verification visits may also be warranted for cause in the event that information has been received by BAB, concerning the CAB, which may result in a loss of confidence regarding its conformance to requirements.</p> <p>Verification visits follow the processes contained in Sections 4 through 10 above and the CAB is expected to respond to any findings raised in order to retain its accreditation within 30 days from the date of verification visit.</p> <p>Any changes to the scope of accreditation that may be necessitated by a verification visit will follow the procedures for the examination of the process by TRP and TC described above in Sections 11 and 12 above.</p> <p>If the verification visit results in no changes to the scope of accreditation of the CAB, it may be concluded by the DG on the recommendation of the CO and Quality Manager.</p>	<p>CO AP03 Assessment Procedure CAB LA/Assessor/Expert QF04 Assessment Finding Form</p>
<hr/>		
4.17	SCOPE EXTENSION	
	<p>On request from a CAB for extension of accreditation scope, BAB either can do it in the next reassessment, if reassessment is close to or arrange assessment for extension of accreditation scope prior to next reassessment.</p> <p>Scope extensions will normally require the complete set of visit and follow up activities described in Sections 4 through 10 above. In the event that the lab has requested to add something for which a visit may not be needed, or which is simple extension of competence already demonstrated, then the DG may approve such a minor extension on the basis of a recommendation from the CO and Quality Manager.</p>	<p>CO AP03 Assessment Procedure CAB</p>
<hr/>		
4.18	VALIDITY OF ACCREDITATION	

Sec. No	Procedure / Action	Responsibility / Reference Document
	<p>The accreditation given to the CAB is valid for three years, and every year the CAB is required to apply for accreditation at least TWO months in advance to make it possible for BAB to complete the re-assessment and be able to communicate its decision to the applicant. If an application is not received two months in advance then it is quite possible that discontinuity in its accreditation status may result.</p> <p>Procedure for reassessment remains the same as of assessment.</p> <p>BAB will allow continuation of accreditation after the positive recommendation of Technical Committee (TC).</p> <p>The BAB may reduce the scope of accreditation as per the findings of the reassessment.</p> <p>CAB can also voluntarily request for a reduction, suspension, or extension of scope of accreditation.</p>	<p>CO AP03 Assessment Procedure</p> <p>CAB</p> <p>DG</p> <p>SP05 Terms and Conditions for Accreditation of CB & IB</p>

4.19 COMPLAINTS, DISPUTES AND APPEALS

<p>CABs may submit a complaint for any issue that concerns them. See QP04 – Feedback.</p>	<p>QP04 Feedback</p>
<p>If a CAB is not satisfied with any adverse decisions made by BAB officials & assessors, they may submit a dispute or appeal in accordance with AP05 – Disputes and Appeals.</p>	<p>AP05 Disputes and Appeals</p>
<p>BAB has appointed the Quality Manager to investigate all disputes and appeals. Where the Director is not independent of the subject of the appeal, another staff member is appointed to fill the role.</p>	<p>Chairman, BAB</p> <p>DG BAB</p> <p>Ministry of Industry</p>
<p>Any person aggrieved by an order passed by the Director General or any officer delegated with power by him, may appeal for getting remedy, within ninety days from the date of the order, on payment of such fees as may be prescribed by the regulations: a) to the Government, if the order is given by the Director General; and b) to the Chairman [of the Board], if the order is given by any officer. In case of an appeal under this section, it should be settled within ninety days.</p>	
<p>The decision of the Government shall be final for the appeal under this section.</p>	
<p>The Quality Manager decides on the Dispute and the decision is reviewed by the DG. For all appeals of DG decisions, an Appeal Panel of the Board is convened to adjudicate it. The Quality Manager serves as secretary to this panel and:</p> <ul style="list-style-type: none"> will advise the CAB of the final decision(s) of BAB implements follow-up action where required, and 	

4.20 RECORDS

Sec. No	Procedure / Action	Responsibility / Reference Document
	<p>BAB maintains records for its accredited CABs for as long as the CAB remains accredited by BAB. Records of its accredited CABs beyond past two terms of accreditation are archived and retained for ten years. Also BAB maintains the records for any CABs that are no longer accredited for five years and these are destroyed thereafter. BAB retains such records as long as it is required in those cases where there is any dispute between BAB and a CAB. After retention time the records are destroyed as per respective procedure.</p> <p>BAB publishes a directory of accredited CABs along with scope of accreditation on its website and it is updated regularly as and when needed.</p>	<p>CO</p> <p>Quality Manager</p> <p>QP08 Handling and Control of Records</p>

5. SPECIAL CASES

- **Additional Accreditation**

If a Certification Body that is already accredited wishes a second or further accreditation against another internationally accepted standard or for that matter any recognized and accepted standard, the procedure is the same as for a new registration. However, in such case, the assessment effort by the BAB may be limited to cover the areas not covered by the existing accredited system and certain specific areas as decided by BAB.

- **Already Accredited Certification Activity**

In case an applicant Certification Body is already accredited for the applied scope by another Accreditation Body with IAF membership, incompliance with the BAB Cross Frontier Accreditation Policy explained in **IAF MD 12- Assessment of Certification Activities for Cross-Frontier Accreditation**, BAB will communicate with the particular Accreditation Body to collect necessary information and will seek possibilities to act in collaboration with the said Accreditation Body when processing the Accreditation Application. In such circumstances the BAB may grant accreditation after an abbreviated assessment; however any such decision will be taken at the sole discretion of BAB.

- **A Certification Body operating in a foreign country**

In case if an applicant certification body operating in a foreign country of which accreditation body has been a IAF MLA partner is seeking accreditation, BAB will initially communicate with that accreditation body inquiring its obligations or objections with regard to processing of such application and based on the response will proceed with the application following the BAB Cross Frontier Policy explained in **IAF MD 12- Assessment of Certification Activities for Cross-Frontier Accreditation**.

- **Non Routine Cases**

In case a Certification Body requests accreditation for a Certification Activity where an established Standard/ Guide is not available, BAB, in consultation with the technical advisory committee will decide on the suitable accreditation criteria to be followed by the Certification Body.

The applicant Certification Body has to submit necessary supportive documents as evidence to substantiate their claim when they seek accreditation under Special Cases.

6. TRANSFER OF ACCREDITATION

If the ownership or name of an accredited Certification Body changes, the accreditation may be transferred to the new owner or to the new name if the Certification Body involved make such requests in writing. For such a transfer the following pre-conditions apply:

- The Certification Body remains operating within the legal and regulatory framework of the country in which it operates;
- The policy and management system remain unchanged;
- The management and key personnel remain unchanged;
- The former owner does not remain active in the same sphere of activity or a similar area under the old name or a related name;
- The general composition of the Certification Body's personnel remains the same;
- The basic infrastructure and other facilities are not compromised.

The Certification Body shall provide the BAB with the necessary documents showing that the above conditions are met. The costs for reviewing the documents/ conducting onsite review will be charged to the Certification Body.

If all requirements are met, the new Certification Body retains the registration/accreditation number and receives the new accreditation documents. The surveillance and re-assessment schedule will remain unchanged.