



# General Criteria for Accreditation Procedures and Conditions for Accreditation

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# General Criteria for Accreditation

## Procedures and Conditions for Accreditation

### AS 1

Eleventh Edition March 2021

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## Scope

*Procedures and Conditions for Accreditation (PCA)* explains the structure of International Accreditation New Zealand (IANZ) and the procedures for accreditation by IANZ in the following IANZ accreditation programmes:

- Laboratory accreditation
- Inspection Body accreditation
- Medical Imaging Services accreditation
- Reference Material Producers accreditation
- Proficiency Testing Providers accreditation

After briefly introducing IANZ, Section A of this document overviews the accreditation programmes before discussing accreditation procedures in detail. Section B describes the rights and duties of accredited organisations.

This version of PCA supersedes the ninth edition published in March 2019.

## Section A: Accreditation Procedures

### 1 Introduction

IANZ is a national technical accreditation body, a multi-disciplinary agency with internationally recognised expertise in accreditation programme management.

Accreditation is a formal statement, by an accreditation body, that an organisation is competent to perform specified tasks. It is the formal recognition of technical competence through assessment of an organisation's management system (both quality and technical systems), involving a detailed on-site assessment of the organisation's competence in key technical areas such as staff, methods, equipment, accommodation and the like. Assessment teams normally consist of one IANZ Lead Assessor and at least one technical expert to evaluate the technical system. Larger teams are used in bigger organisations or those seeking more extensive accreditation. The assessment process will examine the validity of methods and procedures, suitability of facilities and equipment and the competence of key personnel, through techniques including review of the organisation's documentation, witnessing of work, staff interviews, review of work records and reports and audit of management system functions. The assessment will seek to establish the effectiveness of the technical and quality systems to deliver consistently reliable results.

Accreditation provides formal recognition that an organisation is meeting internationally accepted standards of quality, performance, technical expertise and competence. Accreditation is an independent endorsement of an organisation's commitment to these standards.

Accreditation is available for any conformity assessment activities that an organisation normally performs directly using full or part time personnel and for which it can demonstrate competence. Accreditation is not available to an organisation for activities normally subcontracted to other organisations.

IANZ operates accreditation programmes for the following:

- Laboratories;
- Inspection Bodies;
- Medical Imaging Services;
- Proficiency Testing Providers;
- Reference Material Producers;
- Building Consent Authorities.

The accreditation of Building Consent Authorities is outside the scope of this document.

IANZ also registers:

- Test facilities meeting the OECD Principles of Good Laboratory Practice. The registration of these facilities is not within the scope of this document – see *Procedures and Conditions for GLP Registration* (AS 2);
- Conformity Assessment Bodies designated for Government to Government trade agreements.

Laboratory and Inspection Body accreditations are offered in a number of fields of technology. Similarly, Medical Imaging Service accreditation covers a number of different diagnostic imaging disciplines. Details of these are available from IANZ. Laboratory accreditation is offered by IANZ to both testing and calibration laboratories.

To provide assurance to recipients and users of accredited conformity assessment activities, IANZ allows accredited organisations to endorse reports and certificates with the IANZ name and/or symbol. Reports or certificates that do not carry the IANZ endorsement make no claim of accreditation and therefore recipients cannot have the added confidence provided by accreditation, even though the organisation providing them may be accredited.

IANZ rules for the endorsement of conformity assessment reports and certificates, and for references to accreditation by accredited organisations, are included in Appendix 1.

## 2 Structure

Initially established by Act of Parliament in 1972 (as the Testing Laboratory Registration Council), the Accreditation Council is IANZ's governing body and is a statutory body now established under and operating in accordance with the Standards and Accreditation Act 2015. The Council is a not-for-profit, user-funded Crown entity that promotes the highest possible technical standards in New Zealand's industrial, technical, commercial, regulatory, health care and administrative sectors.

### The Accreditation Council

The Act establishes a Council of five to seven members who are responsible to the Minister of Commerce and Consumer Affairs for the administration of its programmes. The Council works very much as a board of directors, responsible for the broad strategic management of IANZ activities. Day to day supervision is delegated to the Chief Executive of IANZ.

The Council reports annually to the New Zealand Parliament on all its activities and financial status. Copies of the Annual Reports are publically available on the IANZ website at [www.ianz.govt.nz](http://www.ianz.govt.nz).

### IANZ Accreditation Services Staff

The Operations Managers, Programme Managers and Specialists, and Accreditation Assessors hold appropriate qualifications in science, engineering and technology and are experienced in management system operation and assessment. As Lead Assessors, they organise, lead and report on assessments. They manage the closure of any corrective actions that may be identified during assessments and generate reports and recommendations for consideration by the Professional Advisory Committees. Lead Assessors are the main point of contact between clients and IANZ for matters relating to a specific assessment, and are responsible for guiding clients through every step of the accreditation process.

### Accreditation Advisory Committee

The Accreditation Advisory Committee (AAC) is a Council-appointed committee of experts assisting IANZ in the operation of the accreditation programmes. Its functions are:

- (a) To provide technical advice on accreditation policy matters to the Council as required;
- (b) To provide IANZ and the Council with liaison and feedback from the New Zealand and international technical and accreditation community;
- (c) To review with the IANZ secretariat, the generic criteria for accreditation to be applied across all fields of technology, as well as maintain some consistency throughout field specific criteria documents for accreditation;
- (d) To review with the IANZ secretariat, national and international developments in professional body accreditation;

- (e) To function as an independent expert body which can be consulted by the Council for adjudication on any appeals arising from IANZ's accreditation activities;
- (f) To assist the Operations Managers, where required, in the establishment of ad hoc professional advisory committees in response to particular technical questions;
- (g) The Chairperson shall recommend (to the Chief Executive of IANZ, under delegated authority from the Council) the granting of accreditation to applicant organisations following the review and a positive recommendation the relevant Professional Advisory Committee.

### **Professional Advisory Committees**

Technical advice and review of the accreditation programmes are also provided by Professional Advisory Committees (PAC) for each broad area of technology. Key PAC functions are similar to those of the AAC, but also include:

- (a) Technical review of assessment reports and responses from applicants for accreditation;
- (b) Approval of specific criteria documents;
- (c) Review of technical experts;
- (d) Providing general technical advice in the area of technology concerned.

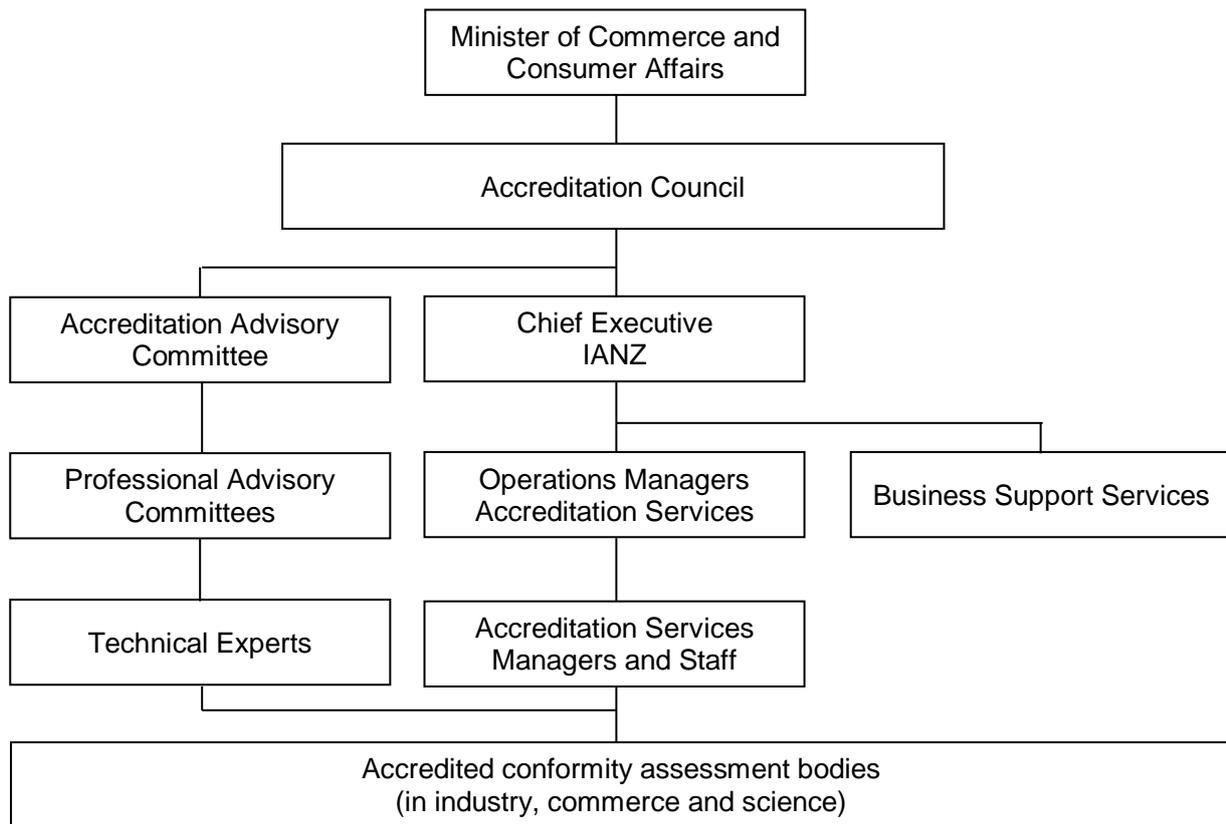
### **Technical Experts**

IANZ maintains a list of experts who are chosen for their personal knowledge and expertise. They are drawn from industry, commercial organisations, research associations, consultancies, academic institutions, government departments etc., both within New Zealand and overseas. When acting on behalf of IANZ, experts do not represent their employer or any other organisation with which they may be associated. The role of the independent expert is to impartially assess all specialised or technical aspects of an organisation including methods and equipment, specialist competence, training and monitoring of staff, adequacy of record keeping, reporting etc.

### **Assessment teams**

Each assessment is undertaken by a specially selected team. A typical assessment team consists of one IANZ Lead Assessor and one or more Technical Experts. Additional IANZ assessors may also be required for the assessment of large or complex organisations. The Lead Assessor is responsible for assessing management systems as well as organising and leading the assessment team. Independent Technical Experts are responsible for assessing sector specific issues such as conformity assessment methods, equipment and staff competence. Technical Experts are supervised by the Lead Assessor. Larger teams may be needed for assessment of larger organisations or those seeking diverse accreditation scopes. (In some cases a team may consist of a single, appropriately qualified, IANZ staff member who can also act as an expert).

## 2.1 Organisation Chart



## 3 Operational Standards

### 3.1 IANZ Operational Standards

The operation of the IANZ Laboratory, Inspection Body, Medical Imaging Service, Proficiency Testing Provider and Reference Material Producer programmes complies with the requirements of the international standard ISO/IEC 17011: *Conformity assessment - General requirements for accreditation bodies accrediting conformity assessment bodies*.

IANZ accreditation programmes are subject to regular internal audit, as well as external evaluation by overseas accreditation co-operations with which IANZ has mutual recognition arrangements. This ensures compliance with these standards.

### 3.2 Accreditation Standards (General Criteria)

Accredited organisations are assessed against all of the requirements of the following standards:

*Note: These Standards may be New Zealand adoptions and will have NZS in the standard title but are otherwise unaltered.*

#### Laboratories (except Medical Testing)

ISO/IEC 17025: *General requirements for the competence of testing and calibration laboratories*

#### Laboratories (Medical Testing)

ISO 15189: *Medical Laboratories - Requirements for quality and competence*

#### Inspection Bodies

ISO/IEC 17020: *Conformity assessment – Requirements for the operation of various types of bodies performing inspection*

### **Medical Imaging Services**

*The New Zealand Code of Radiology Management Practice*, developed from ISO 15189, modified specifically for medical imaging services

### **Proficiency Testing Providers**

ISO/IEC 17043: *Conformity assessment – General requirements for proficiency testing*

### **Reference Material Producers**

ISO 17034: *General requirements for the competence of reference material producers*

## **3.3 Technical Criteria**

In addition to the general requirements of the accreditation standards in 3.2, organisations are also assessed and accredited against more specific technical requirements relating to international requirements established under the International Laboratory Accreditation Cooperation (ILAC) Mutual Recognition Arrangement (MRA) of which IANZ is a member, and accepted good practice for that particular scientific discipline or technology. Where needed these are defined in IANZ Technical Policy documents and, along with the IANZ requirements for Approved Signatories or Key Technical Personnel as relevant to the particular programme, in IANZ Specific and Supplementary Criteria documents. Approved Signatories / Key Technical Personnel are staff members recognised by IANZ as competent to release results and/or authorise reports and other information and are an integral part of some IANZ accreditation programmes.

### **(a) Technical Policy documents**

IANZ Technical Policies contain generic technical criteria for accreditation that apply across multiple IANZ accreditation programmes. They generally reflect internationally agreed interpretations or applications of specific technical requirements contained in the accreditation standards. Examples include IANZ policies for traceability of measurement and for participation in proficiency testing activities.

### **(b) Specific Criteria for Accreditation**

These contain technical and/or administrative criteria relevant to a specific accreditation programme and/or technical area of activity. For example, each field of testing in the laboratory accreditation programme has a Specific Criteria for Accreditation publication which outline particular requirements relevant to that type of testing.

### **(c) Supplementary Criteria for Accreditation**

Where needed, Supplementary Criteria for Accreditation may be published to support the Specific Criteria, and are generally more focussed on particular sectors, activities and or sub-programmes.

## **4 Accreditation Procedures**

Accreditation is fundamentally an independent assessment of the competence of an organisations to perform specified tasks. To ensure that independence is maintained IANZ cannot provide consultancy services to applicants or accredited organisations or directly assist applicants to prepare for accreditation. Within these limitations IANZ always seeks to establish and maintain positive and mutually beneficial relationships with existing and potential clients. Clients are therefore encouraged to communicate with IANZ staff at any time to clarify accreditation requirements, to request guidance and assistance of a general nature or to discuss progress etc.

### **4.1 Overview**

Organisations seeking accreditation by IANZ will need to document their technical and quality systems in a manual (or other alternative set of procedures). These procedures have to meet the requirements of the relevant standard for their type of activity in Section 3.2. A schematic overview of the accreditation procedure is shown in the flowchart in Section 4.14.

### **4.2 Information and Preliminary Discussions**

Information about IANZ accreditation programmes is freely available on the IANZ website at [www.ianz.govt.nz](http://www.ianz.govt.nz) or upon request, as are copies of the general (where copyright provisions allow), specific and supplementary criteria relevant to the organisation's activities. In addition, IANZ accreditation staff members are available for advice and assistance or a general nature.

### **Pre-application meeting / Advisory Visit (optional)**

Organisations may request an advisory visit to their premises by an IANZ staff member at any time before, or after, they apply for accreditation. During the visit the IANZ staff members can briefly review their existing systems and procedures, and facilities and equipment. They can explain accreditation and the accreditation process in more detail, discuss possible scopes of accreditation and alternative models for accreditation if these would be applicable. This service is provided at the IANZ normal hourly professional fee plus expenses. IANZ can advise on the readiness for the initial assessment and, also, on any aspects of the management systems that need further development. However, IANZ cannot provide detailed advice or assist directly with system development as this would be considered consultancy and therefore a conflict of interest.

If organisations have had no formal contact with IANZ in the past, such a visit is strongly recommended. Experience suggests that the cost of an advisory visit will be more than recovered by the savings in time at the initial assessment.

### **4.3 Preparation for application to be accredited**

Organisations wishing to be IANZ accredited must first document their management systems (including all specialist and administrative policies and procedures, conformity assessment methods, equipment management procedures, worksheets, forms etc.). This means that every clause and sub-clause of the relevant accreditation standard specified in Section 3.2, and any specific requirements for the relevant field of activity for which accreditation is being sought must be considered and the organisation's means of meeting every relevant requirement must be described.

If the organisation considers some parts of the relevant accreditation standard not to be relevant to their operation it is important that this is discussed with IANZ before an application is lodged. If agreement is reached, that a particular part of the Standard is not relevant, then no documentation will be required for that item.

Documentation does not have to be in the order of the accreditation standard, though a detailed and comprehensive cross reference table from each clause of the Standard to the documentation is strongly recommended.

Documented systems must comply with any relevant specific or regulatory requirements. Requirements in addition to compliance with the accreditation standard should be discussed with IANZ prior to application.

Documentation may be in any form; hard-copy manuals, electronic files, web-based systems, diagrams, flow charts, photographs etc. Whatever form the documentation may take, it must be possible for IANZ to efficiently access the entire system and to extract sufficient material in printed form to brief assessment team members.

*Note: If electronic access requires training of assessment team members in the use of systems the time involved will be charged. If on-line access proves inefficient, IANZ may require additional on-site time to undertake document and record reviews, with organisation staff available to operate the systems and provide selected hard copies as required.*

Where practicable, it is preferable for the documented systems to be implemented several months before an assessment. This enables applicant organisation's staff to become familiar with systems, identify and resolve any issues and generate records as evidence of effective implementation of all aspects of the system.

If for any reason the organisation seeking accreditation is unable to fully implement their systems prior to seeking accreditation this should be discussed with IANZ at an early stage in their application. In some cases, particularly when accreditation is a regulatory pre-requisite for performing specific activities, implementation of some parts of a system may be impossible before accreditation.

### **4.4 Formal Application for Accreditation**

Application must be made on the IANZ Application for Accreditation forms provided (and freely available on the IANZ website at [www.ianz.govt.nz](http://www.ianz.govt.nz)). Application fees (as detailed in the current issue of the relevant IANZ fee schedule, also freely available on the IANZ website at [www.ianz.govt.nz](http://www.ianz.govt.nz) or upon request) may either be submitted with the application, or will be invoiced at the time of application acknowledgement.

Before the initial assessment, it is essential that enough background information is provided to IANZ to enable IANZ staff to select appropriate technical expert(s) and to brief them prior to their visit to the applicant organisation. The necessary information is requested in the Application for Accreditation form, and in an Accreditation Questionnaire which accompanies the application form and should be returned with it. Some of the important information IANZ needs in the Questionnaire is:

- (a) The classes / types of test or inspection / service for which accreditation is sought. These are detailed in the IANZ Specific Criteria document for the particular technology and/or activity;
- (b) The staff members the organisation wishes to nominate as IANZ Approved Signatories or Key Technical Personnel, where relevant;
- (c) The test procedures or other work methods used within each technical area;
- (d) Each site for which accreditation is sought;
- (e) Details on proficiency testing participation and results;
- (f) Other organisation records as requested.

Each application is allocated to the appropriate IANZ Operations Manager (OM) or Programme Manager/Specialist (PM/PS) for the field of technology concerned. The OM/PM/PS will designate a Lead Assessor who will review the submitted documentation in detail. Additional information may be requested if needed. The appointed Lead Assessor will organise, brief and lead the assessment team and guide the applicant organisation through each step of the accreditation process.

#### **4.5 Authorised Representative**

Each applicant and each accredited organisation must nominate a senior staff member to represent it in all dealings with IANZ. This person is the IANZ point of contact with the organisation and is known as the Authorised Representative. All correspondence, invoices, etc. which IANZ sends to the organisation will be addressed to the Authorised Representative.

The main responsibilities of the Authorised Representative are as follows:

- To ensure their organisation complies with the criteria for accreditation at all times,
- To receive communications including arrangements for assessments, assessment reports, invoices, etc. from IANZ and to ensure that these are passed to appropriate personnel in the organisation in a timely manner,
- To be present at assessment entry and exit meetings, to agree the scope of assessments and accept any non-compliances raised during assessments on behalf of the organisation,
- To ensure that responses to IANZ are actioned by the organisation within agreed timeframes,
- To ensure that invoices are paid promptly.

It follows that the Authorised Representative should be sufficiently senior to represent the organisation's interests and be sufficiently accessible and committed to the role that communications in both directions are efficiently handled. The Authorised Representative is a key person in the relationship between the organisation and IANZ. The Authorised Representative may be from either the technical or managerial staff. There are advantages in nominating a person who is not closely involved in day-to-day technical operations but has authority over it.

If an Authorised Representative resigns, or if an organisation wishes to replace that person, then IANZ must be informed as soon as possible of the name of the new Authorised Representative.

#### **4.6 Documentation Review**

When a complete application has been received the Lead Assessor will schedule a review of the documentation. The review will consist of a non-technical assessment of documentation submitted including all policies, procedures, work instructions, forms, report formats, etc. against the requirements of the general criteria for accreditation (the accreditation standard and this document) and the relevant specific criteria, and any other criteria (e.g. regulations, etc.) relevant to the requested scope of work.

If significant deficiencies are identified during the document review, the applicant organisation will be notified and asked to remedy these and submit revised documentation for further review. Progress to the next stage cannot take place until the Lead Assessor is satisfied that the applicant's documented intentions appear to substantially meet accreditation requirements. Progress to the next stage is not a guarantee that no further issues will be identified with documentation at a later stage.

When substantial compliance of documentation with accreditation requirements has been demonstrated to the satisfaction of the Lead Assessor, he/she will contact the applicant organisation to arrange a suitable date for the assessment and to discuss the proposed technical experts. Where practical, all sites offering the services for which accreditation is sought will need to be visited by the assessment team.

#### **4.7 Approaching the Initial Assessment**

IANZ encourages organisations to consider the positive, helpful elements of the assessment and to regard it as an opportunity to obtain professional, technical and quality management advice. The assessment team is not there to find fault. One of its functions is to provide helpful comment and suggestions to enable organisations to maintain an effective technical and quality system.

The assessment is a fact-finding exercise undertaken jointly by the organisation's staff and the assessment team.

##### **The Assessment Team**

A typical assessment team consists of one IANZ Lead Assessor and one or more Technical Experts. Technical Expert team members are generally sourced from outside of the IANZ establishment. The criteria for selection of a specialist include the following;

- Ability to demonstrate knowledge, skills, experience and good standing in the specialty being assessed,
- A good working knowledge of relevant Standards, regulations specifications etc.,
- Independence from the organisation to be assessed,
- Acceptability of each Expert as an impartial peer by the organisation to be assessed,
- Acceptability of the individual by IANZ as a suitable person to include in the team.

When a list of proposed assessment team members is completed, the applicant organisation is asked to approve the team members. Organisations have the right to veto the use of particular Technical Experts proposed for any assessment, provided the reasons are valid e.g. conflict of interest.

Once approved and appointed each team member signs a confidentiality agreement to ensure the confidentiality of material provided or discovered as a result of the assessment. Any communications between Technical Experts and the applicant organisation must be via the IANZ Lead Assessor. It is inappropriate for applicant or accredited organisations' staff and Technical Experts, engaged by IANZ for an assessment, to enter into private discussions without the knowledge and oversight of the Lead Assessor.

IANZ monitors and reports on the performance of Technical Experts used during assessments. Feedback from assessed organisations on the performance of assessment team members is also welcomed.

#### **4.8 The On-site Assessment Process**

The objective of IANZ assessments is to give the applicant organisation every opportunity to demonstrate that the organisation's systems and processes comply with the requirements of accreditation; that the organisation is actually doing what their documented procedures say they will do; that it meets good practice for that discipline and that it consistently produces valid and reliable conformity assessment results, reports and/or certificates.

During its on-site visit, the assessment team will focus on the technical operations, the quality system, the competence of personnel (including signatory applicants and key technical personnel as appropriate), and on the methods used. Information gathered will include, but is not limited to, review of records, discussions with management and technical personnel and the observation of activities within the requested scope of accreditation. The team may wish to witness tests/inspection or other work relevant to the scope.

Most assessments take one or two working days to complete but visits to larger organisations, or those whose work extends over a range of technologies, will take longer.

### **Health and Safety at Work Act 2015**

*Under the Health and Safety at Work Act 2015 and associated Regulations, IANZ, as a 'person conducting a business or undertaking (PCBU)', shares some responsibility with the assessed organisation, also a PCBU, for the health and safety of members of the IANZ assessment team while conducting the assessment of the organisation at their site. IANZ recognises that as the 'host' PCBU, the assessed organisation is in the best position to have identified potential hazards / risks to their workers and thus also the IANZ assessment team, and to design and implement appropriate control measures to minimise any risk. Accordingly, IANZ will request that such information and any associated instruction and/or supervision is formally passed onto all members of the IANZ assessment team prior to, or at the commencement of, the on-site assessment. While at the site, all members of the IANZ assessment team will comply, at all times, with any instructions given.*

*On some occasions, assessment activities (typically witnessing of accredited activities) may be undertaken at (a) site(s) other than the assessed organisation's own site (e.g. at the site of their client). It is IANZ expectation that the assessed organisation will, as a responsible PCBU, actively seek health and safety information and instruction from the 'host' PCBU at these sites and that this information is also formally passed onto all members of the IANZ assessment team.*

*IANZ has a duty to record the fact that this information was provided and received by members of the assessment team. Failure to provide this information, on the part of the assessed organisation, to the satisfaction of the Lead Assessor constitutes grounds for delaying or terminating the assessment.*

### **Entry Meeting**

The assessment begins with a meeting between the IANZ team and the senior staff of the organisation. This entry meeting provides an opportunity for:

- Team members to be introduced and roles clarified,
- Possible outcomes of the assessment to be explained,
- The scope of the assessment and the detailed timetable to be finalised, including finalising the arrangements for witnessing, interviewing etc.
- A review of the completed Accreditation Questionnaire,
- Health and safety briefing for the assessment team, including both at the organisation's location(s) and/or at any other site witnessing might take place,
- Resolution of any immediate queries that team members or organisation's personnel may have.

### **Information gathering**

The majority of time during the assessment will involve gathering information about the operation of the activities for which accreditation is sought by the applicant organisation. Organisations are asked to provide a guide(s) / escort(s) for each assessment team member for the duration of the visit. These escorts should be senior staff members of the organisation who have sufficient authority to ensure that assessor(s)/Technical Expert(s) have access to all documents, personnel and activities they may wish to see. Assessment team members may legitimately speak to any person who has any influence over the planning, execution, recording or reporting of activities within the requested scope of accreditation or supporting services. Team members may also ask to see records of any process covered by the documented quality management system, speak to persons who carry out or have responsibility for any management system function required by accreditation, or to have processes demonstrated to them.

This fact finding stage is intended to establish whether or not systems are being operated as intended by the documented management system and whether or not all staff are familiar with systems and procedures to the degree required for their role in the organisation.

Assessment team members will make notes of their observations throughout the assessment. These will include observations of compliance as well as of any non-compliance, and are used to draft the Assessment Report and to justify any Corrective Action Requests raised.

Should any issues be identified, particularly those that may lead to a Corrective Action Request in the Assessment Report, the assessment team will endeavour to discuss these with the organisation's staff during the fact finding stage so that there are no surprises for the applicant organisation at the Exit Meeting.

### Assessment Team Meeting

Following the information gathering stage, assessment team members will meet privately to review and compare their notes and summarise their findings in preparation for the Exit Meeting. The Lead Assessor is responsible for deciding whether a finding should be cited as a Corrective Action Request, a Strong Recommendation or a Recommendation. During this meeting, further questions may arise which may require further clarification by the applicant organisation's personnel. If assessment team members cannot reach a consensus decision on a particular issue it may be necessary to communicate with IANZ management for advice.

### Exit Meeting

The on-site assessment will end with an Exit Meeting where representatives of the organisation are given a summary of the findings including details of any areas of non-conformance that have been found. A short written report outlining the areas of non-conformance will be left with the organisation. Guidance will be given on the type of evidence required to satisfy IANZ that Corrective Action Requests have been satisfactorily addressed. In most cases this will be documentary evidence which may be provided by post or e-mail. In some cases a further partial or full on-site assessment visit may be required (see Continuation of the Initial Assessment below). If considered necessary, the need for a follow-up assessment visit will be explained and justified during the Exit Meeting. All findings will be fully discussed before the team leaves.

### The Assessment Report

The Lead Assessor will prepare a written report summarising the assessment findings which were discussed at the Exit Meeting. It will normally be provided within ten working days of the assessment visit. In addition to descriptive material, the report will generally place the findings into two categories: Corrective Action Requests (CARs) and Recommendations. Some accreditation programmes make use of an intermediate classification of Strong Recommendations. These components of reports are described below.

- (a) **CARs** are actions that the organisation must carry out before accreditation can be granted. CARs usually relate to non-conformance with the General or Specific Criteria but may also relate to non-conformance with the organisation's own documented policies and procedures;
- (b) **Strong Recommendations** (where used) are actions that may represent actual minor nonconformities, or potential nonconformities with accreditation criteria if not addressed. While a formal response to any recommendation is not required, if issues raised as Strong Recommendations are not addressed they may give rise to Corrective Action Requests at the next assessment;
- (c) **Recommendations** are suggestions from the assessment team intended to point out areas that could benefit from improvement. Organisations are encouraged to consider recommendations in the interests of good practice and continuous improvement, but they are not considered CARs. Assessed organisations are not required to make any formal response to Recommendations in reports.

### Assessment Report clearance

The IANZ Lead Assessor will monitor progress in carrying out the required actions in response to CARs. IANZ does not impose a timescale on the clearance of CARs raised during initial assessments, however accreditation will not be granted until all CARs have been addressed to IANZ' satisfaction. If any CAR remains open nine to twelve months after the assessment, IANZ reserves the right to require a further on-site assessment prior to granting accreditation.

Clearance of CARs typically involves the submission of documentation, records or written undertakings to IANZ; however the method of CAR clearance will depend on the nature and severity of the issue raised. At the discretion of the Lead Assessor a further on-site visit, with or without a Technical Expert, may be required to confirm that actions required by a CAR have been effectively implemented.

### **Professional Advisory Committee (PAC) review**

Once the Lead Assessor is satisfied that all conditions for accreditation (CARs) have been appropriately and satisfactorily cleared, they will prepare a report on the assessment for consideration an independent Operations Manager and the relevant PAC. This includes the proposed scope, the Assessment Report and responses to it, and if relevant, information on topics such as key personnel, proficiency testing activity and follow-up action, etc.

The PAC members have 10 working days to review the report on the assessment. If PAC members have any concerns they may ask for clarification from the relevant IANZ manager, and this may result in a request for further information to the applicant. If this occurs there may be a delay in offering accreditation; the applicant will be kept informed of progress as it occurs.

### **Offer of accreditation**

If the PAC are satisfied that all accreditation criteria have been met, they advise the Chairman of the AAC who will recommend to the IANZ Chief Executive that accreditation may be awarded on behalf of the Council. The recommendation includes the particular activities for which accreditation is to be granted and, where relevant, the names of staff that are to be awarded Signatory Approval or have been appointed as Key Technical Personnel. A formal offer of accreditation will be issued along with an Acceptance of Accreditation Conditions agreement for signature and return. The annual administration fees will also be payable at this time.

### **Granting of accreditation**

On receipt of the signed agreement and payment of fees, the Council will grant accreditation, issue a Certificate of Accreditation and publish the name of the organisation, together with details of its scope of accreditation, on its website at [www.ianz.govt.nz](http://www.ianz.govt.nz).

Accreditation certificates remain the property of IANZ and may be requested to be returned should accreditation be suspended or withdrawn.

Accreditation allows the accredited organisation to endorse relevant certificates, reports or other relevant outputs in the name of IANZ. The detailed requirements for IANZ endorsement are given in Appendix 1 of this publication. Endorsement with the IANZ accreditation symbol is not compulsory but is strongly encouraged because it adds credibility to the work of the accredited organisation.

## **4.9 Continuation of the Initial Assessment**

Where major departures from accreditation criteria are found during an initial assessment, a further visit may be needed to confirm the assessment team's requests have been carried out. Where departures are less serious but remain un-cleared for more than one year after the initial assessment, another visit will also be needed for accreditation to proceed.

A follow-up assessment visit will have a similar structure to the initial assessment. The scope will depend on the reason for the visit and may be anything from a very narrowly focussed assessment of CAR actions through to a full repeat of the initial assessment. Management systems are, by nature, a number of interconnected and interdependent policies and procedures, and for this reason IANZ assessment teams may review aspects of systems which appear to be outside the declared scope of a follow-up visit because they are related to or dependent on the main focus of the assessment.

A written report will be prepared following a follow-up assessment visit. The format of this report will be similar to that of the initial Assessment Report. CARs may be raised during a follow-up assessment and these must be satisfactorily addressed before accreditation can be granted.

## **4.10 Scope of Accreditation**

Detailing the scope of an organisation's technical activities is one of the distinguishing requirements of accreditation. To do this it is necessary to specify the range of activities and services that are provided under the control of the organisation's technical and quality systems. This is documented in the Schedule to the Certificate of Accreditation.

Accreditation is normally granted only for work that is performed regularly and for which organisations are properly equipped and have demonstrated their competence. The scope of accreditation will, therefore, vary with the range and complexity of work carried out, the competence and experience of staff and the level of

technology available in the organisation. Should an organisation wish to be accredited for activities rarely carried out, its staff will need some means of keeping up-to-date with those activities. This can include comparative tests within the organisation or with others, participation in inter-laboratory comparison programmes or regular testing / inspection of retained artefacts.

In granting accreditation IANZ will specify, as appropriate, the following details in the scope of accreditation:

- (a) The activities and services provided;
- (b) Test/inspection/activity methods used (e.g. Class 2.06: Chemical tests on cement in accordance with NZS 3122:1995);
- (c) For calibration laboratories, ranges of measurements and Calibration and Measurement Capabilities (CMC) (e.g. Class 5.21: Calibration of Masses over the range 50 to 300g to a CMC of 2 parts per million at 95% confidence).

The available activity classes e.g. classes of test, are detailed in each Specific Criteria document for the relevant technologies.

There is currently a Specific Criteria booklet available for each field of testing in the Laboratory Programme, the Reference Material Producer Programme and in the Inspection Body Programme. Activity classes may relate to products, services and/or equipment.

Organisations may carry out calibrations and commissioning checks on their own test and measuring equipment providing they are equipped to do so, have acceptable written methods and the required expertise. Such internal calibrations conducted for other organisations will not be accepted by IANZ unless specific accreditation for these activities has been granted.

#### 4.11 Surveillance, Technical and Reassessment

Once accredited, organisations enter the IANZ programme of scheduled on-site assessment visits. These visits ensure that the technical and quality systems continue to meet the criteria for accreditation and continue to work effectively. IANZ reserves the right, however, to undertake an extra assessment activity at any time should evidence suggest that this may be necessary.

The schedule of on-site assessment visits will usually operate over a four year cycle, although in some special accreditation programmes, particularly in the regulatory sector, the period may be reduced. Regulatory-specified assessment schedules take precedence over the four year cycle. The four year cycle will typically involve (following the initial or initial continued assessment leading to accreditation, and following a 'Year 4' reassessment) the following:

- (a) **Year 1:** An on-site Surveillance Assessment, usually involving an IANZ Lead Assessor only, to confirm that the management systems are continuing to operate effectively and in accordance with accreditation criteria.
- (b) **Year 2:** An on-site Technical Assessment, involving an IANZ Lead Assessor and one or more Technical Expert(s), to assess the competence of the accredited organisation for part of the organisation's technical scope of accreditation, and to confirm that the management systems are continuing to operate effectively and in accordance with accreditation criteria.
- (c) **Year 3:** As for Year 1, an on-site Surveillance Assessment, usually involving an IANZ Lead Assessor only, to confirm that the management systems are continuing to operate effectively and in accordance with accreditation criteria.
- (d) **Year 4:** An on-site Reassessment, involving an IANZ Lead Assessor and one or more Technical Expert(s), to assess the competence of the accredited organisation for the technical scope of accreditation not otherwise assessed in Year 2, and to revalidate that the management systems conform in full with the accreditation criteria and are continuing to operate effectively. Reassessments are similar to initial assessments in their scope, duration and process.

For each of these assessment activities, reporting procedures also resemble those at initial assessments, but once accredited there is a limit on the time organisations may take to carry out any requested changes (CARs). The time period will depend on the significance of the non-compliance and will be negotiated during the on-site Exit Meeting, but is generally no more than 3 months. An unresolved CAR means that the organisation is known to not be fully in conformance with the requirements of accreditation and this

represents a risk to the organisation, the organisation's clients and to IANZ. Failure to satisfactorily address CARs within agreed timeframes is sufficient grounds for accreditation to be partially or fully suspended.

Once compliance has been demonstrated within the agreed time interval, IANZ formally confirms continued accreditation.

IANZ will consider, based on an assessment of the risk, alternative assessment methods to those specified above (particularly for Years 1 and 3) for those organisations with a limited scope of accreditation.

#### **4.12 Special Assessments / Extension of Accreditation Scope**

Any assessment other than those previously described is considered to be a special assessment. Special assessments may be at the organisation's request, e.g. extension of scope, change of methods or equipment etc. that may affect accreditation status or scope. Special assessments may be required by IANZ at any time as the result of complaints, performance concerns or in response to a request from a relevant regulator. The scope and content of a special assessment will be determined by the circumstances which necessitated it.

Accredited organisations may apply to have their scope of accreditation changed at any time. An extension to the range of accredited services or the addition of a new Approved Signatory, will usually require IANZ to carry out a limited assessment with a Technical Expert. Such a visit will be chargeable. If extensions to scope (or signatories) can be delayed until the next scheduled on-site assessment visit, such extra charges may be reduced. If CARs raised at such visits remain un-cleared more than one year later, an additional assessment will be needed before accreditation for the extension can proceed.

In all cases special assessments are at the organisation's expense in accordance with the published fee schedule.

#### **4.13 Suspension and Withdrawal of Accreditation**

If any form of assessment activity reveals that an organisation's systems no longer meet IANZ's criteria for accreditation, or if the organisation refuses to carry out requested corrective actions either at all, or within the specified time, then accreditation may be suspended or withdrawn. The IANZ decision to suspend or withdraw will normally be enacted after 48 hours to give the organisation the opportunity to challenge and correct any error of fact that led to the decision. Accreditation may also be suspended when an organisation, through no fault of its own, is temporarily unable to comply with the criteria for accreditation (e.g. when all of its approved signatories or key technical personnel leave). The management of accredited organisations is expected to plan its staff resources, as far as it can, to avoid such occurrences.

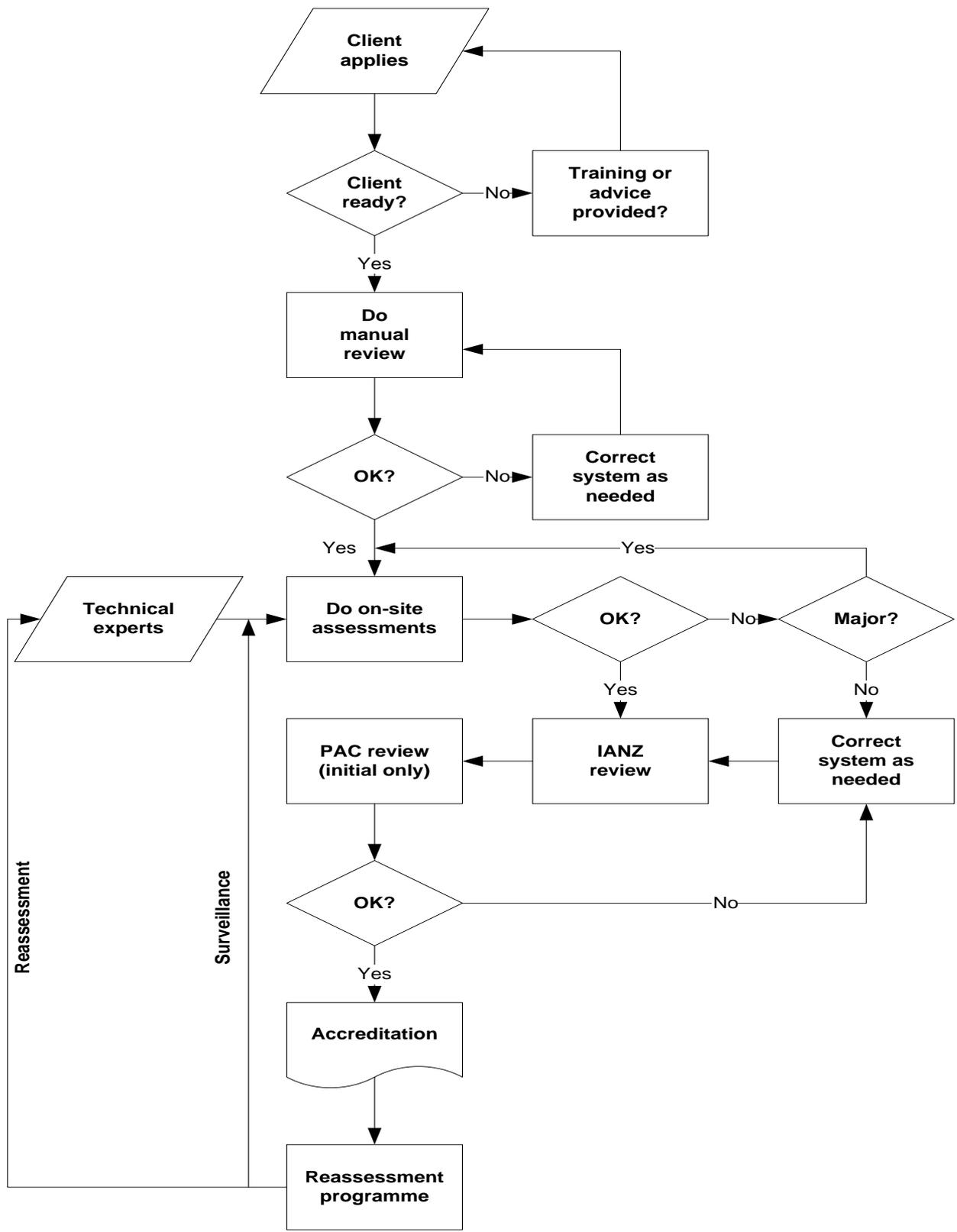
Suspension is a temporary loss of accreditation. Suspension may apply to specific scope items or to the entire scope. During suspension the published scope of accreditation of the organisation will reflect the extent of the suspension but not the reason for the suspension. Suspension may be formally lifted by IANZ only. During suspension an organisation must not claim accreditation for the suspended scope and must not use the IANZ symbol or refer to accreditation in relation to any conformity assessment results within the suspended scope. As suspension is a temporary measure annual fees must continue to be paid during the suspension period.

Following suspension of accreditation, an organisation will need to be assessed by IANZ to confirm that the criteria for accreditation are being met before accreditation can be reinstated. This will normally involve an on-site assessment but will depend on the original reasons for the suspension.

Withdrawal of accreditation is considered to be total and permanent cessation of accreditation. Following withdrawal of accreditation, the organisation will need to reapply for accreditation and undergo initial assessment before regaining accreditation.

As with the granting and maintenance of accreditations, the suspension or withdrawal of accreditations are publically available information and will be published on the IANZ website – suspended accreditations for the duration of the suspension; withdrawn accreditation for 12 months.

### 4.14 Accreditation Process Chart



## Section B: Rights and Duties of Accredited Organisations

### 5 Conditions for Accreditation

#### 5.1 Duties of Applicant and Accredited Organisations

- (a) Organisations must have a documented management (technical and quality) system that meets all of the requirements of the criteria for accreditation in the relevant technology area. That is:
- (i) the relevant general criteria for the selected accreditation programme;
  - (ii) the specific and supplementary criteria document(s) for the relevant technology;
  - (iii) any regulatory requirements related directly to the scope of accreditation, and;
  - (iv) this document.

The management system must operate in the way it is documented. Organisations undertake to adapt their practices to changes in the requirements for accreditation, as set out in Section 5.2(h).

- (b) Organisations must allow IANZ assessment teams' reasonable access to their premises, facilities, resources, operations, procedures, records, and personnel so that IANZ can effectively assess the quality and technical systems and activities.
- (c) Where required for the conduct of an effective assessment by IANZ, organisations shall arrange for the witnessing of its accredited activities (or activities for which accreditation are sought). These may be at the site(s) of its clients or at other locations.
- (d) Organisations must pay all reasonable fees, charges and expenses relating to the assessments conducted (initial and subsequent assessments) and to the on-going maintenance of the accreditation by IANZ. Failure to do so may result in the suspension or withdrawal of the accreditation and a requirement for any further fees to be paid in advance.
- (e) Organisations must maintain impartiality and integrity in their dealings with clients, with other interested parties and with all those involved in the accredited activities.
- (i) When requested, organisations must provide to IANZ access to those documents that provide insight into the level of independence and impartiality of the organisation from its related bodies. This may be relevant to all organisations seeking and maintaining accreditation, but is especially pertinent to inspection bodies to justify the requested independence category (as defined in ISO/IEC 17020).
  - (ii) Where there is evidence of fraudulent behaviour, or the organisation intentionally provides false information or conceals information, IANZ will commence the process for withdrawal of accreditation (or application for accreditation). Should an organisation have its accreditation(s) and/or application(s) withdrawn under such circumstances, IANZ reserves the right to decline any future applications for accreditation.
- (f) Organisations must agree to assist IANZ in the investigation and resolution of any accreditation-related complaints about the organisation that are referred to it by IANZ;
- (g) Accredited organisations may make claim to being accredited (or make reference to the accreditation in any advertising or communication medium) only for work covered by the scope of technical activities for which accreditation has been granted by IANZ and only if that work has been carried out in accordance with the IANZ criteria. Accredited and applicant organisations may not make any statement about current or prospective accreditation that IANZ considers misleading or which is not authorised. Organisations may not use their accreditation in such a way as to bring IANZ into disrepute.
- (h) Accredited organisations must not refer to their accreditation in such a way as to imply that any product or item, installation, design, process or service, or person that has been tested, calibrated, inspected or produced by the organisation is approved by IANZ.
- (i) Accredited organisations have a duty to take all reasonable steps to ensure that the reports or certificates issued (or parts of them) are not used in a way that could mislead clients or others.

- (j) Accredited organisations must notify IANZ promptly of changes in their organisation's status or operations such as:
- (i) Loss of Approved Signatories, Key Technical Personnel or other staff authorised to release technical work;
  - (ii) Changes in senior personnel duties and responsibilities (including change of Authorised Representative);
  - (iii) Notable changes in accommodation (including change of use where sensitive and/or calibrated equipment is relocated);
  - (iv) Notable changes of equipment;
  - (v) Changes in legal, commercial or organisational status;
  - (vi) Changes in policies and procedures.

Should IANZ decide these changes could have affected the compliance of the accredited organisation with the accreditation criteria, then an assessment may be carried out to confirm that the requirements continue to be met. Such an assessment may or may not involve an on-site visit.

*Note: Failure to notify IANZ of a significant change may be grounds for full or partial suspension or withdrawal of accreditation, and may also require the recall of conformity assessment reports/certificates issued since the date of change.*

- (k) Accredited organisations must not vary the technical operations or facilities covered in the scope of accreditation (Schedule to Certificate of Accreditation) during the period between assessments, unless notice is given to IANZ in writing and IANZ has confirmed that such changes do not make the accreditation invalid.

*Note: The purpose of this clause is to ensure that no amendments are introduced that will reduce the technical validity or effectiveness of the accredited operations. It should not restrict the improvement or development of systems or operations. The size or significance of changes should be considered before IANZ is informed. In any case, IANZ will review all changes at each surveillance assessment or reassessment.*

- (l) The IANZ accreditation symbols and the terms "Accredited Testing Laboratory", "Accredited Inspection Body", "Accredited Calibration Laboratory", "Accredited Medical Imaging Service", "Accredited Proficiency Testing Provider" or "Accredited Reference Material Producer" shall be used only under the conditions outlined in Appendix 1.
- (m) If accreditation is withdrawn (by either the accredited organisation itself or by IANZ), the organisation must immediately stop using the IANZ accreditation symbol and the term "Accredited Testing Laboratory", "Accredited Inspection Body", "Accredited Calibration Laboratory", "Accredited Medical Imaging Service", "Accredited Proficiency Testing Provider" or "Accredited Reference Material Producer", and all advertising material which contains the term or the symbol or refers to them. Any other documents the accredited organisation has which refer to accreditation (such as the Certificate(s) of Accreditation, Schedule(s) to the Certificate of Accreditation or display plaques) must be returned to IANZ or destroyed. IANZ will require organisations to inform their affected clients that they are no longer accredited.
- (n) Organisations temporarily unable to meet accreditation requirements may be asked by IANZ to cease using the endorsement and the terms listed (l). In such circumstances, organisations will also be asked not to claim compliance with the criteria for accreditation until IANZ is satisfied that they are again meeting the requirements or pending the result of any appeal made. IANZ will require organisations to inform their affected clients that they can no longer claim to be accredited.

If accredited organisations fail to comply with such a request, IANZ may:

- (i) Suspend accreditation or;
- (ii) Withdraw accreditation or;
- (iii) Decline to grant or renew accreditation or;
- (iv) Reduce the scope of accreditation or;

(v) Decline to extend the scope of accreditation.

Such decisions and the grounds for them will be communicated in writing. Compliance with these decisions will be reviewed at schedule surveillance, technical and reassessment visits.

- (o) IANZ may withdraw or decline to grant or renew accreditation if an organisation becomes bankrupt or makes any arrangements or composition with its creditors, or enters into liquidation, whether compulsory or voluntary (but not including liquidation for the purpose of reconstruction), or has a receiver appointed, or is sold or is taken over. Such decisions and the grounds for them will be communicated in writing by IANZ. In addition, IANZ may require the organisation to stop displaying its accreditation certificate during this period and to refrain from any reference to itself as an IANZ accredited organisation.

## 5.2 Rights of Applicant and Accredited Organisations

- (a) IANZ accreditation is open to all organisations that come within the scope of existing IANZ accreditation programmes, regardless of size or professional affiliations (except under Section 5.1(e)(ii) above).
- (b) IANZ will confine its requirements, assessments and accreditation decisions to the scope of accreditation requested.
- (c) Applications will normally be acknowledged within 10 working days of receipt and, where payable, applicant organisations will be sent a receipted tax invoice for the application fee paid, or invoiced if payment not submitted with the application.
- (d) An estimate of time costs and expenses (where relevant) for assessment activity may be provided prior to each of the IANZ visits. Where an organisation is not well prepared for the assessment, the assessment cost may well be higher than the estimate.
- (e) IANZ will endeavour to report the results of each assessment within 10 working days of the date of the visit. If there are delays, this will be clearly communicated to the organisation.
- (f) IANZ will attempt to respond to written communications within 10 working days.
- (g) Upon the granting of accreditation, IANZ will issue a Certificate of Accreditation and will publish on its website the details of its scope of accreditation. Accreditation certificates remain the property of IANZ. Up-dates to the scope of accreditation will be provided after each assessment activity and will be published on the IANZ website.
- (h) IANZ will notify accredited organisations of any changes in the criteria for accreditation and allow reasonable time to adjust procedures to meet the new requirements, and how and when IANZ will verify accredited organisations conform to the new requirements.
- (i) Accreditation is renewable following each assessment activity subject to meeting the requirements in Section 5.1.
- (j) Organisations have the right to formally object to any Technical Expert proposed for their assessment, or to veto any PAC member proposed for the review of the report on their assessment, who may be considered to have a conflict of interest. Such objections must be in writing and include the reason for the objection.
- (k) Complaints about or appeals to IANZ can be made to the Chief Executive (see Section 6 below).
- (l) Information about those organisations with which IANZ has mutual recognition arrangements is available on the IANZ website at [www.ianz.govt.nz](http://www.ianz.govt.nz). Additional information, including where acceptance of reports and certificates should be facilitated by such arrangements, is available from IANZ.

## 5.3 Confidentiality

IANZ requires its staff, technical experts, advisory committee members and Council members to abide by a code of ethics, professional standards and confidentiality. They formally agree to keep information about applicant and accredited organisations confidential and to declare any conflicts of interest.

Until accredited, IANZ will treat all organisations' applications as confidential. Once accredited, IANZ will publish the scope of accreditation on its website at [www.ianz.govt.nz](http://www.ianz.govt.nz).

IANZ considers all information it obtains about applicant and accredited organisations during the accreditation process to be proprietary information and regarded as confidential. Such information will not be released to a third party except under the following circumstances:

- (a) Where otherwise specified in this document (e.g. accreditation status – including suspensions and withdrawals, scopes of accreditation);
- (b) Where allowed for under the rules of specific accreditation programmes as set out in the specific or supplementary criteria for accreditation (e.g. provision of copies of assessment reports to regulatory agencies);
- (c) When already in the public domain or when agreed by the applicant or accredited organisation;
- (d) As required by Law (e.g. Official Information Act).

## 5.4 Accreditation Fees

Accreditation attracts fees as follows:

- (a) Application Fee;
- (b) Assessment Fee (hourly charge);
- (c) Assessment Expenses (at cost or included in an annual accreditation fee);
- (d) Annual Administration Fee;
- (e) International levy (where applicable).

Current fees are set out in separate fee schedules which are freely available on the IANZ website at [www.ianz.govt.nz](http://www.ianz.govt.nz) or upon request.

## 6 Appeals and Complaints Procedures

Appeals and complaints fall into three categories:

- (a) Appeals about IANZ decisions;
- (b) Complaints about the activities of accredited organisations;
- (c) Complaints about IANZ activities.

If any person or organisation wishes to complain or appeal about IANZ activities or decisions, or the activities of accredited organisations, these should be in writing and sent to the Chief Executive of IANZ. Verbal complaints to the Chief Executive or any other IANZ staff member may be acted upon, but a written complaint ensures that relevant information is provided in a logical manner.

### 6.1 Appeals about IANZ Decisions

An appeal may be made about any IANZ assessment decision or accreditation decision, such as:

- (a) Those involving the assessment process, including application;
- (b) IANZ technical decisions, including corrective action requests raised and signatory approvals;
- (c) Denial of accreditation;
- (d) Suspension of accreditation or part of the accreditation scope;
- (e) Withdrawal of accreditation;
- (f) Any other action that impedes accreditation.

In the first instance, the person or organisation seeking an appeal should first attempt to resolve any technical appeals with the Lead Assessor or the IANZ Operations/Programme Manager/Specialist for the field of technology concerned. If resolution cannot be achieved and a formal appeal is sought, this must be submitted in writing to the Chief Executive.

When IANZ receives an appeal about an assessment or accreditation decision, the Chief Executive (or delegate) will appoint an Appeal Panel of one or more appropriate and competent person(s) who is independent of the subject of the appeal, to investigate it. The investigation will consider whether:

- Current IANZ policies and procedures have been properly followed;
- Current IANZ policies and procedures are adequate and appropriate;
- Accreditation decisions have been soundly based on objective evidence.

The result of the investigation and any proposed actions on the part of IANZ will be reported to the person or organisation who lodged the appeal.

If not satisfied with the IANZ response to the appeal, the complainant may approach the Chair of the Accreditation Advisory Committee for further investigation. The Chair of the Accreditation Advisory Committee, following consultation, will make the final decision and recommend the appropriate action for IANZ management to take.

The results of these higher investigations will also be reported to the person or organisation who lodged the appeal.

Contact details for the Chair of the Accreditation Advisory Committee are available from IANZ.

## **6.2 Complaints about Accredited Organisations**

It is the policy of IANZ that accredited organisations are ultimately responsible for the quality of their own services. They should deal appropriately through their own complaints procedures with complaints from customers or competitors.

When IANZ receives a formal complaint about an accredited organisation e.g. from a customer or a competitor, the Chief Executive or delegate will appoint an appropriate person to investigate it. Initially, the IANZ role will be to assist the complainant and the accredited organisation to negotiate a satisfactory outcome.

IANZ will then check at the next assessment that the organisation's response and corrective actions resulting from the complaint were appropriate and effective. IANZ will also investigate the substance of the complaint to determine whether the organisation's operations, facilities and procedures continue to comply with the criteria for accreditation.

If a customer is unable to resolve a quality problem through liaison with the accredited organisation, this may be taken into account in deciding how soon to make the next assessment.

The results of IANZ investigations and any proposed actions will be reported by the appointed person to the accredited organisation and to the complainant.

If either the accredited organisation or the complainant is not satisfied with the IANZ response, the complaint may be referred to the Accreditation Advisory Committee for further investigation. The results of this investigation will also be reported to the accredited organisation and to the complainant.

## **6.3 Complaints about IANZ Activities**

Any complaints about the performance or behaviour of IANZ services or staff will be investigated by the Business Support Manager or delegate, on behalf of the Chief Executive. The complainant will be advised of the result of the investigation and of any corrective actions taken.

## Appendix 1: Rules for the Endorsement of Reports and References to Accreditation

### 1 Endorsement of Reports and Certificates

IANZ encourages accredited organisations to make reference to their accreditation in reports, certificates or other documents produced. A report carrying the IANZ accreditation symbol (see IANZ Accreditation Symbols at the end of this Appendix) or any combination of the words “IANZ”, “IANZ Accredited”, “Accredited Organisation”, etc., is referred to as an ‘IANZ endorsed report’. Such endorsed reports enjoy wide acceptance in New Zealand, and overseas through a network of formal mutual recognition arrangements between IANZ and overseas equivalents; they are recognised internationally as being equivalent to those bearing the accreditation symbol of other accreditation bodies.

Accredited organisations may endorse reports as long as they meet the criteria for accreditation. The rules for endorsement allow organisations to mix both accredited and non-accredited results as long as the non-accredited results are clearly marked as such.

Organisations which are not accredited by IANZ are prohibited from using the IANZ accreditation symbol(s) or making reference to IANZ accreditation. In particular, this includes:

- (i) Organisations that are applicants for accreditation;
- (ii) An accredited CAB’s external service provider who is not accredited by IANZ in their own right. This could include sub-contractors, or other organisations contributing to the conformity assessment activity such as sampling.

#### 1.1 Rules for Accredited Organisations

- (a) When accredited organisations wish to endorse a report they must use the IANZ accreditation symbol of the relevant programme e.g.
  - (i) Accredited Testing Laboratory;
  - (ii) Accredited Calibration Laboratory;
  - (iii) Accredited Inspection Body;
  - (iv) Accredited Medical Imaging Service;
  - (v) Accredited Proficiency Testing Provider, or;
  - (vi) Accredited Reference Material Producer.

Registered GLP Compliant facilities can also use the GLP Compliant Test Facility symbol and the rules governing its use are detailed in the IANZ publication *Procedures and Conditions for GLP Registration* (AS 2).

Registered Conformity Assessment Bodies which are accredited will use their accreditation symbol. Those which are not accredited may not use an IANZ accreditation symbol.

- (b) An endorsed report must be issued under the name of the organisation that holds the accreditation, and must be signed or otherwise authorised by an Approved Signatory/Key Technical Person for those accreditation programmes where the concept is relevant.
- (c) When it is impractical to display the programme accreditation symbol, accredited organisations may use a written description to promote their accreditation status, such as “Accredited by IANZ” or “IANZ accredited (testing laboratory / calibration laboratory / inspection body / medical imaging service / proficiency testing provider / reference material producer)”.
- (d) When an accredited organisation’s scope of accreditation includes all the activities to be reported in an endorsed report, the accreditation symbol, together with the standard statement that the work has been performed within the scope of accreditation, will make up the endorsement (see Example 1).
- (e) If accredited organisations wish to include in the same endorsed report both accredited and non-accredited results, they must endorse the report with the programme accreditation symbol together with the statement that not all results are IANZ accredited, including how non-accredited results are marked in the report (see Example 2).

A report must have the results of at least one accredited conformity assessment activity or it cannot be endorsed at all and cannot contain any reference to IANZ.

- (f) When accredited organisations wish to endorse a report containing expressions of professional opinion, interpretations of results or other statements, then these must be directly based on technical results contained, or referred to, in the report and should be placed as close as practicable to those results. In some fields of technology, such opinions may not be endorsed. Please contact IANZ for further information.
- (g) When accredited organisations sub-contract work to another accredited organisation (including remote branches of their own organisation), the sub-contracted results may be incorporated into an endorsed report, provided the other organisation has endorsed the work concerned and provided that there is a clear indication in the endorsed report that the work was sub-contracted. Where the sub-contractor is not accredited, the sub-contracted results must also be identified as not accredited as described in clause (e) above, as well as being identified as being sub-contracted results.
- (h) When test results are merged from a number of separate organisations (or branches of the same organisation) into a single consolidated report, the report may be endorsed provided that it complies with the requirements in (g) above for sub-contracted work.
- (i) If an accredited organisation issues a report from a site within the company other than where the work was carried out e.g. a head office, such a report may be endorsed:
- If it meets all other requirements for endorsed reports;
  - If it carries (with their approval) the signatures, facsimile signatures or typed names of the appropriate Approved Signatories / Key Technical Personnel from the organisation;
  - If its release is authorised by a person at the issuing site approved by IANZ to take responsibility for remotely issued reports;
  - If copies of the final report are accessible at both the issuing site and the contributing locations.
- (j) If accredited organisations use the accreditation symbol on their letterhead and/or other corporate stationery, they must not report results or professional opinions on that stationery unless the report also complies with the requirements set out above.
- (k) Accreditation symbols shall not be affixed to, otherwise used to imply that a product or item, or process or service (or any part of it) has been certified or approved by IANZ.

Accredited Laboratories, Inspection Bodies and Proficiency Testing Providers are able to take advantage of the IANZ membership of the International Laboratory Accreditation Cooperation (ILAC) mutual recognition arrangement (MRA) by using the international Combined ILAC MRA mark registered world-wide by ILAC. The use of this Combined ILAC MRA mark (alongside the IANZ accreditation symbol) is subject to a specific administrative agreement between IANZ and the accredited laboratory, inspection body or proficiency testing provider, details of which may be obtained from IANZ.

## 2 References to Accreditation

IANZ encourages accredited organisations to advertise their accredited status on other documentation / media by using the IANZ accreditation symbol or by other references to their IANZ accreditation. Such documentation may include websites, publicity or advertising material, brochures and organisation publications, technical literature, business reports, quotations or proposals for work, or the like,

Such references to accreditation must not be in any way misleading, or to bring accreditation in general, or IANZ in particular, into disrepute. For example:

- (i) The claims of IANZ accreditation can only be related to or associated with the services covered by the scope of accreditation (including, where relevant, accredited sites contained therein). The claims cannot suggest accreditation of other activities the organisation may be involved in that are not in the scope of IANZ accreditation (nor activities at sites not covered by the scope of accreditation). In proposals or quotations, it may be necessary to distinguish activities and/or sites that are covered by the scope of accreditation from those that are not;
- (ii) The IANZ accreditation symbol or accreditation claim cannot be affixed to an item or product or used to imply that a product or item has been certified by IANZ;

- (iii) The IANZ accreditation symbol or accreditation claim cannot be used to imply IANZ accepts responsibility for the activities undertaken, or for any opinion or interpretation derived from them, or that IANZ approves the product or item subject to the accredited activity.

While there is no requirement for IANZ to approve material published by accredited organisations, IANZ staff are available to comment on material prior to publication. This is encouraged as a means of minimising disputes regarding compliance with relevant conditions of accreditation.

### 3 Accreditation Symbols

The IANZ accreditation symbols are available to all organisations accredited in the IANZ accreditation programmes specified in 1.1(a) above, and can be used to promote their accreditation status on reports and certificates, and on stationery, promotional material, signage and company vehicles, etc. They must be used in accordance with the rules set out in 1 and 2 above.

The accreditation symbols are available from IANZ in electronic formats (typically .eps and .jpg), and are provided with brand guidelines for the correct colour and printing specifications. They are also available as adhesive labels. The correct symbol for the accreditation programme under which the accreditation has been granted must be used.



*Note: The word 'IANZ' and the IANZ logo in the above symbols are Registered Trade Marks with the New Zealand Intellectual Property Office.*

#### 3.1 Endorsement Statements

In accordance with the rules of the endorsement of test and calibration laboratory reports and certificates (specifically 1.1(d) – (g) above), IANZ also provides standard endorsement statements for use by testing and calibration laboratories.

##### Example 1



All tests reported herein have been performed in accordance with the laboratory's scope of accreditation



All measurements reported herein have been performed in accordance with the laboratory's scope of accreditation

**Example 2**



Test results indicated as not accredited are outside the scope of the laboratory's accreditation



Measurements indicated as not accredited are outside the scope of the laboratory's accreditation

*Note: Accredited organisations are reminded that any use of any of these symbols or a reference to IANZ in words is an endorsement. Also, where the words are used they must only be used in conjunction with the appropriate symbol.*

These examples are available from IANZ as adhesive labels. If endorsement statements are to be printed onto certificates/reports, the electronic symbol must be used, with the appropriate statement wording inserted in association with the symbol. It is not necessary to use the same layout as the printed labels above; the position, size and layout may be selected to best fit the document.

**3.2 Calibration labels**

To easily identify any equipment an accredited laboratory may have responsibility for calibrating, equipment calibration labels are available as adhesive labels. The orange labels containing the Accredited Calibration Laboratory symbols are available only to IANZ accredited calibration laboratories for use within their scope of accreditation.

Orange label

<p><b>calibration</b></p> <p>Item no: .....</p> <p>Date calibrated: .....</p> <p>Next calibration: .....</p> <p>Laboratory calibrated by: .....</p> <p>Calibration certificate no: .....</p>	
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Green label

<p><b>CALIBRATION</b></p> <p>ITEM No. ....</p> <p>DATE DONE .....</p> <p>NEXT DUE .....</p>
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#### 4 Combined ILAC MRA Mark

The Combined ILAC MRA Mark incorporates the International Laboratory Accreditation Cooperation's (ILAC) Mutual Recognition Arrangement (MRA) Mark with the relevant IANZ accreditation symbol from 3 above, and is available for use by all IANZ accredited laboratories (both testing and calibration), inspection bodies, proficiency testing providers and reference material producers.



The rules governing the use of the Combined ILAC MRA Mark are determined by the ILAC publication *ILAC-R7: Rules for the Use of the ILAC MRA Mark* (<https://ilac.org/publications-and-resources/ilac-rules-series/>), but for accredited laboratories, inspection bodies and proficiency testing providers they are essentially those specified in this Appendix.

Laboratories, inspection bodies and proficiency testing providers wishing to use the Combined ILAC MRA Mark need to complete an *Application to use the Combined ILAC MRA Mark* (available on the IANZ website at [www.ianz.govt.nz](http://www.ianz.govt.nz)) and return it to IANZ.