Atyab International Services (AIS) Certifications

PROCEDURE FOR AUDIT PLANNING, CONDUCTING AND REPORTING

Version 1.00

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QP-09 AUDIT PLANNING, CONDUCTING AND REPORTING **Version 1.00**

1.Purpose

To describe the audit planning, conducting the audit at client premises, preparation of reports and submitting the reposts.

2.Scope

This procedure covers audit planning, execution of audit and reporting for all types of audits as listed below:

- Adequacy or Stage 1 audit
- Registration or stage 2 audit
- Follow up audit
- Surveillance audit
- Recertification audit
- Transfer audit

3.Responsibility

3.1 Quality Manager is responsible for Planning the audit and ensuring the audit reports are received timely in the office and review of the audit reports

3.2 Audit Team Leaders/Auditors are responsible for execution of audit and preparation of audit and submitting the audit reports

4.Description of Activity

4.1 Introduction

The objective is to provide consistent service delivery norms. Audit Team leaders and auditors are responsible for ensuring the objectives of their assigned audits are fully met. The various activities needed to be carried out are:

Document review / Adequacy Audit - Stage 1 Audit	Surveillance Audit
Registration Audit - Stage 2 Audit	Triennial Audit
Follow- Up Audit	Special Visit

4.2 The term management system as applied in this procedure includes management system in accordance to ISO 9001 and / or ISO 14001 standard(s). / ISO 45001 /ISO 22000 audit visits.

4.2.1 The purposes of the audit visits are to provide reasonable assurance that the auditee organization's quality management system conforms to the requirements of standard applied, as stated in the Certification Contract, and to verify that the documented system has been implemented. The audit also serves to verify that the management system is appropriate to auditee organization's activities.

Audit Team Selection and Assingments: As per the AIS Quality Manual 14.1 & 14.2. Audit team selection and assignments. Quality Manager or his designee is responsible for selection of the audit team, using Auditor qualification summary. Unless required for technical reasons and logistics, care shall be taken to ensure that same auditor does not visit the client more than three consecutive visits. This shall ensure "no bias" and a fresh look at the system. All auditors / subcontractors are responsible for identifying any conflict of interest with the specified client and report to Q.M. Quality Manager shall review the same and take necessary decision which may include replacing the person with some other auditor.

4.2.2 The team leader leads the audit in accordance with the referenced instructions. A set of updated documents pertaining to audit like client details, open non conformances, surveillance plan and comments from prior visits as applicable) is provided to every audit team. AIS Certifications has a legal counsel for consultation, if required for ISO 14001/ISO 45001. Activities include the opening meeting with the auditee organization, team briefings, audit interviews, nonconformance issuance, auditee organization briefings, and the closing meeting with the auditee organisation. The team leader issues an audit report reflecting the recommendation concerning registration based on the team findings.

If nonconformance is found, the recommendation will be on hold until suitable corrective action has been taken and evidenced.

4.2.3 During the audit if the auditor finds a breach of legislation i.e. legal/regulatory/ statutory requirement not having been followed, the auditor will communicate his finding to the team leader who in turn will notify the auditee organization's management of the violation. The auditor will further investigate the same and check as to why the auditee organizations management has failed to detect and address the same. If and when after proper investigation, it is clear that the auditee organizations management system has short comings / the infringement of ISO standard is established, a major/minor nonconformance as appropriate will be raised. Follow-up visits are made to verify that major nonconformance(s) are effectively remedied before registration is granted. In case of legal / statutory / regulatory requirements by the auditee organisation, the following policy shall apply.

In the event of the auditee organization conducting a violation of the legal requirement, the auditee organization, as a part of the rules and regulations of AIS Certification. Certification will inform AIS Certification on its own pro-actively and voluntarily. This pro-active information communication by the auditee organization is not to be confined to onsite-audit activity but is applicable to the complete registration period which the auditee organization is entitled to by way of AIS Certification. In case of violation of legal requirements that is observed during the course of a Registration Audit (Stage 2 Audit) or Surveillance Audit(s), AIS Certification. audit team will notify the auditee organization's management about the observation. Further the audit team will conduct a proper investigation on the issue and check as to why the auditee organization's management system has failed to detect and address the same. Based on the investigation of the audit team, if it is established that the management system has

shortcomings / an infringement of ISO standard is observed, a major or minor non-conformance note will be issued. Additionally, the auditee organization has to ensure and to provide evidence to that effect to AIS Certification that the appropriate authorities have been notified of the violation of legal requirements, as per the prescribed procedure instituted by the relevant authorities. Where the organization may not be in legal compliance, it shall be able to demonstrate it has activated an implementation plan to achieve full compliance within a declared date, supported by a documented agreement with the regulator, wherever possible for the different national conditions. The successful implementation of this plan shall be considered as a priority within the Management System. Work instructions for audit guidelines is also available for the audit team. During the audit the audit shall be so planned that about 60 % of the time is spent to audit the critical processes.

4.2.4 Wherever needed the presence and justification of observers during an audit activity are agreed to by the certification body and client prior to the conduct of the audit. The Observers are witness auditors from the accreditation body. The audit team ensure that observers do not unduly influence or interfere in the audit process or outcome of the audit.

4.2.5 The role of technical experts during an audit activity are agreed to by the certification body and client prior to the conduct of the audit. The technical expert does not act as an auditor in the audit team but can provide advice to the audit team for the preparation, planning or audit.

4.2.6 wherever needed auditor is accompanied by a guide/ translator, unless otherwise agreed to by the client. The guide helps the audit team leader and the client establishing contacts and timing for interviews, arranging visits to specific parts of the site or organization, ensuring that rules concerning site safety and security procedures are known and respected by the audit team members; witnessing the audit on behalf of the client; providing clarification or information as requested by an auditor.

4.3 Audit Plan: AIS Certifications ensures that an audit plan is established for each audit identified in the audit program to provide the basis for agreement regarding the conduct and scheduling of the audit activities. This audit plan is based on documented requirements of the AIS Certifications.

The audit plan is appropriate to the objectives and the scope of the audit. The audit plan at least includes the following:

a.) the audit objectives.
b.) the audit criteria.
c.) the audit scope, including identification of the organizational and functional units or processes to be audited.
d.) the dates and sites where the on–site audit activities are to be conducted, including visits to temporary sites, as appropriate.
e.) the expected time and duration of on–site audit activities.
f.) the roles and responsibilities of the audit team members and accompanying persons, such as
g.) observers or interpreters.

The tasks given to the audit team is defined and made known to the client organization.

4.3.1 Adequacy Audit (AA) (Stage 1 audit)

Stage 1 Audit is a part of the registration process and not an optional activity. Stage 1 is carried out onsite.

Objectives of Stage 1 audit:

During the Stage 1, it is to be established that the requirements of the standard(s) are being met by the auditee organization. This can be done by review of the available evidence. This evidence may take many forms and some cases need not be "documented". However, this does not alter the need to adhere to the requirements for documentation contained in the ISO 9001/ ISO 14001/ISO 45001/ ISO 22000 depending upon the client`s management system

The objective of the Stage 1 audit is to provide to audit the client's management system documentation a focus for the planning of the Stage 2 Audit (e.g. resources, time allocation) by review the client's status and understanding regarding the standard w.r.t objectives and operations of the management system, site activities, identification of environmental aspects and associated impacts, identification of applicable legislation and licenses matching with site and activities of auditee organization, discussions with client personnel regarding policy, objectives and the state of preparedness of the auditee organization.

To evaluate the client's location and site-specific conditions and to undertake discussions with the client's personnel to determine the preparedness for the stage 2 audit.

To collect necessary information regarding the scope of the management system, processes and location(s) of the client, and related statutory and regulatory aspects and compliance (e.g. quality, environmental, legal aspects of the clients operation, associated risks etc.)

To review the allocation of resources for stage 2 audit and agreeing with the client on the details of the stage 2 audit.

To provide a focus for planning the stage 2 audit by gaining a sufficient understanding of the clients management system and site operations in the context of possible significant aspects.

To evaluate if the internal audits and management system substantiates that the client is ready for the stage 2 audit.

For Companies requiring transferring from another certification body.

If the company has an accredited certificate by another body then the auditors need only carry out a partial (brief) Document Review in AIS Certification office. However, all of the paperwork still needs to be completed using the combined Stage 1 Review .

If the company has a non-accredited certificate, then AIS Certification, normal procedures must apply in full. Additional Requirement for IMS Auditing. The objectives of the stage 1 are to provide a focus for planning the stage 2 audit by gaining an understanding of the organization's IMS and the organization's state of preparedness for stage 2 by reviewing the extent to which: the organization has identified PRP that are appropriate to the business (e.g. regulatory, statutory, customer and certification scheme requirements),the FSMS includes adequate processes and methods for the

identification and assessment of the organization's food safety hazards, and subsequent selection and categorization of control measures (combinations),relevant food safety legislation is implemented, the FSMS is designed to achieve the organization's food safety policy, the FSMS implementation program justifies proceeding to the audit (stage 2),the validation of control measures, verification of activities and improvement programmes conform to the requirements of the IMS standard, the IMS documents and arrangements are in place to communicate internally and with relevant suppliers, customers and interested parties, and there is any additional documentation which needs to be reviewed and/or information which needs to be obtained in advance. Where an organization has implemented an externally developed combination of control measures, the stage 1 shall review the documentation included in the IMS to determine if the combination of control measures is suitable for the organization, was developed in compliance with the requirements of ISO standards, and is kept up to date.

The availability of relevant authorizations shall be checked when collecting the information regarding the compliance to regulatory aspects.

For IMS, the stage 1 shall be carried out at the client's premises in order to achieve the objectives stated above. In exceptional circumstances, part of stage 1 can take place off-site and shall be fully justified. The evidence demonstrating that stage 1 objectives are fully achieved shall be provided. Exceptional circumstances can include very remote location, short seasonal production.

4.3.2 Stage 1 audit is intended to:

- Assess that the auditee has a documented management system, which is compliant to applied standard.
- For EMS ensure that the EMS includes an adequate process for identification of environmental aspects, impacts and determination of their significance.
- Ensure that the system includes identification of applicable regulatory requirements and that all the required environmental licenses, permits and approvals are in place.
- For OH&SM, ensure that the OH&SM includes an adequate process for identification of hazards and risks and determination of their significance. Identification of applicable regulatory requirements and that all the required OH&S licenses, permits and approvals are in place
- In case of FSMS, no of HACCP Studies required to be justified.
- Ensure that the management system is designed to achieve defined policy, objectives and targets.
- Establish that internal audit conforms to the requirements of respective standard and the internal audits are effective and relied upon. Seeking evidence for competence, experience, training & independence of internal auditors (ISO 19011); auditing procedure & methodology; reference & standards; resource availability; organization & planning of audits; checks & reports; timeliness & effectiveness of corrective action and management of audit follow-up.
- Establish that management reviews are conducted and cover continuing suitability, adequacy and effectiveness of management system.
- Establish that relevant communication from customers / external interested parties is documented and responded.

- Establish that the management system is designed to realize the concept of continual improvement.
- Establish that the proposed scope of registration is appropriate to the auditee organization's business activities.
- Confirm the auditee organization's readiness for registration audit.

Obtain information about the auditee organization's operations which might have an impact on the stage 2 audit including:

• Work hours and schedules • Special safety requirements • Security clearance requirements • Logistics	• Size and complexity of the organization. • Applicable statutory requirements & licenses. • Technology expertise necessary.

Prepare a detailed program including audit trails for the upcoming Stage 2 audit.

Review the adequacy of audit time for Stage 2 audit. Increase the time duration if required based on the findings of audit; complexity / volume of processes; variation found from the data provided by the client in Questionnaire.

4.3.3 When carrying out a review the auditor shall note his/her findings in the Stage 1 audit report and record this against the relevant topic if such fails to satisfy the requirement of the standard. Special requirements are listed in the Stage 1 audit report for that company i.e. guidance documents, legislation etc. for reference at the audit.

The Document reviews are a part of the stage 1 audit and include at least the following:

Documentation including procedures with links to related requirements of respective standard. If client has integrated systems, the documentation shall be reviewed w.r.t interfaces with other systems.

The documentation must have been issued and would normally have been in place for a minimum of three months.

- Description of organization and its on-site processes.
- Means and system for realizing continual improvement.
- An overview of applicable regulations and agreements with authorities.
- Internal audit program identified nonconformities and records.
- Records of incidents, breach of regulation and relevant correspondence and IMS related communications with action taken.
- Records for management review
- Details of identified nonconformities and corrective action taken in last 12 months.

4.3.4 Process steps for Stage 1 audit

The assigned team leader is responsible for managing and documenting the results of the adequacy audit. However, responsibilities for conducting the document review may be delegated to the other audit team member. The process for the stage 1 audit can be briefly described as follows:

- AE advises the concerned auditor / TL of the assignment.

- TL prepares the audit schedule and intimates the client normally a week before the planned audit date. Audit Schedule contains auditor name. Auditor background details are provided to client on request.
- An opening meeting is held to put the auditee organisation at ease, advise him/ her of objectives of the document review and obtain the auditee organization's cooperation.
- Generally, only one person is needed to perform the adequacy audit, but where a team is used or an auditor under training is present, then a team briefing may be necessary.
- In order to prepare a detailed program for the audit, a tour of the facility to provide familiarization with the auditee's organization is essential.
- The main objective is to review the auditee organization's readiness with respect to the points listed above. Documents are reviewed only to the level necessary to establish compliance with relevant standard. A record of documents reviewed is made.
- The auditor shall review for any discrepancy in any information provided in questionnaire and contract review. This shall be reviewed by Quality Manager and may result in change in man-days assigned for the contract.
- Auditee organisations debrief meeting is held to discuss the audit findings and obtain any further information necessary to program the audit and decide on further action.
- The findings are collated and an audit report is prepared for handing over at the closing meeting. On the basis of the findings, a recommendation is made to proceed / defer/ cancel the registration. The auditor shall explain the reason for considering the documentation or system unsatisfactory. In case of many or larger issues, the stage 1 audit may need to be carried out again. This shall be discussed with the auditee and suitable date decided. This may require working out an amendment to the contract.
- The visit ends with a closing meeting where points agreed with the auditee organisation are confirmed. The Scope of Registration for audit is confirmed. Audit report is handed to the auditee organisation and a copy forwarded to head office for review and processing. The report will also include the audit program detailing expected times and duration for audit of each activity.
- The client will be informed by the auditor that any discrepancies not closed out prior to the audit will result in automatic non-conformance notices being raised. The discrepancies include non-completion of scheduled internal audit programmes and management reviews.
- The Stage 2 audit shall be conducted within 6 months of stage 1 audit completion date. Any further delay shall require stage 1 audit to be carried out again. There is no restriction on minimum time duration. however, the general practice is at least 7 days, depending on the findings of the stage 1 audit and client readiness.

4.3.5 Non-Conformity and Sentencing of major and minor non-conformances.

A non-conformity is defined as failure to fulfil one or more requirements of the management system standard or a situation that arises serious doubts about a client's management system to achieve its intended output. Non conformities will be classified in two categories – Minor and Major

4.3.5.1 During an audit a minor non-conformity shall be deemed present when any activity is not undertaken, and which is stipulated in the clients management system as a requirement or which was undertaken and is relevant but is not controlled within the system, and is deemed to be of a minor

nature (of little importance to the quality of the firm's product or service). Several non-conformities in any one section, or procedure, shall constitute a major breakdown of the system.

4.3.5.2 A major nonconformance shall be declared when a system or procedure is not working at all, or where there is complete failure to fulfil one or more requirements of the management system, or where there is significant doubt that the client's system can achieve the intended output, or where a serious cumulative number of minor non-conformities are found overall, or when there is a complete lack of system control. Several non-conformities may be grouped together as one major non-conformity.

4.3.5.3 If all non-conformities have been rectified within three months of the audit, then the award will be recommended. If not, a complete re-audit is to be carried out at the discretion of the Director operations. If on a follow-up visit it is found that the major nonconformity has not been satisfactorily addressed, then another visit is to be made within two weeks. If this fails then a full re-audit must take place. All visits will be charged at the standard rate and the client invoiced. The Quality Manager will confirm the time and auditors for the close out visit and will advise the AE about the invoicing.

4.3.5.4 In all cases of "follow-up" the auditor must complete a continuation sheet indicating the areas covered. Head the sheet "Close out Visit". Any small points not fully closed out may be re-raised as minor discrepancies at the discretion of the Lead Auditor. After a "follow up" visit the audit report will be completed again by the auditor. Clients whose systems are rejected on initial audit and are accepted on "follow up" partial audit may have surveillance visits set at one extra to that stated on the Contract Review for the first year of registration, if considered necessary by the Lead Auditor i.e. depending on the severity of the major non-conformance. The time (half a day minimum) for 'follow-up' partial re-audit is indicated by the Lead Auditor on the audit report along with the suggested re-audit date.

4.3.5.5 Time frame for closing the Minor Concerns and Major Concerns shall be 90 days from the date of the audit conducted.

4.4 Registration Audit (RA) (Stage 2 Audit)

The objective of the Registration Audit (Stage 2 Audit) is:

- To confirm that the auditee organisation adheres to its own policies, objectives and procedures.
- To conform that the management system of the auditee organisation conforms to all the requirements of the current version of respective standard(s), normative document and achieving the organization's policy & objectives.
- To evaluate compliance to applicable legal and regulatory requirements.

4.4.1 The following activities will be carried out to meet the objectives of Stage 2 Audit:

Assess that the auditee organization's management system has been implemented and objective evidence is available to demonstrate its effective implementation in line with its policies, objectives and procedures.

Establish that all requirements of the standard are addressed where they apply to the activities covered by the scope of registration.

Confirm that management system is appropriate to the product, process or service provided by the auditee, with the capability of managing and improving performance.

Encourage auditee organizations to improve their management system on an on-going basis.

While accomplishing this, the registration audit must be conducted to satisfy the needs of the auditee organisation and maintain the integrity of the registration process as a whole. The team leader is responsible for managing and documenting the results of the registration audit. He may delegate specific responsibilities for conduct of audit activities to assigned audit team members.

4.4.2 The registration audit (Stage 2 audit) addresses the implementation of all the elements in the standard and focuses on:

- identification of environmental aspects & its effectiveness, defined criteria/ significance and subsequent determination of their significance (for ISO 14001)
- identification of hazards & risk assessment, its effectiveness, defined criteria/ significance and subsequent determination of their significance (for ISO 45001)
- identification of relevant PRPs, Food Safety Hazards control measures & its effectiveness (For ISO 22000)
- Procedures to ensure compliance with legal & other requirements.
- Inconsistencies between organization's policy, objectives & targets and its procedures to achieve them or the results of their application. The registration audit team shall appreciate that it is for the organization to define the means by which its policy commitment to continual improvement, customer satisfaction and prevention of pollution is achieved and to develop processes for achieving / measuring performance.
- Auditee's procedure & application for investigation / development of opportunities for improvement and programs for improvement.
- Auditee's process for achieving continual improvement and its effectiveness.
- Operational control to maintain consistent performance and compliance to procedures.
- Performance monitoring, measuring, reporting & reviewing against the legislative requirement, objectives and targets.
- Internal auditing, identification / evaluation of non-conformities and completion of effective corrective actions.
- Management review and management responsibility for quality management system.
- Interfaces and links between policy, aspects & impacts, hazards & risks, enterprise risk, FSMS hazards & PRPs , objectives & targets, responsibilities, programs & procedures, performance data, internal audit and management review.
- Register of regulatory requirements (IMS ISO standards)
- Seeking evidence for competence, experience, training & independence of internal auditors; auditing procedure & methodology; reference & standards; resource availability; organization & planning of audits; checks & reports; timeliness & effectiveness of corrective action and management of audit follow-up.
- Staff awareness of applicable requirement.

If there are combined systems in place, e.g. QMS and EMS, then emphasis must be placed to ensure that both standards are adequately addressed and monitored. Records and auditor notes must demonstrate that adequate time has been given to each standard.

4.4.3 Process steps for Stage 2 Audit

Quality Manager or designee schedules the audit and informs the Audit team leader (TL). A set of necessary documents like client details, Stage 1 audit report etc is given to TL. On receiving the audit schedule from the AE, TL discusses the logistics and audit plan with auditee organisation. TL prepares the audit Plan and intimates the client normally a week before the planned audit date and the same is agreed upon prior to the audit. In case of any changes required by the client the same is captured as part of the Incident Report and necessary actions taken. In case of any changes in the audit plan during the audit the same is captured as part of the audit report. Auditor background details are provided to client on request.

During the audit planning, the accreditation assessor sector specific guidelines and audit trails is used to identify critical processes. At least 60% of audit time shall be used for auditing critical processes.

Where the assignment is complex (multi-site, has specific technological requirements, and/or utilizes a large audit team etc.), a team briefing may be planned before the scheduled audit date to coordinate details.

An opening meeting is held to advise the auditee organisation of the objectives of registration audit, details of the audit and schedule and obtain for the auditee organization’s cooperation.

Where more than one person has been assigned, daily team meeting may be scheduled after the auditee organisation meeting / site visit to plan the days strategy and cover any points not included in the pre-visit team meeting.

Changes to the auditee organization’s documentation since the previous visit is reviewed and outstanding non-conformance(s) followed-up. The auditee organization’s management system is assessed according to the schedule and audit trails identified during adequacy audit. Documents reviewed, personnel interviewed and other pertinent data is recorded in the auditor's note pads. Non-conformances are raised after proper investigation against activities found non-compliant. The Observations are issued identifying areas of improvement only. The caution will be observed in recording the Observations so that the issues pertaining to non-conformance are not reflected as observations and vice versa. The recording of observations will be strictly confined to Opportunities for Improvement only.

When audit is for more than a day, daily team debrief meeting is used to discuss findings, followed by auditee organisation debrief to present the findings of day.

On the final day of the audit, the team discusses overall performance during the audit, review of stage 1 report and prepares the audit report (F32). The team decision to approve or defer registration is recorded in the report. Program for the next visit is also prepared (follow-up visit / surveillance plan). An organization can be recommended only if no major non-conformance is found. In case of a major non-conformance complete / limited audit is necessary and the audit time

requirement is estimated by the auditor in discussion with Director Operations. The audit schedule for the special audit is detailed and agreed upon with the client.

The visit ends with a Closing Meeting where the recorded findings and team recommendations are formally presented to the auditee organisation and any follow-up actions agreed upon. Auditee submits the corrective action plan for all non-conformances issued. Also, during the Closing Meeting the Team Leader informs the Client for submitting the evidences of Corrective Action taken for review and closure of the Minor Non Conformances identified. In case of major non-conformances identified the client is informed whether an additional full audit or an additional limited audit is necessary depending on the impact of the major non-conformance identified.

The Timeframe for the closure of the Major Ncs shall be 30 days and the Minor NCs shall be 90 days from the date of the Audit .

The report (F32) is handed to the auditee organisation and a copy forwarded to Head Office for review and processing. The program for next visit and auditor notes is forwarded to AE with the report. Adequacy audit report issued is also returned to AE. The audit-trails are exclusive notes strictly for use of auditors to carry out the audit and the team leader shall ensure that they are never given out to the auditee.

The report is submitted only after satisfactory verification of corrective actions taken for the non-conformance(s). The client shall submit the evidences of corrective actions taken within 3 months of the audit. Failure to satisfactory closure shall result in complete re-audit.

4.5 Follow-up Audit (FA)

4.5.1 The purpose of follow-up audits is to conduct the follow-up of non-conformance(s) of a auditee organization's management system, identified during a visit, that were determined to require corrective action. Follow-up audit is required where a major non-conformity is raised. Minor non-conformity does not require formal follow-up visit and may be closed off site based on evidence submitted. The time required for follow-up audit shall be determined based on number and nature of major non-conformities issued.

4.5.2 The team leader will plan and determine the type of follow-up that is required. An off-site follow-up may only be conducted when the corrective action can be objectively evaluated on the basis of documented evidence sent to AIS Certification by the auditee organisation. If the follow-up audit is not performed within three months of the registration audit, a partial Re-audit has to be performed (the time required shall be about 50% of that of stage 2 audit). A complete Re-audit will be carried out if the follow-up audit is not performed within 6 months.

4.5.3 The non-conformances should be updated to reflect the new status, where the corrective actions are verified. These are reviewed by the team leader and then the Registration Committee. Quality Manager initiate withdrawal/suspension procedures, if auditee organisation fails to effectively respond to a corrective action request or if the corrective action is not satisfactory. Audit report for Follow-up audit shall be the same as for Registration Audit.

4.6 Surveillance Audit (SA)

The registered management system should continue to meet the requirements of specific standard and should be managed effectively by the auditee organisation. SA is intended to verify the

continued effective maintenance of the auditee organizations management system, satisfy the needs of the auditee organisation and maintain the integrity of the registration process as a whole.

4.6.1 SA is intended to:
Assess that the auditee organizations registered quality management system has been maintained.
Verify that changes to management system subsequent to the previous visit are in compliance with respective standard and that objective evidence is available to substantiate implementation.
Re-confirm that management system is appropriate to auditee organization's product, process or service provided, with the capability of managing and improving performance.
Promote the effectiveness of quality management system.
Assess major changes in auditee organizations operations, technology that could affect the certification / registration.
4.6.2 The various mandatory elements to be audited at every surveillance are:

• Changes to documented system • Legal regulatory compliance • Internal audits • Document control	• Management responsibility & review • Use of certificate and logo • Corrective action • achievement of objectives and Continual improvements

Appeals / Complaints / communication from external interested parties.

Effectiveness of quality management system to achieve auditee organization's policy, objectives & targets.

Progress of the planned activities and continuing operational

Follow-up on identified non-conformities (internal / certifying body)

Appeals / complaints received by AIS Certification.

The surveillance audit may be combined with the audits of other management systems. The report should clearly indicate the aspects relevant for each management system.

4.6.3 Process steps for Surveillance Audit

The team leader is responsible for managing and documenting the results of SA. The team leader may delegate specific responsibilities for conduct of audit activities to assigned audit team members. Quality Manager is responsible for review of audit report to assess effectiveness.

Quality Manager or designee schedules the audit and informs the Audit team leader (TL). Care is taken that the audit is scheduled within 12 months interval – date being last day of Certification Audit. A set of necessary documents like client details, earlier audit report etc is given to TL. On receiving the audit schedule from the AE, TL discusses the logistics and audit plan with auditee organisation.

TL shall review the functions / processes audited in the earlier surveillances before finalizing the audit plan. TL shall ensure that all critical processes are audited at least twice and rest at least once in the three year period.

Where an assignment is particularly complex (i.e. begins at several different locations, has particular technological requirements, and/or utilizes a large number of team members, etc.), it may be

beneficial to call a team briefing some time before the scheduled surveillance date to coordinate details.

An opening meeting is held to advise the auditee organisation of the objectives of audit, details of the audit and schedule and obtain auditee organization's cooperation. Auditee organisation brief may be conducted if audit extends beyond a day.

Where more than one person has been assigned, a daily team meeting is scheduled immediately following the auditee organisation meeting to plan the day's strategy and cover any points not included in the pre-visit team meeting. Changes to the auditee organization's documentation since the previous visit are reviewed and outstanding non-conformances followed-up. The scope on the certificate will be checked against the scope of activities being carried out by the company. If these are not the same, the auditor will discuss this with the company and inform the Quality Manager or appointed person for further consideration.

The auditee organization's quality management system is assessed using the Audit Program. Documents reviewed, personnel interviewed, and other pertinent data is recorded in the auditor's note pads. This information is confidential and not part of the formal audit report. Non-conformances are raised after proper investigation against activities found non-compliant. The observations are issued identifying areas of improvement only. The caution will be observed in recording the observations so that the issues pertaining to non-conformance are not reflected as observations and vice versa. The observations will be strictly confined to areas of improvement only.

On the final day of the surveillance, the team discusses overall auditee organisation performance and determines the recommendation (registration to continue or follow-up is required). The team prepares the audit report (F32). The team decision is recorded on the Audit Report. Areas to be reviewed at the next visit are also detailed.

The visit ends with a Closing Meeting where the findings and team recommendation are formally presented to the auditee organisation and any follow-up actions agreed upon. The Record of Findings is handed to the auditee organisation and a copy forwarded to Quality Manager for review and processing.

At least one third of the management system will be checked by the auditor at each surveillance visit. It is essential to ensure that the full system (as a minimum) is covered over a three year period by surveillances. At each visit complaints, audits, registration marks, documentation changes, and evidence of improvement will be reviewed.

Any auditee organization has to notify AIS Certification. in writing of any major change in the management system and / or the scope of activities. Quality Manager decides if the verification of changes can be assessed during next surveillance audit or if a special visit has to be scheduled. The performance of the special visit shall be similar to normal surveillance and Quality Manager shall inform the assigned auditor to audit the required changes in system.

4.6.4 Maintaining of Certificates

Certificates will be maintained provided that the certified clients continue to satisfy the management system standard and based on positive recommendation from the audit team leader during routine surveillance audits provided that any non-conformity or any other situations which

may lead to withdrawal / suspension of certification. In such cases the audit team leader reports to the Certification Committee to initiate a review by competent personnel, independent from those who carried out the audit.

4.7 Recertification (Triennial Audits)

4.7.1 The purpose of the recertification audit is confirm the continued and effective management system as a whole is followed and the continued relevance and applicability of the scope of certification, commitement to enhance and maintain overall effectiveness and improvement of the management system and whether the operations of a certified client contributes to the achievement of the clients policy and objective.

The following steps should be followed when planning three-year re-approval visits:

The planning and extent of the visit are in accordance with the accreditation board requirements and that determined at the last surveillance visit. The triennial visit is planned based on client's performance during the certification period, previous surveillance audit reports, trends in NC raised, complaints received during the period and corresponding investigation reports etc.

Triennial audit may include stage 1, if there is considerable internal / external change in MS, activities, location and scope of certification.

4.7.2 During recertification audit planning OD shall ensure auditor rotation in case the complete cycle is carried out by a same auditor as Team Leader.

Triennial audit shall include review of effectiveness and improvements in the MS performance.

The triennial audit is a full audit of the auditee organizations management system and generally follows the same process as the Stage 2 Audit.

Triennial audits and review follow the same instructions as those for initial audits. Care should be taken for review of changed scope or activities of the client.

4.7.3 Decision on renewing the certificate will be made by AIS Certification. based on results of recertification audit (review of report), review of the certified clients system over the period of certification and any complaints received against the certified client over the certification period.

4.7.4 In accordance to ISO/IEC 17021–1:2015, the triennial audit, closure of all issues and certification committee decision need to be completed prior to expiry date of the current certificate. The new certificate shall then be considered as continuation of certification. "Certified since…." date shall be the initial certification date. (The triennial audit should be completed about 2 months before certificate expiry). In case of situation that corrective action is not submitted in time to complete certification decision, an additional surveillance shall be planned after 6 months (for 12 months surveillance schedule) or 1 day is added to first surveillance (for 6 / 9 months surveillance schedule).

4.7.5 Where the activity cannot be completed before certificate expiry, the client shall be considered as a fresh case and man-days for stage 1, stage 2 and surveillance audit shall be given. Also, if the surveillances are not done as per schedule, the client shall be considered as a fresh case.

4.8 Special Purpose Visits

4.8.1 Registered management system must continue to comply with the current version of specific standard and any changes to the system must also continue to comply. Also, the scope of registration must continue to be appropriate to the auditee organization's objectives and appropriate for the auditee organization's products and services. On the other hand, complaints, appeals, request for change in scope, additional accreditation, audit visits, or surveillance visits may disclose reasons for undertaking an additional visit.

If there are grounds for undertaking a special purpose visit, Quality Manager determines what level of review will be required to maintain or extend registration, including but not limited to normal surveillance, unplanned surveillance, partial re-audit, or full re-audit.

Before undertaking any visit, which is not under any contractual agreement, the auditee organization must agree in writing to the new terms.

The scope of the audit shall be pre-determined and shall depend on the reason for the visit. In case of any complaint / appeal / any information resulting in doubt on the effectiveness of system, the audit of concerned and other related activity may be carried out.

Visit / audit report shall be recorded similar to initial audit. The report shall also be reviewed for risk to AIS Certification. Certification committee may also discuss the findings with the audit team.

4.8.2 Extensions to scope change in management for clients already registered with AIS Certification.

Questionnaire should be completed by the client and returned to AIS Certification.

Contract Review will always be carried out by the Quality Manager or appointed person to determine whether a full or partial Stage 1 is required.

An off-site Stage 1 must be completed and sent to the Quality Manager or appointed person for review. Under exceptional circumstances an on-site Stage 1 may be required.

Under no circumstances must the above visit be carried out at the same time as surveillances unless extra time or extra auditor has been allocated. However, Stage 1 shall be completed before the on-site audit.

Audits for the above reasons will be carried out in the same way as the initial audit. An Audit Report must be completed in the normal way and submitted to the Certification Committee for approval. If successful, a new certificate will be issued by AIS Certification.

Note: After certification, if the client changes anything which significantly affects the registration, then AIS Certification must be informed. AIS Certification reserves the right to re-assess.

4.8.3 A special visit may be carried out on request of the client for additional accreditation. Client may request for additional accreditation any time prior to certification audit or during the three year period. In case the request is prior to stage 2 audits, the request shall be reviewed by Quality Manager and verified if the client's activities are within the AIS Certification scope of accreditation. Stage 2 audit is carried out as described above. If the request is within the three year period, an additional visit may be required to verify compliance. The commercials shall be communicated with

the client. The visit may be merged with planned surveillance. Additional accreditation shall be affected only after successful completion of the audit. The certificate shall be accordingly amended, however the expiry date shall be the same. Fees may be charged towards additional accreditation and new certificate issue.

4.8.4 Short Notice audits for clients registered with AIS Certification

These audits are necessary to investigate any complaints, changes in management systems, follow up on suspended clients. Requirements of short notice audits are informed to client at time of contract finalization through F 27 Client Agreement.

Special care will be taken in assigning the audit team for short notice audits.

4.9 Transfers

4.9.1 This applies only to transfers from other accredited certification bodies. Only transfers from companies which have certificates covered by an accreditation of an IAF signatory should be eligible for transfer. Certificates which are not accredited as below shall be treated as new clients.

4.9.2 Pre-transfer review

Carry out the normal contract review procedure, Quotation Preparation and Staff Allocation, and possibly visit the client. There is no need for a document review, unless an extension is involved.

Check that the client's scope on their certificate is as stated on the questionnaire.

Confirm the client's certificated activities are compatible with that of AIS Certification.

Try to establish the reason for the client wanting to transfer.

Check that all of the sites that the client wants transferring are covered by their current registration and not just Head Office.

Check that the certificate is Valid and has not expired and that it is accredited. Certificates that have been suspended or withdrawn or are out of date shall not be considered for transfer. (Note: If the certification body has ceased trading or had its accreditation withdrawn then the transfer can still go ahead on the basis of this review procedure).

Check the status in their current certificate cycle, i.e., is we to take over the surveillance programme or are they due for a triennial re-audit etc. If a triennial is due we must carry out a full triennial audit including planning and site visits. Any extensions to scope will result in visits.

Request reports / checklists, non-conformances etc. from the previous certification body. The status of any outstanding non-conformance notices must be known. Non-conformances must be closed out by the previous certification body or sent to AIS Certification with evidence of corrective actions taken for AIS Certification to close out.

Request verbal confirmation of the effectiveness of the complaint system. Request details of any major problems.

For EMS and OH&SM request details of any legal engagement with statutory bodies.

If no further outstanding problems from the above review are identified, then a certificate may be issued after authorization by the Certification Committee.

4.9.3 The programme of surveillance visits/triennials is to be adopted from the previous certification body if applicable. Appendix Document is signed by the Chairman of the Certification Committee, Chief Executive and Technical Expert (if applicable) to authorize issue of the certificate.

Note: If, as a result of the review, some of the criteria are not met, then a site audit will be required to give confidence to certify by AIS Certification.

4.10 Opening and Closing Meetings

The Opening and closing meeting are a critical part of the audit process. Opening meeting ensures that all parties understand what is going to happen and how best they can cooperate and coordinate their efforts. Closing meeting ensures that all parties understand the relevance of findings, what they need to do and what happens next. The meeting agenda contains a number of essential requirements which must be advised to the auditee organisation in addition to other useful items which make for a clearer understanding of what is expected from both parties. It is hence essential that all the agenda items covered in this instruction, as appropriate and applicable to the situation.

	Opening	Closing
Thank client for selecting AIS Certification Mutual Introduction of auditors and auditee	●	
Thank auditee for hospitality Thank guides for their support.		●
Circulate attendance sheet	●	●
State and confirm the contracted scope for certification and objectives of audit.	●	
State that TL represents audit team. Determine auditee representative and guides	●	
Confirm the audit plan and verify no conflicts with the plan. Reconfirm time and location for closing meeting. Make necessary amendments on request	●	
Explain the terms non-conformance (major & minor) and observation	●	●
Communicate the policy of notification by auditee for legal / statutory violation.	●	●
Request sufficient sets of documentation, suitable room and office support	●	
Explain auditors responsibility to comply with code of conduct and confidentiality (Certification Agreement F27 A)	●	●
Explain that audits are sampling exercises and other issues may exist. Refer to the need of ongoing internal audit and ongoing surveillance. For PA stress that the audit does not guarantee to identify all areas of non-conformance	●	●

Request advice on safety requirements and availability of safety equipment.	●	
Explain the findings. Highlight strengths. State non-conformances and observations. Explain the expectation of corrective action for non-conformances, including how lack of corrective action will impact on registration.		●
State conclusion and recommendation of audit team. Explain that the team can only make recommendation. Explain the concept of Certification committee. Explain that appeals process exists and is available on request.		●
Obtain auditee organization's signature on the audit report. Request auditee to state the corrective action plan. Explain auditee's responsibility of submission of evidence for non-conformances identified. Request for safekeeping of audit reports		●
Invite questions	●	●

4.11 Multi-site audits (refer to IAF Guide 62 Annex 3)

4.11.1 This procedure only applies in certain circumstances, e.g. distribution companies, recruitment companies etc and it is the responsibility of the Contract Review process and the person planning the audit to determine its use. The program is particularly suited to those organizations:

Engaged in distribution, having a number of strategically placed geographic distribution centers; or Operating a multi-outlet wholesale business; or Performing simple, repetitive processing at a number of different sites.

4.11.2 The program may be applied to the whole of the organization under an initial registration, or only part of the total number of sites may be registered initially, with others to be added later at the client's convenience.

Be particularly careful when planning audits on multi-site companies to take into consideration the working shifts and those that may require particular expertise. Ensure that the programme caters for a representative sample of the activities undertaken. Follow work instruction WI 06

It is usual to audit the company Head Office and a sample of sites if all sites are working to the same management system and activities on each site are the same (e.g. a recruitment agency). (Company Head Office is usually where most of the system records are kept but this is not always the case, each job is to be judged individually.)

4.11.3 There may be situations where sampling is not permitted due to the nature of the work or because the activities on each site are not common to each other. In this situation, the programme would need to allow for visiting each site, and would determine the need for a full audit with resulting documentation at each site visited.

If the activities are common and a sample is taken initially, a rolling programme of surveillance visits must be established.

If additional sites need to be added, the client must be able to demonstrate that the new sites are included in a controlled manner. These will normally be treated as an extension to scope. They must be added to the rolling programme, increasing the amount of surveillance time and costs as appropriate.

4.11.4 With large, multi-site companies it is usual to appoint a Project Leader who will be responsible for on-going liaison with the client, arranging dates for surveillances, coordinating the rolling programme, and dealing with any day to day queries and sorting out extensions to scope. This ensures continuity with the client and that correct sites are visited on rolling programme.

It is not necessary to raise opening and closing meeting for every site visited, but a schedule is to be available for each auditor.

4.12 Multi-site audits (For One Management System only)

4.12.1 Multiple site audits under the control of a single EMS are carried out in accordance with the following.

All sites will be audited or the Head Office and a representative number of sites may be sampled by the audit team providing:

All sites have been audited in accordance with the internal audit procedures

A central management review has been carried out.

4.12.2 The sampling of the sites must include a representative number. The selection of the sites takes into account:

• The results of central and internal audits. • The results of management review. • variations in the size of the sites. • maturity of the system. • existing knowledge of the organization. • shift patterns. • personnel involved. • Repetitiveness of the work.	• complexity of the EMS. • complexity of the sites. • variations in working practices. • variations in activities undertaken. • the significance of the aspects potential interaction with sensitive environments. • differing legal requirements. • Communications from interested Parties.

These requirements will be considered by the Certification Committee before awarding certificates.

4.13 IMS Audits

4.13.1 Where there is a combined documented system the audits are carried out in accordance with this procedure with the completion of the auditors reports showing that they have looked at the requirements of ISO 9001, ISO 14001 & ISO 45001 Or Other Management Systems in the areas allotted to them. The auditors assigned to the areas are trained in the requirements of the relevant standard(s) and if necessary two auditors cover one area to ensure all requirements are addressed.

4.13.2 The audit is carried out according to the audit plan produced at Stage 1 / Document Review, with the Lead Auditor ensuring that the appropriately trained auditors are used for each area and part of the individual standards. Care is taken to ensure that the appropriate amount of time is spent on each area in the company and for ensuring full coverage of the standard requirements. The areas covered are reported on with details of the time spent in the key areas and indications of non-conformances. Where the auditors cover the requirements of more than one standard in one area at the same time during the audit, then the report should indicate this and examples recorded should show evidence of this.

A plan for surveillance visits is produced at the end of the audit taking into account the time needed for each standard and the expertise for the various surveillance visits as well as the areas to be looked at.

4.13.3 Where a non-conformance is applicable to both standards, only one report is raised and referenced to both standards if appropriate.

4.13.4 If the recommendation is positive for both standards then one audit report (F31 or F32) is raised. Similarly, if the recommendation is negative for both standards then one audit report is raised. If the recommendation is positive for one standard and negative for the other, two audit reports will be completed separately.

4.13.5 This procedure is followed for surveillance audits with the additional EMS sections being completed in the audit report. The auditor must ensure that sufficient time is allowed in each area to cover the requirements of both standards adequately. The auditors report must show clearly that the requirements of both standards have been subjected to audit and evidence of compliance recorded.

4.14 Sampling plan and auditing time

4.14.1 As such there is no statistical or mathematical formula to establish the right number of samples to be taken during an audit. Defining the number of samples to be taken to confirm conformity to the requirements of the standard is not efficient and does not ensure conformity. Adequate sampling would refer to a level of sampling taken during on site interviews and record reviews that give sufficient confidence that the auditee's IMS is implemented and maintained.

4.14.2 The auditor needs to perform interviews and check records and evidence during interview. The number of samples to be taken depends on the complexity of the processes being audited and the quality of information received from the auditee during the interview. It is also important that the auditor maintains the schedule outlined in the audit plan. At the end of the day the auditor needs to feel comfortable that the samples and the objective evidence seen are representative, in order to draw appropriate conclusions regarding the implementation of IMS.

AIS Certification auditors will spend about 60% of the audit time for critical process audits.

4.14 .3 For Food Safety Management Systems (ISO 22000& HACCP)

Certification of multi-site organizations and multi-site sampling as described in ISO/TS 22003:2013 and ISO/IEC 17021:2015 is not applicable to the food chain categories C, D, E, L and M (CI – IV, DI, DII, I and K of ISO 22003:2013) of the FSSC 22000 scheme. FSSC 22000 requires that every site shall have a separate audit, a separate report and a separate certificate. Every site must be entered separately

in database. Exceptions FSSC 22000 does offer exceptions for three main categories of organizations that have multiple locations.

The three exception categories are:

1. Organizations where some functions pertinent to the certification are controlled by a head office separate to the manufacturing location(s).
   - Procurement policy.
   - The approval of suppliers or Overall responsibility for the group quality management system requirements.

In all cases where functions pertinent to the certification are controlled by a head office, FSSC requires that those functions are audited directly in the presence of the person(s) described in the documented FSMS as having responsibility for the functions. This will usually mean that the auditor.

must attend the head office to conduct that part of the audit. It is strongly recommended that the head office audit is carried out prior to the manufacturing location audit. The lead auditor may decide that it is acceptable for the responsible person from the head office to attend the audit at manufacturing or operating site1. The conditions under which this will be allowed depend upon local access to required files, records and other evidential material.

2. Organizations with different operations at one site.

3. Organizations with a 'split' process (where one or more process steps take place at a separate location).

Responsibilities The functions at the head office are audited separately and every manufacturing site belonging to the group shall have a separate audit, a separate report and a separate certificate. The manufacturing site audit report and certificate shows which functions are audited at the head office. An audit at the head office cannot assess the degree of implementation at manufacturing level. The subsequent audit at the manufacturing site(s) must therefore include a confirmation that the requirements set out by head office are appropriately incorporated into manufacturing documents and implemented in practice.

Audit time A maximum of 20% audit time reduction can be allowed for each of the single manufacturing sites belonging to the group where the shared functions are controlled by the (off-site) head office. The 20% audit time reduction is applied to the minimum audit time (Ts) as per ISO/TS 22003:2013, Annex B

5.Reference

Standards	**ISO 9001:2015, ISO 14001:2015, ISO 45001:2018, ISO 22001:2018** **HACCP**
Work Instructions	Guidelines for Man Day Estimation for the: WI 03 Man day estimation for QMS, EMS & OH&SMS. WI 04 Man Day Estimation for FSMS and HACCP. WI 06 Man-day Estimation for Integrated Management System and Extended Audits. WI 07 Man Day Estimation for Additional Accreditation and Transfer of Certification.
Formats / Exhibits	F30 – Audit Notification F31 – Stage 1 Audit Report F32 – Stage 2 Audit Report F 28 B Audit Man Day Calculator F29 Change to Contract F 33 Cert Format F 34 Audit Review Checklist F 35 Deviation Note

1. **PURPOSE:** To ensure the compliance of certification procedure based on the requirements of GSO 993:2015 – Animal slaughtering requirements according to Islamic Rules, GSO 2055 - 2:2014 Halal products - Part two: General Requirements for Halal Certification Bodies.

2. **SCOPE:** This procedure applies to certification of animal slaughter houses including all stages of operation from receiving, processing, labelling, handling, distributing, storing, displaying and serving meat products

3. **Responsibility:** It is the responsibility of AIS as to establish and maintain the appropriate system to satisfy accreditation bodies and client's requirements in accordance to the accredited certification system. It is the responsibility of AIS clients to provide all needed requirements as per this product certification schemes approved by accreditation bodies and scheme owner to ensure their products compliance to the applicable schemes and standards.

4. **Mandatory Schemes and Applicable Standards**

GSOS /GSO 1694:2007 General Principles of Food Hygiene/
UAE S. GSO 21:1984: Hygienic Regulations for Food Plants and their Personnel
GSOS GSO 713 :1997: Hygienic Regulations for Poultry Processing Abattoirs and heir Personnel
GSOS GSO 993 :1998: Animal Slaughtering Requirements according to Islamic Law
OIC/SMIIC 2: 2019 General Requirements for Halal Food,

5. **Process**

5.0 Application for Certification (Application Form):

5.1 Application to be filled by the client will contain all the necessary information needed by AIS Certifications for conducting the certification Process, such important information is:

a) General information: Applicant Business activities & related business facilities & relationship between their facilities, in relevance to the certification scheme applied for information about outsourced Processes relevant to Product conformity.
b) Any other information needed related to certification requirements.
c) By signing the application form, the applicant and the manufacturer agrees to comply with these General Rules covered by Registration / CB Certification.

4.2 Application form aligns all requirements of the specific standard to which client wishes to be certified and which has to be submitted along with the application) as following:

1) 1.Filled up Application form (Complete with all information).
2) Test Report (as per the requirements)
3) Declaration of Conformity by the Applicant on the Product(s) for Registration using the Applicant's Official Letterhead.
4) Valid industry/Trade License
5) Health Certificate documented and approved by the competent authorities in the country of origin to prove that the product is fit for Human health consumption.
6) Certificate of Origin
7) FSMS/HACCP/ISO 22000 certificates
8) Product label with proposed space for logo

9) Halal certification from other certification bodies (if available)

10) 10. Certificate of competent on Halal or any Halal training for the personal in charge in Halal Implementation.

6. <u>Application Evaluation:</u>

- The application is Evaluated once the client pays the application fee along with the required documents and certification agreement is signed. Documents are reviewed. In case of any pending or additional documents and clarification required from the client, AIS Certification sends Non-Conformity Report.
- Client send back the Non Conformity Report and documents requested.
- Audit Time is prepared as per the annex B of GSO 2055-2:2016 of the Halal Standard.
- AIS Certification prepares the Quotation Form based on the audit time and sends to the client and the client in turn sends the stamped and signed quotation form AIS Certification sends the Proforma invoice .
- Once the Payment is received, audit plan is prepared in consultation with the client and the auditors.

7. Audit Team and Audit Preparation

6.1 An Audit Team appointed by AIS Certification shall conduct an audit of the operation of the organization to verify that the requirements as mentioned are being satisfied. The Audit Team shall be composed of:

a) Lead auditor
b) Halal technical auditors
c) Food safety auditors (in case of organization in the food chain)
d) Islamic affairs expert

The Lead auditor may also be the Halal technical auditor and food safety auditor if he/she has the appropriate qualification.

6.2 Members of the Audit Team shall (collectively) have appropriate qualification and training in the field of halal assurance management system auditing, and the specific area to be certified (i.e. food production, food safety, slaughterhouse, food outlet, etc.).

6.3 The Lead auditor shall review the application and prepare an Audit Plan appropriate to the size of the applicant organization and the complexity of their operation. The Audit Plan shall be communicated to and agreed by the organization to be audited.

7.0 Audit Process: Audit process shall include the following:

7.1Stage 1 Audit:

7.1.1 Required documents from Step 4.2 are reviewed to assess compliance of the manufacturer's Food Safety Management System to the requirements of ISO 22000/ HACCP as supported by interview with client's representative(s) or additional documentation available on-site. The location conditions and site-specific operations are also evaluated to gain sufficient understanding of status of the client's FSMS.

7.1.2 The following components of the FSMS documentation are evaluated:

A. Technical review of documents from Step 4.2 are used to assess preparedness for the Stage.
B. Audit The following components of the FSMS documentation are evaluated.

Document review (assessment of Halal Assurance Management System (HAMS) documentation) – This shall be conducted prior to the field audit of the organization's premises, and shall include adequacy review of all relevant documentation including:

a) Halal (and food safety, if applicable) assurance manual.
b) Organizational structure pertaining to halal responsibilities and authorities.
c) Process flow and corresponding halal standard operating procedures (HSOP).
d) Halal assurance control point (HACCP) identification and their control plan.
e) other relevant documentation.

Refer Annex C for Specific Requirements of Category C

7.1 Results of the Stage 1 Audit

Stage 1 Audit findings are communicated to client using Stage 1 Audit Report. Non-Conformity Report is send. In case of identified areas of concern that could be classified as nonconformity during the Stage 1 Audit, the schedule of which depends on the length of time required by client to perform appropriate CA, but should not be longer than 6 months. Otherwise, the whole process of Stage 1 Audit (Step 2) will be repeated.

7.2 Corrective actions by the Client: Client send back Non Conformity Report, along with supporting documentation for the CA. Effectiveness of implemented CA is evaluated and comments are recorded in Non Conformity Report

7.3 Recommendation to proceed, postpone or cancel Stage 2 Audit is reflected in filled-up Non-Conformity Report

8 Stage 2 Audit

8.1 Audit Plan for Stage 2 Audit is prepared in consultation with the client and the auditors.

8.2 Inspection to check that the animal or birds slaughtering requirements is fully implemented, effective and in conformity to the requirements of GSO 993:2015 and GSO 2055-1. FSMS is also checked for full implementation, effectivity and compliance to the requirements of ISO 22000/ HACCP. Parts of the FSMS that had been declared in conformity during the Stage 1 Audit need not be re-audited, unless to check continuity of conformance.

8.3 The following forms are used:

a. F-31 HSA Stage 1 Audit Report for Slaughter House and Meat Processing Plant
b. F-30 Audit Plan
c. F-31 HSB Stage 2 Audit Report for Slaughter House and Meat Processing Plant

8.4 Supporting information and evidences are gathered as follows:

a) Performance data against safety objectives
b) Legal compliance
c) Operational controls
d) Competence of personnel
e) Internal audit findings and conclusions
f) Management Review Meeting
g) Responsibilities for attainment of safety policy

8.5 Results of the Stage 2 Audit

Stage 2 Audit findings are communicated to client using the documents as per 4.3. Non-Conformity Report is send if identified during the inspection.

8.6 Corrective actions by the Client: Client send back Non-Conformity Report, along with supporting documentation for the CA. Effectiveness of implemented CA is evaluated and Any re-inspection requirement is reflected as a recommendation in the Non-Conformity Report.

8.7 Verification of CA effectiveness is reflected in Non-Conformity Report All information and evidence gathered during the Stage 1 and Stage 2 audits are consolidated and reviewed to agree on the audit conclusions. The Audit Report uses Audit Checklist and Halal Assessment Report reflecting the recommendation for certification.

8.8 These are submitted together with: All documents for application from step 1.2 to the Halal Certificate Decision Committee.

8.9 Certification Decision

8.9.1 Evaluation of the audit findings and conclusion and any other relevant information (public information, comments on the audit report from client) Halal Certification Committee shall involve qualified personnel with knowledge and skills of the following:

- Islamic Rules related to Halal Certification
- Understanding of relevant Halal & FSMS requirements
- Relevant legislation and regulations (industry requirements)

Certification decision team shall not be less than 3, including:

- Technical expert
- Islamic Affair expert

Certification decision shall be taken unanimously, not majority of votes.

8.9.2 All comments are recorded in Non-Conformity Report. Reasons for rejection are identified and communicated to auditors.

8.9.3 The Outcome of the Certification decision is communicated to the client. In case of rejection, AIS will inform client by an Official rejection statement (Letter of certification Status) stating the reason of rejection.

9.0 Approval

9.1 Monitoring Stamping slaughtered animal:

- Each meat consignment accompanied Halal certificate certified by the consulate of Oman.
- Institution accredited by the concern agencies requirement standard GSO 2055-2:2015.
- Affix stamp of the issuer of the Halal certificate
- Ink shall be stable with food grade.
- Packet of meat pieces shall be stamped with its representative.
- Slaughtering under direct supervision of the representatives of Islamic center

9.2 The following forms are prepared:

A. Certificate of Conformity Halal
B. Halal Schedule of Certification

9.3 Client Notification: AIS Certification will notify the client of approval of products and certificate availability and will also send Agreement on the Use of License, Certificate and Mark of Conformity to client. The Client will return the agreement on the use of license and Mark of Conformity after signing.

9.4 Directory: AIS Certification will update the directory by including the name of the certified product or unit.

10.0 Surveillance

Surveillance Audit for evaluation of continuity in compliance to GSO 993:2015, GSO 2055-1, ISO 22000/ HACCP and standards once a year after the issuance of certificate.

Samples may be taken in case nonconformities are detected in the Halal product/service premise that directly affect Halal product/service safety or any complaints received with regards to the certified Halal product.

Annex A - Regulatory Requirements

1. Pest Control
2. Personal Hygiene Requirements
3. Food Safety Program for employees
4. Environmental Safety
5. Child Labor
6. Employee Fair Treatment

Annex B - Guideline Parameters for Electrical Stunning

On Head only with frequency 1500Hz and rated Voltage 300 Volts

Type of Animal	Current (Amperes')	Time (Seconds)
Small Sheep	0.5 to 0.9	2:00 to 3:00
Goat	0.7 to 1.0	2:00 to 3:00
Large Sheep	0.7 to 1.2	2:00 to 3:00
Male Calves	0.5 to 1.5	3:00
Castrated Calves	1.5 to 2.5	2:00 to 3:00
Cows	2.0 to 3.0	2:50 to 3:50
Bulls	2.5 to 3.5	3:00 to 4:00
Buffaloes	2.5 to 3.5	3:00 to 4:00

Annex C Specific Requirements for Halal Products/Services Category C

1. Slaughtering of Animals

To be following Halal assurance management system Requirements for organizations supplying Halal products and services. Specific requirements for slaughterhouse and meat processing operation and related standards

2.Other processing of food from animal source

Additional requirements:

- Raw materials to be from Halal origin and prevented from contamination with non Halal during production, transportation, storage, and/or handling and testing plan to be implemented.
- In case of raw materials/additives containing emulsifiers and vinegar Halal Certificate and frequent testing of raw materials is MUST.
- Meat and meat by product handling activities such as deboning, flaking, mincing, forming, packing, chilling, thawing, defrosting, freezing, slicing, homogenization, fermentation, cold/hot smoking, salting, dehydration, curing, marinating. etc. to be under Halal and Food Safety risk-based procedures.
- Egg handling to ensure Salmonella control, hair cracks, dirt, humidity etc. to be under Halal and Food Safety risk-based procedures.
- Sea food gutting, deboning, de-scaling, drying, salting, smoking, flaking, mincing, forming, packing, chilling, thawing, defrosting, freezing, slicing, fermentation, cold/hot smoking, salting, dehydration, curing, marinating etc. to be under Halal and Food Safety risk-based procedures.
- Nano-food from animal source to be identified and processing to be validated as per Halal and Food Safety risk-based procedures.
- All activities to be verified to prevent intended alcohol production during handling and storage in all stages.
- In case of using additives; usage of any to be within acceptable limits as per reference standard.
- Ready to eat items MUST be identified on proper labeling.

3.Traceability

The applicant shall establish, keep records and apply a traceability system that ensure the identification of slaughtered batches and their relation to batches of processing and delivery records.

The traceability system to identify incoming livestock from different suppliers.

Traceability records shall be maintained for a defined period for system assessment to enable the handling of potentially hazards on Halalness, safety of products and in the event of any rejection. Records shall be also in accordance with statutory and regulatory requirements and consumers requirements.

4.Sampling

1. For Initial Audit, representative samples of products related to applicant scope and raw materials shall be drawn, as per GSO standards.
2. For Surveillance Audit, at least one representative sample shall be drawn to confirm continuous keeping Halal Assurance and food safety parameters.

Parameters	Test Metho	Reference	Sample Type	Reporting Un	Time
Detection of Po derivatives	FE- 3129	Manual (S6014)	Solid / Liquid	%	2.5 Hrs
Determination Ethanol Content	FE-2270	AOAC 986.12.20	Solid / Liquid	v/v	1 Hrs

Standards	ISO/IEC 17065:2012: Conformity Assessment-Requirements for bodies certifying products, processes and services. ISO/IEC 17021:2015: Conformity Assessment-Requirements for bodies providing audit and certification of management systems. ISO/IEC 17025:2017: General requirements for the competence of testing and calibration laboratories GSO 2055 -2:2014 Halal products - Part two: General Requirements for Halal Certification Bodies GSO 713 :1997: Hygienic Regulations for Poultry Processing Abattoirs and Their Personnel GSO 993 :2015: Animal Slaughtering Requirements according to Islamic Law GSO 1694:2007 General Principles of Food Hygiene GSO 21:1984: Hygienic Regulations for Food Plants and their Personnel
Work Instructions	WI 05 Man-day Estimation for Halal Certifications WI 06 Man-day Estimation for Integrated Management System and Extended Audits. WI 07 Man Day Estimation for Additional Accreditation and Transfer of Certification.
Formats / Exhibits	F30 – Audit Notification, F 31 HS – Stage 1 Audit Report, F32 HS – Stage 2 Audit Report F 28 B Audit Man Day Calculator, F29 Change to Contract F 33 Cert Format, F 34 Audit Review Checklist, F 35 Deviation Note

QP-09 B HALAL CERTIFICATION OF FOOD CHAIN PRODUCTS Version :1.00

1. **PURPOSE:** To ensure the compliance of certification procedure based on the requirements of GSO 2055-1:2015 - Halal products Halal products - Part one: General Requirements for Halal Food and GSO 2055 -2:2016 Halal products - Part two: General Requirements for Halal Certification Bodies.

2. **SCOPE:** This procedure applies to certification of food products including all stages of operation from receiving, processing, labelling, handling, distributing, storing, displaying and serving.

3 **Responsibility:** It is the responsibility of AIS Certifications as to establish and maintain the appropriate system to satisfy accreditation bodies and client's requirements in accordance to the accredited certification system. It is the responsibility of AIS certifications clients to provide all needed requirements as per this product certification schemes approved by accreditation bodies and scheme owner to ensure their products compliance to the applicable schemes and standards.

4 **Mandatory Schemes and Applicable Standards**

GSOS 2055-1:2015 General Requirements for Halal Food
GSOS 993:2015: Animal Slaughtering Requirements according to Islamic Law/
GSO ISO 22000: 2007 Food Safety Management Systems -Requirements for any organization in the food chain
GSO 1694:2007 General Principles of Food Hygiene
OIC/SMIIC 2: 2019 General Requirements for Halal Food,
GSO 2500- Additives Permitted for Use in Food Stuff
GSO 2538 The Maximum Limits for Residues of Ethyl Alcohol (Ethanol) In Food
GSO 2231 General Requirements for The Materials Intended To Come Into Contact With Food
GSO 839 Food Packages - Part 1: General Requirements
GSO 1863 Food Packages - Part 2: Plastic Package - General Requirements

5 **Process**

4.1 Application for Certification (Application Form):

4.1.1 Application to be filled by the client will contain all the necessary information needed by AIS Certifications for conducting the certification Process, such important information is:

A. General information: Applicant Business activities & related business facilities & relationship between their facilities, in relevance to the certification scheme applied for information about outsourced Processes relevant to Product conformity.
B. Any other information needed related to certification requirements.
C. By signing the application form, the applicant and the manufacturer agrees to comply with these General Rules covered by Registration / CB Certification.

4.2 Application form aligns all requirements of the specific standard to which client wishes to be certified and which has to be submitted along with the application) as following:

- Filled up Application form (Complete with all information).
- Test Report (as per the requirements).
- Declaration of Conformity by the Applicant on the Product(s) for Registration using the Applicant's Official Letterhead.
- Valid industry/Trade License.

- Health Certificate documented and approved by the competent authorities in the country of origin to prove that the product is fit for Human health consumption.
- Certificate of Origin.
- FSMS/HACCP/ISO 22000 certificates.
- Product label with proposed space for logo.
- Halal certification from other certification bodies (if available).
- Certificate of competent on Halal or any Halal training for the personal in charge in Halal Implementation.
- Test report from recognized laboratory (Accredited ISO 17025) as per the requirement of GSO standard of the product.
- Facility Map/Factory Layout/Farm Map standard of the product.
- Labelling Artwork.
- Table of Raw materials.
- Table of Finished products.
- Certificate for organic/Halal/or any other claims
- Brief description of Manufacturing process & plant equipment Lay-out in the form of a Halal System Plant (HSP).
- Certificates of Raw materials & Packing material from the suppliers ensuring their Halal Origin.
- Evidence of approval from other conformity assessment bodies (If approved).
- Certificate of competence on Halal or any Halal training for the personal in charge in Halal implementation.

5 Application Evaluation:

- The application is Evaluated once the client pays the application fee along with the required documents and certification agreement is signed. Documents are reviewed. In case of any pending or additional documents and clarification required from the client, AIS Certification sends Non-Conformity Report.
- Client send back the Non Conformity Report and documents requested.
- Audit Time is prepared as per the annex B of GSO 2055-2:2016 of the Halal Standard.
- AIS Certification prepares the Quotation Form based on the audit time and sends to the client and the client in turn sends the stamped and signed quotation form, AIS Certification sends the Proforma invoice.
- Once the Payment is received, audit plan is prepared in consultation with the client and the auditors.

5.1 Audit Team and Audit Preparation

5.1.1 An Audit Team appointed by AIS Certification shall conduct an audit of the operation of the organization to verify that the requirements as mentioned in the standards are being satisfied. The Audit Team shall be composed of:

A. Lead auditor.
B. Halal technical auditors.
C. Food safety auditors (in case of organization in the food chain).
D. Islamic affairs expert

The Lead auditor may also be the Halal technical auditor and food safety auditor if he/she has the appropriate qualification.

5.2 Members of the Audit Team shall (collectively) have appropriate qualification and training in the field of halal assurance management system auditing, and the specific area to be certified (i.e. food production, food safety, slaughterhouse, food outlet, etc.).

5.3 The Lead auditor shall review the application and prepare an Audit Plan appropriate to the size of the applicant organization and the complexity of their operation. The Audit Plan shall be communicated to and agreed by the organization to be audited.

6 Audit Process: Audit process shall include the following:

6.1 Stage 1 Audit:

Technical review of documents from Step 1.2 are used to assess preparedness for the Stage 2 Audit. The following components of the FSMS documentation are evaluated:

Document review [assessment of Halal Assurance Management System (HAMS) documentation)– This shall be conducted prior to the field audit of the organization's premises, and shall include adequacy review of all relevant documentation including:

- Halal (and food safety, if applicable) assurance manual.
- Organizational structure pertaining to halal responsibilities and authorities.
- Process flow and corresponding halal standard operating procedures (HSOP).
- Halal assurance control point (HACCP) identification and their control plan.
- Food safety documentation including HACCP (for organization in the food chain).
- Other relevant documentation.

Refer Annex B for Specific Requirements of Category E

6.2 Mandatory Stage 1 Audit

Product/Service Categories which require an optional on-site stage 1 audit:	Product/Service Categories that require mandatory on-site stage 1 audit
A-Farming (plants and animals, egg and milk production, beekeeping, fishing, hunting). G-Food service (hotels, restaurants) H-Distribution (wholesale and retail outlets). I- Services (water supply, cleaning, waste disposal, veterinary services, Islamic financial services). J-Transport and storage. K-Equipment manufacturing.	C-Perishable animal products (slaughtering, eggs, poultry, dairy, fish etc.). D-Perishable vegetable products (fresh vegetables, juices, preserved fruits, etc.). E-Products with long shelf life at room temperature (canned, flour, snacks, oil etc.). F-Feed production. L-Chemical and biochemical manufacturing (food additives, dietary supplements, cleaning agents, microorganisms etc.). M-Packaging and wrapping material manufacturing.

6.3 Results of the Stage 1 Audit

Stage 1 Audit findings are communicated to client using Stage 1 Audit Report. Non-Conformity Report is sent. In case of identified areas of concern that could be classified as nonconformity during the Stage 2 Audit, the schedule of which depends on the length of time required by client

to perform appropriate CA but should not be longer than 6 months. Otherwise, the whole process of Stage 1 Audit (Step 2) will be repeated.

6.4 Corrective actions by the Client: Client send back Non-Conformity Report, along with supporting documentation for the CA. Effectiveness of implemented CA is evaluated and comments are recorded in Non-Conformity Report

6.5 Recommendation to proceed, postpone or cancel Stage 2 Audit is reflected in filled-up Non-Conformity Report

7 Stage 2 Audit

7.1 Audit Plan for Stage 2 Audit is done in consultation with the client and the auditors.

7.2 Inspection to check that the requirements is fully implemented, effective and in conformity to the requirements of GSO 2055-1. FSMS is also checked for full implementation, effectivity and compliance to the requirements of ISO 22000/ HACCP. Parts of the FSMS that had been declared in conformity with the requirements of ISO 22000/ HACCP and GSO 2055-1 during the Stage 1 Audit need not be re-audited, unless to check continuity of conformance.

7.3 The following forms are used:

- F-31 HFA Stage 1 Audit Report for Food Chain
- F-30 Audit Plan
- F-31 HFB Stage 2 Audit Report for Food Chain

7.4 Supporting information and evidence are gathered as follows:

- Performance data against safety objectives.
- Legal compliance.
- Operational controls.
- Competence of personnel.
- Internal audit findings and conclusions.
- Management review Management review.
- Responsibilities for attainment of safety policy

7.5 Results of the Stage 2 Audit

Stage 2 Audit findings are communicated to client using the documents as per 4.3. Non-Conformity Report is send identified during the inspection.

7.6 Corrective actions by the Client: Client send back Non-Conformity Report, along with supporting documentation for the CA. Effectiveness of implemented CA is evaluated and Any re-inspection requirement is reflected as a recommendation in the Non-Conformity Report

7.7 Verification of CA effectiveness is reflected in Non-Conformity Report All information and evidence gathered during the Stage 1 and Stage 2 audits are consolidated and reviewed to agree on the audit conclusions. The Audit Report uses HACCP Assessment Report and Halal Product Certification Audit Check List reflecting the recommendation for certification.

These are submitted together with: All documents for application from step 1.2 to the Halal Certificate Decision Committee.

8 Certification Decision

8.1 Evaluation of the audit findings and conclusion and any other relevant information (public information, comments on the audit report from client)

Halal Certification Committee shall involve qualified personnel with knowledge and skills of the following:

- Islamic Rules related to Halal Certification.
- Understanding of relevant Halal & FSMS requirements.
- Relevant legislation and regulations (industry requirements).
- Certification decision team shall not be less than 3, including.
- Technical expert.
- Islamic Affair expert

Certification decision shall be taken unanimously, not majority of votes.

8.2 All comments are recorded in Non-Conformity Report. Reasons for rejection are identified and communicated to auditors.

9.0 The **Outcome of the Certification decision** is communicated to the client. In case of rejection, AIS will inform client by an Official rejection statement (Letter of certification Status) stating the reason of rejection.

9.1 Client Notification: AIS Certifications will notify the client of approval of products and certificate availability and will also send Agreement on the Use of License, Certificate and Mark of Conformity to client. The Client will return the agreement on the use of license and Mark of Conformity after signing.

9.2 Directory: AIS Certifications will update the directory by including the name of the certified product or unit.

10.0 Surveillance

Surveillance Audit for evaluation of continuity in compliance to GSO 2055-1, ISO 22000/ HACCP and standards once a year after the issuance of certificate

Samples may be taken in case nonconformities are detected in the Halal product/service premise that directly affect Halal product/service safety or any complaints received with regards to the certified Halal product.

11.Traceability

The applicant shall establish, keep records and apply a traceability system that ensure the identification of batches and their relation to batches of processing and delivery records.

The traceability system to identify incoming Material from different suppliers.

Traceability records shall be maintained for a defined period for system assessment to enable the handling of potentially hazards on Halalness, safety of products and in the event of any rejection. Records shall be also in accordance with statutory and regulatory requirements and consumers requirements.

12.Sampling

1. For Initial Audit, representative samples of products related to applicant scope and raw materials shall be drawn, as per GSO standards with respect to Products.
2. For Surveillance Audit, at least one representative sample shall be drawn to confirm continuous keeping Halal Assurance and food safety parameters.

Parameters	Test Metho	Reference	Sample Type	Reporting Un	Time
Detection of Po derivatives	FE- 3129	Manual (S6014)	Solid / Liquid	%	2.5 Hrs
Determination Ethanol Content	FE-2270	AOAC 986.12.20	Solid / Liquid	v/v	1 Hrs

Annex A - Regulatory Requirements

1) Pest Control
2) Personal Hygiene Requirements
3) Food Safety Program for employees
4) Environmental Safety
5) Child Labor
6) Pollution Control
7) Employee Fair Treatment

13.0 References

Standards	ISO/IEC 17065:2012: Conformity Assessment-Requirements for bodies certifying products, processes and services. ISO/IEC 17021:2011: Conformity Assessment-Requirements for bodies providing audit and certification of management systems. ISO/IEC 17025:2011: General requirements for the competence of testing and calibration laboratories GSO 2055-1:2015 General Requirements for Halal Food GSO 993:2015: Animal Slaughtering Requirements according to Islamic Law GSO ISO 22000: 2007 Food Safety Management Systems -Requirements for any organization in the food chain GSO 1694:2007 General Principles of Food Hygiene Scheme to control halal products, no. 10 of 2014
Work Instructions	WI 05 Man-day Estimation for Halal Certifications WI 06 Man-day Estimation for Integrated Management System and Extended Audits WI 07 Man Day Estimation for Additional Accreditation and Transfer of Certification
Formats / Exhibits	F30 – Audit Notification, F 31 HF – Stage 1 Audit Report, F32 HF – Stage 2 Audit Report F 28 B Audit Man Day Calculator, F29 Change to Contract F 33 Cert Format, F 34 Audit Review Checklist, F 35 Deviation Note

QP-09 C HALAL CERTIFICATION OF COSMETICS AND PERSONAL CARE **Version :1.00**

1. PURPOSE: To ensure the compliance of certification procedure based on the requirements of GSO 2055-1:2015 - Halal products Halal products - Part one: General Requirements for Halal Food and GSO 2055 -2:2016 Halal products - Part two: General Requirements for Halal Certification Bodies, GSO 2055-4: 2014 Halal products – part 4 requirements for cosmetics and personal care.

2. SCOPE: This procedure applies to certification of food products including all stages of operation from receiving, processing, labelling, handling, distributing, storing, displaying and serving.

3.Responsibility: It is the responsibility of AIS Certifications as to establish and maintain the appropriate system to satisfy accreditation bodies and client's requirements in accordance to the accredited certification system. It is the responsibility of AIS certifications clients to provide all needed requirements as per this product certification schemes approved by accreditation bodies and scheme owner to ensure their products compliance to the applicable schemes and standards.

4. Mandatory Schemes and Applicable Standards

GSOS 2055 - 4:2014 Halal Products- Part 4: Requirements for Cosmetics and Personal care products
GSOS GSO ISO 22716 Cosmetics - Good Manufacturing Practices (GMP) - Guidelines on Good Manufacturing Practices
OIC/SMIIC 2: 2019 General Requirements for Halal Food,

5. Process

4.1Application for Certification (Application Form):

4.1.1. Application to be filled by the client will contain all the necessary information needed by AIS Certifications for conducting the certification Process, such important information is:

- General information: Applicant Business activities & related business facilities & relationship between their facilities, in relevance to the certification scheme applied for information about outsourced Processes relevant to Product conformity.
- Any other information needed related to certification requirements.
- By signing the application form, the applicant and the manufacturer agrees to comply with these General Rules covered by Registration / CB Certification.

4.2 Application form aligns all requirements of the specific standard to which client wishes to be certified and which has to be submitted along with the application) as following:

- Filled up Application form (Complete with all information).
- Test Report (as per the requirements).
- Declaration of Conformity by the Applicant on the Product(s) for Registration using the Applicant's Official Letterhead.
- Valid industry/Trade License.
- Certificate of Origin.
- GMP certificates.
- Product label with proposed space for logo.
- Halal certification from other certification bodies (if available).
- Certificate of competent on Halal or any Halal training for the personal in charge in Halal Implementation.

- Test report from recognized laboratory (Accredited ISO 17025) as per the requirement of GSO standard of the product.
- Facility Map/Factory Layout/Farm Map standard of the product.
- Labelling Artwork.
- Table of Raw materials.
- Table of Finished products.
- Certificate for organic/Halal/or any other claims
- Brief description of Manufacturing process & plant equipment Lay-out in the form of a Halal System Plant (HSP).
- Certificates of Raw materials & Packing material from the suppliers ensuring their Halal Origin.
- Evidence of approval from other conformity assessment bodies (If approved).
- Certificate of competence on Halal or any Halal training for the personal in charge in Halal implementation.

5. <u>Application Evaluation:</u>

- The application is Evaluated once the client pays the application fee along with the required documents and certification agreement is signed. Documents are reviewed. In case of any pending or additional documents and clarification required from the client, AIS Certification sends Non-Conformity Report.
- Client send back the Non Conformity Report and documents requested.
- Audit Time is prepared as per the annex B of GSO 2055-2:2016 of the Halal Standard.
- AIS Certification prepares the Quotation Form based on the audit time and sends to the client and the client in turn sends the stamped and signed quotation form, AIS Certification sends the Proforma invoice.
- Once the Payment is received, audit plan is prepared in consultation with the client and the auditors.

5.1. Audit Team and Audit Preparation

5.1.1 An Audit Team appointed by AIS Certification shall conduct an audit of the operation of the organization to verify that the requirements as mentioned in the standards are being satisfied. The Audit Team shall be composed of:

E. Lead auditor.
F. Halal technical auditors.
G. Food safety auditors (in case of organization in the food chain).
H. Islamic affairs expert

The Lead auditor may also be the Halal technical auditor and food safety auditor if he/she has the appropriate qualification.

5.2 Members of the Audit Team shall (collectively) have appropriate qualification and training in the field of halal assurance management system auditing, and the specific area to be certified (i.e. cosmetics and personal care etc.).

5.3 The Lead auditor shall review the application and prepare an Audit Plan appropriate to the size of the applicant organization and the complexity of their operation. The Audit Plan shall be communicated to and agreed by the organization to be audited.

6. Audit Process: Audit process shall include the following:

6.1. Stage 1 Audit (Mandatory and Onsite Audit)

Technical review of documents from Step 1.2 are used to assess preparedness for the Stage 2 Audit. The following components of the GMP documentation are evaluated:

Document review [assessment of Halal Assurance Management System (HAMS) documentation). This shall be conducted prior to the field audit of the organization's premises, and shall include adequacy review of all relevant documentation including:

- Halal (if applicable) assurance manual.
- Organizational structure pertaining to halal responsibilities and authorities.
- Process flow and corresponding halal standard operating procedures (HSOP).
- Halal assurance control point (HACCP) identification and their control plan.
- Documentation including GMP (for organization).
- Other relevant documentation.

Refer Annex B for Specific Requirements of Category E

6.2 Results of the Stage 1 Audit

Stage 1 Audit findings are communicated to client using Stage 1 Audit Report. Non-Conformity Report is sent. In case of identified areas of concern that could be classified as nonconformity during the Stage 2 Audit, the schedule of which depends on the length of time required by client to perform appropriate CA but should not be longer than 6 months. Otherwise, the whole process of Stage 1 Audit (Step 2) will be repeated.

6.3 Corrective actions by the Client: Client send back Non-Conformity Report, along with supporting documentation for the CA. Effectiveness of implemented CA is evaluated and comments are recorded in Non-Conformity Report

6.4 Recommendation to proceed, postpone or cancel Stage 2 Audit is reflected in filled-up Non-Conformity Report

7. Stage 2 Audit

7.1. Audit Plan for Stage 2 Audit is done in consultation with the client and the auditors.

7.2. Inspection to check that the requirements is fully implemented, effective and in conformity to the requirements of GSO 2055-4. GMP is also checked for full implementation, effectivity and compliance to the requirements of ISO 22715 :2008 and ISO 22716 :2009.

7.3. The following forms are used:

- F-31 HCA Stage 1 Audit Report for Cosmetics and Personal care
- F-30 Audit Plan
- F-31 HCB Stage 2 Audit Report for Cosmetics and Personal care

7.4. Supporting information and evidence are gathered as follows:

- Performance data against safety objectives.
- Legal compliance.
- Operational controls.
- Competence of personnel.

- Internal audit findings and conclusions.
- Management review Management review.
- Responsibilities for attainment of safety policy

7.5. Results of the Stage 2 Audit

Stage 2 Audit findings are communicated to client using the documents as per 4.3. Non-Conformity Report is send identified during the inspection.

7.6. Corrective actions by the Client: Client send back Non-Conformity Report, along with supporting documentation for the CA. Effectiveness of implemented CA is evaluated and Any re-inspection requirement is reflected as a recommendation in the Non-Conformity Report

7.7. Verification of CA effectiveness is reflected in Non-Conformity Report All information and evidence gathered during the Stage 1 and Stage 2 audits are consolidated and reviewed to agree on the audit conclusions. The Audit Report uses GMP Assessment Report and Halal Product Certification Audit Check List reflecting the recommendation for certification.

These are submitted together with: All documents for application from step 1.2 to the Halal Certificate Decision Committee.

8. Certification Decision

8.1 Evaluation of the audit findings and conclusion and any other relevant information (public information, comments on the audit report from client)

Halal Certification Committee shall involve qualified personnel with knowledge and skills of the following:

- Islamic Rules related to Halal Certification.
- Understanding of relevant Halal & GMP requirements.
- Relevant legislation and regulations (industry requirements).
- Certification decision team shall not be less than 3, including.
- Technical expert.
- Islamic Affair expert

Certification decision shall be taken unanimously, not majority of votes.

8.2 All comments are recorded in Non-Conformity Report. Reasons for rejection are identified and communicated to auditors.

9. The **Outcome of the Certification decision** is communicated to the client. In case of rejection, AIS will inform client by an Official rejection statement (Letter of certification Status) stating the reason of rejection.

9.1 Client Notification: AIS Certifications will notify the client of approval of products and certificate availability and will also send Agreement on the Use of License, Certificate and Mark

of Conformity to client. The Client will return the agreement on the use of license and Mark of Conformity after signing.

9.2 Directory: AIS Certifications will update the directory by including the name of the certified product or unit.

10.0 Surveillance

Surveillance Audit for evaluation of continuity in compliance to GSO 2055-1, GSO 2055-4, ISO 22716 :2009 and standards once a year after the issuance of certificate

Samples may be taken in case nonconformities are detected in the Halal product/service premise that directly affect Halal product/service safety or any complaints received with regards to the certified Halal product.

11.Traceability

The applicant shall establish, keep records and apply a traceability system that ensure the identification of batches and their relation to batches of processing and delivery records.

The traceability system to identify incoming Material from different suppliers.

Traceability records shall be maintained for a defined period for system assessment to enable the handling of potentially hazards on Halalness, safety of products and in the event of any rejection. Records shall be also in accordance with statutory and regulatory requirements and consumers requirements.

12.Sampling

3. For Initial Audit, representative samples of products related to applicant scope and raw materials shall be drawn, as per GSO standards with respect to Products.
4. For Surveillance Audit, at least one representative sample shall be drawn to confirm continuous keeping Halal Assurance and food safety parameters.

Parameters	Test Metho	Reference	Sample Type	Reporting Un	Time
Detection of Po derivatives	FE- 3129	Manual (S6014)	Solid / Liquid	%	2.5 Hrs
Determination Ethanol Content	FE-2270	AOAC 986.12.20	Solid / Liquid	v/v	1 Hrs

Annex A - Regulatory Requirements

8) Pest Control
9) Personal Hygiene Requirements
10) Food Safety Program for employees
11) Environmental Safety
12) Child Labor
13) Pollution Control
14) Employee Fair Treatment

13.0 References

Standards	ISO/IEC 17065:2012: Conformity Assessment-Requirements for bodies certifying products, processes and services. ISO/IEC 17021:2011: Conformity Assessment-Requirements for bodies providing audit and certification of management systems. ISO/IEC 17025:2011: General requirements for the competence of testing and calibration laboratories GSO 2055-1:2015 General Requirements for Halal Food GSO 1694:2007 General Principles of Food Hygiene GSO 1943:2010 Cosmetic products - Cosmetic Products safety requirements. GSO 2055 -4:2014 Requirements for Cosmetics and Personal Care GSO ISO 22715 :2008 Cosmetics -Packaging and Labelling GSO ISO 22716 :2009 Cosmetics - Good Manufacturing Practices (GMP) - Scheme to control halal products, no. 10 of 2014
Work Instructions	WI 05 Man-day Estimation for Halal Certifications WI 06 Man-day Estimation for Integrated Management System and Extended Audits WI 07 Man Day Estimation for Additional Accreditation and Transfer of Certification
Formats / Exhibits	F30 – Audit Notification, F 31 HF – Stage 1 Audit Report, F32 HF – Stage 2 Audit Report F 28 B Audit Man Day Calculator, F29 Change to Contract F 33 Cert Format, F 34 Audit Review Checklist, F 35 Deviation Note

1. Purpose & Scope:

This procedure aims to describe the steps adopted by Atyab International Services- Halal Certifications for sampling of products during certification or inspection process

2. Responsibilities:

It is the responsibility of the Quality Assurance Manager and Conformity Manager to ensure the appropriate implementation of this procedure.

3. Definitions:

QM: Quality Assurance Manager
QP: Quality Procedures
QM: Quality Manual

4. Procedures:

4.1. Sampling Options:

Sampling can be done during either:

A. Certification Process:
- Site Assessment/Audit: Sampling at certification site
- Product Certification:

B. Inspection Process, such cases include

- Pre-shipment inspection - sampling takes place at the site of shipping
- Post Market Surveillance - sampling takes place at the point of sale/ outlet where products intended for testing are displayed

4.2. Procedure for sampling:

4.2.1. Sampling during Certification Process

- Sampling is carried out by a suitably trained person assigned by the audit team leader.
- Selection of Sampling Points: Determine total number of areas where products is produced and stored (Manufacturing sites warehouses, etc…), those are considered as sampling points. Out of this number, random selection of sampling points will be made based on size of area, please refer to Table 1.

- Samples shall only be taken from the finished product ready for commercial distribution.
- All factories, stock rooms and warehouses containing finished products shall be included in the population to be sampled (Table 1)
- Sampler should randomly select **TWO** Samples of the same product intended for sampling collect samples , one sample to be sent to the laboratory, and one sample to be packaged and sealed and kept with manufacturer site for further needed demonstration of integrity of sampling method
- If more than sample will be needed for the lab testing (No of units to be identified to client prior of sampling, otherwise number of samples will be total of TWO).
- Atyab International Services- Halal Certifications sampler shall bring written details (sample request form FHC/4.1/R2**)** of the purpose of test, containing details about the product, testing, and number of units to be taken from each similar product
- Three copies of sample request form shall be provided; one for the sampler's record, a second to be packed with the samples that will be sent to the laboratory, and a third for the manufacturer to act as a receipt for the goods taken.
- Atyab International Services- Halal Certifications sampling shall be well documented and contain the name of the Product, the name of the sampler, sampling locations and date of sampling.
- The sampling request form-the part filled in by Atyab International Services- Halal Certifications shall include the following particulars:
    - Dates between which sampling was carried out.
    - Area (sampling point) from which samples were drawn (or the area served by the factories/warehouses sampled);
    - Number of times sampling was carried out and the number of increments sampled.
    - Number of places sampled, principles of factory/warehouse sampling.

4.2.2. Sampling during Inspection Process

- Selection of Sampling Points: Determine total number of areas where products are displayed (Sales outlets, shipments, etc.), those are considered as sampling points. Out of this number, random selection of sampling points will be made based on size of area and product risk (please refer to Table1).
- Sampling shall only be carried out at another kind of sampling point after two unsuccessful attempts have been made at the specified points.
- Divide your field (Shipping Area, Warehouse) into areas, each area will contain an equal Number of products/Sales Units either available individually or packed together in boxes.
- Take random sample from each area as described in table1.
- Label each sample bag with Sampler name, company (AIS) name and sample identification, the label information should correspond to the sample I.D. listed on the sample request form
- Identify test parameters needed

Notes:

a. From each sales unit take product in equal proportions for the laboratory samples

b. If several laboratories are to run tests, an equal number of **Products/sale units** from each sampling point shall be contained in each laboratory.

c. Each laboratory sample shall be so labeled as to link it with all the manufacturing or packaging

Information that is relevant to the use of the data produced from tests upon it, such as:

- Name of the product
- Clear Description
- date of sampling
- Sampling point
- Destination (i.e. the laboratory to which the samples are destined).

d. All the samples shall be packed securely with adequate protection against damage (e.g. mechanical damage, severe changes in humidity, temperature) and sent to each laboratory by the most expeditious means.

e. A list of samples in each dispatch on that day shall be sent to each laboratory, under separate cover in a separate mailing.

4.2.3. Packaging and Shipment instructions:

- Place sample bags in a sturdy, spill-proof container and pack tightly to prevent opening and spillage in shipment.
- Label each sample bag with Sampler name, company (Atyab International Services- Halal Certifications) name and sample identification, the label information should correspond to the sample I.D. listed on the sample request form
- Place completed sample request form in an envelope and attach to outside of the package.
- Samples should be shipped by local courier services.

Table 1:

Total No*	No of Sampling Points to perform sampling at (2 identical units each point)
2 – 10	1
11 – 25	3
26 – 50	7
51 – 80	13
81 - 100	18

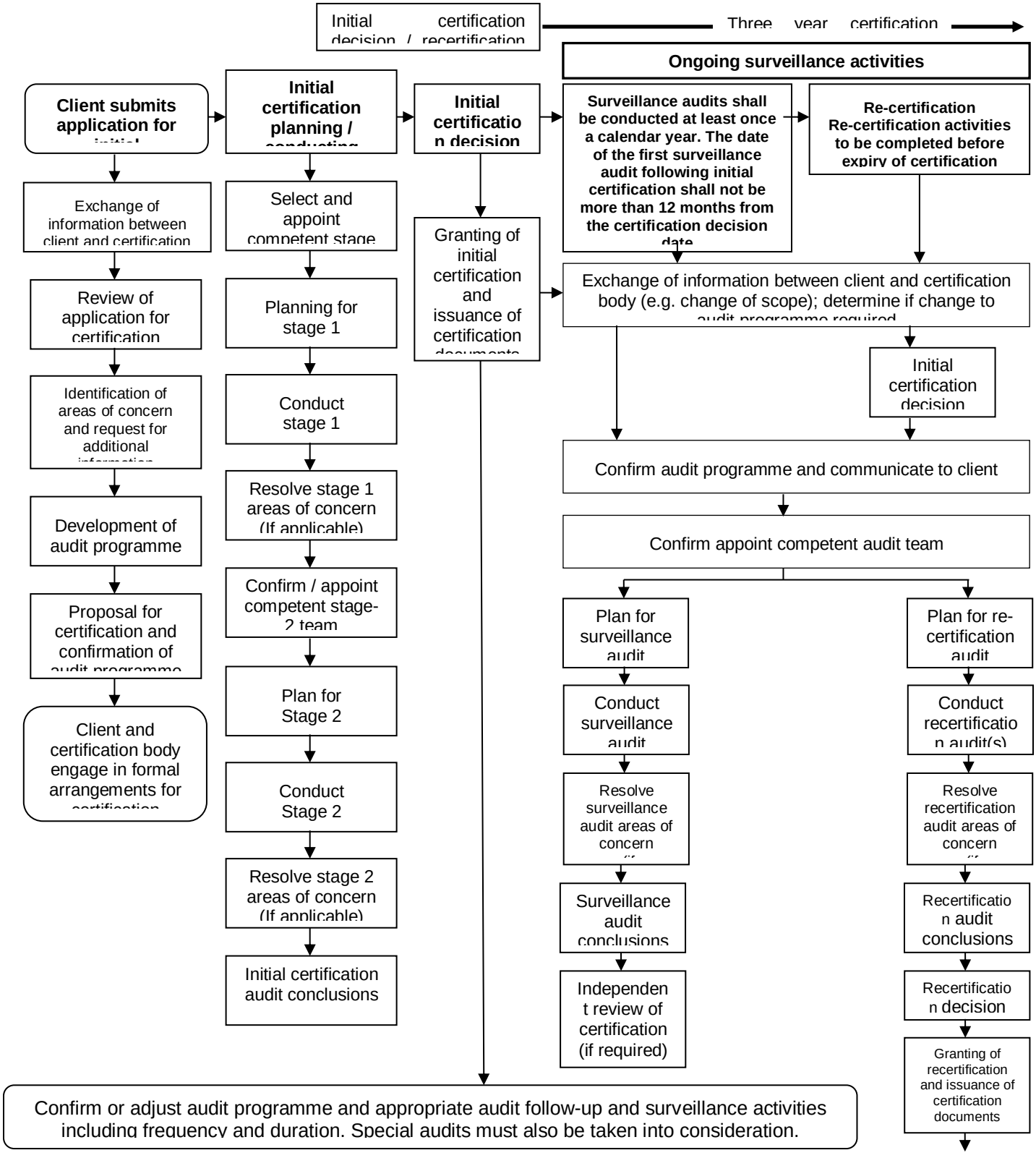
*Total Number **(No)** Considered would be either: Sampling points (**Outlets-Manufacturing Sites, Warehouses**) Or Total no of packaged finished products contained in one application for certification/ consignment/ Shipment which are available in each sampling point

5. Related Forms:

Listed Agreements, SOPs, Records related to the SOP26 as follows:

Master List of Documents
Sample request form

QP-09 E ANNEXURE -A PROCESS FLOW FOR MS CERTIFICATION



1.1 References:

a) ISO 9000: Quality management systems - Fundamentals and vocabulary.
b) ISO/IEC 17000: Conformity assessment - Vocabulary and general principles.
c) ISO/IEC 17025: General requirements for the competence of testing and calibration
d) laboratories.
e) ISO/IEC 17020: General criteria for the operation of various types of bodies
f) performing inspection.
g) ISO/IEC 17021: Conformity assessment - Requirements for bodies providing audit
h) and certification of management systems.
i) ISO 17021-2:2016: Competence requirements for auditing and certification of environmental management systems
j) ISO 17021-3:2017: Competence requirements for auditing and certification of Quality management systems
k) ISO 17021-10:2018: Competence requirements for auditing and certification of Occupational Health & Safety Management Systems
l) ISO 22003:2013 -FSMS-Requirements for bodies auditing and certifying the FSMS
m) ISO/IEC 17030, Conformity Assessment — General requirements for third-party marks of conformity.
n) ISO 19011: Guidelines for auditing management systems.
o) GAC document: FAD-12: Supplementary accreditation requirements for Halal Certification Bodies, in addition to applicable scheme and Standards
p) ISO Guide 23:1982 Methods of indicating conformity with Standards for third-Party certification Systems
q) ISO Guide 27:1983 Guidelines for corrective action to be taken by a certification body in the event of misuse of its mark of conformity
r) GSO S 2055-2 ; 2016 Part 2 General Requirements for Halal Certification Bodies
s) GSO 1694:2007 General Principles of Food Hygiene
t) GSO ISO 22716 Cosmetics - Good Manufacturing Practices (GMP) - Guidelines on Good Manufacturing Practices
u) GSO 21:1984: Hygienic Regulations for Food Plants and their Personnel
v) GSO 993: Animal Slaughtering Requirements According to Islamic law.
w) GSO 2055-2: General Requirements for Halal accreditation bodies accrediting Halal certification bodies.
x) GSO 9: Labeling of pre-packaged foodstuffs
y) GSO 2500- Additives Permitted for Use in Food Stuff
z) GSO 2538 The Maximum Limits for Residues of Ethyl Alcohol (Ethanol) In Food
aa) GSO 2231 General Requirements for The Materials Intended To Come Into Contact With Food
bb) GSO 839 Food Packages - Part 1: General Requirements
cc) GSO 1863 Food Packages - Part 2: Plastic Package - General Requirements
dd) IAF MD 1:2018 Certification of Multiple Sites Based on Sampling
ee) IAF MD 2:2007 Transfer of Accredited Certification of Management Systems
ff) IAF MD 4:2018 Use of Computer Assisted Audited Techniques (“CAAT”) for Accredited Certification of Management Systems
gg) IAF MD 5: 2019 Determination of Audit Time of Quality, Environmental, And Occupational Health & Safety Management Systems
hh) IAF MD 11:2013 Application of ISO/IEC 17021 for Audits of Integrated Management Systems
ii) IAF MD 16:2015 Application of ISO/IEC 17011 for the Accreditation of Food Safety Management Systems (FSMS) Certification Bodies
jj) IAF MD 22: 2019 Application of ISO/IEC 17021-1 for the certification of occupational health and safety management systems (OH&SMS)
kk) EA-07/04 M:2017 Legal Compliance as a part of Accredited ISO 14001:2015 certification.

ll) OIC/SMIIC 2: 2019 General Requirements for Halal Food,