



## ACCREDITED MANAGEMENT SYSTEM CERTIFICATION SCHEME REGULATIONS FOR QMS, EMS, OHSMS, ISMS, AMS

### 1 INTRODUCTION

International standards such as ISO 9001:2015, ISO 14001:2015, ISO 45001:2018, ISO 27001:2022 and ISO 55001:2024 series stipulate the minimum requirements for a documented Quality/Environment/Occupational Health and Safety/ Information Security/and Asset management systems of a company to be established, and a Certificate of Compliance to these standards has now become an international criterion of assessing a company's credibility and capability to consistently meet quality standards towards meeting customer satisfaction.

### 2. PURPOSE

The purpose of this description of GRS Quality/Environmental/OHSMS/ISMS/AMS Certification Schemes is to provide relevant information regarding GRS services for conducting an impartial and competent assessment of a company's management system, and maintenance of an accredited certification against ISO 9001:2015, ISO 14001:2015, ISO 45001:2018, ISO 27001:2022 and ISO 55001:2024 standards.

### 3. SCOPE

The accredited certification schemes operated by GRS is third-party system certification schemes with an objective of giving recognition to companies who have effectively implemented, and operate in a verifiable documented system. It covers the following scopes:

- Preliminary meeting the scope of registration within the applicable standard.
- Conduct of independent audits for certification.
- Issue of accredited certifications as per accredited scopes/sectors.
- Surveillance and other required visits for verification of conformance of systems to certification standards.

### 4 APPLICATION AND PROPOSAL FOR CERTIFICATION

Enquiry and Application:

Upon receipt of an enquiry, the Application for Registration is required to be completed by the applicant company.

Proposal for services:

Based upon the information provided, a detailed offer is submitted for client's consideration and acceptance. Upon acceptance of GRS services and fee Proposal together with the application fee, the process of certification commences with scheduling of audits on mutually agreeable dates.

### 5 AUDIT PROCESS

Initial certification audit shall be conducted in two stages: Stage-1 Audit and Stage-2 Audit.

**Stage-1 Audit:**

The Stage-1 audit shall be conducted to achieve the following objectives:

- review the client's management system documented information;
- evaluate the client's site-specific conditions, and undertake discussions with the client's personnel to determine the preparedness for the Stage 2 audit;
- review the client's status and understanding regarding requirements of the standard, in particular, with respect to the identification of significant aspects, processes, objectives and operations of the management system.
- obtain necessary information regarding the scope of the management system, including the client's site(s); processes and equipment used; levels of controls established (particularly in the case of multisite clients); and applicable statutory and regulatory requirements;
- provide a focus for planning the Stage-2 audit by gaining a sufficient understanding of the client's management system and site operations, in the context of management system standards or other normative documents;
- evaluate that the internal audits and management reviews are performing as planned; and
- assess the level of implementation of the management system that substantiates the client if they are ready for the Stage 2 audit or not.

### **Interval between Stage-1 and Stage-2 Audit:**

In determining the interval between the Stage 1 and Stage 2, consideration will be given to the needs of the client to resolve areas of concern identified during the Stage 1. The Client Manager may also need to revise its arrangements for the Stage 2. If any significant changes occur, which would impact the management system, the Client Manager may consider the need to repeat all or parts of the Stage 1 audit. In such a case, the client will be notified in advance that the results of the Stage 1 audit may lead to postponement or cancellation of the Stage 2 audit.

### **Stage 2 Audit:**

The purpose of the Stage 2 audit is to evaluate the implementation including effectiveness of the client's management system. The Stage-2 audit must be conducted onsite that will include auditing of at least the following:

- information and evidence about conformity to all requirements of the applicable management system standard or other normative document;
- performance monitoring, measuring, reporting, and reviewing against key performance objectives and targets (consistent with the expectations in the applicable management system standard or other normative document);
- the client's management system ability and its performance regarding meeting of applicable statutory, regulatory, and contractual requirements;
- operational control of the client's processes; internal auditing and management review; and
- management responsibilities for implementing the client's policies.

In the Stage-2 Audit, the audit team/auditor shall spend at least 75% of time for conducting the onsite audit. While preparing the audit program, GRS shall ensure that the audit team spends the majority of Stage-2 audit time in verifying the effective implementation of the management system in the locations

where the organisations' activities take place. The team also will include on-site audits of the temporary sites.

If there are any exclusions, that will be clearly identified in the audit report, and the validation of exclusions will be verified during the Stage-2 assessment.

**Requirements for Audit Sites and Audit Duration Calculation for QMS, EMS, and OHSMS:**

General and specific requirements for Audit Sites and Audit Duration Calculation for QMS, EMS, and OHSMS will adequately follow the scheme specific Audit Duration calculation procedure.

**Requirements for Audit Sites and Audit Duration Calculation for ISMS and AMS:**

General and specific requirements for Audit Sites and Audit Duration Calculation for ISMS and AMS will adequately follow the scheme specific Audit Duration calculation procedure.

**Multisite Requirements:**

GRS shall provide certification of multiple site organisations based on sampling in accordance with IAF MD1:2023 and IAF MD 5:2023 or other standard requirements, as applicable.



### **Surveillance Audit Process:**

GRS Surveillance Audit shall be conducted within one calendar year from the date of initial certification. GRS shall ensure that the date of surveillance audit should not be more than 12 months from the date of certification decision.

Surveillance activities include on-site audits for assessing the certified client's management systems' fulfilment of specified requirements with respect to the standard against which the certification is granted.

Other surveillance activities may include enquiries on the aspects of certification, reviewing any client's statement with respect to its operations (e.g., promotional material, website), requests to the client to provide documents and records (on paper or electronic media), and other means of monitoring the certified client's performance.

Surveillance Audit shall include:

- internal audits and management review;
- a review of actions taken on nonconformities identified during the previous audit;
- complaints handling;
- effectiveness of the management system with regard to achieving the certified client's objectives; and the intended results of the respective management system(s);
- progress of planned activities aimed at continual improvement;
- continuing operational control;
- review of any changes; and
- use of marks and/or any other reference to certification.

### **Re-certification Audit Process:**

The purpose of the recertification audit is to confirm the continued conformity and effectiveness of the management system as a whole, and its continued relevance and applicability for the scope of certification. Recertification audit shall be planned and conducted to evaluate the continued fulfilment of all the requirements of the relevant management system standards or other normative documents.

GRS recertification audit must be conducted prior to the expiry of certification. Prior to the recertification audit, information related to systems, processes, or scope of operations shall be communicated between the client and GRS.

GRS recertification audit includes the review of previous surveillance audit reports and consider the performance of the management system over the most recent certification cycle. Where there have been significant changes to the management system, the client, or the context in which the management system is operating, GRS may initiate a Stage 1 audit in the changed situations (e.g. changes to legislation).

Recertification audits include an on-site audit that addresses the following:

- the effectiveness of the management system in its entirety in the light of internal and external changes and its continued relevance and applicability to the scope of certification;
- demonstrated commitment to maintain the effectiveness and improvement of the management system in order to enhance the overall performance;
- the effectiveness of the management system with regard to achieving the certified client's objectives and the intended results of the respective management system (s).

When recertification activities are successfully completed prior to the expiry date of the existing certification, the new certificate may be issued. In that case, the certification date will follow the certification cycle based on the current assessment.

In case, if GRS has not completed the recertification audit or is unable to verify the implementation of corrective actions for any major nonconformities prior to the expiry date of the certification, recertification will not be recommended, and the validity of the certification will not be extended. The client shall be informed, and the consequence shall be explained.

Following expiration of certification, GRS can restore certification within six months, provided that, the outstanding recertification activities are completed, otherwise at least a stage 2 audit shall be conducted.

The effective date will be noted on the certificate on or after the recertification decision, and the expiry date will be based on the previous certification cycle.

### 6 NCR MANAGING PROCESS:

#### **EXTERNAL NCR Managing Process:**

If required, GRS assessor may initiate following types of findings during the assessment.

1. Major Non-Conformance Request
2. Minor Non-conformance Request
3. Opportunity for Improvement
4. Observation

#### **Non-Conformance Request (NCR)\_ Major:**

Nonconformity that affects the capability of the management system to achieve the intended results. And /Or If there is a significant doubt that effective process control is in place, or that products or services will meet specified requirements.

And /Or A number of minor nonconformities associated with the same requirement or issue could demonstrate a systemic failure and thus constitute a major nonconformity.

#### **Actions required:**

In the case of a major NCR raised, the auditor has to review, accept and verify the corrections and corrective actions to ensure an effective close-out of the NCR. The close-out evidences need to be submitted to the auditor within the agreed time between the auditor and the client prior to commencement of the next stage of assessment as required.

*All NCRs raised during the audit shall be closed out according to the actions outlined in the audit report, and by the due date as agreed by the auditor and the auditee. The date will be determined based on the risks and consequences involved in the NCR, but does not exceed 90 days from raising the NCR. All close out actions shall be recorded in the audit report.*

In the case of an already certified client, failure to close out NCRs within the time limit means that suspension proceedings may be instituted by GRS. In the case of new clients, the audit process will not proceed to the following stage.

### **Effectiveness of corrections and corrective actions:**

Upon receipt of correction and corrective action details for a major NCR, the auditor determines if these are acceptable. The client shall be informed of the result of the review and verification, and also be informed if an additional full audit, an additional limited audit, or documented evidence (to be confirmed during future audits) will be needed to verify effective correction and corrective actions.

### **Non-Conformance Request (NCR)\_Minor:**

Nonconformity that does not affect the capability of the management system to achieve the intended results. However, a number of minor nonconformities associated with the same requirement or issue could demonstrate a systemic failure and thus constitute a major nonconformity.

#### **Actions required:**

This category of findings requires the auditor to receive client's proposed corrective action plans, and review and accept the client's plan for correction and corrective action.

Corrective action plan needs to be submitted to the auditor within the agreed time between the auditor and client based on its risk and consequence involved prior to commencement of the next stage of assessment as required but typically does not exceed 60 days from raising the NCR.

The corrective action plan must be accepted by the auditor and NCRs must be close out according to the plan. Any failures to close out will escalate the NCR to "Major" and then managing the major NCRs procedure will be applied.

### **Opportunity For Improvement (OFI):**

It is a statement of fact made by the assessor referring to a weakness or potential deficiency in a management system which, if not improved, may lead to a nonconformity in the future, and actions will be required as detailed above.

In the case for OFIs for clients, generic information may be provided about industrial best practices, but no specific solution shall be provided as a part of an opportunity for improvement.

#### **Action required:**

Clients may develop and implement solutions in order to add value to operations and management systems. All OFIs need to be addressed effectively and shall be verified during the following assessment.

### **Further Actions:**

GRS Auditors may initiate various types of NCR (as mentioned above) during audits. Any NCRs raised as a



result of audits shall be recorded within the audit report. If necessary, the auditor may choose to provide the client with GRS Corrective Action Plan Template (Annexure # 477269033) as a guide.

Where a nonconformity poses an immediate threat to OHS, GRS shall require an appropriate and immediate response (e.g. suspension of the audit until the risk is removed or significantly reduced).

If a member of the audit team, in their professional judgement, discovers a breach of an Act of Parliament, or a contravention of a regulatory requirement, then such a breach or contravention will be recognised as nonconformity as soon as practicable and urgently communicated to the organisation, and shall be recorded in the audit report.

If significant risk issues (e.g. safety, environmental, food safety, product legality/quality, etc.) are detected through such discover, an immediate or instant correction shall be requested. If this is not agreed and cannot be resolved to the satisfaction of GRS within the agreed timeframe, immediate suspension shall be recommended.

During the assessment if GRS assessor (s) discover a non-compliance with relevant to regulatory requirements, then such non-compliances are immediately communicated to the organization being audited. The non-compliance shall be recorded in the audit report (477269035 Assessment Report).

### The following guidelines could be followed to manage and resolve NCRs:

Steps	Actions guideline	
Identify the NCR	Record NCR using Annexure # 477269035 (GRS Assessment Report)	
Recognise the Type of Audit	Record the type of Audit	
Take actions based on the type of NCR and type of Audit	Type of Audit	Actions guideline
	Stage-1 Audit	<b>Any areas of concerns raised must be addressed before</b> proceeding to the Stage-2 audit.
	Initial Certification (Stage-2 Audit); and Re-certification Audit	<p><b>Major:</b> Effective ‘close-out’ of all non-conformances is required before proceeding to the Stage-2 audit. A revisit may be required prior making any decision on proceeding to the Stage-2 audit.</p> <p><b>Minor:</b> Plan for Correction and Corrective action for all non-conformances is required to be accepted prior proceeding to the Stage-2 audit.</p> <p><b>Opportunity for Improvement (OFI):</b> All OFIs need to be addressed effectively and shall be verified during the following assessment.</p> <p><b>Observation:</b> The auditor may verify the actions in the following assessment, if taken any, to make sure same findings should not appear.</p>
	Surveillance	<p><b>Major:</b> Effective ‘close-out’ of all non-conformances is required before proceeding to the Stage-2 audit. A revisit may be required prior making any decision on proceeding to the Stage-2 audit.</p> <p><b>Minor:</b> Plan for Correction and Corrective action for all non-conformances is required to be accepted prior proceeding to the Stage-2 audit.</p> <p><b>Opportunity for Improvement (OFI):</b> All OFIs need to be</p>



		addressed effectively and shall be verified during the following assessment. <b>Observation:</b> The auditor may verify the actions in the following assessment, if taken any, to make sure same findings should not appear.
Review the effectiveness of actions	Depending on action, effectiveness of implementation can be verified either onsite visit or by verifying offsite records. The Auditor/Client Manager shall be responsible to make decision about effectiveness of actions prior closing NCRs.	
Close-out	NCRs close out shall be recorded in the Assessment Report (Annexure # 477267035) of the client.	

### **INTERNAL NCR Managing Process:**

Any person related to GRS business can initiate an internal NCR by using Non-Conformance Request Form (Annexure # 477269040)/or using other sources as suitable. Once all details are compiled the NCR shall be forwarded to the General Manager Risk and Compliance (GMRC) for recording in the GRS SharePoint BMS- NCR Register. GMRC will discuss and assign the NCR to the responsible person with an agreed action date, and finally close out the NCR. If an NCR raised against GMRC department, it will then be managed and maintained by GMO.

The following guidelines could be considered to initiate internal NCRs based on its severity and significance as per GMRC/GMO discretion, but may not be limited to:

Inputs	Guidance
Internal Audits	Any kind of significant findings required to report during internal audits (the template include the reporting of finding details).
Suggestions (Business Improvements)	If there is an aspect of the business management system that could be improved
Customer dissatisfaction	Analysis of customer feedback to detect and eliminate causes of non-conforming work and improve the process.
Any other business-related issues to be addressed.	

### **The following guidelines could be followed to manage and resolve internal NCR process:**

Steps	Action Required
Identify the NCR	Record NCR using Annexure # 477269040 - NCR Form/GRS SharePoint BMS
Evaluation	Evaluate the details to determine first the need for actions and then the level of actions required.
Root cause analysis (how/why did this happen?):	Investigate the root cause of the non-conformance relating to the activity, process, service, or system.
Correction (fix now):	Ensure that actions are taken to eliminate a detected nonconformity.



Corrective Action (to prevent recurrence):	Ensure that corrective actions are implemented to prevent recurrence.
Action Implementation	Ensure that actions are implemented in a timely manner and effective by any or all of the following: <ul style="list-style-type: none"> <li>• Management review of changes</li> <li>• Personnel training</li> <li>• Documentation of implemented changes</li> </ul>
Verify implementation and review the effectiveness of corrective actions taken	Carry out an audit, inspection, review of documents etc. to determine the effectiveness of actions and evaluate actions to ensure that nonconformities do not recur.
Close Out	Upon satisfaction of actions, close the NCR issue out.

GRS has established the process to record NCR/Opportunity for Improvement details using the NCR form through GRS SharePoint portal BMS: NCR Register; however, the provision to use the NCR Form manually will remain where there will be no access to GRS SharePoint for the initiator.

All Opportunities for Improvement-OFI (e.g., through internal auditing, management review, impartiality or through any other source e.g., Observation by JASANZ) shall be recorded either in the GRS SharePoint Portal/BMS or to be managed through the Action Register (#477269039) based on its significance and GMRC/GMO’s discretion. Further, for OFIs or Observations (e.g., raised by JASANZ), the detailed requirements to complete every section of the form may not be always applicable. Unlike NCRs, the root cause analysis, verification details, or effectiveness of corrective actions may not be always applicable in detail to address the OFIs/Observations. The inclusion of details of OFIs/Observations shall be based on the significance of the issue raised, however, corrections/corrective actions must be recorded at a minimum.

## 7 TRANSFER AUDITS

Applications for transfer of certification shall be treated in accordance with IAF MD2:2023, and limited to CABs accredited by JASANZ/other IAF signatory certification bodies, as applicable.

### Pre-Transfer Review

The review shall cover the following aspects as a minimum and the review and its findings shall be fully documented:

- confirmation that the client’s certification falls within the accredited scope of the issuing and accepting certification body i.e. GRS;
- confirmation that the GRS’s accredited scope falls within its accreditation body scope;
- The reasons for seeking a transfer;
- that the site or sites wishing to transfer certification hold a valid accredited certification;
- the initial certification or most recent recertification audit reports, and the latest surveillance report; the status of all outstanding nonconformities that may arise from them and any other available, relevant documentation regarding the certification process. If these audit reports are not made available or if the surveillance audit or recertification audit has not been completed as required by GRS’s audit programme, then the organisation shall be treated as a new client;
- complaints received, and actions taken;
- considerations relevant to establishing an audit plan and an audit programme. The audit programme established by the issuing certification body should be reviewed if available.

- any current engagement by the transferring client with regulatory bodies relevant to the scope of the certification in respect of legal compliance.

The pre-transfer review records shall be documented using Pre-Transfer Review Checklist (Annexure# 477269147).

### Transfer of Certification:

- When a transfer of certification is envisaged from one CAB to GRS, GRS shall request the issuing certification body in writing, for obtaining following information in order to take a decision on certification:
  - Copies of previous Certificates
  - Copy of the most recent assessment report
  - Records of NCRs (outstanding and any other available)
  - Any complaints received/actions taken
  - Any other information as needed
- Where the pre-transfer review (document review and/or pre-transfer visit) identifies issues that prevent the completion of transfer, GRS shall treat the transferring client as a new client.
- The justification for this action shall be explained to the transferring client and shall be documented by GRS and the records maintained.
- The normal certification decision making process in accordance with ISO/IEC 17021-1:2015 shall be followed including that the personnel making the certification decision be different from those carrying out the pre-transfer review.
- If no problems are identified by the pre-transfer review, the certification cycle shall be based on the previous certification cycle and GRS shall establish the audit programme for the remainder of the certification cycle.
  - GRS can quote the organisation's initial certification date on the certification documents with the indication that the organization was certified by a different certification body before a certain date.
- Where GRS has to treat the client as a new client as a result of the pre-transfer review, the certification cycle shall begin with the certification decision.
- GRS shall take the decision on certification before any surveillance or recertification audits are initiated.

### 8 SPECIAL AUDITS

A special visit may require to be made to the certified company's premises in the following circumstances:

- GRS has reasons to believe that the documented system is inadequately maintained with major deficiencies in operation.
- In case of any changes in the management system standard due to which the certification requirements are going to be changed, client will be intimated in advance for the transition audit and audit will be scheduled after having the consent of the organisation, however, the audit has to be done before the defined timeframe.

- Upon intimation by the certified company, of any significant changes in the certified documented system including changes in the scope.
  - In the case of closing out major non-conformances.
  - Significant changes in scope.
  - Changes in major operational sites.
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- Independently from the involvement of the competent regulatory authority, a special audit may be necessary in the event that the GRS becomes aware that there has been a serious incident related to occupational health and safety, for example, a serious accident, or a serious breach of regulation, in order to investigate if the management system has not been compromised and did function effectively.  
GRS shall document the outcome of its investigation.

The visit may be combined with the surveillance audit. The surveillance audit program shall include, at least the following:

- Internal audit and management review.
- A review of actions taken on non-conformances identified during the previous audit.
- Treatment of complaints.
- Effectiveness of the management system to achieving the certified client objectives.
- Progress of planned activities aimed at continual improvement.
- Continuing operational control.
- Review of any changes.
- Use of marks and or any other reference to certification.

### **9 EXPANDING THE SCOPE OF CERTIFICATION:**

Certification scope can be expanded if GRS identifies any situations where the certified organisation has a need to expand the scope to meet the requirements of standards. This may be identified in following circumstances:

- During the stage-1/stage-2/recertification/surveillance audit by the auditor(s), or during the independent verification of audit report.
- Clients requested to expand the scope may be because of expansion of business or relevant circumstances.
- Examples of extensions can be addition of the site/unit, product line, business line, and this can be done by conducting the extra Man-days of the audits as per the complexity of the extensions requested.

Clients will be notified by the auditor(s) about the potential expansion of scope and information to establish the requirements. Based upon the auditors' comments and evidences provided by the client. GMRC will make the final decision about the scope expansion.

GRS will only expand the scope ensuring proper compliance with the requirements of the standard, and certificates will be valid with the expanded scope, and new certificates will be issued and communicated to the client.

Upon changes, the Certified Clients Register (Annexure# 477269048) will be updated accordingly, and GRS website will be updated with the latest information to make the amendment publicly accessible, and the client will be required to amend their advertising materials accordingly with the expanded scope.

### **10 SHORT NOTICE AUDIT:**

It may be necessary for GRS to conduct audits of certified clients at short notice or unannounced to investigate complaints, or in response to changes, or as follow up on suspended clients. Short notice audits also can be conducted as a result of any adverse publicity or contravention of the conditions of certification or other information received. The special visits will be undertaken after due notice has been given and agreed between GRS and the certified company. Due care is to be taken for the following:

- Information is given to the client in advance regarding the visit with details.
- Due care is taken to select the auditor to minimise any objections.

Independently from the involvement of the competent regulatory authority, a special audit may be necessary in the event that GRS becomes aware that there has been a serious incident related to occupational health and safety, for example, a serious accident, or a serious breach of regulation, in order to investigate if the management system has not been compromised and did function effectively. GRS shall document the outcome of its investigation using the audit report template (477269035 Assessment Report Template).

### **11 GRANTING CERTIFICATION:**

#### **Information for granting initial certification:**

- Application received from the client (Application for Registration Annexure# 477269034) and confirmation of information provided to GRS through the application review process (Application Review Form Annexure#477269140). During the review, GRS will ensure that the organisation/client has fulfilled all the requirements of relevant management standards. GRS will also consider that there is no adverse report, information, complaint recorded about the client regarding the effective implementation of management systems
- The audit report and comments on the nonconformities and, where applicable, verification of the corrective actions taken by the client (Assessment Report Annexure#477261035);
- The audit report and confirmation on the audit objectives that have been achieved; and a recommendation whether or not to grant certification (Technical Review and Granting Certification Checklist Annexure # 477269030), together with conditions related to any nonconformities or observations (Assessment Report Annexure#477261035).

If GRS is not able to verify the implementation of corrections and corrective actions of any major nonconformity typically within six months after the last day of stage 2, GRS shall conduct another stage-2 prior to recommending certification.

#### **Granting Certification:**

Upon completion of audit activities, and subsequent independent verification of the audit recommendation, the GRS management may consider issuing the certificate of registration in favour of



## Scheme Regulations

the client. GRS Technical Review and Granting Certification checklist (Annexure # 477269030) must be completed with satisfactory outcomes prior proceeding to the next step of certification decision.

The outcome will be notified to the client electronically. The review process may request to provide further information to finalise the certification decision.



**Certification Documentation:**

Certificate Awarded To	
Address	
Standard (s) Applied	<input type="checkbox"/> ISO 9001 :2015 <input type="checkbox"/> ISO 14001:2015 <input type="checkbox"/> ISO 45001:2018 <input type="checkbox"/> ISO 27001:2022 <input type="checkbox"/> ISO 55001:2024
Scope of Certification If different standards have different scope, please use the space below)	
<b>Certificate Number Allocation (to be obtained from Certificate Number Allocation Register in the SharePoint BMS)</b>	
Standard- Certificate Number	XXXXXXXX
Scope of Certification	XXXXXXXX
Original Issue Date	XXXXXXXX
Current Issue date	XXXXXXXX
Expiry Date	XXXXXXXXXX
Approver's Signature	XXX
Logos	XXX

**12 MAINTAINING CERTIFICATION/RENEWING CERTIFICATION:**

GRS shall make decisions on maintenance and renewal of certification based on the results of the Surveillance Audit (Annexure 477269126) /Re-certification Audit (Annexure 477269125) as well as on the results of the review of the clients' systems over the period of certification and non-conformities; and complaints, if any, received from the beneficiaries of certification. Maintenance/Renewal of certification approval decision will be based on the outcome of the audit.

**13 REFUSING CERTIFICATION:**

GRS has the right to refuse certification at any stage of the certification process. The possible circumstances (any or all) are following:

- The client is unable to meet the certification requirements and fails to comply with general terms and conditions.
- GRS auditor(s) determines that the client does not have resources to meet the requirements of the scope of certificate and/or the applicable standard, and is unable to get recommended for continuation of certification.
- GRS identifies excessive or serious complaints by interested parties, or finds any social conflicts.
- The client has failed to identify actions against the changes of relevant standards, or actions were not implemented within specified period.
- The client is unable to close out major non-conformances within agreed time.
- The client has failed to identify actions against the changes of relevant standards, or actions were not implemented within specified period.
- Client's failure to clear up the agreed payment as per GRS terms and conditions.
- Any other condition deemed inappropriate by GRS management including violation of GRS general terms and conditions.

Refusal process will be initiated by communication in writing about the refusal of certification explaining the potential reason of refusal decision and giving the client max 60 days' notice, based on the circumstances, prior the final decision.

If the client still fails to take actions within the stipulated time, GRS will refuse to issue certificates, and communicate to the client using GRS Certificate Refusal Letter (Annexure # 477269061) explaining the reasons for refusal.

The client may be eligible to re-apply to GRS for Initial Certification using the Application for Registration (Annexure # 477269034) once all the reasons for refusal addressed appropriately. Any application received from a refused client will be processed as a new client.

### **14 SUSPENSION OF CERTIFICATION:**

In any or all of the following circumstances, GRS may suspend the Certificate of Registration:

- The client does not conduct the surveillance or recertification audits to be conducted at the required frequencies (the date of first surveillance audit cannot be more than 12 months from date of certification decision; Surveillance audits are conducted at least once a calendar year).
- The client's certified management system has persistently or seriously failed to meet certification requirements, including requirements for the effectiveness of the management system.
- Failure to submit the non-conformance report (s) within the agreed time.
- Major lack of effective implementation of corrective actions within agreed time limits in respect of non-conformities identified during surveillance audits.
- GRS auditor(s) determine that the client does not have resources to meet the requirements of the scope of certificate and/or the applicable standard, and unable to get recommended for continuation of certification.
- GRS identifies excessive or serious complaints by interested parties, or finds any social conflicts.
- Failure to clear up the agreed payment as per GRS terms and conditions. No Show-Cause notice is required if it is a payment issue (fees & payments terms and GRS management decisions applied indeed).
- The client is failed to identify actions against the changes of certification system, or actions were not implemented within specified period.
- Any wilful misuse of logo of GRS and the Accreditation Authority, or unable to implement corrective actions on certification marks within the allocated time.
- Use of certificates beyond the certification scope, or it is appeared that the client has provided misleading and/or materials, which have direct impacts on making certification decision.
- GRS determines that the client does not comply with the agreement(s) and/or contract(s), or does not comply with 'obligation of certified' client.
- Any other condition deemed inappropriate by GRS management including violation of GRS general terms and conditions (for example, in relation to fees and payments, certification marks or logo use, or any other failure of clients to follow certification approval or maintenance requirements as specified by GRS or its accreditation body).
- The certified client voluntarily requested a suspension.
- Information on incidents such as a serious accident, or a serious breach of regulation necessitating the involvement of the competent regulatory authority, provided by the certified client or directly gathered by the audit team during the special audit, shall provide grounds for the GRS to decide on the actions to be taken, including a suspension or withdrawal of the

certification, in cases where it can be demonstrated that the system seriously failed to meet the OH&S certification requirements.

Not meeting the legal compliance as a part of accredited OH&SMS Certification:

- Deliberate or consistent non-compliance shall be considered a serious failure to support the policy commitment to achieving legal compliance and shall preclude certification or cause an existing OH&SMS standard certificate to be suspended or withdrawn.
- If the facilities and work areas are subject to closure the OH&S risks change, as there may no longer be the same risks to employees, but there may be new risks applicable to members of the public (e.g. in case of lack of suitable maintenance and surveillance activities). GSR shall verify that the management system continues to meet the OH&SMS standard and to be effectively implemented in respect of the closed facilities and work areas, and, if not, suspend the certificate.

### **Suspension Process:**

Suspension process will be initiated by issuing a Letter of Suspension/Withdrawal/Refusal of Certification (Annexure # 477269061) giving the client an appropriate time to resolve the issue that have resulted in the suspension.

Under suspension, the client's management system certification is temporarily invalid, and in the suspension period (in most cases, the suspension would not exceed six months), the client organisation is neither allowed to use GRS certificates in any of its business purposes nor can use any GRS or JAZANZ/ other accredited bodies' logos, as applicable. The JASANZ Register/ other accredited bodies' register (IAF CertSearch), as applicable, and GRS Certified Clients Register will be updated accordingly.

The certification and authorisation for using GRS certificates and logos can only be restored once all reasons for suspension are removed, and documented evidence was provided, and satisfactorily verified within GRS. A special audit may be required, and relevant audit procedures will be applied, where needed.

### **Restoring of Certification:**

- Re-storing of certificates can only be possible upon successful implementation of action taken on the issues of suspension.
- The client is responsible to make a written request to re-store their certificates to GMRC.
- GMRC shall be responsible to review the re-storing request and make decisions on client request.
- Upon a successful review, certificates may be restored as its original condition. If the review is unsuccessful, GRS will not restore the certificate.

### **15 WITHDRAWAL OF CERTIFICATION:**

GRS may decide to withdraw the certification of a client under any or all of the following conditions:

- The certificates were suspended under any of the conditions for suspension during the term of validity of its certification and the client fails to resolve the issues that have resulted in the suspension within the stipulated time established by GRS.
- The suspension period exceeds more than six months.
- The certified client voluntarily requested a withdrawal.

### **Withdrawal Process:**

If the client fails to resolve the issues that have resulted in the suspension within the stipulated time established by GRS, the certifications will be automatically withdrawn without further notifications and will be stated in the Letter of Suspension/Withdrawal/Refusal of Certification (Annexure # 477269061).

The Letter also mentions about the related terms and conditions, mentioning that withdrawal means the certification is no longer valid, and upon withdrawal, all GRS certificates and logos will be permanently ceased. The client will be required to amend their advertising materials accordingly, and JASANZ Register and GRS Certified Clients Register will be updated. GRS website will be updated with the latest information to amend any relevant information publicly accessible.

The customer needs to re-apply to GRS for Initial Certification using the GRS Application for Registration when all the reasons for the withdrawal have been removed and communicated to GRS. Any application received from a withdrawn client will be processed as a new client.

### **16 REDUCING THE SCOPE OF CERTIFICATION:**

Certification scope can be reduced if GRS identifies any situations where the certified organisation was unable to comply with the requirements of the scope. GRS shall reduce the scope of certification to exclude the parts not meeting the requirements, when the certified client has persistently or seriously failed to meet the certification requirements for those parts of the scope of certification. Any such reduction shall be in line with the requirements of the standard used for certification. This may be identified in following circumstances:

- During the stage-1/stage-2/recertification/surveillance audit by the auditor(s), or during the independent verification of audit report.
- Examples of reductions can be deletion of the site/unit, product line, business line, and this can be done by conducting the extra man-days of the audits as per the complexity of the reductions requested.

Clients will be notified by the auditor(s) about the potential reduction of scope and inadequacy of information to establish the requirements. Based upon the auditors' comments and evidence provided by the client, GMRC will make the final decision about the scope reduction.

GRS will only reduce the unrelated part of the scope which does not comply with the requirement of the standard, and certificates will be valid with the reduced scope, and new certificates will be issued and communicated to the client.

Upon changes, the SharePoint BMS Register and JASANZ Register will be updated accordingly, and GRS website will be updated with the latest information to make the amendment publicly accessible, and the client will be required to amend their advertising materials accordingly with the reduced scope.



## 17 REQUEST TO CHANGE OR MODIFICATION OF CERTIFICATION

Any requests to change or modify the scope of certification shall be managed by Certification Manager and Client Manager. The client is required to make the request in writing where there is no formal Application form (#477269034) is needed. Certification Manager shall be responsible to review the request, and then may take the following necessary actions to accommodate changes.

- Upon review, if variation audit is required to verify the implementation of proposed changes, the Client Manager shall be responsible to organise the variation audit. Once proposed changes are approved and the process is completed, GRS will issue revised/modified certificates. The revision/change details will be recorded in the BMS register until further changes take place.
- Upon issuing revised certificates, JASANZ Register will be updated accordingly, and the client will be required to amend their advertising materials accordingly.

## 18 APPEALS/COMPLAINTS

GRS accredited certification scheme endeavours to provide a prompt, competent and impartial service to its clients. In case, an applicant, a certified company or any other interested party wishes to make a complaint in respect of GRS operations, GRS will deal with the complaint or appeal in accordance with GRS Appeals and Complaints procedure (Annexure # 477269010). A copy of the Appeals, Complaints, and Disputes Form is published on GRS Website.

## 19 THE USE OF LOGOS

The use of logos is governed by the ABs as well as GRS Logo Use Policy and specified conditions and instructions as available through GRS website. These are also provided with the certification pack to the client.

## 20 GENERAL AUDITING PRINCIPLES

All assessments undertaken by GRS are conducted by auditors as qualified in accordance with the ISO-IEC\_17021.1-2015 requirements. GRS ensures that the auditors' expertise are matched with the nature of an applicant company's activities under assessment. The company is advised in advance of the composition of the Audit Team and the schedule of audit for confirmation. The Team Leader is responsible for planning the audit in accordance with the requirements, assigning auditing functions to his/her team members and reporting, with authority to take final decisions in respect of the interpretation of the applicable requirements of the standard as well as make recommendation regarding grant of certification based upon a review of the level of compliance of the systems in operation.

The applicant company is responsible for providing GRS auditors an access to its relevant facilities and records, appointing a responsible person to co-ordinate the arrangements for audit and to provide all resources required by the audit team for performing their duties.

The client also is required to notify GRS about any significant events without delay. This includes but is not limited to fatal incidents, serious injuries, occupational disease or legal action by a regulatory authority as well as any OHS related findings by third parties, where applicable, at the time of surveillance or recertification assessment of.



### **21 CONFIDENTIALITY, CONFLICT OF INTEREST, AND IMPARTIALITY**

All audits are conducted in complete confidentiality of the company's activities. GRS office staff and auditing personnel are obliged by a confidentiality agreement to safeguard the client's classified information, confidentiality policy and signed agreement, that are enforceable to ensure confidentiality across GRS business.

GRS and any parts of its operation do not offer or provide internal audits to its certified clients. GRS does not certify any management system on which it provided internal audits within two years following the end of internal audits.

GRS does not market its activities as linked with the activities of the organisation that provides management systems consultancy.

GRS shall take action to respond to any threats to its impartiality arising from the actions of other persons, bodies or organisations.

The impartiality aspect of GRS business will be managed and maintained by implementing Impartiality Policy, Managing Impartiality procedure and also through the ongoing Impartiality Committee.

### **22 ACCESS OF ACCREDITATION BOARD**

At any time of the certification cycle the Accreditation Board's auditor may accompany the GRS audit team for the evaluation of the GRS auditors. Also, the Accreditation Board auditors may visit personally without any representative from GRS, in both the cases the organisation is liable to allow them to audit their systems and verify the documents related to the management systems information.