

ACCREDITATION COMMISSION FOR CONFORMITY ASSESSMENT BODIES			
QUALITY MANUAL			
Management			Authorized By:
Issue No.: 01	Date: 01/09/2010	Doc. No.: ACCAB-QM-6.0	MD
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6.1	Introduction:		
6.1.1	Quality Management System is established, documented, implemented, maintained and continually improved as required by ISO/IEC 17011:2004 as well as documents required by and nature of ACCAB.		
6.1.2	ACCAB ensures that the documented procedures referenced in this Quality Manual are established, implemented and maintained.		
6.1.3	ACCAB firmly believes that the quality is everyone's responsibility within ACCAB. Therefore each person within ACCAB, assessors, technical experts and subcontractors are required to read and understand the policies and procedures to ensure that ACCAB complies with the requirements of the documented quality management system.		
6.1.4	The CEO of ACCAB has the overall responsibility for ACCAB's quality management system.		
6.2	Management System:		
6.2.1	ACCAB's top management provides evidence of its commitment to the development and improvement of the quality management system by: <ul style="list-style-type: none"> a. Establishing and complying with the quality policy, quality objectives and quality management system as per ISO/IEC 17011:2004; b. Effectively communicating to the organization the needs of interested parties; c. Ensuring that the policies are understood, implemented and maintained at all levels and functions. 		
6.2.2	ACCAB top management ensures that the quality objectives are measurable and consistent with the quality policy and include the commitment to continual improvement.		
6.2.3	Structure of the ACCAB Documented Quality Management System:		
6.2.3.1	The ACCAB quality management System consists of number of sets of documents.		
6.3.2.2	All ACCAB quality system documents are assigned specific identification number and shall be legible and presented in prescribed format as follows:		
Sr. No.	Document Name	Description	Doc. No.
I	Quality Manual	ACCAB policies in compliance with ISO/IEC 17011 & other international guidelines interpretations for operating as an accreditation body. This manual supports ACCAB staff and subcontractors in their work as well as it provides information to other stakeholders on ACCAB quality management system. ACCAB staff and subcontractors shall read, understand, implement and abide with the ACCAB Quality Manual. This Manual is posted on the ACCAB website.	ACCAB-QM
II	Quality System Procedures Manual	These are the Standard Operating Procedures generated for internal use and describe the manner in which particular work is to be performed. These procedures are issued as controlled documents either in entirety or in part thereof	XXX (Three Letters Describing Procedure)-P(Stands For

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		relevant to the work being performed.	Procedure)-XX (Procedure Number)
III	Accreditation Scheme Manual	This manual contains number of chapters and is useful for the applicant and accredited CABs and the stakeholders. This manual gives detailed information about ACCAB assessment and accreditation processes, including arrangement for granting, maintaining, extending, reducing, suspending and withdrawing accreditation, references to the requirements of accreditation, general information about the fees related to the accreditation, description of the rights and obligations of CABs, information on procedures for lodging and handling complaints and appeals, information about authority under which the accreditation program operates, description of ACCAB's rights and duties, sample accreditation agreement and the application forms.	ACCAB-ASM
IV	Policy / Guidance / Advisory Documents	These are a compilation of various Policy, Guidance and Advisory Documents published by ACCAB for the applicant and accredited CABs and the stakeholders. These Documents may reflect policies/ requirements/guidance/advisories/philosophies of ACCAB and other international organizations.	ACCAB-PD/GD/AD
V	Technical Briefing Notes	These are generated internally or externally by professionals / professional bodies, accreditation bodies or other international organizations as required which provide guidance to interpretation/explanation of the standard/technical scope/requirements for specific applications. These documents can be issued as controlled or uncontrolled copies	ACCAB-TBN
VI	Forms For Reporting & Record Keeping including ACCAB Accreditation Certificate Templates & Logos	Documentation generated internally in the style of formats to facilitate operational and auditing reporting and record keeping.	XXX (Three Letters Describing Procedure)-F(Stands For Form)-XX (Form Number)
VII	Memos/Circulars/Instructions	Memos, circulars or instructions	ACCAB-MCI
VIII	Electronic Data Versions	Established documentation generated internally to facilitate the functioning of ACCAB, which is executed under electronic control. System specifications, software and data may be issued and controlled or uncontrolled	ACCAB-EDP
IX	Other Publications	For external issue such as directories of CABs and accredited certificated organization and the website.	ACCAB Website

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X	External Documents	Review and approval is not applicable for these, as received condition will be maintained. Efforts will be made by the CEO for maintaining its current versions. Some of these are maintained in library also.	As Applicable
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6.2.4 Management Representative:

6.2.4.1 ACCAB's top management has appointed a member of the management team(Chief Executive Officer) who, irrespective of other responsibilities, has responsibility and authority that includes:

- a. Ensuring that procedures needed for the quality management system are established and maintained;
- b. Reporting to the top management on the performance of the quality management system, including needs for improvement.

6.2.4.2 The responsibility of the Management Representative may include arranging the internal audits and liaison with external parties on matters relating to the quality management system.

6.3 Document Control:

6.3.1 Documents required for the quality management system are controlled by ACCAB.

6.3.2 The procedure addresses:

- a. approval of documents for adequacy prior to issue;
- b. the review and update as necessary and re-approval of documents;
- c. identification of the changes and the current revision status of documents;
- d. ensuring that the relevant versions of applicable documents are available to personnel, subcontractors, assessors and experts and CABs at the points of use;
- e. ensuring that documents remain legible, readily identifiable and retrievable;
- f. ensuring that documents of external origin are identified and their distribution controlled;
- g. prevention of unintended use of obsolete documents, and application of suitable identification to them if they are retained for any purpose;
- h. safeguarding, where relevant, the confidentiality of documents.

6.4 Records:

6.4.1 Records required for the quality management system are controlled by ACCAB. The procedure addresses identification, collection, indexing, accessing, filing, storage, maintenance and disposal of records.

6.4.2 The procedure addresses the requirements for retaining records for a period consistent with the applicable contractual and legal obligations. ACCAB ensures that these records are consistent with the confidentiality arrangement.

6.5 Nonconformities and Corrective Actions:

6.5.1 ACCAB ensures identification and management of nonconformities in its own operations.

6.5.2 ACCAB takes corrective action to eliminate the cause of nonconformities in order to prevent recurrence. Corrective action is appropriate to the impact of the problems encountered.

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6.5.3	ACCAB shall established a documented procedure for: <ul style="list-style-type: none"> a. identifying nonconformities (including complaints and internal audits); b. determining the causes of nonconformity; c. evaluating the need for actions to ensure that nonconformities do not recur; d. determining the actions needed and implementing the corrective actions in timely manner; e. recording results of action taken; and f. reviewing the effectiveness of corrective action taken.
6.6	Preventive Actions:
6.6.1	ACCAB identifies preventive action to eliminate the causes of potential nonconformities to prevent occurrence. Preventive actions taken are appropriate to the impact of the potential problems.
6.6.2	ACCAB shall establish a documented procedure for Preventive Action that defines requirements for: <ul style="list-style-type: none"> a. identifying potential nonconformities and their causes; b. determining and ensuring the implementation of preventive action needed; c. recording results of action taken; and d. reviewing of preventive action taken.
6.7	Internal Audits:
6.7.1	ACCAB conducts periodic internal audits (at least once in a year) to determine whether the quality management system: <ul style="list-style-type: none"> a. conforms to the requirements of this International Standard; b. has been effectively implemented and maintained; c. encourages to indentify the apportunties for improvement.
6.7.2	ACCAB has established a documented procedure for internal audit that enures: <ul style="list-style-type: none"> a. internal audits are planned taking into consideration the status and importance of the activities and areas to be audited as well as the results of previous audits; b. the audit scope, frequency and methodologies are defined; c. internal audits are conducted by qualified personnel knowlwgable in accreditation, auditing and requirments of ISO/IEC 17011; d. personnel other than those who perform the activity being audited conduct audits.; e. actions are taken in timely and appropriate manner; and f. any appornutnites for improvement are indentified.
6.8	Management Review:
6.8.1	ACCAB has established the procedure for conducting review of its management system at planned intervals to ensure continued suitability and effectiveness of its management system including requirements of ISO/IEC 17011:2004 and relevant policies and objectives.
6.8.2	The review of the management system is normally conducted once in a year, however could be conducted at more frequent intervals at the discretion of the top management.
6.8.3	The Management Representative arranges the management review.

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6.8.4	Inputs to the management review shall include:
	<ul style="list-style-type: none"> a. results of audits; b. results of peer evaluation, where relevant; c. feedback from interested parties; d. new areas of accreditation; e. trends in nonconformities; f. status of preventive and corrective actions; g. follow up actions from earlier management reviews; h. fulfillment of objective; i. changes that could affect the management system; j. appeals; k. analysis of complaints
6.8.5	The Top Management ensures that output from the management reviews shall lead to actions related to:
	<ul style="list-style-type: none"> a. improvement in the management system and its processes; b. improvement of services and accreditation process in conformity with the relevant standards and expectations of interested parties; c. identification of need for resources; and d. defining or re-defining policies, goals and objectives.
6.8.6	The records of review of the management system are maintained.
6.9	Complaints:
6.9.1	ACCAB has established a procedure to deal with complaints.
6.9.2	ACCAB ensures that:
	<ul style="list-style-type: none"> a. the complainant is responded; b. the validity of complaint is ascertained; c. the accredited CAB first addresses a complaint concerning them. Only when the accredited CAB has not been able to resolve the complaint shall the matter be referred to ACCAB; d. complains are investigated by a person independent to the complaint; e. appropriate actions are taken to resolve the complaint and assess their effectiveness; f. unresolved complaints are classified as disputes and are brought to the attention of CEO; and g. records of all complaints and actions taken are maintained.