AEROSPACE STANDARD

AS9104™/1	REV. A

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Superseding AS9104/1

Technically equivalent writings published in all IAQG sectors.

Requirements for Certification of Aviation, Space, and Defense Quality Management Systems

RATIONALE

In early 2000, the International Aerospace Quality Group (IAQG) developed the Industry Controlled Other Party (ICOP) scheme to support the certification of Aviation, Space, and Defense (ASD) organization's Aerospace Quality Management System (AQMS). The scheme was built upon the existing International Accreditation Forum (IAF) and International Organization for Standardization (ISO)/International Electrotechnical Commission (IEC) requirements for certification of an organization's Quality Management System (QMS).

The ICOP scheme and ISO/IEC requirements have changed over time, this revision incorporates those changes and strengthens the alignment between industry and current IAF requirements. Furthermore, this standard was revised to align with the latest revisions to the other ICOP scheme requirements documents.

FOREWORD

To assure customer satisfaction, ASD organizations must provide, and continually improve, safe and reliable products and services that meet or exceed customer and applicable statutory and regulatory requirements. The globalization of the industry and the resulting diversity of regional and national requirements and expectations have complicated this objective. Organizations have the challenge of purchasing products and services from external providers throughout the world and at all levels of the supply chain. External providers have the challenge of delivering products and services to multiple customers having varying quality requirements and expectations.

Industry established the IAQG, with representatives from ASD companies in the Americas, Asia/Pacific, and Europe, to implement initiatives that make significant improvements in quality and reductions in cost throughout the value stream. This standard has been prepared by the IAQG.

The IAQG develops documents that standardize QMS requirements to the greatest extent possible and can be used at all levels of the supply chain by organizations around the world. Their use should result in improved quality, cost, and delivery performance through the reduction or elimination of organization-unique requirements, effective implementation of the QMS, and wider application of good practices. While primarily developed for the ASD industry, these 9100-series standards (i.e., 9100, 9110, and 9120) can also be used in other industry sectors when a QMS with supplemental requirements, beyond an ISO 9001 system, is needed.

Subsequently, the IAQG developed a global scheme for the acceptance and recognition of certification of an organization's AQMS performed by Certification Bodies (CBs), using the 9100-series standards, and taking into account the existing schemes for QMS certification. The scheme relies on:

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- The use of CBs with specific ASD elements and requirements, under the guidance and oversight of the ASD industry; and
- The use of a harmonized approach with the CBs for improving the quality and process control throughout the entire supply chain.

This standard defines the scheme requirements for managing AQMS certification (commonly referred to as the 'ICOP scheme'). Other standards in this series (i.e., 9104/2, 9104/3) provide specific requirements for defining the industry oversight process, and the AQMS requirements for ASD auditor training, development, competence, and authentication, respectively. The three ICOP scheme requirements documents are:

- 9104/1 – Requirements for Certification of Aviation, Space, and Defense Quality Management Systems;
- 9104/2 – Requirements for the Oversight of Aviation, Space, and Defense Quality Management System Certification Programs; and
- 9104/3 – Requirements for Aviation, Space, and Defense Auditor Training, Development, Competence, and Authentication.

In this standard, the following terms are used:

- "Shall" indicates a requirement;
- "Should" indicates a recommendation;
- "May" indicates a permission;
- "Can" indicates a possibility or capability;
- "Annual" or "annually" indicates a 12-month period beginning January 1st and ending December 31st; and
- "Days" are calendar days, unless otherwise specified.

Words "example" or "e.g." indicate suggestions given for guidance and information marked "NOTE" is for guidance in understanding or clarifying the associated requirement.

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1. SCOPE

This standard defines the industry-accepted requirements for the ICOP scheme, which provides confidence to ASD customers, that organizations with certification of their QMS, issued by accredited CBs, meet applicable AQMS standard requirements. The requirements in this standard are applicable to all participants in the ICOP scheme. If there is a conflict between the requirements of this standard, and customer or applicable statutory/regulatory requirements, the latter shall take precedence.

2. REFERENCES

The ICOP scheme is based on the latest published versions of the following standards, supporting guidance, IAF Mandatory Documents (MDs), and IAF Informative Documents (IDs), as applicable. When a conflict in requirements between this standard and the referenced standards and documents exist, the requirements of this standard shall take precedence.

9100*	Quality Management Systems – Requirements for Aviation, Space, and Defense Organizations
9101*	Requirements for Conducting Audits of Aviation, Space, and Defense Quality Management Systems
9104/2*	Requirements for the Oversight of Aviation, Space, and Defense Quality Management System Certification Programs
9104/3*	Requirements for Aviation, Space, and Defense Auditor Training, Development, Competence, and Authentication
9110*	Quality Management Systems – Requirements for Aviation Maintenance Organizations
9120*	Quality Management Systems – Requirements for Aviation, Space, and Defense Distributors

*As developed under the auspices of the IAQG and published by various standards bodies [e.g., ASD-STAN, SAE International, European Committee for Standardization (CEN), Japanese Standards Association (JSA)/Society of Japanese Aerospace Companies (SJAC), Brazilian Association for Technical Norms (ABNT)].

ISO 9000	Quality management systems – Fundamentals and vocabulary
ISO 9001	Quality management systems – Requirements
ISO/IEC 17000	Conformity assessment – Vocabulary and general principles
ISO/IEC 17011	Conformity assessment – Requirements for accreditation bodies accrediting conformity assessment bodies
ISO/IEC 17021-1	Conformity assessment – Requirements for bodies providing audit and certification of management systems – Part 1: Requirements
ISO 19011	Guidelines for auditing management systems
IAF ID 3	IAF Informative Document for Management of Extraordinary Events or Circumstances Affecting ABs, CABs and Certified Organizations
IAF MD 1	IAF Mandatory Document for the Audit and Certification of a Management System Operated by a Multi-Site Organization
IAF MD 2	IAF Mandatory Document for the Transfer of Accredited Certification of Management Systems
IAF MD 4	IAF Mandatory Document for the Use of Information and Communication Technology (ICT) for Auditing/Assessment Purposes
IAF MD 5	IAF Mandatory Document – Determination of Audit Time of Quality, Environmental, and Occupational Health & Safety Management Systems

IAF MD 11 IAF Mandatory Document for the Application of ISO/IEC 17021 for Audits of Integrated Management Systems

IAF ML 4 IAF Multilateral Recognition Arrangements – Policies and Procedures for a MLA on the Level of Single Accreditation Bodies and on the Level of Regional Accreditation Groups

3. TERMS AND DEFINITIONS

Definitions for general terms can be found in ISO 9000, ISO/IEC 17000, and the IAQG International Dictionary (located on the IAQG website www.iaqg.org). An acronym log for this standard is presented in Appendix A. For the purposes of this standard, the following definitions apply:

3.1 Aerospace Quality Management System (AQMS)

A QMS based upon ISO 9001 that includes additional ASD requirements, as established in 9100, 9110, and 9120 standards.

3.2 Aerospace Quality Management System (AQMS) Auditor

A person with the demonstrated attributes (i.e., training, audit experience, industry experience) and competence to conduct an audit on ASD organizations. An AQMS auditor is either an Authenticated Experienced Auditor (AEA) or an Authenticated Auditor (AA), and shall have met the requirements set forth in 9104/3.

3.3 Industry Controlled Other Party (ICOP) Scheme

An IAQG and industry managed scheme for the audit and certification of an organization's AQMS by accredited other party CBs, in accordance with the requirements defined in the 9104-series standards.

3.4 International Aerospace Quality Group (IAQG)

A non-profit global association comprised of member companies from the ASD industries, whose mission is to achieve significant performance improvements world-wide in terms of quality, delivery, and cost, through the development and deployment of standards, industry oversight, and guidance materials for use at all levels of the global supply chain.

3.5 International Aerospace Quality Group (IAQG) Other Party Management Team (OPMT)

An organization comprised of member companies within the ASD industries who design, develop, manufacture, and support original equipment at system or subsystem levels; established by the IAQG to manage the ICOP scheme.

3.6 International Aerospace Quality Group (IAQG) Sector

A sub-structure of the IAQG that consists of members in a specific geographic area (i.e., Americas, Europe, Asia/Pacific).

3.7 Online Aerospace Supplier Information System (OASIS™) Database

The web-based IAQG application containing information on participating National Aerospace Industry Associations (NAIAs), Accreditation Bodies (ABs), Training Provider Approval Bodies (TPABs), Auditor Authentication Bodies (AABs), accredited CBs, AQMS auditors, certified organizations, and audits, which are approved and recognized by the Sector Management Structure (SMS) through the ICOP scheme.

3.8 Organization Certification Analysis Process (OCAP)

An interactive process between the organization and CB to determine the organization's AQMS scope and associated certification audit program, and conduct a risk assessment for certification within the ICOP scheme.

3.9 Performance Based Surveillance/Recertification Process (PBS/RP)

ICOP scheme AQMS surveillance and recertification optional process based on objective evidence and demonstration that a certified organization continually maintains a conforming, effective, and high performing AQMS.

3.10 Regional Management Structure (RMS)

A committee within a SMS that operates at the regional level, responsible for 9104-series standards conformance in their respective regions. They perform the same functions as the SMS, under control of the SMS within their sector.

3.11 Sector Management Structure (SMS)

A committee established in an IAQG sector that manages the application and oversight of the ICOP scheme.

NOTE: Each sector may use a different name for this organization.

3.12 Training Provider Approval Body (TPAB)

A body approved by the SMS or RMS that has the primary responsibility to conduct the review and approval of training courses and Training Providers (TPs).

4. PRINCIPLES

4.1 The ICOP scheme (see Appendix B) is globally recognized, and includes AQMS certifications, auditor authentications, and the bodies and entities approved in accordance with the 9104-series of standards (i.e., 9104/1, 9104/2, and 9104/3) and all published resolutions.

4.2 The IAQG has established the IAQG Other Party Management Team (OPMT) to act as the scheme owner that develops, implements, maintains, and improves the requirements of the ICOP scheme.

4.3 The IAQG OPMT is supported by a SMS for each sector (i.e., Americas, Europe, Asia-Pacific).

4.4 The IAQG has established the OASIS database as the mandated repository for ICOP scheme certification data.

4.5 The OASIS database supports the collection, issuance, and management of feedback between various stakeholders in the ICOP scheme, as depicted in Appendix C.

a. OASIS database users can provide feedback to ICOP scheme stakeholders (e.g., CBs, ABs, IAQG Leadership, Document Representatives).

b. Feedback can include ICOP scheme information, complaints, questions, or suggestions users have with respect to:

- Management of the ICOP scheme;
- AQMS certificates;
- AQMS audit data;
- Certified organization performance;
- Clarification of standards; or
- Support needed.

4.6 The ICOP scheme participants identified within the OASIS database have demonstrated their initial and continuing conformance to the applicable requirements.

a. The OASIS database identifies the status of ICOP scheme participants.

b. ICOP scheme entities that are suspended are at risk and their status is temporarily invalid.

c. ICOP scheme participants that are expired, withdrawn, or deleted are no longer in conformance with the scheme requirements.

5. GENERAL REQUIREMENTS

5.1 Policy and Ethics

5.1.1 IAQG member company representatives and other ICOP scheme participants shall be in compliance with local and national laws and anti-trust regulations.

5.1.2 All participants in the IAQG ICOP scheme shall report conduct that adversely affects the integrity of the scheme to the appropriate entity(ies).

5.1.3 When an AB, CB, SMS, or Regional Management Structure (RMS) representative encounters an AQMS auditor misconduct issue, they shall share relevant documented information detailing the misconduct with the AAB responsible for the subject auditor's AQMS authentication.

5.2 Oversight

5.2.1 The ICOP scheme oversight process and associated activities, including the management and performance of oversight, shall be in accordance with the requirements defined in 9104/2.

5.2.2 Entities participating in the ICOP scheme shall agree to 9104/2 oversight by the IAQG OPMT and the applicable SMS or RMS.

5.2.3 Complaints generated from the ICOP scheme shall be directed to the entity of the complaint. If not resolved, the complaint may be escalated in accordance with Table 1.

NOTE: Escalated complaints should focus on process issues and not process decisions.

Table 1 - Complaint resolution escalation

If complaint is against the:	Certified Organization	Auditor	Assessor	AB	CB	RMS	SMS
The issue shall be communicated to the:	CB	CB	Assessor's Organization	SMS or RMS	AB	SMS	IAQG OPMT

5.3 Documented Information

5.3.1 Documented information and data in the form of audit reports, nonconformities, checklists, or other company specific information, generated by the application of this standard, shall be considered confidential (also referred to as proprietary or sensitive) between the parties generating, collecting, or using the data; and be managed as such, except as required by law.

a. Organizations using this information shall keep it confidential (both internally and externally), unless otherwise agreed by the consenting parties.

b. IAQG OPMT ICOP scheme participants shall not be provided with access to records of their competitors.

NOTE: Documented information retained by ABs and CBs on certified organizations may be subject to an audit or review, at any time, by applicable ABs, SMS, RMS, government, or regulatory authorities.

5.3.2 Access to documented information required by the ICOP scheme, shall be available to the IAQG OPMT, SMS, or RMS (if applicable) for evaluating operation of the scheme and conformance with this standard.

5.3.3 Records demonstrating conformance to the ICOP scheme requirements of the 9104-series standards shall be retained by the originator for a minimum period of ten years.

6. REQUIREMENTS FOR INDUSTRY CONTROLLED OTHER PARTY SCHEME MANAGEMENT STRUCTURE

6.1 General Requirements

6.1.1 The IAQG SMS may be supported by a RMS. When established, a RMS shall operate as a part of the SMS, performing the same functions on a regional level.

6.1.2 The IAQG OPMT, SMS, and RMS (if applicable) shall be in conformance with IAQG published policies and Operating Management System (OMS) written rules and procedures that pertain to the ICOP scheme.

6.2 Structure and Resource Requirements

6.2.1 The IAQG OPMT shall be composed of the following:

a. Three IAQG member company representatives with voting rights, which are members of and appointed by each SMS;

b. Alternate voting members from IAQG member companies, appointed by each SMS, to ensure full representation at all meetings or votes; and

c. Other non-voting stakeholder representatives that may include sector AB representatives, sector CB representatives, regulatory authorities, IAF representatives, IAQG sector member companies, IAQG strategy streams representatives, and other invited organizations or persons (as necessary) to support the operations of the IAQG OPMT.

6.2.2 All IAQG OPMT, SMS, or RMS voting, alternate members, non-voting stakeholder representatives and observers shall have completed an IAQG confidentiality agreement and conflict of interest declaration.

6.2.3 IAQG OPMT, SMS, or RMS members that have an employment relationship (direct or contractual) with an ICOP scheme recognized CB are prohibited from being an ICOP scheme voting member.

6.2.4 Each SMS and RMS (if applicable) shall be composed of the following:

a. Representatives from the IAQG sector member companies or RMS, as voting members; and

b. Other non-voting stakeholders that may include representatives from ABs, CBs, AABs, TPABs, interested parties (e.g., regulatory, customer, governmental agencies), and other invited organizations or persons, as necessary, to support the operations of the SMS.

6.2.5 At least one annual meeting shall be held by the IAQG OPMT, each sector SMS, and each RMS (if applicable). Meetings may be open to all stakeholders (per the stated agenda), or restricted to voting members and invited members for industry-specified topics.

6.3 Operational Process Requirements for the Other Party Management Team, Sector Management Structure, and Regional Management Structure

6.3.1 The IAQG OPMT shall develop and implement processes to:

a. Develop, implement, maintain, and improve the requirements of the ICOP scheme;

b. Operate an effective oversight program in accordance with 9104/2 standard requirements, including the oversight of each SMS;

c. Establish resolutions for the interpretation, clarification, and changes to the ICOP scheme requirements;

d. Define SMS reporting requirements;

e. Conduct reviews of ICOP scheme activities to identify lessons learned, improvement opportunities, and manage risks;

f. Review and respond to any issues, queries, or feedback from ICOP scheme stakeholders;

NOTE: The IAQG OPMT may establish alleviations for extraordinary events in accordance with guidance defined in IAF ID 3.

g. Resolve appeals and complaints directed or elevated to the IAQG OPMT; and

h. Elevate complaints which cannot be resolved by the IAQG OPMT to the IAQG Executive Committee for final disposition.

6.3.2 The SMS shall develop and implement processes to:

a. Ensure conformity to the requirements of this standard in their sector;

b. Report the status and activities of the SMS to the IAQG OPMT in accordance with IAQG OPMT requirements; and

c. Determine if one or more RMS is needed as part of the SMS, including defining the geographic area of each RMS utilized.

6.3.3 When one or more RMS are determined to be needed, there shall be:

a. A definition of the structure and interface established between the SMS and RMS;

b. An approval of any RMS operating within the SMS in accordance with applicable requirements; and

c. An acceptance of the voluntary suspension or withdrawal of a RMS.

6.3.4 Each SMS or RMS shall develop and implement processes to:

a. Approve an applicant AB, AAB, or TPAB in accordance with applicable requirements;

b. Suspend or withdraw the approval of an AB, AAB, or TPAB;

c. Recommend the suspension or withdrawal of:

1. A CB that is accredited for the ICOP scheme by an AB;

2. An AQMS auditor authenticated by an AAB;

3. A TP or training course approved by a TPAB; or

4. An organization certified for an AQMS standard by a CB operating in the ICOP scheme.

d. Review and recognize AB accreditation decisions (i.e., accreditation, extensions of AQMS scope, suspension, or withdrawal);

e. Recognize the authentication of AQMS auditors, and approval of TPs and training courses in the SMS or RMS;

f. Ensure the status (i.e., approved, suspended, expired, or withdrawn) of the participating entities is correctly recorded in the OASIS database within 10 days of the status change;

g. Operate an effective oversight program in accordance with 9104/2 standard requirements;

h. Manage appeals and complaints directed to either the RMS or SMS; and

i. Conduct reviews of the SMS or RMS activities to identify lessons learned and improvement opportunities, and manage risks.

6.3.5 Complaints or appeals shall be summarized and reviewed by the respective SMS or RMS on an annual basis. The process shall include the reporting of the results of this review to the IAQG OPMT.

NOTE: Complaints will be escalated, as necessary, in accordance with Table 1.

6.3.6 A RMS shall report the status and activities of the RMS to the SMS.

6.4 Management System Requirements for the Other Party Management Team, Sector Management Structure, and Regional Management Structure

6.4.1 The IAQG OPMT shall operate in accordance with the IAQG Governance and OMS.

6.4.2 The IAQG OPMT shall develop operational processes, documented procedures, and documented information (as needed) to manage the operation of the IAQG ICOP scheme.

6.4.3 Management system requirements for the SMS shall include:

a. Documented information to support effective operation of the ICOP scheme;

b. Conformance to the process requirements of this standard;

c. The SMS structure; and

d. Any associated RMS structures (if applicable).

6.4.4 When a SMS includes a RMS in its structure, the SMS shall document:

a. A methodology for delegating appropriate process requirements and operational activities from the SMS to a RMS;

b. A description of the interface between the SMS and RMS that includes arrangements for communication and reporting; and

c. A methodology for approving and, where appropriate, accepting the voluntary suspension or withdrawal of any RMS operating within the SMS.

6.4.5 The SMS or RMS shall develop and maintain documented information to support the following:

a. The review, approval, implementation, and modification of procedure(s);

b. The identification and retention of records that demonstrate the effective operation of the ICOP scheme;

c. The process for approval of an AB, AAB, or TPAB;

d. That participants in the evaluation or decision-making associated with the approval, suspension, or withdrawal of an AB, AAB, or TPAB shall be impartial and shall not have participated in the development or operations of the AB, AAB, or TPAB in any way for a period of two years prior to the decision being made; and

e. That the suspension or withdrawal of an AB includes:

1. Required actions and conditions for the removal of a suspension;

2. Communication of the changed status to the IAQG OPMT and other IAQG sectors within 30 days;

3. Ensuring there is no recognition of any AB accreditation decisions for any CBs entering the ICOP scheme during the period of suspension;

4. Where a suspended AB fails to provide acceptable corrective action within 90 days, the AB shall be withdrawn for a minimum of 12 months; and

5. Ensuring that when an AB is withdrawn:

   - Accredited CBs shall have six months to seek accreditation by another AB approved for the ICOP scheme and recognition withdrawn from the CB, if a new accreditation is not granted;

   - AQMS certifications issued by the affected CBs are eligible for reissue under the new AB or transfer to another accredited CB during this six-month period; and

   - AQMS certificates shall be withdrawn, if not reissued under the new AB or transferred to another accredited CB within the six month period.

7. INDUSTRY CONTROLLED OTHER PARTY SCHEME REQUIREMENTS FOR ACCREDITATION BODIES

7.1 General Requirements

7.1.1 ABs that meet the requirements for participation in the ICOP scheme shall apply to be approved by the SMS or RMS in the geographic area in which the AB is located.

7.1.2 ABs shall maintain membership in the IAF and be a signatory of the IAF Multilateral Agreement (MLA) for management systems certification based on ISO/IEC 17021-1 and IAF ML 4, including ISO 9001 QMS.

7.1.3 ABs shall conform to requirements defined in this standard, ISO/IEC 17011, IAF MDs, and IAF MLA policies and procedures applicable to the ICOP scheme.

7.1.4 ABs shall identify this standard as a normative document for AQMS accreditation purposes.

7.1.5 The accreditation agreement with CBs shall:

a. Grant right of access to relevant CB documented information and client agreements in accordance with this standard;

b. Commit in writing that CBs are prohibited from issuing unaccredited AQMS certifications, during application or when accredited;

c. Identify a single fixed office location (8.3.1), where the management of the ICOP scheme, certification decisions, auditors (competence, approval, and evaluation), and retained documented information is located;

   NOTE: This location is where the office assessment to the requirements of this standard will take place, when the CB operates from multiple locations.

d. State that during suspension of an ICOP scheme AQMS accreditation the CB shall:

   1. Notify all existing and certification applicants of the CBs suspended status and any consequences, within 15 days of the suspension notification;

   2. Continue surveillance and recertification audits;

   3. Not perform Stage 1 audits for initial certification;

   4. Not perform AQMS scope extensions;

5. Not accept an AQMS certificate transfer from other CBs; and

6. Provide the AB and either the SMS or RMS (if applicable) with information of any certification decisions issued during the suspension.

7.1.6 ABs shall initiate the process and make a decision for withdrawal of AQMS accreditation for CBs that fail to conform to the defined suspension requirements (see 7.1.5.d) within the AB defined timeframe.

7.1.7 ABs shall agree to oversight, by the approving SMS or RMS (if applicable).

7.1.8 ABs shall provide the IAQG OPMT, SMS, RMS (if applicable), and applicable regulatory authorities 'right of access' to applicable AB documented information related to the implementation and maintenance of the ICOP scheme.

7.1.9 When an AB accredits a CB outside of its country (subject to regional/local regulations), it shall notify in advance the local ICOP scheme approved AB (if there is one), and the SMS or RMS (if applicable) in the region the CB is located.

NOTE: When an AB performs assessment activities in a region where another AB operates, the AB may at its discretion utilize the services of another ICOP scheme approved AB in that region under the IAF and/or regional policies and procedures regarding mutual recognition arrangements.

7.1.10 ABs shall notify the applicable IAQG SMS or RMS within 10 days, whenever an AQMS accredited CB has a change to its AQMS or ISO 9001 accreditation (e.g., suspension, withdrawal, scope extensions) that impacts existing AQMS certifications.

7.2 Resource Requirements for Accreditation Bodies

7.2.1 ABs shall conform to the requirements of ISO/IEC 17011 for personnel competencies for the ICOP scheme.

7.2.2 AB personnel involved in AQMS accreditation decisions shall have demonstrated knowledge and understanding of the 9104-series standards, AQMS standards, and the OASIS database. A majority of persons making an AQMS accreditation decision shall have work experience and/or demonstrated knowledge of the ASD industry and the regulatory environment in which the scheme operates.

7.2.3 AB assessors (witness and office) conducting AQMS accreditation assessments shall have demonstrated knowledge and understanding of the ICOP scheme, including the OASIS database, this standard, and AQMS standards.

7.2.4 AB witness assessors shall have demonstrated competency that includes ASD industry knowledge work experience and training for each AQMS standard being assessed.

NOTE 1: Reference 9104/3 for industry knowledge and work experience requirements.

NOTE 2: Technical experts may be used, in accordance with ISO/IEC 17011, to supplement the assessment team qualifications.

7.2.5 AB assessors conducting AQMS accreditation assessments shall have Continuing Professional Development (CPD) of not less than 24 hours in 3 years on the ICOP scheme and applicable AQMS standards.

NOTE: Each hour of structured learning activity is equivalent to one CPD hour.

7.2.6 ABs shall initiate and maintain AB and CB accreditation information and data requirements in the OASIS database.

7.3 Process Requirements for Accreditation Bodies

7.3.1 ABs shall define their process(es) for initial accreditation, scope extensions, and approval of Performance Based Surveillance/Recertification Process (PBS/RP).

7.3.2 The ABs initial accreditation process shall include an assessment of the CBs conformance to ISO/IEC 17021-1, the applicable requirements of this standard, and the following:

a. ABs shall perform an initial office assessment;

b. ABs shall perform an initial Stage 1 and Stage 2 Witness Assessment (WA) for an AQMS standard; and

c. ABs shall perform at least one Stage 2 WA for each additional AQMS standard for which an AQMS accreditation is being sought.

7.3.3 The AB shall have a process for rejecting applications for AQMS accreditation for CBs whose accreditation or application has been withdrawn within the last 12 months.

7.3.4 ABs shall have an assessment program for CBs that includes:

a. At least one annual office assessment at the single fixed office location (8.3.1);

b. An annual assessment of CB AQMS client files in accordance with Table 2, as determined during the assessment planning;

NOTE: Client files sampled should be proportional to the types of 9100-series certificates issued by the CB.

c. An assessment of an AQMS PBS/RP file at the office assessment after PBS/RP approval; and

d. At least one AQMS PBS/RP client file shall be reviewed during each accreditation cycle, when applicable.

Table 2 - Accreditation body file review requirements of certification bodies

Total Number of Certificates Issued (All 91xx Standards)	Minimum Number of CB AQMS Client Files to be Reviewed Annually
1-3	All client files
4-25	3
26-50	4
51-90	6
91-150	7
151-280	9
281-500	10
501-1200	11
1201 and above	12

7.3.5 ABs shall perform WAs of each CB's AQMS accreditation(s) that includes:

a. Annual WA days, based on the number of CB audit duration days in accordance with Table 3;

b. During the accreditation cycle, WAs shall:

1. Be proportional to the number of certificates issued for each AQMS standard;

2. Be of each available certification audit type (i.e., initial Stage 1 and/or Stage 2, surveillance, or recertification);

3. Include a mixture of different structure types;

4. Include as many different types of certification scopes (e.g., IAF codes, design applicable, types of industries), as possible;

5. Include as many different AQMS authenticated auditors, as possible; and

6. Be a minimum of one audit day.

c. A WA of an entire audit for each accredited AQMS standard, during the accreditation cycle; and

d. Review of the completed CB audit report for each audit witnessed, including all required 9101 forms.

NOTE: If there were no initial AQMS certifications within the accreditation cycle, the initial Stage 1 and Stage 2 WAs are not required.

Table 3 - Requirements for accreditation body witness assessment of aerospace quality management system audits

Number of CB Audit Duration Days in the Past 12 Months at the Time of WA Planning	Minimum Number of AB WA Days to be Performed Annually*
0-150	2
151 – 300	4
301 – 450	6
451 – 600	7
601 – 800	8
801 – 1000	9
1001 – 1200	10
1201 – 1400	11
1401 – 1600	11.5
1601 – 1800	12
1801 – 2000	13
2001 – 2500	15
2501 – 3000	17.5
3001 – 3500	20
3501 – 4000	22
4001 – 4500	24
4501 – 5000	26
5001 – 5500	29
5501 – 6000	31
6001 – 6500	33
6501 and above	35

* Or the minimum number of annual WA days shall be in accordance with the following formula; rounded up or down to the nearest whole day:

0.0046 x (CB Auditor Duration Days) + 4.575 = Total AB WA Days

7.3.6 Remote assessments performed by the AB shall be in accordance with IAF MD 4.

7.3.7 ABs use of remote WA shall only be when assessing CB remote audit activity.

7.3.8 ABs shall support and be the team leader for joint team assessments per 9104/2.

7.3.9 ABs shall ensure that corrective action associated with nonconformities identified during the assessment of CBs are reviewed, accepted, and conformance has been re-established within 90 days from the date the nonconformance was issued.

7.3.10 ABs process(es) for initiating suspension and/or withdrawal of a CB's AQMS accreditation shall include the following:

a. When the ISO 9001 accreditation is suspended or withdrawn for any reason;

b. Failure to complete the required AB annual assessments;

c. Systemic failure to properly apply the definitions of major and minor nonconformity in accordance with 9101 requirements;

d. Failure to resolve an AB issued nonconformity (see 7.3.9);

e. Failure of the CB to manage the nonconformities they have issued to their clients; and

f. A decision to suspend or withdraw accreditation.

7.3.11 ABs shall document a decision within 60 days of initiating the process to suspend, withdraw, or maintain a CB's accreditation.

7.3.12 When an AB suspends or withdraws an AQMS accreditation:

a. The AB shall communicate the conditions and controls to the CB for the issuance of any client certification (see 7.1.5.d) while suspended;

b. The AB shall update the OASIS database and notify the SMS or RMS, within five business days, of any suspension or withdrawal of a CB's AQMS accreditation(s);

c. The AB shall keep the SMS or RMS informed, when requested, of a CB's suspension resolution progress;

d. Suspension shall not last more than six months before the process of withdrawal of accreditation is initiated; and

e. The AB shall notify all ICOP scheme recognized ABs of the withdrawal of a CB's AQMS accreditation(s).

7.3.13 ABs shall respond to ICOP scheme complaints or feedback within 30 days.

a. ABs should encourage the use of the OASIS database for complaints reporting.

b. If the AB decides that additional assessments of a CB are required because of a complaint, the assessment shall commence within 90 days of the decision.

c. Any feedback or complaints that are unable to be resolved, due to interpretation of this standard, shall be elevated to the applicable SMS or RMS for resolution (reference Table 1).

NOTE: The IAQG standards maintenance process [i.e., IAQG Document Representative (IDR)/Sector Document Representative (SDR) Feedback] should be utilized to obtain clarification of intent, prior to SMS or RMS elevation.

7.4 Management System Requirements for Accreditation Bodies

7.4.1 In addition to ISO/IEC 17011, ISO/IEC 17021-1, and applicable IAF MDs requirements for the accreditation of CBs, ABs shall maintain documented information of accreditation for AQMS standards in accordance with the requirements of this standard.

7.4.2 ABs documented information shall describe the process for the evaluation and response to an IAQG OPMT, SMS, or RMS recommendation for the suspension or withdrawal of a CB's AQMS accreditation. The process shall include requirements for:

a. Completion of the evaluation and decision within 60 days;

b. Retaining documented information on the results of the evaluation and actions taken; and

c. Method for communicating the decision(s) to the IAQG OPMT, SMS, or RMS (if applicable).

7.4.3 ABs shall notify their respective SMS or RMS (if applicable), when a single deviation is granted to a CB regarding a justified “Force Majeure” event or for an unforeseen extraordinary event (reference IAF ID 3).

7.4.4 ABs shall obtain approval from the IAQG OPMT before a blanket deviation is granted to CBs regarding a justified and ongoing “Force Majeure” event or for an unforeseen extraordinary event (reference 6.3.1.f).

8. REQUIREMENTS FOR CERTIFICATION BODIES

8.1 General Requirements

8.1.1 CBs shall comply with the requirements of this standard, ISO 17021-1, the AB’s accreditation agreement, and applicable IAF MDs.

8.1.2 CBs applying for AQMS accreditation shall be accredited to ISO 9001 by an IAF MLA signatory AB (see 7.1.2) for at least 12 full months. The application requirements include:

a. The application for AQMS accreditation shall be with an ICOP scheme approved AB;

b. CBs shall also obtain ISO 9001 accreditation from the same ICOP scheme approved AB, if not already held; and

c. CBs shall not issue an AQMS certificate until an ICOP scheme approved AB accreditation is granted. CBs shall communicate in writing to any applicant for AQMS certification that certificates will not be issued until the CB achieves AQMS accreditation.

NOTE: During the AQMS accreditation application process, CBs may create contractual arrangements with clients to fulfill accreditation requirements.

8.1.3 A CB shall not reapply for an AQMS accreditation for at least 12 months following the withdrawal of accreditation or in the event an application for accreditation is terminated by any ICOP scheme approved AB.

8.1.4 If a CB applies for AQMS accreditation or scope extension after suspension or withdrawal, the application shall include information about the prior AQMS suspension or withdrawal, with objective evidence of corrections for the causes of the AQMS accreditation suspension or withdrawal.

8.1.5 CBs shall have personnel with continuing aviation, space, or defense industry involvement through relevant work experience [i.e., aerospace manufacturing/maintenance, National Aviation Authority (NAA), NAIA, or equivalent] to support the CB’s impartiality process.

8.1.6 CBs shall input and maintain AQMS audit results, certification data, and required ICOP scheme information in the OASIS database.

8.2 Information Requirements

8.2.1 CBs shall have legally enforceable arrangements that require AQMS clients to:

a. Conform to the applicable requirements of this standard (see section 9);

b. Provide data necessary for determination of scope, certification structure, and risk analysis;

c. Identify an OASIS database administrator;

d. Provide rights of access to facilities, activities, and audit information in support of witnessing CB audits at client's facilities and oversight for:

- IAQG OPMT, SMS, or RMS (if applicable) representatives; and
- Accrediting AB representatives.

8.2.2 CBs shall inform AQMS clients on the consequences of not conforming to the legally enforceable arrangements (i.e., withdrawal of certification).

8.2.3 If restrictions or limitations (e.g., matters of citizenship, proprietary processes) are identified with respect to this access (8.2.1.d), the restrictions or limitations shall be fully communicated to the accrediting AB. Notification shall occur prior to contracting with the client, to ensure that the AB can support assessment activity at the CB's AQMS client.

8.2.4 Certification Documents

8.2.4.1 AQMS certificates issued by an accredited CB shall, at a minimum, address the following:

a. Identify the name of the certified client and entity(ies) they are trading as [e.g., Doing Business As (dba)], the applicable AQMS standard(s) (e.g., AS9100, EN9110, JISQ9100), including the year of revision for the standard(s) and scope of certification.

NOTE: More than one technically equivalent AQMS standard may be referenced on the certificate.

b. Include a statement that the certification is in accordance with the applicable standards (e.g., AS9104/1, EN 9104-001) controlling the ICOP scheme including the year of revision.

c. Identify the applicable site(s), including the address(es) covered by the scope of certification.

d. For each additional site on a certificate, identify the certificate sub-scope (as applicable).

e. The dates identified on an AQMS certificate's current certification cycle shall not exceed three years.

f. The issue and expiration date of the current certification cycle and re-issue date (within the current certification cycle), when applicable.

8.2.4.2 When an organization is certified to both an AQMS standard and the ISO 9001 standard, it is permissible to list both standards on a single certificate if the scope of certification and associated site(s) are identical.

8.2.4.3 When an ISO 9001 certificate has been issued with a different scope of certification than the AQMS certificate, the ISO 9001 standard shall not be listed on the AQMS certificate.

8.2.4.4 When the IAQG logo is incorporated into the certificate by the CB, the logo shall be in the form(s) and colors provided by the IAQG. The IAQG logo may not be amended, but may be re-sized to fit the certificate. The IAQG logo shall not receive greater prominence than any other symbol or logo on the certificate. The IAQG logo shall not be used by the CB in any other documents or marketing materials.

8.2.4.5 The text on the certificate attached in the OASIS database shall be in English. Text in the national language may be added (i.e., bilingual certificate) at the CB's discretion or as a separate certificate that is identical in all other respects.

8.2.4.6 Unaccredited AQMS certificates or certificates from unaccredited sources are not permitted. Letters of conformance to AQMS standards and unaccredited audit statements shall be identified as such and not bear any marks or logos of the IAQG, SMS, RMS (if applicable), or AB.

8.3 Structural Requirements for Certification Bodies

8.3.1 AQMS accredited CBs shall identify a single fixed office location that has overall responsibility for the management and conformance to the ICOP scheme requirements and this standard.

8.3.2 All processes and required documented information related to management of the ICOP scheme, client applications, client contracts, competencies of personnel, auditing, and certification decisions shall be readily available at the single fixed office location.

8.3.3 The AQMS accredited CB shall have personnel employed by or directly contracted that are responsible for the management of the ICOP scheme and certification decisions.

8.4 Resource Requirements for Certification Bodies

8.4.1 CB personnel involved in the ICOP scheme, according to their role, shall have demonstrated current knowledge and understanding of the following:

a. The ICOP scheme (i.e., organization, scope, purpose, processes) and OASIS database functionality;

b. The application of the AQMS standards;

c. The requirements of this standard.

8.4.2 CB personnel involved in the technical review and certification decision process shall have demonstrated knowledge of the following:

a. AQMS standards for the AQMS accreditations held;

b. ICOP scheme standards and requirements, including any applicable resolutions; and

c. ASD industry and the regulatory/statutory requirements of sufficient depth to be able to understand the sector specific terminology, processes, practices, and products.

NOTE: Reference 9104/3 for definition of industry knowledge.

8.4.3 CBs shall have authenticated auditors that continually meet the requirements of 9104/3.

8.5 Process Requirements for Certification Bodies

8.5.1 Organization Certification Analysis Process

8.5.1.1 The CB in conjunction with applicants and certified organizations shall perform a comprehensive analysis of the organization's QMS scope, site structure, certification audit program, and risk assessment. The results and supporting information shall be documented and retained (see Figure 1).

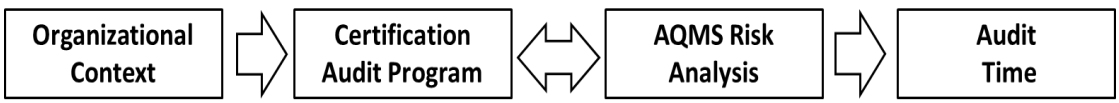

Figure 1 - Organizational certification analysis process flow

8.5.1.2 The analysis shall be:

a. Conducted prior to initial certification and updated for each surveillance or recertification audit;

b. Verified and the verification documented by the CB's audit team; and

c. Updated by the audit team and adjustments made to the audit plan or program, as applicable.

NOTE 1: A tool is available to assist in this process called the Organization Certification Analysis Process (OCAP) Tool.

NOTE 2: Data from Stage 1 activities can be used to document the analysis of the organization.

8.5.1.3 Organizational Context

8.5.1.3.1 CBs shall engage with applicants and certified organizations to determine the context of the organization and scope of certification.

8.5.1.3.2 Scope statements shall summarize the organization's products, services, and supporting activities (e.g., manufacture, design, repair, distribution, servicing, testing), and align with the organization's AQMS.

NOTE: Non-applicable AQMS requirements should be considered when determining the certification scope statement.

8.5.1.3.3 The AQMS standard(s) (i.e., 9100, 9110, or 9120) utilized for certification shall be selected based on the organization's scope of certification.

NOTE: Refer to the "Intended Application" of the AQMS standards to determine the selection of the appropriate standard.

8.5.1.3.4 CBs shall require that organizations provide information regarding the use of additional aerospace standard(s) listed within the IAQG Standards Register during the initial Stage 1 audit and update, as needed, prior to surveillance or recertification audits (see Table 4).

NOTE: CB auditors should use information about additional IAQG standards to support the audit scope.

Table 4 - International Aerospace Quality Group standards matrix

IAQG Standards Matrix						
Aerospace Standards	Number	Release Date	Contractually Flowed Down & Compliant	Voluntarily Compliant	Voluntarily Partially Compliant	List Equivalent Industry Standard(s)
Foreign Object Damage (FOD) Prevention Program - Requirements for Aviation, Space, and Defense Organizations	9146	26-Apr-17				
Aerospace First Article Inspection Requirement	9102	6-Oct-14				

8.5.1.4 Certification Audit Program

8.5.1.4.1 Definitions in IAF MD 1 shall be used for selecting the appropriate certification structure.

a. A single site certification structure shall have one address documented on the certificate and in the OASIS database. A single site may have additional buildings and addresses at the same geographical location; however, these buildings and addresses will not be listed in the OASIS database.

b. For a multi-site certification structure, the central function and all applicable sites shall be listed on the certificate and in the OASIS database.

NOTE 1: Considerations for a single or multi-site structure can include additional buildings such as a warehouse, test facility, or other structures.

NOTE 2: If additional addresses are needed to define the business locations or sites to support customer interactions, then a multi-site structure may be appropriate.

NOTE 3: The central function may be a virtual site or part of a site (e.g., the organization's headquarters).

8.5.1.4.2 Sampling per IAF MD 1 of a multi-site structure for all AQMS certification, recertification, or surveillance audits is not permitted.

8.5.1.4.3 In addition to IAF MD 1, the audit program for multi-site organizations shall include the following:

a. All sites and the entire scope of certification shall be audited during initial certification and recertification; and

b. During surveillance audits, the central function and approximately 50% of the sites shall be audited in year 1; the central function and all remaining sites shall be audited in year 2.

8.5.1.4.4 The determination and justification of the certification structure and audit program shall be retained as documented information.

NOTE: The CB may approach the AB to request approval or deviation for extraordinary events in accordance with guidance defined in IAF ID 3.

8.5.1.5 Aerospace Quality Management System Risk Analysis

8.5.1.5.1 Risk analysis shall include verifiable data linked to the organization's structure, complexity, and performance that includes the following:

a. The complexity of the organization and its management system (reference IAF MD 5 and Figure 2);

b. The organization's internal audit program (reference Table 5); and

c. The organization's performance (reference Table 6).

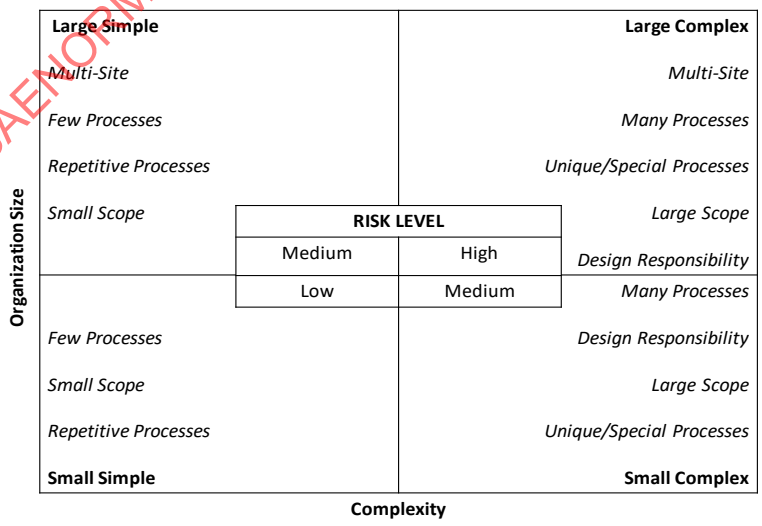

Figure 2 - Organization complexity risk level

Table 5 - Internal audit program risk analysis

Internal Audit Program	Risk	Characteristics
High Performing Audit Program	Low	- Properly resourced audit program - Multi-event audit program, audit full QMS annually - Audit program driven by risk and data - Effective corrective action program
Average Audit Program	Medium	- Limited resources for audit program - Internal audit is an annual event - Full QMS is covered annually - Conforming corrective action program
Low Performing Audit Program	High	- Audit program is not properly resourced - Primarily desk top audits - Audit program does not prevent major nonconformities from third party audits - Full QMS not covered annually - Ineffective corrective action program

Table 6 - Performance based elements risk analysis

Metric	Data Source	Low	Medium	High
On-time Delivery	Organization	Exceeds	Meets	Below
Conformity of Delivered Product or Service (e.g., item escape rate)	Organization	Exceeds	Meets	Below
Customer Satisfaction	Organization	Exceeds	Meets	Below
AQMS Process Effectiveness from Previous Audit Report	Process Effectiveness Assessment Reports (PEARs)	5	3-4	1-2

8.5.1.5.2 The overall organizational risk for use in determination of site audit duration shall be in accordance with Table 7.

8.5.1.5.3 When “Organization” is referenced as the data source within Table 7, the CB shall utilize the organization’s performance measures and associated risk determination (i.e., exceeds, meets, or below) to support completion of the risk analysis and conformance to this standard.

NOTE: The organization’s metrics and performance targets should align with customer requirements.

8.5.1.5.4 The output of the risk analysis shall be retained as documented information by the CB and indicate a level of risk (i.e., high, medium, or low), based on the evaluation of the organization’s performance and associated risk factors (reference 8.5.1.5.1).

Table 7 - Organizational risk determination

RISK FACTOR	DATA SOURCE	LOW (1)	MED (3)	HIGH (6)	RISK SCORE
Complexity	Figure 2	Low	Med	High	A
Internal Audit	Table 5	Low	Med	High	B
On-time Delivery	Organization	Exceeds	Meets	Below	C
Conformity of Delivered Product or Service (e.g., item escape rate)	Organization	Exceeds	Meets	Below	D
Customer Complaints/Feedback	Organization	Exceeds	Meets	Below	E
AQMS Process Effectiveness from Previous Audit Report	PEARs (lowest value)	5	3-4	1-2	F
Total Risk Score = ∑(A+B+C+D+E+F) = R					R
When R = (36 to 25) Risk is HIGH (24 to 12) Risk is MED (11 to 6) Risk is LOW Example: A=High (6), B=Low (1), C=Low (1), D=Med (3), E=Med (3), and F= Low (1) Therefore ∑(6+1+1+3+3+1) = 15 Organizational Risk = Medium					

8.5.1.6 Audit Time

8.5.1.6.1 Requirements are established by this standard for audit time (i.e., initial, surveillance, and recertification audits) and shall be based upon the scope, audit program, risk analysis, and size of the organization.

8.5.1.6.2 Audit duration shall be calculated by site for multi-site and single site structures.

NOTE: The OCAP tool is designed to provide the basis for the audit time calculation.

8.5.1.6.3 Audit Duration Requirements

a. The CB shall use the audit duration baseline defined in Table 8. Per IAF MD 5, audit time includes both on-site and off-site time (i.e., planning, report writing, and auditing). Audit duration includes the time from the opening meeting to the closing meeting.

Table 8 - Audit duration per site

Number of Personnel	Initial Audit Duration	Annual Surveillance Audit Duration	Recertification Audit Duration
1-5	2	1	2
6-10	2.5	1	2
11-15	3	1.5	2.5
16-25	3.5	1.5	3
26-45	5	2	4
46-65	6	2.5	4.5
66-85	7	3	5.5
86-100	8	3	6
101-125	8.5	3.5	6.5
126-175	9.5	4	7
176-275	10.5	4	8
276-425	12	5	9
426-625	13	5.5	9.5
626-875	14	5.5	10.5
876-1175	15	6	11
1176-1550	17	7	12.5
1551-2025	18	7	13.5
2026-2675	19	7.5	14
2676-3450	20	8	14.5
3451-4350	21	8	15.5
4351-5450	22	8.5	16
5451-6800	23	9	16
6801-8500	24	9	17.5
8501-10700	25	9.5	18
10701-12225	26	10	18.5
12226-13970	27	10	19
13971-15715	28	10.5	20
15716-17460	29	11	20.5
17461-19205	30	11	21
19206-20950	31	11.5	22
20951-22695	32	11.5	22.5
22696-24440	33	12	23
24441-26185	34	12.5	24

NOTE 1: For sites with employees greater than 26185, follow the progression in Table 8.

NOTE 2: If the annual surveillance is performed in multiple audits, the total annual surveillance audit duration still applies.

b. Audit duration shall only include audit activities. Travel, meals, extended break times, and non-audit activities are not included.

NOTE: Time for report writing, from the total audit time, can be added to the audit duration.

8.5.1.6.4 Audit Duration Calculations

a. Audit duration shall be calculated using the total number of personnel at each site within the scope of certification at the time of the audit in accordance with Table 8 for initial (Stage 1 and Stage 2), surveillance, and recertification audits.

b. Determination of audit duration for the central function as defined by IAF MD 1, within a multi-site structure, shall include personnel supporting activities of the central function.

8.5.1.6.5 Audit Duration Adjustments

a. The risk analysis (see 8.5.1.5) results shall be used to adjust the audit duration, in accordance with Table 9, as appropriate.

Table 9 - Audit duration risk adjustments

RISK ANALYSIS	% CHANGE
Low	Minus 10%
Medium	No Change
High	Add 10%

b. The applicability of site processes shall be used to adjust audit duration. Allowable audit duration reductions are defined in Table 10.

Table 10 - Allowable site audit duration reductions

PROCESSES (not present at site)	AUDIT DURATION REDUCTION
Management of QMS	10%
Design and Development of Products and Services	20%
Control of Externally Provided Processes, Products, and Services	15%
Control of Production and Service Provision	20%

c. Audit duration adjustments shall be calculated independently and be the cumulative time, as depicted in Figure 3.

d. The total reduction by site after all adjustments (including rounding) shall not exceed 50% of the audit duration per Table 8.

e. Time shall be added to the audit duration by site for the use of translators.

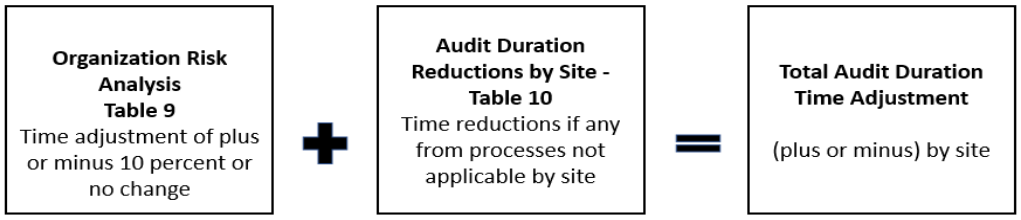

Figure 3 - Site audit duration adjustment calculation

f. Time shall be added to audit duration by site for the contractual requirements identified within the IAQG Standards Matrix (reference Table 4).

g. Time shall be added to the audit duration for verification of corrective actions from previous audit nonconformities, when necessary at the appropriate location(s).

h. The calculated audit duration shall be rounded to the nearest half day.

i. Site audit duration may be re-allocated to another site to support increased complexity and risk mitigation. Re-allocation shall not reduce the audit duration per Table 8 at any individual site by more than 50%.

j. The re-allocation of audit duration across sites shall not reduce the total calculated audit duration.

8.5.1.6.6 To determine audit time, 20% shall be added to the total audit duration for all sites. This added time is used for OCAP analysis, audit planning, and report writing.

NOTE: Rounding of audit time is not required.

Example:

- Number of personnel at site = 150. It is a recertification audit. The site has no design process.
- Audit duration for the site from Table 8 = 7 days.
- Risk Analysis for the organization is “Low” so from Table 9 = a 10% reduction in audit duration.
- Reduction for no design process at the site from Table 10 = 20% reduction in audit duration.

Total audit duration time adjustment is 10% + 20% = 30% or 2.1 days (7 x 0.3).

Total audit time for the audit (after adding calculated time for each site) is total audit duration (7 – 2.1 = 5 rounded to the nearest ½ day) plus 20% or [(5 x 0.2) + 5] = 6 days.

8.5.1.6.7 The calculated audit time shall be retained as documented information including audit duration, adjustments, and justification.

8.5.2 Integrated Management System Audits

8.5.2.1 Audits of an Integrated Management System (IMS) shall be conducted in accordance with the requirements of IAF MD 11, this standard, and the following:

a. During the OCAP risk analysis (see 8.5.1.5), the level of integration of the management system shall be established;

b. For an IMS with fully integrated AQMS standards, CBs shall calculate the audit duration for each standard individually; then, take the standard with the highest amount of audit duration and add 50% of the audit duration for each additional standard (i.e., Total Audit Duration = 9100 + 50% of 9110 calculation + 50% of 9120 calculation); and

c. For all other IMS audits, including organizations comprising of an ISO 9001 QMS and an AQMS with different scopes, CBs shall comply with IAF MD 11 requirements and the audit duration time for the AQMS standard(s) shall not be reduced.

NOTE: An AQMS standard is inclusive of ISO 9001, when the certification scopes are identical. It is not to be considered as a separate management system standard.

8.5.2.2 The audit of integrated AQMS standards shall be conducted and documented in accordance with the 9101 standard.

8.5.3 Performance Based Surveillance/Recertification Process

8.5.3.1 CBs shall apply to their AQMS accrediting AB and obtain approval, prior to implementation of PBS/RP for any client.

8.5.3.2 CBs shall have processes and maintain documented information for application of PBS/RP for certified organizations.

8.5.3.3 When a CB's client applies for PBS/RP, the requirements of 9.2 and Appendix D shall apply.

8.5.3.4 Multi-site organizations eligible for PBS/RP (see Appendix D) shall include the following auditing program requirements:

a. During annual surveillance, the central function and 33% of the sites, rounded up to the nearest whole number;

b. At recertification all remaining sites and the central function; and

c. Each site, process, and AQMS standard clause shall be audited at least once every 48 months.

8.5.3.5 When using PBS/RP, audit durations shall be calculated as follows:

a. For a single site structure using PBS/RP, audit duration may be reduced up to 33% from the Table 8 calculation and 8.5.1.6.5.d applies.

b. For multi-site structures using PBS/RP, audit duration for each site shall be calculated using the "Recertification Audit Duration" requirements from Table 8 for surveillance and recertification. This number may be reduced up to 33% per site and 8.5.1.6.5.d applies.

NOTE: This applies at initiation of PBS/RP and at any time during the certification cycle.

c. For multi-site structures using PBS/RP for the central function, audit duration shall be calculated using the "Surveillance Audit Duration" requirements from Table 8 and may be reduced 33% for surveillance and recertification.

NOTE: The requirements of 8.5.1.6.3 and 8.5.1.6.5 are applicable to PBS/RP (see Appendix D).

8.5.3.6 CBs shall evaluate and make appropriate process adjustments, as depicted in Table D.2, when organizations who are approved for PBS/RP are not in conformance with continuing requirements.

NOTE: Site risk analysis should be performed when there is available site data to determine on-going effectiveness of PBS/RP.

8.5.4 Use of Information and Communication Technology in an Audit Program

8.5.4.1 When utilized, Information and Communication Technology (ICT) shall be applied in accordance with IAF MD 4.

8.5.4.2 Where a physical location of a site exists, and ICT is utilized, a maximum of 50% of the audit duration may be conducted remotely.

8.5.4.3 Where a physical location of a site does not exist (i.e., a virtual site -reference IAF MD 1), ICT shall be utilized in accordance with IAF MD 4.

8.5.4.4 The use of ICT by a CB shall not reduce the calculated audit time (see 8.5.1.6).

8.5.5 Planning Aerospace Quality Management System Audits

8.5.5.1 Initial Stage 1 audits shall include on-site evaluation of the client's site-specific conditions.

8.5.5.2 For multi-site organizations, the Stage 1 audit shall include an evaluation of the identified central function. In addition, a relevant number of sites representative of different technologies and dissimilar activities shall be included in the Stage 1 audit.

8.5.5.3 Stage 1 and Stage 2 audits shall not be performed on the same day or on consecutive days (i.e., back to back). If the time between the Stage 1 and Stage 2 audits exceeds six months, an additional Stage 1 audit shall be conducted.

8.5.5.4 Initial Stage 2 audits shall be conducted by auditing each site included in the scope of certification to the complete, applicable AQMS standard. In addition, all processes as defined by the organization shall be audited, prior to a certification decision being made.

8.5.5.5 When auditing organizations with an existing ISO 9001 certificate, that are upgrading to an AQMS standard, a full initial audit (Stage 1 and Stage 2) of all requirements for the applicable AQMS standard (i.e., ISO 9001 and ASD industry additional requirements) is required.

8.5.5.6 Audit plans shall address risks identified in the risk analysis process (reference 8.5.1.5), including a focus on organizational change, organizational performance, OASIS database feedback, and contractual requirements.

8.5.5.7 When an audit plan includes activities that occur on multiple shifts, the time used shall be justified and proportional to the level of activity for each shift.

8.5.5.8 All applicable clauses of the AQMS standard, including all of the organization's defined processes, shall be audited within each certification cycle.

NOTE: The recertification audit should be planned and conducted a minimum of three months before the expiry date of the current certificate.

8.5.5.9 The verification of corrective actions from previous audit nonconformities shall be identified in the audit plan.

NOTE: Additional time may be added to the eight-hour audit day for corrective action verification where the associated process is not included in the audit plan.

8.5.6 Aerospace Quality Management System Audit Teams

8.5.6.1 AQMS audits teams shall conduct and document audits in accordance with the requirements of this standard, the 9101 standard, and the following:

a. The audit team leader shall be an AEA (as defined by 9104/3) that participates in and is responsible for the conduct of the entire audit.

b. An AEA shall participate at each site during the entire audit duration, including each site audited utilizing ICT.

c. Audit teams shall include authenticated auditors (i.e., AEAs, AAs) for the standards being audited.

d. AEAs or AAs shall not audit the same site for more than six consecutive annual audits (i.e., initial, surveillance, and recertification), excluding special audits, unless a deviation in advance of the audit is obtained from the accrediting AB. Any request for deviation shall be documented and include supporting justification.

e. AEAs shall not audit an organization that has transferred to a new CB for a period of 24 months from the transfer certification decision, when the AEA has audited that organization in the preceding 24 months.

8.5.6.2 When a CB receives a client objection to the appointment of an audit team member and the team member is removed based on a valid objection, the supporting information on the objection shall be retained as documented information.

8.5.7 Audit Team Conclusions and Reporting

8.5.7.1 The audit report (reference 9101) shall be completed and available to the client in the OASIS database within 14 days of the closing meeting.

8.5.7.2 Any proprietary or confidential data that is referenced and then not included in the audit report shall be retained and the information location identified.

8.5.7.3 The audit report shall be published in the OASIS database within 30 days after a certification decision or 90 days after the closing meeting for all other audits.

8.5.8 Certification Decisions

8.5.8.1 The certification decision process for initial certification, changes in certification (e.g., extension to scope, restoration), and recertification shall require that all nonconformities are accepted and associated corrective actions are effective. The client's AQMS shall be returned to conformity, prior to the certification decision.

8.5.8.2 CBs shall only certify an organization's AQMS, when the certification scope is in alignment with 8.5.1.3.2.

8.5.9 Transfer of Certificates

8.5.9.1 In addition to ISO/IEC 17021-1 and IAF MD 2 requirements, the following apply:

a. Only valid certifications from a CB with an AQMS accreditation from an ICOP scheme approved AB shall be eligible for transfer.

b. The accepting CB shall generate a new OCAP (or equivalent) and perform a special audit (see 8.5.10) as part of the pre-transfer review.

c. When the OCAP risk analysis is high risk or an outstanding major nonconformance (reference 9101) exists, then a special audit shall be performed on-site.

d. For organizations with PBS/RP, CBs shall assure conformance to the requirements as defined in Appendix D, Table D.1, prior to transfer.

e. The accepting CB shall not issue certification to the transferring client unless:

   1. All nonconformities have corrections, corrective action, and verification accepted by the current CB; or

   2. The accepting CB assures that nonconformities are accepted and associated corrective actions are effective; and

   3. The client's AQMS shall be returned to conformity, prior to the certification decision.

8.5.9.2 The accepting CB shall not use the initial certification process to avoid resolving outstanding nonconformities.

NOTE: The accepting CB may request and obtain the relevant OASIS database information necessary to assure nonconformity closure.

8.5.9.3 The current CB shall cooperate with the accepting CB to facilitate the transfer. The accepting CB shall use the OASIS database feedback process to create documented evidence of communication with the current CB.

8.5.9.4 The current CB shall not use notification of a transfer as justification for suspension or withdrawal of the existing certificate before the transfer process to the accepting CB is completed.

8.5.10 Special Audits

8.5.10.1 Special audits shall be conducted, during the certification cycle, in response to one of the following situations:

a. An organization's request to extend their existing certification scope, revise certification structure, increase the number of site(s), and/or change in site location(s);

b. Transferring certification from one CB to another;

c. A complaint of an ethical nature (with sufficient objective evidence); or

d. A complaint or notification regarding a significant AQMS nonconformity (with sufficient objective evidence).

NOTE: A special audit may also be conducted to:

- Verify corrective action effectiveness;
- Assess the reduction in scope or sites;
- To assess a customer or other relevant interested party concern; or
- Investigate an issue concerning the AQMS certification.

8.5.10.2 Special audits in support of a complaint or notification of an ethical nature shall be conducted within 30 days of the receipt of the complaint or notification.

8.5.10.3 Special audits shall be conducted on-site for scope extensions or the addition of site(s) to an existing certification.

NOTE: Other types of special audits (e.g., complaints, transfers, corrective actions) may be conducted remotely (reference IAF MD 4).

8.5.10.4 Audit duration for the addition of a site(s) using a special audit shall be calculated using the initial audit duration for the site(s). The audit duration may be modified based on the results of an updated OCAP that includes the additional site(s).

8.5.10.5 A special audit used for adding a site(s) to an existing AQMS certificate using PBS/RP shall require a certificate decision. The site(s) added to the PBS/RP program shall be audited using recertification criteria during surveillance, prior to the next recertification decision.

8.5.11 Suspending, Expiring, or Withdrawing Certification

8.5.11.1 CBs shall suspend certification and retain documented information supporting the suspension decision for any of the following conditions:

a. When an organization fails to re-establish conformance within 90 days from the date the nonconformance was issued; or

b. When an ethical complaint (e.g., code of conduct) or ethical related nonconformity has been substantiated with supporting objective evidence.

NOTE: Nonconformity management requirements are identified in 9101.

8.5.11.2 The following recertification situations shall apply:

a. If the recertification decision is not completed prior to the certification expiry date, the certificate will expire.

b. If the recertification activities have started (i.e., on-site or remote audit activity has started), the certification decision shall be completed within six months of the certificate expiration and the certificate can be restored.

c. If the audit has not started before the certificate expiration date, then the certification will expire and the organization shall be treated as a new certification application.

8.5.11.3 CBs shall update the OASIS database within 14 days of the decision to suspend or withdraw an AQMS certificate.

8.5.12 Complaints and Online Aerospace Supplier Information System Database Feedback Process

8.5.12.1 CBs shall manage and resolve complaints or issues communicated through the OASIS database feedback process (reference 12.2) and shall ensure:

a. That feedback is reviewed and a response, when requested, is provided within 30 days from receipt.

NOTE: An acknowledgement does not satisfy the 30-day response requirement.

b. When the feedback is based on a complaint regarding a certified organization, the CB shall initiate their complaint resolution process. The CB shall ensure that the complainant is kept informed on the progress for resolution. If the CB determines on short notice that a special audit is necessary to investigate and resolve the complaint, this audit shall take place within 90 days from the receipt of the complaint.

c. When the feedback is based on a complaint regarding the CB, the CB shall initiate their internal complaint process and information on results reported to the complainant within 60 days from the date of the complaint.

d. That complaints related to ICOP scheme application requirements that cannot be resolved by a CB are referred to the AB.

8.5.12.2 CBs shall formally respond in the OASIS database to actions originating from 9104/2 oversight assessment activities.

8.6 Quality Management System Requirements for Certification Bodies

8.6.1 In addition to ISO/IEC 17021-1 requirements, CBs shall identify and incorporate appropriate information and requirements from the ICOP scheme into their processes.

9. REQUIREMENTS FOR CERTIFIED AEROSPACE QUALITY MANAGEMENT SYSTEM ORGANIZATIONS

9.1 General Requirements

9.1.1 AQMS certified organizations shall be in conformance with the requirements of this standard. An issue or nonconformance that may affect the integrity of the certification may be cause for application cancellation, or certificate suspension or withdrawal.

9.1.2 AQMS certified organizations, that have their AQMS standard certification suspended, shall provide notification to their ASD customers within 15 days of suspension.

NOTE: Organizations should also provide notification when their certification is withdrawn.

9.1.3 AQMS certified organizations shall support ICOP scheme oversight activities to confirm the effectiveness of the CB audit process (reference 9104/2).

9.1.4 AQMS certified organizations shall allow CBs to publish public data (e.g., information on the AQMS certification and its status) and non-public data (e.g., audit results, assessment results, nonconformities, corrective action, scoring) in the OASIS database.

9.1.5 AQMS certified organizations shall identify when there is a need to omit information that is proprietary or subject to restrictions, from the audit report, prior to the OASIS database entry.

9.1.6 AQMS certified organizations shall appoint and maintain an administrator for the OASIS database responsible for:

a. Managing customer access requests for certification audit data in the OASIS database;

b. Providing the name(s) and e-mail address(es) of the organization's OASIS database administrator(s);

c. Providing the organization's contact person, phone, e-mail address, and website, as applicable;

d. Providing access and assign roles/privileges to other users within the organization; and

e. Managing OASIS database feedback generated or received.

9.1.7 AQMS certified organizations shall support the CB AQMS audit process via direct input of data into the OASIS database, including online corrective action management.

9.1.8 AQMS certified organizations shall either provide electronic access to audit results data contained in the OASIS database, or download and distribute audit results data to their ASD customers and regulatory authorities, upon request, unless justification can be provided (e.g., competition, confidentiality, conflict of interest).

NOTE 1: AQMS certified organizations should address specific customer requirements with respect to OASIS database access.

NOTE 2: AQMS certified organizations have the option to make information available to all OASIS database users.

9.1.9 AQMS certified organizations shall work with the CB to resolve any issues regarding access limitations to the organization (e.g., resolve by limiting the scope of certification).

9.1.10 AQMS certified organizations shall provide data required by this standard, to their CB prior to initial, surveillance, and recertification audits for the completion of the OCAP analysis.

NOTE: Failure to provide accurate and timely data may result in the issuance of a nonconformity by the CB and/or prevent certification.

9.2 Requirements for Use of Performance Based Surveillance/Recertification Process

9.2.1 When a certified organization determines to utilize PBS/RP they shall meet the requirements defined in Appendix D, Table D.1.

NOTE: PBS/RP as stated in Appendix D is an optional process.

10. REQUIREMENTS FOR AUDITOR AUTHENTICATION BODIES

10.1 The responsibilities of the AAB shall be granting, maintaining, suspending, extending, and withdrawing authentication of AQMS auditors as defined in the 9104/3 standard.

10.2 AABs shall input and maintain all required 9104/3 data in the OASIS database.

11. REQUIREMENTS FOR TRAINING PROVIDER APPROVAL BODIES

11.1 TPABs shall be responsible for granting, maintaining, suspending, extending, and withdrawing TP approval as defined in the 9104/3 standard.

11.2 TPABs shall input and maintain all required data per 9104/3 in the OASIS database.

12. ONLINE AEROSPACE SUPPLIER INFORMATION SYSTEM DATABASE REQUIREMENTS

12.1 All ICOP scheme participants shall use the OASIS database as the repository for associated data/information.

a. The user who enters data into the OASIS database, and the entity to which they report, shall be responsible for the data being correct and accurate.

b. Publicly available data and 9101 audit summary results shall be entered in the OASIS database using the English language.

c. When CB accreditation is withdrawn, existing certificates shall remain visible in the OASIS database for six months with CB status indicated as “CB Withdrawn” or until transfer to another CB, whichever is shorter.

d. Data entry shall be made by authorized OASIS database users. Data entry authorization is controlled by the OASIS database user role functionality and managed by the entity responsible for the associated data entry. When errors are created in the OASIS database (e.g., erroneous certificate withdrawal, published audit reports, certificate decision changes), they shall be corrected with sufficient documented information to identify the reasons for the data change.

12.2 The OASIS database feedback process shall be used by ICOP scheme participants, as necessary.

a. OASIS database feedback shall be entered in the database using the English language, unless the recipient is using the same language as the initiator, in which case a common language may be used.

b. Depending on the nature of the request, the initiator can ask for a response to be provided. Requested responses shall be provided within 30 days unless justification is provided.

NOTE: An acknowledgement does not satisfy the 30-day response requirement.

c. For issues that cannot be resolved between affected parties, the matter shall be escalated to the next level of authority within the ICOP scheme (see Table 1).

NOTE 1: Management and disposition of OASIS database feedback is the responsibility of the initiator and recipient (equally).

NOTE 2: Feedback may be closed automatically by the IAQG after 120 days, if no activity.

d. Feedback regarding AQMS certified organization performance shall be communicated to the certified organization and associated CB.

NOTE: Performance issues related to violations of legal, ethical, or regulatory requirements should be reported directly to the appropriate entities.

e. The OASIS database feedback process shall not be used for social media, personal messaging, or for advertising and marketing purposes.

NOTE: The OASIS database ‘Help/Guidance’ contains a detailed description on how to initiate and process feedback requests. See Appendix C for more information on the OASIS database.

13. NOTES

13.1 Revision Indicator

A change bar (I) located in the left margin is for the convenience of the user in locating areas where technical revisions, not editorial changes, have been made to the previous issue of this document. An (R) symbol to the left of the document title indicates a complete revision of the document, including technical revisions. Change bars and (R) are not used in original publications, nor in documents that contain editorial changes only.

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