



AEROSPACE STANDARD	AS9104/2 Technically equivalent writings published in all IAQG sectors.	REV. A
	Issued 2007-03 Revised 2014-06 Superseding AS9104/2	
(R) Requirements for Oversight of Aerospace Quality Management System Registration/Certification Programs		

RATIONALE

After the initial publication of International Aerospace Quality Group (IAQG) standard 9104 in 2004, it became evident that a single standard containing all aspects of the Industry Controlled Other Party (ICOP) Aerospace Quality Management System (AQMS) was too complex. It was decided that the standard be broken into three sections:

- 9104/1 - Requirements for Aviation, Space, and Defense Quality Management System Certification Programs;
- 9104/2 - Requirements for Oversight of Aerospace Quality Management System Certification/Registration Programs; and
- 9104/3 - Requirements for Aerospace Auditor Competency and Training Courses.

This document is written to define a robust shared oversight process to ensure conformance to established aviation, space, and defense industry 9100-series accreditation/certification requirements. The purpose of this revision is to align with the respective 9104/1 and 9104/3 standards and incorporate lessons learned from past oversight activities.

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FOREWORD

In December 1998, the aviation, space, and defense industry established the IAQG with the goal of achieving significant improvements in quality and reductions in cost throughout the value stream.

This document details the operating processes of the IAQG Other Party Management Team (OPMT) that monitors and reviews the Aerospace Supplier Quality System Accreditation/Certification Programs of each Sector Management Structure (SMS).

This document provides requirements for a shared oversight process based on the:

- establishment of oversight committees at the international and global sector levels;
- use of joint team assessments;
- use of qualified and approved IAQG member Other Party (OP) assessors;
- use of common assessment tools; and
- reporting of oversight results.

This document addresses the following activities:

- a. Establishment of standard oversight processes in all three global sectors (i.e., Europe, Asia Pacific, and the Americas). The management of these global sector schemes is referred to as SMS.
- b. Oversight of SMS, Certification Body Management Committees (CBMCs), Accreditation Bodies (ABs), Certification Bodies (CBs), Auditor Authentication Bodies (AABs), Training Provider Approval Bodies (TPABs), and training classes.

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1. SCOPE

The requirements established in this document are applicable to the IAQG and associated sectors for managing oversight to established requirements contained in 9104-series standards (i.e., 9104/1, 9104/2, 9104/3). The requirements are applicable to IAQG working groups for oversight.

NOTE: All required forms are depicted in Appendix A. These form exhibits are provided for reference only; the current versions of these forms are available on the IAQG website.

1.1 Purpose

The purpose of this standard is to document the ICOP oversight process and define a robust shared oversight process which provides objective evidence of conformance to established aerospace industry 9100-series standards (i.e., 9100, 9110, 9120) requirements and associated accreditation/certification.

2. REFERENCES

Oversight assessments shall be based on the latest published versions of the following quality management systems standards, and industry guidance and mandatory documents, as applicable. For dated references, only the edition cited applies. When a conflict in requirements between this document and the referenced standards exist, the requirements of this standard shall take precedence.

9100*	Quality Management Systems - Requirements for Aviation, Space and Defense Organizations
9101*	Quality Management Systems - Audit Requirements for Aviation, Space, and Defense Organizations
9104/1*	Requirements for Aviation, Space, and Defense Quality Management System Certification Programs
9104/3*	Requirements for Aerospace Auditor Competency and Training Courses
9110*	Quality Management Systems - Requirements for Aviation Maintenance Organizations
9120*	Quality Management Systems - Requirements for Aviation, Space and Defense Distributors

IAQG Operating Procedure 119, "IAQG Forms Management"

*As developed under the auspice of the IAQG and published by various standards bodies [e.g., Aerospace and Defense Industries Association - Standardization (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 9000:2005	Quality management systems - Fundamentals and vocabulary
ISO/IEC 17000:2004	Conformity assessment - Vocabulary and general principles
ISO/IEC 17011:2004	Conformity assessment - General requirements for accreditation bodies accrediting conformity assessment bodies
ISO/IEC 17021:2011	Conformity assessment - Requirements for bodies providing audit and certification of management systems
ISO 19011:2011	Guidelines for auditing management systems
IAF ID 4:2012	IAF Informative Document - Market Surveillance Visits to Certified Organizations

IAF MD 1:2007	IAF Mandatory Document for the Certification of Multiple Sites Based on Sampling
IAF MD 2:2007	IAF Mandatory Document for the Transfer of Accredited Certification of Management Systems
IAF MD 3:2008	IAF Mandatory Document for Advanced Surveillance and Recertification Procedures
IAF MD 4:2008	IAF Mandatory Document for the Use of Computer Assisted Auditing Techniques (“CAAT”) for Accredited Certification of Management Systems
IAF MD 5:2009	IAF Mandatory Document for Duration of QMS and EMS Audits
IAF MD 10:2013	IAF Mandatory Document for Assessment of Certification Body Management of Competence in Accordance with ISO/IEC 17021:2011
IAF MD 11:2013	IAF Mandatory Document for the Application of ISO/IEC 17021 for Audits of Integrated Management Systems

3. TERMS AND DEFINITIONS

Definitions for general terms can be found in ISO 9000, ISO/IEC 17000, ISO 19011, AS9104/1, and the IAQG International Dictionary (located on the IAQG website). An acronym log for this document is presented in Appendix B. For the purpose of this standard, the following definitions apply:

3.1 AEROSPACE

The business of design, manufacture, maintenance, distribution, or support of aviation, space, and defense vehicles or engines, accessories, or component parts; and all ancillary and allied businesses, including vehicle maintenance and parts distribution operations.

3.2 APPEAL

Request by the provider of the object of conformity assessment to the conformity assessment body or AB for reconsideration by that body of a decision it has made relating to that object (see ISO/IEC 17000). An appeal can be lodged by any entity within the ICOP scheme.

3.3 ASSESSMENT

A systematic process to assess the competence of an AB or a conformity assessment body (e.g., AB, CB, AAB, TPAB), based on the assessment criteria (see ISO/IEC 17011).

3.4 AUDIT

A systematic, independent, and documented process for obtaining audit evidence and evaluating it objectively to determine the extent to which audit criteria are fulfilled.

3.5 COMPLAINT

Expression of dissatisfaction, other than appeal, by any person or organization to a conformity assessment body or AB, relating to the activities of that body, where a response is expected (see ISO/IEC 17000 and Section 9 of this standard). A complaint can be lodged against any entity within the ICOP scheme.

3.6 CONTAINMENT

Action to control and mitigate the impact of a nonconformity and protect the customer's operation (stop the problem from getting worse); includes correction, immediate corrective action, immediate communication, and verification that the nonconforming situation does not further degrade.

3.7 INDUSTRY CONTROLLED OTHER PARTY (ICOP)

The AQMS standard certification scheme, under IAQG and industry management, for the assessment and certification of organization quality management systems by other parties, in accordance with the requirements defined in the 9104-series standards.

3.8 JOINT TEAM ASSESSMENT

An oversight assessment conducted in accordance with the requirements of this standard by a team of representatives, which may be comprised of AB assessors, OP assessors, and observers.

3.9 NONCONFORMITY (ALSO REFERRED TO AS 'NONCONFORMANCE')

The non-fulfilment of a requirement that is stated, generally implied, or obligatory (see 9101 standard for definitions of major and minor nonconformities).

3.10 OFFICE ASSESSMENT

An on-site evaluation of an AB, AAB, or TPAB management office or CB lead office to the applicable requirements using the evaluation tools and methods contained in the 9104-series standards.

3.11 OTHER PARTY (OP) ASSESSOR

A full-time employee (not a contractor or retired staff member) from either an IAQG member company or from an National Aerospace Industry Association (NAIA) member company [i.e., Aviation, Space, or Defense Original Equipment Manufacturer (OEM) or direct supplier to an OEM] that is actively participating in the ICOP oversight process, who has been qualified and approved in accordance with this standard, and conducts shared oversight assessment or supplementary IAQG member company oversight activity in accordance with this standard.

3.12 SHARED OVERSIGHT

The IAQG OPMT managed process that assures conformance and global harmonization of the ICOP scheme across all IAQG sectors. Shared oversight includes assessments of approved, accredited, and authenticated stakeholders, as defined in the 9104/1 standard. Shared oversight prevents duplication of effort and allows IAQG member companies to share results.

3.13 SUPPLEMENTAL OVERSIGHT

Additional oversight conducted by IAQG member companies in accordance with this standard, using qualified OP assessors. Supplemental oversight activity does not duplicate SMS or CBMC shared oversight activities. Supplemental oversight may be used to increase IAQG member company confidence in the ICOP scheme effectiveness. Supplemental oversight can also be used to address supply chain risk.

3.14 SUSPENSION

Temporary invalidation of the statement of conformity for all or part of the specified scope of attestation (see ISO/IEC 17000).

3.15 WITNESS ASSESSMENT

An evaluation of an assessment or audit team's (e.g., AB, CB) conduct during an on-site assessment or audit to applicable criteria (i.e., requirements defined in AQMS standards and an assessment or audit team's procedures), using the evaluation tools and methods defined in this standard.

4. GENERAL

- 4.1 ICOP oversight assessment requirements are contained within this standard. Aviation, space, and defense sector accreditation/certification and Training Provider (TP) approval/auditor authentication requirements are contained within the referenced published 9104-series standards.
- 4.2 The overall IAQG ICOP oversight process is depicted in the process model contained in Appendix C. This model includes the interrelationship between the processes and associated oversight activities.
- 4.3 The forms and check sheets used for conducting oversight assessments shall be controlled, updated, and maintained by the IAQG OPMT. They shall be made available to all stakeholders via the IAQG website.
- 4.4 The forms presented in this standard are for reference only; technically equivalent forms may be developed and utilized to support oversight activities.

5. REQUIREMENTS FOR OVERSIGHT AND ASSESSMENT PERSONNEL

5.1 General

- 5.1.1 OP assessors are responsible for ensuring they have the training, experience, and competence, as required by this standard, and they have been authorized by their employing company. They shall complete Form A, "Other Party (OP) Assessor Industry Controlled Other Party (ICOP) Declaration Form", to confirm fulfillment of the requirements and declare any potential conflicts of interest.
- 5.1.2 OP assessors shall be approved in accordance with this standard by their respective employers or SMS Oversight Chair. They shall verify continued support and provide objective evidence every three years, via submission of a completed declaration form (see Form A). This form shall be submitted to the respective SMS, which shall retain copies of all completed forms.
- 5.1.3 AB assessors shall be competent and qualified, as required by the 9104/1 standard. ABs shall ensure that AB assessors receive training as it relates to their roles and responsibilities described in this standard.

5.2 Other Party Assessor

- 5.2.1 OP assessor conducting oversight assessments shall have knowledge of the ICOP scheme [i.e., knowledge of all parts of the 9104-series standards requirements, knowledge of the relevant AQMS and ISO standards, applicable International Accreditation Forum (IAF) documents, and IAQG OPMT resolutions] sufficient to be able to effectively assess conformity.
- 5.2.2 OP assessors shall initially and in each three year period fulfil auditing, training, and work experience requirements as follows:
- Auditing experience: have conducted at least three AQMS audits (1st, 2nd, or 3rd party) or OP assessments for a minimum of nine assessment days within the last three years.
 - Work experience: four years aviation, space, or defense industry experience within the prior 10 calendar years.

NOTE: Work experience to include four years full time in the aviation, space, or defense industry directly involved in engineering, design, manufacturing, quality, or process control for an IAQG member company, OEM, or tier one supplier to an OEM and/or appropriate official civil, military, or space organization, such as National Aviation Authorities (NAAs), European Space Agency (ESA)/National Aeronautics and Space Administration (NASA), Ministry of Defense (MoD), Department of Defense (DoD).

- c. A minimum of 15 hours of continuing education related to changes in the aviation, space, and defense industry and the ICOP scheme within the last three years.
- d. Successful completion of any IAQG OPMT mandated OP assessor training courses.

NOTE: The OPMT mandated courses should address the minimum requirements contained in 5.2.3.

5.2.3 OP assessor training shall include knowledge of the standards and documents referenced within this standard, including the following documentation:

- 9104-series standards (i.e., 9104/1, 9104/2, 9104/3);
- AQMS standards (i.e., 9100, 9110, 9120);
- 9101;
- ISO/IEC 17011;
- ISO/IEC 17021;
- IAF mandatory documents (i.e., IAF MD 1, IAF MD 2, IAF MD 3, IAF MD 4, IAF MD 5, IAF MD 10, IAF MD 11); and
- applicable IAQG sector SMS documents or procedures that apply.

5.3 Confidentiality and Conflicts of Interest

- 5.3.1 All IAQG OPMT, SMS, CBMC members, and OP assessors shall complete the appropriate declaration form (see Forms A and B) for confidentiality and conflicts of interest, prior to membership or assignment. The SMS shall retain copies of all completed forms.
- 5.3.2 These forms shall be provided to any assessed organization (e.g., AB, CB, AAB, TPAB, certified organization), upon request.
- 5.3.3 Auditors, that have an employment relationship with a CB, can be neither OP assessors nor voting members of any IAQG OPMT, SMS, or CBMC committees.
- 5.3.4 Certain data in the form of audit reports, nonconformities, checklists, or other company specific information, generated by the application of this standard, shall be handled as confidential (commonly referred to as proprietary or sensitive) between the parties generating, collecting, or using the data (see 9104/1 Section 19).
- 5.3.5 OP assessors shall not disclose the assessed organization's performance data with the assessed organization's clients without written permission (e.g., AB performance to CB or CB performance to certified organization).
- 5.3.6 Conflicts of interest that shall prevent participation as an OP assessor in an oversight assessment activity shall include:
 - a. Employment or engagement by a CB in any role, including participation in a CB's committee for safeguarding impartiality, for any oversight activity.
 - b. Employment or engagement by an AB in any role, including participation in an AB's committee for safeguarding impartiality, for any AB oversight activity.
 - c. Employment or engagement by an AB (i.e., technical advisor), during an industry shared oversight assessment.
 - d. Employment or engagement in any role by an AAB, where the oversight activity is scheduled for an AAB, TPAB, or witnessing an auditor authenticated by the associated AAB.

- e. Auditor authentication or certification by an AAB, where the oversight activity is scheduled for the AAB that has authenticated or certificated the assigned OP assessor.
 - f. Employment or engagement in any role by a TPAB, where the oversight activity is scheduled for a TPAB, TP, or AAB.
 - g. Employment or engagement in any role by a TP, where the oversight activity is scheduled for a TPAB or TP.
 - h. A contractual relationship between the OP assessor's company and the assessed CB organization, where the OP assessor is directly involved in the relationship (e.g., direct interface with CB sales and audit personnel). The employment or engagement activity shall not have occurred within the last two years.
- 5.3.7 OP assessors shall declare any perceived potential or actual conflicts of interest, prior to acceptance of an oversight assignment. Potential conflicts of interest shall be recorded on the "Other Party (OP) Assessor Industry Controlled Other Party (ICOP) Declaration Form" (see Form A), as described in Section 10.

6. RESPONSIBILITIES

6.1 General

- 6.1.1 The IAQG OPMT, each SMS or CBMC, and participating organizations shall ensure that all participants in oversight are aware of their roles and responsibilities.
- 6.1.2 All participants shall ensure that they have an agreed arrangement with their employing organization, prior to participation in oversight of the ICOP scheme. Such an arrangement shall provide participants with the appropriate authority and resources, including training, budget, and time, to allow effective participation.
- 6.1.3 Oversight assessment team members shall declare any conflicts of interest that may exist for a particular assessment assignment (e.g., OP assessor contracted by AB). Any such conflicts shall be reviewed and resolved between all affected parties, prior to any oversight activity taking place. An update of the completed "Other Party (OP) Assessor Industry Controlled Other Party (ICOP) Declaration Form" (see Form A) may be needed as a result of this activity.

6.2 Oversight Assessment Team Leader

- 6.2.1 For joint team assessments (AB and OP assessor), a participating AB assessor shall be the oversight assessment team leader. For non-joint team assessments (assessment without an AB assessor), a participating OP assessor shall be the oversight assessment team leader.
- 6.2.2 Prior to the conduct of an oversight assessment, the oversight assessment team leader shall be identified and their role communicated to all affected parties.
- 6.2.3 The oversight assessment team leader shall ensure the oversight activity is accomplished in accordance with the requirements of this standard by:
 - a. establishing and documenting assessment objectives;
 - b. documenting and communicating an assessment plan for all assessments (except witness assessments) and communicating the plan to all affected parties;
 - c. leading the assessment activity;
 - d. conducting opening and closing meetings;
 - e. documenting the assessment results, generation of assessment reports that include all required forms;
 - f. deciding on the appropriate grading (major or minor, refer to 9101 - Terms and Definitions) of any nonconformity raised as a result of the assessment;

- g. deciding on appropriate conclusions for the assessment in line with the assessment objectives set and making related recommendations to the AB, SMS, or CBMC, as appropriate (e.g., follow-up assessments, approval, maintenance, suspension, withdrawal);
- h. containment, correction, and corrective action review and acceptance; and
- i. notification of closure of nonconformities to the assessed organization.

6.2.4 Additional responsibilities of the oversight assessment team leader include the following:

- a. Management and resolution of any identified conflicts of interest between all affected parties.
- b. Protection of confidential information obtained during the assessment.
- c. When issues cannot be resolved with the assessed organization or team members, the assessment team leader shall elevate complaints or issues to the AB, CBMC, SMS, or IAQG OPMT, as appropriate, in accordance with complaint resolution process defined in Section 9.

6.3 Other Party Assessor

6.3.1 OP assessors are responsible to ensure they have been authorized and approved by their respective IAQG member company or SMS Oversight Chair, and shall submit an "Other Party (OP) Assessor Industry Controlled Other Party (ICOP) Declaration Form" (see Form A) to the applicable SMS or CBMC, prior to conducting an assessment.

6.3.2 The OP assessor and their employing organization shall maintain records to support the qualification of OP assessors, in accordance with the requirements of this standard. Records supporting qualification and approval shall be made available to the respective SMS and/or CBMC, and the IAQG OPMT, upon request for the purposes of oversight.

6.3.3 OP assessors shall declare any potential or actual conflicts of interest (see 5.3), prior to acceptance of each oversight assignment.

6.3.4 Additional OP assessor responsibilities include the following:

- a. support the assessment team to meet the assessment objectives;
- b. accept and complete assessment assignments from the oversight assessment team leader;
- c. document the assessment results;
- d. generate applicable assessment reports, including all required forms; and
- e. elevate any complaints/issues to the AB, CBMC, SMS, or IAQG OPMT, if needed, in accordance with complaint resolution process defined in Section 9.

6.4 International Aerospace Quality Group Other Party Management Team

6.4.1 The responsibility of the IAQG OPMT is to manage the 9104-series standards application on a global level, including monitoring that each SMS has implemented their sector schemes and is in conformance with 9104-series standards requirements. The IAQG OPMT shall appoint an Oversight Chair who shall declare any potential conflicts of interest, prior to acceptance of the assignment.

6.4.2 The IAQG OPMT Oversight Chair manages the IAQG OPMT oversight activities; these activities include the following:

- a. communication within the IAQG OPMT and between all global SMSs regarding oversight activities;
- b. completion of IAQG OPMT oversight for each sector's SMS and the Online Aerospace Supplier Information System (OASIS) database;
- c. reporting of oversight results to the IAQG OPMT;
- d. assisting with the development and/or updating of IAQG OPMT procedures and supporting documentation; and
- e. reporting potential ICOP scheme process improvement opportunities.

6.4.3 The IAQG OPMT shall assign a lead OP assessor that is responsible to assemble a team and schedule/conduct oversight assessments of the SMS or OASIS database, per the established frequencies defined in Section 7.

6.4.4 The IAQG OPMT shall establish a process to manage complaints (see Section 9).

6.4.5 The IAQG OPMT shall establish oversight metrics and communicate reporting expectations to each SMS.

6.4.6 The IAQG OPMT shall establish a Certification Structure Oversight Committee (CSOC) that will include, from each SMS, two IAQG member company representatives and one AB representative.

- a. The CSOC shall have the responsibility to review complex certification structure applications, certification structure complaints, and provide lessons learned to the OPMT.
- b. Additional responsibilities of the CSOC include:
 - documenting the application, review, disposition, and communication processes via an OPMT approved operating procedure;
 - communicating CSOC expectations to all ICOP approved ABs and CBs;
 - providing timely disposition of all complex structure review requests to the CB applicant and respective AB; and
 - maintaining metrics on CSOC performance and communicate lessons learned.

6.5 Sector Management Structure or Certification Body Management Committee

6.5.1 An SMS may be supported by a CBMC. A CBMC shall meet the requirements defined by the SMS and the applicable SMS requirements of this standard.

NOTE: A CBMC is a committee established by a NAIA to manage the application of a national or geographic implementation of the ICOP scheme based on the 9104-series standards (e.g., Austria, France, Germany, Italy, Spain, Switzerland, United Kingdom).

6.5.2 The SMS is responsible for managing 9104-series standards application in their respective global sector (i.e., Asia Pacific, Americas, and Europe). These responsibilities include the following:

- a. conducting oversight of CBMCs, ABs, CBs, AABs, and TPABs in accordance with this standard and the 9104/1 standard, and the witness of training courses, when deemed necessary;
- b. complaint resolution or elevation to the IAQG OPMT, in accordance with complaint resolution process defined in Section 9;

- c. managing the SMS shared oversight schedule; and
 - d. providing a mechanism for the periodic review and reporting of lessons learned.
- 6.5.3 Each SMS shall report oversight metrics as established by the IAQG OPMT.
- 6.5.4 The SMS and each CBMC shall appoint an Oversight Chair.
- 6.6 Sector Management Structure or Certification Body Management Committee Oversight Chair
- 6.6.1 The SMS or CBMC Oversight Chair shall declare any potential conflicts of interest, prior to acceptance of the assignment.
- 6.6.2 The SMS or CBMC Oversight Chair manages the oversight activities in their respective sector; these activities include the following:
- a. communication within the SMS or CBMC and between all global SMSs regarding oversight activities;
 - b. management of SMS or CBMC shared oversight schedule;
 - c. reporting of oversight results to the SMS;
 - d. assisting with the development and/or updating of SMS or CBMC oversight procedures and supporting documentation;
 - e. reporting potential ICOP scheme process improvement opportunities; and
 - f. elevation of any complaints/issues to the SMS or IAQG OPMT, in accordance with complaint resolution process defined in Section 9.
- 6.6.3 When OP assessors are linked to trade association membership (e.g., NAIA member), the Oversight Chair shall review, accept, and document approval of OP assessors on the "Other Party (OP) Assessor Industry Controlled Other Party (ICOP) Declaration Form" (see Form A).
- 6.7 International Aerospace Quality Group Member Company
- 6.7.1 Any IAQG member company wishing to recognize AQMS certification shall provide resources needed to support the ICOP scheme and conduct shared oversight.
- 6.7.2 IAQG member companies shall ensure that assigned representatives, who support IAQG ICOP scheme activities, have the necessary tools (e.g., published standards, computer, equipment) and resources to accomplish committed tasks.
- 6.7.3 IAQG member companies shall ensure that only qualified individuals are assigned as OP assessors to conduct oversight assessments or participate in joint team assessments supporting the ICOP scheme oversight process (see 5.2 for OP assessor qualification criteria).

7. REQUIREMENTS FOR OVERSIGHT ASSESSMENTS

7.1 Oversight Frequency

- 7.1.1 The IAQG OPMT shall conduct an oversight assessment of each SMS at least once every two years.

NOTE: This may be completed in association with the IAQG face-to-face meeting held in the assessed SMS's global sector.

- 7.1.2 The IAQG OPMT shall conduct oversight of the administration and functionality of the OASIS database at least once every two years.
- 7.1.3 An SMS may choose to conduct oversight of an approved TP training class at the frequency they deem necessary to mitigate risk.
- 7.1.4 The IAQG OPMT shall ensure that the required oversight assessments are conducted and completed by each SMS, as depicted in Table 1.
- 7.1.5 ABs shall conduct oversight assessments of their accredited CBs, based on the minimum frequencies established in the 9104/1 standard.

TABLE 1 - OVERSIGHT ASSESSMENT FREQUENCY SUMMARY

Entity	Type of Assessment		Minimum Frequency
	Office	Witness	
SMS	X	N/A	Every two years
CBMC	X	N/A	Annually
AAB	X	N/A	Annually
TPAB	X	N/A	Annually
TP class	N/A	X	As deemed necessary
AB	X	X	Annually
CB	X	X	Annually *
OASIS	X	N/A	Every two years

*The minimum frequency may be adjusted based on the output from an IAQG OPMT SMS approved risk-based oversight process (e.g., increased witness audits or reduced annual office assessments). At a minimum, each CB shall have at least one annual office or witness oversight assessment.

7.2 Sector Management Structure Risk-Based Oversight

- 7.2.1 An SMS or CBMC may choose to utilize a risk-based approach to shared oversight. This approach can be used to effectively utilize OP assessor resources, and determine the assessments to be conducted and the frequency of shared oversight.
- 7.2.2 This approach applies to SMS or CBMC shared oversight activities only; ABs may utilize this process to increase shared oversight levels.
- 7.2.3 If a risk-based approach is implemented by an SMS or CBMC, it may be applied to any entity subject to shared oversight. When an SMS or CBMC chooses to apply risk-based shared oversight, it shall be applied equally (e.g., all CBs in the sector).
- 7.2.4 If the SMS or CBMC decides to utilize a risk-based approach for shared oversight, the SMS shall develop and maintain a documented procedure, which defines the risk-based shared oversight process. The risk-based shared oversight process shall include, at a minimum, the following elements:
- number of nonconformities (major/minor) issued to the entity by the SMS, CBMC, and respective AB;
 - number of complaints;
 - suspension activity;

- OASIS metrics;
- OASIS feedback;
- number of accreditations, certificates, or approvals issued by the entity; and
- auditor competency metrics.

7.2.5 A documented procedure must be developed and clearly define the methodology for risk level identification, including the requirement to document the risk analysis and decisions made. This methodology shall include influence and performance as the key risk factors.

7.2.6 The risk-based shared oversight procedure shall be approved by the IAQG OPMT, prior to implementation.

7.3 Shared Oversight Program Management

7.3.1 Each SMS and CBMC shall establish a shared oversight sub-team that is required to meet annually to review and develop a schedule for oversight activities identified in this standard.

7.3.2 The Oversight Chair shall establish and maintain the oversight schedule and ensure that only approved OP assessors are assigned to support oversight assessments.

7.3.3 Scheduling for shared oversight and assessment activities shall be based on the following:

- oversight requirements defined in this standard and the 9104/1 standard;
- stakeholder recommendations;
- complaints and past performance;
- data analysis, if applicable; and
- documented risk management process, if applicable.

7.3.4 The Oversight Chair has the responsibility to obtain translator support and request funding, when deemed necessary. Request for funding of translator services shall be submitted to the IAQG OPMT for approval, in advance of the assessment.

7.4 Shared Oversight Scheduling

7.4.1 All shared oversight assessments shall be scheduled with all affected parties, prior to conduct. Once the schedule has been established, any schedule changes shall be coordinated with all affected parties.

NOTE: Whenever possible, OP assessors should team with ABs to conduct joint team assessments.

7.4.2 During scheduling any potential language issues shall be identified and addressed. For shared oversight activity (e.g., oversight of an SMS, AB, or CB), members of the oversight team shall be fluent in the language of the entity being assessed. If not, interpreters or translators shall be utilized to support the team in conducting an effective oversight assessment.

7.5 Shared Oversight Assessment Planning

- 7.5.1 The assessment team leader shall coordinate with all members of the assessment team and assessed organization to ensure logistics, roles, and responsibilities are defined.
- 7.5.2 The assessment team leader has the responsibility to communicate an effective assessment plan to the team members and the assessed organization.
- 7.5.3 All security clearance issues [e.g., International Traffic in Arms Regulations (ITAR), Export Administration Regulations (EAR)], confidentiality, and potential conflicts of interest shall be addressed and resolved as part of the planning process.
- 7.5.4 Oversight team members shall review OASIS database information, prior to an oversight assessment, to gather data to assist in planning the oversight assessment.
- 7.5.5 The oversight assessment team leader shall request the certificated organization (CB client) to grant access to the tier two audit results (data) within the OASIS database to the assessment team leader, prior to the shared oversight event (reference 9104/1 Sections 6.7.g and 18). This access request shall be coordinated with the CB via the OASIS database feedback process.

7.6 Oversight of the Online Aerospace Supplier Information System Database

- 7.6.1 The objective of an OASIS database oversight assessment is to verify:
 - a. conformity to established requirements;
 - b. response to user support requests;
 - c. database operation, including performance and availability;
 - d. functionality of the database; and
 - e. system/database change management.
- 7.6.2 The OASIS database oversight assessment shall be accomplished and reported utilizing Form C, "Online Aerospace Supplier Information System (OASIS) Database Management Assessment Check Sheet", as described in Section 10. All nonconformities identified shall be recorded on Form D, "Oversight Nonconformity".
- 7.6.3 Oversight of the OASIS database will be conducted by the IAQG OPMT assigned OP assessor and supported by the IAQG OPMT OASIS database administrator.

7.7 Oversight of Sector Management Structures and Certification Body Management Committees

- 7.7.1 The objective of a SMS or CBMC oversight assessment is to verify:
 - a. conformity to established requirements; and
 - b. effectiveness of the SMS or CBMC implementation of the ICOP scheme.
- 7.7.2 In preparation for an SMS or CBMC oversight assessment, the SMS or CBMC being assessed shall conduct a self-assessment using Form E, "Sector Management Structure (SMS) Assessment Check Sheet", or Form F, "Certification Body Management Committee (CBMC) Assessment Check Sheet", as described in Section 10. The completed check sheet shall be provided to the lead OP assessor, prior to the oversight assessment.
- 7.7.3 The SMS or CBMC oversight assessment shall be accomplished and reported utilizing the appropriate check sheet (see Form E or F), as described in Section 10. All nonconformities identified shall be recorded on Form D, "Oversight Nonconformity".

7.7.4 Oversight of the SMS or CBMC will be respectively conducted by an IAQG OPMT assigned lead OP assessor or the SMS appointed lead OP assessor and supported by the SMS or CBMC Oversight Chair.

7.8 Oversight of Auditor Authentication Bodies

7.8.1 The objective of an AAB oversight assessment is to verify:

- a. conformity to 9104-series standard requirements;
- b. competency of personnel as defined in 9104/1 and 9104/3 standards;
- c. a representative sample (minimum of 1%) of AQMS auditor authentication files;
- d. effectiveness of the records management process; and
- e. effectiveness of the AQMS auditor authentication process.

7.8.2 The AAB assessment shall be accomplished and reported utilizing the "Auditor Authentication Body (AAB) Office Assessment Check Sheet" (see Form G), as described in Section 10. All nonconformities identified shall be recorded on Form D, "Oversight Nonconformity".

7.8.3 The AAB oversight assessment shall be conducted by an SMS or CBMC designated lead OP assessor and supported by the AAB management team.

7.9 Oversight of Training Provider Approval Bodies

7.9.1 The objective of a TPAB assessment is to verify:

- a. conformity to established 9104-series standards requirements;
- b. competency of personnel as defined in 9104/1 and 9104/3 standards;
- c. effectiveness of the records management process; and
- d. effectiveness of the TP and course approval process.

7.9.2 The TPAB assessment shall be accomplished and reported utilizing the "Training Provider Approval Body (TPAB) Assessment Check Sheet" (see Form H), as described in Section 10. All nonconformities identified shall be recorded on Form D, "Oversight Nonconformity".

7.9.3 The TPAB oversight assessment shall be conducted by an SMS or CBMC designated lead OP assessor and supported by the TPAB management team.

7.10 Oversight of a Training Class

7.10.1 The objective of a training class oversight assessment is to verify:

- a. conformity to established 9104/3 standard requirements;
- b. conformance with the TP procedures and processes;
- c. demonstrated trainer competence;
- d. delivery of all aspects of the training course; and
- e. validation of TPAB approval.

- 7.10.2 The OP assessor shall not influence the training course; the role, when witnessing, is one of observation only. Feedback to the trainer(s) shall occur after the class has adjourned. The OP assessor and TPAB evaluator must ensure that confidentiality is maintained.
- 7.10.3 The TP course evaluation shall be accomplished and recorded utilizing the "Training Class Witness Assessment Check Sheet" (see Form I), as described in Section 10. All nonconformities identified shall be recorded on Form D, "Oversight Nonconformity".
- 7.10.4 The training class oversight assessment shall be conducted by an SMS or CBMC designated lead OP assessor, and supported by a TPAB course evaluator and TP management team.
- 7.10.5 Oversight of a training class shall not be conducted, unless it is witnessed by the respective TPAB's course evaluator.
- 7.11 Oversight of Accreditation Bodies
- 7.11.1 The objective of an AB oversight assessment (office or witness) is to verify:
- conformity to established requirements;
 - competency of personnel that support the ICOP scheme and associated oversight process, including decision making personnel; and
 - effectiveness of the accreditation process for AQMS certification.
- 7.11.2 The AB office assessment shall be accomplished and reported utilizing the "Accreditation Body (AB) Office Assessment Check Sheet" (see Form J), as described in Section 10. All nonconformities identified shall be recorded on Form D, "Oversight Nonconformity".
- 7.11.3 The AB witness assessment shall be accomplished and reported utilizing the "Accreditation Body (AB) Witness Assessment Check Sheet" (see Form K), as described in Section 10. All nonconformities identified shall be recorded on Form D, "Oversight Nonconformity".
- 7.11.4 The OP assessor shall not influence the AB or joint assessment team; the role, when witnessing, is one of observation only. Feedback to the AB lead assessor shall occur after the assessment has concluded. The OP assessor must ensure that confidentiality is maintained.
- 7.11.5 During AB witness assessments, the lead OP assessor shall witness the assessment from the opening meeting to closing meeting.
- 7.11.6 The AB witness assessment shall be performed while the AB is conducting an office assessment of an accredited CB.
- 7.11.7 The AB office or witness assessment shall be conducted by an SMS or CBMC designated lead OP assessor and supported by the AB. The same lead OP assessor shall not support a joint team assessment at the same time as an AB witness assessment.
- 7.12 Oversight of Certification Bodies
- 7.12.1 The objective of a CB office or witness assessment is to verify:
- conformity to established requirements;
 - competency of the CB and CB's personnel that support the ICOP scheme and associated certification processes; and
 - effectiveness of the AQMS standard certification process.

- 7.12.2 The CB office assessment shall be accomplished and reported utilizing the "Certification Body (CB) Office Assessment Check Sheet" (see Form L), as described in Section 10. All nonconformities identified shall be recorded on Form D, "Oversight Nonconformity".
- 7.12.3 The CB witness assessment shall be accomplished and reported utilizing the "Certification Body (CB) Witness Assessment Check Sheet" (see Form M), as described in Section 10. All nonconformities identified shall be recorded on Form D, "Oversight Nonconformity".
- 7.12.4 The OP assessor shall not influence the CB audit team; the role, when witnessing, is one of observation only. Feedback to the CB audit team shall occur after the audit has concluded. The OP assessor must ensure that confidentiality is maintained.
- 7.12.5 During CB witness assessments, the OP assessor shall witness the audit from the opening meeting to closing meeting.
- 7.12.6 The CB witness assessment shall be performed while the CB is conducting an AQMS audit of a client. This activity shall not occur during special or short notice audits.
- 7.12.7 The witness assessment process shall include a review of the completed audit report utilizing the "9101 Audit Report Review Assessment Check Sheet" (see Form N), as described in Section 10. All nonconformities identified shall be recorded on Form D, "Oversight Nonconformity".

NOTE: The 9101 audit report review assessment process may be initiated, when deemed necessary, by the SMS, CBMC, IAQG member companies, or AB in support of oversight assessment activities (e.g., risk-based oversight, supplemental oversight).

- 7.12.8 The CB office or witness assessment shall be conducted by an SMS or CBMC designated OP assessor and supported by the CB.
- 7.13 International Aerospace Quality Group Member Company Supplemental Oversight
- 7.13.1 IAQG member companies may conduct additional (supplemental) oversight, which is in addition to the minimum 9104/2 standard requirements and independent of the SMS shared oversight schedule.
- 7.13.2 Supplemental oversight conducted by IAQG member companies shall not duplicate SMS or CBMC activities.
- 7.13.3 IAQG member company supplemental oversight shall adhere to the following requirements:
- Only qualified OP assessors shall be assigned to conduct supplemental oversight assessments.
 - The scheduling and coordinating of supplemental oversight shall occur in advance of assessments being conducted, including notification to the SMS or CBMC that recognized the entity being assessed.
 - Nonconformities raised during the course of supplemental oversight by an IAQG member company shall be copied to the SMS or CBMC that recognized the entity being assessed. This may not include nonconformities raised against a certified organization's conformance.
 - When supplemental oversight is performed outside of the IAQG member company's SMS, the associated data (i.e., IAQG member company's annual summary report for that sector) shall be provided to the SMS where the supplemental oversight was conducted.
 - The oversight assessment tools and forms defined in this standard shall be used, as applicable.
 - Any nonconformity identified shall be recorded on an "Oversight Nonconformity" (see Form D) and resolved in accordance with the oversight assessment nonconformities process defined in 7.15.
 - IAQG member companies shall maintain records of supplemental oversight.

- h. On an annual basis, IAQG member companies shall summarize and report on supplemental oversight activities to the applicable SMS.
- i. Supplemental oversight may be accomplished by utilizing guidance provided in the IAF document, "Market Surveillance Visits to Certified Organizations" (see IAF ID 4).

NOTE: This process may be used to improve the level of confidence in the conformity of the management system of the supplier and the effectiveness of the accredited certification process. This may be conducted in support of an IAQG member company's supply chain risk mitigation activities.

7.14 Reporting of Oversight Assessments

- 7.14.1 The appropriate 9104/2 standard forms shall be completed by the assessment team, upon completion of the oversight assessment. All Nonconformity Reports (NCRs) shall be issued to the assessed organization at the conclusion of the assessment (closing meeting) and the completed assessment forms shall be provided within two weeks of the closing meeting.

NOTE: It is recognized that witness assessments of CBs require review of the completed 9101 audit report; this may delay issuance of the assessment forms.

- 7.14.2 During joint oversight assessments, any OP assessor's completed 9104/2 standard forms shall be provided to the AB lead assessor for incorporation into the AB report. This report shall be treated as part of the AB's assessment record to be maintained by the AB.
- 7.14.3 Any nonconformity identified, during the assessment, shall be recorded on Form D, "Oversight Nonconformity".
- 7.14.4 When oversight assessments are conducted jointly, nonconformities shall be provided to the oversight assessment team leader to be reviewed for inclusion into the assessment report.
- 7.14.5 During independent shared oversight assessments (i.e., not conducted jointly with the AB), the completed 9104/2 standard forms shall be provided to the SMS or CBMC Oversight Chair for analysis and record retention.

7.15 Oversight Assessment Nonconformities

- 7.15.1 The oversight assessment team leader shall ensure that all nonconformities identified, during an oversight assessment, are processed in accordance with the 9104/1 standard and have been contained; satisfactorily corrected with root cause analysis; and the corrective action has been implemented, reviewed, accepted, and verified within 90 calendar days of the date that the nonconformity was issued.

NOTE: In order to satisfy this defined requirement, the corrective action plan should be submitted within 30 days of issuance of a NCR.

- 7.15.2 Open nonconformities that exceed 90 calendar days from date of issuance shall be processed as follows:
 - a. For joint team assessments the AB shall initiate the process for suspension, as defined by the 9104/1 standard.
 - b. For shared or supplemental oversight assessments, any open nonconformity shall be elevated to the appropriate entity (i.e., AB, CBMC, or SMS) for initiation of the suspension process, as defined by the 9104/1 standard.

8. ANNUAL REVIEW OF OVERSIGHT ASSESSMENT RESULTS

8.1 General

The IAQG OPMT, each global SMS and associated entities shall annually conduct a review and evaluation of their oversight activities to ensure their continued effectiveness and to identify potential ICOP process improvements.

8.2 Sector Management Structure Review or Certification Body Management Committee Review

The annual review shall include analysis and reporting of the following:

- a. Complaints (e.g., AB, CB, SMS, IAQG member company).
- b. Oversight activities conducted by the SMS or CBMC and associated results, which include:
 - office assessments of ABs;
 - office assessments of CBs;
 - witness assessments of AB;
 - witness assessments of CB;
 - office assessments of AABs;
 - office assessments of TPABs; and
 - training course witness assessments.
- c. IAQG member company supplemental oversight results.

NOTE: Where CBMC annual reviews are held, the SMS is only required to consolidate the CBMC reviews into a single SMS report.

- d. Each SMS or CBMC shall develop, document, and implement an annual performance review reporting process (e.g., report card process) for each entity subject to oversight within their sector.

8.3 Accreditation Body Review

8.3.1 Each AB shall report annually to the SMS or CBMC the following information in relationship to the ICOP scheme for each CB they have accredited:

- a. date of last CB office assessment and witness assessment, including classification (i.e., major, minor) and quantity of nonconformities identified; and
- b. any increase in AB assessments and available performance information (e.g., complaints, suspensions, improvement plans).

NOTE: This information may be included in the annual CB performance review report noted in 8.2.d.

8.3.2 Each AB shall report annually to the SMS or CBMC the results of any IAF peer evaluations, IAQG member company, and regulatory authority assessments conducted for AB conformance to the 9104-series standards.

9. COMPLAINT RESOLUTION PROCESS

9.1 Each entity in the ICOP scheme (i.e., IAQG member company, IAQG OPMT, SMS, CBMC, AB, CB, AAB, TPAB, TP) shall establish and maintain a complaint resolution process.

9.2 All complaints shall be sent by the complainant to the organization the complaint is against and handled directly between both parties.

NOTE: Where available the OASIS feedback process is the preferred method for initial communication and disposition of complaints (e.g., AB or CB complaints).

- 9.3 The internal appeals/complaint processes of the parties involved are to be used before other actions are taken.
- 9.4 If any issues cannot be resolved between affected parties, then the matter shall be escalated to the next level of authority within the ICOP scheme (see Table 2).

TABLE 2 - COMPLAINT RESOLUTION ESCALATION EXAMPLES

If complaint is against the:	Auditor or Assessor	IAQG Member Company	AB	CB	CBMC	SMS
The issue shall be elevated to:	Auditor's or Assessor's Organization (i.e., AB, CB, IAQG Member Company)	SMS or CBMC	SMS or CBMC	AB	SMS	IAQG OPMT

- 9.5 Complaints which cannot be resolved at the SMS or CBMC level shall be elevated to the IAQG OPMT. Complaints which cannot be resolved by the IAQG OPMT shall be elevated to the IAQG Executive Committee for final disposition.
- 9.6 All escalated complaints shall be summarized and reviewed by the respective SMS or CBMC on an annual basis. The SMS or CBMC shall report the results of this review to the IAQG OPMT.

10. RECORDS

- 10.1 All forms and completed reports identified and required by this standard shall be considered an oversight record.
- 10.2 All oversight records (completed forms) shall be maintained for a minimum period of six years.
- 10.3 All forms required by this standard shall be controlled and maintained by the IAQG OPMT. The forms shall be made available and reside on the IAQG Forms Management website.
- 10.4 The IAQG OPMT shall ensure conformance with the IAQG established forms management system, as defined in IAQG Operating Procedure 119.
- 10.5 All 9104/2 standard forms shall be approved by the IAQG OPMT voting members, the 9104/2 standard International Document Representative (IDR), and the IAQG Requirements Strategy Stream Leader, in accordance with IAQG Operating Procedure 119, prior to placement on the IAQG forms website.

NOTE: All required forms are contained in Appendix A; these form exhibits are provided for reference only.

- 10.6 The following forms shall be used, as described in this standard, to support oversight assessments:

- a. Form A, "Other Party (OP) Assessor Industry Controlled Other Party (ICOP) Declaration Form".

This form is used to record and document qualification, confidentiality, and potential conflicts of interests for OP assessors.

- b. Form B, "Confidentiality Agreement and Conflict of Interest Declaration for Committee Members and Observers".

This form is used to record and document confidentiality and potential conflicts of interests for ICOP scheme committee members and observers.

- c. Form C, "Online Aerospace Supplier Information System (OASIS) Database Management Assessment Check Sheet".
This form is used to conduct and record the OASIS database oversight assessment activity.
- d. Form D, "Oversight Nonconformity".
This form is used to document, classify, and manage the corrective action process associated with identified 9104-series standards nonconformities.
- e. Form E, "Sector Management Structure (SMS) Assessment Check Sheet".
This form is used to conduct and record the SMS oversight assessment activity.
- f. Form F, "Certification Body Management Committee (CBMC) Assessment Check Sheet".
This form is used to conduct and record the CBMC oversight assessment activity.
- g. Form G, "Auditor Authentication Body (AAB) Office Assessment Check Sheet".
This form is used to conduct and record the AAB office oversight assessment activity.
- h. Form H, "Training Provider Approval Body (TPAB) Assessment Check Sheet".
This form is used to conduct and record the TPAB oversight assessment activity.
- i. Form I, "Training Class Witness Assessment Check Sheet".
This form is used to conduct and record the training class witness assessment activity.
- j. Form J, "Accreditation Body (AB) Office Assessment Check Sheet".
This form is used to conduct and record the AB office oversight assessment activity.
- k. Form K, "Accreditation Body (AB) Witness Assessment Check Sheet".
This form is used to conduct and record the AB witness assessment activity.
- l. Form L, "Certification Body (CB) Office Assessment Check Sheet".
This form is used to conduct and record the CB office assessment activity.
- m. Form M, "Certification Body (CB) Witness Assessment Check Sheet".
This form is used to conduct and record the CB witness assessment activity.
- n. Form N, "9101 Audit Report Review Assessment Check Sheet".
This form is used to conduct and record a 9101 audit report review.

11. NOTES

- 11.1 A change bar (l) 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.

PREPARED BY SAE COMMITTEE G-14, AMERICAS AEROSPACE QUALITY GROUP (AAQG)

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APPENDIX A - 9104/2 FORMS

FORM A	Other Party (OP) Assessor Industry Controlled Other Party (ICOP) Declaration Form
FORM B	Confidentiality Agreement and Conflict of Interest Declaration for Committee Members and Observers
FORM C	Online Aerospace Supplier Information System (OASIS) Database Management Assessment Check Sheet
FORM D	Oversight Nonconformity
FORM E	Sector Management Structure (SMS) Assessment Check Sheet
FORM F	Certification Body Management Committee (CBMC) Assessment Check Sheet
FORM G	Auditor Authentication Body (AAB) Office Assessment Check Sheet
FORM H	Training Provider Approval Body (TPAB) Assessment Check Sheet
FORM I	Training Class Witness Assessment Check Sheet
FORM J	Accreditation Body (AB) Office Assessment Check Sheet
FORM K	Accreditation Body (AB) Witness Assessment Check Sheet
FORM L	Certification Body (CB) Office Assessment Check Sheet
FORM M	Certification Body (CB) Witness Assessment Check Sheet
FORM N	9101 Audit Report Review Assessment Check Sheet

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FORM A
OTHER PARTY (OP) ASSESSOR INDUSTRY CONTROLLED
OTHER PARTY (ICOP) DECLARATION FORM

(Enter full name)

(Enter full name and address of employer)

I agree that I will carry out my responsibilities within the International Aerospace Quality Group (IAQG) Other Party Management Team (OPMT) and/or any of its associated working groups to the best of my ability and in accordance with the requirements of the 9104-series standards and IAQG OPMT procedures.

I declare not to be personally or financially committed with any outside organization involved or having an interest in the aviation, space and defense Industry Controlled Other Party (ICOP) scheme. In case(s) of a contract or association with an organization [e.g., National Accreditation Body (NAB), Certification Body (CB), Training Provider (TP)], I shall openly declare my affiliations. This listing identifies all applicable organizations that I am currently affiliated with, including identification of the tasks/activities that I am responsible for.

Table with 3 columns: Organization Name, Country, Tasks / Activities

Furthermore, I recognize that potential conflicts of interest may arise as a direct result of my employment. I therefore provide visibility of the following information:

Employer(s) Name(s):

CB responsible for employer's Quality Management System (QMS) or Aerospace Quality Management System (AQMS) certification:

Authenticated AEA or AA: Auditor Authentication Body (AAB):

I understand the declared information is to be used by the Sector Management Structure (SMS) and the OPMT to manage and avoid, where possible, any conflict of interests described in 9104/2.

In addition, I agree that any information associated to the IAQG OPMT and/or oversight activities acquired during my support of these efforts shall be kept confidential and not copied, distributed, or published to anyone that is not a member of the IAQG OPMT or a regulatory agency, unless written permission from the organization [e.g., Accreditation Body (AB), AAB, CB, Certification Body Management Committee (CBMC), TP, Training Provider Approval Body (TPAB), sector SMS] is obtained.

The above agreement shall not apply, if the information is either published or otherwise legitimately made available in the public domain, or lawfully obtained from a party free to divulge it.

Signature: Date:

Job Title:

Other Party (OP) Assessor's Company Representative* or SMS Oversight Chair**:

I declare, to the best of my knowledge, the above assessor conforms to the qualification requirements outlined in 9104/2 and that qualification records are maintained.

Signature: Name:

Job Title: Date:

This declaration form shall be submitted to the respective SMS Oversight Chair for approval.

* NOTE: Company representative shall not be the OP Assessor listed on this form.

** NOTE: SMS Oversight Chair approval and signature required for all OP Assessors linked to trade association membership [i.e., National Aerospace Industry Associations (NAIA)].

FORM B
CONFIDENTIALITY AGREEMENT AND CONFLICT OF INTEREST DECLARATION
FOR COMMITTEE MEMBERS AND OBSERVERS

I, _____
(Enter full name)

An employee of _____
(Enter full name and address of employer)

I agree that I will carry out my responsibilities within the International Aerospace Quality Group (IAQG) Sector Management Structure (SMS) and/or any of its associated working groups to the best of my ability and in accordance with the requirements of the SMS and 9104-series standards.

I declare not to be personally or financially committed with any outside organization involved or having an interest in the aviation, space, and defense Industry Controlled Other Party (ICOP) scheme, except those that I declare hereunder together with the tasks I am in charge of:

<u>Organization Name:</u>	<u>Country:</u>	<u>Tasks:</u>
_____	_____	_____
_____	_____	_____

I also recognize that a number of potential conflicts of interest arise as a direct result of my employment and I therefore declare the following associations:

Employer(s) Name(s): _____

Certification Body (CB) responsible for employer's Quality Management System (QMS) / Aerospace Quality Management System (AQMS) certification: _____

Authenticated as an Aerospace Experience Auditor (AEA) or Aerospace Auditor (AA): _____
(Enter Yes / No)

Responsible Auditor Authentication Body (AAB): _____
(Enter full name, if applicable)

I understand all of the declared information is to be used by the IAQG or SMS to manage and avoid, where possible, any conflict of interest as described in 9104/2.

In addition, I agree that any information in respect of a specific SMS, including applicable Certification Body Management Committees (CBMCs), IAQG Working Groups/Committees, Accreditation Bodies (ABs), CBs, CB clients, AABs, Training Provider Approval Bodies (TPABs), or Training Providers (TPs) that is acquired as member of the SMS shall be kept confidential and not copied, distributed, or published to anyone not member of the IAQG, unless the written permission of the organization concerned is obtained.

The above agreement shall not apply, if the information is either published or otherwise legitimately made available in the public domain, or lawfully obtained from a party free to divulge it.

Signature: _____ Date: _____

Job Title: _____

FORM C
ONLINE AEROSPACE SUPPLIER INFORMATION SYSTEM (OASIS) DATABASE
MANAGEMENT ASSESSMENT CHECK SHEET

OASIS Database Administrator's Name:	
Address	
City, State, Country	
Assessment Date(s):	<i>Day(s)/Month/Year</i>
Assessor Names and Roles:	<i>First Name, Last Name; Assessment Team Role, Organization's Name</i>
<input type="checkbox"/> Satisfactory (no nonconformities)	
<input type="checkbox"/> Corrective Action Required	<i>As applicable, identify number of nonconformities, including classification. List all Nonconformity Records (NCRs); identify applicable due date(s).</i>
<input type="checkbox"/> Opportunities for Improvement (OFIs) NOTE: A nonconformity cannot be documented as an OFI (reference 9104/2, definition section).	<i>As applicable, identify number of OFIs; list all OFIs.</i>
Conclusions, Remarks, and Recommendations:	
Submitted by:	<i>First Name, Last Name</i>
Date Submitted:	<i>Day/Month/Year</i>

INSTRUCTIONS FOR COMPLETING CHECK SHEET:

This check sheet shall be used to assess the functionality and management of the OASIS database. The assessed organization will be the International Aerospace Quality Group (IAQG) Other Party Management Team (OPMT). This assessment should be conducted by an Other Party (OP) Assessor that is not an OPMT member.

Status Assessment Results:

Document assessment results within the table as follows:

- **Conforming (C)** - The process records/evidence demonstrate effective implementation; process assessed and found acceptable.
- **Nonconforming (NC)** - The process records/evidence were assessed and nonconformity was identified.
- **Not Evaluated (NE)** - The question was not evaluated; include justification in the "Assessment Evidence/Comments" column (e.g., outside assessment scope).

Assessment Evidence / Comments:

Include appropriate detail in the "Assessment Evidence/Comments" column to support the assessment results (e.g., information associated to the process assessed and records reviewed, NCR number, OFI).

Additional questions may be added, as deemed appropriate.

NOTE: 9104/2 check sheets are available on the IAQG website.

Item	Question	Reference(s) (Standard and Clause Number)	Assessment Results (C, NC, or NE)	Assessment Evidence / Comments
Online Aerospace Supplier Information System (OASIS) Database Functionality and Guidance				
1.	Does the OASIS database provide the functionality to:	9104/1: 12.1		
	<ul style="list-style-type: none"> • Enter all required audit results data? • Search for certified organizations? 			
2.	Are data of audits/assessments by Certification Bodies (CBs) in the OASIS database made available to the Accreditation Body (AB) that accredited the CB?	9104/1: 8.5.e		
3.	Does the OASIS database "Help/Guidance" function contain details on how to process a change proposal?	9104/1: 12.2		
4.	Does the OASIS database prevent CBs from publishing certificates (i.e., initial, recertification, modification) without an OASIS database administrator identified and listed for the organization in the OASIS database?	9104/1: 12.3		
5.	When CB accreditation is withdrawn, are existing certificates visible in the OASIS database for six months with CB status indicated as "CB Withdrawn"?	9104/1: 12.4		
6.	Is the certification structure of certified organizations visible in the OASIS database?	9104/1: 12.7		
7.	Does the OASIS database have the functionality to support certification structure OASIS Identification Number (OIN) and address information as described in 9104/1?	9104/1: 12.8; 9104/1: Appendix B		
8.	Does the OASIS database support the collection, issuance, and management of feedback between various stakeholders in the Industry Controlled Other Party (ICOP) scheme?	9104/1: 14.1		
9.	Does the OASIS database "Help/Guidance" function contain a detailed description on how to initiate and process feedback requests?	9104/1: 14.1		
10.	Does the OASIS database have the functionality to log all feedback requests and monitor the corresponding response times?	9104/1: 14.3.e		
	Is this data made available for ABs and industry oversight personnel?			
11.	Does the OASIS database have the functionality to allow certified organizations to electronically manage access to their respective Tier 2 data, when requested by their aviation, space, and defense customers and authorities?	9104/1: 18.1.b		

Item	Question	Reference(s) (Standard and Clause Number)	Assessment Results (C, NC, or NE)	Assessment Evidence / Comments
Online Aerospace Supplier Information System (OASIS) Database Administration				
12.	Does the OASIS database administrator maintain status of all pending changes and evidence of OPMT approval, prior to project launch?	9104/1: 12.2		
13.	Is there evidence that a documented change request was initiated and maintained for each approved OASIS database change?	9104/1: 12.2; OPMT Procedure 203		
14.	Is there evidence that only IAQG OPMT approved changes are made to the OASIS database?	9104/1: 12.2		
15.	Is there an evaluation, prior to implementation, of the effect that sector specific change requests have on other global sector data requirements?	9104/1: 12.2		
16.	Are OASIS database changes that update the functionality and data entry expectations for users/user groups of the database communicated?	9104/1: 12.2		
17.	Is the latest approved version of the "IAQG ICOP Resolutions Log" available in the OASIS database?	9104/1: 4.16		
18.	Does OASIS database administration ensure effective control of access to confidential information within the database?	9104/1: 17.4; 9104/1: 19.0		
19.	Is there evidence of a record retention process that ensures required records are retained for a minimum of six years?	9104/1: 17.1		
20.				
21.				
22.				

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FORM D
OVERSIGHT NONCONFORMITY

Instructions for Completing the Nonconformity Record (NCR):

1. Complete the entire first page (below).
2. Complete the form, as appropriate, following the assessment.
3. Submit the form electronically, if possible.

Organization's Name:			Nonconformity No. :		
Type of Assessment:	<input type="checkbox"/> Witness	<input type="checkbox"/> Office	Classification of Nonconformity:	<input type="checkbox"/> Minor	<input type="checkbox"/> Major
Is this a follow-up to a previous nonconformity?			<input type="checkbox"/> Yes	<input type="checkbox"/> No	
If so, what was the previous assessment and associated nonconformity number:					
Requirement: <i>(Specify standard number and/or organization's procedure number, including applicable clause/paragraph number and relevant text.)</i>					
Statement of Nonconformity:					
Objective Evidence:					
Containment and Corrective Action Plan Due Date: <i>(Plan due within 30 days of the NCR date.)</i>					
Minor NCR - Date Evidence of Implementation Due: <i>(Closure due within 90 days of the NCR date.)</i>					
Major NCR - Date Evidence of Implementation Due: <i>(Closure due within 90 days of the NCR date.)</i>					
Lead Assessor's Name:				Date:	
Organization's Representative Name:				Date:	

Instructions for Responding on this Form:

1. The organization must complete this form for each NCR issued.
2. Submit objective evidence electronically, if possible.
3. If the initial response was not accepted, complete the appropriate section(s) with an updated response.

Containment: (Include planned completion date.)

Additional response, if requested:

Root Cause:

Additional response, if requested:

Corrective Action to Prevent Recurrence: (Include planned completion date.)

Additional response, if requested:

**Organization Representative's
Name and Title:**

Date:

Instructions after Reviewing Corrective Actions:

1. The reviewer must complete this form for each NCR issued.
2. After the review is conducted, oversight personnel must complete Section 2, as appropriate.
3. If the initial response was not accepted or objective evidence is required, complete Section 1.
4. In Section 1, clearly indicate what is required.
5. Provide a due date for the organization to supply the additional information (i.e., revised response and/or objective evidence).
6. Organization should update the area noted with the additional response and/or requested information, as appropriate.

SECTION 1:

If information provided is not accepted, complete below:

Date:	Name:	Reason:	Due Date for Additional Response:

(NOTE: Suspension process may need to be initiated, if greater than 90 days from NCR issuance date.)

SECTION 2:

Review Results:	Date:	Reviewer's Name:
Containment and Corrective Action Plan Accepted:		
Evidence of Effective Implementation was Verified: (i.e., NCR Closure)		
Evidence Used for Verification:		

FORM E
SECTOR MANAGEMENT STRUCTURE (SMS) ASSESSMENT CHECK SHEET

SMS Name:	
SMS Contact Name	
Assessment Date(s):	<i>Day(s)/Month/Year</i>
Lead OP Assessor Name:	<i>First Name, Last Name;</i>
OP Assessor Names(s):	<i>First Name, Last Name; Assessment Team Role, Organization's Name</i>
<input type="checkbox"/> Satisfactory (no nonconformities)	
<input type="checkbox"/> Corrective Action Required	<i>As applicable, identify number of nonconformities, including classification. List all Nonconformity Records (NCRs); identify applicable due date(s).</i>
<input type="checkbox"/> Opportunities for Improvement (OFIs) NOTE: A nonconformity cannot be documented as an OFI (reference 9104/2, definition section).	<i>As applicable, identify number of OFIs; list all OFIs.</i>
Conclusions, Remarks and Recommendations:	
Submitted by:	<i>First Name, Last Name</i>
Date Submitted:	<i>Day/Month/Year</i>

INSTRUCTIONS FOR COMPLETING CHECK SHEET:

This check sheet shall be used for 9104/1 SMS assessments.

Status Assessment Results:

Document assessment results within the table as follows:

- **Conforming (C)** - The process records/evidence demonstrate effective implementation; process assessed and found acceptable.
- **Nonconforming (NC)** - The process records/evidence were assessed and a nonconformity was identified.
- **Not Applicable (NA)** - The question is not applicable; record objective evidence in the "Assessment Evidence/Comments" column.
- **Not Evaluated (NE)** - The question was not evaluated; include justification in the "Assessment Evidence/Comments" column [e.g., outside assessment scope, SMS approves Accreditation Bodies (ABs) through Certification Body Management Committees (CBMCs)].

Assessment Evidence / Comments:

Include appropriate detail in the "Assessment Evidence/Comments" column to support the assessment results (e.g., information associated to the process assessed and records reviewed, NCR number, OFI).

Additional questions may be added, as deemed appropriate.

NOTE: 9104/2 check sheets are available on the International Aerospace Quality Group (IAQG) website.

Item	Question	Reference(s) (Standard and Clause Number)	Assessment Results (C, NC, NA, or NE)	Assessment Evidence / Comments
Structure and Organization				
1.	<p>What is the composition of the SMS and does it meet established requirements?</p> <p>NOTE: Record the main stakeholders and list each of the CBMCs that form part of the SMS structure.</p> <p>Where the structure of the SMS includes a CBMC, oversight is required for each CBMC as part of the SMS oversight assessment using 9104/2 Form F; unless an effective oversight has been completed by an independent Other Party (OP) assessor within the SMS oversight activity.</p> <p>Where the structure of the SMS includes an Auditor Authentication Body (AAB) and/or a Training Provider Approval Body (TPAB), the AAB and TPAB oversight is required to be completed as part of the SMS oversight assessment, using the applicable 9104/2 check sheet; unless an effective oversight has been completed by an independent OP assessor within SMS or CBMC oversight activity.</p>	<p>9104/1: 10; 9104/1: 11; 9104/1: 15.2; 9104/2: Form F; 9104/2: Form G; 9104/2: Form H</p>		
2.	How has the SMS ensured that only IAQG or sector member company representatives have voting rights?	9104/1: 15.2		
3.	<p>Has the SMS appointed three voting members and up to three alternates to participate on the IAQG Other Party Management Team (OPMT)?</p> <p>Are they participating in associated meetings?</p>	9104/1: 15.4		
Processes and Procedures				
4.	What procedures does the SMS use to manage and control implementation of the 9104-series standards requirements and are they controlled in accordance with established requirements?	9104/1: 4.1; 9104/1: 4.14		
5.	How does the SMS demonstrate it has carried out an annual review and evaluation of the Industry Controlled Other Party (ICOP) scheme that evaluates its continued effectiveness and conformance to established requirements?	9104/2: 8		
6.	What evidence is available to demonstrate the SMS makes essential reporting data available to the IAQG OPMT in accordance with established requirements?	9104/1: 4.15		
7.	Where applicable, have fees been established by the SMS to facilitate the ICOP scheme and have they been approved?	9104/1: 16.8; 9104/1: 20.3		
8.	What evidence exists that any fees established by the SMS to facilitate the ICOP scheme have been approved by the applicable SMS?	9104/1: 20.3		

Item	Question	Reference(s) (Standard and Clause Number)	Assessment Results (C, NC, NA, or NE)	Assessment Evidence / Comments
9.	How are ABs, AABs, Aerospace Quality Management System (AQMS) auditors, TPABs, Certification Bodies (CBs), Training Providers (TPs), and training courses approved, recognized, or authenticated by other CBMCs or IAQG sectors recognized?	9104/1: 4.11; 9104/1: 4.12; 9104/1: 10.8; 9104/3: 5.5; 9104/3: 7.6		
Resolutions				
10.	What is the process for the writing and issuance of ICOP scheme resolutions in accordance with established requirements?	9104/1: 4.16		
11.	Have any resolutions been issued by the SMS that do not have IAQG OPMT concurrence? NOTE: List any that have been issued without concurrence.	9104/1: 4.16		
12.	How are published IAQG OPMT or sector specific resolutions deployed as requirements by the SMS? NOTE: Check deployment of recent resolutions.	9104/1: 4.16		
Oversight				
13.	Has the SMS appointed an Oversight Sub-team Chair and have they declared any potential conflicts of interest?	9104/2: 6.5.4		
14.	How does the SMS manage oversight in conformance with established requirements?	9104/1: 9.a; 9104/2: Table 1		
15.	Where the SMS uses a risk-based approach to oversight, is there a documented procedure and is oversight planned and conducted in accordance with its requirements?	9104/2: 7.2		
16.	Do records of the oversights conducted demonstrate all of the required oversight assessments are completed annually and in accordance with the defined schedule?	9104/2: 7		
17.	For joint oversight assessments, is the AB assessor the assessment team leader?	9104/2: 6.2.1		
18.	From samples reviewed, do oversight records demonstrate conformance to requirements including:	9104/2: 7		
	<ul style="list-style-type: none"> • Correct use and completion of latest issue forms? • Completion by the correct party? 			
19.	Do fully complete and up to date (< three years old) 9104/2 "Other Party (OP) Assessor Industry Controlled Other Party (ICOP) Declaration Forms (see Form A) exist for each OP assessor utilized for oversight activity? NOTE: Record samples of evidence reviewed. Check a sample of assessments to ensure no conflict of interest exists between the OP assessor and the assessed organization.	9104/2: 5.1.1; 9104/2: 6.1.3; 9104/2: 6.3.1; 9104/2: 6.6.3; 9104/2: Form A		

Item	Question	Reference(s) (Standard and Clause Number)	Assessment Results (C, NC, NA, or NE)	Assessment Evidence / Comments
20.	Do any of the completed OP Assessor ICOP Declaration Forms (see 9104/2 Form A) contain conflicts that would prevent participation as an OP assessor?	9104/2: 5.3.6		
21.	Where oversight nonconformities are raised, does the CBMC ensure acceptable corrective actions for all identified nonconformities and the nonconformity verified and closed in accordance with established requirements? NOTE: Defined requirements include the following: <ul style="list-style-type: none"> Containment and corrective action plan within 30 days. For "major" NCRs, evidence of effective implementation within 60 days. For "minor" NCRs, evidence of effective implementation within 90 days. 	9104/2: 7.15		
22.	Where NCRs exceed permitted closure timescales, does the CBMC ensure that appropriate escalation action including suspension is initiated?	9104/2: 7.15.2		
23.	What controls has the SMS established for when an oversight activity is subcontracted cross frontier to another sector?	9104/1: 16		
	What evidence exists to demonstrate conformance to requirements for the control of the subcontracted assessment?			
Oversight - Other Party (OP) Assessors				
24.	How is it demonstrated that OP assessors have been trained, qualified, and re-qualified in accordance with the established requirements?	9104/2: 5.2		
25.	How does the SMS ensure only qualified OP assessors are assigned to conduct oversight assessments? NOTE: Also consider cross-frontier oversight assessments.	9104/2: 7.3.2		
Oversight - Supplemental Oversight				
26.	Where IAQG member companies participating in the CBMC conduct supplemental oversight, is the supplemental oversight performed and reported in accordance with established requirements?	9104/2: 7.13		
Confidentiality and Conflict of Interest				
27.	What evidence exists that demonstrates all SMS committee members have completed a "declaration form" covering confidentiality and conflict of interest requirements, prior to membership?	9104/1: 19; 9104/2: 5.3.1; 9104/2: Form B		
28.	Are any voting members of the SMS or its sub-committees, or OP assessors employed by CBs in any capacity?	9104/2: 5.3.2		

Item	Question	Reference(s) (Standard and Clause Number)	Assessment Results (C, NC, NA, or NE)	Assessment Evidence / Comments
29.	How does the SMS demonstrate that completed "declaration forms" are available to an assessed organization, upon request?	9104/2: 5.3.3; 9104/2: Form B		
Certification Body Management Committees (CBMCs)				
NOTE: Use 9104/2 Form F for the oversight of the CBMC.				
30.	What is the documented method for the review and approval of a CBMC? NOTE: Answer 'NA' and record objective evidence, if SMS does not operate with CBMC(s). If no CBMC(s) is utilized, complete the remainder of this section may also be completed with 'NA'.	9104/1: 4.3		
31.	Do records demonstrate the approval of each utilized CBMC?	9104/1: 4.3		
32.	What evidence is available to demonstrate CBMCs make required reporting data available to the SMS?	9104/1: 4.15		
33.	Has an independent oversight assessment of each CBMC been conducted effectively, during the previous calendar year, to the established requirements? NOTE: If the SMS does not operate using CBMCs, answer 'NA' and record objective evidence.	9104/2: 7.7		
Accreditation Bodies (ABs)				
NOTE: Use 9104/2 Forms J and K for the oversight of each AB.				
34.	What is the documented method for the review and approval of ABs?	9104/1: 4.2; 9104/1: 4.5		
35.	Do records demonstrate the results of the review and approval of ABs?	9104/1: 4.5		
36.	Have ABs approved by the SMS correctly identified in the Online Aerospace Supplier Information System (OASIS) database?	9104/1: 4.5		
37.	What is the process by which the SMS recognizes the accreditation decisions of ABs?	9104/1: 4.2; 9104/1: 5.3.d		
38.	If applicable, what evidence exists that the SMS or an industry expert endorsed by the SMS participates in AB decision-making processes?	9104/1: 4.2		
39.	What is the documented method for the recognition of new and existing CBs?	9104/1: 4.6		
40.	Do records demonstrate the recognition of the accreditation of CBs?	9104/1: 4.6		
41.	Are all of the CBs accredited by the AB and recognized by the SMS correctly identified in the OASIS database?	9104/1: 4.6		
42.	Has each AB made at least an annual report covering all of the required reporting elements?	9104/2: 8.3		

Item	Question	Reference(s) (Standard and Clause Number)	Assessment Results (C, NC, NA, or NE)	Assessment Evidence / Comments
Auditor Authentication Bodies (AABs)				
NOTE: Use 9104/2 Form G for the Oversight of the AAB.				
43.	What is the documented method for the review and approval, suspension, or withdrawal of an AAB?	9104/1: 4.7; 9104/1: 4.9		
44.	What is the documented method for the recognition of the authentications of AQMS auditors conducted by the approved AAB?	9104/1: 4.11		
45.	Are records available that demonstrate the results of the review and approval, suspension, or withdrawal of an AAB?	9104/1: 4.9		
46.	How is the independence established and confirmed for those that participated in each decision to approve, suspend, or withdraw an AAB?	9104/1: 4.7		
47.	Is the AAB approved by the CBMC correctly identified in the OASIS database?	9104/1: 4.9		
48.	Has an independent oversight assessment of each AAB been conducted effectively, during the previous calendar year, to the established requirements? NOTE: If CBMC does not operate an AAB, answer 'NA' and record objective evidence.	9104/2: 7.8		
Training Provider Approval Bodies (TPABs)				
NOTE: IAQG OPMT Resolution 59 and use 9104/2 Form H for the oversight of the TPAB.				
49.	What is the documented method for the review and approval, suspension, or withdrawal of a TPAB?	9104/1: 4.7; 9104/1: 4.10		
50.	What is the documented method for the recognition of the training courses approved by the TPAB?	9104/1: 4.10		
51.	Are records available that demonstrate the results of the review and approval, suspension, or withdrawal of a TPAB?	9104/1: 4.7		
52.	How is the independence established and confirmed for those that participated in each decision to approve, suspend, or withdraw a TPAB?	9104/1: 4.7		
53.	Is the TPAB approved by the CBMC correctly identified in the OASIS database?	9104/1: 4.10		
54.	Has an independent oversight assessment of each TPAB been conducted effectively, during the previous calendar year, to the established requirements? NOTE: If CBMC does not operate a TPAB, answer 'NA' and record objective evidence.	9104/2: 7.9		

Item	Question	Reference(s) (Standard and Clause Number)	Assessment Results (C, NC, NA, or NE)	Assessment Evidence / Comments
Training Classes				
55.	Where applicable, has the oversight of approved training classes been conducted in accordance with established requirements? NOTE: 9104/2 clause 7.10.5, oversight of a training class must include the TPAB.	9104/2: 7.10		
Suspension and Withdrawal				
56.	How does the SMS establish the right to withdraw or suspend approval/recognition of applicable CBMCs, ABs, CBs, AABs, AQMS auditors, TPABs, or TPs?	9104/1: 4.12; 9104/1: 4.13; 9104/1: 15.3		
57.	How are suspensions and withdrawals of participants within the SMS identified to the IAQG and OASIS database administrator?	9104/1: 4.4		
Complaints and Appeals				
58.	What evidence demonstrates the SMS has established and maintains a complaint process that also addresses appeals against decisions and unresolved complaints escalated from participants?	9104/1: 4.8; 9104/2: 9		
59.	How are any complaints that cannot be resolved elevated to the IAQG OPMT?	9104/2: 9.4; 9104/2: 9.5		
60.	What evidence exists the SMS has reported summarized complaints to the IAQG OPMT?	9104/2: 9.6		
Records				
61.	What procedure(s) or process(es) is used to establish requirements for record retention, including timescales and a list of required records?	9104/1: 4.14; 9104/1: 17.1; 9104/1: 17.2; 9104/2: 10		
62.	How does the SMS ensure the 'right of access' to CBMC, AB, AAB, TPAB, and CB records, including OASIS database records in relation to the ICOP scheme requirements for the SMS and IAQG OPMT?	9104/1: 17.4		
63.	What are the defined arrangements for the entry into the OASIS database of AB accreditation decisions for participating CBs?	9104/1: 5.3.g; 9104/1: 5.3.7.b		
64.	What are the defined arrangements for entry of CB audits of organizations into the OASIS database?	9104/1: 8.5.c		
Miscellaneous				
65.				
66.				
67.				

FORM F
CERTIFICATION BODY MANAGEMENT COMMITTEE (CBMC) ASSESSMENT CHECK SHEET

CBMC Name:	
Sector and Country	
CBMC Contact Name	
Assessment Date(s):	<i>Day(s)/Month/Year</i>
Lead OP Assessor Name:	<i>First Name, Last Name;</i>
OP Assessor Names(s):	<i>First Name, Last Name; Assessment Team Role, Organization's Name</i>
— Satisfactory (no nonconformities)	
— Corrective Action Required	<i>As applicable, identify number of nonconformities, including classification. List all Nonconformity Records (NCRs); identify applicable due date(s).</i>
— Opportunities for Improvement (OFIs) NOTE: A nonconformity cannot be documented as an OFI (reference 9104/2, definition section).	<i>As applicable, identify number of OFIs; list all OFIs.</i>
Conclusions, Remarks and Recommendations:	
Submitted by:	<i>First Name, Last Name</i>
Date Submitted:	<i>Day/Month/Year</i>

INSTRUCTIONS FOR COMPLETING CHECK SHEET:

This check sheet shall be used for 9104/1 CBMC assessments.

Status Assessment Results:

Document assessment results within the table as follows:

- **Conforming (C)** - The process records/evidence demonstrate effective implementation; process assessed and found acceptable.
- **Nonconforming (NC)** - The process records/evidence were assessed and a nonconformity was identified.
- **Not Applicable (NA)** - The question is not applicable; record objective evidence in the "Assessment Evidence/Comments" column.
- **Not Evaluated (NE)** - The question was not evaluated; include justification in the "Assessment Evidence/Comments" column (e.g., outside assessment scope or plan).

Assessment Evidence / Comments:

Include appropriate detail in the "Assessment Evidence/Comments" column to support the assessment results (e.g., information associated to the process assessed and records reviewed, NCR number, OFI).

Additional questions may be added, as deemed appropriate.

NOTE: 9104/2 check sheets are available on the International Aerospace Quality Group (IAQG) website.

Item	Question	Reference(s) (Standard and Clause Number)	Assessment Results (C, NC, NA, or NE)	Assessment Evidence / Comments
Structure and Organization				
1.	How does the CBMC demonstrate it has been reviewed and approved by the Sector Management Structure (SMS)?	9104/1: 4.3		
2.	What is the composition of the CBMC and does it meet established requirements? NOTE: Record the main stakeholders. Where the structure of the CBMC includes an Auditor Authentication Body (AAB) and/or a Training Provider Approval Body (TPAB), the AAB and TPAB oversight is required to be completed as part of the CBMC oversight assessment, using the applicable 9104/2 check sheet; unless an effective oversight has been completed by an independent Other Party (OP) assessor within the CBMC oversight activity.	9104/1: 1; 9104/1: 10; 9104/1: 15.2; 9104/2: Form G; 9104/2: Form H		
3.	How has the CBMC ensured that only IAQG or sector member company representatives have voting rights?	9104/1: 15.2		
Processes and Procedures				
4.	What procedures does the CBMC use to manage and control implementation of the 9104-series standards requirements and are they controlled in accordance with established requirements?	9104/1: 4.1; 9104/1: 4.14		
5.	How does the CBMC demonstrate it has carried out an annual review and evaluation of the Industry Controlled Other Party (ICOP) scheme that evaluates its continued effectiveness and conformance to established requirements?	9104/2: 8		
6.	What evidence is available to demonstrate that the CBMC makes essential reporting data available to the SMS in accordance with established requirements?	9104/1: 4.15		
7.	Where applicable, have fees been established by the CBMC to facilitate the ICOP scheme and have they been approved by the SMS?	9104/1: 16.8; 9104/1: 20.3		
8.	How are Accreditation Bodies (ABs), AABs, Aerospace Quality Management System (AQMS) auditors, TPABs, CBs, Training Providers (TPs), and training courses approved, recognized, or authenticated by other CBMCs or IAQG sectors recognized?	9104/1: 4.11; 9104/1: 4.12; 9104/1: 10.8; 9104/3: 5.5; 9104/3: 7.6		
Resolutions				
9.	What is the process for the writing and issuance of ICOP scheme resolutions by the CBMC in accordance with established requirements?	9104/1: 4.16		

Item	Question	Reference(s) (Standard and Clause Number)	Assessment Results (C, NC, NA, or NE)	Assessment Evidence / Comments
10.	Have any resolutions been issued by the CBMC that do not have IAQG Other Party Management Team (OPMT) concurrence? NOTE: List any that have been issued without OPMT concurrence.	9104/1: 4.16		
11.	How are published IAQG or sector OPMT resolutions deployed as requirements by the CBMC? NOTE: Check deployment of recent resolutions.	9104/1: 4.16		
Oversight				
12.	Has the CBMC appointed an Oversight Sub-team Chair?	9104/2: 6.5.4		
	Has the Oversight Sub-team Chair declared any potential conflicts of interest?			
13.	How does the CBMC plan and manage oversight in conformance with established requirements?	9104/1: 9.a; 9104/2: Table 1		
14.	Where the CBMC uses a risk-based approach to oversight, is there a documented procedure and is oversight planned and conducted in accordance with its requirements?	9104/2: 7.2		
15.	Do records of the oversights conducted demonstrate all of the required oversight assessments are completed annually and in accordance with the defined schedule?	9104/2: 7		
16.	For joint oversight assessments, is the AB assessor the assessment team leader?	9104/2: 6.2.1		
17.	From samples reviewed, do oversight records demonstrate conformance to requirements including:	9104/2: 7		
	<ul style="list-style-type: none"> • Correct use and completion of latest issue forms? • Completion by the correct party? 			
18.	Do fully complete and up to date (< three years old) 9104/2 "Other Party (OP) Assessor Industry Controlled Other Party (ICOP) Declaration Forms" (see Form A) exist for each OP assessor utilized for oversight activity? NOTE: Record samples of evidence reviewed. Check a sample of assessments to ensure no conflict of interest exists between the OP assessor and the assessed organization.	9104/2: 5.1.1; 9104/2: 6.1.3; 9104/2: 6.3.1; 9104/2: 6.6.3; 9104/2: Form A		
19.	Do any of the completed OP Assessor ICOP Declaration Forms (see 9104/2 Form A) contain conflicts that would prevent participation as an OP assessor?	9104/2: 5.3.6; 9104/2: Form A		

Item	Question	Reference(s) (Standard and Clause Number)	Assessment Results (C, NC, NA, or NE)	Assessment Evidence / Comments
20.	<p>Where oversight nonconformities are raised, does the CBMC ensure acceptable corrective actions for all identified nonconformities and is the nonconformity verified and closed in accordance with established requirements?</p> <p>NOTE: Defined requirements include the following:</p> <ul style="list-style-type: none"> • Containment and corrective action plan within 30 days. • For “major” NCRs, evidence of effective implementation within 60 days. • For “minor” NCRs, evidence of effective implementation within 90 days. 	9104/2: 7.15		
21.	Where NCRs exceed permitted closure timescales, does the CBMC ensure that appropriate escalation action including suspension is initiated?	9104/2: 7.15.2		
22.	What controls has the CBMC established when an oversight activity is subcontracted cross frontier to another CBMC or sector?	9104/1: 16		
	What evidence exists to demonstrate conformance to requirements for the control of the subcontracted assessment?			
Oversight - Other Party (OP) Assessors				
23.	How is it demonstrated that OP assessors have been trained, qualified, and re-qualified in accordance with established requirements?	9104/2: 5.2		
24.	<p>How does the CBMC ensure only qualified OP assessors are assigned to conduct oversight assessments?</p> <p>NOTE: Also consider cross-frontier oversight assessments.</p>	9104/2: 7.3.2		
Oversight - Supplemental Oversight				
25.	Where IAQG member companies participating in the CBMC conduct supplemental oversight, is the supplemental oversight performed and reported in accordance with established requirements?	9104/2: 7.13		
Confidentiality and Conflict of Interest				
26.	What evidence exists that demonstrates all CBMC members have completed a “declaration form” covering confidentiality and conflict of interest requirements, prior to membership?	9104/1: 19; 9104/2: 5.3.1; 9104/2: Form B		

Item	Question	Reference(s) (Standard and Clause Number)	Assessment Results (C, NC, NA, or NE)	Assessment Evidence / Comments
27.	Are any voting members of the CBMC or its sub-committees, or OP assessors employed by CBs in any capacity?	9104/2: 5.3.2		
28.	How does the CBMC demonstrate that completed "declaration forms" are available to an assessed organization, upon request?	9104/2: 5.3.3; 9104/2: Form B		
Accreditation Bodies (ABs)				
29.	What is the documented method for the review and approval of an AB?	9104/1: 4.2; 9104/2: 4.5		
30.	Do records demonstrate the results of the review and approval of an AB?	9104/1: 4.5		
31.	Is the AB approved by the CBMC correctly identified in the Online Aerospace Supplier Information System (OASIS) database?	9104/1: 4.5		
32.	What is the process by which the CBMC recognizes the accreditation decisions of the AB?	9104/1: 4.2; 9104/1: 5.3.d		
33.	If applicable, what evidence exists that the SMS or an industry expert endorsed by the SMS participates in the AB decision-making process?	9104/1: 4.2		
34.	What is the documented method for the recognition of new and existing CBs?	9104/1: 4.6		
35.	Do records demonstrate the recognition of the accreditation of CBs?	9104/1: 4.6		
36.	Are all of the CBs accredited by the AB and recognized by the CBMC correctly identified in the OASIS database?	9104/1: 4.6		
37.	Has the AB made at least an annual report covering all of the required reporting elements?	9104/2: 8.3		
Auditor Authentication Bodies (AABs)				
NOTE: Use 9104/2 Form G for the oversight of the AAB.				
38.	What is the documented method for the review and approval, suspension, or withdrawal of an AAB?	9104/1: 4.7; 9104/1: 4.9		
39.	What is the documented method for the recognition of the authentications of AQMS auditors conducted by the approved AAB?	9104/1: 4.11		
40.	Are records available that demonstrate the results of the review and approval, suspension, or withdrawal of an AAB?	9104/1: 4.9		
41.	How is the independence established and confirmed for those that participated in each decision to approve, suspend, or withdraw an AAB?	9104/1: 4.7		

Item	Question	Reference(s) (Standard and Clause Number)	Assessment Results (C, NC, NA, or NE)	Assessment Evidence / Comments
42.	Is the AAB approved by the CBMC correctly identified in the OASIS database?	9104/1: 4.9		
43.	Has an independent oversight assessment of each AAB been conducted effectively, during the previous calendar year, to established requirements? NOTE: If CBMC does not operate an AAB, answer 'NA' and record objective evidence.	9104/2: 7.8		
Training Provider Approval Bodies (TPABs)				
NOTE: Use 9104/2 Form H for the oversight of the TPAB.				
44.	What is the documented method for the review and approval, suspension, or withdrawal of a TPAB?	9104/1: 4.7; 9104/1: 4.10		
45.	What is the documented method for the recognition of the training courses approved by the TPAB?	9104/1: 4.10		
46.	Are records available that demonstrate the results of the review and approval, suspension, or withdrawal of a TPAB?	9104/1: 4.7		
47.	How is the independence established and confirmed for those that participated in each decision to approve, suspend, or withdraw a TPAB?	9104/1: 4.7		
48.	Is the TPAB approved by the CBMC correctly identified in the OASIS database?	9104/1: 4.10		
49.	Has an independent oversight assessment of each TPAB been conducted effectively, during the previous calendar year, to established requirements? NOTE: If CBMC does not operate a TPAB, answer 'NA' and record objective evidence.	9104/2: 7.9		
Training Classes				
50.	Where applicable, has the oversight of approved training classes been conducted in accordance with established requirements? NOTE: 9104/2 clause 7.10.5, oversight of a training class must include the TPAB.	9104/2: 7.10		
Suspension and Withdrawal				
51.	How does the CBMC establish the right to withdraw or suspend approval/recognition of ABs, CBs, AABs, AQMS auditors, TPABs, or TPs?	9104/1: 4.13		

Item	Question	Reference(s) (Standard and Clause Number)	Assessment Results (C, NC, NA, or NE)	Assessment Evidence / Comments
52.	How are suspensions and withdrawals of participants by the CBMC identified to the SMS, IAQG, and OASIS database administrator?	9104/1: 4.4		
Complaints and Appeals				
53.	What evidence demonstrates the CBMC has established and maintains a complaint process that also addresses appeals against decisions and unresolved complaints escalated from participants?	9104/1: 4.8; 9104/2: 9		
54.	How are any complaints that cannot be resolved elevated to the SMS?	9104/2: 9.4; 9104/2: 9.5		
55.	What evidence exists that any unresolved complaints escalated from participants are summarized and reviewed on an annual basis and reported to the SMS?	9104/2: 9.6		
Records				
56.	What procedure(s) or process(es) is used to establish requirements for record retention, including timescales and a list of required records?	9104/1: 4.14; 9104/1: 17.1; 9104/1: 17.2; 9104/2: 10		
57.	How does the CBMC ensure the 'right of access' to AB, AAB, TPAB, and CB records, including OASIS database records in relation to the ICOP scheme requirements for the SMS and IAQG OPMT?	9104/1: 17.4		
58.	What are the defined arrangements for the entry into the OASIS database of AB accreditation decisions for participating CBs?	9104/1: 5.3.g; 9104/1: 5.3.7.b		
59.	What are the defined arrangements for entry of CB audits of organizations into the OASIS database?	9104/1: 8.5.c		
Miscellaneous				
60.				
61.				
62.				

FORM G
AUDITOR AUTHENTICATION BODY (AAB) OFFICE ASSESSMENT CHECK SHEET

AAB Name:	
Address	
City, State, Country	
AAB Contact Name:	
Assessment Date(s):	<i>Day(s)/Month/Year</i>
Assessor Names and Roles:	<i>First Name, Last Name; Assessment Team Role, Organization's Name</i>
<input type="checkbox"/> Satisfactory (no nonconformities)	
<input type="checkbox"/> Corrective Action Required	<i>As applicable, identify number of nonconformities, including classification. List all Nonconformity Records (NCRs); identify applicable due date(s).</i>
<input type="checkbox"/> Opportunities for Improvement (OFIs) NOTE: A nonconformity cannot be documented as an OFI (reference 9104/2, definition section).	<i>As applicable, identify number of OFIs; list all OFIs.</i>
Conclusions, Remarks and Recommendations:	
Submitted by:	<i>First Name, Last Name</i>
Date Submitted:	<i>Day/Month/Year</i>

INSTRUCTIONS FOR COMPLETING CHECK SHEET:

This check sheet shall be used for 9104/1 AAB office assessments. It may also be used for AAB special office assessments (e.g., follow-up).

Status Assessment Results:

Document assessment results within the table as follows:

- **Conforming (C)** - The process records/evidence demonstrate effective implementation; process assessed and found acceptable.
- **Nonconforming (NC)** - The process records/evidence were assessed and a nonconformity was identified.
- **Not Evaluated (NE)** - The question was not evaluated; include justification in the "Assessment Evidence/Comments" column (e.g., outside assessment scope).

Assessment Evidence / Comments:

Include appropriate detail in the "Assessment Evidence/Comments" column to support the assessment results (e.g., information associated to the process assessed and records reviewed, NCR number, OFI).

Additional questions may be added, as deemed appropriate.

NOTE: 9104/2 check sheets are available on the International Aerospace Quality Group (IAQG) website.

Item	Question	Reference(s) (Standard and Clause Number)	Assessment Results (C, NC, or NE)	Assessment Evidence / Comments
Auditor Authentication Body (AAB) Management System Process				
1.	Has the AAB established, documented, implemented, and maintained a quality management system that is capable of supporting and demonstrating the consistent achievement of the 9104-series standards requirements for granting, maintaining, suspending, and withdrawing authentication of AQMS auditors?	9104/1: 10.2.a; 9104/1:10.3.a		
2.	Does the AAB have documented processes and procedures in place to perform AQMS auditor authentication addressing the following: applications, consideration of applications by the AAB, notification of AAB's decision, certificates, records, and complaints?	9104/1: 10.3.a; 9104/3: 7.2		
3.	Does the AAB require all applicants, regardless of other AAB Aerospace Quality Management System (AQMS) auditor authentications, to submit a complete application?	9104/1: 10.3.b; 9104/1: 10.3.f		
4.	Does the AAB have a process for handling confidential information?	9104/1: 19		
5.	Where required, has the AAB presented AQMS auditor approval and/or certification decisions to the Sector Management Structure (SMS) for recognition?	9104/1: 10.1.a		
6.	Where the AAB subcontracts the auditor authentication process to another body, does the AAB have a policy that defines the conditions and controls for subcontracting?	9104/3: 7.3		
	Does the AAB have a documented agreement with the subcontractor that outlines the arrangements?			
	Does the AAB ensure the subcontractor is conducting auditor authentication in accordance with the SMS requirements?			
	Does the AAB maintain full responsibility for the subcontracted auditor authentication?			
7.	Does the AAB provide for 'right of access' to the SMS; Accreditation Body (AB), if applicable; International Accreditation Forum (IAF); and regulatory or government bodies?	9104/1: 10.1.b		
	Does access include information and records pertaining to oversight of the AAB by other parties?			

Item	Question	Reference(s) (Standard and Clause Number)	Assessment Results (C, NC, or NE)	Assessment Evidence / Comments
8.	Does the AAB have an appeal/complaint issue resolution process?	9104/1: 10.3.e		
9.	Where applicable, does the AAB's appeal/complaint issues resolution process support the Certification Body Management Committee (CBMC) in resolving any appeals/complaints?	9104/1: 10.3.e		
10.	Where applicable, has the AAB established controls for the use of their marks and logos?	9104/1: 10.5		
11.	Has the AAB provided procedures for the maintenance, suspension, extension, and withdrawal of AQMS auditor authentication, which includes review of relevant AQMS standards?	9104/1: 10.6.a		
Authentication Process				
12.	Does the AAB evaluate each AQMS auditor application against the auditor authentication or re-authentication requirements?	9104/1: 10.3.b; 9104/3: 8.1		
13.	Does the submitted application(s) contain supporting evidence of how the applicant has met the required criteria?	9104/3: Table 1; 9104/3: Table 2		
14.	Do all AQMS auditors that have their AQMS standards authentication withdrawn, for reasons other than inactivity or lack of renewal, not permitted to reapply for authentication for a minimum of 12 months after withdrawal?	9104/1: 10.6.b		
15.	Where required, does the AAB maintain evidence of SMS endorsement?	9104/1: 10.3.c		
16.	Upon notification of approval, does the AAB upload the appropriate data into the Online Aerospace Supplier Information System (OASIS) database and notify the AQMS auditor of authentication or re-authentication decisions?	9104/1: 10.3.c; 9104/3: 8.1		
17.	Where the SMS does not concur with the AAB's evaluation results for AQMS auditor authentication or re-authentication, does the AAB notify the applicant of the SMS decision?	9104/1: 10.3.b; 9104/3: 8.1		
18.	Does the AAB require the AQMS auditor applicant to disclose to the AAB any previous AQMS auditor authentication or certification, or any applications that were rejected in another country, region, or IAQG sector?	9104/1: 10.3.f		

Item	Question	Reference(s) (Standard and Clause Number)	Assessment Results (C, NC, or NE)	Assessment Evidence / Comments
19.	Are AQMS auditor authentications granted by the AAB valid for a period of three years?	9104/3: 7.8		
20.	Does the AAB require auditor re-authentication applications at least three months prior to expiration?	9104/3: 8.1		
21.	Does the AAB have a process for re-authentication that provides for objective evidence that all auditor re-authentication requirements have been met?	9104/3: 8.1		
22.	Does the AAB review the auditor re-authentication documentation for relevancy and completeness?	9104/3: 8.1.3		
Auditor Authentication Suspension or Withdrawal				
23.	Does the AAB have procedures for the suspension and/or withdrawal of AQMS auditor authentication?	9104/1: 10.6.a		
24.	Does the process include written notification to the auditor, including justification for the decision?	9104/1: 10.3.b		
25.	Does the AAB have a process to receive, review, and determine actions to be taken in response to identified AQMS auditor competency issues?	9104/1: 10.4.a		
26.	Does the AAB maintain records of the action(s) taken in response to AQMS auditor competency issues?	9104/1: 10.4.a		
27.	For AQMS auditor competency issues, are the AAB decision(s) and/or action(s) taken communicated to the initiator and the process completed within 60 calendar days?	9104/1: 10.4.b		
28.	When an SMS recommends the withdrawal of an AQMS auditor's authentication, based on an auditor competency issue, does the AAB investigate the issue and take appropriate action?	9104/1: 10.4.d		
29.	Is the applicable SMS AQMS auditor recognition function notified within five calendar days by the AAB, when AQMS standard authentication is withdrawn for a reason other than inactivity or lack of renewal?	9104/1: 10.6.c		
Online Aerospace Supplier Information System (OASIS) Database				
30.	Does the AAB process include updating of the OASIS database, when authentication decisions are made?	9104/1: 10.3.b		
31.	Does the AAB update the OASIS database within ten calendar days to reflect the AQMS auditor withdrawal?	9104/1: 10.6.c; 9104/3: 8.2		

Item	Question	Reference(s) (Standard and Clause Number)	Assessment Results (C, NC, or NE)	Assessment Evidence / Comments
Auditor Authentication Body Personnel				
32.	Does the AAB have a process to ensure competence of personnel (e.g., training, evaluation, experience)?	9104/1: 10.3.a		
33.	Does the AAB have a person(s) with aviation, space, or defense industry knowledge of sufficient depth to support Aerospace Experience Auditor (AEA) authentication?	9104/1: 10.1.c		
34.	Does the AAB have a process to manage conflict of interest issues for decision makers?	9104/1: 10.3.d		
Miscellaneous Processes				
35.	Does the AAB retain supporting evidence of AQMS auditor authentications and applicable SMS approvals, for a minimum of two authentication cycles?	9104/1: 10.7		
36.	Are AAB records relating to the current authentication cycle readily retrievable?	9104/1: 10.7		
37.				
38.				
39.				

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FORM H
TRAINING PROVIDER APPROVAL BODY (TPAB) ASSESSMENT CHECK SHEET

TPAB Name:	
Address	
City, State, Country	
TPAB Contact Name:	
Assessment Date(s):	<i>Day(s)/Month/Year</i>
Assessor Names and Roles:	<i>First Name, Last Name; Assessment Team Role, Organization's Name</i>
<input type="checkbox"/> Satisfactory (no nonconformities)	
<input type="checkbox"/> Corrective Action Required	<i>As applicable, identify number of nonconformities, including classification. List all Nonconformity Records (NCRs); identify applicable due date(s).</i>
<input type="checkbox"/> Opportunities for Improvement (OFIs) NOTE: A nonconformity cannot be documented as an OFI (reference 9104/2, definition section).	<i>As applicable, identify number of OFIs; list all OFIs.</i>
Conclusions, Remarks and Recommendations:	
Submitted by:	<i>First Name, Last Name</i>
Date Submitted:	<i>Day/Month/Year</i>

INSTRUCTIONS FOR COMPLETING CHECK SHEET:

This check sheet shall be used for 9104/1 TPAB office assessments. It may also be used for TPAB special office assessments (e.g., follow-up).

Status Assessment Results:

Document assessment results within the table as follows:

- **Conforming (C)** - The process records/evidence demonstrate effective implementation; process assessed and found acceptable.
- **Nonconforming (NC)** - The process records/evidence were assessed and a nonconformity was identified.
- **Not Evaluated (NE)** - The question was not evaluated; include justification in the "Assessment Evidence/Comments" column (e.g., outside assessment scope).

Assessment Evidence / Comments:

Include appropriate detail in the "Assessment Evidence/Comments" column to support the assessment results (e.g., information associated to the process assessed and records reviewed, NCR number, OFI).

Additional questions may be added, as deemed appropriate.

NOTE: 9104/2 check sheets are available on the International Aerospace Quality Group (IAQG) website.

Item	Question	Reference(s) (Standard and Clause Number)	Assessment Results (C, NC, or NE)	Assessment Evidence / Comments
Training Provider Approval Body (TPAB) Management System Process				
1.	Has the TPAB established a quality management system that defines the responsibilities for granting, maintaining, suspending, extending, and withdrawing approval of Training Providers (TPs), including the approval of associated training courses?	9104/1: 11.2.a; 9104/1: 11.3.a		
2.	Does the TPAB have evidence of Sector Management Structure (SMS) approval of industry specific courses?	9104/1: 11.1.a		
3.	Does the TPAB provide for 'right of access' to the SMS; Accreditation Body (AB), if applicable; International Accreditation Forum (IAF); and regulatory or government bodies?	9104/1: 11.1.b		
4.	Does the TPAB have a process for handling confidential information?	9104/1: 19		
5.	Does the TPAB ensure that an Other Party (OP) assessor conducting oversight of a training class does not receive credit for class attendance or participation, and does not provide any input during the training class?	9104/1: 11.1.c		
6.	Does the TPAB ensure that any TP suspension or withdrawal, due to a failure to satisfy the requirements of the Industry Controlled Other Party (ICOP) scheme, is reviewed to determine relevance to all Aerospace Quality Management System (AQMS) course approvals held by the TP?	9104/1: 11.3.h		
Approval Process				
7.	Does the TPAB review each TP application against the TP approval requirements?	9104/1: 11.3.b		
8.	If the TPAB is involved in approving a TP outside of its normal region, do they require the TP disclose any approvals or applications rejected in another region?	9104/1: 11.3.g		
9.	Does the TPAB ensure all TPs that have their AQMS training course approval withdrawn are not permitted to reapply for approval for a minimum of 12 months after withdrawal?	9104/1: 11.3.i		
10.	Does the TPAB process for the approval of TPs include evaluation against requirements of the AQMS training courses?	9104/3: 6		

Item	Question	Reference(s) (Standard and Clause Number)	Assessment Results (C, NC, or NE)	Assessment Evidence / Comments
11.	Does the TPAB have TP evaluation tools that ensure the TP has documented procedures for the effective administration of AQMS training courses?	9104/3: 6.15		
12.	Does the TPAB maintain sufficient objective evidence of conformance to requirements to support the TP and training course approval decision? NOTE: See 9104/3 Section 6 for detailed TP requirements.	9104/1: 11.3.c; 9104/3: 6		
13.	Does the TPAB have a process for managing major changes to approved TP training courses?	9104/3: 6.22		
14.	Does the TPAB ensure that the TP notifies the TPAB of any change of address, and significant changes in organization structure or provision of services?	9104/3: 6.22		
15.	Does the TPAB have a process for managing TP variations to requirements, including a written response back to the TP?	9104/3: 6.23		
16.	Does the TPAB have a process to suspend or cancel a TP's approval, when appropriate?	9104/3: 6.24		
17.	Does the TPAB have a process to notify the TP of the approval decisions?	9104/1: 11.3.e		
Training Provider Approval Body (TPAB) Personnel				
18.	Does the TPAB have a process to ensure competence of personnel (e.g., training, evaluation, experience)?	9104/1: 11.2.b		
19.	Does the TPAB have a process to manage conflict of interest issues for decision makers?	9104/1: 11.3.d		
20.	Does the TPAB have a person(s) with aviation, space, or defense industry knowledge of sufficient depth to support the evaluation process for industry specific training course materials?	9104/1: 11.3.j		
Online Aerospace Supplier Information System (OASIS) Database				
21.	Does the TPAB upload the appropriate data into the OASIS database, upon TP or training course approval, suspension or withdrawal?	9104/1: 11.3.e		
Appeals/Complaint Processes				
22.	Does the TPAB have a TP appeal/complaint resolution process for industry specific training course reviews by the SMS?	9104/1: 11.3.f		

Item	Question	Reference(s) (Standard and Clause Number)	Assessment Results (C, NC, or NE)	Assessment Evidence / Comments
23.	Has the TPAB established and maintained a complaint resolution process to established requirements?	9104/2: 9		
24.				
25.				

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FORM I
TRAINING CLASS WITNESS ASSESSMENT CHECK SHEET

TPAB Name:	
Address	
City, State, Country	
TPAB Contact Name:	
Witnessed TP Name and Address:	
Witnessed TP Approved Course being Evaluated:	
Assessment Date(s):	<i>Day(s)/Month/Year</i>
Assessor Names and Roles:	<i>First Name, Last Name; Assessment Team Role, Organization's Name</i>
<input type="checkbox"/> Satisfactory (no nonconformities)	
<input type="checkbox"/> Corrective Action Required	<i>As applicable, identify number of nonconformities, including classification. List all Nonconformity Records (NCRs); identify applicable due date(s).</i>
<input type="checkbox"/> Opportunities for Improvement (OFIs) NOTE: A nonconformity cannot be documented as an OFI (reference 9104/2, definition section).	<i>As applicable, identify number of OFIs; list all OFIs.</i>
Conclusions, Remarks and Recommendations:	
Submitted by:	<i>First Name, Last Name</i>
Date Submitted:	<i>Day/Month/Year</i>

INSTRUCTIONS FOR COMPLETING CHECK SHEET:

This check sheet shall be used for approved aviation, space, and defense auditor training class witness assessments.

Status Assessment Results:

Document assessment results within the table as follows:

- **Conforming (C)** - The process records/evidence demonstrate effective implementation; process assessed and found acceptable.
- **Nonconforming (NC)** - The process records/evidence were assessed and a nonconformity was identified.
- **Not Evaluated (NE)** - The question was not evaluated; include justification in the "Assessment Evidence/Comments" column (e.g., outside assessment scope).

Assessment Evidence / Comments:

Include appropriate detail in the "Assessment Evidence/Comments" column to support the assessment results (e.g., information associated to the process assessed and records reviewed, NCR number, OFI).

Additional questions may be added, as deemed appropriate.

NOTE: 9104/2 check sheets are available on the International Aerospace Quality Group (IAQG) website.

Item	Question	Reference(s) (Standard and Clause Number)	Assessment Results (C, NC, or NE)	Assessment Evidence / Comments
General Training Course Requirements				
1.	Is the number of students in accordance with requirements?	9104/3: 6.1		
	If not, has the class size variance been approved by the respective Training Provider Approval Body (TPAB)?			
2.	Are attendees required to be in attendance for the full duration of the course?	9104/3: 6.1		
	Where the attendee fails to be in attendance for the full duration, does the Training Provider (TP) ensure this is reflected in the attendee's continual and final evaluations?			
3.	Is the course presented during consecutive days, unless otherwise authorized by the TPAB?	9104/3: 6.2		
4.	Is the total course time in accordance with the minimum requirements for the course type and TPAB approved?	9104/3: 6.2		
5.	If the course is given through interpreters, is this time increased, as required, to meet the learning objectives?	9104/3: 6.2		
6.	Are meals, breaks, or other free time excluded from the calculation of course duration?	9104/3: 6.2		
7.	For "Aerospace Industry Specific" courses, is at least 30% of the total course time used for workshop, case studies, role-playing, and/or actual auditing?	9104/3: 6.2		
8.	For "Aerospace Quality Management System (AQMS) Standard Auditor and Foundation" courses, is at least 50% of the total course time used for such activities?	9104/3: 6.2		
9.	Is failure to participate in such activities documented by the TP in the attendee's continual and final evaluations?	9104/3: 6.2		
10.	Is the TP approved course materials, including case studies, used for delivery of the course?	9104/3: 6.2		
11.	When attendees participate in actual audit situations, is transit time to and from the audit site, and delay time excluded from the calculation of course duration?	9104/3: 6.2		

Item	Question	Reference(s) (Standard and Clause Number)	Assessment Results (C, NC, or NE)	Assessment Evidence / Comments
12.	Is at least one instructor actively involved in the instruction and evaluation for the full length of the course?	9104/3: 6.2		
	If additional resource people or trainee instructors are used for specific subjects or activities, does the lead instructor remain responsible for the entire course offering?			
	Is the instructor present, during the entire exam, to assure good examination practice?			
13.	Does the instructor demonstrate effective management of the course, including attention to time schedule, course content, requirements of the standard, instructor conduct, and other course requirements?	9104/3: 6.2		
14.	Has the TP provided the students with a description of the course format, student responsibilities, how the student will be evaluated, and the basis for each type of evaluation early in the course presentation?	9104/3: 6.3		
15.	Does the TP provide a copy of all approved course materials to each student?	9104/3: 6.3		
16.	Does each student have a copy of the applicable AQMS standard?	9104/3: 6.3		
17.	Does the TP ensure that suitable facilities for training are provided, including classroom, audio-visual, and other training equipment and facilities for associated team activities?	9104/3: 6.5		
18.	Does the instructor measure each student's achievement of all learning objectives through a combination of continual evaluation and written examination?	9104/3: 6.6		
19.	Is strict adherence to the written exam time limit maintained?	9104/3: 6.7		
20.	Are the only reference materials allowed during the examination copies of the applicable AQMS standard, the course notes provided by the TP and any personal notes made by the attendee during the course?	9104/3: 6.7		
21.	Is the approved examination kept secure and confidential?	9104/3: 6.7		
22.	Does the instructor complete a continual evaluation document for each student at the end of each day?	9104/3: 6.8		
23.	If necessary, are students informed privately and in a timely manner of the instructor's observations on weak points, including opportunities to improve?	9104/3: 6.8		

Item	Question	Reference(s) (Standard and Clause Number)	Assessment Results (C, NC, or NE)	Assessment Evidence / Comments
24.	If the course is given through interpreters, do the interpreters provide impartial, knowledgeable, and accurate translations of course materials and examinations?	9104/3: 6.9		
25.	Does the TP have adequate controls in place to ensure the integrity of the course content is not compromised?	9104/3: 6.13		
Instructor Qualification				
26.	Did all instructors demonstrate suitable competence throughout the duration of the course?	9104/3: 6.4		
27.	Do instructors for the "AQMS Standard Auditor and Foundation" courses have the required auditing competencies and industry experience, including current auditing experience in the country and culture in which the course is conducted?	9104/3: 6.4		
28.	If at least one instructor does not have such experience, is another person included on the instruction team to provide information and advice to the instructors?	9104/3: 6.4		
IAQG Other Party Management Team (OPMT) Sanctioned Training				
29.	Where the IAQG Other Party Management Team (OPMT) has sanctioned and approved a training course, have all the IAQG OPMT requirements been satisfied?	IAQG OPMT Resolution Log		
30.				
31.				
32.				

FORM J
ACCREDITATION BODY (AB) OFFICE ASSESSMENT CHECK SHEET

AB Name:	
Address	
City, State, Country	
AB Contact Name:	
Assessment Date(s):	<i>Day(s)/Month/Year</i>
Assessor Names and Roles:	<i>First Name, Last Name; Assessment Team Role, Organization's Name</i>
<input type="checkbox"/> Satisfactory (no nonconformities)	
<input type="checkbox"/> Corrective Action Required	<i>As applicable, identify number of nonconformities, including classification. List all Nonconformity Records (NCRs); identify applicable due date(s).</i>
<input type="checkbox"/> Opportunities for Improvement (OFIs) NOTE: A nonconformity cannot be documented as an OFI (reference 9104/2, definition section).	<i>As applicable, identify number of OFIs; list all OFIs.</i>
Conclusions, Remarks, and Recommendations:	
Submitted by:	<i>First Name, Last Name</i>
Date Submitted:	<i>Day/Month/Year</i>

INSTRUCTIONS FOR COMPLETING CHECK SHEET:

This check sheet shall be used for 9104/1 AB office assessments. It may also be used for AB special office assessments (e.g., follow-up).

Status Assessment Results:

Document assessment results within the table as follows:

- **Conforming (C)** - The process records/evidence demonstrate effective implementation; process assessed and found acceptable.
- **Nonconforming (NC)** - The process records/evidence were assessed and a nonconformity was identified.
- **Not Evaluated (NE)** - The question was not evaluated; include justification in the "Assessment Evidence/Comments" column (e.g., outside assessment scope).

Assessment Evidence / Comments:

Include appropriate detail in the "Assessment Evidence/Comments" column to support the assessment results (e.g., information associated to the process assessed and records reviewed, NCR number, OFI).

Additional questions may be added, as deemed appropriate.

NOTE: 9104/2 check sheets are available on the International Aerospace Quality Group (IAQG) website.

Item	Question	Reference(s) (Standard and Clause Number)	Assessment Results (C, NC, or NE)	Assessment Evidence / Comments
Accreditation Body (AB) Management System				
1.	Is the AB a current member of the International Accreditation Forum (IAF) and a signatory of the IAF Multi-lateral Agreement (MLA)? NOTE: This can be verified prior to the assessment at IAF's website (www.iaf.nu).	9104/1: 5.2.a		
2.	Is the AB listed in the Online Aerospace Supplier Information System (OASIS) database as approved by the Sector Management Structure (SMS)?	9104/1: 4.5		
3.	Is there evidence that the AB has a person(s) with continuing aviation, space, or defense industry involvement in the AB's structure for developing and maintaining the principles and policies of operation?	9104/1: 5.2.c		
4.	Is there evidence that the AB has procedures, tools, and techniques in its system for granting, maintaining, suspending, extending, and withdrawing accreditation of Certification Bodies (CBs), including the requirement to gain concurrence from the applicable SMS?	9104/1: 5.1.a; 9104/1: 5.3.a		
5.	Has the AB established, implemented, and maintained a management system and continually improve its effectiveness in accordance with the requirements of ISO/IEC 17011 (i.e., Management System, Document Control, Records, Nonconformities and Corrective Actions, Preventive Actions, Internal Audits, Management Reviews, Complaints)?	ISO/IEC 17011: 5		
6.	Is there evidence that the AB has documented agreements in place to allow IAQG member companies and regulatory agencies the ability to conduct periodic oversight and the 'right of access' to all AB/CB Industry Controlled Other Party (ICOP) scheme records and information?	9104/1: 5.1.b		
7.	Is there evidence that the AB has arrangements in place with the CB to ensure that all data of audits/assessments is available to the AB?	9104/1: 8.5.e		
8.	Is there evidence that the AB has a complaint/issue resolution process established that ensures conformance to requirements?	9104/1: 5.3.11.a		

Item	Question	Reference(s) (Standard and Clause Number)	Assessment Results (C, NC, or NE)	Assessment Evidence / Comments
9.	Is there evidence that the AB has referred complaints that cannot be resolved to the applicable SMS or Certification Body Management Committee (CBMC)?	9104/1: 5.3.11.b		
10.	Where the CB has failed to meet requirements, is there evidence that the AB has management system process(es) and procedures for the suspension, reduction, or withdrawal of Aerospace Quality Management System (AQMS) standard accreditation?	9104/1: 5.3.7.a; 9104/1: 5.3.7.b		
	Do these procedures ensure that any AQMS standard suspension or withdrawal affects all AQMS accreditations?			
	In case of suspension or withdrawal of accreditation for ISO 9001 certification, is there evidence that the AB has also suspended or withdrawn all AQMS accreditations of the CB?			
	In case of suspension or withdrawal of accreditation, is there evidence that the AB has communicated to the CB and CBMC/SMS within five days and updated the OASIS database within 10 days as required?			
11.	Is there evidence that the AB has a management system that provides for a decision to suspend the AQMS accreditation of a CB, when established requirements are not met? NOTE: The specific conditions are listed in 9104/1 clause 5.3.7.c.	9104/1: 5.3.7.c		
12.	Is there evidence that the AB has a process to manage recommendations for CB suspension received from the SMS or CBMC?	9104/1: 5.3.7.d		
	Does the process require the AB to communicate action and decisions to the SMS/CBMC within 60 calendar days?			
13.	Is there evidence that the AB has a process that ensures CB conformance to requirements while suspended?	9104/1: 5.3.7.e		
14.	Has the AB initiated the withdrawal process for AQMS standard accreditations, when the CB fails to conform?	9104/1: 5.3.7.e		

Item	Question	Reference(s) (Standard and Clause Number)	Assessment Results (C, NC, or NE)	Assessment Evidence / Comments
15.	Is there evidence that the AB has ensured that CB suspensions that exceed three months in duration are referred to the SMS or CBMC for review?	9104/1: 5.3.7.f		
	Is there evidence that the AB has ensured that CB suspensions do not exceed six months from date of suspension, including determination whether the CB's AQMS accreditation should be withdrawn for all AQMS standards, if the reasons for suspension are not resolved?			
Accreditation Process				
16.	Is there evidence that the AB has required the CB to make a formal application for AQMS accreditation?	ISO/IEC 17011: 7.2; 9104/1: 5.3.e		
17.	Does the application conform to requirements and does it provide the AB evidence that the CB has the ability to conform to requirements?	ISO/IEC 17011: 7.2; 9104/1: 5.3.h		
18.	Is there evidence that the AB has conducted a resource review to assess its ability to carry out the assessment of applicant CBs?	ISO/IEC 17011: 7.3		
19.	Is there evidence that the AB has an application process which provides information and obtains assurance that applicant CBs do not issue any AQMS standard certificates before a decision to grant accreditation for AQMS certification to the CB has been made?	9104/1: 5.3.h		
20.	Is there evidence that the AB has terminated the application process, if the CB does not conform, and does not allow the CB to reapply for a period of not less than 12 months?	9104/1: 5.3.h		
21.	Is there evidence that the AB has recommended the CB to seek accreditation through the ICOP scheme approved AB operating in the CB's region, when the AB receives an application to accredit a CB outside of its normal region?	9104/1: 5.3.i		
22.	Is there evidence that the AB has ensured that initial accreditation of a CB, within the ICOP scheme, is for certification of clients to the 9100 AQMS standard?	9104/1: 5.3.1		
23.	Is there evidence that the AB has ensured that the CB has been accredited for ISO 9001 certification for at least one year by an IAF MLA signatory AB, prior to submitting application?	9104/1: 6.1		

Item	Question	Reference(s) (Standard and Clause Number)	Assessment Results (C, NC, or NE)	Assessment Evidence / Comments
24.	Is there evidence that the AB has required CBs to identify a single office location that has overall responsibility for implementation of the 9104-series standards requirements?	9104/1: 5.3.b		
25.	Is there evidence that the AB has required CBs to formally identify the person(s) at the lead office with overall responsibility and authority for the design, development, and maintenance of implementation of the 9104-series standards that is employed or directly contracted by the CB?	9104/1: 5.3.b		
26.	Is there evidence that the AB has an initial AQMS accreditation process that includes the assessment of all applicable requirements?	9104/1: 5.3.1		
27.	Is there evidence that the AB has a scope extension process that includes the assessment of all applicable requirements?	9104/1: 5.3.2		
28.	Is there evidence that the AB has conducted decision-making and granted accreditation in conformance with established requirements?	ISO/IEC 17011: 7.9		
29.	Is there evidence that the AB has presented CB AQMS standard accreditation decisions for recognition to the SMS?	9104/1: 5.3.d		
30.	Is there evidence that the AB has a process for appeals that conforms to established requirements?	ISO/IEC 17011: 7.10		
31.	Where applicable, does the AB reject new applications for a minimum of 12 months after suspension, withdrawal, expiry of accreditation of a CB or termination of an application?	9104/1: 5.3.9		
Client Oversight Process				
32.	Is there evidence that the AB has a process for reassessment and surveillance that conforms to established requirements? NOTE: Refer to 9104/1 clause 6 for CB surveillance requirements.	ISO/IEC 17011: 7.11 9104/1: 5.3.3; 9104/1: 6		
33.	Is there evidence that the AB surveillance and reassessment process includes at least one annual office assessment of the lead office, review of required CB client files, and the required number of annual witness assessments?	9104/1: 5.3.3.a; 9104/1: Table 1		

Item	Question	Reference(s) (Standard and Clause Number)	Assessment Results (C, NC, or NE)	Assessment Evidence / Comments
34.	Does the AB increase the number of visits to the CB, when CB competency or conformity issues are identified?	9104/1: 5.3.3.b		
35.	Where remote access file review is being performed by the AB, are associated requirements being satisfied?	9104/1: 5.3.3.c		
36.	Does the AB ensure that during one complete accreditation cycle and within the scope of each accreditation, that each accredited AQMS standard is witnessed at least once and each CB certification cycle audit is witnessed at least once?	9104/1: 5.3.4.a		
37.	Is there evidence that the number of AB witness assessments for each standard is approximately proportional to the number of certificates issued for each standard?	9104/1: 5.3.4.b		
38.	For each audit witnessed, is there evidence that the AB assessment team was present for the duration of the CB audit?	9104/1: 5.3.4.c		
39.	Where applicable, does the AB share witnessed AQMS auditor competency issues with the respective Auditor Authentication Body (AAB)?	9104/1: 5.3.5; 9104/1: 9.c; 9104/1: 10.4.c		
40.	Is there evidence that the AB has documented and properly classified all nonconformities identified during CB assessments?	9104/1: 5.3.8		
41.	Does the AB ensure that all nonconformities identified, during assessment activities of CBs, have been contained; satisfactorily completed with root cause analysis; and the corrective action has been implemented, reviewed, accepted, and verified within 90 calendar days of the date the nonconformity was raised?	9104/1: 5.3.8.a		
42.	Does the AB initiate the process for suspension of the CB's AQMS standard accreditation, if nonconformities are not closed within 90 calendar days?	9104/1: 5.3.8.b		
43.	Is there evidence that the AB has followed up on required actions from the IAQG Other Party Management Team (OPMT) Certification Structure Oversight Committee (CSOC) review/approval?	9104/1: 13.5		

Item	Question	Reference(s) (Standard and Clause Number)	Assessment Results (C, NC, or NE)	Assessment Evidence / Comments
Accreditation Body (AB) Personnel				
44.	Is there evidence that the AB has sufficient competent resources needed to support the effective management of their ICOP accreditation scheme?	ISO/IEC 17011: 6.1		
45.	Is there evidence that the AB has documented qualification and competency requirements for personnel?	ISO/IEC 17011: 6.1; ISO/IEC 17011: 6.2; 9104/1: 5.4.2.c		
46.	Has the AB maintained records of relevant qualifications, training, experience, and competence of persons involved in the AQMS accreditation process, including AB assessors and decision makers?	ISO/IEC 17011: 6.4; 9104/1: 5.4.1; 9104/1: 5.4.2		
47.	If the AB subcontracts the assessment, does this activity conform to established requirements?	ISO/IEC 17011: 7.4		
48.	Is there evidence that the AB has ensured, prior to oversight activity, consideration is given to any conflict of interest that may exist and resolves it with all affected parties?	9104/1: 19.3		
Online Aerospace Supplier Information System (OASIS) Database				
49.	Does the AB ensure that required CB information is correctly uploaded to the OASIS database in English?	9104/1: 5.3.g		
Miscellaneous Processes				
50.	Is there evidence that the AB process for approving CBs to utilize Advanced Surveillance and Recertification Procedures (ASRP), as outlined in IAF MD 3, meets established requirements?	9104/1: 6.9; 9104/1: 8.9.c; IAF MD 3		
51.	Is there evidence that the AB process for approving CBs to utilize Computer Assisted Auditing Techniques (CAAT), as outlined in IAF MD 4, meets established requirements?	9104/1: 6.10; 9104/1: 8.10; IAF MD 4		
52.	Is there evidence that the AB has a record retention process that meets established requirements?	9104/1: 5.3.10		
53.	Is there evidence that the AB has a process for addressing OASIS database feedback?	9104/1: 14.5		
54.	Where the AB has been suspended by the SMS, is there evidence that the AB has complied with suspension requirements levied by the SMS?	9104/1: 15.3		

Item	Question	Reference(s) (Standard and Clause Number)	Assessment Results (C, NC, or NE)	Assessment Evidence / Comments
55.	If the AB utilizes a Cross Frontier Policy, is there evidence that the AB has complied with applicable requirements?	9104/1: 16; IAF GD 3		
56.	Where required, does the AB provide the SMS with access to the results of any IAF peer evaluations?	9104/1: 5.1.c		
57.	Is there objective evidence that the AB has reported the required information annually to the SMS or CBMC?	9104/2: 8.3		
58.	Is there evidence that the AB conforms to published IAQG OPMT resolutions?	9104/1: 4.16; 9104/1: 5.3.a		
59.				
60.				
61.				

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FORM K
ACCREDITATION BODY (AB) WITNESS ASSESSMENT CHECK SHEET

AB Name:	
Address	
City, State, Country	
AB Contact Name:	
Witnessed CB Name and Address:	
Witnessed CB AQMS Accreditation Scope (Standards):	
Assessment Date(s):	<i>Day(s)/Month/Year</i>
Assessor Names and Roles:	<i>First Name, Last Name; Assessment Team Role, Organization's Name</i>
<input type="checkbox"/> Satisfactory (no nonconformities)	
<input type="checkbox"/> Corrective Action Required	<i>As applicable, identify number of nonconformities, including classification. List all Nonconformity Records (NCRs); identify applicable due date(s).</i>
<input type="checkbox"/> Opportunities for Improvement (OFIs) NOTE: A nonconformity cannot be documented as an OFI (reference 9104/2, definition section).	<i>As applicable, identify number of OFIs; list all OFIs.</i>
Conclusions, Remarks and Recommendations:	
Submitted by:	<i>First Name, Last Name</i>
Date Submitted:	<i>Day/Month/Year</i>

INSTRUCTIONS FOR COMPLETING CHECK SHEET:

This check sheet shall be used when conducting AB witness assessments.

Status Assessment Results:

Document assessment results within the table as follows:

- **Conforming (C)** - The process records/evidence demonstrate effective implementation; process assessed and found acceptable.
- **Nonconforming (NC)** - The process records/evidence were assessed and a nonconformity was identified.
- **Not Evaluated (NE)** - The question was not evaluated; include justification in the "Assessment Evidence/Comments" column (e.g., outside assessment scope).

Assessment Evidence / Comments:

Include appropriate detail in the "Assessment Evidence/Comments" column to support the assessment results (e.g., information associated to the process assessed and records reviewed, NCR number, OFI).

Additional questions may be added, as deemed appropriate.

NOTE: 9104/2 check sheets are available on the International Aerospace Quality Group (IAQG) website.

Item	Question	Reference(s) (Standard and Clause Number)	Assessment Results (C, NC, or NE)	Assessment Evidence / Comments
Pre-Audit				
1.	Is there evidence that AB oversight assessment activities are planned and scheduled with all affected parties, prior to conduct?	9104/2: 7.4.1		
2.	Is there evidence that the AB has prepared and made available to the CB and assessment team members an effective assessment plan, prior to conduct?	9104/2: 7.5.2		
3.	Is there evidence that the AB assessment plan has given consideration to follow-up items [e.g., previous assessment reports, past nonconformity verifications, Certification Structure Oversight Committee (CSOC) requirements]?	9104/2: 7.5.2		
4.	Does the AB ensure that the assessment team leader is identified and their role is communicated to all affected parties, prior to the oversight assessment?	9104/2: 7.5.1		
5.	Does the AB ensure, prior to oversight activity, consideration is given to any conflict of interest that may exist and resolve the conflict with all affected parties?	9104/2: 7.5.3		
6.	Does the AB ensure, prior to oversight activity, consideration is given to any restrictions arising from export control or security clearance with all affected parties?	9104/2: 7.5.3		
Audit Execution				
7.	Has the AB assessment team leader conducted an effective opening meeting?	ISO/IEC 17011: 7.7.1		
8.	Is there evidence that the AB assessment team is following the established assessment plan or making adjustments, as deemed appropriate, during the course of the assessment?	ISO/IEC 17011: 7.7		
9.	Is there evidence that the AB assessment team is conducting CB client files reviews to ensure conformance with requirements?	9104/1: 5.3.3.c; ISO/IEC 17021: 9.9.2		
	Where remote client file review has taken place prior to the assessment, has the AB assessment team leader communicated the results of this review with the CB and does the assessment plan include any identified follow up assessment items?			

Item	Question	Reference(s) (Standard and Clause Number)	Assessment Results (C, NC, or NE)	Assessment Evidence / Comments
10.	Where remote client file review has taken place prior to the assessment, is there evidence that a minimum of two client files are reviewed during the on-site assessment?	9104/1: 5.3.3.c		
11.	Does the AB assessment team's client file review process include evidence that CB audit duration, including justification, certification structure, certificate contents, and Online Aerospace Supplier Information System (OASIS) database entry requirements have been met?	9104/1: 5.3.3		
12.	Does the AB assessment team ensure that CB client files contain the required 9101 forms/records? NOTE: 9104/2 Form N, "9101 Audit Report Review Assessment Check Sheet", may be used for guidance.	9104/1: 5.3.3.a		
13.	Has the AB assessment team gathered sufficient objective evidence to determine if conformance to established requirements has been achieved?	ISO/IEC 17011: 7.8; 9104/1: 5.3.a		
14.	Does the AB assessment team take appropriate action, up to and including recommendation of suspension or withdrawal of the CB that does not demonstrate conformance?	9104/1: 5.3.a		
15.	Does the AB assessment team accomplish the CB Office Assessment utilizing AB approved assessment tools?	9104/1: 5.3.a		
16.	Is there sufficient evidence that the AB assessment team members have fulfilled their assigned roles/responsibilities, during the execution of the assessment plan?	ISO/IEC 17011: 7.7; ISO/IEC 17011: 7.8		
17.	Does the AB assessment team conduct an effective closing meeting with the CB?	ISO/IEC 17011: 7.8.3		
Post Audit				
18.	Is there evidence that the AB assessment team leader has prepared an effective assessment report that includes required items and conforms to requirements?	ISO/IEC 17011: 7.8.3.b		
19.	Does the AB ensure that any nonconformities identified, during the assessment, are recorded and classified on an Oversight Nonconformity Report (see 9104/2 Form D) or equivalent?	9104/2: 7.12		

Item	Question	Reference(s) (Standard and Clause Number)	Assessment Results (C, NC, or NE)	Assessment Evidence / Comments
Accreditation Body Personnel				
20.	Does the AB assessment team demonstrate that they have the identified specific scopes and competence in the areas being assessed?	ISO/IEC 17011: 6.2		
21.	When the AB assessment teams do not meet industry specific competency requirements, are they supported by aviation, space, and defense industry experts that fulfil the work experience, Aerospace Quality Management System (AQMS) training, or industry specific training for the applicable standard(s)?	9104/1: 5.4.1.d		
22.	Where using technical experts, is there evidence of effective utilization of the expert during the assessment?	9104/1: 5.4.1.d		
Online Aerospace Supplier Information System (OASIS) Database				
23.	Is there evidence that the AB assessment team confirmed CB conformance to OASIS database entry requirements?	9104/1: 12.5		
24.	Is there evidence that the AB assessment team has evaluated the CB's disposition of OASIS database feedback data, complaints, and issues?	9104/1: 6.7.j; 9104/1: 14.3		
25.	Does the AB assessment team confirm that the CB ensures that required data is entered into the OASIS database, within the required timeframes?	9104/1: 8.5.c; 9104/1: 8.7; 9104/1: Appendix C		
26.	Does the AB assessment team confirm that the CB utilizes AQMS auditors, listed in the OASIS database, that are both competent and authenticated in accordance with the requirements?	9104/1: 6.7.c; ISO/IEC 17021: 7.2.4		
Miscellaneous Processes				
27.	If the CB is approved to utilize Advanced Surveillance and Recertification Procedures (ASRP), as outlined in IAF MD 3 and 9104/1, does the assessment team confirm that the ASRP requirements are satisfied?	9104/1: 6.9; 9104/1: 8.9.c; IAF MD 3		
28.	If the CB is approved to utilize Computer Assisted Auditing Techniques (CAAT), as outlined in IAF MD 4 and 9104/1, does the assessment team confirm that the CAAT requirements are satisfied?	9104/1: 6.10; 9104/1: 8.10; IAF MD 4		
29.	Does the AB assessment team confirm that the CB conforms to IAQG resolutions?	9104/1: 6.7.e		

Item	Question	Reference(s) (Standard and Clause Number)	Assessment Results (C, NC, or NE)	Assessment Evidence / Comments
30.	Does the AB assessment team confirm that the CB records of 9104/1 activities are maintained for a minimum of six years, unless otherwise specified?	9104/1: 17.1		
31.	Does the assessment team confirm that the CB ensures that a client's (certified organization) data is not shared with their competitors, during shared oversight?	9104/1: 19.2		
32.				
33.				

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FORM L
CERTIFICATION BODY (CB) OFFICE ASSESSMENT CHECK SHEET

CB Name:	
Address	
City, State, Country	
Contact Name	
Assessment Date(s):	<i>Day(s)/Month/Year</i>
Assessor Names and Roles: [including Other Party (OP) assessor]	<i>First Name, Last Name; Assessment Team Role, Organization's Name</i>
<input type="checkbox"/> Satisfactory (no nonconformities)	
<input type="checkbox"/> Corrective Action Required	<i>As applicable, identify number of nonconformities, including classification. List all Nonconformity Records (NCRs); identify applicable due date(s).</i>
<input type="checkbox"/> Opportunities for Improvement (OFIs) NOTE: A nonconformity cannot be documented as an OFI (reference 9104/2, definition section).	<i>As applicable, identify number of OFIs; list all OFIs.</i>
Conclusions, Remarks, and Recommendations:	
Submitted by:	<i>First Name, Last Name</i>
Date Submitted:	<i>Day/Month/Year</i>

INSTRUCTIONS FOR COMPLETING CHECK SHEET:

This check sheet shall be used for 9104/1 CB office assessments. It may also be used for CB special office assessments (e.g., follow-up).

Status Assessment Results:

Document assessment results within the table as follows:

- **Conforming (C)** - The process records/evidence demonstrate effective implementation; process assessed and found acceptable.
- **Nonconforming (NC)** - The process records/evidence were assessed and a nonconformity was identified.
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Assessment Evidence / Comments:

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Additional questions may be added, as deemed appropriate.

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