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التاريخ Date	التوقيع Signature	الاسم Name	المنصب Position	الدور Role
		عبدالعزیز رجب Abdulaziz Rajab	مشرف الجودة Quality Supervisor	الإعداد Prepared
		حسان الوهبي Hassan Alwohaibi	نائب المدير التنفيذي للعمليات COO	المراجعة Reviewed
		عبدالرحمن العسكر Abdulrahman Alaskar	مدير عام الإدارة العامة للجودة Quality Management GM	الموافقة Verified
		د. عادل القعيد Dr. Adel Alkeaid	المدير التنفيذي Excusive Director	الاعتماد Approved

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INTRODUCTION

Saudi Accreditation Center (SAAC) as a pillar of the Saudi Accreditation System integrated into the general framework of the National Quality Strategic Plan 2020, which aims to implement, develop and qualify the national quality infrastructure. Integrated within the strategic second target related to the trade and investment goals (increasing the proportion of goods complying with the national and international standards) in the national upgrading program 2020 as a part of the highest vision of the Kingdom of Saudi Arabia 2030.

The main goal of the Saudi Accreditation System is to demonstrate the technical competency and the impartiality of the Saudi Conformity Assessment Bodies. SAS contributes to facilitate Saudi international trade exchanges by reducing Technical Barriers to Trade. Moreover, SAAC contribute in the achievement of consumer protection programs by assuring a balance between fair legislative regulations requirements for monitoring the market and the WTO principles of free trade. In addition, it aims to harmonize implementation of technical regulations to support compliance with international and national requirements in accordance with good regulatory practices (GRP).

This document, (Quality Manual) provides the general framework for the implementation of SAAC management system, and defines the general scope of the management system including, in some cases, nationals and internationals references followed by SAAC

1 SCOPE

SAAC's management system complies with requirements of the international standard ISO/IEC 17011: 2017 (conformity assessment -Requirements for accreditation bodies accrediting conformity assessment bodies) and rules of International Laboratory Accreditation Cooperation ILAC, International Accreditation Forum IAF, Asia Pacific Accreditation Cooperation APAC, and rules of Arab Accreditation Cooperation ARAC, as illustrated through these Manual and related documents.

This Manual cover the activities mentioned in form F-25

2 Quality policy and Impartiality policy:

2.1 Quality policy:

The CEO of SAAC commits to provide necessary resources for SAAC activities in accordance to the requirements of international standards related to accreditation, particularly the requirements of the international standard ISO/IEC 17011:2017 and of ILAC, IAF, APAC and ARAC rules. ensure that all SAAC activities are applied at all levels within the framework of respecting principles of good management, transparency, Impartiality and independency. In accordance with the requirements of the relevant international standards and rules, SAAC CEO submits to the Board periodically an activity reports relating SAAC activities, including mutual recognition agreement issues.

The CEO of SAAC commits to ensure providing all necessary means, in order to offer best-quality services satisfying all needs of CABs and stakeholders. Effective communication channels are maintained with all accreditation stakeholders in order to ensure identification of their needs and contributes to develop new accreditation activities as required by needs and SAAC's capabilities. In addition, The Board undertakes and provide necessary resources to cover new accreditation requests and schemes, and also, commits to implement policies and procedures without any CAB's discrimination. The Board ensures impartiality and integrity and maintains confidentiality and transparency at all levels with the aim of establish the necessary confidence towards SAAC services.

The CEO of SAAC commits to undertake all necessary measures to ensure the competency and independency of all participants in implementation of the accreditation system, including selection of competent assessors and operating a periodic follow-up of their activities and development of their competencies. On basis, the efficiency of SAAC's personal, assessors, and experts is the primary guarantor to evaluate performance level of the accredited conformity assessment bodies. The Board commits to guarantee a training program for all SAAC employees, including assessors, technical experts, and committee members. CEO is committed to ensure the respect of policies, programs and target by implementing follow-up procedures and instructions at all levels of SAAC activities, particularly policies and operational action plans which are reviewed and developed periodically.

Results of annual management review, internal audit, complaints, non-conformities, and any other pertinent information's will be exploited by the board, in order to ensure the effectiveness of the implementation of SAAC management system and awareness activities. The board stills the responsible for all decisions taken by SAAC in the field of accreditation.

CEO Signature

2.2 Impartiality policy

Saudi Accreditation Center (SAAC) is the unique recognized Saudi Accreditation Body to provide accreditation services for all Saudi Conformity Assessment Bodies. It is a governmental structure independent from any Conformity Assessment Bodies and not affiliated with any other governmental body. SAAC provides its services in a non-profit manner and organized in a way to ensures preservation of its Integrity, impartiality, and confidentiality.

Considering impartiality as one of the main pillars of accreditation, SAAC is extremely commits-on to maintain stakeholders confidence expected from accreditation. SAAC committed to comply with all requirements of ISO/IEC 17011: 2017 and to maintain impartiality at all levels and stages of its activity. SAAC take care on the participation of stakeholder's representatives in all technical and advisory committees.

The Board is committed to formulate policies and procedures in a non-discriminatory or biased manner. Moreover, provide SAAC services to all CABs which comply and meet the accreditation requirements. Without any distinguish between conformity assessment bodies (CABs), including but not limited, the size of the CAB or its membership of an association or group or number of assessment bodies accredited ... etc. In addition, the members are obligated towards a fraudulent behavior or CAB intentionally provides false documents, information or conceals information, SAAC refuses to provide services to these CABs or initiate its process for withdrawal or suspension of accreditation. The board members Strictly Prevent any technical support services or consultations to CABs or provide any conformity assessment services that may violate the principles of integrity, impartiality, and keep confidentiality. Moreover, The Board is committed that SAAC does not offer any activities nor any link with consultancy issues or other services that violating its impartiality or integrity. Nothing implied or would suggest that accreditation would be simpler, easier, faster or less expensive if any specified person(s) or consultancy is contracted.

The Board is committed to ensure that all SAAC personal (employees, committee members, assessors and experts) who can influence the accreditation process act objectively and free from any commercial, financial or other pressures that may compromise impartiality and integrity. In addition, the board take all necessary means to ensure that there is no personal relationship whether in past, present, or foreseeable in the future or mutual benefits or any potential relationship or competitive status between SAAC personal or their organizations and the assessed CAB. Through their obligation to declare the nature of any relationship or any potential conflict of interest as it arises. In the event of a relationship or conflict of interest, the person concerned not allowed to participate in any phase of the accreditation process.

SAAC evaluates the potential risks to impartiality arising from its activities and identifies the parties concerned on an ongoing basis, including any inconsistencies arising from its relations, and personal relations on an ongoing basis. Ensuring protection of impartiality through internal audit, management review and stakeholders claims. When identify any risk SAAC undertake the appropriate and monitored measures to eliminate or minimize its impact and evaluate its effectiveness.

SAAC commits that in case of identified unacceptable risk to impartiality and couldn't mitigated its impact to an acceptable level, will not provide accreditation until the risk removed.

CEO Signature

3 Terms and definitions

3.1 Definitions

- **SAAC:** Saudi Accreditation Center
- **The Board:** Board of Directors of Saudi Accreditation Center
- **Stakeholders:**
 - Representatives of the relevant government bodies
 - Representatives of conformity assessment bodies
 - Technical experts
- **APAC:** Asia Pacific Accreditation Cooperation
- **ARAC:** Arab Accreditation Cooperation
- **IAF:** International Accreditation Forum
- **ILAC:** International Laboratory Accreditation Cooperation
- **ISO:** International Standardization Organization
- **SASO:** Saudi Standards, Metrology and Quality Organization.
- **Conformity Assessment Bodies (CAB):** Testing and Calibration Laboratories, Inspection bodies, Medical Laboratories, Proficiency Test Provider, Reference Materials Providers, certification bodies Certification of products, Certification of Persons and Biobanking.

3.2 Terms

- Terms and Definitions mentioned in ISO/IEC 17000:2004 (Conformity Assessment - Vocabulary and General Principles) are applied.
- ISO 9000:2015 (Quality management systems —Fundamentals and vocabulary)
- VIM:2012 International vocabulary of metrology – Basic and general concepts and associated terms (VIM), Which issued by BIPM, IEC, IFCC, ISO, IUPAC, IUPAP, OIML

4 Saudi Accreditation Center (SAAC)

4.1 Legal entity

Saudi Accreditation Center SAAC is the Saudi national accreditation body mandated to carry out tasks related to the evaluation of conformity assessment bodies based on the constitutional document of creation of SAAC issued by Royal decree No. (600) dated 22/10/1440 H.

4.2 Accreditation agreement

All CAB request for SAAC accreditation, renewal of accreditation, or extension of the scope of accreditation, shall submit the application form F-24, which includes all obligations shall be implemented, particularly the general regulation for accreditation of conformity assessment bodies and SAAC policies and procedures. The SAAC IT system (www.saac.gov.sa) clarify all terms and conditions (before submitting any request) and the obligations and

instructions shall be followed by the applicant.

4.3 Use of accreditation logo and marks

4.3.1 SAAC logo and marks are legally protected, SAAC is the unique entitled of the copyright. SAAC logo on certificates and documents is the proof to ensure that accredited CABs are fully comply with SAAC requirements and for claiming of accreditation status. CABs shall not make any misleading or unauthorized statement regarding their accreditations. Ensure upon withdrawal of CAB accreditation, discontinues its use of any reference to that accreditation. CAB shall not refer to its accreditation in a way to imply that SAAC approve a product, process, service, management system or person. SAAC Ensure that CAB informs its affected clients of the suspension, reduction or withdrawal of its accreditation and the associated consequences without undue delay. Appendix A-02 includes Rules of Using SAAC Logo and mark.

4.3.2 SAAC committed to undertake actions mentioned in Article 9 of the General Regulations of Accreditation Conformity Assessment Bodies to deal with incorrect or unauthorized claims of accreditation status, or misleading or unauthorized use of accreditation mark and the accreditation body logo.

4.4 Impartiality requirements

4.4.1 SAAC committed to undertake accreditation activities impartially. SAAC is responsible for the respect of impartiality of its accreditation activities and do not allow any commercial, financial nor other pressures to compromise its impartiality.

4.4.2 SAAC committed to ensure that all SAAC-personnel, committees' members and assessors who could influence the accreditation process act objectively and free from any undue commercial, financial and other pressures that could compromise impartiality. In addition, SAAC commit to take all necessary means to ensure that there is no personal relationship, whether in the past, present, or foreseeable in the future, including mutual benefits, or any potential relationship or impartial situation between all SAAC-personnel, individually or between their organizations that they work with and the CAB to be assessed - before participating in the assessment process - through their commitment to declare the nature of any relationship they have with CAB. In this case, the concerned person not allowed to participate in any stage of the accreditation process. SAAC requires all personnel, committee members, and assessors to disclose any potential conflicts of interest whenever it may arise by signing the Code of Ethics, Preserving Confidentiality and Integrity F-26.

In addition, SAAC employees not allowed to reveal any confidential information. Also, there is no direct or indirect impact during any stage of the accreditation process on SAAC employees' salaries.

4.4.3 For safeguarding impartiality, SAAC committed to comply with the rules of impartiality and integrity in all stages of its activities, by providing opportunity for effective involvement of all interested parties. SAAC ensure a balanced representation of interested parties with no single party predominating in the board.

4.4.4 Procedure P-11 includes process to identify, analyze, evaluate, treat, monitor and document on an ongoing basis

the risks to impartiality arising from its activities including any conflicts arising from its or SAAC-personnel relationships. Where any risks to impartiality are identified, SAAC investigate, document and demonstrate the manner to eliminate and minimize such risks, residual risks are documented. The investigation covers all identified potential risks, whether they arise within SAAC or from the activities of related persons, bodies or organizations. Any residual risk will be reviewed during the annual management review according to Procedure P-09 to determine their risk acceptance level. If an unacceptable risk to impartiality is identified and cannot be mitigated to an acceptable level, SAAC committed to not provide accreditation until eliminates or minimizes the risks.

4.4.5 SAAC's policies, processes and procedures are non-discriminatory and applied in a non-discriminatory way. SAAC make accessible to SAAC-services to all accreditation applicants within the scope of its accreditation scheme as defined on the website. (www.saac.gov.sa).

SAAC website contains the General Regulations of accreditation for CABs including accreditation costs. SAAC commits to make unconditional access to all applicants without constraint upon the size, the membership to any association or group, nor shall accreditation be conditional upon the number of conformity assessment bodies already accredited.

4.4.6 SAAC does not offer or provide any service that affects its impartiality, such as conformity assessment activities and consultancy. SAAC's activities aren't linked with any consultancy or other services that pose an unacceptable risk to impartiality. In addition, SAAC commits to nothing will be declared or implied or suggested that accreditation would be simpler, easier, faster or less expensive if any specified person(s) or consultancy were used. In addition, according to the SAAC's constitutional document, SAAC is an independent from any governmental or nongovernmental CABs or other body. Moreover, accreditation decisions-making process demonstrate independency of accreditation decisions, and related SAAC financial and administrative dispositions.

4.5 Financing and liability

SAAC's financial resources consist on the following:

- Counterpart of the Accreditation services to cover all liabilities of the center include the risk of the center, including the risks resulting from the accreditation process.
- Governmental allocated budget,

Risks arising from budget imbalance SAAC activities is evaluated according to procedure P-11.

4.6 Establishing accreditation schemes

4.6.1 The list F-25 includes services provided by SAAC, the national regulation and the related international standards.

4.6.2 SAAC determine the suitability of the conformity assessment schemes and standards for accreditation purposes according to procedure P-06, which includes process for developing and extending SAAC accreditation schemes. Its outputs are reviewed in SAAC management review according to procedure P-90.

5 Structural requirements

5.1 SAAC commits to structure and manage SAAC in manner to safeguard impartiality as illustrated in policy A-01. SAAC not related to any other body (see 4.1 above). SAAC have authority and responsibility for accreditation decisions, which not subject to approval by any other organization or person according to procedure P-01. SAAC has the entire responsibility for all these decisions:

- Granting of accreditation.
- Renewal of accreditation.
- Extending the scope of accreditation.
- Reducing the scope of accreditation.
- Suspension of accreditation.
- Withdrawing of accreditation.

5.2 The responsibilities of senior management (the center's board of directors) as well as the CEO of center defined and documented based on stated in Seventh and Eighths of organization SAAC issued by Royal Decree No. 600 dated 10/22/1440 AH

The Council is the dominant authority over the affairs of the Center and the management of its affairs. It takes all necessary decisions to achieve its objectives. In particular, it has the following:

- Adoption, monitoring the implementation of SAAC's policies, plans and programs.
- Approval of accreditation schemes, standards, technical specifications and requirements for accreditation of CABs.
- Establishment of SAAC regulations in order to guarantee impartiality.
- Approval of SAAC organizational structure and submission to competent authority.
- Approval of administrative and financial regulations - under the with the supervision of Ministry of Finance - and other competent authority.
- Approval of technical cooperation programs and mutual recognition agreements with peers.
- Consider periodic SAAC activities reports, submitted by CEO.
- Approval of SAAC annual Budget Project, its final accounting balance sheet, the auditor's report, and the annual report:
- Assign auditors (or more) to the SAAC accounts and approve their fees.
- Approve of SAAC services fees.
- Approve the creation and define the tasks of permanent or temporary committees - from its members or other partners .
- Approve the establishment of SAAC branches or offices.

SAAC Executive Director (CFEO) is responsible for day to day management and the implementation of the SAAC-Board decisions. SAAC CEO is, among other duties, in charge of:

- Proposal and submission to the board of drafts related to SAAC policies, plans and programs.
- Proposal to the Board of drafts related to SAAC organizational structure, administrative and financial regulations. Supervision of their implementation.
- Approval of SAAC orders for payment of expenses, according the approved financial regulations.
- Management of SAAC employees, according Human Resource regulations.
- Management and supervision of day to day SAAC activities according regulations and the board decisions.
- Preparation and submission to the board of SAAC draft annual budget.
- Legal representation of SAAC inside and outside the Kingdom.
- Approve SAAC contracts with different consultant, assessors and experts, related to SAAC's activities in accordance with SAAC regulations.
- Prepare and submit the periodic SAAC' activities report to the Board.
- approve the accreditation certificates and decisions related to SAAC's activities, in accordance with the SAAC's regulations and procedures.
- Monitor studies, research and scientific published by SAAC, in accordance with Board decisions, recommendations and rules.
- Any other task assigned by the Board.

The CEO may, by a written decision, delegate one or more of his tasks. SAAC employees are qualified to perform their tasks and have the necessary competencies to deal with technical requirements and to conduct their daily work. For the qualified of them, they are able to be assigned to the tasks of assessors of CABs. SAAC employees under the supervision of the CEO fulfill their tasks in accordance to the job description forms F-01.

5.3 SAAC has the possibility to benefit from the necessary expertise related to accreditation. And could designate technical advisory committees in the areas of conformity assessment according to the procedure P-012 that defines the formal rules, requirements, training and the organizational procedures within these committees. SAAC designate (04) four types of committees, as following:

- Accreditation technical committees.
- Advisory committees.
- Committee Selection of Assessors and Experts
- Complaints and Appeals Committee.

6 Resource requirements

6.1 Determination of competence criteria and management of personnel

SAAC ensure its personnel, assessors, and committees members involved in accreditation process have the appropriate knowledge and skills relevant to the accreditation schemes and geographic areas in which they operate according to the procedure P-01. The procedure, also, deals with the process for determining and documenting the competencies' criteria applied for personnel involved in the management, assessment and other accreditation activities. Procedure P-03 deals with the process of monitoring of committees' members and the evaluation of their performance.

6.2 Personnel involved in the accreditation process:

6.2.1 SAAC has a sufficient number of qualified permanent employees to manage and support all of its accreditation activities and programs (see job description F-01). SAAC could also contract individuals such as assessors and experts to carry out assessment according to procedure P-03. All SAAC personal are aware about and comply with SAAC policies and ethics rules by signing the Code of Ethics F-26. Contract Form (Assessor/Expert) F-27 and Contract Form (Member of Technical Committee) F-28.

6.2.2 All necessary assessment' documents, including standards documents, previous assessment document and records of CABs are provided electronically to the assessment team via SAAC IT system according to procedure P-01. All relevant SAAC documents are also available on the website www.saac.gov.sa.

6.3 Personnel records

SAAC maintain all necessary personnel records, including qualifications, training, competence, results of monitoring, experience, professional status and affiliations for personnel managing or performing accreditation activities according to the procedure P-03.

6.4 Outsourcing

SAAC undertake the entire accreditation activities and process, and do not outsource any activities to other parties. SAAC commits to not outsource the accreditation decisions. Every person assigned by SAAC involved in the accreditation decision is employed by, or under enforceable arrangements. Contract Form (Member of Technical Committee) F-28- with SAAC.

7 Process requirements

7.1 Accreditation requirements

All accreditation requirements of CABs set out in the relevant International Standards, guidelines and/or national regulation are indicated in form F-25.

7.2 Application for accreditation

7.2.1 SAAC require an authorized representative of the applicant CAB to make a formal request within the application form F-24 and sign it via SAAC's IT system.

In addition, the form F-55 includes information related to the accreditation requirements shall be addressed to SAAC prior starting the assessment process. This information, include, but not limited, to general features of CAB, legal entity, name, address(es), legal status, human and technical resources, relationship with larger or other entity, if any, addresses of all its location(s), information on activities conducted at each location, CAB's commitment to continually

fulfill SAAC requirements for accreditation and all the obligations in due the conformity assessment body.

SAAC review the CAB' information and evaluate the suitability of the application for accreditation in order to initiate an assessment in accordance to the procedure P-01.

7.2.2 At any information provided in CAB- application or during the initial assessment process, if SAAC detect any evidence demonstrating fraudulent behavior, if the CAB intentionally provides false information or if the CAB conceals information, SAAC proceed to reject the application or close the assessment process in accordance of the General Regulation for Conformity Assessment Accreditation.

7.2.3 SAAC may conduct a preliminary visit before the initial assessment. It is conducted following the request or by the agreement of the CAB. In accordance with the following cases:

- Result of the pre-assessment should not affect the accreditation decision-making process.
- The pre-assessment not considered as a consultancy for CAB.
- The pre-assessment contributes to provide a clear idea about the status of CAB in general without considered an official report on the technical competence of CAB according to procedure P-01.

7.3 Resource review

Upon receiving the accreditation request, SAAC review its ability to carry out the assessment of the applicant CAB, in accordance of SAAC policy, procedures, availability of competence and competent decision makers. The review also includes the ability of SAAC to carry out the initial assessment in the expected predetermined time period. Where the initial assessment cannot be conducted in a timely manner, SAAC communicated to CAB expected time period according to procedure P-01.

7.4 Preparation for assessment

7.4.1 SAAC appoint an assessment team consisting of a team leader and, where required, a suitable number of assessors and/or technical experts for the scope to be assessed via IT system according to procedure P-03, which includes specific task for each team member. When selecting the assessment team, SAAC ensure that the expertise brought to each assignment is appropriate. In particular, the team have the appropriate knowledge of the specific scope of accreditation and understanding sufficient to make a reliable assessment of the competence of CAB to operate within its scope of accreditation.

SAAC inform CAB of the names of the members of the assessment team and any observers, and the organization(s) they belong to, sufficiently in advance via IT system to provide the CAB the opportunity to lodge an objection to the appointment of any particular team members or observers with supporting justification. The objection shall be for reasons related to impartiality according to procedure P-01.

7.4.2 SAAC assess the competence of a CAB to perform all activities according its scope of accreditation irrespective of where these activities are performed according to procedure P-01, which describe the steps and the use of a combination of on-site assessments and other assessment techniques sufficient to provide confidence in the

conformity with the relevant accreditation criteria.

The assessment team assesses the performance of a sample of the conformity assessment activities representative of the scope of accreditation. The assessment covers a sample of locations and personnel to determine the competence of the CAB to perform its activities covered by its scope of accreditation with the consideration of the risk associated to the activities, locations and personnel covered by the scope of accreditation.

7.4.3 SAAC confirm with the CAB the date(s) and plan for the assessment. An assessment plan developed to cover the activities to be assessed, the locations at which activities will be assessed, the personnel to be assessed where applicable and the assessment techniques according to procedure P-03, which include witnessing where appropriate or applicable via SAAC's IT system according to procedure P-01.

SAAC ensure that the assessment team provided with the appropriate requirements documents, previous assessment records, if applicable, and the relevant documents and records of the CAB via SAAC's IT system according to procedure P- 01.

7.5 Review of documented information

The assessment team review all relevant documented information provided by the CAB in document assessment evaluation phase according the relevant standard(s) and requirements for accreditation listed in F-25. SAAC can decide or not to proceed with further assessment based on the review of the documented information. In such cases, report the results with their justification to the CAB.

7.6 Assessment

7.6.1 Procedure P-03 deals with the assessment techniques applied within SAAC. Procedure P-01 describe the circumstances in which they are to be used and the rules for determining the onsite assessment durations. The procedures include the content of SAAC report including the assessment findings.

7.6.2 the onsite visit, start with an opening meeting, during which the assessment team expose the assessment target the technical requirements will be clearly defined, and the assessment plan as well as the scope for the assessment are confirmed according to the procedure P-01.

7.6.3 The assessment team analyze all relevant information and objective evidence gathered prior to, and during the assessment to evaluate the technical competence of CAB according the requirements for accreditation.

Where the assessment team cannot reach a consensus on finding, the team refers back to SAAC for clarification. The assessment report prepared and reviewed electronically via SAAC's IT system according to procedure P-01. SAAC still responsible for the content of all of its assessment reports.

7.6.4 When nonconformities are identified form F-45 used, SAAC define time limits for corrective actions to be implemented by the CAB. SAAC require CAB to provide an analysis of the extent and root cause analysis of the nonconformities. and present within a fixed delay the appropriate actions taken or planned to be taken to resolve the nonconformities. Accreditation officer ensure that the proposal of CAB to resolve nonconformities are reviewed by

assessment team via IT system to determine if the actions are considered to be sufficient and appropriate. Where the CAB's responses are found not to be sufficient, further information will be requested. Additionally, evidence of effective implementation of actions taken may be requested, or a follow-up assessment may be carried out to verify the implementation of corrective actions according to procedure P-01.

7.7 Accreditation decision-making

After the verification process conducted by the accreditation manager on the assessment report and ensuring that the information provided is complete according to procedure P-01, the application is referred to the technical committee to make the recommendations for Granting / Renewing / Extending / Reducing / Suspending Renewing the Accreditation / Withdrawing by members or committees who did not participate in the accreditation process according to procedure P-05, and the CEO takes the decision to Granting / Renewing / Extending / Reducing / Suspending / Renewing the Accreditation / Withdrawing scope based on The recommendations are made by the technical committee, and informs the entity of the decision through the system, accompanied by justifications, if any.

7.8 Accreditation information

7.8.1 Once the accreditation decision is taken, SAAC provide accreditation certificate to CAB according to F-43, identify name, unique accreditation identification, scope of accreditation, reference to the international standard(s) and/or other normative document(s), locations, the effective date of accreditation, its expiry date of the accredited CAB according to the policy A-02.

7.8.2 The certificate accompanied by additional annexes that considered part of them. These annexes include the following information:

For Calibration Laboratories:

The scope of accreditation including information about calibration and measurement capability (CMC) expressed in terms of measurand or reference material; or calibration or measurement method or procedure and type of instrument or material to be calibrated or measured; measurement range and additional parameters where applicable; measurement uncertainty.

For Testing Laboratories:

The scope of accreditation including information about materials or products tested; component, parameter or characteristic tested; tests or types of tests performed and, the techniques, methods and/or equipment used.

For inspection bodies:

The scope of accreditation including information about the type of inspection body (as defined in ISO/IEC 17020); inspection schemes, where relevant; the field and range of inspection for which accreditation has been granted; the regulations, inspection methods, standards and/or specifications containing the requirements according which the inspection is to be performed, as applicable.

For Proficiency Test Provider:

The scope of accreditation including information about proficiency testing provider or products tested; component, parameter or characteristic tested; tests or types of tests performed and, the techniques, methods and/or equipment used, and schemes that the proficiency testing provider is competent to provide, type of proficiency testing items, the measurand(s) or characteristic(s) or where appropriate the type of measurand(s) or characteristic(s) that are to be identified, measured or tested.

For certification bodies:

The scope of accreditation including information about the type of certification; certification scheme(s); the standards, normative documents and/or regulatory requirements to which management systems, products, processes and services, or persons are certified, as applicable; industry sectors, where relevant; product, processes, service and persons categories where relevant.

For Reference Materials Producer:

types of reference materials (certified reference material, reference material or both), the reference material matrix or artefact, the property/properties characterized, and the approach used to assign property values.

For other conformity assessment bodies:

The specific conformity assessment activities the conformity assessment body is accredited for; the standards, normative documents and/or regulatory requirements containing the requirements against which the conformity assessment activity is to be performed, as applicable; conformity assessment scheme, where relevant; and industry sector, where relevant.

7.9 Accreditation cycle

7.9.1 An accreditation cycle starts from the date of the decision for granting the initial accreditation and still valid for three years. SAAC apply an assessment cycle/program for each accredited CAB, in order to ensure that all CAB competencies, representative and all location related to the scope of accreditation are assessed during the accreditation cycle. Factors such as former information provided to SAAC about CAB's management system and activities and the performance of CAB could be considered by SAAC for the establishment the assessment program. The SAAC assessment program ensures that the requirements of the international related standards and other normative documents containing requirements for CAB including the scope of accreditation will be assessed taking risk into consideration. A part of the scope of accreditation shall be assessed at least once every two years. The time between consecutive on-site assessments do not exceed 18 months, except for MDMS where it is only 12 months, according to the procedure P-01.

7.9.2 Six months before the end of the accreditation cycle, a reassessment shall be planned and performed after coordination with CAB taking into consideration the information gathered from assessments performed over the accreditation cycle.

The reassessment confirms the competence of CAB and cover all the requirements of the related standard(s). An

accreditation decision made after the reassessment according to the procedures P-01.

7.9.3 SAAC may conduct extraordinary assessments according complaints or changes, or other matters that may affect the ability of CAB to fulfill requirements for accreditation according to General Regulation for Conformity Assessment Accreditation.

7.10 Extending accreditation

Accredited CAB can submit a request to extending or reducing the scope of accreditation via IT system. The submission of the request to extending the scope of accreditation, the CAB shall confirm that no onsite assessment has been scheduled within less than two months, and in this case, the request is merged with previous onsite assessment. The following considered request to extending the scope of accreditation in the following cases:

For Calibration Laboratories:

In case of request of extension related to a range of calibrations, or improving the value of the uncertainty included in the accreditation scope, or use of new calibration measuring devices different from the calibration equipment related to the initial scope of accreditation.

For Testing Laboratories:

in case of the list of tests requested for extension in the accreditation scope are related to the same accredited tests scope.

For inspection bodies:

In case of extension of the list of inspectors, new geographical regions of intervention of the CAB, or new inspection lists for goods, equipment or headquarters for the same accreditation technical activity,

Or If the request for extension includes addition inspections of sectors that require different technical competencies, then the initial request will be considered a separate accreditation request.

For Proficiency Test Provider:

In case of the list of proficiency test provider requested for extension in the accreditation scope are related to the same accredited scope.

For certification bodies:

In the case of extension request related to new industrial sectors or services for certification according to the list specified by IAF (39 activities), or adding new certification activity covered by a different standard (ISO9001-ISO14001-ISO22000....).

If the request for extension of various activities for certification (granting management systems certificates, personnel competency or matching products), in this case the request is considered a separate accreditation request. SAAC define the appropriate assessment technique(s) according to procedure P-01, based on the risk associated with the activities or locations of the scope extension. SAAC Handle the request according to procedure P-01. Also, SAAC

consider extensions scope granted during the review and the assessment program and planned of the subsequent assessment.

7.11 Suspending, withdrawing or reducing accreditation

7.11.1 “The General Regulation for Conformity Assessment Accreditation” identify circumstances that accreditation suspended, withdrawn or reduced, when an accredited CAB has failed to meet the requirements of accreditation or to abide by the rules for accreditation or has voluntarily requested a suspension, withdrawal or reduction. Procedure P-10 includes process of suspension, withdrawing or reduction of the accreditation, and lift suspension of accreditation. Procedure P-01 includes process of decisions making.

7.11.2 Where there is evidence of fraudulent behavior, or the CAB intentionally provides false information or conceals information, SAAC initiate its process for withdrawal of accreditation according procedure P-01.

7.12 Complaints and Appeals

Process of reception, handling, evaluation, making decisions on complaints and appeals, and confirm whether they relate to accreditation activities that SAAC is responsible for, according the procedure P-10. Which is available to any interested party on SAAC’s website. SAAC ensure that complaint concerning an accredited CAB is addressed by the CAB. SAAC commit to be responsible for all decisions at all levels of the handling process for complaints or appeals. Also, commit to Investigation and take decision on complaints or appeals without any discriminatory actions.

7.13 Records on conformity assessment bodies

SAAC maintain records at its IT system on conformity assessment bodies to demonstrate that requirements for accreditation effectively fulfilled according to procedure P-02.

8 Information requirements

8.1 Confidential information

8.1.1 SAAC commit to keep confidential all information obtained during accreditation process of CAB. Unless agreed between SAAC and CAB. When SAAC required by regulation or authorized by contractual arrangements to release confidential information, CAB will be notified by the adequate information, unless prohibited by regulation. As described on “General Regulation for Conformity Assessment Accreditation”. Information about the CAB including those provided by other sources than CAB (e.g. complainant, regulators) SAAC commit to be considered as confidential between CAB and SAAC.

SAAC commit to be confidential the provider (source) of this information and not be shared with the CAB, unless agreed by the source.

8.1.2 SAAC ensure that personnel, including any committee members, contractors, personnel of external bodies, or individuals acting on SAAC’s behalf, keep confidential all information obtained or created during the performance of SAAC’s activities, except as required by regulation. By signing the Code of Ethics, Preserving Confidentiality and Integrity F-26.

8.2 Publicly available information

8.2.1 SAAC make publicly available information about SAAC, description of SAAC's and CAB's rights and duties, SAAC activities, accreditation process, reference to the documents containing the requirements, fees relating to accreditation, use of SAAC logo and mark, lodging and handling complaints and appeals, information on CABs and the accreditation status and communication details. Through copies of producers or polices or General Regulation for Conformity Assessment Accreditation or its website

8.2.2 SAAC commit to provide due notice of any changes to its requirements for accreditation via SAAC website. It takes in consideration account of views of interested parties before taking decision on the specified form and effective date of the changes according to procedure P-06. Once the decision is taken, and changes are published of, SAAC verify that each accredited body conforms to the new requirements.

9 Management system requirements

9.1 General

All SAAC policies, procedures, and processes approved in accordance to requirements of ISO/IEC 17011: 2017 and documents of ILAC, APAC and ARAC to achieve competence, consistency of operation and impartiality. SAAC Quality Policy (Clause 2.1 of this Manual) approved by the Board. Measurable goals defined via clear indicators reviewed annually and when needed. Form F-30 includes matrix of aligning policies and goals.

9.2 Management system

SAAC commit to operate a management system appropriate to the type, range and volume of activities performed. All applicable requirements of ISO/IEC 17011:2017 addressed either in this manual or in associated documents. SAAC ensure that the manual and relevant associated documents are accessible to its personnel in IT format in storage space on the internal network with specific access validity for SAAC employees only.

SAAC commit continually improve effectiveness of its management system in accordance with requirements of ISO/IEC 17011:2017 to ensure effective implementation of the management system's processes by discussion effectiveness of management system during management review.

9.3 Document and Records control

Procedure P-02 contains process of control all documents (internal and external) that relate to its accreditation activities. Also, define the controls needed for the identification, storage, protection, retrieval, retention time and disposition of records.

9.4 Nonconformities and corrective actions

Procedure P-07 contains process of identifying and management of nonconformities and corrective actions.

9.5 Improvement

Procedure P-11 contains process of identifying opportunities for improvement, risks and take appropriate actions.

9.6 Internal audits

Procedure P-08 contains process of verifying that SAAC conforms to the requirements of ISO/IEC 17011:2017 by internal audits. Which performed, according to an audit program, taking into consideration the importance of the processes and areas to be audited, as well as the results of previous audits.

9.7 Management reviews

SAAC conducted management reviews at least once a year. Procedure P-09 contains management reviews process to ensure its continuing adequacy and effectiveness in satisfying ISO/IEC 17011:2017 requirements.