

INAB Regulations

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SECTION 1 : GENERAL INTRODUCTION

The Irish National Accreditation Board (hereinafter referred to as “INAB”), is the authority for the granting, maintenance, renewal, or withdrawal of accreditation under the relevant national, European and international standard(s), using applicable INAB, EA¹, IAF², and ILAC³ guidelines and/or other publicly available criteria, covering testing, calibration, inspection, certification and verification hereinafter referred to as “the schemes.”

ISO/IEC 17011 is an international standard that sets out the general requirements for bodies operating accreditation systems for conformity assessment bodies (CABs) and forms the basis of mutual recognition arrangements between accreditation bodies. INAB implements ISO/IEC 17011 with supporting mandatory and guidance documents published by EA, IAF and ILAC.

The Regulation (EC) No 765/2008 of the European Parliament and of the Council setting out the requirements for accreditation and market surveillance relating to the marketing of products (hereinafter referred to as ‘the Regulation on accreditation’) enshrines the Community policy in the area of accreditation. It introduces a comprehensive legal framework for accreditation which lays down at Community level the principles for its operation and organisation. It imposes obligations on national accreditation bodies, Member States and the European Commission and sets out the respective responsibilities as well as the co-ordinating role of the European co-operation for Accreditation (EA).

It is INAB’s policy and in keeping with Regulation 765/2008, to offer accreditation only to those Conformity Assessment Bodies (CABs) that have established a legal entity in Ireland. However, in exceptional circumstances, INAB may consider providing accreditation to a CAB operating in Ireland and that has not established a legal entity in Ireland or Europe where the CAB can justify to INAB that INAB accreditation is essential for its operations in Ireland.

This document sets out the INAB mandatory regulations including those governing payment of fees, use of the accreditation symbol and/or reference to accreditation, clearance of non-compliances, withdrawal of accreditation, complaints and appeals. It should be read and applied in conjunction with the requirements set out in the INAB “Terms and Conditions”.

INAB will specify the procedures by which application for accreditation should be made, the conditions for granting, maintenance and renewal of accreditation, and the conditions under which accreditation may be refused or withdrawn.

While accreditation will normally be a sound indicator of the quality of service offered by an organisation for those activities for which it is accredited, it cannot be taken to constitute a representation by INAB that the organisation always maintains a particular level of performance.

¹ European Co-operation for Accreditation

² International Accreditation Forum

³ International Laboratory Accreditation Cooperation

Accreditation does not diminish and should not be regarded as in any way diminishing the obligations and duties of the organisation to its clients.

The monitoring of compliance with these regulations and criteria is based on regular assessment/surveillance visits by trained assessors, acting on behalf of INAB, for the relevant scheme.

INAB, as a signatory to the EA¹ ILAC and IAF multi-lateral agreement is required to co-operate with other EA members and share information on cross frontier activities of its applicant and accredited CABs that provide accredited services outside Ireland, as detailed in applicable cross frontier policies (INAB Policy document PS7 refers). INAB applicant and accredited CABs are expected to co-operate with local signatory accreditation body.

The frequency with which organisations are normally subject to surveillance, assessment and reassessment will be prescribed by INAB. (It will be dependent, in any given case, on the types of activity for which it has been accredited, but as a general guide surveillance visits would normally take place at intervals of 6 to 12 months and reassessment every 3 to 5 years). Over and above this INAB reserves the right to carry out additional and unannounced visits and to require surveillance or reassessment visits at intervals other than those prescribed.

This document and other INAB publications are available from the website www.inab.ie

SECTION 2: PAYMENT OF FEES AND CHARGES

General

This section sets out INAB regulations on payment of fees for INAB services and schemes. It should be read and applied in conjunction with the INAB 'Terms and Conditions'.

Regulations

2.1 Payment of Fees

INAB charges fees for the operation of all its schemes. Fees are set annually and are subject to, at minimum, a yearly review. They are published in the 'Schedule of Fees' for the calendar year by scheme.

Charging arrangements between an organisation and its clients are in no way the responsibility of, and are not subject to the control of INAB.

2.2 Application Fee (For all Organisations)

An application fee is levied to offset costs involved in processing the application documents and appointing the lead assessor.

The application fee is per organisation or group of organisations at a single location and listed at the time of application on the application form.

Subsequent applications for the accreditation of related organisations not included in the original application may be subject to a further application fee.

2.3 Document Review Fee (For Certification Bodies/Verifiers)

A document review fee is levied to offset costs incurred in carrying out an initial review of documentation by the lead assessor.

2.4 Pre-Assessment Fee (For all Organisations)

A pre-assessment fee is levied to offset the costs involved in the onsite review of the implementation of the quality system.

2.5 Initial Assessment Fee (For all Organisations)

The initial assessment fee is levied to offset the costs involved at the first assessment of the implementation of the quality system on site (headquarters assessment).

The initial assessment fee is dependent on the work to be undertaken by INAB and the number of assessors and assessor days required for the assessment of an organisation in any particular case as required by the scope of accreditation.

2.6 Witnessed Audit Fee (Certification Bodies / Verifiers / Inspection Bodies)

The witnessed audit fee is levied to offset the costs involved in witnessing a Certification body / verifier auditor / inspector while completing a certification audit / verification / inspection at a third party site. The fee is dependent on the number of INAB assessors and assessor days required to complete this activity.

2.7 Annual Management Fee

The annual management fee is dependent on the work to be undertaken by INAB and the number of assessors and assessor days required for the assessment of an organisation in any particular case as required by the scope of accreditation.

(a) Laboratories/Inspection Bodies

Accredited laboratories and inspection bodies are subject to an annual management fee to offset the cost of administering the organisation's accreditation including the annual assessment visit.

(b) Certification Bodies/Verifiers

These organisations are subject to an annual management fee to offset the cost of administering the organisation's accreditation which does not include the annual assessment fee as this is charged separately as per the Schedule of Fees.

In certain circumstances where INAB incurs unexpected costs, INAB reserves the right to charge additional fees.

Full annual management fees are due for the year in which an organisation's accreditation is terminated, resigned or suspended, including voluntary suspension.

The first annual management fee is invoiced 6 months from the date of the award of accreditation. The annual fee charged will be proportionate to the remaining months of the year and subject to a minimum of half the annual fee. The full annual management fee thereafter becomes due in January each year.

2.8 Proficiency Testing / Inter-laboratory Comparison Testing Fees (for Laboratories / Inspection Bodies)

Where a programme of proficiency testing and / or Inter-laboratory comparison testing is required, the organisation concerned will be responsible for the necessary arrangements and costs, independent of INAB.

2.9 Cancellation Fee (For all Organisations)

Where a confirmed visit has to be postponed by the organisation for any reason within 6 weeks of the confirmed date, a cancellation fee comprising the sum of expenses incurred for such a visit plus 50% of the fee applicable for the visit will be levied in addition to the assessment or annual management fee.

2.10 Fees for Additional Visits (For all Organisations)

INAB reserves the right to levy fees if additional visits are found to be necessary, or if at any stage a failure to comply with INAB requirements imposes additional work on INAB or its assessors.

INAB carries out routine 'surprise visits' for which no fee will be charged.

A fee will be charged for an assessment arising from a change of premises.

2.11 Fees for Extensions to Scope of Accreditation (For all Organisations)

Where an extension to scope application can be managed within the normal visit programme, no fee will apply.

A fee will be levied for an extension to scope of accreditation where such an extension requires a visit. A fee may be charged where an extension to scope requires additional assessor time at the routine annual assessment.

A fee will be charged when an accredited Organisation applies for an extension to scope of accreditation that INAB could consider granting by correspondence. This fee will be levied at a minimum half assessor day fee rate or pro-rata depending on the amount of additional effort involved in reviewing the supporting documentation and application and any follow up documentation required to consider such applications for extension to scope of accreditation.

2.12 Order Numbers

Any organisation that requires its order number to be quoted on invoices issued by INAB shall supply such order numbers to the Forfas accounts department by the 14th of January each year and in any case within 14 days of being requested by INAB to provide such order numbers.

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| SECTION 3: THE USE OF THE INAB LOGO, THE INAB ACCREDITATION SYMBOL AND REFERENCE TO ACCREDITATION |
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General

This section sets out INAB regulations for the use of the INAB logo, the INAB accreditation symbol and reference to accreditation. It should be read and applied in conjunction with the INAB 'Terms and Conditions'.

The objective of these regulations is to ensure that the use of the accreditation symbol and/or reference to accreditation is not used in such circumstances as may be considered misleading to clients or bring accreditation into disrepute. INAB reserves the right to determine regulations to meet this objective and to assess their effective implementation. It is the accredited Organisations responsibility to ensure full compliance with these regulations.

An organisation may only display the accreditation symbol or make reference to accreditation relating to the organisation's accredited activities subject to the conditions laid out in these requirements, the attached Appendices and in the applicable EA (EA-3/01), IAF and ILAC documents and the INAB 'Terms and Conditions'.

Regulations

- 3.1 A 'logo' is the symbol used by the Irish National Accreditation Board (Appendix I). This form of logo may only be used by the Irish National Accreditation Board. The copyright of this logo belongs to the Irish National Accreditation Board.
- 3.2 An 'accreditation symbol', the ownership of which is vested in INAB, is a combination of the INAB logo in association with the registration number, accreditation standard and reference to the scope of accreditation.
- 3.3 The use of the accreditation symbol is restricted to accredited organisations.
- 3.4 The accreditation symbol shall be displayed in a form identical to that provided in this document (Appendix I) and shall be uniformly enlarged or reduced as specified below.
- 3.5 Where an organisation wishes to make reference to its INAB accreditation rather than using the accreditation symbol, it shall without variation, use the phrase, 'An INAB accredited [calibration laboratory] [testing laboratory] [certification body] [inspection body] etc. Reg. No. '0000'.
- 3.6 An organisation shall only claim that it is accredited in respect of the activities and sites which are defined in the 'scope of accreditation'.

- 3.7 Where an organisation wishes to make reference to other approvals, it shall clearly and unambiguously describe the nature of the approval and from whom it is granted and shall ensure reference to other approvals is in no way misleading to INAB accreditation.
- 3.8 Where the accreditation symbol is displayed on an unfolded portion of stationery or area no greater than A4, the maximum width size of the symbol shall be 40mm and the minimum size 25mm. On larger or smaller portions of stationery the width size may be proportionately enlarged or reduced to an absolute minimum size of 12mm. Where the size of the accreditation symbol is 15mm or less, the symbol may only be used in black.
- 3.9 The accreditation symbol shall be similarly restricted in all electronic formats, such as on websites, etc. Furthermore accredited organisations are required to protect the integrity of the electronic version of the accreditation symbol, so as to minimise potential manipulation of the accreditation symbol. Accredited organisations shall ensure that they have, as far as is feasible, satisfied the requirements of these regulations when publishing the INAB accreditation symbol in electronic format.
- 3.10 An accreditation symbol on an unfolded portion of stationery shall be displayed:
- (a) only if the logo or title of the organisation concerned is also shown;
 - (b) with no more prominence than the logo or title of the organisation concerned; and
 - (c) no more than once for each INAB accreditation
- 3.11 The accreditation symbol shall only be printed in one of the following colours and no other versions of the symbol are permitted:
- (a) A single colour which may be;
 - i) black or
 - ii) Green Pantone 5483 CVC;
 - (b) Two colours which shall be the INAB colours;
 - i) Green Pantone 5483 CVC
 - ii) Yellow Pantone 7405
- 3.12 Organisations may use electronic versions of the accreditation symbol providing they comply with these requirements.
- 3.13 Electronic versions of the accreditation symbol in the above colours are available from INAB in the following formats only:
- (a) Windows Metafile for use on PC in, for example, Microsoft Word;
 - (b) Mac EPS files for Mac use and supplying to printers for litho printing; and
 - (c) GIF file for website use.

- 3.14 An organisation must ensure that reproduction of the accreditation symbol is accurate and legible with no degradation and/or distortion.
- 3.15 An organisation shall at no time and under no circumstances use the accreditation symbol without its associated registration number and reference to its 'scope of accreditation.'
- 3.16 Where the accreditation symbol or reference to accreditation is displayed on an organisation's test reports, or certificates, or quotations/contracts for work or brochures which include or make reference to unaccredited activities the unaccredited activities shall be positively and unambiguously identified.
- 3.17 An organisation shall not use the accreditation symbol or make any reference to accreditation on test reports, or certificates, or quotations/contracts for work or brochures, which does not contain any accredited activity.
- 3.18 Letters printed on letterheads bearing the accreditation symbol and accompanying test reports, certificates or quotations/contracts for work containing no accredited results shall include a disclaimer stating that the attached results are not covered by the scope of accreditation.
- 3.19 Documentation issued by a laboratory bearing the INAB accreditation symbol and/or reference to accreditation which include opinions and/or interpretations on test results must include a disclaimer (close to the symbol or the opinion/interpretation) stating that the opinions and/or interpretations are not covered by the scope of accreditation.
- 3.20 Site calibration and testing laboratories are permitted to use the INAB accreditation symbol under the same conditions as those applicable to the permanent laboratory.
- 3.21 A calibration laboratory may issue calibration labels bearing the INAB accreditation symbol for equipment calibrated under its scope of accreditation.
- 3.22 Where an organisation wishes to use the accreditation symbol for purposes other than letterheads, publicity or promotional materials (including web-sites), quotations or proposals, reports or certificates the organisation shall obtain INAB's written consent prior to any release.

- 3.23 An accredited organisation shall not use a certification mark on a calibration certificate/ test report. Accredited certification bodies shall ensure that their clients do not use the certification mark on a calibration certificate/ test report. In the case of management systems certification bodies, the accredited organisation shall ensure that the certification mark does not appear on products.
- 3.24 An INAB accredited organisation shall not provide certification to any standard used as a basis for accrediting Conformity Assessment Bodies (CABs) (e.g. ISO 17025, ISO 15189). INAB is required to initiate suspension of an Organisation's accreditation that provides such certifications.
- 3.25 An organisation is not permitted to use the accreditation symbol or text reference to accreditation on business cards held by the organisation's staff.
- 3.26 INAB does not permit the end users of accredited services to use its accreditation symbols or text reference to accreditation.
- 3.27 An organisation shall not allow the fact of its accreditation to be used to imply that a product, process, system or person is approved by INAB.
- 3.28 **INAB MLA Signatory Status**
- (a) INAB is signatory to the multi-lateral agreements of the European Co-operation for Accreditation (EA) for testing and calibration (ISO 17025 and ISO 15189), inspection (ISO 17020) and certification (ISO 17021 and EN 45011/ISO Guide 65) activities.
 - (b) INAB is signatory to the multi-lateral agreement of the International Accreditation Forum (IAF) for certification (ISO 17021 and EN 45011/ISO Guide 65) activities.
 - (c) INAB is signatory to the multi-lateral agreement of the International Laboratory Accreditation Co-operation (ILAC) for testing and calibration (ISO 17025 and ISO 15189) activities.
 - (d) INAB permits reference to its multi-lateral agreement signatory status by its accredited Conformity Assessment Bodies (CABs), in the form of words expressed above.

SECTION 4: CLEARANCE OF NON-COMPLIANCES

General

This section sets out INAB regulations for the clearance of all non-compliances.

Regulations

- 4.1 It is without prejudice to INAB's right in appropriate cases to withdraw an organisation's accreditation forthwith for failure to clear non-compliances.
- 4.2 INAB will require organisations to implement corrective actions in response to non-compliances with the accreditation criteria and to audit the effectiveness of their implementation, in a timely and efficient manner.

It is the policy of INAB that all applicant/accredited organisations adhere to the following regulations for the clearance of non-compliances.

(a) Non-compliances are categorised as follows:

- i. A 'minor non-compliance' is the failure to comply with the scheme requirements.
- ii. A 'major non-compliance' is the failure to comply with the scheme requirements to the extent that could compromise the confidence that is placed in the accredited activity.

(b) All communications shall be channelled through INAB, except where INAB expressly approves otherwise, in which case copies shall be sent to INAB as detailed in Clause 4.5.

4.3 Organisations shall adhere to the following timeframes for the clearance of non-compliances and submission of corrective actions to INAB:

- (a) Proposed corrective actions will normally be agreed and accepted during the assessment visit. If agreement is not made at the visit, timeframes listed in (b) below shall not be exceeded.
- (b) The timeframe for the clearance of all non-compliances shall not exceed 3 months from the visit date for initial assessments and/or extensions to scope and 1 month from the date of surveillance/additional/unannounced/re-assessment visits.

4.4 All major non-compliances raised at INAB assessment visits may result in suspension of accreditation. In any case, INAB shall require corrective action evidence to be submitted and to include:

- Immediate correction of the issue giving rise to the major non-compliance. This may involve notifying customers and/or withdrawing test results and certificates,
- Root cause analysis and investigation,
- Corrective action.

The timeframe for receipt of this evidence shall not exceed 2 weeks from the date of the visit. In exceptional circumstance, INAB may alter this timeframe.

- 4.5 During the assessment at an additional visit and in exceptional circumstances, minor non-compliances may be identified. A maximum of 2 weeks from the date of the additional visit is allowed to clear these minor non-compliances.
- 4.6 An organisation is required to provide to INAB one complete set of responses to all non-compliances raised, together with an additional set for each assessor relevant to the non-compliances raised by him/her. The evidence submitted by the organisation should clearly identify the corrective action taken for all non-compliances. Records documenting the root cause investigation (where applicable) shall be available to INAB, on request.
- 4.7 In some cases, with the prior consent of INAB and the assessment team and in the interest of efficiency, INAB may permit, where appropriate, an organisation to provide one complete set of responses to all non-compliances raised directly to INAB. An additional set relevant to the non-compliances raised by each assessor is to be forwarded directly to the assessor, and a confirmation letter to this effect sent to INAB. The evidence submitted by the organisation should clearly identify, for all non-compliances, the corrective action taken (e.g. a copy of the non-compliance form attached to the specific evidence provided to address that non-compliance).
- 4.8 INAB may in exceptional circumstances permit an extension to these timeframes where the organisation can establish that more time is justified. In such circumstances the extension to the timeframe will apply only to the clearance of the particular non-compliance(s) requiring the extension to the timeframe. All other non-compliances must be cleared within the normal timeframes.
- 4.9 INAB will review the organisation's accreditation status in the event that:
- (a) Where relevant, the proposed corrective actions are not submitted to INAB or
 - (b) Responses to non-compliances raised are not submitted to INAB within the agreed timeframe and/or
 - (c) Incomplete or inadequate responses are submitted to INAB within the agreed timeframe.

- 4.10 This review may result in all or part of the organisation's scope of accreditation being terminated or where appropriate suspended until the outstanding non-compliance(s) have been satisfactorily cleared.
- 4.11 Following a review as contemplated by section 4.8, INAB may decide to set a new timeframe for the satisfactory clearance of the outstanding non-compliance(s) and in such cases, shall inform the organisation in writing of the decision taken. The new timeframe shall not exceed one month except where the organisation is suspended in which case a timeframe of up to 3 months will apply. Where an organisation under suspension fails to clear all non-compliances within the agreed timeframe that organisation's accreditation may be terminated.
- 4.12 INAB will suspend or terminate, as appropriate, all or part of the organisation's scope of accreditation if the organisation:
- (a) consistently fails to clear minor non-compliances within agreed timeframes;
 - (b) fails to clear a major non-compliance within the agreed timeframe.
- 4.13 In the case of an initial application where the organisation fails to clear the non-compliances within the agreed timeframes a re-assessment will be required.
- 4.14 In the event of a major non-compliance being raised, the lead assessor in consultation with the INAB officer shall:
- (a) consider recommending suspension or termination, or, in the case of an initial application refusal of accreditation for part or all of the scope of accreditation;
 - (b) decide if an additional and/or unannounced visit is required to witness the clearance of the non-compliance or to address any issues relating to its clearance;
 - (c) review the reports from previous surveillance/other visits to the organisation to ascertain if the history of the organisation, when taken together with the major non-compliance indicates an underlying problem with the maintenance of accreditation;
 - (d) ensure that the integrity of INAB accreditation is not compromised by any action or timeframe agreed to address the major non-compliances.

SECTION 5: CHANGES TO ORGANISATIONS

General

This section sets out INAB regulations on the requirements for organisations to inform INAB, without delay, of significant changes relevant to its accreditation.

Regulations

- 5.1 Significant changes that shall be notified to INAB relate to:
- (a) its legal, commercial, ownership or organisational status,
 - (b) the organisation, top management and key personnel,
 - (c) main policies,
 - (d) resources and premises
 - (e) scope of accreditation, and
 - (f) other such matters that may affect the ability of the organisation to fulfil requirements for accreditation
- 5.2 Where any changes occur to the structural operation or trading conditions (including name changes) of an organisation the appropriate INAB form for this purpose shall be completed and forwarded to INAB.
- 5.3 Where an organisation is acquired by a new legal entity, and the original legal entity ceases to exist, the organisation shall resign its scope of accreditation in full. The new legal entity may apply for accreditation and the normal process and procedures shall apply. It is the responsibility of the accredited organisation to provide INAB with adequate notice of impending changes and effective operational dates to ensure minimal break in their accreditation status.
- 5.4 Where an organisation changes trading name, the organisation shall confirm that there has been no change in the legal entity by utilising the appropriate INAB form, completing the relevant sections and forwarding to INAB.
- 5.5 Where an organisation opens a branch office either within Ireland or outside the country, the relevant parts of the appropriate INAB form shall be completed. INAB will determine if an assessment visit to the new office is necessary.

SECTION 6: WITHDRAWAL OF ACCREDITATION

General

INAB's policy in relation to the withdrawal of accreditation involves a range of measures, which are designed to protect the integrity of the accreditation system and to ensure that organisations respect the requirements of accreditation. These measures are; voluntary suspension, suspension, resignation and termination of all or of part of the organisation's scope of accreditation. This section of the Regulations should be read in conjunction with INAB 'Terms and Conditions'.

Regulations

6.1 Definitions

(a) *Voluntary Suspension:*

A request by an organisation holding INAB accreditation, to temporarily withdraw all or part of its scope of accreditation.

(b) *Suspension:*

A temporary withdrawal by INAB of all or part of an organisation's scope of accreditation.

(c) *Resignation:*

A request by an organisation holding INAB accreditation to permanently withdraw all or part of its scope of accreditation.

(d) *Termination:*

A permanent withdrawal by INAB of all or part of an organisation's scope of accreditation.

6.2 Should the lead assessor or the INAB officer responsible for the accredited organisation recommend suspension, such recommendation for suspension shall be presented to the Manager of INAB.

6.3 The Manager of INAB or, in his absence the Deputy Manager, may authorise suspension.

6.4 An organisation shall only be in suspension or voluntary suspension for a period not exceeding 3 months. In exceptional circumstances INAB may permit an extension of this timeframe to a maximum of 6 months.

6.5 Failure to clear non-compliances, if any, following suspension or voluntary suspension within the agreed time frame may result in termination of accreditation

- 6.6 The INAB officer responsible for an organisation shall recommend termination to the Manager of INAB.
- 6.7 Only the INAB Board may authorise termination of an organisation's accreditation.
- 6.8 Accreditation may be resigned by an organisation upon giving not less than 5 days notice in writing to that effect to INAB.
- 6.9 In the case of withdrawal (voluntary or involuntary suspension, resignation or termination) INAB shall send a letter to the Organisation confirming the withdrawal of accreditation. It shall detail the actions required by the Organisation arising from the withdrawal and shall include, in the case of voluntary or involuntary suspension, the procedure for re-instatement of accreditation.
- 6.10 Certificates issued by certification bodies under INAB accreditation will be valid for a maximum period of three months from the date that the certification body resigns or INAB terminates its accreditation.
- 6.11 In the event that the certification body resigns or INAB terminates its accreditation the certification body shall notify its clients in writing without delay of its withdrawal of INAB accreditation and inform them that the certificates issued under INAB accreditation will no longer be valid after 3 months from the date of resignation or termination.

SECTION 7: RESOLUTION OF COMPLAINTS

PART I

General

This section sets out the regulations for handling complaints submitted to INAB.

Complaints may be made against INAB and/or its activities or against the activities of an INAB accredited organization.

Regulations

- 7.1 Complaints shall be submitted in writing to the Manager of INAB clearly stating the nature and justification.
- 7.2 Authentication of a complaint would normally involve the receipt of a letter and/or other documentary evidence clearly indicating that a complaint has been made. Such documentary evidence must include the name and address of the Complainant.
- 7.3 Complaints may be received from many varied sources including private individuals.
- 7.4 No investigation of complaints shall be pursued on the basis of hearsay.
- 7.5 From time to time, INAB may receive well authenticated information which raises questions requiring actions similar to those required for a formal complaint e.g. arising from publicity material. In such cases the regulations set out in this Section 7 will be followed as far as is reasonable and practicable.
- 7.6 The Manager of INAB shall designate an INAB officer to deal with the complaint, who is in no way connected to the complaint.
- 7.7 The designated officer shall acknowledge the complaint in writing to the Complainant.
- 7.8 It will be normal practice to provide full disclosure of the details of the complaint to all parties concerned, while taking all necessary measures to preserve the confidentiality of information obtained during the investigation of the complaint.
- 7.9 INAB reserves the right to carry out additional visits if considered necessary as part of the investigation.
- 7.10 When the investigation has been completed the designated INAB officer shall submit a written report on the complaint to the Manager of INAB.

- 7.11 The Manager of INAB will then formally reply to the Complainant detailing the results of the investigation and actions to be taken by INAB where applicable.

PART II

General

This section sets out the regulations for Organisations that disagree with recommendations on accreditation status made by INAB assessment teams.

Regulations

- 7.12 Recommendations on accreditation status are made by INAB assessment teams at visits (assessment, surveillance, additional or unscheduled) to organisations or at any other time.
- 7.13 In the case of a recommendation to maintain accreditation, suspend accreditation or extend the scope of accreditation within the same field, these recommendations are presented to the Manager of INAB for decision.
- 7.14 Organisations may not agree with the recommendation proposed by the assessment team and have the right to reply to the Manager of INAB.
- 7.15 The organisation may send their submission, in writing, to the Manager of INAB within 3 working days of notification of the recommendation. In exceptional circumstances INAB reserves the right to make a decision in advance of such submission.
- 7.16 The Manager of INAB will consider all submissions prior to making his decision.
- 7.17 The INAB officer will then formally reply to the organisation detailing the decision and actions to be taken by INAB where applicable.
- 7.18 The Organisation has the right to appeal this decision by the process documented in Section 8.

SECTION 8: APPEALS AGAINST DECISIONS OF INAB

General

This section sets out INAB regulations on the resolution of appeals against decisions on accreditation status made by INAB. An appeal shall be lodged within 30 days after notification of the decision against which the appeal is lodged.

Regulations

- 8.1 Decisions on the award and termination of accreditation are made by the INAB Board. Decisions on the maintenance of accreditation, suspension of accreditation and on the award of extensions to the scope of accreditation (within the same field) are made by the Manager of INAB.
- 8.2 The INAB Appeals Committee will hear appeals against decisions made by both the INAB Board and Manager.
- 8.3 The INAB Appeals Committee is appointed by the Forfás Board and has a 3 year term of office.
- 8.4 The INAB Appeals Committee is a three person committee with the following composition:
 - (a) a legal expert who is the Chairperson
 - (b) an ex-INAB Board member
 - (c) an accreditation expert / staff member from a foreign accreditation body
- 8.5 The Appellant shall be the applicant/accredited organisation lodging the appeal.
- 8.6 Appeals shall be submitted in writing to the Manager of INAB.
- 8.7 The Appellant shall have the right to appear in person during consideration of their appeal to present their case, provide relevant documentary evidence and call witnesses.
- 8.8 Should the Appellant wish to be present during the consideration of the appeal then written notification to this effect shall be submitted together with the appeal and INAB will give the appellant at least two weeks prior written notice of the date on which the appeal will be considered.
- 8.9 The costs of the appeal shall be borne by the Appellant unless the appeal is successful.
- 8.10 The decision of the INAB Appeals Committee shall be final as to the merits of the appeal and shall bind both Appellant and INAB.

8.11 The Manager of INAB will then formally reply to the Appellant detailing the outcome of the appeal and actions to be taken.

SECTION 9: HEALTH AND SAFETY

General

This section sets out INAB regulations on the requirements for Health and Safety provisions for on-site assessments.

Regulations

- 9.1 INAB will confirm with clients, when making assessment visit arrangements that any risks associated with the site visit are communicated to INAB in advance.
- 9.2 INAB assessment teams will adhere to any site specific health and safety policies.
- 9.3 INAB staff are furnished with selected Personal Protective Equipment (PPE), however INAB expects its customers to provide INAB assessment teams with the items which are required to reduce potential site risks to an acceptable level and to meet all legal requirements. These will generally be items that are:
- Used by several individuals
 - Or are disposable (e.g. face masks and gloves)
 - Or are specially decontaminated/cleaned after use (e.g. laboratory coats)
 - Or are very specific in nature (e.g. breathing apparatus or safety harnesses)

APPENDIX I

[The Irish National Accreditation Board Logo](#) (Trade Mark No. 231 365)



[INAB Accreditation Symbol](#)



NOT FOR REPRODUCTION: REFERENCE ONLY

APPENDIX II

STANDARDS AND DOCUMENTS RELEVANT TO ACCREDITATION

INDEX OF ISO/IEC STANDARDS ASSOCIATED WITH INAB ACCREDITATION

| ISO/IEC Standard | Description | | URL to Information Sheet |
|------------------------|------------------------------------|---|---|
| ISO 17024 | Certification (Persons) | General requirements for bodies operating certification schemes for persons | http://www.inab.ie/media/IS4 Certification of Persons Information Sheet.pdf |
| ISO Guide 65/(EN45011) | Certification (Product) | General guidelines for bodies operating product certification systems | http://www.inab.ie/media/IS5 Certification of Products Information Sheet.pdf |
| ISO 17020 | Inspection | General Criteria for the operation of various types of bodies performing inspection | http://www.inab.ie/media/IS6 Inspection Bodies Information Sheet.pdf |
| ISO 17021 | Certification (Management Systems) | Conformity Assessment - Requirements for bodies providing audit and certification of management systems | http://www.inab.ie/media/IS9 Management Systems Certification Information Sheet.pdf |
| ISO 15189 | Medical | Medical laboratories - Particular requirements for quality and competence | http://www.inab.ie/media/IS1 Medical Laboratory Information Sheet.pdf |
| ISO 17025 | Testing and Calibration | General Requirements for the competence of Testing and calibration laboratories | http://www.inab.ie/media/IS7 Laboratory Accreditation Information Sheet.pdf |

Note: These standards may be purchase at www.standards.ie

Where can I access Mandatory, Guidance, and Policy documents relevant to Accreditation?

| Name of Document | Description | URL |
|------------------|--|---|
| DC1 | INAB Mandatory and Guidance Documents - Policy and Index | http://www.inab.ie/media/DC1.pdf |

The DC1 document specifies which mandatory, guidance and policy documents are relevant to various organisations for each accreditation standard and provide an index, contact points, URLs to access the relevant information, documents and sites.