



NACI Management System Manual

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Changes History

Clause Numbers	Revision No	Revision Date	Summary of changes
1	01	24 Jan 2018	Reference to the revised ISO 17011: 2017
2	01	24 Jan 2018	Scope adding accreditation of product certification
3	01	24 Jan 2018	References for revised 17011, 17025 & 17021-1
5.5	01	24 Jan 2018	Support by affiliated body Iranian National Standardization Organization (INSO)
Annex 2	01	24 Jan 2018	Cross-reference table updated to ISO 17011: 2017
4.6	02	Aug 2019	Flexible scope of accreditation definition added
4.7	02	Aug 2019	Definition added for Accreditation scheme including criteria
4.8	02	Aug 2019	Certification scheme definition added
5	02	Aug 2019	Supervision of NACI President on Appeal & Complaint Committee removed
5	02	Aug 2019	NACI executive functions independently of its related body INSO added
5.6	02	Aug 2019	Management system requirements clause revised
6.5	02	Aug 2019	Reference to preventive action removed
6.6	02	Aug 2019	Improvement clause added to include Preventive action as in NACI-P22
7.1.1.2	02	Aug 2019	Added withdrawal of accreditation in case of CAB fraudulent behavior or false information
7.2	02	Aug 2019	Possibility of performing remote assessment and consideration of risks were added as part of assessment follow up processes
7.2.2	02	Aug 2019	Assessment techniques, Witness assessments, Remote assessment, and Unannounced assessments added to the on-site assessment clause
7.3.2	02	Aug 2019	Accreditation cycle added to the Accreditation decision clause
7.4.5	02	Aug 2019	The clause was added on NACI Policy for accredited certification bodies related to transition period of new version of international standards
4.6	02	Aug 2019	Flexible scope of accreditation definition added
5	03	Nov 2019	Added sentence on finances and liabilities
6	04	May 2020	Added new scope of accreditation

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1. Introduction

The National Accreditation Center of Iran is an independent entity incorporated as the sole Iranian body for execution of assessments & accreditations in accordance with the requirements of the ISO/IEC 17011: 2017 *Conformity assessment – Requirements for accreditation bodies accrediting conformity assessment bodies*, the relevant international provisions for Multilateral Recognition Arrangements, and the Iranian Accreditation Council representing the conformity assessment interested parties in accordance with the related bylaws.

The Iranian Accreditation Council was originally established in 1996 based on a mandate of the Iranian Standard High Council having assigned the President of the National Iranian Standards Organization to form the Iranian Accreditation System & to convene the council of members representing the conformity assessment interested parties in order to regulate the execution of the national accreditation activities.

The bylaws regulating the National Accreditation System were issued in 2009 by the Iranian Presidential Commission on Conformity assessment based on international standards under Article 33 of the fourth National Development Plan, where the followings are clearly defined in article 1:

- a) **Organization:** The National Iranian Standards Organization.
- b) **Conformity assessment:** verifying conformity of products, services, processes, systems, & bodies against known requirements, including those for testing, inspection, certification & accreditation of the conformity assessment bodies.
- c) **Conformity assessment system:** regulations, procedures & management of conformity assessment functions.
- d) **Accreditation system:** the accreditation body, the conformity assessment bodies, and the collection of all rules & regulations governing conformity assessment activities. The organization is responsible for oversight of those activities.
- e) **Accreditation body:** the body recognized by the organization based on the relevant international standards & regulations under an independent structure ensuring impartiality for the purpose of accrediting conformity assessment bodies.
- f) **Conformity assessment body:** a body performing conformity assessment based on requirements developed by the organization & accredited by the National accreditation body.

The NACI operates based on the above definition of accreditation body to discharge all executive function related to the assessment & accreditation of Conformity Assessment Bodies (CABs) within the scope of the present manual & related procedures under the oversight of an Accreditation Council formed by the organization representing all interested parties in accordance with guidelines outlined in NACI-G01.

2. Scope

The scope of NACI activities includes assessment & accreditation of CABs in the following fields:

- Certification bodies certifying management systems,
- Certification bodies providing product certifications,
- Certification bodies providing persons certificates,
- Testing, calibration, Medical laboratories,
- PT Providers, and
- Inspection bodies of all types.

This manual covers general description of all main & support processes for those activities & references all procedures related to those processes.

Note: The scope may be expanded to cover other areas of market demand from the CABs.

3. References & Regulations

- 3.1 ISO/IEC 17011: 2017 Conformity assessment — Requirements for accreditation bodies accrediting conformity assessment bodies.
- 3.2 ISO/IEC 17020:2012 Conformity assessment — Requirements for the operation of various types of bodies performing inspection.
- 3.3 ISO/IEC 17021-1:2015 Conformity assessment — Requirements for bodies providing audit and certification of management systems, Part 1 Requirements.
- 3.4 ISO/IEC 17025:2017 General requirements for the competence of testing and calibration laboratories.
- 3.5 ISO/IEC 17043:2023 Conformity assessment -General requirements for competence of proficiency testing providers.
- 3.6 ISO 15189:2022 Medical laboratories – Requirements for quality and competence.
- 3.7 ISO/IEC 17065:2012 Conformity assessment – Requirements for bodies certifying products, processes and services.
- 3.8 ISO/IEC 17024:2012 Conformity assessment – General requirements for bodies operating certification of persons.
- 3.9 ISO/IEC 17000:20^۲ • Conformity assessment — Vocabulary and general principles.
- 3.10 ISO 9000:2015 Quality management systems — Fundamentals and vocabulary.
- 3.11 IAF/ILAC A3:06/2023 IAF/ILAC Multi-Lateral Mutual Recognition Arrangements

4. Terms & Definitions

The terms and definitions below apply in addition to those covered in the normative references listed in clause 3 above.

- 4.1 **NACI:** National Accreditation Center of Iran.
- 4.2 **Manual:** the NACI Management System Manual.
- 4.3 **CAB:** Conformity Assessment Bodies including Certification Bodies (CBs), Inspection Bodies (IBs), Laboratories (Labs) including Test & Calibration laboratories, and other types of organizations involved in independent audits and certification.
- 4.4 **Procedures:** all types of documents related to & referenced in this manual, in any form or media, including guides & instructions to carry out specific activities or processes.
- 4.5 **scope of accreditation:** specific conformity assessment activities for which accreditation is sought or has been granted.
- 4.6 **Flexible scope of accreditation:** scope of accreditation expresses to allow CAB to make changes methodology and other parameters which fall within the competence of the CAB as confirmed by the NACI.

Note: NACI does not permit CAB use it.

- 4.7 **Accreditation scheme:** set of rules, defined procedures and activities performed by NACI to grant, extend and maintain the accreditations relating to the various categories of certification

activities covered by NACI accreditation and distinguished by significant differentiations for the purposes of the accreditation. Accreditation Criteria for CABs are as follows:

- MS CABs in NACI-M05,
 - Product, processes and services CABs in NACI-M06,
 - Persons CABs in NACI-M12,
 - Inspection CABs in NACI-P14,
 - Laboratories including Testing, calibration, Medical and PT testing CABs in NACI-P15 and
- Above documents is located on NACI website.

4.8 **Certification scheme:** set of rules, defined procedures and activities performed by the CAB for the declaration of conformity of management systems of products/services, those for QMS, EMS, OHSMS, FSMS, EnMS, MDQMS as well as Certification of Products, Services, Processes or persons.

5. Organizational Structure, Responsibilities & Authorities

The top chart of NACI organization is shown in Annex 1 to this Manual.

The NACI President is in charge of executive functions & decision making (except decisions related to appeals) for all activities covered by the scope of this Manual. He may be assisted by Advisors providing guidance & consultancy on specific subjects including Management System, Legal & Financial as appropriate.

NACI executive functions are independent of its related body the Iranian National Standard Organization (INSO or ISIRI as previously known). By MOU between the President of INSO as the Chairperson of the Iranian Accreditation Council, & the NACI President are to demonstrate impartiality & independence of all personnel involved in decision making, influencing accreditation, & use of their own distinct symbols. The relevant functions include operational & executive policy making, supervision over implementation & maintenance of policies & procedures, supervision of NACI finances, operational decisions, contracts & assignment of personnel & committees by the NACI President in order to perform related accreditation activities (as in MOU Article 2). The INSO/NACI MOU also covers on behalf of the government all finances and liabilities for NACI.

The NACI President leads the accreditation activities in close relation with the NACI Council on the one hand, & the international related parties including IAF/ ILAC/ APAC on the other.

The Appeal & Complaint Committee is an ad-hoc group formed as per relevant procedures. A Management Representative (MR) is appointed to assist the President in implementation & maintenance of the Management System for effective operation of all assessment & accreditation processes carried out by NACI, its executive departments, & its support functions.

The NACI President is nominated by the NACI Council Chairman in accordance with that Council rules & bylaws.

As the core management function, the NACI President supervises the assessment & accreditation functions performed by the executive departments, as well as the support function related to those activities. Those are separately described below.

5.1 NACI management

The NACI supervisory functions include a Steering Committee, the Advisor, the administration of Assessors & Experts database, & the Complaints & Appeals Committee & Accreditation Committee.

The NACI Management System Steering Committee is chaired by the President, participated by the departmental VPs or their representatives as necessary, convened and conducted by the MR & the System Advisor when appointed by the President as needed on subject matters for the purpose of drafting, preparation & review of the procedural documents. The MR is responsible for documenting, supervision of implementation & maintenance of the NACI Management System in cooperation with the NACI System Advisor & other Steering Committee participants as applicable.

The administration of Assessors & Experts database is performed under close supervision of the MR on behalf of the President based on the provisions of the NACI-P08 on selection & approval of the NACI assessors & experts in various grades, activities & expertise. All executive departments are to employ personnel for assessments & review activities from those duly registered in that database as pool of assessors & experts.

The Complaints & Appeals Committee is an ad-hoc group convened as necessary with a specific mandate received from the NACI in accordance with NACI-P06 on Handling Complaints & Appeals. This committee is normally comprised of the relevant VP or nominee, the MR, & the expert in charge of investigation. The final decision & any escalation procedures are decided based on the case evidences, findings of the expert investigation, & comments received from the committee participants. Relevant international standards apply in the decision making process of complaints & appeals.

The MR directly supervises all internal communications related to the NACI Management System including effective handling of nonconformities, corrective actions, internal audits, & the periodical management review activities.

The MR is also the contact person for all external communications at national or international levels, including but not limited to those with the NACI Accreditation Council & the related international bodies such as IAF, ILAC, & APAC.

5.2 Certification bodies assessment department

This NACI department is responsible for conduct of all assessments for accreditation based on ISO/IEC 17021-1 for all types of audits conducted & certification decision made by an applicant Certification Body (CB). The VP for CB is in charge of supervising all processes & activities within this department from review of applications for accreditation to resourcing, planning, conducting, reporting & verifying the outcome of assessments for providing a sound basis for decision about accreditation based on demonstrated valid evidence of conformity to the standard requirements, international regulations, & the NACI relevant procedures.

The types of assessments conducted under the supervision of VP for CB Assessments include those for certification Quality Management System (QMS), Environmental Management System (EMS), Food Safety Management System (FSMS), Energy Management system (EnMS), Occupational Health and Safety Management System (OH&SMS), Medical device Management System (MDQMS) & other Management System Certification programs which may be accepted individually or in combination upon development of a NACI scheme for each specific program. The basic scheme initially offered by NACI is QMS.

For conducting the related assessments, the CB department uses assessors duly certified & registered in the NACI Database of Assessors & Experts in accordance with the provisions of the NACI-P08 on Assessors Approval. That includes only those registered for AC21 for all team participants taking part in the assessment as chargeable manpower. Each assessment team will have at least one assessor holding the EC relevant to the applicant scope, & in case no team member covers the expertise area,

an expert holding registration for the relevant EC will accompany the assessment team only as a team expert advisor without chargeability to the applicant.

Any Assessment Managers appointed to assist the VP for CB are in charge of supporting the specific schemes or functions as assigned within the department. Those duties include supervision of assessment group activities within the scheme, providing technical & advisory support to the Lead Assessors & team members, performing review of the assessment results for decision on accreditation, training of the workforce within the activity area, & other responsibilities in cooperation with the VP for CB assessments & other process owners.

All assessments in this department are carried out in accordance with NACI-P10 on Application Review & Assessment Procedures & related documented information. The accreditation decisions based on the results of reported assessments are made in accordance with the NACI-G02 on Accreditation Decision Guidelines.

5.3 Laboratories assessment department

The Lab department is responsible for conduct of all assessments for accreditation of all types of testing & calibration laboratories based on ISO/IEC 17025, Medical laboratories based on ISO 15189, PT Providers based on ISO/IEC 17043. The VP for Lab assessments is in charge of supervising all processes & activities within this department from review of applications for accreditation to resourcing, planning, conducting, reporting & verifying the outcome of assessments for providing a sound basis for decision about accreditation based on demonstrated valid evidence of conformity to the standard requirements, international regulations, & the NACI relevant procedures.

The types of assessments conducted under the supervision of VP for Lab Assessments include those for accreditation of all kinds of electromechanical, industrial, mineral, agricultural, & measurements testing & calibration labs. Other schemes including accreditation of medical labs may be developed as NACI accreditation programs.

For conducting the related assessments, the Lab assessment department uses assessors duly certified & registered in the NACI Database of Assessors & Experts in accordance with the provisions of the NACI-P15 on Assessors Approval. That includes only those registered for AC25, AC89, AC43 for all team participants taking part in the related lab assessment as chargeable manpower. Each assessment team will have at least one assessor holding the EC relevant to the applicant scope, & in case no team member covers the expertise area, an expert holding registration for the relevant EC will accompany the assessment team only as a team expert advisor without chargeability to the applicant lab.

Any Assessment Managers appointed to assist the VP for Lab assessments are in charge of supporting the specific schemes or functions as assigned within the department. Those duties include supervision of assessment group activities within the scheme, providing technical & advisory support to the Lead Assessors & team members, performing review of the assessment results for decision on accreditation, training of the workforce within the activity area, & other responsibilities in cooperation with the VP for Lab assessments & other process owners.

All assessments in this department are carried out in accordance with NACI-P15 on Application Review & Assessment Procedures & related documented information. The accreditation decisions based on the results of reported assessments are made in accordance with the NACI-G02 on Accreditation Decision Guidelines.

5.4 Inspection bodies assessment department

This NACI department is responsible for conduct of all assessments for accreditation based on ISO/IEC 17020 for all types of inspections conducted & reported or certified by an applicant Inspection Body (IB). The VP for IB is in charge supervising all processes & activities within this department from review of applications for accreditation to resourcing, planning, conducting, reporting & verifying the outcome of assessments for providing a sound basis for decision about accreditation based on demonstrated valid evidence of conformity to the standard requirements, international regulations, & the NACI relevant procedures.

The types of assessments conducted under the supervision of VP for IB Assessments include those for technical, industrial, commercial, statutory, regulatory, & pre-shipment inspections. The basic scheme initially offered by NACI is for technical inspections, but other schemes may be developed based on need or demand for a specific program.

For conducting the related assessments, the IB department uses assessors duly certified & registered in the NACI Database of Assessors & Experts in accordance with the provisions of the NACI-P14 on Assessors Approval. That includes only those registered for AC20 for all team participants taking part in the assessment as chargeable manpower. Each assessment team will have at least one assessor holding the EC relevant to the applicant scope, & in case no team member covers the expertise area, an expert holding registration for the relevant EC will accompany the assessment team only as a team expert advisor without chargeability to the applicant.

Any Assessment Managers appointed to assist the VP for IB are in charge of supporting the specific schemes or functions as assigned within the department. Those duties include supervision of assessment group activities within the scheme, providing technical & advisory support to the Lead Assessors & team members, performing review of the assessment results for decision on accreditation, training of the workforce within the activity area, & other responsibilities in cooperation with the VP for IB assessments & other process owners.

All assessments in this department are carried out in accordance with NACI-P14 on Application Review & Assessment Procedures & related documented information. The accreditation decisions based on the results of reported assessments are made in accordance with the NACI-G02 on Accreditation Decision Guidelines.

5.5 Support activities department

The support department within NACI is responsible for administrative, financial, legal, & internal communications under supervision of the VP for Support. All or parts of these activities may be performed in coordination with the affiliated body Iranian National Standardization Organization (INSO) based on bilateral agreements or other arrangements as appropriate.

Administrative functions include the personnel contracts, those of the service agreements with external resources, & official training coordination.

Financial & accounting support is provided for personnel & service agreements, as well as accreditation contracts with NACI applicants.

Legal support includes the contractual arrangements and provision of any liabilities arising out of assessments & accreditation activities.

The VP for Support may be assisted by people appointed for each of those tasks & the internal communication necessary for effective provision of the required support from the executive departments.

5.6 Management system requirements

NACI has established, documented, implemented and maintained a management system that is capable of supporting and demonstrating consistent achievement of the requirements of ISO/IEC 17011; implementing a management system in accordance with option A thereof addressed the followings:

- Management system;
- document control;
- records control;
- nonconformities and corrective actions;
- improvement;
- internal audits;
- management reviews.

5.7 Establishing New Accreditation Schemes and Extension of Existing Activities/Schemes:

Any extension of accreditation activities is need based and would take into account the needed competence in terms of systems and resources. This includes extension of existing schemes as well as development or adoption of new accreditation schemes. NACI-G01 and NACI-P21 have been established for this purpose. The scope of the procedure includes schemes based on new accreditation standards, extensions based on new certification standards, as well as conformity assessment schemes - as in product and personnel certifications or inspection schemes or management certification activities.

NACI requires consideration of aspects such as feasibility study, analysis of present competence and resources, accessing and employing expertise, need for application or guidance document, training of accreditation body and assessment personnel, implementation or transition arrangements, views of interested parties, as relevant.

In case of adoption / use of a new conformity assessment schemes or standards for the purpose of accreditation, NACI has a system for determining suitability of the same.

Before discontinuation of an accreditation scheme, in part or in full, NACI will ensure aspect, such as, consideration of interested parties, contractual duties, transition arrangements, and external communication regarding discontinuation.

6. Documented System Structure

The documentation structure of NACI includes those required by the ISO/IEC 17011 & related requirements, as well as those needed for the effective operation of NACI. A cross reference of the standard requirements & NACI core documents is presented in Annex 2.

There are three levels of documentation structure identified within NACI. The first level includes this Manual, the external documents referenced or any guidelines covering issues related to those, as well as the policy documents including those related to the management strategy & objectives. The second level NACI documentation includes procedures & their related instructions, codes to be followed for any processes, quality plans & templates serving as instructions to be followed. The third level

includes documents that serve to record the results, including but not limited to forms, templates, & model communication letters.

The coding system of documents, as well as the document control procedures is covered by the NACI-P01.

6.1 Policies & objectives

The latest NACI policy document is attached as Annex 3 to this Manual.

The main focus of these policies is not only the national position of NACI as the sole recognized accreditation body in Iran, but also provision of quality services & development initiatives in line with the international standards, practices, rules & regulations.

While the policy document identifies the main framework for the NACI objectives, those at the management level are further detailed in Annex 4 of this Manual. Those main objectives are the bases for setting departmental objectives along with the KPIs to measure their outcome.

6.2 Control of documents & records

All documented information within NACI is controlled using NACI-P01 Procedures for Document Control and NACI-P02 Procedures for Control of Records. Document is defined as information & its media, including records in any form or content.

The procedures for document control define document types as internal & external. The internal documents are all those coded & controlled in accordance with NACI procedures & maintained updated in a master list, while the External documents are those maintained as per latest updated version of a control list containing original references & titles.

The hierarchy of documents is defined in terms of documents describing specific codes or rules in general terms expected to be followed as applicable in a given situation (Guidelines), the document describing the policies, procedures, processes & providing reference to those (Manual), documents describing details of activities & processes (Procedures), documents showing steps in specific activities (Instructions), and those including forms, templates, logs, registers, plans, & the like (Records). Record is defined as a document containing results or evidence of activities performed.

The documents accessibility level are those made available to the public, available to all NACI staff on the intranet or other means of communication, those only available to approved assessors & experts, and the documents only available to the management.

The NACI document coding system requires that a document-specific unique identification is provided as **NACI-X00**, where **X** is replaced by **M** for Manual, **P** for Procedures, **W** for Work instructions, & **F** for Forms & other types of records. The serial number **00** is replaced by **000** for forms.

The document control steps include identification of documentation needs, preparation of draft documents, documentation & review of internal documents, approval of documents, distribution & accessibility. Those steps are detailed & described in NACI-P01.

The record control procedures NACI-P02 details the need for identification, collection, indexing, filing, storage, and access to records. The control steps also include records maintenance & duration, as well as their disposal requirements.

6.3 Internal audits

The NACI-P04 Internal Audit Procedures require system monitoring at planned intervals to ensure conformance of the arrangements to the intended policies. The MR is in charge of planning annual schedule for performance of internal audits, in time for the next management review to the extent

possible. The MR shall ensure that all ISO/IEC 17011 requirements are audited at least once a year. However, the frequency & extent to which specific areas, processes, or functions are planned for audit depends on the needs & importance of those activities & special audits may be arranged as necessary. The MR shall assign auditors to tasks based on their competencies & independence from the activities under audit. The annual audit plan is communicated to all departments for coordination & cooperation. The steps in internal audit include preparation, implementation, review of findings, reporting & follow up actions. Those steps are detailed & described in NACI-P04.

6.4 Management review

The NACI management review meeting is planned at least annually to cover all the agenda required as input to the management. The MR is in charge of planning the review meetings for all or appropriate parts of the agenda depending on the needs. The attendees normally include the NACI President, the VPs & any of the Assessment Managers as appropriate, other experts as appropriate, & the MR. The invitation letter together with the meeting agenda is sent out by the MR at least 15 days in advance of the meeting date.

The agenda for a typical management review meeting normally includes any of the followings as appropriate:

- Findings of the latest internal audit,
- The peer assessment findings as appropriate,
- Participation in relevant international meetings & the outcome thereof,
- Feedback received from interested parties,
- Plans for any new accreditation programs,
- A report of the status & trend of any nonconformities,
- A summary report of the status of all corrective & preventive actions,
- Any follow up actions pending from the previous management reviews,
- A report on the status of meeting policy & objectives,
- Report of any changes which may affect the system, and
- An analytical report of all complaints & appeals.

The expected outcome of management review meetings include improvement initiatives for the system & processes, initiatives for improved accreditation services & new programs, support for needed resources, and identification or modification of policy & objectives. The details of the management review meetings are duly recorded in the MOM by the MR.

The details of management review planning, conduct, recording & follow up are described in NACI-P05 Procedures for Management Review.

6.5 Nonconformities & corrective action

All personnel involved in NACI assessment & accreditation services are required to duly report to the MR any nonconformities observed during the normal course of the duties. In addition, those nonconformities identified during internal audits, as a result of any complaints or appeals, as well as those as an outcome of management review is recorded for appropriate corrective action.

The process for reporting & action taken on nonconformity is detailed in NACI-P03 Procedures for Identification of Nonconformities & Corrective Actions improvement (NC & CAR). Those require identified nonconformities to be reported to the MR, upon coordination with the VP in charge, or directly by the assigned auditor, as appropriate. The report includes any proposal for addressing the problem, type of action required, an estimated time for the proposed action, & the responsibility. The management of nonconformity by the MR requires determination of the correction needed, or any

CAR to be duly logged in cooperation with the department in charge. Most nonconformities resulting in corrective action may include any of the followings:

- Deviations from policy & objectives,
- Findings of internal audits or those of the peer assessments,
- Complaints or appeals from the CABs,
- Complaints received from other interested parties about CABs performance,
- Any relevant outcome of management reviews, &
- The results of monitoring & evaluation of assessment/ accreditation personnel.

All corrective actions are verified for effectiveness of the action taken as planned by the originating department, the identified expert, or the auditor in charge as appropriate. Such verifications are duly reported to the MR for validation & recording the outcome.

6.6 Improvement

Preventive actions on any potential nonconformity are also taken in accordance with the NACI-P22. The processes for identifying, planning, implementing, verifying effectiveness, and validating a preventive action are the same as for corrective action on actual nonconformities. However, the sources for potential nonconformities may differ. Those for preventive action may be as follows:

- Personnel suggestions,
- Suggestions received from the CABs, the applicants & other interested parties,
- Opportunities identified for improvement as a results of internal audits or peer evaluation,
- Documentation review initiatives,
- Feedback received from clients,
- General observation/review on the Services / Assessment activities of NACI,
- Comparisons with other peer bodies during formal and informal interactions,
- Management Review findings.

6.7 Complaints & appeals procedures

The NACI defines complaint as any kind of discontent expressed by or on behalf of a CAB in relation to accreditation services, as well as those received from the certified companies about a CAB, the national regulatory bodies, related international organizations, or any other interested parties. An appeal is made by a beneficiary CAB against a NACI decision on accreditation application or outcome, as well as when a decision on resolution of a complaint is not acceptable to a CAB. A dispute may arise in case any of those are not resolved to the satisfaction of the party involved, in which case the NACI escalation decision may be taken by the CAC to refer the case to the Accreditation Council for final settlement. Those steps are defined & described in NACI-P06 Procedures for Complaints & Appeals Handling.

7. Process Structure & Procedures

The processes within NACI are either core processes related to the assessment & accreditation functions, or support processes for reinforcing the adequate conduct of the core processes. Each of those process types are seen at one or two process levels as appropriate. They are further rated to the procedures used for the activities within those processes. An overall map of NACI processes is shown in Annex 5. Those are generally described below with special attention to their sequence & interactions with other processes, as well as the main resources, the necessary inputs & expected outputs, any relevant objectives & KPIs, main information sources & procedures.

Three types of core processes are recognized within NACI. The applications review, assessment resourcing, and contract review activities in general are discussed in 7.1 below. All phases of the CAB assessment & follow up activities are subject of the 7.2 below. The accreditation decision making processes & the activities related to the monitoring of the accredited CABs is the subject of 7.3 below. In addition to those core processes, there are the support processes including those for the NACI management system maintenance discussed in 7.4 below.

7.1 Application review & resourcing processes

Those are all processes related to contract review activities within NACI. They are divided into three sub-processes application review, job assignment, & assessment contract in that sequence. The main interactions for these processes are with the applicant CAB submitting an application for accreditation on the one hand, and the assessors & experts database for adequate resourcing potential & job assignments on the other. Any part of application review & resourcing processes may be subcontracted with provisions in a contract.

7.1.1 Application review

7.1.1.1 All applications for NACI accreditation is made on application form as detailed in NACI-P10 (CB department), NACI-P14 (IB department), NACI-P15 (LAB department) Procedure for Accreditation Application Review & Assessment. The scope of accreditation & the supporting documents are checked against the detailed requirements in communication with the applicant. This is conducted by a competent contract reviewer capable for checking adequacy of applicant documentation, general understanding of the CAB processes involved, & the skills for estimating the assessment duration & related requirements.

7.1.1.2 If there is evidence of fraudulent behavior or if the CAB deliberately provides false information, or if it conceals information, NACI shall start the process of withdrawal of accreditation. In cases of withdrawal owing to fraudulent behavior/false information, the CAB is not allowed to make any further application of accreditation.

7.1.2 Job assignment

At the contract review stage, the contract reviewer shall also form an educated opinion about the availability of competent resources & time for planning & conduct of the necessary assessment. Access to expertise is the main KPI at this stage, but the availability of at least a competent lead assessor with necessary expertise or possibilities for having such expertise as part of the assessment team is the main basis for decision about accepting an approved application. No application will be approved for assessment before ensuring availability of competent resources needed.

7.1.3 Assessment contract

Upon successful completion of the contract review activities, initial identification of the competencies available by consulting the assessor database & the time scheduling considerations, and an estimation of the assessment duration needed to adequately cover the applicant scope, a formal contract is drawn

including the details of the proposed service agreement & the contract conditions applicable for the duration of the scheme accreditation period. Such proposal becomes final upon acceptance of the contract details, the fees & durations schedules, and all other conditions thereof by the authorized person on behalf of the applicant CAB. A duly signed contract goes for initiation of the assessment processes to the leader of an assessment team nominated by the VP in charge of the relevant department.

7.1.4 Maintenance of contract review processes

Periodical review reports on the general status of contract review activities & any potential shortcomings thereof are provided by the department VPs to the MR for inclusion of any relevant issue in the annual management review meeting reports. Such KPIs as accreditation criteria, scope, programs, & resource availability & competencies may be considered.

Adequate resourcing of assessments as a result of contract review activities is the main output of this process. The NACI-P07 Procedures for Training is to be followed for provision of the competent personnel. The NACI-G03 Guidelines for Training NACI Assessors is used to train the assessment personnel as needed.

7.2 Assessment & follow up processes

This general process is further divided into sub-processes including preparation & planning the assessment, conducting the assessment on-site including any witnessing, reviewing the findings & reporting the outcome of assessment, and any follow up actions to take place upon completion of an initial assessment. Those sub-processes are sequentially related, but they also interact with other processes at appropriate stages. They are detailed in the relevant sections of the NACI-P10 Procedures for Accreditation Application Review & Assessment. Any part of assessment process may be subcontracted based on contractual provisions.

Regarding the choice of the activities to verify, NACI considers the risks related to the activities, the locations and the personnel who come into the range of application of the accreditation.

NACI may perform a remote assessment from the CAB's fixed locations by using the CAB's IT systems.

To determine the number of assessment days for the on-site surveillance/witness assessment and the specific surveillance modalities, NACI carries out regular risk analyses on the basis of general indications which approved them and which include these factors: the outcomes of previous assessments; any sanctions imposed; the handling of complaints/remarks, the management of critical certifications, the number of certificates issued etc.

Following renewal, NACI prepares the surveillance program, taking into consideration the risks concerning the CAB and the performance of the previous cycle for the planning of the new one.

7.2.1 Preparation & planning

The process for preparation & planning of an assessment includes an initial examination of CAB documentation for general adequacy & a preliminary visit to meet with the management if necessary, a detailed CAB documents review for identification of any shortcomings, issues, misunderstanding, or identification of any opportunities for improvement, identification the scope & processes subject of assessment, preparation of any necessary checklists to base the assessment on & record the evidences, preparation of an assessment plan scheduling the details of on-site assessment & any witnessing audits, as well as communications with the applicant including the notification of a report on document review results & the assessment plan. The assessment team leader is responsible for

effective conduct of all activities for preparation & planning by involving all assessment team members & delegation of specific tasks to any of them.

7.2.2 On-site assessment

The on-site assessment activities are conducted by the assigned assessment team as planned & coordinated with the applicant CAB management. The team is expected to carry out a professional assessment based on the criteria standard, accepted & commonly practiced rules & regulations, as well as the applicable principles & ethics for professional conduct. An assessment team may include trainees, experts, mentors, or any other type of observing participants, but only those duly registered as assessor or lead assessor assigned to the team are eligible to take active part in the on-site assessment as chargeable team members. No observer is allowed to conduct any part of an assessment unless accompanied by a competent team member as assigned.

An on-site assessment may be accompanied by a witness assessment of the applicant CAB in action. Such witnessing is to take place in accordance with NACI-W04 for Witnessing applicant CBs, NACI-P14 for witnessing applicant IBs and NACI-P15 for witnessing LABs applicant. A witness assessment may be conducted by any team members as assigned, and any assigned observer may also participate. Those participating in a witness assessment, including the team member assigned to conduct the witnessing are not permitted to interfere with the tasks of the auditors in charge. The findings & observations made during a witness assessment are duly reported as part of the assessment.

Assessment techniques: methods used by NACI for performing assessments:

Note: for the purpose of the present Regulation the assessment techniques may include, but are not limited to:

- on-site assessments;
- remote assessments;
- witness assessments;
- document review;
- file review;
- unannounced assessments;
- validation assessments (e.g. market surveillance visits);
- interviews;
- measurement audits.

Witness assessments: observation of the CAB by NACI assessors (and technical experts if necessary) at the time of the conduct of the conformity assessment activities contained in the scope of accreditation or in the application for extension.

Remote assessment: assessment performed at a distance of a physical or virtual site of a CAB, by electronic means. Criteria for remote assessment include 1) better use of resources as decided by NACI Accreditation Management, and 2) based on agreement with the Client CAB. All remote assessments are planned and performed using NACI-W05 based on IAF ID12.

Note: a virtual site is an online location enabling persons to perform processes such as in a cloud.

Unannounced assessments (without advance notice): assessments carried out by NACI without advising the CAB at its head office or, where applicable, at its secondary locations or by witnessing at the CAB's clients on the basis of the program received by CAB.

Interview: assessment technique by means of which the NACI assessment team, during the on-site/remote assessment interfaces with the CAB's personnel and auditors involved in the accreditation/conformity assessment process, so as to assess its level of expertise and effectiveness.

7.2.3 Review & reporting

On-site assessment findings by the team members may include any number of nonconformities to be each documented in a separate form NACI-F146. Those are discussed with the assessment team leader & other team members during the review meetings conducted at appropriate intervals during the site visit. At least one final review meeting is conducted with all team members participating prior to meeting with the applicant representatives for a closing meeting. The team leader uses good professional judgment to make the final decision on any identified NCs & their categorizations. A major formal NC submitted to the applicant has the precautions for delaying or prohibiting the CAB from being accredited. Minor NCs will require a good understanding of the issue & possibility for the applicant CAB to submit a corrective action plan to address them which can be validated as such by the lead assessor before a final assessment report can be issued. Any observations made as part of the assessment report besides the identified NCs are up to the applicant to address them in a way that may improve the system & prevent future problems. An official assessment report for an assessment is issued upon completion of all review steps. Other than the details of the assessment, criteria, scope & description of the site assessment findings & observations, a NACI assessment report shall include or reference the plan, the participant lists, the NCs issued, any corrective action plan submitted & validated, as well as any witness assessment report.

7.2.4 Follow up actions

The follow up action process includes communications with the assessed CAB contract person for finalizing the initial assessment report to be submitted for the purpose of accreditation decision, as well as all activities required thereafter for monitoring & conducting surveillance assessment activities until a re-assessment stage is reached.

7.2.5 Maintenance of assessment system

The effective maintenance of the assessment processes is highly dependent on the availability of competent resources, as well as measurement of related KPIs. NACI-G03 Guidelines of Providing Assessor Training is for the purpose of orchestrating training events & the related workshops for competent experts to be approved as trained assessors upon successful completion of the role play exercises & the written examination. Some of the KPIs related to the assessment processes include the assessor support services, the performance of assessors & experts, identified or reported nonconformities related to the conduct of assessment, and the results of the assessors monitoring & evaluations. Those are periodically measured and the results addressed in management review for any action.

7.3 Accreditation decision & monitoring processes

When an assessment report is completed together with all its necessary supporting documentation ready for final decision on accreditation, the package is received by the VP in charge of the department in order to appoint a competent case reviewer for the assessment review process. Any decision on accreditation or changes thereof are made by the NACI President in cooperation with the VP in charge, the Case Reviewer, the relevant Group Manager, and any experts deemed

necessary for a fact-based judgment. The assessment review & the accreditation decision processes are carried out in accordance with NACI-G02 Accreditation Decision Guidelines.

7.3.1 Assessment review

An assessment case reviewer is to be nominated from the pool of competent & experienced lead assessors based on the expertise required for each case. The appointment of a reviewer is based on requirements covered in NACI-P08 on assessor poll competencies. The reviewer has to be impartial & independent of the case & any phases of the assessment under review. The case reviewer responsibilities include review of the assessment report & the details of the applicant assessment resourcing & activities to provide a sound basis for the Accreditation decision making process. The review must cover all items listed in clause 7.7.3 of ISO/IEC 17011 as facts for a sound decision. A reviewer is given access to the CAB information & normally conducts the review based on the relevant file content, but may consult any member of the assessment team as needed.

7.3.2 Accreditation decision

7.3.2.1 An accreditation decision is normally made in a meeting invited by the VP in charge upon submission of the nominated case reviewer in form NACI-F151. The agenda for decision meeting & a copy of the reviewer report are communicated to all members at least 15 days prior to the planned meeting date. An accreditation decision meeting is held within 30 days of the completion of each reported assessment results.

The processes for review & decision are conducted not only for initial accreditation upon successful assessment, re-assessment or any major changes as a result of assessment for any extension or reduction to scope, as well as for suspension or withdrawal of accreditation but also for maintenance of accreditation based on reported evidence.

7.3.2.2 Accreditation cycle: period of validity of the accreditation

A cycle of accreditation starts after the date of the decision for the granting of initial accreditation or of renewal and it shall not last longer than 3 years.

Throughout the accreditation cycle, NACI implements a program of assessments to evaluate by sampling the scope and the locations of the accredited CABs, in conformity with the requirements of the standards and rules deriving from the ISO/IEC standards and IAF documents.

All accredited CABs shall undergo surveillance activities by means of programmed assessments

formally communicated through an annual surveillance program and also non-programmed assessments, in order to ensure continued compliance with the present Regulation, the standards

and international guidance and all other applicable reference standards. In order to perform the assessments, all the CAB's locations shall be made accessible to the NACI assessment teams.

7.3.2.3 Before the end of the accreditation cycle, NACI planned and performed reassessment taking into consideration the information gathered from assessment performed over the accreditation cycle. ~~Following expiration of certification, NACI can restore certification within 6 months provided that the upstanding reassessment activities are completed, otherwise at least a stage 2 shall be conducted. The effective date on the certificate will be on or after the reaccreditation decision. The expiry date will be based on prior new accreditation cycle.~~

7.3.2.4 The office assessment should be organized at least (6) months prior to expiry of accreditation. If the assessment is not organized by the accredited CAB timely to be able to resolve the non-conformities/concerns, it could result in withholding re-accreditation.

7.3.2.5 The accredited CAB shall also be required to complete the minimum witness assessments as per scope during the previous accreditation cycle. On completion of the re-assessment, the accredited CAB shall initiate the root cause analysis and take corrective actions on the identified non-conformities and concerns, if any, and complete all actions within defined timeline as per NACI criteria to ensure closure of all such non-conformities and concerns.

7.3.2.6 If the decision by the Accreditation Committee is to grant re-accreditation, a fresh set of accreditation documents shall be issued to the accredited CAB. The renewal shall be for a period of (3) three years. If the decision of the Accreditation Committee is not favorable, it shall be communicated to the accredited CAB for initiating appropriate actions including any corrective action. NACI reserves the right to suspend/withdraw accreditation based on the decision of the Accreditation Committee.

7.3.2.7 All reassessment activities shall be completed prior to the expiry of accreditation. In some case there is a delay in decision-making, the accreditation may be continued, if the report of the NACI is satisfactory. The decision of the Accreditation Committee shall be binding on the accredited CAB in such cases.

~~7.3.2.8 The re-accreditation may be withheld if there are unresolved issues from the re-accreditation assessments and especially if implementation of corrective actions for critical non-conformities are incomplete. The withholding of reaccreditation will generally not be for more than (6) six months. If issues are not resolved by CAB within this timeline, the accreditation would be allowed to expire. In such case if CAB wants accreditation from NACI after the lapse of (6) six months' period, CAB shall apply as a fresh applicant. If, however, re-accreditation is granted within (6) six months of expiry, the re-accreditation shall be from the due date and the period from the expiry date to the decision for reaccreditation shall be treated as suspension.~~

7.3.3 Schedule & use of marks

A NACI Accreditation Certificate is issued using the template format upon successful completion of an assessment review & decision made on accreditation of a CAB. The scope of accreditation is described on the certificate along with the criteria & other information. The certificate normally has a validity of three years from the date of assessment completion provided the annual surveillance visits are successfully completed in due time. Alternatively, a certificate may be issued for a period of two years if the re-assessment upon validity is agreed with the CAB.

A reference is made on the certificate to the schedule of accreditation. Such schedule includes all the areas in which the CAB is accredited to provide services within the accredited scope. The schedule may be modified for extension or reduction of the scope upon verification and approval during the

surveillance assessment visits. The CAB may always communicate a valid certificate to the interested third parties along with the latest accreditation schedule.

7.3.4 Maintenance of accreditation system

The accreditation decision making process is mainly dependent on effective assessment conduct & reporting, adequate review of assessment resourcing & execution, and monitoring maintenance of accreditation certificate, schedule and use of marks. Some of the KPIs used in relation to those processes include impartiality of assessors, reviewers & decision makers, dealing with nonconformities & correctives actions related to accreditation processes, & any measurements of value adding accreditation services.

7.4 Support processes

Those include assessor pool management, complaints & appeals handling, monitoring accredited CABs, and the system maintenance processes. Most those processes support the conduct of contract review activities, CAB assessment phases, & accreditation processes, and they are vital for effective functioning of those core processes. Any of these processes to be subcontracted shall be clearly defined not to affect the accreditation decision & based on contractual arrangements including those provisions.

7.4.1 Assessor pool management

All assessors & experts performing in NACI assessment teams & related accreditation activities are registered in a database of assessor pool in accordance with NACI-P08 Assessor Approval Procedures. The assessment personnel are selected based on education, experience, professional expertise, training & skills, & personal behavior. The entry level is proven expertise in at least one professional area based on education, training, or minimum two years of experience in that area. All experts may attain the assessor trainee grade by successfully completing an approved course or equivalent in the relevant activity in accordance with NACI-G06 requirements. They will then be promoted to the assessor & lead assessor levels upon completion of the minimum requirements in each grade based on participation & evaluation as assessment team members. An already approved lead assessor in a program may also be approved to cover additional activity areas at the same grade upon successful completion of the official assessor course for the new program area. The lead assessors are normally assigned the leading assessment role in NACI assessments, but they may also be nominated for other roles including assessment team member, assessment case reviewer, or training instructor in the area of expertise upon completion of specific instructions. A lead assessor may be promoted to Assessment Manager Grade based on NACI requirements & by formal evaluation for such position.

7.4.2 Complaints & appeals handling

Upon receipt & due registration of a complaint or an appeal in accordance with NACI-P06 Procedures for Complaints & Appeals Handling, the case is referred to a competent expert nominated by the President as an impartial complaint reviewer. The reviewer is to communicate with the complaining organization nominated contact person & the NACI personnel involved or knowledgeable about the subject in order to investigate about the facts of the case to be reported to the President. A Complaints & Appeals Committee is convened upon consideration of the review findings by the President if the case cannot be resolved to the satisfaction of the complaining organization. The Committee normally

consists of the VP in charge of the related department, the case reviewer, any relevant personnel, and the MR.

All complaints & appeals cases are recorded & periodically analyzed by the MR as a tool for system improvement. The statistics & any improvement opportunities are identified & reported to the annual management review meeting.

The final resolution of a complaint or appeal is officially communicated to the party involved, recognizing the right for dispute & engagement in escalation procedures. In case of any such dispute communication received by NACI, the President may decide to refer a case to the next scheduled Accreditation Council meeting, or invite a special Council meeting as appropriate. Such cases may be decided by the Council in accordance with the provisions of NACI-G01. Any decision made by the Council & duly communicated to NACI is considered an advisory solution, & the final decision rests upon the NACI president to justify as suitable.

7.4.3 Monitoring accredited CABs

A directory of all NACI accredited CABs is maintained with the relevant certificate information & the details of the related accredited schedules. All directory information is available to the public through posting on the NACI site and by request. The monitoring of the accredited CABs may include market surveillance, interested parties feedback, the NACI Council members' observations, and the assessment team surveillance reports among others. Those address any issues to the CAB advertising of their accreditation information, reference to their certificate & schedule, and the use of accreditation symbol. The rules are set in NACI-W01 Instructions on Use of Accreditation Information & Symbols.

7.4.4 System maintenance processes

Conducting value adding process oriented internal audits & implementing effective CAR are the main tools for NACI system improvement. The management review process is expected to contribute to effective system maintenance by providing insightful decisions on system issues & recommendation for improvement actions. Any issues judged by the NACI management to further improve the accreditation programs are duly reported to the NACI Council for policy guidance. Managing the Council resolutions is an importance NACI system maintenance process. KPIs related to all of the support functions, including those associated with feedback from interested parties & monitoring processes are used as system maintenance measures.

7.4.5. NACI Policy for accredited certification bodies related to transition period of new version of international standards

During the transition period all Conformity assessment bodies shall complete the programs for certification of their clients' compliance with new version of standards based on IAF/ILAC/APAC resolutions and mandatory documents & NACI regulations.

In case of transition to the new version of the standard, NACI may conduct the assessment during re-assessment or surveillance. But if the CAB applies sooner than its re-assessment or surveillance, NACI will conduct the extraordinary assessment.

CABs are required to change the management system compliance with new version of standards according to the timeline that NACI will specify.

Details of transition regulations will communicate by NACI website <http://naciportal.gov.ir> .

8. Forms & Records

8.1 Master Records List form **NACI-F105**

8.2 Records disposal form **NACI –F106**

9. Recipients

As per distribution list form **NACI –F104**

10. Annexes

Annex 1: NACI organization Top Chart

Annex 2 – NACI Documents Cross Reference to ISO/IEC 17011

Annex 3 – NACI Policy Statement

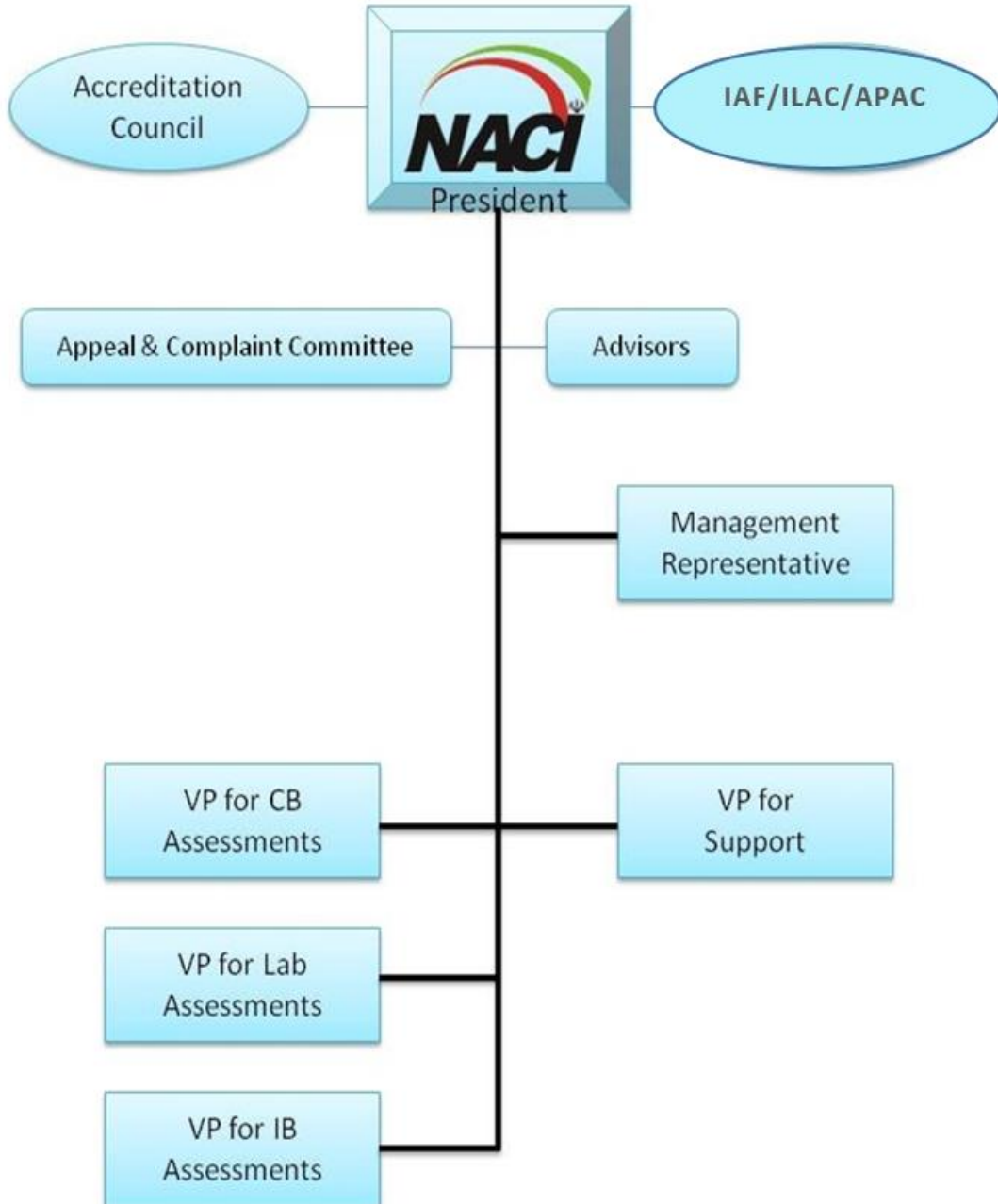
Annex 4 – NACI Quality Management Objectives Table

Annex 5 – NACI Process Map

11. Withdrawn Documents

Manual latest revision May.2020

Annex 1 – NACI Organization Top Chart



Annex 2 – NACI Documents Cross Reference to ISO/IEC 17011

ISO/IEC 17011 Requirements	NACI Document References
4.1 NACI legal entity	NACI-M00/1, NACI-G01
4.2 Accreditation agreement	NACI-M00/7.1.3 & NACI-P10,NACI-P14,NACI-P15
4.3 Use of accreditation symbols & other claims of accreditation	NACI-M00/7.4.3 & NACI-W01
4.4 Impartiality requirements	NACI-M00/1, NACI-P10
4.5 Financing & liability	NACI-M00/5
4.6 Establishing accreditation schemes	NACI-M00/5.7 NACI-P21
5. Structural requirements	NACI-M00/5
6.1 Competence of personnel	NACI-G01, NACI-G02, NACI-P08
6.2 Personnel involved in the accreditation process	NACI-P07, NACI-P08, NACI-G06
6.3 Personnel records	NACI-M00/5, NACI-P08
6.4 Outsourcing	NACI-M00/7, NACI-P08
7.1 Accreditation requirements	NACI-M00/1, NACI-P10 NACI-P10, NACI-M05, NACI-M06, NACI-M12 for CB NACI-P14 for IB NACI-P15 for LAB NACI-G13 NACI-W09 NACI-G12 NACI-W08 NACI-G11 NACI-P27 NACI-P30 NACI-P28 NACI- P29
7.2 Application for accreditation	NACI-P10, NACI-F138, NACI-P14 for IB, NACI-P15 for LAB
7.3 Resource review	NACI-P10 NACI-P14 for IB, NACI-P15 for LAB
7.4 Preparation for assessment	NACI-P10 NACI-P14 for IB, NACI-P15 for LAB
7.5 Review of documented information	NACI-P10 NACI-P14 for IB, NACI-P15 for LAB
7.6 Assessment	NACI-P10, NACI-G04,NACI-P14(1B), NACI-P15(LAB)
7.7 Accreditation decision-making	NACI-G02, NACI-F152
7.8 Accreditation information	NACI-G05
7.9 Accreditation cycle	NACI-M00/7.3.2.2
7.10 Extending accreditation	NACI-P11
7.11 Suspending, withdrawing or reducing accreditation	NACI-P11
7.12 Complaints	NACI-P06
7.13 Appeals	NACI-P06, NACI-G01
7.14 Records on CABs	NACI-P11
8.1 Confidential information	NACI-M00/Annex 3
8.2 Publicly available information	NACI-M00/7.4.3
9.2 Management system	NACI-M00, NACI-P03, NACI-P04, NACI-P05
9.3 Document control	NACI-P01
9.4 Records control	NACI-P02



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9.5 Nonconformities and corrective actions	NACI-P03
9.6 Improvement	NACI-P03
9.7 Internal audits	NACI-P04
9.8 Management reviews	NACI-P05

Annex 3 – NACI Policy Statement

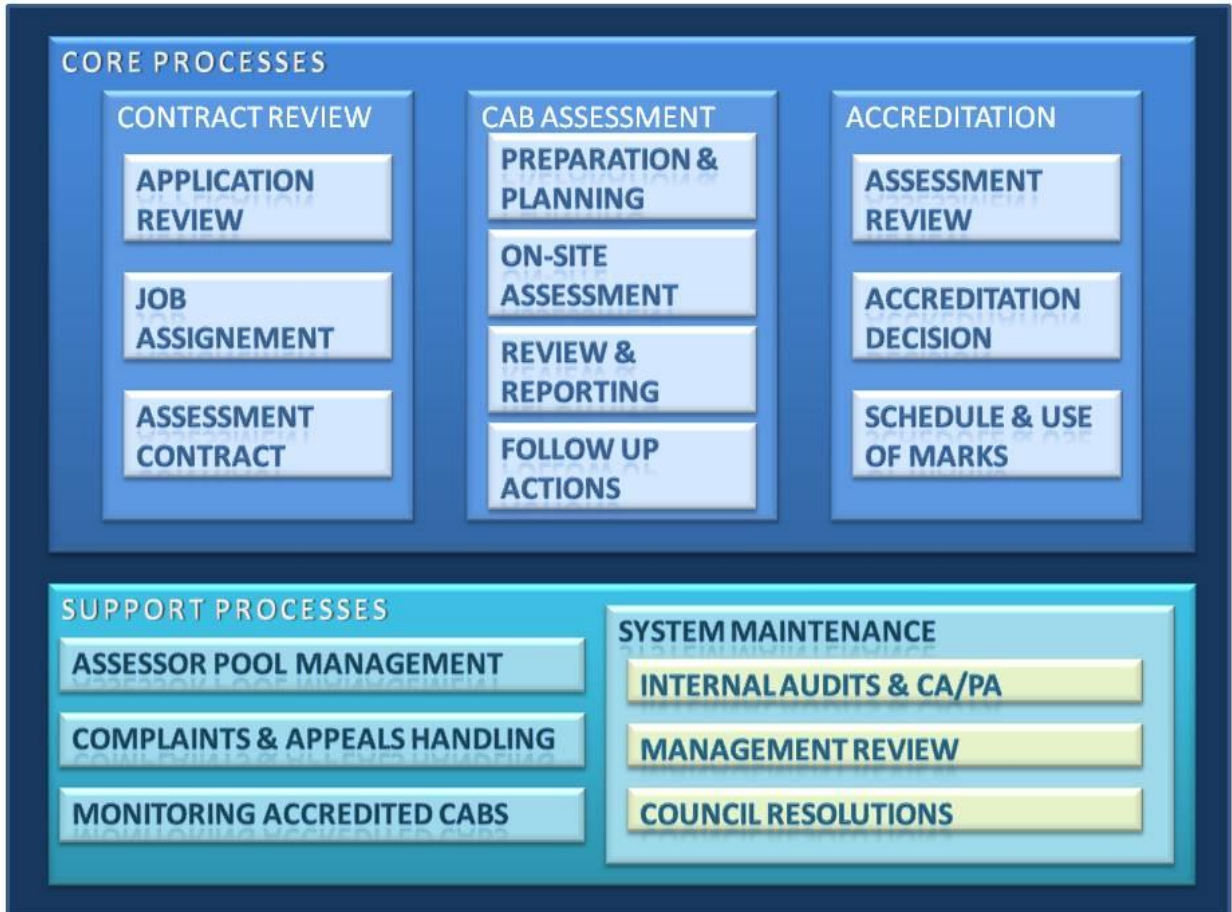
As a sole recognized institution for provision of accreditation services to all conformity assessments bodies at the national level, the NACI has stated its policies as follows:

1. NACI is committed to the requirements of the latest version of ISO/IEC 17011 and the related rules & regulations of the relevant international bodies including IAF/ILAC/APAC for providing accreditation services to the CABs.
2. NACI is to pursue international cooperation based on APAC/IAF/MLA procedures for all services provided based on the referenced normative standards & regulations.
3. All NACI personnel & others involved in accreditation activities at all levels & functions are committed to impartiality, observance of confidentiality, & independence from any actual or potential conflict of interest in performing their duties.
4. The top management ensures availability of the adequate communications infrastructures & effective relationships with all interested parties for satisfying their legitimate needs & expectations
5. The top management ensures implementation, maintenance & understanding of the NACI policy & objectives at appropriate levels by planning regular internal audits, management review meetings, and other coordination meetings as necessary.
6. The training of assessors, experts, & other accreditation personnel in assessment criteria & related performance-based subjects is a key NACI activity.
7. Ensuring acceptable performance of the accredited CABs relevant to the applicable national & international reference standards are a major part of the NACI plan of routine activities.
8. The increased satisfaction of the applicants & accredited CABs, as well as other interested parties related to accreditation is the focus of NACI management.
9. The concept of continual improvement is built into all NACI assessments & accreditation activities.

Annex 4 – NACI Quality Management Objectives Table

Policy Framework	Management Objectives	Evaluation Metrics	Responsibilities
1. Commitment to requirements	1. Development of KPIs related to applications review & conduct of related assessments.	KPI defined & measured	Management
2. International cooperation	2. Planning IAF/ILAC/APAC MLA application & peer assessment.	Gantt chart	Management
3. Ensuring impartiality	3. Monitoring all assessment & accreditation activities for any conflicts of interest.	Number of issues identified	Department VP
4. Ensuring communications	4. Organizing the NACI assessors & experts Information database.	Meeting requirements	Database Coordinator
5. Ensuring understandings	5. Identifying procedures implementation deficiencies & training for compliance.	Number of nonconformities	MR
6. Training & resourcing	6. Professional training of the NACI assessment personnel involved in accreditation of the Management System Conformity assessment bodies (CABs).	Number of trained assessors	Training Coordinator
7. CABs monitoring	7. Surveillance of the accredited CABs through necessary witness audits & feedback received from the certified organizations.	Number of deficiencies	Assessment Team Leaders
8. Increasing satisfaction	8. Measuring satisfaction of the NACI applicants.	Applicants' feedback	Department VP
	9. The development of resources for accreditation of CBs in the area of new assessment programs & meeting the market demand.	Number of initiation projects	Department VP
9. Continual improvement	10. Backup system for identification of process nonconformities, internal audits, complaints & feedback for planning & implementing appropriate corrective action.	System maintenance statistics	MR

Annex 5 – NACI Process Map





NACI Management System Manual

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Document Control Page

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