NSF-ISR

Policies for Accredited Registration and Other Third-Party Services

The Public Health and Safety Company.™

TABLE OF REVISIONS

DATE	NATURE OF CHANGES
10/25/2010	• Created table of contents; • Added additional bid list requirement for ISO/TS 16949 clients; • Added performance trend information for AS clients prior to ORR; • Added Letter of Conformance requirements for ISO/TS 16949 clients; • Added responsibilities of client to include customer special status conditions, notification of applicable customer specific requirements and scorecard information to NSF-ISR (ISO/TS 16949); • Revised complaint process to align with sections #37-41
11/18/10	Updated page numbers in the Table of Contents
1/14/11	Changed title of document
1/14/11	Added requirement to item 18 regarding the use of the FSSC logo and advertising of certification on FS 22000 certificates.
2/21/11	• Added clarification that outsourcing of manufacturing or processing prevents registration to AS9120. • Item 26 is not exclusive to EMS (removed EMS only)
3/4/11	• Added clarification to item 17 that organizations certified to AS9120 that also manufacture or repair cannot advertise manufacturing or repair activities under its AS9120 certification. • Revised item 18 to indicate that the Accreditation Body (AB) mark (e.g. ANAB) cannot be used in isolation of the NSF Management Systems Registration (MSR) Mark and that the AB mark can be the same size or smaller than the NSF MSR Mark. • Added the maximum times allowed between a stage 1 and stage 2 audit in item 8.
4/5/11	• Revised complaint, dispute and appeals process • Required Organization notification of any food safety prosecution, significant regulatory food safety nonconformity, or any product recall relating to food safety. • New requirements added to the Modification notification requirements relevant to FS 22000. • Added FS 22000 eligibility requirements
6/2/11	• Reversed items 9 and 10. • Requirement for CAR resolution related to registration and reassessment audits prior to registration being granted. • Added definitions for correction/containment, root cause, and corrective action • Added to 1. Eligibility, "NSF-ISR cannot certify other management systems certification bodies" • Moved the registration pre-requisite from section 1 to section 7. Removed requirement for non-TS programs that a full cycle of internal audits and management reviews is required to obtain registration. • Added to item 2 Application that all AQMS audits on or after July 1, 2011 will be to the 2009 version. Also, by accepting the quotation, the organization is declaring that their system will conform prior to the audit. • Corrected Typo in section 26 (replaced ISO 20000 and FS20000 with 22000) • Revised section 26. • Corrected "Compliant" to "Complaint" in the definitions (June 14, 2011) • Removed requirement for AS9100 rev C customers to have 12 months of performance data in order to get registered (June 20, 2011)
11/23/11	• Revamped Policies to extract program-specific requirements for availability of information through Intranet (# insert website) • Deleted sections: Attorney Client Privilege – (OHS/EMS Only), Documentation Report, Responsibility of the Organization, Organization Records of Complaints (QMS Only), Enforcement Sections (covered within Master Service Agreement) • Deleted all Auditor Reference sections (covered in CL3000) • Added section: Special Audit

	• **Revised sections: Eligibility (added no longer with a requirement); Designation of Auditors (revised assignment of auditor criteria, provided both parties are in agreement); On-Site Readiness Review (ORR) (revised wording to ORR shall be scheduled); Registration Audit (reworded to conducting of Stage #1 and Stage #2 concurrent wording and recommendation wording); Independent Review and Registration and Recertification Decision (added favorable recommendation wording); Official Listing of Registered Sites (deleted industry db references); Modification to an Organization's Management System (deleted in writing requirement); Periodic Surveillance (or Additional) Assessments for Continued Registration (reworded shall statements with may on audit timing requirements); Cooperation with NSF-ISR (deleted organizational decision to require auditors to leave); Corrective Action for Minor Nonconformance (all audits) (deleted requirement for certificate decision timing); Corrective Action for Major Nonconformance (all audits) (added wording for corrective action timing requirement); Enforcement Action – Suspension (revised section on office consultation for decision); Enforcement Action – Withdrawal of Registration (revised wording to comply with all registration requirements); Reinstatement (reworded reinstatement wording); Appeals and Disputes (reworded for NSF-ISR management review on requests); Coordination of Services for Surveillance Audits (deleted Attachment C reference); Transfer of Registration (revised review responsibilities to NSF-ISR management as well as deleted quality manual requirement)**
January 3, 2012	• **Added link to PEFC requirements in section 15.**
September 27, 2012	• **Added text "GHG Validation/Verification, QMS, SFI, and TS 16949." To item 37; corrected pagination; converted to .pdf format.**
December 12, 2012	• **Converted to Word format.**
March 2, 2013	**Revised the definition of Major Nonconformance (OHS/EMS/SFI) item (4) page 7 to the following:** • **The nonconformance could result in a significant impact to the environment for ISO 14001 or could result in serious injuries or illnesses for OHSAS 18001."**
August 27, 2013	• **Deleted reference to program specific requirements on the web-site**
March 4, 2014	• **Added e-Stewards, Aerospace and Automotive Addendums**
February 18, 2015	• **Added observer requirements to item 21. Revised item 28 to state that certificates are temporarily invalid during suspension and that the status shall be made publicly available. Revised clause 26 and 27 "Corrective Action Enforcement". Removed all references to GHG**
March 4, 2015	• **Revised section 15 to include new ANAB Accreditation Mark use requirements**
January 25, 2016	• **Revised Section 18, 26, 27, and 28 to address standard specific timing for periodic surveillance, CAR response times and Suspension Enforcement Action**
May 26, 2016	• **Revised Sections 4,6,7,8,9,11,12,13,14,15,18,19,22,26,27,28,30,Aerospace Addendum 2 to address changes to 17021-1:2015 and to revise initial response timing to Nonconformance's.**
February 28, 2017	• **Added paragraph to section 37 regarding contract coverage through the transfer process.**
May 30, 2017	• **Removed all reference to PEFC as it is no longer an accredited scheme offered by NSF-ISR** • **Revised section 14 "Use of the NSF Management Systems Third Party Certification Mark or Certificate - Advertising and Literature"** • **Revised to include more direct reference to ICOP-scheme industry documents and changed reference to obsolete aerospace documents / practices.**
September 25, 2017	• **Added section 38 to address organizations business continuity and disaster recovery.** • **Revised section 33 to define time frames for submission of Appeals**
April 4, 2018	• **Updated for new requirements associated with Occupational Health and Safety Management Systems (OH&SMS) ISO-45001:2018, and IAF MD-22:2018 and IAF MD-21:2018.**

NSF-ISR POLICIES FOR
ACCREDITED REGISTRATION AND OTHER THIRD-PARTY SERVICES

TABLE OF CONTENTS **PAGE**

NSF-ISR POLICIES FOR ACCREDITED REGISTRATION AND OTHER THRID-PARTY SERVICES

NSF International Strategic Registrations, Ltd. (NSF-ISR) offers to any Organization, Management System Registration or other third-party registration or services, subject to the requirements of these policies.

The policies apply to an Organization's requesting third-party registration or other services against the specific standard(s) within the scope of NSF-ISR's Registration Program. The policies shall be considered in their entirety, and shall be applied within the context of the selected standard(s) and the contract between the Organization and NSF-ISR. For clarity and ease of reference, these policies are presented as individual items.

DEFINITIONS

Appeal	A request from a customer for NSF-ISR to reconsider a decision.
Assessment:	The process of compiling and evaluating audit results to determine the conformance of all applicable requirements of the specific standard.
Audit:	Systematic, documented verification process of objectively obtaining and evaluating audit evidence to determine whether specified activities, events, conditions, management systems, or information about these matters conform with audit criteria, and communicating the results of this process to the client.
Audit time:	The time needed to plan and accomplish a complete and effective audit of the client organization's management system.
AQMS:	Aerospace Quality Management Systems standards; i.e. AS9100, AS9110 and AS9120.
Certificate of Registration:	A Certificate recognizing the Organization has been assessed by NSF-ISR and is in conformance with the specified standard(s), within the scope of NSF-ISR's registration program, and these policies.
Certification Scheme:	Conformity assessment system related to management systems to which relates to the organization, the process or activity to be audited.
Company:	Any public or private organization, group, individual, other entity, or subsidiary or division of such an entity contracting with NSF-ISR.
Conformance:	Fulfillment of a specified Standard requirement, applicable requirements of an Organization's Management System, and NSF-ISR requirements.
Containment/Correction:	Actions taken to correct the identified nonconformity including evidence that the nonconforming situation was brought back into a state of conformance (i.e., "the quick fix").
Complaint:	A statement of dissatisfaction with NSF-ISR's service or a statement of dissatisfaction with the Organization received by an external body.

Compliance — Adhering to Federal, State, Local, Regional or National regulations and laws.

Contract: — Any authorized written agreement between the Organization and NSF-ISR. An authorized agreement is any agreement signed by a corporate officer of NSF-ISR.

Corrective Action: — Action taken to address the root cause of the nonconformance to keep the nonconformity from happening again (i.e., recurrence). The "permanent fix".

Duration of management system certification audits:
Part of audit time spent conducting audit activities from the opening meeting to the closing meeting, inclusive.

EMS: — Environmental Management System the part of the overall management system that includes organizational structure, planning activities, responsibilities, practices, procedures, processes and resources for developing, implementing, achieving, reviewing and maintaining the environmental policy.

Finding: — Use of objective evidence to formalize a conclusion.

Listing Of Registered Sites: — Tabulation of sites, by Organization, that have been Registered.

Major Nonconformance (QMS):

- A nonconformance that affects the capability of the management system to achieve the intended results.
- If there is a significant doubt that effective process control is in place, or that products or services will meet specified requirements.
- A number of minor nonconformances associated with the same requirements or issue, could demonstrate a systemic failure and constitute a major nonconformance.
- One or more requirements of the applicable standard(s) have not been addressed.
- One or more requirements of the applicable standard(s) have not been implemented.
- Several requirements of the applicable standard(s) show similar minor nonconformance's in documentation and/or implementation indicating a breakdown of the Organization's QMS.
- A nonconformance that would result in the probable shipment of non-conforming product or reduce the usability of the product or service for its intended use.

- A nonconformance that would result in the failure of the quality system or materially reduce its ability to assure controlled processes and products.
- AS Specific: Failure to assign a Site Administrator in the IAQG's OASIS database (www.iaqg.org/oasis) for each site (AS9100/9110/9120)
- The absence of, or total breakdown in an FSMS element, including: (1) One or more numbered requirements of ISO 22000 have not been addressed. (2) One or more numbered requirements of ISO 22000 have not been implemented (3) Several similar minor nonconformance's in documentation and/or implementation, taken together, lead a reasonable auditor to conclude that one or more numbered requirements of ISO 22000 have not been addressed or implemented, and (4) The nonconformance is the result of critical hazard points not being managed accordingly or there exists a potential for unsafe food practices to be exposed to final customer.

Major Nonconformance(OHS/EMS/SFI):

The absence of, or total breakdown in an OHS or EMS element, including: (1) One or more numbered requirements of OHSAS 18001 or ISO 14001 have not been addressed. (2) One or more numbered requirements of OHSAS 18001 or ISO 14001have not been implemented (3) Several similar minor nonconformance's in documentation and/or implementation, taken together, lead a reasonable auditor to conclude that one or more numbered requirements of OHSAS 18001 or ISO 14001 have not been addressed or implemented, and (4) The nonconformance could result in a significant impact to the environment for ISO 14001 or a could result in serious injuries or illnesses for OHSAS 18001."

- A finding of Major-nonconformance is warranted when one or more of the Sustainable Forestry Initiative standard (SFIS) performance measures or indicators has not been addressed or has not been implemented to the extent that a systematic failure of a program participants SFI system to meet an SFI objective, performance measure or indicator occurs (SFI)

Minor Nonconformance

Nonconformance that does not affect the capability of the management system to achieve the intended results.

- A single observed nonconformance to the Management System Standard or the Organization's Management System, and is not considered to be a breakdown in the Organization's Management System or reduce its ability to assure controlled processes or products.

- A Minor nonconformance occurs when there is an isolated lapse in SFIS program implementation which does not indicate a systematic failure to consistently meet an SFI objective, performance measure or indicator (SFI)

- For AQMS audits, a minor nonconformance can be issued if the organization fails to maintain the accuracy site or OASIS administrator information in the OASIS database (www.iaqg.org/oasis).

Nonconformance: CAR(s). Non-fulfillment of a requirement.

NSF-ISR: NSF International Strategic Registrations, Ltd., its staff or other authorized representatives.

NSF-ISR Requirements: Requirements of the selected Standard, policies, and any agreements or contracts upon which NSF-ISR Registration is based.

NSF Management Systems Certification Mark: A registered NSF Registration Mark that references a management systems standard (e.g. ISO 9001) - in this instance "registered" means a formal process with an appropriate official agency.

NSF Online: Online system where customers may view their audit reports and submit corrective actions. https://clients.nsf.org

Opportunity for Improvement: A finding not determined to be a nonconformance but which, in the opinion of the audit team, would be a management system improvement. These will be identified during the audit, without the Auditors recommending specific solutions.

(Note: For 14001, the use of the finding "Opportunity for Improvement" during the audit process is optional for companies.)

Organization: Company, corporation, firm, enterprise, municipality, authority or institution, or part or combination thereof, whether incorporated or not, public or private, that has its own function.

Public Notice: For new Registrations, the issuance of a copy of the Official Listing and Certification of Registration to a Organization which may distribute this information; for enforcement purposes, distribution of a written notice for nonconformance.

Registered Organization: An organization that has a written agreement with NSF-ISR for accredited registration services and has at least one Registered site or product.

Registration: NSF-ISR attestation that an Organization meets a specified standard(s), applicable requirements internal to the organization, and all NSF-ISR requirements and is authorized to use the NSF Management Systems Certification Mark.

Root Cause:	Information the Organization provides to NSF-ISR detailing what systemic issue (s) allowed the management system to operate in a nonconforming manner.
Site:	The site will be defined between NSF-ISR and the client according to the standard being audited.
Site Registration:	The result of a decision by NSF-ISR that a site meets NSF-ISR requirements for the selected accredited services.
Suspension:	A period of time, normally no more than 120 days, under which an Organization is still registered but will be subject to more frequent internal and/or external audits. Specific corrective actions must be submitted under defined time frames.
Standard:	The recognized Standard that is the basis for Registration.
Technical Expert:	A person who provides specific knowledge or expertise to the audit team.

INITIAL ASSESSMENT AND REGISTRATION

1. Eligibility

An Organization requesting certification to a Standard for which NSF-ISR offers Registration is eligible for assessment and Registration by NSF-ISR.

2. Application for NSF-ISR Registration

The application provided by NSF-ISR shall be submitted by the Organization to NSF-ISR for each site.

3. Contract for NSF-ISR Registration

A 'Master Agreement' provided by NSF International Strategic Registrations, Ltd. (NSF-ISR) shall be executed by the Organization and NSF-ISR.

4. Designation of Auditors

Upon acceptance of an Application, NSF-ISR shall assign the audit team based upon several factors considering each type of management system to which the auditor is deemed competent, including but not limited to required competency, logistics, availability, lack of any conflict of interested, etc. At the election of NSF-ISR, subcontract auditors may be used in lieu of NSF-ISR staff auditors. The role of Technical Experts during an audit activity shall be agreed to by NSF-ISR and the Organization prior to conducting the audit.

NSF-ISR may allow requests by clients for auditor changes/substitutions, provided both parties are in agreement. Conformance to rules concerning export controls, auditor nationalities, and confidentiality/conflict of interest challenges shall be an exception to this requirement. NSF-ISR shall be able to assign and rotate auditors, as available.

5. Document Review - Desk Audit

When required by the accredited registration program the Organization shall submit to NSF-ISR documentation of its Management System. The Management System documentation shall include, as a minimum, the Organization's relevant policy and state the Organization's approach to each requirement of the recognized Standard. The designated auditor shall review the Organization's Management System documentation and provide a written report to the Organization on conformance and nonconformance of the documented Management System to each requirement of the recognized Standard.

6. On-Site Readiness Review (ORR)

Where required by the accredited registration program, following (or including) the review of Management System documentation, an ORR shall be scheduled and confirmed with the Organization. The ORR is an on-site visit for the purpose of resolving any Management System documentation nonconformance and to verify that the Management System has been sufficiently implemented at the site for an on-site audit for registration. This audit includes verification that internal audits and management reviews are being planned and performed to a level of implementation that confirms the Organization is ready for the Registration (stage 2) audit. The lead auditor shall also use the ORR to determine audit resources and logistics needed to conduct the

registration audit. The ORR shall also result in planning for the on-site registration audit. An audit report will be prepared and sent to the client by the lead auditor after the ORR is completed. A readiness review must be completed prior to the registration audit.

7. Registration Audit (Stage 2)

The designated Audit team shall conduct an on-site audit to verify that the Organization conforms with the requirements of the specified Standard, the Organization's management system ability and its performance regarding meeting of applicable statutory, regulatory and contractual requirements, including any changes from the desk audit and ORR (if applicable), and that the specified standard has been implemented and maintained. During the on-site audit, any nonconformities shall be documented and a copy provided to the Organization. Prior to the completion of the on-site audit, all nonconformities shall be classified as follows: Major Nonconformance or Minor Nonconformance.

The lead auditor shall provide the Organization a written report on the results of the audit, including the audit team's recommendation relating to registration. The audit team shall make one of three recommendations:

- Recommendation To Register or To Maintain Registration
- Recommendation Not To Register or To Maintain Registration
- Unable To Make Recommendation At This Time – Follow-Up Audit Required (*All requirements are addressed, however, there is insufficient evidence that the system is effectively implemented or the number of nonconformities indicates a lapse in the maintenance of the management system*).

8. Reassessment

NSF-ISR will perform a periodic reassessment audit in accordance with international, oversight body, and sector specific requirements. Generally, reassessments are performed three years after the initial assessment. Exceptions include Sustainable Forestry Initiative (five years) and Bio-Solids (five years). Reassessment audit durations will be in accordance with these publications or NSF-ISR specific procedures. The purpose of a reassessment is to affirm the organizations continued conformance with effective maintenance of the system designed to conform to the standard of registration. Reassessments are subject to certification board review. NSF-ISR shall make decisions to recommend or not recommend recertification, based on the results of the recertification audit, as well as the results of the review of the system over the period of certification and complaints received from users of certification.

9. Independent Review and Registration, Recertification, Scope Expansion or Scope Reduction Decision

Upon receiving a favorable recommendation for registration by the Audit team, or for expansion or reduction of the scope of registration, a Certification Board Reviewer (CB Reviewer), shall review the audit team's report and recommendation and issue the final Registration decision. The review will include ensuring that the audit covered the scope of registration in a sufficient enough depth to grant certification, confirm audit objectives have been achieved and that corrective actions are acceptable.

10. Notification of Registration

The Organization shall be advised in writing of the Registration, and the Registration shall be made public, without request, by NSF-ISR. A Certificate of Registration shall be issued by NSF-ISR.

11. Official Listing of Registered Sites

NSF-ISR shall maintain a public, without request, Listing of Registered Organization sites. In addition, NSF-ISR may provide information to other organizations as required (e.g. IAQG OASIS, IATF, FSSC, etc.).

12. Written Authorization for Registration and Use of the NSF Management Systems Third Party Certification Mark

NSF and its Mark(s) are registered trademarks of NSF International. No Organization or person shall apply or use a Mark in connection with a site or product, or represent in any way that the site or product is Registered, until receipt of written authorization by NSF-ISR.

The Mark shall be displayed as described on in this document. Failure to conform to these requirements may result in a request for formal corrective action or legal action.

All marks are property of either NSF-ISR or accrediting bodies and must be returned to NSF-ISR upon termination of services.

13. Use of the NSF Management Systems Third Party Certification Mark- Listing of Registered Sites Only

An Organization shall use the NSF Management Systems Certification Mark only in association with a site shown in the Listing of Registered sites.

14. Use of the NSF Management Systems Third Party Certification Mark or Certificate - Advertising and Literature

Use of the Marks, certificates, custom logos, or statements of management systems certification on sales literature, websites, brochures, promotions, and catalogs, or any other media used in advertising of Registration is acceptable, provided the Organization complies with the following, legally enforceable arrangements:

The Organization shall ensure that statements of management systems certification include reference to:

- Organization name of the registered site(s);
- The type of management system (e.g. QMS, EMS) and the applicable standard;
- NSF-ISR as the certification body.

The Organization shall not:

- Directly or indirectly represent, advertise, imply or claim that products (including services) or a non-Registered site are registered by NSF-ISR. This also includes any business activities not covered under the Scope of Registration in the NSF-ISR certificate.
- Not reference certification in such a manner that would bring the Accreditation Body or NSF-ISR into disrepute and lose public trust.

The NSF Management Systems Certification Marks, certificate or statements of management systems certification shall not:

- Be used to imply that a product is Certified, has an environmental benefit, or is of superior quality. A product is defined as a tangible product itself or product in product packaging seen by the consumer. In the case of testing / analyzing activities, it could be a test / analysis report, certificate of conformance, product warrantee or guarantee.
- Be used on products or consumer packaging, under any circumstances.
- Be used on lab test, calibration or inspection reports or any document/record that attests to product suitability, fitness, or conformance (e.g. product specification sheets, technical datasheets, certificates of conformance, certificates of analysis, e.g.). When using symbols or logos, adequate attention should be paid to avoid that no certificate document, mark or report, or any report thereof, is used in a misleading manner.
- Be advertised should the organization's certification be suspended or withdrawn.
- Be used to imply that activities, processes, products, services or sites outside of the scope of registration are part of the certification.

15. Use of Accreditation Marks

An Organization registered by NSF-ISR for a scope that is within NSF-ISR's accredited scope, shall be issued a Registration Certificate that includes the Mark of the Accreditation Body. NSF-ISR will provide the Organization with an electronic copy of the NSF Managements Systems Certification and the official Accreditation Body Marks. The Organization may use the Accreditation Mark, in conjunction with the NSF Management Systems Certification Mark, in the following legally enforceable arrangements:

- The Accreditation Mark(s) shall be used in a manner that clearly communicates the meaning of the Accreditation Mark in regard to the NSF Registration Mark, and does not imply that the Organization is Registered by the Accreditation Body (i.e. the Accreditation Mark(s) may not be used without the NSF Management Systems Certification Mark);
- The Accreditation Mark(s) shall be reproduced on a white or light-colored background or in blue (PMS 286 or equivalent) and red (PMS 485 or equivalent in a size that makes all features of the symbol clearly distinguishable without distortion of its dimension and not larger in size than the NSF Management Systems Certification Mark.
- The Accreditation Mark shall not be used in isolation of the NSF Management Systems Certification Mark and shall be in direct proximity to the NSF Registration Mark.
- The NSF Management Systems Certification Mark and Accreditation Mark(s) may be used on an Organization's stationary, literature and advertising subject to the conditions for use of this policy.
- The NSF Management Systems Certification Mark and the Accreditation Mark(s) may not be used on a product, process, service, or product packaging of a certified organization to imply, in such a way, certification or approval of the product, process, service, or packaging.
- NSF Management Systems Certification Mark and Accreditation Marks may be acquired by contacting your Account Manager

PERIODIC ASSESSMENT AND CONTINUED REGISTRATION

16. Modifications to an Organization's Management System

The Organization shall promptly notify NSF-ISR in writing within (30) days of any modification that may affect the capability of the management system to continue to fulfil the requirements of the registered standard, at any of its Registered site(s), including: a) legal, commercial, organizational status, ownership; b) organization and management (ie key managerial, decision-making or technical staff; c) contact address and sites; d) scope (or expansion of scope) of operations under the certified management system; e) major changes to the management system and processes. NSF-ISR shall assess the proposed modifications and promptly notify the Organization if the modifications may adversely affect the Organization's Registration and determine what actions if any are required to maintain the registration.

17. Transfer of Authorization for Registration and Use of the NSF Management Systems Certification Mark

Upon request, and with documentation of continued conformance with all applicable NSF-ISR requirements and after the new Organization's execution of the Contract along with payment of any outstanding fees, NSF-ISR may transfer authorization for continued Registration of a specific site to another Organization for the purpose of a name change, change of ownership, or change of a production and/or service location. Additional audit time may be required.

18. Periodic Surveillance (or Additional) Assessments for Continued Registration

In order to monitor conformance for continued Registration, NSF-ISR shall conduct surveillance audits, at least once a calendar year, every 6, 9, or 12 months based on the last day of the Registration (Stage 2) audit or the last day of the reassessment audit (whichever began the current audit cycle). The first surveillance audit after initial registration shall not exceed 12 months from the last day of the registration audit (with the exception of ISO/TS 16949). Every surveillance audit thereafter, with the exception of TS 16949, should be conducted no later than 1 month within the specified timeframe (i.e. 6, 9, 12 months), and within one calendar year.

Example 1-Annual:
June 1, 2011 = Last day of the registration audit
For all Standards except ISO/TS 16949 the 1st annual Surveillance audit must start no later than June 1, 2012. For ISO/TS 16949 the audit shall be completed prior to July 1, 2012 date since ISO/TS16949 audit boundary is 12 months + 1 month.
For all Standards except ISO/TS 16949 the 2nd annual Surveillance should start no later than June 1, 2013. For ISO/TS 16949 the audit shall be completed prior to July 1, 2013 date since ISO/TS16949 audit boundary is 12 months + 1 month.

Example 2-Semi-Annual:
June 1, 2011 = Last day of the registration audit
For all Standards except ISO/TS 16949 the 1st semi-annual Surveillance audit should start no later than December 1, 2012 For ISO/TS 16949 the audit shall be completed prior to January 1, 2013 date since ISO/TS16949 audit boundary is 6 months + 1 month.
For all Standards except ISO/TS 16949 the 2nd semi-annual Surveillance should start no later than June 1, 2013 For ISO/TS 16949 the audit shall be completed prior to July 1, 2013 date since ISO/TS16949 audit boundary is 6 months + 1 month.

If an adjustment to this timing is requested, these requests shall be forwarded to NSF-ISR for a final decision.

19. Special Audits

NSF-ISR may conduct additional audits, announced, at short notice, or unannounced, as needed to monitor for continued confirmation with all NSF-ISR requirements. Short-notice audits may be necessary due to complaints about certified Organizations or in response to changes, or to follow-up on suspension. NSF-ISR may request additional information from the client to conduct these types of audits.

20. Access for Assessments/Audits

Access for NSF-ISR assessments/audits shall be granted promptly by the Organization upon NSF-ISR's request during any operating hours. NSF-ISR shall make every attempt to accommodate vacations, inventory shutdowns and other non-productive periods or *site* closings where NSF-ISR has been notified in advance. NSF-ISR shall be granted access to the *site(s)* of the Organization, except where precluded from doing so by restrictions included in agreements between the Organization and NSF-ISR or by government requirements (includes regulations and security agreements), and where NSF-ISR has been notified in advance and is satisfied as to the validity of these restrictions. Refused or delayed access may result in withdrawal of Registration. Companies contracted with NSF-ISR may not reject a request for a witness audit by an accreditation body or related regulatory bodies or scheme oversight (e.g. Health Canada, FAA, Aerospace or automotive OEMs, IAQG member companies, etc). Companies may not refuse the presence of an NSF-ISR internal witness auditor. Additionally, NSF-ISR is required upon request to provide said entities with a copy of the audit team's reports on their findings as to the conformity or non-conformity of an Organization's management system.

21. Cooperation with NSF-ISR

It is assumed and expected that the Organization and NSF-ISR conduct business in accordance with all applicable laws and regulations, and without unlawful discrimination and harassment. Assessments/audits by NSF-ISR are for the benefit of the Organization as well as the public interest. While engaged in the performance of these audits, NSF-ISR shall be given every assistance necessary, and shall have the right to examine all records bearing upon the duties and responsibilities of NSF-ISR or the Organization with respect to conformance with NSF-ISR requirements. No NSF-ISR representative shall be required to make any agreements, waive any rights or privileges or enter into any compromises as a condition of assessment/audit. While on the Organization's site, NSF-ISR's representatives shall comply with the applicable health and safety rules of the Organization, and be accompanied by authorized Organization personnel.

NSF-ISR auditors may discontinue an audit at a site where their health and safety may be at risk, if they are subjected to sexual harassment, discrimination, or the conduct of Organization staff hampers the completion of a valid audit. An auditor shall immediately notify executive management of the Organization and NSF-ISR if an audit is to be discontinued.

Should the Organization desire to have any observers, including consultants, present at an audit, the Organization shall communicate that desire to NSF-ISR in writing. NSF-ISR will forward the information to the respective business unit to determine whether an agreement can be reached to allow the observer presence at the given audit.

CONFIDENTIALITY

22. Confidentiality

NSF-ISR shall not disclose without the Organization's prior written consent and shall keep confidential any information supplied to it by the Organization about the Organization and its product(s), its management system, formulations, components, processes, ingredients or the identity of its suppliers, vendors, or customers. Confidential business information may be disclosed, with notification to the Organization of the information provided to an oversight/accreditation body that is under a non-disclosure agreement with NSF-ISR or by law or interested party (e.g., ANSI-ASQ National Accreditation Board (ANAB); International Automotive Oversight Bureau (IAOB); International Aerospace Quality Group (IAQG); Americas Aerospace Quality Group (AAQG); Federal Aviation Authority (FAA); Institute of Scrap Recycling Industries (ISRI) associated with R2/RIOS; Basel Action Network (BAN)), unless prohibited by law. NSF-ISR shall keep confidential all information regarding procedures and equipment gained during site assessments/audits. NSF-ISR shall release information required by law to be disclosed. NSF-ISR shall release the information only to those persons or agencies authorized or required by law to receive such information. Confidentiality does not apply to any information known to NSF-ISR independently, generally available to the public, or obtained by NSF-ISR from a third-party under no obligation to the Organization not to disclose said information.

NSF-ISR and its auditors may disclose to auditor certification bodies the following information that is considered to be non-confidential: Organization name, address, contact, telephone number, scope, audit days, audit team members, and management standard and elements audited.

23. Procedures upon Receipt of Subpoena for Confidential Business Information

NSF-ISR shall notify the Organization promptly of a subpoena or a request for production of the Organization's confidential business information, seek the Organization's consent to release the information and inquire whether the Organization asserts a proprietary interest in the information. If the Organization does not assert a proprietary interest within a reasonable time after NSF-ISR inquiry, NSF-ISR shall release the information to parties requesting the information.

If the Organization advises within a reasonable time that it does assert a proprietary interest and does not consent to release, NSF-ISR and the Organization shall, through designated counsel, take appropriate steps to quash the subpoena or request, including the filing of motions and attendance at hearings where necessary. Such steps shall be taken at the Organization's expense, including attorney's fees. If the Court orders release of the information covered by the subpoena or production request, NSF-ISR shall release the information only to parties entitled by the Court's order to receive such information.

24. Compliance with Laws and Regulations

NSF-ISR shall assure that the Organization being registered has a commitment and a program for compliance with laws and regulations.

If an Auditor finds evidence of non-compliance with a law or regulation during an audit, the Auditor shall:

- Report the evidence to the Organization, and determine whether the evidence indicates a failure of the management system or an oversight of applicable regulatory requirement(s).

- If the non-compliance could result in a serious and/or immediate threat to the environment or worker safety and/or health, the auditor shall immediately report the matter to highest available level of management of the Organization and NSF-ISR.
- If finding is within the scope of the audit, the auditor shall classify finding as a major non-conformance against the appropriate management system standard requirement.

The Organization shall:

- Verify the finding with the Auditor
- Take appropriate corrective and preventive action (immediate action must be taken if the finding could result in a serious and/or immediate threat to the environment or worker safety and/or health)
- File all reports required by law
- Report its conformance to these practices to NSF-ISR

NSF-ISR shall treat such a finding and report as confidential, consistent with these policies. In the event the Auditor believes such evidence legally or ethically requires an immediate report to appropriate authorities, the Auditor shall report it to the highest available level of management of the Organization and NSF-ISR. The Auditor shall not report it to any other parties without the authorization of NSF-ISR. (Excepted from the NSF-ISR Policies for Management Systems Registrations, SOP 4876). The Audit Team will summarize any findings daily with the Organization. Each Auditor should discuss their individual findings with the Company.

INVESTIGATION OF EXTERNAL COMPLAINTS ABOUT CERTIFIED CUSTOMERS

25. Complaints (external)

Should NSF-ISR Receive complaints about its customers, NSF-ISR will contact the organization and request information to assist it in its investigation. NSF-ISR may require an on-site Verification audit at the judgment of NSF-ISR management.

CORRECTIVE ACTION AND ENFORCEMENT

26. Corrective Action for a Minor Nonconformance (all audits)

For ISO/TS 16949, please refer to the Automotive Addendum included in this document for guidance.

The Organization shall be advised of a finding classified as a Minor non-conformance. The Organization shall be responsible for effectively closing any and all minor nonconformities.

Corrective Action Plan: All standards are required to submit a corrective action plan within 30 days from the closing meeting. A corrective action plan shall include (at minimum) the following:

- Root cause analysis
- Correction
- Corrective action plan
- Responsible person(s) with Implementation timing.

Evidence of implementation is not required with the submittal of the plan. Verification of implementation shall be verified at the next on-site audit event.

Corrective Action: Aerospace standards (only) require corrective action be completed with evidence of implementation. A valid or acceptable corrective action response includes the following:

- Implemented correction (containment) taken to address the identified nonconformity were effective
- Investigation to determine if the problem exists elsewhere in the system *[Note: If the identified nonconformity has the potential to affect product or service conformity, such actions must include information pertaining to product/service acceptance verification activities (e.g. quarantining, scrapping, containment, etc) and recall notifications, where appropriate.]*
- Root cause analysis (5 why's or equivalent)
- Corrective action
- Responsible person
- Date of expected completion

NSF-ISR shall verify conformance. Verification may include an on-site Verification audit.

All corrective action response and plan must be completed and reviewed by NSF-ISR auditor with status approval within 60 calendar days (or sooner if agreed with the Audit team) of the closing meeting prior to a certificate being issued or a certificate expiration (recertification).

When subsequent assessments/audits, including Verification audits, indicate that corrective actions have not been effective, or for repeated recurrence of an item of nonconformance, the nonconformance shall be classified as a Major nonconformance.

27. Corrective Action for Major Nonconformance (all audits)

For ISO/TS 16949, please refer to the Automotive Addendum included in this document for guidance. For all Aerospace Standards refer to the Aerospace Addendum included in this document for guidance.

The Organization shall be advised of a finding classified as a Major non-conformance. The Organization shall be responsible for effectively closing any and all major nonconformities.

Corrective Action Plan: All standards (except for all Aerospace/Automotive Standards) are required to submit a valid or acceptable corrective action plan within 30 days from the closing meeting. A corrective action plan shall include (at minimum) the following:

- Root cause analysis
- Correction
- Corrective action plan
- Responsible person(s) with Implementation timing.

Corrective Action: All standards require corrective actions be completed with evidence of implementation. A valid or acceptable corrective action response includes the following:
Implemented correction (containment) taken to address the identified nonconformity were effective.

- Investigation to determine if the problem exist elsewhere in the system *[Note: If the identified nonconformity has the potential to affect product or service conformity, such actions must*

include information pertaining to product/service acceptance verification activities (e.g. quarantining, scrapping, containment, etc) and recall notifications, where appropriate.]

- Root cause analysis (5 why's or equivalent)
- Corrective action
- Responsible person
- Date of expected completion

NSF-ISR shall verify conformance. Verification may include an on-site Verification audit.

All corrective action responses and plans must be completed, submitted to NSF online system, and reviewed by NSF-ISR auditor with status approval within 60 calendar days (or sooner if agreed with the Audit team) of the closing meeting prior to a certificate being issued.

For recertification, this information must be submitted, implemented and verified prior to certificate expiration. When recertification activities are successfully completed prior to the expiry date of the existing certification, the expiry date of the new certification can be based on the expiry date of the existing certification. The issue date on a new certificate shall be on or after the recertification decision.

If NSF-ISR has not completed the recertification audit, or is unable to verify the implementation of corrections and corrective actions for any major nonconformity prior to the expiry date of the certification, then recertification shall not be recommended and the validity of the certification shall not be extended. Following expiration of the Organization's certificate, certification can be restored within 6 months provided that the outstanding recertification activities are completed, otherwise at least a stage 2 audit shall be conducted. The effective date on the certificate shall be on or after the recertification decision and the expiry date shall be based on the prior certification cycle.

For initial certification, the certification decision must be made within 120 calendar days of the closing meeting to avoid the requirement of an additional registration audit. If NSF-ISR is not able to verify implementation of corrections and corrective actions of any major nonconformance within 6 months after the last day of stage 2, NSF-ISR will need to conduct another stage 2 audit prior to recommending certification.

When subsequent audits, including Verification audits, indicate that the corrective action for a Major non-conformance has not been implemented or is not effective, NSF-ISR may suspend Registration and may take other appropriate actions including, but not limited to, withdrawal.

28. Enforcement Action – Suspension

NSF-ISR may place an organization on Suspension, for failure to conform to any of the requirements contained within this document and/or other applicable accreditation/registration requirements. This may include, but is not limited to, the following:

- Failure to conduct audits as required w/in the required timeframe
- Failure to submit acceptable corrective actions w/in the required timeframe
- Issuance of a Major CAR
- Repeat of Major CAR
- Receipt of external complaint (e.g. Q1 revocation from Ford)
- Failure to pay an NSF-ISR invoice

NSF-ISR shall notify organization, in writing, of the Suspension. Under suspension, for all standards except ISO/TS 16949, the Organization's Certificate of Registration is temporarily invalid and the Organization shall refrain from further promotion of its Registration until the suspension is lifted. For ISO/TS 16949 during the suspension period the certificate remains valid and recognized by NSF-ISR and the IATF. If the registered company that is placed on suspension is part of a corporate registration scheme, any affected sites may be placed on suspension until the noncompliance that resulted in the suspension is cleared by NSF-ISR. Before any suspension can be lifted, NSF-ISR may conduct an on-site assessment of appropriate length to verify effective implementation of all corrective actions. If the noncompliance is not resolved prior to the suspension period expiring then NSF-ISR may withdraw registration of the organization. The organization will have (30) days to appeal the withdrawal decision. NSF-ISR shall make the suspension status publically available where required by accreditation requirements.

29. Enforcement Action - Withdrawal of Registration

NSF-ISR may withdraw Registration of an organization, at any time, for failure to conform to any of the requirements contained within this document and/or other applicable accreditation/registration requirements. Certification Withdrawal is typically preceded by a Suspension.

NSF-ISR shall promptly notify the Organization, in writing, of withdrawal of Registration. Upon notice by NSF-ISR to the Organization of withdrawal of Registration, the Organization shall immediately stop the use of the NSF Management Systems and Accreditation Body Marks. NSF-ISR may make notice of withdrawal of registration and the reasons of such action as required by the appropriate standard and accreditation requirements.

30. Voluntary Withdrawal of Registration

The Organization can elect to voluntarily withdraw the Certificate if the Organization is unable to schedule the recertification audit prior to the current certificate expiry date. As long as the audit is scheduled within 6 months of the date of withdrawal of the certificate, a stage 2 audit will be conducted, with the audit time of a recertification audit.

31. Reinstatement

Following withdrawal of Registration, the Organization may be reinstated once NSF-ISR has reevaluated the site, has verified that any items of nonconformance have been satisfactorily resolved, and has notified the Organization in writing that it is authorized to use the NSF Management Systems Certification Mark in connection to the site. The Organization shall be responsible for any fees associated with reinstatement, and for additional fees necessary to verify conformance with NSF-ISR requirements.

COMPLAINTS & APPEALS

32. Complaints

Complaints related to NSF-ISR's services should be forwarded to the Organization's assigned Certification Services Specialist or sent via email to complaints@nsf-isr.org. Complaints will be reviewed by appropriate members of NSF-ISR management.

33. Appeals and Disputes

The Organization has a right to appeal nonconformities, auditor recommendations, or decisions related to certification including enforcement actions. Requests for appeal should be forwarded to the Organization's assigned Account Manager. The appeal shall be submitted within 30 calendar days from the initiation of issue being appealed. The appeal will be forwarded to NSF-ISR's management for review and resolution.

34. General Information

NSF-ISR will take into account the following information when reviewing a complaint, dispute or appeal:

1) The requirements of the standard
2) NSF-ISR's accreditation/scheme requirements
3) Results from similar complaints, disputes or appeals
4) Information received from other parties to the complaint, dispute or appeal

Parties or individuals named in the complaint may be interviewed, but will be excluded from the decision making process, including those who are perceived to have a vested interest in the outcome of the appeal or dispute.

The result of the complaint, dispute and appeal may result in one or more of the following results:

1) A decision to uphold the nonconformance, recommendation or decision
2) A decision to withdraw or reclassify a nonconformance, recommendation or decision
3) A requirement for the Organization to undergo a special audit as part of the investigation
4) A nonconformance being issued to the Organization; or,
5) Enforcement action

35. Escalation

Should the organization not be satisfied with the outcome of the complaint resolution, dispute or appeal, the organization has the right to file an appeal with NSF-ISR's accreditation/oversight bodies. This includes:

1) Programs covered by ANAB (www.anab.org) accreditation; i.e.:
    - ISO 9001
    - ISO 14001
    - AQMS
    - ISO 13485
    - RCMS/RC 14001
    - OHSAS 18001
    - ISO 22000
    - ISO 20000-1
    - ATFS
    - SFI
2) The IAOB (www.iatfglobaloversight.org) ; NSF-ISR's oversight body for ISO/TS 16949 registration
3) The FSSC (www.fssc22000.com) ; The entity that owns the FS 22000 registration scheme.

SPECIAL POLICIES

36. Coordination of Services for Surveillance Activities

NSF-ISR may coordinate its multiple conformity assessment services to an Organization (e.g. multiple product Certification programs; Product Certification and ISO 9000 Registration, laboratory Accreditation and ISO 9000 Registration, ISO 9000 Registration and EMS Registration) to assure full and continuing conformance with all NSF International and NSF-ISR requirements for each conformity assessment service, to reduce costs for overlapping services.

NSF-ISR may also coordinate services with other organizations that provide conformity assessment services to an Organization to assure full and continuing conformance with all NSF-ISR requirements for each conformity assessment service, but to reduce costs for overlapping services. There shall be a written agreement by all parties; the Organization; any other conformity assessment organization; and NSF-ISR for coordinated services.

37. Transfer of Registrations

The following documents shall be submitted by the organization for review by NSF-ISR to proceed with the transfer process:

- Completed NSF-ISR application
- Copy of the current accredited certificate
- Copy of any recent complaints received since their last audit activity and actions taken
- Copy of the last certification or recertification audit report and all CARs issued (NOTE: Status should be noted for verification) for each applied site
- Copy of the last full cycle of surveillance audit reports all CARs issued (NOTE: Status should be noted for verification)
- Documented "reason for transfer" for each applied site
- **TS only:** Copy of the previous audit report and all CARs issued (NOTE: 100% closure is required)
- **TS only:** Copy of key indicators of quality management system performance (i.e. OEM customer scorecards and or customer satisfaction data)

Upon completing a review of this documentation, NSF-ISR may require an on-site audit prior to the transfer being completed. For ISO/TS 16949, transfers of registration from another IATF recognized certification body requires NSF-ISR to conduct a reassessment audit.

ALL transfer activities shall be completed prior to the next scheduled surveillance audit or the next scheduled recertification audit with the previous certification body. In the event the potential client is not approved for transfer, the potential client shall be treated as an initial application (i.e. On-site Readiness review and Registration audit).

In cases where an NSF-ISR client with contract in good standing notifies NSF-ISR of its intent to transfer to a different certification body, NSF-ISR shall not use this notification of transfer as justification for suspension or cancellation of the client's certificate before the transfer process is complete. In such cases the contract shall remain in place as necessary and as allowable until the transfer process is complete.

38. Certified Organizations Business Continuity and Disaster Recovery

Natural disasters such as hurricanes, tsunamis, and earthquakes may have an impact on organizations with accredited certifications. Other potentially devastating situations that may have an impact on organizations include but are not limited to threats of terrorism, malicious computer hacking, geopolitical tension, pandemic diseases, and crippling labor strikes. Several management system standards (TL 9000, ISO 14001) proactively address such of situations through requirements for emergency preparedness and response, and contingency plans, and have imposed industry requirements on organizations certified to these standards. When these situations occur, NSF-ISR may be unable or restricted in their ability to conduct regularly scheduled assessments. Clients may ask to retain their certifications in spite of being unable to physically undergo planned assessments. When these situations occur, NSF-ISR will need to partner with the organizations to establish a planned course of action that is reasonable based on the current and expected future situation.

Travel Suspension

In the event NSF-ISR elects to suspend travel by its representatives to a specific geographical location or region as the result of official travel warnings, advisories, or other health and safety concerns including, but not limited to, civil unrest, personal security, and risk of communicable disease.

If suspension of travel prevents required audits from being conducted, NSF-ISR shall notify the Company that travel has been suspended. In the case where NSF-ISR, at its sole discretion, determines that the on-site audits of the production site and employee practices is required in determining the compliance of the management system, the production site will be withdrawn from Certification until required audits can be resumed.

If NSF-ISR, at its sole discretion, determines that verification of production practices can be done by alternate means, NSF-ISR shall notify the company of the alternate measures necessary in order for NSF to verify compliance during the period in which audits are not possible.
A Company's failure to comply with the alternate measures necessary to verify compliance shall result in the withdrawal of Certification.

If the travel suspension cannot be lifted after a one (1) year period, the manufacturing site shall be withdrawn from Certification.

Catastrophic Event

In the event that a location becomes non-operational due to a natural disaster or other catastrophic event, the organization may request that the public listing be maintained while the location is repaired, or work is undertaken to transfer production to another suitable location. During this period, audits and annual monitoring requirements of the NSF-ISR program may be suspended. NSF may require an on-site audit of the rebuilt or the alternate location for the organization to maintain its listing status. In event that the Company elects not to transfer production or to re-build the facility, the Listing shall be discontinued immediately.

The Company shall document to NSF's satisfaction that a location has been sufficiently damaged to prevent further production until repairs are completed and shall provide NSF with a time frame for transfer or re-construction of the location. The documentation should address the following:

- When will the facility/organization be able to function?
- When will the facility/organization be able to ship products or perform the service defined within the current scope of certification?

- Will the facility/organization need to use alternative manufacturing and/or distribution sites? If so, are these currently covered under the current certification or will they need to be evaluated?
- When will the facility/organization be able to function?
- When will the facility/organization be able to ship products or perform the service defined within the current scope of certification?
- Will the facility/organization need to use alternative manufacturing and/or distribution sites? If so, are these currently covered under the current certification or will they need to be evaluated?
- Does existing inventory still meet customer specifications or will clients need to be contacted regarding possible concessions?
- If the client is certified to a management system standard that requires a disaster recovery plan or emergency response plan, has the client implemented the plan and was it effective?
- Will some of the processes and/or services performed or products shipped be subcontracted to other organizations? If so, how will the other organizations' activities be controlled by the certified organization?
- To what extent has operation of the management system been affected?

NSF-ISR may need to consider alternate short-term methods of assessment to ensure continuing system effectiveness for these clients. This may include requesting crucial documentation (for example, management review meeting minutes, corrective action records, results of internal audits, and the status of process controls) to be reviewed off site by NSF-ISR to determine continuing suitability of the certification (on a short-term basis only).

At a minimum, the process shall address the following items:

- Proactive communication between the affected organization and NSF-ISR.
- Steps NSF-ISR will take to assess the affected client and how the plan to move forward will be communicated to the client.
- Limits (subject to adjustment under specified conditions) for the allowable time an alternative short-term assessment method could be used before withdrawal of certification would become mandatory.
- Criteria for renewing normal client oversight assessment, including the method and timing of any re-instatement activities and assessments.
- Possible amendments to client oversight plans on a case-by-case basis and in accordance with NSF-ISR procedures.
- Ensuring that any deviation from accreditation requirements and NSF-ISR procedures is justified and documented, and written agreement reached with ANAB (if deviation from an accreditation requirement is requested) on plans to address temporary deviations from requirements.
- Re-establishment of surveillance/recertification activities according to NSF-ISR oversight plans when access to the area is re-established.

PLEASE NOTE: under no circumstances can NSF-ISR extend the expiration date of a current registration beyond the established 3-year cycle, however, NSF-ISR may be able to work with the client to find a suitable arrangement for recertification once circumstances permit. This will in some cases require special permission and agreement with the relevant accreditation or oversight body.

If contact with the organization cannot be made, NSF-ISR will follow normal processes and procedures for handling such cases.

STANDARD SPECIFIC ADDENDUMS

e-Stewards Addendum

The following excerpts apply to all eStewards clients which are above and beyond the stated terms and conditions.

1. **Scope:**

Corporate certification, with one country: The eStewards certification program requires certification of all recycling facilities located within one country and owned (fully owned or owning a controlling interest) by an individual, corporate, organization, or government entity. While individual recycling facilities (processing sites) may receive a site certification, all multi-sited eStewards entities shall eventually possess eStewards certification for all its eligible recycling sites held within the entity, as well as all its electronics recycling subsidiaries, regardless of brand, in order to be considered a licensed and valid certified eStewards entity. It is not a requirement that a parent company of a certified eStewards entity becomes certified, nor is it a requirement that any other subsidiaries owned by that parent become certified. However, if a certified eStewards entity owns another subsidiary that processes or controls electronic equipment, all subsidiary sites within the same country must also become eStewards certified concurrent with or subsequent to the eStewards parent company's certification, within 18 months of the initial site certification, irrespective of brand names used by entities. The rules for "use of logo" shall always apply.

Ancillary sites: When an organization owns or controls ancillary sites (e.g. collection sites, warehouses, or other non-processing sites), each ancillary site shall be included in the scope of the environmental management system of the associated recycling facility. NSF does not, however, need to conduct onsite audits of ancillary sites, but may choose to in order to increase confidence of conformity to applicable requirements.

The certified eStewards organization shall assure through its internal processes that the applicable elements of the environmental health and safety management system have been implemented at each ancillary site. When auditing a recycling facility NSF shall confirm that the applicable elements of the standard are implemented and maintained as they apply to corresponding ancillary sites, including but not necessarily limited to internal auditing, material balance account, safety training and downstream accountability.

Separate electronics recycling companies with same ownership: If the top management or owner of an eStewards entity also owns or owns a controlling interest in a separate electronics recycling entity, all of these recycling facilities are also required to become eStewards certified, regardless of brand names used by the entities, but the rules for "use of logo" shall always apply.

Co-location: While it is permissible that a certified eStewards recycler is co-located with other entities, the recycler shall be responsible for controlling their operations in conformity with the standard, including impacts of their operations upon co-located entities' areas. Additionally, a co-located eStewards organization shall assure that their own workers, visitors, and customers on-site are protected against health and safety hazards used by co-located entities.

2. Contracting

When an organization consists of more than one site, it is required that the organization contracts for the certification of all sites which are eligible (listed under bullet #1) and located in the same country. The organization may elect to certify all sites at one time, or to certify them sequentially. All sites shall be certified within 18 months of the initial certificate issuance. An organization that fails to certify all of its required sites within 18 months shall have its certification suspended or withdrawn.

No sampling is permitted for auditing of multisite organizations for the initial certification, but approved sampling methods may be permitted and follow IAF MD1: Requirements for sampling during surveillance and recertification activities.

If an eligible new site is opened or acquired after initial site certification, that site must be certified within 18 months of its opening or acquisition.

When multiple CB's are involved in an organizations corporate certification, the CB that has certified the headquarters site shall be the CB of record for the corporate certification.

3. Certification and Use of Logo

When NSF has concluded and confirmed that all certification requirements are met, notification to the eStewards Program Management will be made and a license agreement will be sent to the qualified recycler. Certification from NSF can only be granted once the license agreement has been signed and approved by BAN and the respective company. No delivery or announcement of certification shall be made until the certificate has been delivered to both the client and BAN.

If the client is a corporate certification scheme and not conducting sequential audits, individual site certifications may be granted. These however, may also be revoked it all required sites are not certified within 18 months.

4. Significant Changes to Organization

The organization shall make NSF aware of any significant changes to ownership, management, facilities, bankruptcy filing, issuance of critical non-conformity, employee counts, processing methods, emergencies, or other changes that may impact certification. This notification shall be made within 14 business days of the change. NSF shall conduct, an onsite evaluation to determine effects on conformance. This visit can be conducted at the same time as a scheduled onsite activity but must take place within 6 months of the original notification of change date.

5. Oversight by the eStewards Program Manager

An organization shall permit announced or un-announced oversight by the eStewards Program Manager, or third party designated by them, of any and all audit and certification activities including records providing evidence of such. This shall and could include the witnessing of onsite audits by NSF, ANAB or eStewards officials.

Automotive Addendum

1. **Contract for NSF-ISR Registration**
   Section 3 "Contract for NSF-ISR Registration" shall also include the following additional requirement for ISO/TS 16949 Organizations

   - Automotive – All Organizations registered to ISO/TS 16949 are required to comply with the requirements specified in the Automotive Certification scheme for ISO/TS 16949 "Rules for achieving and maintaining IATF recognition" (Latest Edition) and the requirements specified on the IATF Website (www.iatfglobaloversight.org).

Aerospace Addendum

1. **Industry Document Applicability**
   In order to ensure conformance to the rules of the IAQG's ICOP-scheme, the clauses of AS9101, AS9104/1, Supplemental Rules, OPMT Resolutions Log, associated AB Accreditation Rules, AB "Heads-up documents" and associated NSF-ISR Procedures are invoked and, by definition, legally enforceable under the service for management system accreditation.

2. **Access for Assessments/Audits**
   Section 20 "Access for Assessments/Audits" shall also include the following additional requirement for Organizations certified to any of the Aerospace Standards

   ABs, OP assessors, regulatory agencies, or customer representatives may accompany the audit team as observers of the audit process at any time. When customer or government representatives are accompanying the audit as observers, the audit team leader shall have the option of including in the audit report any comments/concerns brought forward by these representatives. Visitors who accompany the audit team shall be coordinated with the client, prior to the start of the audit and include any necessary organizational, statutory or regulatory approvals required for the observers (e.g. ITAR, EAR, etc.).

3. **Corrective Action for Major Nonconformance**
   Section 27 "Corrective Action for Major Nonconformance" shall include compliance to requirements of IAQG's OASIS NCR form and / or NSF AESOP 14563 "Aerospace Nonconformity Report". AESOP 14563 defines the criteria to be included in corrective action responses and the required timing for each step in the process. This AESOP 14563 will be provided to the client when/if nonconformance is identified.

Occupational Health & Safety Management System Addendum

In order to ensure conformance with ISO-45001:2018, the organization shall establish, implement and maintain a process(es) to control procurement of products, services, contractors and outsouring to ensure conformity to its OH&SMS [ISO 45001-2018, 8.1.4 & IAF MD 22:2018].

The following excerpts apply to all Occupational Health & Safety Management System (OH&SMS) clients which are above and beyond the stated terms and conditions. The numbering system below mirrors the numbering system in IAF MD 22:2018, unless otherwise noted.

4. PRINCIPLES

G 4.1.2 In addition to both managerial and non-managerial permanent and temporary workers, and their representatives, parties that have an interest in an OH&SMS certification include, but are not limited to:

i) legal and regulatory authorities (local, regional, national or international),

ii) parent organizations,

iii) suppliers, contractors and subcontractors,

iv) workers' organizations (trade unions) and employers' organizations,

v) owners, shareholders, clients, visitors, relatives of workers, local community and neighbors of the organization and the general public,

vi) customers, medical and other community services, media, academia, business associations and non-governmental organizations (NGOs), and

vii) occupational health and safety organizations and occupational safety and health- care professionals (for example doctors and nurses).

7. RESOURCE REQUIREMENTS

G 7.1.2 (In the note)
For Occupational Health and Safety management systems, the term "technical area" is related to commonalities of processes or services and their associated hazards which can expose workers to OH&S risks.

8. INFORMATION REQUIREMENTS

G 8.5.3 The legally enforceable arrangements shall also require that the certified client informs the Certification Body, without delay, of the occurrence of a serious incident or breach of regulation necessitating the involvement of the competent regulatory authority.

9. PROCESS REQUIREMENTS

G 9.4.7.1 The organization representative shall be requested to invite the management legally responsible for occupational health and safety, personnel responsible for monitoring employees' health and the employees' representative(s) with responsibility for occupational health and safety to attend the closing meeting.

Justification in case of absence shall be recorded.

9.6 Maintaining Certification

G 9.6.4.2 Independently from the involvement of the competent regulatory authority, a special audit may be necessary in the event that the Certification Body becomes aware that there has been a serious incident related to occupational health and safety, for example, a serious accident, or a serious breach of regulation, in order to investigate if the management system has not been compromised and did function effectively. The Certification Body shall document the outcome of its investigation.

G 9.6.5.2 Information on incidents such as a serious accident, or a serious breach of regulation necessitating the involvement of the competent regulatory authority, provided by the certified client (see G 8.5.3) or directly gathered by the audit team during the special audit, (G 9.6.4.2) shall provide grounds for the Certification Body to decide on the actions to be taken, including a suspension or withdrawal of the certification, in cases where it can be demonstrated that the system seriously failed to meet the OH&S certification requirements. Such requirements shall be part of the contractual agreements between the CAB and the organization.

APPENDIX C (normative) –
LEGAL COMPLIANCE AS A PART OF ACCREDITED OH&SMS CERTIFICATION

C.0 INTRODUCTION

C.1 Considering the various viewpoints, the following definition for "legal compliance" is used: "Conformity with the law, in such a way that the intended outcome is realized."

While certification of an OH&SMS against the requirements of the applicable OH&SMS standard is not a guarantee of legal compliance (neither is any other means of control, including government or other type of control and/or legal compliance inspections or other forms of certification or verification), it is a proven and efficient tool to achieve and maintain such legal compliance.

It is recognized that accredited OH&SMS certification shall demonstrate that an independent third-party (Certification Body) has evaluated and confirmed that the organization has a demonstrably effective OH&SMS to ensure the fulfilment of its policy commitments including legal compliance.

Ongoing or potential non-compliances with the applicable legal requirements might show a lack of management control within the organization and its OH&SMS and the conformity with the standard should be carefully reviewed.

C.2. COMPLIANCE CRITERIA FOR THE CERTIFICATION DECISION

C.2.1 Full legal compliance is expected by stakeholders and interested parties of an organization claiming conformity with an OH&SMS standard. The perceived worth of accredited certification in this field is closely related to the achieved satisfaction of the interested parties in relation to legal compliance.

C.2.2 The organization shall be able to demonstrate that it has achieved compliance with the legal OH&S requirements that are applicable to it through its own evaluation of compliance prior to the Certification Body granting certification.

C.2.3 Where the organization may not be in legal compliance, it shall be able to demonstrate it has

activated an implementation plan to achieve full compliance within a declared date, supported by a documented agreement with the regulator, wherever possible for the different national conditions. The successful implementation of this plan shall be considered as a priority within the OH&SMS.

C.2.4 Exceptionally the Certification Body may still grant certification but shall seek objective evidence to confirm that the organization's OH&SMS:

a. is capable of achieving the required compliance through full implementation of the above implementation plan within the due date,
b. has addressed all hazards and OH&S risks to workers and other exposed personnel and that there are no activities, processes or situations that can or will lead to a serious injury and/or ill-health, and
c. during the transitional period has put in place the necessary actions to ensure that the OH&S risk is reduced and controlled.

C.3 SUMMARY

C.3.1 Accredited certification of an organization's OH&SMS indicates conformity with the requirements of the applicable OH&SMS standard and includes a demonstrated and effective commitment to compliance with applicable legal requirements.

C.3.2 The control of legal compliance by the organization is an important component of the OH&SMS assessment and remains the responsibility of the organization.

C.3.4 Accredited certification of an OH&SMS as fulfilling the requirements in an OH&SMS standard cannot be an absolute and continuous guarantee of legal compliance but neither can any certification or legal scheme guarantee ongoing legal compliance. However, an OH&SMS is a proven and effective tool to achieve and maintain legal compliance and provides top management with relevant and timely information on the organization's compliance status.

C.3.5 An OH&SMS standard requires a commitment to comply with legal requirements. The organization shall be able to demonstrate it has achieved compliance with its applicable legal requirements through its own evaluation of compliance prior to the Certification Body granting certification.

C.3.6 Certification of an OH&SMS as fulfilling the requirements in an OH&SMS standard confirms that the OH&SMS has been shown to be effective in achieving its policy commitments including fulfilment of legal compliance obligations and provides the foundation and support for an organization's continued legal compliance.

C.3.7 In order to maintain the confidence of interested parties and stakeholders in the above attributes of the accredited certification of an OH&SMS, the Certification Body shall ensure that the system has demonstrated effectiveness before granting, maintaining or continuing certification.

C.3.8 The OH&SMS can act as a tool for dialogue between the organization and its OH&S regulators and form the basis for a trusting partnership, replacing historical adversarial "them and us" relationships. OH&S regulators and the public should have confidence in organizations with an accredited OH&SMS standard certificate and be able to perceive them as being able to constantly and consistently manage their legal compliance.

(End)

Record Retention Table

AESOP #	AESOP Title	Filing Responsibility (Choose one)	Storage Location (Choose one)	Naming Convention	Required Retention: AESOP 2751 Retention Authority
4876		☐ BDM ☐ Regional Mgr ☐ BUM ☐ Sales Asst ☐ CRM ☐ Pres/VP ☐ Lead Auditor ☒ Other Director Technical Operations & Business Units	☐ IQ ☐ OASIS ☒ Drive: (specify)	☒ Document Naming Protocol AESOP 12632 ☐ Other (specify)	☐ Audit Manager ☒ President/VP