BS EN 9104-001:2013

Incorporating corrigendum August 2013

BSI Standards Publication

Aerospace series — Quality management systems

Part 001: Requirements for Aviation, Space, and Defence Quality Management System Certification Programs

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National foreword

This British Standard is the UK implementation of EN 9104-001:2013. It supersedes BS EN 9104:2006, which is withdrawn.

The UK participation in its preparation was entrusted to Technical Committee ACE/1, International and European Aerospace Policy and Processes.

A list of organizations represented on this committee can be obtained on request to its secretary.

This publication does not purport to include all the necessary provisions of a contract. Users are responsible for its correct application.

Published by BSI Standards Limited 2013

ISBN 978 0 580 83173 7

ICS 03.120.10; 49.020

Compliance with a British Standard cannot confer immunity from legal obligations.

This British Standard was published under the authority of the Standards Policy and Strategy Committee on 31 March 2013.

Amendments/corrigenda issued since publication

Date	Text affected
31 August 2013	Implementation of CEN correction notice 8 May 2013: Supersession statement added to the national foreword and CEN foreword

EUROPEAN STANDARD

NORME EUROPÉENNE

EUROPÄISCHE NORM

EN 9104-001

March 2013

ICS 03.120.10; 49.020

Supersedes EN 9104:2006

English Version

Aerospace series - Quality management systems - Part 001: Requirements for Aviation, Space, and Defence Quality Management System Certification Programs

Série aérospatiale - Systèmes de management de la qualité - Partie 001: Exigences applicables aux processus de certification des systèmes de management de la qualité dans le domaine aéronautique, spatial et de défense

Luft- und Raumfahrt - Qualitätsmanagementsysteme - Teil 001: Anforderungen an Zertifizierungsprogramme für Qualitätsmanagementsysteme in der Luftfahrt, Raumfahrt und Verteidigung

This European Standard was approved by CEN on 10 November 2012.

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Ref. No. EN 9104-001:2013: E

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Foreword

This document (EN 9104-001:2013) has been prepared by the Aerospace and Defence Industries Association of Europe - Standardization (ASD-STAN).

After enquiries and votes carried out in accordance with the rules of this Association, this Standard has received the approval of the National Associations and the Official Services of the member countries of ASD, prior to its presentation to CEN.

This European Standard shall be given the status of a national standard, either by publication of an identical text or by endorsement, at the latest by September 2013, and conflicting national standards shall be withdrawn at the latest by September 2013.

This document supersedes EN 9104:2006.

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According to the CEN-CENELEC Internal Regulations, the national standards organizations of the following countries are bound to implement this European Standard: Austria, Belgium, Bulgaria, Croatia, Cyprus, Czech Republic, Denmark, Estonia, Finland, Former Yugoslav Republic of Macedonia, France, Germany, Greece, Hungary, Iceland, Ireland, Italy, Latvia, Lithuania, Luxembourg, Malta, Netherlands, Norway, Poland, Portugal, Romania, Slovakia, Slovenia, Spain, Sweden, Switzerland, Turkey and the United Kingdom.

Introduction

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

The IAQG developed specific requirements for aviation, space, and defence (interchangeably referred to as 'aerospace') quality management systems that are to be implemented and maintained throughout the supply chain for the design, manufacture, and maintenance of products used in aviation, space, and defence applications. These requirements are published simultaneously as the EN 9100-series standards (i.e., EN 9100, EN 9110, EN 9120) by SAE International in the Americas, AeroSpace and Defence Industries Association of Europe - Standardization (ASD-STAN) in Europe, and Japanese Standards Association (JSA) and Society of Japanese Aerospace Companies (SJAC) in Asia/Pacific.

Another initiative of the IAQG was the development of a global scheme for the acceptance and recognition of audits performed by Certification Bodies (CBs), using the EN 9100-series standards, and taking into account the schemes already in use or under development in the various IAQG sectors. All these schemes have two major elements in common:

- the use of a 3rd party audit certification scheme with specific aviation, space, and defence elements and requirements, under the guidance and oversight of the aviation, space, and defence industry; and

- the use of a harmonized approach with the CBs for the purpose of improving the quality and process control throughout the entire supply chain.

Rationale

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

- EN 9104-001 – Requirements for Aviation, Space, and Defence Quality Management System Certification Programs;
- EN 9104-002 – Requirements for Oversight of Aerospace Quality Management System Registration/ Certification Programs; and
- EN 9104-003 – Requirements for Aerospace Auditor Competency and Training Courses.

The requirements for oversight and AQMS auditor qualification information (EN 9104-002 and EN 9104-003 respectively) were removed from the original EN 9104 text. This effort necessitated the total rewrite of the initial standard, now re-designated as EN 9104-001, which is the keystone document of the EN 9104-series trilogy.

This standard defines the basic requirements for managing the AQMS certification scheme (commonly referred to as the 'ICOP scheme'). Two other standards in this series (i.e., EN 9104-002, EN 9104-003) provide specific requirements for defining the oversight process, and the AQMS auditor qualification and training requirements, respectively. These three standards together are commonly referred to as the ICOP certification management system 'Trilogy'.

This standard establishes provisions for the individual IAQG sector schemes controlled use of audit results provided by CBs, based on three primary criteria:

- the use of accredited CBs;
- the CB’s use of qualified and authenticated AQMS auditors; and
- the use of international aviation, space, and defence standards for quality management systems.

This standard addresses the following elements necessary for the ICOP scheme:

a) the approval of Accreditation Bodies (ABs), Auditor Authentication Bodies (AABs), and Training Provider Approval Bodies (TPABs);

b) the qualification, accreditation, and recognition of CBs;

c) the audits of quality management systems by accredited CBs;

d) the criteria for determining the certification structure, content, and duration of audits;

e) the recording and disposition of nonconformities generated by the audits;

f) the posting of audit results, findings, and certification;

g) the entry of data into the Online Aerospace Supplier Information System (OASIS) database; and

h) the use of International Accreditation Forum (IAF) guidance and mandatory documents for established processes (e.g. audit duration calculations, multiple site certifications).

Additionally, this standard references the other standards in the EN 9104-series (i.e., EN 9104-002, EN 9104-003) that specify:

i) the minimum standards of qualification and experience for AQMS auditors;

j) the authentication of AQMS auditors by AABs and recognition by IAQG sectors;

k) the oversight of ABs, CBs, TPABs, AABs, and AQMS auditors by applicable Sector Management Structure (SMS) and IAQG Original Equipment Manufacturers (OEMs), and other organizations and their representatives who participate in the management of the ICOP scheme; and

l) the operation of the IAQG oversight function.

This standard also provides guidance for the use of the required audit process reporting tools (see EN 9101), and provides clarifications and process improvements resulting from the lessons learned during the initial operation of the ICOP scheme.

1 Scope

This European Standard defines the requirements and industry-accepted practices for managing the ICOP scheme, which provides confidence to aviation, space, and defence customers and organizations that their suppliers with certification of their quality management systems, issued by accredited CBs, meet the applicable AQMS standard requirements. The requirements established in this standard are applicable to the IAQG and its three sectors for managing AQMS certification and associated activities. The requirements are applicable to IAQG working groups [e.g. SMS, Other Party Management Team (OPMT)], IAQG member companies, ABs, CBs, Certification Body Management Committees (CBMCs), AABs, TPABs, Training Providers (TPs), and organizations seeking/obtaining AQMS standard certification.

The AQMS standard adopted by the organization should be EN 9100, EN 9110, and/or EN 9120, as appropriate to the organization's activities; these standards are referred to throughout this writing as 'AQMS standards'. IAQG member companies have committed to recognize the certification of a supplier's quality management system to all equivalent AQMS standards (e.g. AS, EN, JISQ, NBR). IAQG sectors may expand the application of the requirements defined in this standard for other standards approved by the IAQG and its three sectors [i.e., Americas Aerospace Quality Group (AAQG), European Aerospace Quality Group (EAQG), Asia/Pacific Aerospace Quality Group (APAQG)].

2 Normative references

The following documents, in whole or in part, are normatively referenced in this document and are indispensable for its application. For dated references, only the edition cited applies. For undated references, the latest edition of the referenced document (including any amendments) applies.

EN 9100, *Quality management systems — Requirements for aviation, space and defence organizations*

EN 9101, *Quality management systems — Audit requirements for aviation, space, and defence organizations*

EN 9104-002, *Aerospace series — Quality management systems — Part 002: Requirements for oversight of aerospace quality management system certification/registrations programs*

EN 9104-003, *Aerospace series — Quality management systems — Part 003: Requirements for Aerospace Quality Management System (AQMS) — Auditor Training and Qualification*

EN 9110, *Quality management systems — Requirements for aviation maintenance organizations*

EN 9120, *Quality management systems — Requirements for aviation space and defence distributors*

NOTE Equivalent versions (e.g. AS, EN, JISQ, SJAC, NBR) of the IAQG standards listed above are published internationally in each IAQG sector.

EN ISO 9000, *Quality management systems — Fundamentals and vocabulary (ISO 9000)*

EN ISO 9001, *Quality management systems — Requirements (ISO 9001)*

EN ISO/IEC 17011:2004, *Conformity assessment — General requirements for accreditation bodies accrediting conformity assessment bodies (ISO/IEC 17011:2004)*

EN ISO/IEC 17021:2011, *Conformity assessment — Requirements for bodies providing audit and certification of management systems (ISO/IEC 17021:2011)*

EN ISO/IEC 17024:2003, *Conformity assessment — General requirements for bodies operating certification of persons (ISO/IEC 17024:2012)*

EN ISO 19011:2011, *Guidelines for auditing management systems (ISO 19011:2011)*

IAF GD 3:2003, IAF *Guidance on cross frontier accreditation*

IAF MD 1:2007, *IAF Mandatory document for the certification of multiple sites based on sampling*

IAF MD 2:2007, *IAF Mandatory document for the transfer of accredited certification of management systems*

IAF MD 3:2008, *IAF Mandatory Document for Advanced Surveillance and Recertification Procedures (ASRP)*

IAF MD 4:2008, *IAF Mandatory Document for the Use of Computer Assisted Auditing Techniques ("CAAT") for Accredited Certification of Management Systems*

IAF MD 5:2009, *IAF Mandatory document for duration of QMS and EMS audits*

IAF ML 4:2011, *Policies and procedures for a multilateral recognition arrangement on the level of accreditation bodies and on the level of regional groups*

3 Terms and definitions

Definitions for general terms can be found in EN ISO 9000 and the IAQG International Dictionary, which is located on the IAQG website. An acronym log for this standard is presented in Appendix A. For the purposes of this document, the following terms and definitions apply.

3.1
Accreditation Body (AB)
body approved by an IAQG sector that has the primary responsibility for the accreditation of CBs to issue certifications to AQMS standards

3.2
aerospace
business of design, manufacture, maintenance, distribution, or support of aviation, space, and defence vehicles, engines, accessories, or component parts; and all ancillary and allied businesses, including vehicle maintenance and parts distribution operations

3.3
Aerospace Quality Management System (AQMS)
quality management system based upon EN ISO 9001 that includes additional aviation, space, and defence requirements, as established in IAQG standards EN 9100, EN 9110, and EN 9120

3.4
Aerospace Quality Management System (AQMS) auditor
person with the demonstrated attributes (i.e., training, audit experience, industry experience) and competence to conduct an audit on aviation, space, and defence organizations. An AQMS auditor is defined as either an Aerospace Experience Auditor (AEA) or an Aerospace Auditor (AA), and shall have met the requirements set forth in EN 9104-003 and Clause 7 of this standard

Note 1 to entry: The term 'Aerospace Auditor' (AA) is the same as the term 'auditor' defined in EN 9104-003. IAQG sectors may use other names for an AQMS auditor as long as the requirements of this standard and EN 9104-003 are applied.

3.5
assessment
systematic process to assess the competence of a conformity assessment body (e.g. AB, CB, AAB, TPAB) based on defined assessment criteria (see EN ISO/IEC 17011)

3.6
audit
systematic, independent, and documented process for obtaining audit evidence and evaluating it objectively to determine the extent to which audit criteria are fulfilled

3.7
Auditor Authentication Body (AAB)
body approved by the IAQG sector that has the primary responsibility for authenticating AQMS auditors, in accordance with specific requirements

3.8
central office (also referred to as central function)
organization location/activity that controls the 'common' quality management system for the organization under a single AQMS standard certificate

3.9
Certification Body (CB)
body that performs audit and certification services, and is subject to accreditation with respect to AQMS standards and any supplementary documentation required under the ICOP scheme

3.10
Certification Body Management Committee (CBMC)
organization within an SMS that functions on a national level (e.g. Italy, France, Germany, Spain, United Kingdom, Austria) responsible for EN 9104-series standards conformance in their respective countries. They perform the same functions as the SMS, under control of the SMS within their sector

3.11
certification structure
term utilized to describe how the certification activities of an aviation, space, and defence organization will be structured and managed by the contracted CB. The defined structure will assist CBs with the development of a robust and conforming audit program, and provide industry with visibility of the structure within the OASIS database. These structures are defined below; further description is provided in Appendix B.

a) Single Site – An organization having one location. The organization may be operating under one large building or several buildings at that location. The organization may have one or multiple products or product families flowing though one or multiple processes.

b) Multiple Site – An organization having an identified central function (the central office, but not necessarily the headquarters of the organization) at which certain activities are planned, controlled, or managed and a network of sites at which such activities are fully or partially carried out. With the exception of the central office the processes within each of the sites are substantially the same and are operated to the same methods and procedures (see IAF MD 1, "Multi-site Organization" definition and eligibility requirements).

c) Campus – An organization having an identified central function (the central office, but not necessarily the headquarters of the organization) at which certain activities are planned, controlled, or managed; and that has a decentralized, sequential, linked product realization process. For the purposes of this standard, it is referred to as a value stream where the outputs from one site are an input to another site, which ultimately results in the final product or service.

d) Several Sites – An organization having an identified central function (the central office, but not necessarily the headquarters of the organization) at which certain activities are planned, controlled, or managed and a network of sites, that do not meet the criteria for either a multiple site or a campus organization.

e) Complex – An organization having an identified central function (the central office, but not necessarily the headquarters of the organization) at which certain activities are planned, controlled, or managed and a network of locations that are any combination of multiple site, campus, several sites, or more than one campus.

3.12
combined audit
audit of an organization's management system(s) against two or more AQMS standards conducted at the same time

3.13
cross frontier accreditation
policy that allows for an AB to conduct assessments/oversight on CBs operating in countries other than the country in which the AB accreditation or lead office of the CB is based. The AB performing the assessment/oversight has to be recognized by the IAQG and listed in the OASIS database

3.14
Industry Controlled Other Party (ICOP)
AQMS standard certification scheme, under IAQG and industry management, for the assessment and certification of organization quality management systems by other parties, in accordance with the requirements defined in the EN 9104-series standards

3.15
Integrated Management System (IMS)
organization methodology using a single quality management system to manage multiple aspects of organizational performance to meet the requirements of multiple AQMS standards (e.g. EN 9100 and EN 9110)

Note 1 to entry: Management systems may exhibit different levels of integration (see 8.2.3).

3.16
International Aerospace Quality Group (IAQG)
body of prime aviation, space, and defence OEMs. This group is chartered to develop common requirements and guidelines for use by the aviation, space, and defence industry for quality improvement

3.17
International Aerospace Quality Group (IAQG) Other Party Management Team (OPMT)
body of prime aerospace OEMs that has the primary responsibility for the management of the ICOP scheme

3.18
International Aerospace Quality Group (IAQG) sector
sub-structure of the IAQG that consists of members in a specific geographic area (i.e., Americas, Europe, Asia/Pacific)

3.19
lead office
single office of a CB that has the responsibility for the implementation of the EN 9104-series standard's requirements

3.20
office assessment
on-site evaluation of an AB, AAB, or TPAB management office or CB lead office to the applicable AQMS standard requirements using the evaluation tools and methods contained in the EN 9104-series standards

3.21
Online Aerospace Supplier Information System (OASIS) database
web-based IAQG application containing information on participating National Aerospace Industry Associations (NAIAs), ABs, TPABs, AABs, accredited CBs, AQMS auditors, certified suppliers, and audits, which are approved and recognized by the SMS through the ICOP scheme

3.22
organization
any legal entity or defined part of a legal entity with a quality management system that is subject to an ICOP audit and the associated certification process

3.23
Pre-audit
activities undertaken by a CB with its client, after initial contact or application, before commencement of the initial certification audit (i.e., Stage 1 and Stage 2 audit activities)

3.24
Sector Management Structure (SMS)
organization established in an IAQG sector that manages the application and oversight of the ICOP scheme as defined by this standard. Each sector may use a different name for this organization [i.e., Registration Management Committee (RMC) in the Americas and Asia/Pacific, EAQG OPMT and national CBMCs in Europe]

3.25
site
permanent location where an organization carries out work or a service

3.26
Training Provider Approval Body (TPAB)
body approved by the SMS that has the primary responsibility to conduct the review and approval of training course content and TP administration

3.27
value stream
end-to-end business process which delivers a product or service to a customer. The process steps may use and produce intermediate goods, services, and information to achieve the end product or service

3.28
witness assessment
evaluation of an assessment or audit team's (e.g. AB, CB) conduct during an on-site assessment or audit to applicable criteria (i.e., requirements defined in AQMS standards and an assessment or audit team's procedures), using the evaluation tools and methods defined in this standard and EN 9104-002

3.29
witness audit
evaluation of an auditor's ability and competency to perform AQMS audits to the applicable standard and associated requirements

4 Requirements of the sector management structure

4.1 The SMS has the responsibility for the management, review, approval, implementation, and modification of their sector operating procedure(s). The SMS shall be the governing body by which the requirements for and recognition of CBs and authentication of auditors to AQMS standards are determined; consistent with the requirements of this standard.

4.2 The SMS has the responsibility to review and recognize new AB accreditations of CBs. This is to be initially evaluated by the SMS or CBMC, if applicable, ensuring that an AB meets the requirements defined in Clause 5; particularly with respect to the decision-making process and defined competence requirements, which is annually verified through oversight of the AB to the requirements of this standard.

Where agreed upon between the AB and the SMS or CBMC, if applicable, there can be an additional review, as part of the AB's accreditation decision-making process, by the SMS or an industry expert endorsed by the SMS ensuring that the AB fully meets the competence requirements of 5.4.2.

4.3 The SMS shall determine and approve CBMCs, when utilized. CBMCs operate as an extension of the SMS, performing the same functions on a national level to the requirements of this standard.

4.4 The SMS and CBMC, if applicable, shall report to the IAQG OPMT, OASIS database administrator, and other parts of the SMS notification of suspension or withdrawal of ABs, CBs, AAB, and TPABs.

4.5 The SMS shall identify which ABs are approved to accredit CBs for AQMS standard certification in accordance with this standard. The method and results of approval shall be documented and records maintained. ABs approved by the SMS shall be identified in the OASIS database.

4.6 The SMS shall recognize CBs that are accredited to certify an organization's AQMS. The accreditation of CBs for AQMS standards shall be granted and surveillance performed by the AB in accordance with this standard. The method and results of recognition shall be documented and records maintained. CBs recognized by the SMS shall be identified in the OASIS database.

4.7 Each SMS shall define a process for the approval, suspension, and withdrawal of approval of AABs and TPABs in accordance with the requirements of EN 9104-003 and this standard. Only AABs approved by an SMS shall qualify for AQMS auditor evaluation, authentication, and re-authentication.

Those who participate in the evaluation or make the decision to approve, suspend, or withdraw an AAB or TPAB shall not have participated in the development of the management systems or processes or in the work of the AAB or TPAB for a minimum period of two years before the decision. Furthermore, they shall not have any personal, contractual, voluntary, or formal relationship with the AAB or TPAB that would present a potential conflict of interest to the impartiality of the decision.

4.8 Where an AAB or TPAB's approval is withdrawn, any application to an SMS for re-approval shall be rejected for a period of 12 months from the date of withdrawal. The AAB or TPAB has the right to appeal this decision to the IAQG OPMT.

4.9 The SMS shall approve, as appropriate, AABs that authenticate AQMS auditors. The authentication of auditors to AQMS standards shall be granted by the AAB in accordance with the requirements of EN 9104-003 and this standard. The method and results of approval shall be documented and records maintained. AABs approved by the SMS shall be identified in the OASIS database.

4.10 The SMS shall approve, as appropriate, TPABs that review and approve the AQMS standard training courses and TPs. The approval of training courses and TPs for AQMS standards shall be granted by the TPAB in accordance with the requirements of EN 9104-003 and this standard. The method and results of approval shall be documented and records maintained. TPABs approved by the SMS shall be identified in the OASIS database.

4.11 The SMS shall recognize the authentication by AABs of auditors that perform AQMS audits of organizations. This shall be documented by a formal process by each SMS in accordance with the requirements of EN 9104-003 and this standard. The method and results of SMS approval shall be documented and records maintained. AQMS auditors recognized by the SMS shall be identified in the OASIS database.

4.12 The approval, recognition, certification, or authentication of ABs, AABs, TPABs, TPs, CBs, and AQMS auditors by any IAQG sector to the requirements of this standard shall be recognized by the other IAQG sectors.

4.13 Each SMS has the right to withdraw or suspend the approval, recognition, or authentication of ABs, CBs, AABs, TPABs, or AQMS auditors based on, but not limited to poor performance, nonconformity to requirements, or falsification of data.

4.14 Each SMS shall establish and maintain operating procedures, which support implementation and conformance to the SMS requirements established by this standard. The procedures shall include record retention requirements.

4.15 Each SMS shall report essential data that describes deployment activities to the IAQG OPMT. Essential data includes information on the AQMS auditor population (i.e., approvals, disapprovals, numbers of AAs and AEAs), the CB population (i.e., approvals, disapprovals), auditor training and authentication organizations, the number of AQMS standard certifications issued, and oversight activities by the SMS and IAQG OEMs.

NOTE AB, CB, AAB, and TPAB approval documents and procedures may be reviewed by the IAQG OPMT.

4.16 Each IAQG sector shall define a process for the development and issuance of resolutions to provide clarification to this standard, EN 9104-002 and EN 9104-003 standards, and sector specific ICOP scheme process documentation. However, the SMS shall ensure concurrence from the other sector IAQG OPMT representatives before issuance of any ICOP scheme resolutions.

All IAQG sector and OPMT resolutions shall be published in the OASIS database (see IAQG ICOP Resolutions Log). Once published in the database, resolutions shall have the same authority as the applicable standard. All resolutions will be incorporated, as appropriate, into the next revision of the standard.

5 Requirements for accreditation bodies

5.1 General

a) The responsibilities of the AB shall be granting, maintaining, suspending, extending, and withdrawing accreditation of CBs in concurrence with the applicable SMS to the requirements of this standard.

b) The AB shall agree to periodic oversight, including witness assessments by the approving SMS. ABs shall provide their sector's IAQG member companies and applicable regulatory authorities the 'right of access' to all AB and CB records and information related to the implementation and maintenance of the ICOP scheme, including AB and CB activities associated with the EN 9104-series standards requirements and recognition by the applicable SMS.

c) ABs shall ensure that this 'right of access' is communicated to its AQMS IAQG sector accredited CBs. This access will include information or records pertaining to IAF Peer Reviews of the AB.

5.2 Organizational requirements for accreditation bodies

a) ABs shall conform to requirements defined in EN ISO/IEC 17011 and IAF ML 4. ABs shall be members of the IAF and signatories of the IAF Multilateral Agreement (MLA) for the accreditation of CBs that certify quality management systems, in order to participate in the ICOP scheme.

b) The AB shall work with the applicable IAQG sectors to give assurance that CBs continue to perform in a manner consistent with the EN 9104-series standards requirements.

c) The AB shall have a person(s) with continuing aviation, space, or defence industry involvement through direct and relevant work experience in the industry [i.e., involvement with aerospace manufacturing/maintenance, the National Aviation Authority (NAA), NAIA, or equivalent] in the AB's structure for developing and maintaining the principles and major policies of operation of its accreditation system, as defined in EN ISO/IEC 17011.

5.3 Quality management system requirements for accreditation bodies

a) The AB shall have procedures, tools, and techniques in its system in accordance with the requirements of EN ISO/IEC 17011 and this standard for granting, maintaining, suspending, extending, and withdrawing accreditation of CBs operating within the ICOP scheme. ABs shall undertake the process to accredit each CB for the certification of each AQMS standard in accordance with the requirements of this standard.

b) ABs shall require CBs to identify a single office location that has overall responsibility for the implementation of the EN 9104-series standards requirements. The CB lead office responsibility and authority for the design, development, and maintenance of the implementation of the EN 9104-series standards shall be through a person(s) employed by or directly contracted to that CB lead office. ABs shall require that this person(s) is formally identified by the CB.

c) ABs shall require that activities relating to the implementation of the EN 9104-series standards, including the initial qualification and performance monitoring of AQMS auditors, application review, assignment of audit teams, review of reports, certification decisions, and the issue of certification documents are all conducted and controlled by a competent person(s) employed or directly contracted (i.e., through a written agreement

between the CB and a person) by the CB lead office. ABs shall require that CBs do not outsource any of the activities required by this standard or deploy these activities to other offices and do not utilize critical locations, as defined by the IAF; critical locations are not recognized by the IAQG or any SMS/CBMC.

d) The AB shall present CB AQMS accreditation decisions for recognition to the SMS (see 4.2).

e) ABs shall have an application process for the accreditation of CBs for AQMS certification. The CB application shall provide the AB with evidence that the CB has developed the necessary documented processes required by this standard to provide for certification of clients (organizations) to each applicable AQMS standard.

f) ABs shall ensure that accreditation documents that encompass the scope of accreditation of CBs to EN 9104-001 requirements clearly identify or contain:

- the CB's aerospace lead office;
- a statement that indicates that the accreditation granted is in accordance with the applicable requirements of EN 9104-001; and
- the AQMS standard(s) that the CB is accredited to grant certification.

g) The AB shall establish arrangements to ensure that information concerning the accreditation granted to a CB operating in accordance with the requirements of EN 9104-001 are uploaded in English in the OASIS database. The information to be uploaded shall include:

- the CB’s aerospace lead office;
- CB contact information; and
- the AQMS standard(s) that the CB is accredited to grant certification.

h) The AB’s application process shall provide information and obtain assurance that applicant CBs will not issue any AQMS standard certificates before a decision to grant accreditation for AQMS certification to the CB has been made. ABs shall ensure that CBs communicate in writing to any applicant or client that AQMS certification cannot be issued until the CB is accredited for the AQMS standard(s) by the AB.

Failure by the CB to conform with these requirements shall be seen as bringing AQMS accreditation, the ICOP scheme, and the IAQG into disrepute; and the AB may terminate the application process. Where a CB application has been terminated, the AB shall communicate in writing to the applicant CB the reasons for termination of the application and that they are not able to process any subsequent applications for accreditation for AQMS certification for a period of not less than 12 months.

i) When an AB receives an application to accredit a CB outside of its normal region (i.e., country, IAQG sector), the AB shall recommend the CB seek accreditation through the ICOP approved AB operating in the CB’s region. ABs involved in accrediting a CB outside of its normal region shall notify the ICOP scheme approved AB operating in the country/sector of the CB’s application.

5.3.1 Certification body initial accreditation to aerospace quality management system standards

Initial accreditation of a CB within the ICOP scheme shall be for the certification of clients to the EN 9100 AQMS standard. The AB’s management system shall ensure, at a minimum, the following activities are performed:

a) documentation review to include, but not limited to revisions to the CB’s documented management system, competence requirements established by the CB, and any other area that indicates conformance of requirements to this standard;

b) office assessment(s); and

c) witness assessments to include, at a minimum, one Stage 1 audit and one Stage 2 audit for the complete EN 9100 standard. If the CB is already accredited by another AB and recognized by the ICOP scheme, the witness assessments can take place during a surveillance audit.

5.3.2 Certification body extension of scope of accreditation

To extend the scope of accreditation of a CB beyond the EN 9100 standard, to provide further AQMS standards certification (i.e., EN 9110, EN 9120), the AB's management system shall ensure, at a minimum, the following activities are undertaken:

a) For initial accreditation for EN 9110 certification, the documentation review shall include, but not be limited to revisions to the CB's documented management system, competence requirements established by the CB, and any other area that indicates conformance to the requirements of this standard. Witness assessments shall include, at a minimum, one Stage 1 and one Stage 2 audit for the complete EN 9110 standard.

b) For initial accreditation for EN 9120 certification, the documentation review shall include, but not be limited to revisions to the CB's documented management system, competence requirements established by the CB, and any other area that indicates conformance to the requirements of this standard.

5.3.3 Certification body accreditation surveillance and reassessment

a) For surveillance and reassessment of the CB accreditation for AQMS standard certification, the AB's management system shall ensure, at a minimum, that assessment activities are conducted, which include:
   - one annual office assessment of the lead office that includes a review of CB client files required per Table 1; and
   - the number of annual witness assessments required per Table 1.

b) Where CB competency or conformity issues are identified by the AB, the number of visits to the CB may be increased until confidence of competence and conformance is re-established by the AB.

c) A CB client file contains information and associated records relating to a specific applicant and/or client, as described in EN ISO/IEC 17021. An AB may conduct part of the file review by remote access, when all of the following arrangements are made with a CB:
   - the CB has all client records electronically filed and accessible remotely;
   - the CB gives sufficient remote electronic access to the AB assessor, allowing them to view all records related to the certification of the client, including granting access to associated application, quotation, auditing, calculation of audit duration, the certification decision, and any of the AQMS auditor's competence and demonstration of competence records;
   - the AB assessor has been appropriately trained and oriented to the CB's document and records management system to be able to access the associated records;
   - the review of client files shall be performed prior to the scheduled on-site assessment; and
   - at least two of the client files shall be reviewed on-site.

Table 1 — Accreditation body assessment requirements of certification bodies

Number of AQMS sites certified by a CB [a]	Minimum number of CB Client files to be reviewed annually [a]	Number of annual witness assessments [a]
1-3	All client files	1
4-25	3	1
26-50	5	1
51-90	6	2
91-150	7	2
151-280	10	3
281-500	11	4
501-1200	15	5
1201-3200	18	6

[a] Quantities based on the OASIS database records at the time of assessment planning.

5.3.4 Accreditation body witness assessment of certification bodies

a) The AB's management system shall ensure that during one complete accreditation cycle and within the scope of each CB's accreditation, the following witness assessments are completed:

- each accredited AQMS standard shall be witnessed at least once; and
- each CB certification cycle audit stage (i.e., Stage 1, Stage 2, surveillance, recertification) shall be witnessed at least once.

b) The number of witness assessments for each standard shall be approximately proportional to the number of certificates issued for each standard.

a) The ABs management system shall ensure that for each audit witnessed, the AB assessment team shall be present for the whole duration of the CB audit, from the opening meeting to the closing meeting.

NOTE The AB should witness as many different authenticated AQMS auditors of the CB, as possible.

5.3.5 Authenticated aerospace quality management system auditor competency issues

Where an authenticated AQMS auditor competency issue is identified, in relation to AQMS certification audits, and when deemed appropriate by an AB, SMS representative, and/or CB; the results of aerospace witness assessments and associated data may be shared with the AAB responsible for the subject auditor’s aerospace authentication.

5.3.6 Accreditation body symbols use

The AB's management system shall provide for an assessment on the use of the AB's symbols by accredited CBs, within the ICOP scheme, and the provision for use of the AB’s symbols by the CB’s clients.

5.3.7 Aerospace quality management system accreditation suspension and/or withdrawal

a) The AB's management system shall provide procedures for the suspension or withdrawal of AQMS accreditation, where the CB has failed to meet the requirements of any part of this standard or the requirements for accreditation. These procedures shall ensure that any AQMS suspension or withdrawal affects all AQMS standard accreditations. ABs shall ensure that where accreditation of a CB for EN ISO 9001 certification is suspended or withdrawn, the AB shall ensure that a decision is taken for the immediate, respective suspension or withdrawal of accreditation for all AQMS standard accreditations (i.e., EN 9100, EN 9110, EN 9120). The reasons for the suspension or withdrawal shall be communicated in writing to the CB.

b) The CBMC or SMS shall be notified within five business days by the AB, when accreditation is suspended or withdrawn from a CB. The AB, CBMC, or NAIA shall update the OASIS database within ten business days to reflect any change in CB accreditation status. The AB shall communicate withdrawal and the reasons for the action to all other IAQG recognized ABs.

c) In addition to any other arrangements for suspension of CBs, the AB’s management system shall provide for a decision to suspend the AQMS accreditation of a CB in the event any of the following specific conditions occur:

- when all of the required annual assessments of a CB are not conducted;
- when a CB is not correctly applying the definitions of nonconformity, as defined in the EN 9101 standard; or
- when a CB has not taken verifiable correction and corrective action to eliminate the cause(s) of a nonconformity.

d) An SMS or CBMC may recommend to the AB the suspension of a CB’s accreditation. The reason for the suspension recommendation, together with supporting evidence, shall be made available to the AB by the SMS or CBMC. The AB shall have a process to receive, review, and decide on the actions to be taken in response to the evidence provided. The AB shall undertake the actions necessary and shall record the outcome.

The actions and relevant decision shall be communicated to the SMS or CBMC. This process shall be completed within 60 calendar days.

e) When the accreditation of a CB having AQMS certification within its accredited scope is suspended, but not withdrawn/expired, the AB’s management system shall ensure the following requirements are imposed on the CB. The suspended CB shall:

- notify all of its existing and applicant AQMS clients of its suspended status and any consequences that may have an impact on the client, within 15 calendar days of the suspension decision being provided to the CB;
- continue to perform required surveillance and recertification audits;
- not conduct any Stage 1 audits for initial certification;
- not conduct any certification scope extensions;
- not accept any AQMS certificate transfers of clients from other CBs;
- obtain a documented agreement from the AB defining the conditions and controls for the issuance of any client certification (new or recertification), during the suspension period, to ensure the credibility of the certification;
- on request, provide the AB and/or SMS with a documented list of any certifications (new or recertification) issued during the period suspension; and
- adhere to any other conditions that may be imposed by the AB as a result of the suspension.

The AB shall initiate the withdrawal process for AQMS accreditation for CB failure to conform to these requirements.

f) CB suspensions, including AQMS standards in the scope of accreditation, that exceed three months in duration shall be referred by the AB for review to the SMS or CBMC. AB suspensions of a CB shall not exceed six months from the date of the suspension decision. Where the reasons for the suspension are not resolved within the six-month period, the AB shall determine whether the CB accreditation for all AQMS standards shall be withdrawn.

g) Where the accreditation of a CB is withdrawn or has expired, ABs shall provide for current AQMS standard certificates issued by the applicable CB to be eligible for transfer for a maximum of six months after the withdrawal or expiration date of the CB or until client AQMS standard certificate expiration, whichever is less; providing the certificate is eligible for transfer in accordance with the requirements of IAF MD 2 and this standard.

5.3.8 Closure of accreditation body issued nonconformities

a) The AB's management system shall ensure that all nonconformities identified during assessment activities of CBs have been contained; satisfactorily corrected with root cause analysis; and the corrective action has been implemented, reviewed, accepted, and verified within 90 calendar days of the date that the nonconformity was raised.

b) If nonconformities are not closed within 90 calendar days, the AB shall initiate the process to suspend the CB's AQMS accreditation or in the case of initial application for AQMS standard accreditation, initiate a process that includes written communication of the reason to terminate further processing of the CB's application.

5.3.9 Certification body re-application for aerospace quality management system accreditation

ABs approved by the ICOP scheme shall reject an application for AQMS accreditation for a minimum of 12 months after suspension, withdrawal, expiry of the accreditation of a CB, or termination of an application, in accordance with the requirements of this standard.

5.3.10 Aerospace quality management system accreditation records retention

The AB's management system shall retain supporting evidence of the CB's accreditation for AQMS standards for a minimum of two accreditation cycles. Records relating to the current accreditation cycle shall be readily accessible to support any oversight or complaint/issues resolution activities.

5.3.11 Complaint/Issue resolution process

a) The AB shall establish a complaint/issue resolution process. The process shall ensure:

- all complaints and issues are responded to within 30 calendar days;
- all feedback received is reviewed and, if a response is requested, a response is provided within 30 calendar days;
- if the AB determines that a short notice assessment is necessary, this assessment shall be completed within 90 calendar days of the complaint; and
- an effective corrective action process that provides for containment activities, conformance to the applicable standard is re-established, root cause analysis is complete, corrective actions address all root causes identified, and a completion date for the implementation of all corrective actions is defined.

b) The AB shall be responsible for resolution of complaints concerning the AB and CBs it has accredited. Complaints concerning the requirements of this standard, which cannot be resolved by the AB, shall be referred to the SMS and CBMC, if applicable.

5.4 Accreditation body personnel requirements

5.4.1 Accreditation body assessment team requirements

a) AB assessment teams conducting CB office and witness assessments shall demonstrate knowledge of the ICOP scheme (i.e., knowledge of all parts of the EN 9104-series standards requirements, knowledge of the relevant AQMS standards and ICOP resolutions) sufficient to be able to effectively judge conformity. AB assessment team members shall be authorized by the AB as EN ISO/IEC 17021 assessors.

b) AB assessment teams that are witnessing audits of CBs carrying out AQMS standard certification audits shall include assessors that initially fulfil work experience, AQMS training, and industry specific training, where required, in accordance with the requirements of EN 9104-003 for the AQMS standard being assessed.

c) AB assessors shall demonstrate continuing experience including in each three-year period, a minimum of three accreditation assessments that include EN 9104-series standards requirements and a minimum of fifteen hours of continuing education related to changes in the aerospace industry and the ICOP scheme.

d) In case of a lack of sufficient work experience or AQMS training, the AB assessment teams can be supported by aviation, space, and defence industry experts that fulfil the work experience, AQMS training, or industry specific training in accordance with the requirements of EN 9104-003 for the applicable AQMS standard(s).

5.4.2 Accreditation body accreditation decision requirements

a) The AB's accreditation function shall have a person(s) with aviation, space, or defence sector competence involved in the accreditation decisions of the AB.

b) The aviation, space, and defence sector competence required for this role is defined as: knowledge of EN ISO/IEC 17011, EN ISO/IEC 17021, and all parts of EN 9104-series standards applicable to ABs and CBs; knowledge of the EN 9101 standard requirements; and aviation, space, and defence industry knowledge of sufficient depth to be able to understand the IAQG sector specific terminology, processes, practices, and product requirements necessary to review and interpret the output(s) of AB assessors evaluating CBs operating in the ICOP scheme.

c) The AB shall document the decision-making staff competence requirements and maintain records demonstrating the attainment of these requirements.

6 Requirements for certification bodies

6.1 CBs seeking accreditation and subsequent recognition under this standard shall first be accredited to EN ISO/IEC 17021 and applicable IAF mandatory documents. The CB shall have been accredited for EN ISO 9001 certification for at least one year by an IAF MLA signatory AB, prior to submitting an application.

6.2 Until an applicant CB is accredited for AQMS certification, the CB shall not issue any AQMS standard certificates, or make any contractual commitment or other undertaking with a client that would imply that any AQMS standard certificate can be issued before a decision to grant accreditation to the CB by an AB has been made. Any such undertaking shall be seen as bringing accreditation, the ICOP scheme, and the IAQG into disrepute and will result in a decision by the AB, SMS, or CBMC, as applicable, to withdraw the CB from the application process for AQMS certification for a period of not less than 12 months.

6.3 The CB shall maintain its EN ISO/IEC 17021 accreditation for EN ISO 9001 certification in order to maintain its AQMS standards accreditation. Suspension or loss of accreditation for EN ISO 9001 shall respectively result in the immediate suspension or withdrawal of a CB's accreditation for AQMS certification.

6.4 The CB's management shall ensure that the committee for safeguarding impartiality shall have a person(s) with continuing aviation, space, or defence industry involvement through relevant work experience in the industry (i.e., involvement with aerospace manufacturing/maintenance, the NAA, NAIA, or equivalent) as part of its structure.

6.5 A CB shall complete the AB's initial accreditation process for the applicable AQMS standard, prior to gaining recognition by the applicable SMS.

6.6 The CB's audit program shall ensure conformity to all stated requirements contained within the EN 9101, EN 9104-series, and EN ISO/IEC 17021 standards, and the applicable IAF mandatory documents.

6.7 Requirements for CBs to obtain AQMS standard(s) accreditation shall include at a minimum:

a) The CB's certification function shall have a person(s) with aviation, space, or defence competence involved in the certification decisions of the CB. The minimum aviation, space, or defence competence required for this role is defined as: knowledge of EN ISO/IEC 17021, all parts of the EN 9104-series standards applicable to CBs, the EN 9101 standard, and specific AQMS standard requirements; and aviation, space, or defence industry knowledge of sufficient depth to be able to understand the sector specific terminology, processes, practices, and products necessary to understand and interpret the output of CB AQMS auditors auditing organizations for certification.

b) The CB shall document the decision-making staff competence requirements in accordance with EN ISO/IEC 17021 and maintain records demonstrating the attainment of these requirements.

c) The CB shall utilize AQMS auditors that are both competent and authenticated in accordance with the requirements of EN ISO/IEC 17021, EN 9104-003, and this standard. If a CB utilizes AQMS auditors authenticated in other IAQG sectors, it shall provide appropriate supplemental education/training (e.g. local regulations, laws) to the auditors and maintain such records in accordance with their auditor-training program.

d) The CB shall have procedures, tools, and techniques in its system for the granting, maintaining, reducing, suspending, transferring, and withdrawing the certification of audited organizations (clients) in accordance with the requirements of EN ISO/IEC 17021, IAF MD 2, other applicable IAF mandatory documents, the AB, and this standard.

e) The CB shall document a process to obtain, review, and implement IAQG, SMS, and CBMC (if applicable) ICOP scheme resolutions affecting the operation of the CB or the AQMS standard certification of its clients.

f) The CB shall agree to periodic surveillance, reassessment, and witness assessments by the accrediting AB and SMS, and shall actively engage in the AB and SMS assessment planning process.

g) CBs shall allow IAQG members, ABs, and regulatory agencies access to its facilities and records, as required, to ensure conformity to this standard and to perform oversight assessments of the CB's processes and activities associated with this standard, and their accreditation and recognition as a CB under the ICOP scheme. The ‘right of access’ shall include the witnessing of CB audits of organizations. The CB shall ensure this ‘right of access’ is contractually extended to the CB’s client facilities and associated records.

   NOTE All oversight activities shall be conducted in accordance with the requirements of EN 9104-002.

h) The CB shall be responsible for ensuring audit data is entered into the OASIS database.

i) The CB shall ensure that their clients have established an OASIS database administrator for the purposes of managing the organization’s contact information within the database, users associated with the organization, external access to organization audit results in the database, and OASIS database feedback (see Clause 14).

The administrator shall be identified and entered into the OASIS database, at the time of initial certification entry. The CB shall verify at all surveillance and recertification audits that the certified organization’s current administrator is identified. The CB may suspend the client’s certificate, during the certification cycle, or delay issuance of recertification should the client fail to maintain their OASIS database administrator.

j) The CB shall establish a complaint/issue resolution process. The process shall ensure:

- all requests for corrective action are responded to within 30 calendar days from receipt of complaint;
- all feedback received is reviewed and, if response requested, the response is provided within 30 calendar days from receipt of complaint;
- if the CB determines that a short notice audit is necessary, this audit shall be completed within 90 calendar days from receipt of the complaint; and
- an effective corrective action process that provides for containment activities, conformance to the applicable standard is re-established, completion of root cause analysis, corrective actions addressing all root causes, and a completion date for the implementation of all corrective actions is defined.

The CB shall be responsible for the resolution of all complaints. Complaints that cannot be resolved by the CB shall be referred to the AB.

k) Accredited CBs and any part of the same legal entity shall not have management system consultancy as part of their organization, offer or provide quality management system or AQMS consultancy, or conduct internal audits for their clients.

For AQMS certification, the CB shall not certify a management system where there is an unacceptable relationship, as defined in EN ISO/IEC 17021, between any management system consultancy organization or any person/organization conducting internal audits and the CB, for a minimum period of two years following the end of activities associated with the management system or where there is an unacceptable threat to the impartiality of the certification process. More than one pre-audit shall be considered as consultancy.

l) An accredited CB is responsible for ensuring the continued integrity and validity of the certificates it issues.

m) An accredited CB shall ensure that the relevant requirements of this standard are a part of the legally enforceable agreement with each client organization. Additionally, the legally enforceable agreement with the client will cover all of the sites within the scope of certification.

6.8 A CB who is voluntarily or involuntarily withdrawn from the ICOP scheme shall not reapply for AQMS standard accreditation for a minimum period of 12 months from the date of withdrawal. A CB reapplying for accreditation shall follow the process, as if they were a new CB making an initial application.

Before initiating a new application, a CB that has been withdrawn involuntarily by an AB, SMS, or CBMC shall demonstrate that a process of correction and corrective action has been undertaken, and there is objective evidence of adherence to the EN 9104-series standards requirements that were the cause for withdrawal.

6.9 Advanced Surveillance and Recertification Procedures (ASRP) are allowed within the ICOP scheme. CBs shall obtain AB approval, as outlined in IAF MD 3, and conform to the requirements of this standard.

6.10 Computer Assisted Auditing Techniques (CAAT) are allowed, but not mandatory within the ICOP scheme. CBs shall obtain AB approval, as outlined in IAF MD 4, and conform to the requirements of this standard.

6.11 Prior to contracting for and conducting AQMS standard audits, CBs shall ensure that classified material or export control requirements, related to CB auditor access, are disclosed to their aviation, space, and defence clients and included in the service contract and audit planning activities. Records of the disclosure and agreements, regarding auditor access, shall be maintained.

The scope of certification shall not include processes that were not audited to sufficient depth to verify client (organization) conformance. Where processes are not audited and are excluded from the potential scope of certification, any such exclusion shall be limited to those processes that are permissible exclusions within the AQMS standard and that are effectively documented by the client. The CB shall not certify the client's quality management system, where the process exclusions do not represent permissible exclusions.

CBs shall ensure that any such controls are advised to ABs and Other Party (OP) assessors ahead of any planned witness assessments with sufficient time for AB and OP assessor organizations to review the control restrictions and make necessary arrangements.

6.12 CBs shall not allow requests by clients for AQMS auditor changes/substitutions without substantiated evidence of improper activity or contract violations. Conformance to rules concerning export controls, auditor nationalities, and confidentiality/conflict of interest challenges shall be an exception to this requirement. CBs shall be able to assign and rotate AQMS auditors, as available.

7 For aerospace requirements quality management system auditors

7.1 AQMS auditor competency, evaluation, authentication, and re-authentication requirements are described in the EN 9104-003 standard. The evaluation, authentication, and re-authentication process for AQMS auditors shall be in conformance with the requirements of EN 9104-003 and this standard.

7.2 AQMS auditor competency shall be demonstrated and shall include a combination of AQMS auditor training; industry specific training; aviation, space, or defence work experience; and audit experience, as defined in EN 9104 003.

7.3 Auditors shall apply to an SMS approved AAB for authentication and re-authentication.

7.4 AQMS auditors who are withdrawn for cause by an AAB shall not reapply for authentication for a minimum of 12 months in any IAQG sector of the ICOP scheme.

7.5 An auditor shall inform the AAB of a previous rejection, suspension, or withdrawal in another SMS. Failure to inform the AAB shall be cause for withdrawal.

7.6 Where an authenticated AQMS auditor does not submit an application for re-authentication in accordance with the requirements of EN 9104-003 or where a re-authentication application cannot be demonstrated to have been submitted before the authentication expiry date, the auditor shall only reapply as a new candidate for initial authentication. Any previously existing authentication shall be considered expired by the AAB and shall be withdrawn.

8 Requirements for audits and reporting

8.1 Certification structure requirements

8.1.1 Certification structure eligibility criteria

In selecting the appropriate certification structure applicable for EN 9100, EN 9110, and/or EN 9120 certification, CBs shall utilize the following eligibility criteria, in addition to the definitions (see 3.11) and requirements contained in Appendix B.

a) CBs shall assess the client's certification structure, site locations, and value streams.

b) Both CB and client shall agree upon the type of certification structure.

c) The following are common eligibility criteria for all certification structures (i.e., single site, multiple site, campus, several sites, complex):

- all sites have a legal, organizational, or contractual link with the central office of the organization and are subject to a common management system, which is laid down, established, and subject to continuous surveillance;
- the organization's management system is centrally controlled and is subject to a common management review;
- all sites are subject to the organization’s internal audit program, controlled by the central office;
- the central office has the authority to require that the site(s) implement corrective action, as needed; and
- the organization collects and analyses data from all sites, including but not limited to the listed items below. Furthermore, the central office is able to demonstrate its authority and ability to initiate organizational change, as required, in regard to:
  - system documentation;
  - system changes;
  - management review;
  - complaints;
  - evaluation of corrective actions;
  - internal audit planning and evaluation of the associated audit results; and
  - legal requirements.

8.1.2 Eligible certification structures

a) Single site.

b) Multiple site.

For EN 9100 and EN 9110 multiple site certification structures, this standard defines two categories:

- Category 1 – organizations that meet the minimum eligibility requirements of IAF MD 1; however, they do not meet the minimum eligibility requirements of IAF MD 3.
- Category 2 – organizations that meet the minimum eligibility requirements of IAF MD 1 and IAF MD 3, and additional requirements outlined in 8.9.

Transition from a Category 1 to a Category 2 multiple site organization shall only be allowed after the completion of a certification or recertification audit that confirms all requirements for a Category 2 organization have been met.

c) Campus

d) Several Sites

e) Complex

NOTE 1 See Appendix B for certification structure detailed criteria.

NOTE 2 All certification structures utilize Table 2 as the basis from which audit duration requirements are derived.

8.1.3 Certification structure review and determination

The CB shall maintain documented evidence of the review and determination of all certification structures, including the audit duration calculation. For a complex certification structure, this information shall be forwarded to the IAQG OPMT Certification Oversight Subcommittee for review, prior to the Stage 2 audit.

Table 2 — Audit duration requirements

Number of Employees	EN 9100 / EN 9110			EN 9100 / EN 9110 Less Design (7.3)			EN 9120		
	Initial	Annual Surveillance	Recertification	Initial	Annual Surveillance	Recertification	Initial	Annual Surveillance	Recertification
1-5	2,0	1,0	2,0	2,0	1,0	1,5	2,0	1,0	1,5
6-10	2,5	1,0	2,0	2,5	1,0	2,0	2,0	1,0	1,5
11-15	3,0	1,5	2,5	2,5	1,0	2,0	2,5	1,0	2,0
16-25	3,5	1,5	3,0	3,0	1,5	2,5	3,0	1,5	2,0
26-45	5,0	2,0	4,0	4,5	2,0	3,5	4,0	2,0	3,0
46-65	6,0	2,5	4,5	5,0	2,0	4,0	4,5	2,0	3,5
66-85	7,0	3,0	5,5	6,0	2,5	4,5	5,5	2,5	4,0
86-100	8,0	3,0	6,0	7,0	3,0	5,0	6,0	2,5	4,5
101-125	8,5	3,5	6,5	7,5	3,0	5,5	6,5	3,0	5,0
126-175	9,5	4,0	7,0	8,0	3,5	6,0	7,5	3,0	5,5
176-275	10,5	4,0	8,0	9,0	3,5	6,5	8,0	3,5	6,0
276-425	12,0	5,0	9,0	10,0	4,5	7,5	9,0	4,0	7,0
426-625	13,0	5,5	9,5	11,0	4,5	8,0	10,0	4,5	7,5
626-875	14,0	5,5	10,5	12,0	5,0	8,5	10,5	4,5	8,0
876-1000	15,0	6,0	11,0	12,5	5,0	9,0	11,5	5,0	8,5
1001-1175	16,0	6,5	12,0	13,5	5,5	10,0	12,5	5,5	9,5
1176-1550	17,0	7,0	12,5	14,5	6,0	11,0	13,0	5,5	10,0
1551-2025	18,0	7,0	13,5	15,0	6,0	11,5	13,5	5,5	10,5
2026-2675	19,0	7,5	14,0	16,0	6,5	12,0	14,5	6,0	11,0
2676-3450	20,0	8,0	14,5	17,0	7,0	12,5	15,0	6,0	11,0
3451-4350	21,0	8,0	15,5	17,5	7,0	13,0	16,0	6,5	11,5
4351-5450	22,0	8,5	16,0	18,5	7,5	13,5	16,5	6,5	12,0
5451-6800	23,0	9,0	16,5	19,0	7,5	14,0	17,0	7,0	12,5
6801-8500	24,0	9,0	17,5	20,0	8,0	14,5	18,0	7,0	13,0
8501-10700	25,0	9,5	18,0	21,0	8,0	15,0	18,5	7,5	13,5
10701-14564	26,0	10,0	18,5	21,5	8,5	15,5	19,5	7,5	14,0
14565-19630	27,0	10,0	19,5	22,5	8,5	16,0	20,0	8,0	14,5
19631-24695	28,0	10,5	20,0	23,0	9,0	16,5	20,5	8,0	15,0
24696-33571	29,0	11,0	20,5	24,0	9,0	17,0	21,5	8,5	15,5
33572-45031	30,0	11,0	21,5	25,0	9,5	17,5	22,0	8,5	16,0
45032-59258	31,0	11,5	22,0	25,5	9,5	18,5	23,0	9,0	16,5
59259-79784	32,0	12,0	22,5	26,5	10,0	19,0	23,5	9,0	17,0
79785-101635	33,0	12,0	23,5	27,0	10,0	19,5	24,0	9,0	17,5

NOTE 1 This table includes both AQMS standard and EN ISO 9001 audit duration requirements; these requirements are consistent with IAF MD 5.

NOTE 2 For organizations with employees greater than 101635, follow the defined progression.

8.2 Minimum audit duration

Requirements are established by this standard for minimum audit duration (i.e., initial, annual surveillance, and recertification audits) based upon the size of the organization being audited. For aviation, space, and defence organizations, the required audit duration from Table 2 shall be increased, as appropriate, taking into account the complexity of the quality management system, and the number and/or variety of activities.

Furthermore, the following conditions shall be adhered to:

a) audit duration calculations shall round up to the nearest half day;

b) Stage 2 audit activities shall never be less than one audit day per site for single site, multiple site, and several site certification structures;

c) audit activity for corrective action verifications or the use of translators to address language issues shall increase on-site audit time;

d) the Table 2 audit duration requirements defined herein shall not be reduced, with the exception of the use/application of ASRP and/or CAAT as outlined in 8.9 and 8.10; and

e) justification for the determined audit duration shall be documented and a record maintained.

NOTE It should be noted that attempts to reduce the audit duration, below the minimum days defined in Table 2, will result in certification data being blocked from entry into the OASIS database.

8.2.1 Duration of the audit

a) The minimum duration for initial, surveillance, and recertification audits are shown in Table 2. No reductions from the audit duration defined in Table 2 are allowed, except as specifically defined in this standard for the individual certification structures. Increases to the required audit duration are expected for areas with identified risk, complexity, or increased scope.

b) This standard meets the minimum requirements defined in IAF MD 5. Where there is a conflict between this standard and IAF MD 5 (i.e., this standard does not allow reductions to the audit duration, except as specified); this standard shall take precedence.

8.2.1.1 Single site certification structure

a) No further reductions from Table 2 are allowed for the ICOP scheme, with the exception of the use/application of ASRP and/or CAAT.

b) Use/application of ASRP and/or CAAT shall not reduce the audit duration requirements by more than 30 %.

8.2.1.2 Multiple site certification structure

a) The audit duration calculations from Table 2 shall be used.

b) The audit duration shall be established by using the number of employees at each site using Table 2 to calculate the duration for each site. No further reductions from the defined audit duration are allowed for the ICOP scheme, with the exception of the use/application of CAAT.

c) Application of reduced surveillance, as described in Table 3, is applicable for multiple site certification structures for EN 9100 and EN 9110 certification. When calculating audit duration for Category 2 organizations, the applicable Table 2 columns for 'Recertification' shall be used, since each site (not including the central function) is only audited once during the three year certification cycle.

To allow some flexibility when planning audit schedules from one certification cycle to the next; the audit plan shall ensure that the maximum duration between each site's audit schedule is not greater than 48 months.

d) Sampling in accordance with IAF MD 1 is only allowed for EN 9120 stockist/distributor organizations; furthermore, sampling is limited to sites located in the same country.

Table 3 — Multiple site organization audit frequency

Category	Organization scope	Audit frequency [a]
1	Meets the eligibility requirements of IAF MD 1 for sampling; and does not meet the eligibility requirements of IAF MD 3 for advanced surveillance.	Annual surveillance – Years 1 and 2 o Year 1 – Central function and approximately 50 % of sites. o Year 2 – Central function and remaining sites not audited in Year 1. Recertification – Year 3 o Central function and all sites.
2	Meets the eligibility requirements of IAF MD 1 for sampling; and meets the eligibility requirements of IAF MD 3 for advanced surveillance.	Annual surveillance and recertification o Year 1 – Central function and approximately 33 % of sites. o Year 2 – Central function and approximately 50 % of sites not reviewed in Year 1. o Year 3 – Central function and remaining sites not reviewed in Year 1 or 2. Calculate audit duration using the applicable Table 2 columns for recertification. Audit plan shall ensure that the maximum duration between each site's audit schedule is not greater than 48 months.

[a] See Table 2 for duration calculations.

8.2.1.3 Campus certification structure

a) The total number of employees for the organization shall be calculated by adding together the employees from each site related to the campus. Table 2 shall be used to establish the basis for audit duration.

b) No further reductions from the defined audit duration are allowed for the ICOP scheme, with the exception of the use/application of ASRP and/or CAAT. ASRP and/or CAAT shall not reduce the audit duration requirements by more than 30 %.

c) In order to support the audit of different aspects of a campus, including arrangements for movement of work or services between sites and associated communication, a minimum of 10 % shall be added to the total duration defined by Table 2.

d) On-site audit duration shall be divided between the sites within the campus to ensure that all sites are audited each year and all processes are audited during the initial assessment and recertification audits, and all processes are audited over the two surveillance years.

8.2.1.4 Several site certification structure

a) The audit duration shall be established by using the number of employees at each site and using Table 2 to calculate the duration for each site.

b) Reductions may be applied for each site in accordance with Table 4. Reductions shall be subject to a maximum total of 30 % per site from the values stated in Table 2.

c) The application of ASRP and/or CAAT shall not reduce the total audit duration requirements across the entire organization by more than 30 %.

d) The combination of reductions from Table 4 and ASRP/CAAT shall not reduce the total audit duration by more than a total of 40 % at an individual site.

e) All sites are to be audited during initial certification audits, surveillance audits, and recertification audits.

Table 4 — Permissible reductions for reduced scope / complexity for several site organizations

Category	% Decrease [a]
No Human Resources Processes	10 %
No Production or Service Realization	20 %
No Purchasing	10 %
No Customer Related Processes	10 %
No Quality Management System Documentation Control (not applicable for the central function)	10 %

[a] Up to a maximum 30 % cumulative reduction, with justification.

8.2.1.5 Complex certification structure

a) The audit duration for each organizational type subset shall be calculated using the applicable methodology for the certification structure (i.e., multiple site, campus, several sites). Complex organizations may also include organizations that contain more than one campus.

b) The rational for the subset organizational types shall be documented by the client and the CB, and in all cases the applied methodology, audit duration calculation, planned audit program, sampling plan for multiple site organizations, processes for campus organizations, and associated justification shall be submitted for review to the IAQG OPMT Certification Structure Review Sub-Team.

8.2.2 Application of the audit duration requirements

a) The initial audit shall be conducted by auditing each site to the complete and applicable AQMS standard requirements, prior to certificate issuance.

b) Audit time in Table 2 includes Stage 1 (initial audit only) and Stage 2 audit activities. Table 2 auditor duration requirements represent minimum on-site audit time from the opening meeting to the closing meeting.

c) Table 2 audit time does not include time for non-audit activities (e.g. travel, meals, extended break times).

d) Table 2 is for on-site audit time only. Table 2 does not include auditor time used for planning, report writing, and/or completion of the associated EN 9101 standard forms (see EN 9101 appendices). CB's will provide for additional auditor time needed to complete the EN 9101 forms.

NOTE The entry of data on the EN 9101 Objective Evidence Record (OER) during on-site audit time is acceptable.

e) Audit durations shall be calculated in audit days on the basis of eight hours per day (see IAF MD 5). The audit duration cannot be reduced by programming longer hours per workday (e.g. five audit days of eight hours cannot be executed as four audit days of ten hours). Reductions that may be required to comply with local legislation will be satisfied by adding days to ensure that the audit duration requirements are met.

f) Auditing of the entire AQMS standard on all shifts is required for initial and recertification audits. For surveillance audits, the planning shall include coverage of multiple shifts, when the audit plan activities occur across multiple shifts.

g) Shift auditing, whereby a longer day is planned, cannot reduce required audit duration.

h) If a Stage 1 audit is determined to be necessary during recertification, additional audit days shall be added to the required audit duration defined in Table 2.

i) For recertification of a multiple site certification structure that meets the Category 1 criteria, audits shall be conducted at the central function and each site to the complete AQMS standard(s) requirements.

j) For surveillance of a multiple site certification structure that meets the Category 1 criteria, the CB's audit program shall ensure that each site is audited at least once during the surveillance audit cycle. In addition, the central function shall be audited each year of the surveillance audit cycle.

k) For surveillance and recertification of a multiple site organization that meets the Category 2 criteria, the central function shall be audited during surveillance in years one and two, and during recertification prior to certificate expiration in the third year. The CB's audit program shall ensure that each site is audited at least once every 48 months to the applicable AQMS standard requirements for each site and ensure that all applicable quality management system processes are audited annually.

l) For surveillance audits, audit duration for multiple site organizations that meet the Category 2 criteria shall comply with Table 2 and be calculated using each site's population and the corresponding column for "Recertification" audit. The recertification audit shall ensure coverage of all clauses and requirements of the applicable AQMS standards.

m) For an audit utilizing ASRP, the CB shall evaluate the agreed performance indicators in accordance with IAF MD 3 and add additional audits and/or audit days at problematic sites that over time fail to meet the agreed performance targets. The increased audit time shall be added to the time calculated for each certification structure, based upon Tables 2, 3, and 4, as applicable

n) The CB's audit program shall ensure that a certified organization's purchasing process is audited at least annually.

8.2.3 Aerospace quality management system – combined and integrated audits

a) Certification documents issued as a result of a combined audit shall be issued as:

- one single certificate which should reference all AQMS standards covered by the combined audit; or
- separate certificates for each AQMS standard.

NOTE In situations where withdrawal of certification is restricted to a specific AQMS standard only, the certificate should be re-issued for the other standards that have not been affected.

b) The audit plan shall ensure that:

- All areas and activities applicable to each AQMS standard covered by the scope of the visit are assessed by competent authenticated AQMS auditors.
- Sufficient time is allocated to accomplish a complete and effective audit of the client's management system(s) for the AQMS standards covered by the scope of the audit.
- The audit team, as a whole, shall satisfy the competence requirements for the relevant technical area(s) for each certification scheme covered by the scope of the combined audit. In cases where the audit team leader does not have the competence required to audit all AQMS standards covered by the combined audit, individual team members shall be appointed as the 'lead auditor' for each applicable standard and be responsible for any related recommendations that fall outside the competence of the audit team leader.
- All applicable elements of each AQMS standard relevant to the scope of the combined audit shall be adequately assessed. For example, when conducting a combined audit of an IMS covering EN 9100 and EN 9110, it would be unacceptable to verify the effectiveness of the system for "corrective action" by only auditing samples relevant to one of the standards (e.g. EN 9100).
- In some limited activities associated to the audit plan, it may be appropriate for AQMS auditors to audit aspects of an AQMS standard for which they are not formally qualified (e.g. EN 9100 AEA reviewing EN 9110 aspects):
  - areas where the requirements of the AQMS standards and the technical knowledge to undertake the audit is common (e.g. control of documents);
  - areas where the AQMS auditor verifies compliance with requirements which are administrative in nature; or
  - confirmation of evidence/close out of an audit trail.

c) An organization with an IMS uses a single management system to manage multiple aspects of organizational performance; it is characterized by:

- management reviews that consider the overall business strategy and plan;
- an integrated approach to internal audits;
- an integrated approach to policy and objectives;
- an integrated approach to systems and processes;
- integrated process documentation, including work instructions with sufficient detail;
- an integrated approach to improvement (e.g. corrective and preventive action; continual improvement);
- an integrated approach to planning, with good use of business-wide risk management approaches; and
- unified management support and responsibilities.

d) The CB shall decide the percentage level of integration, based upon the extent to which the organization's management system meets the following criteria:

- If greater than 80 %, the organization is considered fully integrated.
- If greater than or equal to 50 %, but less then or equal to 80 %; the organization is considered partially integrated.
- If less than 50 %, the organization is considered not integrated.

e) For combined and integrated audits, the CB shall determine audit duration utilizing the following criteria:

- Determine audit duration based on Table 2 for the primary standard, based on total number of employees in the organization or at each site, as applicable for the defined certification structure.
- Increase the audit duration by 15 % for fully integrated organizations; the use of CAAT and/or ASRP shall not reduce this number.
- Increase the audit duration by 30 % for partially integrated organizations; the use of CAAT and/or ASRP shall not reduce this time.
- For an organization that is not integrated, the audit duration for each AQMS standard shall be independent from one another using 100 % of the required audit duration from Table 2. The number of employees related to each certification shall be used to determine each audit duration (i.e., audit day calculation).

8.2.4 Audit program definition and maintenance

The CB audit program for the client (organization) shall be defined and available, prior to the Stage 1 audit. In addition, the CB shall ensure that any significant changes that impact audit duration are reviewed each year to determine any required changes to the audit program.

8.2.5 Upgrading from EN ISO 9001 to an aerospace quality management system standard

When auditing organizations with an existing EN ISO 9001 certificate, that are upgrading to an AQMS standard, a full initial audit (Stage 1 and Stage 2) of all requirements for the applicable AQMS standard (i.e., EN ISO 9001 and aviation, space, and defence industry additional requirements) applying the EN 9101 standard is required. Audit duration shall comply with Table 2 and be calculated using the "Initial" audit column.

8.3 Aerospace audit teams

8.3.1 Audit teams and their members shall conform to all relevant requirements contained within the EN 9101 and EN 9104-series standards.

8.3.2 The audit team leader shall be an AEA, as defined in EN 9104-003; qualified and authenticated for the applicable AQMS standard(s). The audit team can include other AQMS auditors, as required. An audit team leader shall be present and participate in the entire certification cycle including Stage 1, Stage 2, surveillance, recertification, and special audits. The individual fulfilling the team leader role may change during the certification cycle.

8.3.3 The CB and audit team leader shall ensure that an AEA is on-site and actively involved at each site during the entire audit. In addition, the audit team leader shall be on-site at one or more sites during all audit activity.

8.3.4 The audit team shall be appointed and shall have the totality of demonstrated competencies required to effectively audit each site of the client (organization). The background knowledge of the audit team shall be sufficient to ensure that audit team members understand the requirements relating to the AQMS standard(s) they are auditing. Furthermore, each member of the audit team shall have a general understanding and background knowledge in the technological and industrial sector in which it operates.

8.3.5 As applicable, particularly where there are critical requirements and special processes, the background knowledge of the audit team may be supplemented by an organization briefing, specific training, or the assignment of experts (e.g. subject matter or technical experts from industry or professional institutions). If a CB does use subject matter or technical experts, its management system shall include details of how these experts are selected and how their technical knowledge is assured on a continuing basis.

8.3.6 The audit team leader shall ensure that all members of the audit team are aware of the applicable requirements of this standard, as it can affect the scope of their audit activity. Additionally, the AEAs shall provide guidance to the audit team throughout the audit on the interpretation of aviation, space, and defence requirements and, when requested, the significance of any issues identified.

8.3.7 The audit team leader shall be responsible for ensuring the completeness of the audit and the accuracy of the audit report, findings, and conclusions.

8.3.8 The same audit team leader shall be limited to a maximum of two consecutive certification cycles at the client (organization). Rotation of supporting AQMS auditors after each certification cycle is recommended.

8.3.9 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

8.4 Nonconformities

a) The audit team shall record all nonconformities identified during an audit.

NOTE The EN 9101 standard contains the definitions for a major and minor nonconformity.

b) No certificates to AQMS standards or any combination of AQMS standards requiring a certification decision shall be issued, unless all major and minor nonconformities have been contained; satisfactorily corrected with root cause analysis; and the corrective action has been implemented, reviewed, accepted, and verified by the CB. This requirement also applies to the issuance of a certificate after the transfer from another CB.

c) Nonconformity management requirements are defined in the EN 9101 standard.

d) The CB shall initiate the client certification suspension process, when an organization fails to demonstrate that conformance to the applicable standard has been re-established within 60 days from the issuance of a Nonconformity Report (NCR).

e) CBs shall ensure that customer notification is addressed, as applicable, in the certified organization’s containment and corrective action process.

8.5 Audit team conclusions and reporting

a) At the closing meeting, the audit team leader shall, at a minimum, provide the organization with any applicable NCRs documented in accordance with the EN 9101 standard. The audit team leader shall present the complete audit report to the organization within two weeks of the closing meeting using the audit report and associated forms defined in the EN 9101 standard.

b) For surveillance and special audits, the audit team leader shall advise the organization whether recorded nonconformities jeopardize an existing certificate. In the event that certification is suspended, an appropriate course of action shall be agreed between the organization and the CB. Where there is a failure to agree on a course of action, the appropriate appeals procedure of the CB shall be invoked.

c) For audits involving a certification decision, the CB shall be responsible for the input of the required data into the OASIS database within 30 days after the certificate issue date. For all other audits, the CB shall submit the required data into the OASIS database within 90 days after the on-site visit date. This entry into the database can be performed either directly by the CB or through the SMS, in accordance with the arrangements defined by the IAQG sector or NAIA. The information to be input into the OASIS database is defined in Appendix C.

d) All data on the certificate shall be in the OASIS database public domain. Details of the audits shall only be available in the database to those users granted access by the client (organization); this information shall not be used by IAQG members for the purpose of competitive advantage.

e) All data of audits/assessments by CBs in the OASIS database shall be available to the applicable AB who accredited the CB.

f) The CB shall inform the organization of the requirement to appoint an OASIS database administrator, who shall maintain the following data in the database:

- organization name, address, and locations included on the certification (approval by the CB is required prior to revising this data);
- the name(s) and e-mail address(es) of the organization's OASIS database administrator(s); and
- the organization's contact person, phone, fax, e-mail address, and website, as applicable.

g) CBs shall ensure that organization's certified to an AQMS standard(s) are contractually required to provide copies of the audit report and associated documents/records to their customers and potential customers, upon request, unless justification can be provided (e.g. competitor confidentiality, conflict of interest). The organization may provide access to this data through the OASIS database or by providing the audit report directly to the customer.

8.6 Issuance of certificates

In addition to certification documentation requirements stated in EN ISO/IEC 17021 and applicable IAF mandatory documents, certificates issued by an AQMS accredited CB shall, at a minimum, contain statements that address the requirements referenced in Appendix B and the following concepts:

a) Conformity of the organization's quality management system to the requirements of EN ISO 9001 and/or the applicable AQMS standard(s) version (e.g. AS 9100, EN 9110), including the revision level of the standard(s).

b) Identify that the CB is accredited under the ICOP scheme.

c) The audit was performed in accordance with the requirements of the applicable version of this standard, based on the IAQG sector standard publishing scheme (e.g. AS 9104-001, EN 9104-001), including the revision level of the standard.

NOTE The IAQG sector-specific scheme reference (with revision) can be added, if applicable.

d) Certificate issue date.

e) Certificate expiration date; the maximum term for which a certificate is valid is three years. There is no extension allowed to a three-year certificate.

f) Certificates shall identify an address and scope for each site.

g) The scope of certification for the certified organization shall clearly describe the organization's activities with respect to design, product (including services), process, etc.

h) The certificate may show the logos or symbols of the SMS approved National Accreditation Body (NAB) that accredited the CB, as well as, the NAIA or SMS.

i) In the case of marks or logos misuse, by a CB accredited by an SMS approved AB, the AB shall take appropriate action up to and including suspension or withdrawal of the CB.

j) Unaccredited certificates or certificates from unaccredited sources shall not be issued. Letters of conformance and unaccredited audit statements shall be clearly distinguished from accredited certificates.

k) If necessary, separate certificates [i.e., one for EN ISO 9001 and another for the AQMS standard(s)] may be issued, provided the certificates are linked.

l) CB certificates shall contain details of the certification structure, except for single site organizations.

m) For organizations with more than one site or campus, the certificate shall indicate the site that contains the central function.

n) For multiple site organizations, the scope of certification shall clearly describe the activities applicable to each site.

o) For campus organizations a controlling address shall be established for each campus and the scope of activity for that campus declared. Each site within a campus shall have an address and scope of activity declared.

p) The text on the certificate posted in the OASIS database shall be in English. Text in the national language may be added (bilingual certificate) at the issuer's discretion.

NOTE The statements above are not intended to be pro-forma words, the CB shall establish certificate wording to address these concepts.

8.7 Loss of certification

CBs shall arrange for the OASIS database to be updated when an organization's AQMS standard certificate(s) is suspended or withdrawn. This shall be performed by the CB within 14 calendar days to reflect any change in an organization's certification status.

8.8 Transfer of certificates

For transfer of AQMS certificates, IAF MD 2 is applicable in full with the following additional requirements:

a) Only valid certifications issued, under the EN 9104-series standards ICOP scheme, by a CB with a valid accreditation are eligible for transfer.

b) No certificate transfer between CBs shall occur, when the CB controlling the existing certificate has nonconformities documented that are awaiting corrective action closure and acceptance, unless the current CB has ceased its activities or is unable to close the corrective actions. In cases of open corrective actions, the new CB shall ensure closure of corrective actions, prior to certificate issuance.

c) Transfer of existing certificates expiring within the next 12 months shall require a Stage 1 and Stage 2 audit.

d) The accepting CB shall ensure that, prior to certificate issuance, a special audit (on-site) is carried out by an AEA to confirm the validity of the certification being transferred.

e) A new certificate shall not be issued, unless all minor and major nonconformities have been contained and satisfactorily corrected; the root cause analysis completed; and corrective action has been implemented, reviewed, accepted, and verified by the accepting CB. If the closure of nonconformities takes more than 90 days, transfer of the existing certificate is not allowed.

f) Review/verification of the corrective action by the accepting CB shall take place on-site (except for corrective actions related to AQMS documentation).

8.9 Advanced surveillance and recertification procedures

a) ASRP is allowed, if the eligibility requirements of IAF MD 3 are met. Application of ASRP shall not in itself be a reason to reduce audit duration.

b) The ASRP process outlined in IAF MD 3 shall not reduce the Table 2 required on-site audit duration by more than 30 % for single, campus, several, and complex site certification structures. ASRP reductions for multiple site certifications are contained in Table 3.

c) When a CB and its client choose to use ASRP, conformance to IAF MD 3 is mandatory. The CB and client shall be able to demonstrate client (organization) eligibility and conformity to the AB requirements.

d) In addition to the auditor competence requirements of IAF MD 3 and EN ISO 19011 (see "Competence and Evaluation of Auditors"), the internal auditors for the organization's centralized Internal Audit function conducting AQMS audits shall meet, at a minimum, the AA requirements of EN 9104-003 and the internal AQMS audit function shall be led by an individual meeting the requirements of an AEA. Internal auditors and the leader for the internal audit function are not required to be authenticated AAs and AEAs; the intent is for these individuals to meet the training and work experience requirements. Internal AQMS training courses meeting the AEA training expectations, delivered by the organization, are acceptable.

8.10 Computer Assisted Auditing Techniques

a) The use of CAAT is not mandatory, but if a CB and its client (organization) choose to use CAAT, conformance to IAF MD 4 is mandatory. The CB and its client shall be able to demonstrate conformity to the AB.

b) The CAAT process outlined in IAF MD 4 shall not reduce the Table 2 required on-site audit duration by more than 30 %. The reduced on-site audit time is not eliminated; instead it shall be allocated to the remote audit time using appropriate CAAT.

c) The combined use of CAAT and ASRP shall not reduce the Table 2 required on-site audit duration by more than 30 %.

9 Requirements for oversight process

a) The process for oversight of the AQMS standard certification program (ICOP scheme) is described in the EN 9104-002 standard. Participating IAQG member companies, IAQG OPMT, SMS, CBMCs, OP assessors, ABs, CBs, AABs, TPABs, and TPs shall ensure conformance with the requirements defined in EN 9104-002.

b) All IAQG OPMT, SMS, CBMC members, and OP assessors engaged in oversight assessment shall complete an ICOP declaration form (see EN 9104-002 Appendix) and submit it to the applicable chairperson (e.g. OPMT member shall submit to OPMT Chairperson), prior to membership or assignment. All other committee members shall sign documented arrangements for confidentiality, as determined by the IAQG OPMT or SMS. The applicable person shall retain copies of all completed declaration forms until the end of their oversight assessment efforts.

c) When deemed appropriate by an AB, SMS representative, and/or CB, they shall share the results of aerospace witness assessments and associated data of an AQMS auditor competency issue with the AAB responsible for the subject auditor's AQMS authentication.

10 Requirements for auditor authentication bodies

10.1 General

a) The responsibilities of the AAB shall be granting, maintaining, suspending, extending, and withdrawing authentication, approval, and/or certification of AQMS auditors as defined in the EN 9104-003 standard. The AAB shall present AQMS auditor approval and/or certification decisions to the SMS for recognition.

b) The AAB shall agree to periodic oversight by the applicable SMS. The AAB shall provide the 'right of access' to the SMS, AB (if applicable), IAF, and regulatory or government bodies for the purpose of establishing that the correct criteria and methods were used in the approval and/or certification of AQMS auditors. This access will include information and records pertaining to oversight of the AAB by other parties. Oversight requirements are defined in the EN 9104-002 standard.

c) The AAB shall have a person(s) with aviation, space, or defence industry knowledge of sufficient depth to support AEA authentication (i.e., AQMS auditor evaluation process).

10.2 Organizational requirements for auditor authentication bodies

a) AABs shall have a defined quality management system.

b) The AAB shall work with the applicable IAQG sectors to give assurance that AQMS auditors continue to perform in a manner consistent with the requirements contained herein and other applicable ICOP scheme process documentation (e.g. EN 9104-002, EN 9104-003, EN 9101).

10.3 Quality management system requirements for auditor authentication bodies

a) The AAB shall establish, document, implement, and maintain a quality management system that is capable of supporting and demonstrating the consistent achievement of the EN 9104-series standards requirements for granting, maintaining, suspending, and withdrawing authentication of AQMS auditors.

NOTE EN ISO/IEC 17024 may be used for guidance.

b) AABs shall evaluate each AQMS auditor application against the auditor authentication requirements outlined in EN 9104-003. Based on this review, AABs shall take the following actions:

- If the evaluation result is acceptable to the AAB, the AAB shall submit the application and supporting information (e.g. application, documented evidence of training and work experience, applicant's resume) to the SMS for endorsement. The SMS may give the AAB their delegation for AQMS auditor application decisions.
- Upon notification of approval, the AAB shall upload the appropriate data into the OASIS database and notify the AQMS auditor of authentication.
- If the SMS does not concur with the AAB's evaluation results for AQMS auditor authentication, it shall notify the AAB of the specific reasons for not agreeing with the AAB's evaluation result; upon notification, the AAB shall notify the auditor of the SMS decision.

c) The decision to grant authentication or re-authenticate an AA or AEA applicant, or subsequently maintain, suspend, extend, or withdraw authentication shall be made by the SMS or AAB on the basis of information and objective evidence gathered to support the decision.

d) Those who make the decision to grant, maintain, extend, or withdraw AQMS auditor authentication shall not have participated in the training, work experience, or any evaluation of the auditor, including any witness audits. Furthermore, they shall not have any personal, contractual, voluntary, or formal relationship with the applicant that would present a potential conflict of interest to the impartiality of the decision.

e) AABs shall have an appeal/complaint issue resolution process. When a CBMC has responsibility for the AQMS auditor authentication decision, the AAB's appeal/complaint issues resolution process shall support the CBMC in resolving any appeals/complaints.

f) When an AAB receives an application to authenticate an auditor outside of its normal region (i.e., country, IAQG sector), the AAB shall recommend the auditor seek authentication through the ICOP scheme recognized AAB operating in the auditor's region. AABs involved in authenticating an auditor outside of its normal region (i.e., country, IAQG sector) shall require the AQMS auditor applicant disclose to the AAB any previous AQMS auditor authentication or certification, or any applications that were rejected in another country, region, or IAQG sector.

10.4 Aerospace quality management system auditor competency

a) The AAB shall have a process to receive, review, and determine actions to be taken in response to identified AQMS auditor competency issues. Records of the action(s) taken shall be maintained.

b) The decision and/or action(s) taken shall be communicated to the initiator. This process shall be completed within 60 calendar days.

c) Where an auditor competency issue associated to AQMS certification audits is identified and deemed appropriate by an AB, SMS, and/or CB; the results of aerospace witness audits and/or associated data may be shared with the AAB responsible for the subject AQMS auditor's aerospace authentication.

d) An SMS may recommend the withdrawal of an AQMS auditor's authentication, based on an auditor competency issue. The reason for the recommendation and supporting objective evidence shall be made available to the AAB. The AAB shall investigate the issue and take appropriate action.

10.5 Use of auditor authentication bodies marks and logos

AABs shall establish and maintain documentation, approved by the SMS and recognized by the ICOP scheme, for the use of AAB's marks and logos.

10.6 Maintenance, suspension, extension, and withdrawal of aerospace quality management system auditor authentication

a) The AABs shall provide procedures for the maintenance, suspension, extension, and withdrawal of AQMS auditor authentication. These procedures shall ensure that any AQMS auditor suspension or withdrawal, due to a failure to satisfy ICOP scheme requirements, is reviewed to determine relevance of all AQMS standards authentication held by the AQMS auditor.

b) All AQMS auditors that have their AQMS standards authentication withdrawn for reasons other than inactivity or lack of renewal shall not be permitted to reapply for authentication for a minimum of 12 months after withdrawal.

c) The applicable SMS AQMS auditor recognition function shall be notified within five calendar days by the AAB, when AQMS standard authentication is withdrawn for a reason other than inactivity or lack of renewal. The AAB shall update the OASIS database within ten calendar days to reflect the AQMS auditor withdrawal.

10.7 Aerospace quality management system auditor authentication record retention

The AABs shall retain supporting evidence of AQMS auditor authentications for a minimum of two authentication cycles. Records relating to the current authentication cycle shall be readily retrievable.

10.8 Aerospace quality management system auditor authentication recognition

An AAB approved by one IAQG sector shall be recognized by all sectors. Additionally, AQMS auditors authenticated in one IAQG sector shall be recognized and accepted by the other sectors (applies to ABs, CBs, AABs, CBMCs, etc.).

11 Requirements for training provider approval bodies

11.1 General

a) The responsibilities of the TPAB shall be granting, maintaining, suspending, extending, and withdrawing approval of TPs, as defined in the EN 9104-003 standard; and the approval of associated training courses. Approval of industry specific courses shall be reviewed and concurred with by the SMS. A TPAB approved by one IAQG sector shall be recognized by all sectors.

b) The TPAB shall agree to periodic surveillance by the applicable SMS. The TPAB shall provide the 'right of access' to the SMS, AB (if applicable), IAF, and regulatory or government bodies for the purpose of establishing that the correct criteria and methods were used in the approval of AQMS TPs and training courses. This access will also include information or records pertaining to oversight of the TPAB by other parties. Furthermore, the TPAB shall provide for the 'right of access' to all approved AQMS classes delivered by SMS approved TPs and training course developers, including the right to conduct oversight of AQMS training classes. Oversight requirements are defined in the EN 9104-002 standard.

c) Any OP assessor conducting oversight of a training class shall not receive credit for class attendance or participation, and shall not provide any input during the training class.

11.2 Organizational requirements for training provider approval bodies

a) TPABs shall have a defined quality management system.

b) The TPAB shall work with the applicable IAQG sectors to give assurance that TPs continue to perform in a manner consistent with the requirements contained herein and the ICOP scheme.

11.3 Quality management system requirements for training provider approval bodies

a) The TPAB shall have procedures, tools, and techniques in its system for granting, maintaining, suspending, extending, and withdrawing approval of TPs and training courses.

b) TPABs shall review each TP application against the TP approval requirements outlined in the EN 9104-003 standard. TPABs shall only approve the TP, if these requirements are satisfied.

c) The decision to approve a TP or subsequently maintain, suspend, extend, or withdraw the approval of a TP shall be made by the TPAB or SMS on the basis of information and objective evidence gathered to support the decision.

d) Those who make the decision to approve, maintain, extend, or withdraw approval of TPs shall not have participated in the development or maintenance of the quality management system (including internal audits of the TP); delivered training on behalf of that TP; or have any personal, contractual, voluntary, or formal relationship with the TP that would present a potential conflict of interest to the impartiality of the decision.

e) Upon approval, the TPAB shall upload the appropriate data into the OASIS database and notify the TP of approval. If the review determines the TP does not meet the requirements outlined in EN 9104-003 for approval, the TPAB shall notify the TP of the reasons for disapproval.

f) To support industry specific training course reviews by the SMS, TPABs shall have an appeal/complaint resolution process. The TPAB shall facilitate all TP appeals with the SMS.

g) When a TPAB receives an application to approve a TP outside of its normal region (i.e., country, IAQG sector), the TPAB shall recommend the TP seek approval through the ICOP scheme recognized TPAB operating in the TP's region. TPABs involved in approving a TP outside of its normal region shall require the TP disclose if they have had any approvals or applications rejected in another region.

h) The TPAB's quality management system shall provide procedures for the maintenance, suspension, extension, and withdrawal of TP approval. These procedures shall ensure that any TP suspension or withdrawal, due to a failure to satisfy the requirements of the ICOP scheme, is reviewed to determine relevance to all AQMS course approvals held by the TP.

i) All TPs that have their AQMS training course approval withdrawn shall not be permitted to reapply for approval for a minimum of 12 months after withdrawal.

j) The TPAB shall include a person(s) with aviation, space, or defence industry knowledge of sufficient depth to support the evaluation process for industry specific training course materials.

12 Online aerospace supplier information system database

12.1 The IAQG OPMT shall be responsible for the functionality of the OASIS database.

12.2 The IAQG OPMT may implement changes to the OASIS database that affect the functionality and data entry expectations for users/user groups of the database. These changes shall be approved by the OPMT and communicated in the OASIS database to affected users/user groups along with the associated implementation dates. The OPMT shall update, as appropriate, the affected EN 9104-series standards at the next issue to reflect any changes in requirements.

NOTE All stakeholders can initiate an OASIS database change proposal to the IAQG. The OASIS database 'Help/Guidance' function contains details on how to process such a proposal.

12.3 CBs shall not be able to publish certificates (i.e., initial, recertification, modifications) without an OASIS database administrator identified and listed for the organization in the OASIS database.

12.4 When CB accreditation is withdrawn, existing certificates shall remain visible in the OASIS database for six months with CB status indicated as 'CB Withdrawn' or until transfer to another CB, whichever is shorter.

12.5 The responsibility for the correctness of data in the OASIS database, regardless of who inputs the data, is depicted in Table 5.

Table 5 — Online aerospace supplier information system database data responsibility

Data Type	Responsibility
Organization	Organization
Audit and Certification	Certification Body (CB)
AQMS Auditor	AQMS Auditor

12.6 Data entry shall be made by designated OASIS database administrators. These administrators can be part of the certified organization or of an external body (e.g. CB), as determined by the SMS.

12.7 The certification structure shall be indicated within the OASIS database.

12.8 A certification structure shall have an OASIS Identification Number (OIN) and address established in the OASIS database, as described in Appendix B and the following:

a) Each campus shall have a single OIN and address established.

b) Complex organizations shall have each site or campus established in accordance with the stated principles.

c) Organizations with more than one site or campus shall contain an indicator that identifies the site or campus that contains the central function.

13 Requirements of the other party management team

13.1 Procedure

a) Any issues related to the implementation or use/application of this standard shall be referred to the IAQG OPMT. The OPMT may use published resolutions to clarify the EN 9104-series standards requirements.

b) Any issues regarding this standard that cannot be resolved by the IAQG OPMT shall be referred to the IAQG Council. The decision of the IAQG Council is final.

13.2 Responsibilities of the other party management team

a) Complete an oversight of each SMS, as defined in the EN 9104-002 standard.

NOTE A review of the ICOP IAQG sector scheme usually takes place concurrent with IAQG and/or OPMT meetings. The host sector's SMS is normally audited by the visiting sector's SMS OPMT representatives.

b) Provide a mechanism for a periodic review of the lessons learned by each of the IAQG sectors.

c) Ensure that the OASIS database operates effectively and is accessible to the IAQG members and the aviation, space, and defence supplier community.

d) Provide a summary report to the IAQG Council on the periodic reviews for each of the IAQG sector's schemes.

e) Evaluate the results of IAF Peer Reviews of ABs and participate in those reviews, as appropriate.

f) Monitor feedback from IAQG member companies, OASIS database users, certified organizations, and related stakeholders (e.g. ABs, CBs).

g) Review the management of the OASIS database.

h) Conduct periodic reviews and recommend initiatives that will continue to develop and improve the effectiveness of the ICOP scheme.

13.3 Composition of the other party management team

a) Each IAQG sector appoints three representatives, which are part of their SMS, with voting rights to meet at least annually with representatives from the other sectors to accomplish the objectives listed in Clause 13. These meetings can be scheduled in conjunction with a regularly scheduled IAQG meeting. Each IAQG sector shall also appoint alternate members to ensure full representation at all meetings/votes.

b) The meetings will be open for general topics, and closed for oversight activities or other industry specific topics. Representatives from the IAF, ABs, CBs, AABs, and regulatory authorities can participate in closed meetings, as observers, by obtaining approval of the IAQG OPMT Oversight Chairperson.

13.4 International aerospace quality group oversight activities

The IAQG OPMT shall perform the reviews required by EN 9104-002 and this standard (see Clause 9).

13.5 Certification structure oversight subcommittee

a) The IAQG OPMT will establish a subcommittee which shall have the responsibility to review and provide recommendations related to CB audit program proposals for complex certification structures.

b) This subcommittee shall also be utilized by the OPMT to review any complaints received related to certification structure decisions.

c) This review process shall be documented by the OPMT and will include requirements for sub-team representation (e.g. AB's, CB's, IAQG members), team member qualifications, and the timely management of CB requests.

d) The results of these reviews and lessons learned will be reported to the OPMT.

14 Online aerospace supplier information system database feedback process

14.1 Online aerospace supplier information system database

The OASIS database supports the collection, issuance, and management of feedback between various stakeholders in the ICOP scheme (see Figure 1).

NOTE The OASIS database 'Help/Guidance' contains a detailed description on how to initiate and process feedback requests.

14.2 Feedback loop A (from customer to supplier)

Feedback from a customer to their supplier (i.e. the certified organization) is an important element of management review, but is not specifically discussed in this standard. CB AQMS auditors are expected to address this feedback during their management review activity, as well as investigations of product, process, and system issues.

14.3 Feedback loop B (from customer to certification body)

OASIS database users can provide feedback to issuing CBs (i.e. questions or suggestions they have regarding the certificates, audits, and information entered for any certified organization). These questions or suggestions may be related to data entered or missing from the OASIS database, to CB findings and conclusions, or to an organization's quality management system performance (e.g. wrong dates, requests to pay attention to specific issues/concerns during the next audit).

For Feedback Loop B, the following requirements apply:

a) CBs shall identify the contact person(s) who will receive feedback requests.

b) The certified organization receives a copy of feedback requests.

c) Depending on the nature of the request, the initiator can ask for a response to be provided. When requested, CBs are required to investigate the feedback received and to respond within one month.

d) After a satisfactory response by the CB, the user who initiated the request shall close the feedback request. Unsatisfactory responses shall be resolved using the escalation process.

e) The OASIS database logs all feedback requests and monitors the corresponding response times; this information shall be made available for ABs and industry oversight personnel. As part of the oversight, CBs may be measured on their responsiveness to feedback requests (i.e. issues, questions, suggestions); see EN 9104-002.

14.4 Feedback loop C (audit activity to customer)

Certified organizations can give electronic access to detailed certification and assessment results (e.g. the audit reports and associated NCRs) that is uploaded to the OASIS database. These access rights are determined by the organization and can be given to selected users, upon request; to customers, as required by contract; or to all registered database users.

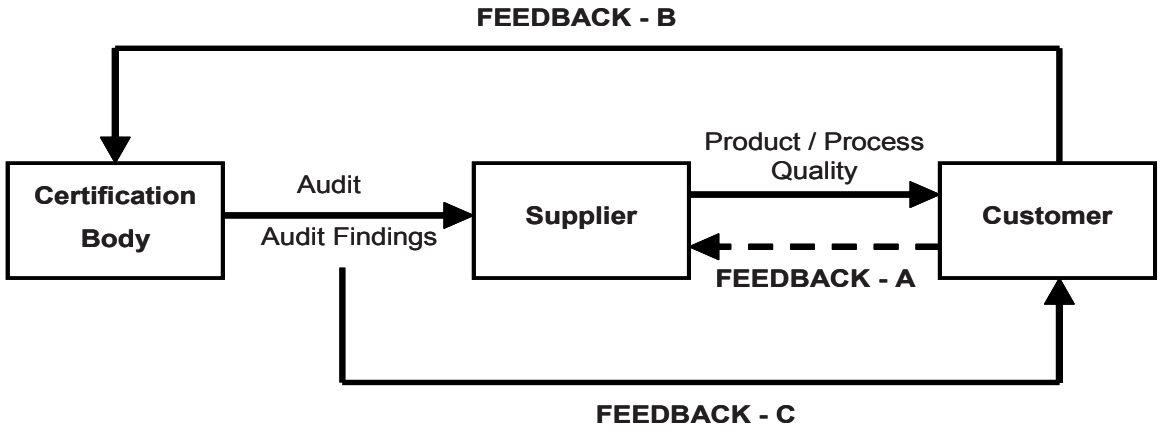

Figure 1 — Illustration of the customer – Supplier – Certification body feedback loops within the online aerospace supplier information system database

14.5 Feedback to accreditation bodies

All stakeholders can send feedback to ABs using the OASIS database feedback process. This feedback may address CB performance, complaints, or other issues/concerns.

NOTE For the Complaint/Issue Resolution Process requirements see 5.3.11.

15 Sector management structure

15.1 Organization of the sector management structure

The ICOP scheme shall be supported by three global SMSs, as depicted in Figure 2. Each SMS shall ensure conformity to the requirements of this standard in their respective IAQG sectors.

15.2 Composition of the sector management structure

a) The composition of each SMS is based on the local/national situation of each IAQG sector and can be comprised of representatives from the AB, CB, AAB, TPAB, CBMC organizations, regulatory authorities, and IAQG sector (i.e., AAQG, APAQG, EAQG) member companies.

b) Only IAQG or IAQG sector member company representatives have voting rights.

15.3 Authority of the sector management structure

a) The SMS has the authority for suspending a national scheme (i.e., AB), due to the lack of objective evidence of conformance to or serious breach of the requirements of this standard. The suspended AB shall submit to the SMS acceptable corrective action to address the breach within 90 days of notification. The SMS will not recognize the accreditation of any new CBs by the AB during the suspension period. Failure to meet the 90 day timeframe will result in withdrawal of the AB for a minimum of 12 months.

b) Accredited CBs will not be immediately impacted by an AB suspension. if AB withdrawal occurs, the CBs will have six months to seek accreditation by another SMS approved AB or they will have their SMS recognition withdrawn.

c) Accredited aerospace certificates will not be immediately affected by an AB suspension. if a CB's SMS recognition is withdrawn due to AB withdrawal, impacted certificates will be eligible for transfer.

d) The actions and resolutions associated to an AB suspension will be defined by the applicable SMS and communicated through the IAQG OPMT to the other IAQG sectors.

15.4 Sector management structure representation to the international aerospace quality group other party management team

The SMS shall appoint three representatives and alternates (with voting rights) to participate on the IAQG OPMT. When the designated members are unable to support an IAQG OPMT activity, then the SMS must identify and notify the OPMT of their alternate, prior to the activity.

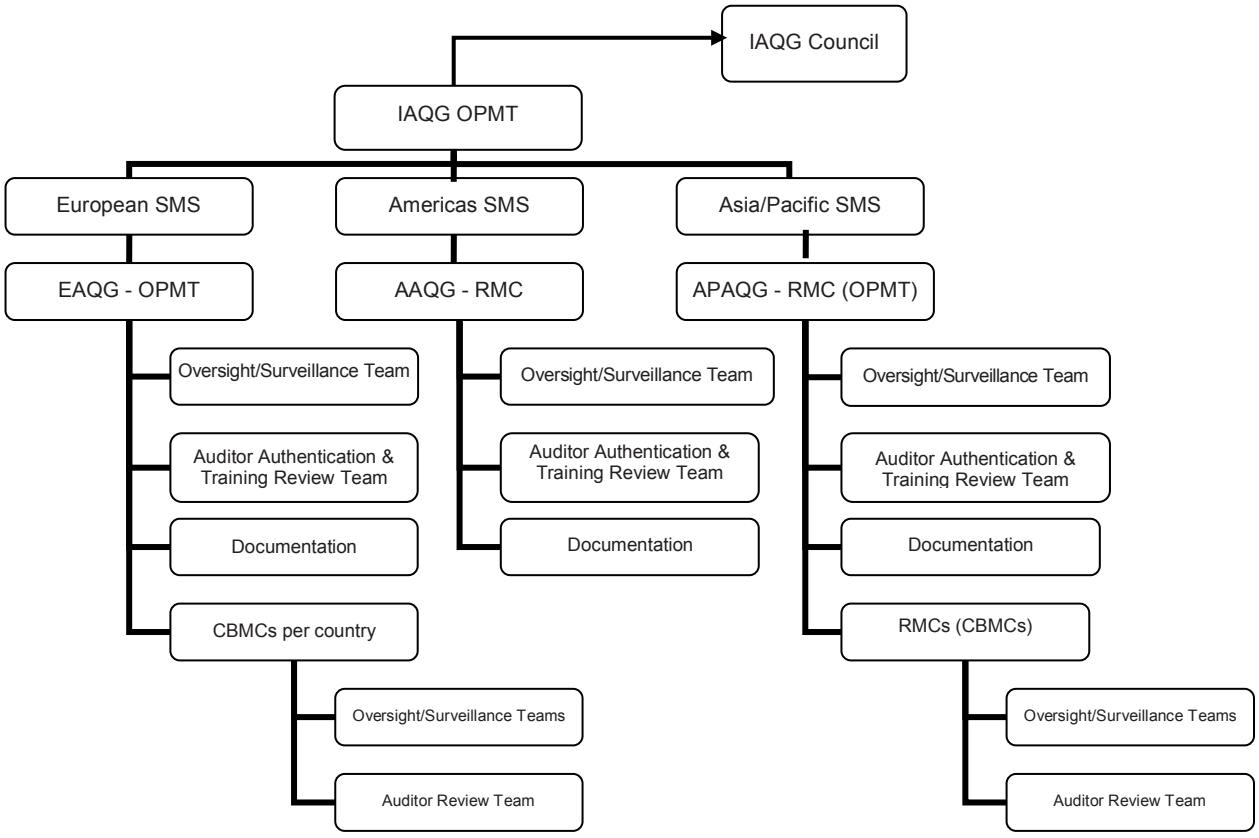

Figure 2 — Sector management structure diagram

16 Cross frontier policy for EN 9104/2 oversight activity

16.1 ABs, SMSs, or CBMCs conducting oversight may conduct assessments on CBs operating in countries other than the country in which the AB accreditation or CB lead office is located.

16.2 Provided that international and regional requirements are fulfilled, ABs can operate cross frontier (i.e., in a country other than the home country of the AB). The AB can only subcontract assessment work to a local AB provided that the local AB is recognized by the IAQG.

16.3 The AB shall make the decision to subcontract the assessment, based on the principles set out in the IAF cross frontier accreditation requirements (see IAF GD 3). Where an assessment is subcontracted to a local AB by the accrediting AB, then the principles set out by the IAF shall form the basis for arranging the subcontracted assessment.

The AB shall provide information on the subcontracted assessment to the SMS, CBMC, OP assessor, local AB, and the CB concerned, as required, to allow coordination by all affected parties.

16.4 The accrediting AB shall retain responsibility for the assessment, and review the assessment reports and associated findings provided by the local AB. Where necessary, the accrediting AB shall address and resolve any findings that constitute a nonconformity to the EN 9104-series standards with the CB, as if the accrediting AB had conducted the assessment.

16.5 Where an SMS makes a decision to subcontract an OP assessment, the SMS/CBMC shall contact the SMS/CBMC of the local country or IAQG sector to provide a qualified OP assessor to support the assessment. The subcontracting SMS/CBMC shall consider the principles set out by the IAF (see IAF GD 3) in making its arrangements to subcontract the OP assessment. The subcontracting SMS/CBMC shall provide a summary of the requirements for the oversight assessment to the local OP assessor. The SMS/CBMC shall provide information on the subcontracted assessment to the AB and the applicable CB to allow coordination by all affected parties.

16.6 The local OP assessor shall prepare a report of the assessment findings, in accordance with the summary provided and the requirements defined in the EN 9104-002 standard; this report shall be provided to the subcontracting SMS/CBMC.

16.7 The subcontracting SMS/CBMC shall retain responsibility for the oversight assessment and shall review the oversight report and findings produced by the local OP assessor. Where necessary, the subcontracting SMS/CBMC shall address and resolve any findings that constitute a nonconformity to the EN 9104-series standards with the AB or CB, as if they had conducted the assessment.

16.8 If the SMS/CBMC is unable to arrange for an OP assessor outside of its region and is required to complete oversight outside of its region due to a CB operating outside of the SMS/CBMC's region, the SMS/CBMC can levy a fee on the CB for the additional cost of oversight incurred.

17 Records

17.1 The responsible party that conducts activities, in accordance with this standard, shall maintain records for a minimum period of six years (e.g. IAQG OPMT shall maintain SMS oversight records), unless otherwise specified.

17.2 The IAQG OPMT and the SMS shall define and list the records that shall be retained.

NOTE All application forms, assessment check sheets, and reports required by EN 9104-002, EN 9104-003, and this standard should be considered a record

17.3 The SMS shall have access to records associated to the approval of CBs holding AQMS standard accreditation for the purposes of establishing conformance with this standard. CB representatives of the SMS shall not be provided with access to records of their competitors.

17.4 The IAQG OPMT shall have access to all records and data associated to ICOP scheme (e.g. IAF Peer Reviews, accreditation reports of CBs, organization audit reports) in all IAQG sectors for the purpose of confirming conformance with this standard. In addition, the OPMT and each SMS shall have access to all data in the OASIS database for the purpose of conducting oversight of the scheme. Industry representatives to the OPMT or SMS shall not be provided with access to records of their competitors.

18 Requirements for certified organizations

18.1 ICOP certified organizations shall comply with the duties, responsibilities, and requirements of the ICOP scheme as defined in the EN 9104-series standards AQMS processes. CBs shall instruct their clients of the following requirements and, if possible, include them in their contracts:

a) AQMS certified organizations shall allow CBs to provide Tier 1 data (i.e., information on the issued AQMS standard certificate - public domain) and Tier 2 data (e.g. information and results of audits, assessments, nonconformances, corrective action, scoring, and suspensions - private domain) to the OASIS database.

b) Organizations shall provide access to the Tier 2 data in the OASIS database to their aviation, space, and defence customers and authorities, upon request, unless justification can be provided (e.g. competition, confidentiality, conflict of interest).

c) If AQMS certified organizations lose their AQMS standard certification, they shall provide immediate notification to their aviation, space, and defence customers.

d) Organizations shall identify an OASIS administrator and be responsible for notifying the CB of significant changes within the organization (e.g. changes related to address, ownership, key management, number of employees, scope of operations, customer contract requirements).

18.2 Organizations shall agree that ABs, OP assessors, customer representatives, and regulatory authorities may accompany a CB audit for the purpose of oversight witness or the confirmation of the effectiveness of the CB audit process.

18.3 Failure of a certified organization to abide by these expectations shall be cause for withdrawal from the ICOP scheme and the OASIS database listings.

19 Confidentiality and conflicts of interest

19.1 Certain data in the form of audit reports, nonconformities, checklists, or other company specific information, generated by the application of this standard, shall be handled as confidential (commonly referred to as proprietary or sensitive) between the parties generating, collecting, or using the data.

19.2 Companies using this data shall keep its usage confidential (both internally and externally), unless otherwise agreed in writing by the consenting parties. Data resident at the ABs and CBs on certified organizations shall not be shared with their competitors. However, this data can be subject to an audit or review, at any time, by applicable ABs, SMS, government or regulatory bodies, and the IAQG OPMT.

19.3 All persons and organizations in the management, implementation, and oversight of the ICOP scheme shall periodically review their participation and interactions with their customers and clients, and shall disclose any known conflicts of interest or potential conflicts of interest, as described in the EN 9104-002 standard.

20 Fees and financials

20.1 The IAQG OPMT can recommend fees for registration of audit data in the OASIS database. The IAQG Council shall be the approval authority for all recommendations of fees generated by the ICOP scheme.

20.2 The IAQG OPMT Chairperson shall prepare an annual budget for the maintenance and sustainability of the ICOP scheme. This budget shall be presented to the IAQG Treasurer for review and approval. This budget shall include estimates for contract labour, meeting/workshop costs, IAQG sector ICOP projects, and OASIS database sustainment, maintenance, and improvements.

20.3 Each SMS/CBMC can recommend fees to facilitate the ICOP scheme. These fees shall be approved by the individual IAQG sector.

21 NOTES

The text herein represents a complete and total revision of the previous release of this standard, and thus, no change bars are presented.

Appendix A

ACRONYM LOG

AA	Aerospace Auditor
AAB	Auditor Authentication Body
AAQG	Americas Aerospace Quality Group
AB	Accreditation Body
AEA	Aerospace Experience Auditor
APAQG	Asia/Pacific Aerospace Quality Group
AQMS	Aerospace Quality Management System
ASD-STAN	AeroSpace and Defence Industries Association of Europe - Standardization
ASRP	Advanced Surveillance and Recertification Procedures
CAAT	Computer Assisted Auditing Techniques
CB	Certification Body
CBMC	Certification Body Management Committee
EAQG	European Aerospace Quality Group
EMS	Environmental Management System
IAF	International Accreditation Forum
IAQG	International Aerospace Quality Group
ICOP	Industry Controlled Other Party
IMS	Integrated Management System
JSA	Japanese Standards Association
MLA	Multilateral Agreement
NAA	National Aviation Authority
NAB	National Accreditation Body
NAIA	National Aerospace Industry Association
NCR	Nonconformity Report
OASIS	Online Aerospace Supplier Information System
OEM	Original Equipment Manufacturer
OER	Objective Evidence Record
OIN	OASIS Identification Number
OP	Other Party
OPMT	Other Party Management Team
PEAR	Process Effectiveness Assessment Report
RMC	Registration Management Committee
SJAC	Society of Japanese Aerospace Companies
SMS	Sector Management Structure
TP	Training Provider
TPAB	Training Provider Approval Body

Appendix B

Industry controlled other party scheme certification structures matrix for 9100/9110/9120:2009 certification audits

Type of Certification	Single Site	Multiple Site	Campus	Several Sites	Complex Organization
Description: **NOTE:** Certification structures are defined in 3.11.	• An organization that operates at one site.	• An organization having an identified central function and a network of sites at which activities are fully or partially carried out. • All sites must be doing substantially the same manufacturing and/or value-added process.	• An organization having an identified central function and a decentralized, sequential, linked product realization process.	• An organization having an identified central function and a network of sites that do not meet the criteria for a multiple site or campus organization. • Several sites are listed on the same certificate.	• An organization having an identified central function and a network of locations that are any combination of multiple sites, campus (can be more than one campus), or several sites.
Eligibility Criteria: **NOTE:** An organization must meet ALL criteria.	• Stand-alone self-supporting organization, with no value stream dependencies from related companies, operating under the same quality management system. • One address.	• All sites shall have a legal or contractual link with the central office. • One quality management system with central control, management review, and internal audit. • Central office can require other sites implement corrective action. • Central collection and analysis of data, with the ability to initiate organizational change. • Complies with IAF MD 1, “Multi-site Organization” definition and eligibility requirements. • All quality management system processes at all sites have to be substantially (i.e., >80 %) the same and are operated to the same methods and procedures. • Some sites may conduct fewer processes than others. • Sampling per IAF MD 1 will only be allowed for EN 9120 certifications, with defined geographic limitations. • One address per site.	• All sites shall have a legal or contractual link with the central office. • One quality management system with central control, management review, and internal audit. • Central office can require other sites implement corrective action. • Central collection and analysis of data, with the ability to initiate organizational change. • The outputs from one site are an input to another site to realize the final product or service; a single value stream. • Can be dissimilar processes at different sites or combination of sites that contribute to the same overall product or service. • More than one product or service may be realized provided they are substantially (i.e., >80 %) the same (e.g. a family of products) and realized through the same methods and procedures. • One address per campus.	• All sites shall have a legal or contractual link with the central office. • One quality management system with central control, management review, and internal audit. • Central office can require other sites implement corrective action. • Central collection and analysis of data, with the ability to initiate organizational change. • Processes at each of the sites are not substantially similar (i.e., <80 % similar). • Processes may be operated to the same or different methods and procedures that are controlled through one common quality management system. • Sites realize different products or services. • One address per site.	• All sites shall have a legal or contractual link with the central office. • One quality management system with central control, management review, and internal audit. • Central office can require other sites implement corrective action. • Central collection and analysis of data, with the ability to initiate organizational change. • Overall structure contains combinations of multiple sites, campus (can be more than one campus), or several sites. • Requires IAQG OPMT approval of rationale, justification, audit duration calculations, audit program, and sampling plan (for EN 9120, multiple site, or campus). • One address per site and campus.

Type of Certification	Single Site	Multiple Site	Campus	Several Sites	Complex Organization
Audit Duration (Audit Day Calculations):	• EN 9104-001 Table 2 using the total number of employees. • No reductions allowed, unless applying ASRP or CAAT. • Additions allowed.	• EN 9104-001 Table 2 using the number of employees from each site. • No reductions allowed, unless applying ASRP (as part of Category 2) or CAAT. • Additions allowed.	• EN 9104-001 Table 2 using the total number of employees from all sites added together as a starting point. • Require 10 % additional time to support communication and other aspects of a campus. • No reductions allowed, unless applying ASRP or CAAT. • Other additions allowed.	• EN 9104-001 Table 2 using the total number of employees from each site as a starting point. • 30 % maximum reduction allowed at each site for reduced scope complexity (reference EN 9104-001 Table 4). • No other reductions allowed, unless applying ASRP or CAAT. • Additions allowed.	• Any combination of multiple sites, campus (can be more than one campus), and/or several sites. • Calculate using requirements for each type of entity within the organization using EN 9104-001 Table 2. • Requires IAQG OPMT approval.
Initial Audit:	• One site with audit duration, as defined above.	• All sites audited with audit duration, as defined above.	• All sites audited. • CB to allocate total time between all sites to achieve an effective audit.	• All sites audited with audit duration, as defined above.	• All sites audited.
Surveillance:	• Annual surveillance using EN 9104-001 Table 2 (based upon 1/3 of initial audit duration).	• Refer to EN 9104-001 Table 3 for audit frequency and Table 2 for audit duration calculations.	• All sites audited using EN 9104-001 Table 2 for surveillance (based upon 1/3 of initial audit duration), plus minimum 10 % additional time.	• All sites audited using EN 9104-001 Table 2 for surveillance (based upon 1/3 of initial audit duration). Up to 30 % maximum reduction per site for reduced scope complexity.	• Dependent on combination of certification structures utilized.
Recertification:	• Recertification using EN 9104-001 Table 2 (based upon 2/3 of initial audit duration).	• Refer to EN 9104-001 Table 3 for audit frequency and Table 2 for audit duration calculations.	• All sites audited using EN 9104-001 Table 2 for recertification (based upon 2/3 of initial audit duration), plus minimum 10 % additional time.	• All sites audited using EN 9104-001 Table 2 for recertification (based upon 2/3 of initial audit duration). Up to 30 % maximum reduction per site for reduced scope complexity.	• Dependent on combination of certification structures utilized.
Certificate Contents:	• Single address listing; defined certification scope.	• Central function and all sites, including scope applicability statement for each site. • Site with central function to be identified.	• One controlling address and scope for campus must be listed on the certificate. • Each site within campus shall have an address and sub-scope of activity for the site. • Site with central function to be identified.	• Central function and all sites to be listed on the certificate. • Shall include an overall scope statement and scope statements for each site.	• Central function and all sites and/or campuses. Include scope applicability for all campuses and sites using criteria for each type of sub-organization.
OASIS:	• Single OIN.	• Each site listed in the OASIS database with a unique OIN. • Site with central function to be identified.	• Controlling address listed in the OASIS database with a single OIN. • Site with central function to be identified.	• Central function and all sites must be listed in the OASIS database and each site shall have a unique OIN. • Site with central function to be identified.	• Each site and/or campus shall be listed in the OASIS database; each site and/or campus shall have a unique OIN. • Site with central function to be identified.

Appendix C

Information to be uploaded into the online aerospace supplier information system database

C1 Data Input

- Certificate identification, including issue/reissue and expiry date.
- Scope of certification.
- Type of audit performed (i.e., initial, surveillance, recertification, special).
- Audit dates and number of on-site audit days (i.e., number of auditors and number of days spent by the audit team); for example, 3 auditors spend 4 days = 12 audit days.
- The number of organization employees per site listed on the certificate.
- Name of lead auditor.
- Name(s) of other Aerospace Experience Auditors (AEAs) and Aerospace Auditors (AAs) that participated on the audit.
- The applicable AQMS standard and revision level (e.g. AS 9100C) against which the audit was performed.

  NOTE For each standard (i.e. EN 9110, EN 9110, EN 9120) a separate entry is required.
- Number of major and minor nonconformities per clause for the applicable AQMS standard(s).
- Audit summary.
- Organization identified exclusions; identified by clauses for the applicable standard.
- Process Effectiveness Assessment Report (PEAR) data:
  - PEAR identification number;
  - Effectiveness level;
  - Process name;
  - Standard(s) clause(s);
  - Site;
  - Auditor(s) name;
  - Issue date; and
  - Audit report number.

C2 Upload applicable audit records as an electronic file in pdf format (see EN 9101)

- Stage 1 Audit Report;
- Audit Report (Stage 2, Surveillance, Recertification/Approval, and Special);
- Supplemental Audit Report;
- Nonconformity Report(s) [NCR(s)] - all NCRs to be uploaded in one pdf file;
- PEAR(s) - all PEARs to be uploaded in a single pdf file; and
- QMS Process Matrix Report.

NOTE 1 The Objective Evidence Record (OER) should not be uploaded, but remains part of the audit file maintained at the Certification Body (CB) office.

NOTE 2 Training/guidance on data entry will be provided by the Sector Management Structure (SMS) upon accreditation of a CB.

NOTE 3 The data related to the certified organization [e.g. name, full address, contact person(s)] will be maintained in the OASIS database by the certified client (organization).

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