

المركز السعودي للاعتماد
Saudi Accreditation Center



Accreditation Process Procedure

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1. Purpose

This document describes the general methodology for the accreditation process for assessing the Conformity Assessment Bodies (CABs).

2. Scope

All the accreditation services that are provided by the Saudi Accreditation Center (SAAC) to conformity assessment bodies.

3. Normative References

Conformity Assessment -

- ISO/IEC 17011:2017- Requirements for accreditation bodies accrediting conformity assessment bodies.
- The Quality Management System of the Saudi Accreditation Center including all its policies and procedures.
- ISO/IEC 19011:2018- Guidelines for auditing management systems.
- Documents of Saudi Building Code National Committee (SBCNC).
- Documents of International Halal Accreditation Forum (IHAF).
- Documents of Standards and Metrology Institute for Islamic Countries (SMIIC).
- Documents of International Laboratory Accreditation Cooperation (ILAC).
- Documents of International Accreditation Forum (IAF).
- Documents of Arab Accreditation Cooperation (ARAC).
- Documents of Asian Pacific Accreditation Cooperation (APAC).

4. Terms and Definitions

As defined in the Vocabulary Guide of the Saudi Accreditation Center.

5. Policies

- Fee of the accreditation process is subject to the Saudi Accreditation Center regulations.
- Commitment of SAAC to operate in accordance with the Accreditation of Conformity Assessment Bodies Regulations.

- The commitment of the CABs to comply with the Accreditation of Conformity Assessment Bodies Regulations.
- The commitment of the CABs to comply with the other relevant laws and legislations.

5.1 Assessment Principles:

Assessment is based on a set of principles that contribute to the effectiveness of the assessment process and enable the decision makers, who are independent of the assessment team, to reach the same conclusions in similar circumstances. The Assessment team, who manages the Assessment Program, shall:

- Perform their work in an ethical, honest, and responsible manner.
- Carry out assessment activities, each team according to their specialization.
- Perform their work with integrity and impartiality, without any influences on their decisions during the assessment process.
- Assessment results and conclusions as well as the on-site visit reports shall reflect the conformity assessment activities effectively and accurately.
- The ability to think logically for issuing non-conformities during the assessment process.
- Maintaining the confidentiality of the information, with which they got acquainted during the assessment process; additionally, the assessment information shall not be used inappropriately for personal gains.
- The ability to write the report and the results of the assessment in a clear, unambiguous, and evidence-based manner to reach correct conclusions.
- The ability to develop an assessment methodology underpinning the risk-based thinking approach.

5.2 Assessment Program:

- The accreditation officer organizes the evaluation program before each on-site visit, such that it includes proper planning and guidance for conducting the assessment process and properly achieving the specific objectives of each type of assessment, in order to assess the competence of the CAB in performing all activities within its accreditation scope; taking into consideration that the accredited scope is covered by using several types of assessments during the accreditation cycle, to

ensure the continuing compliance of the CAB with the accreditation standards. This is applied using Form F-62.

- The accreditation officer monitors the implementation of the assessment program and its review, to assess the extent to which its objectives have been fulfilled and identify opportunities for improvement.
- The General Manager of the Department or his delegate monitors the status of the accreditation files and updates their status continuously (active, suspended, expired, or withdrawn).

5.3 Tools of the assessment process:

- Collecting and verifying information: The evaluator collects the information necessary for the evaluation process and evidence.
- Personal interviews: through which the relevant persons are interviewed during the evaluation process to ensure their competence and verify their roles.
- Witnessing the activities: See how the activities conduct and ensure that they match documented.
- Reviewing and verifying records and documents: through which previous records are reviewed and verified.
- Reviewing reports and results.: through which the powers and validity and accuracy of the results are verified.
- Applications and review: through which applications are verified as in item (8-1)
- Visit plan, objectives and reasons: through which the visit plan is prepared as in item (8.3.1)
- Steps of the visit: through which the work is carried out as in item (8-3-2)
- Visit reports: which the work is carried out as in item (8-3-3-14)
- Review of Non-conformities: through which the is carried out as in item (8-3-3-11)

5.4 Classification of Non-Conformities:

5.4.1 Nonconformity: If the finding does not meet the requirements of the relevant standards or the requirements of the Saudi Accreditation Center and directly or indirectly affects the validity and accuracy of the results within the reports or certificates issued by the CAB, so the CAB provides the root cause analysis, and submits the Corrective action with evidence within an

agreed time. It may require a follow-up visit to assess corrective actions based on potential risks.

5.4.2 Observation: It is a note on a document or practice that does not affect the validity and accuracy of the results within the reports or certificates issued by the conformity assessment body, despite its fulfillment of the requirements of the relevant standard and the requirements of the Saudi Accreditation Center. So that the CAB submits the corrective action to the observation and can assure that it is closed in the next assessment and does not prevent the accreditation of the CAB.

* The repetition of the observation leads to raising its classification to a state of non-conformity.

5.5 Technical Committee:

After the assessment process is completed, the General Manager/the Department Manager by transferring the file to the technical committee to study the application so that the committee is not less than two compensation with makes sure that the specializations of the appointed members of the committee cover all scopes of the conformity assessment body; it is possible that the committee member can cover more than one scope; provided that he/ she did not participant in the assessment process, thereafter the request is transmitted electronically to the committee members through SAAC information system. In the account of each member there is a folder containing the following:

- Accreditation application form.
- The final assessment report that includes the assessment summary.
- Team recommendations.
- Reports of follow up visits verifying the rectification of the non-conformities.
- Non-conformities, if any, their closure and related corrective actions.
- The scope under accreditation.
- Appeals.
- Complaints.
- All documents and other relevant information as well as any other official document related to the application.

5.6 Granting / Renewing / Continuing* / Extending / Reducing / Suspending / Renewing the Accreditation / Withdrawing / Rejecting the Accreditation of the Conformity Assessment Body:

The technical committee reviews the assessment results and the CAB's closure of all cases of non-conformities with their submission of corrective actions along with the approval of the assessment team of the submitted evidences and their feedback; accordingly, the technical committee provides its recommendations based on what is deemed appropriate.

***Note:** for the continuation of accreditation after the periodic assessment visit or follow-up (or suspension or cancellation of accreditation at the request of the conformity assessment body voluntarily); the decision is made by the director general of the concerned department.

5.7 The decision is raised to the Technical Committee for decision making concerning the results of the periodic assessment visit / follow-up visit / re-accreditation, in the following cases:

- The inability of the conformity assessment body to fulfill the technical requirements of the relevant standards or SAAC requirements.
- The inability of the conformity assessment body to fulfill the regulatory requirements approved by SAAC.
- The occurrence of non-conformities during the follow-up visits and failure to complete the relevant corrective actions.
- Complaints or appeals.
- Request to extend the scope during the periodic assessment visit.

5.8 Reducing, suspending, withdrawing, or canceling the accreditation of the conformity assessment body in the following cases:

- The general regulation for the accreditation of conformity assessment bodies specifies the conditions in which the accreditation is suspended, withdrawn, or reduced, when an accredited conformity assessment body fails to fulfill the accreditation requirements or when suspension, cancellation or scope reduction of accreditation is made by the conformity assessment body.

- When there is evidence of fraudulent behavior, or the conformity assessment body intentionally provides false information or conceals information, SAAC will initiate the process of withdrawing the accreditation.
- SAAC informs the relevant affected parties of any update on the accreditation status of the conformity assessment body to take the necessary actions.
- -In the event of suspension, the entity must correct its situation within three months from the date of suspension, otherwise the accreditation will be withdrawn, and the entity has the right to request an extension of the deadline for one time only, with an explanation of the reasons for the extension.

5.9 Accreditation cycle:

The general regulations for the accreditation of conformity assessment bodies specify the accreditation cycle as follows:

- Three years for testing laboratories, calibration laboratories, as well as inspection bodies.
- Two years for certification bodies as well as medical laboratories.

The accreditation cycle starts at the date on which the decision of granting accreditation was made for the initial assessment or the re-assessment.

The following illustration demonstrates the periodic assessments for each cycle, considering that the time between each on-site consecutive assessment or additional assessment shall not exceed two years based on the risks or the recommendations made at the accreditation decision.

The 3-Year Accreditation Cycle:

- The periodic assessment visit within a period not exceeding 24 months from the date of the accreditation decision.
- The renewal visit is usually conducted within a sufficient time to enable the decision to be made well in advance of the end of the accreditation cycle.



The Two-Year Accreditation Cycle:

- Periodic assessment visit: Usually, a periodic assessment visit is not conducted unless it was recommended after the initial assessment or determined by any other means.
- Renewal visit: usually conducted within sufficient time to enable a decision to be made regarding the renewal within one month prior to the end of the accreditation cycle.

from month 18 to month 24



6. Related documents

- Form F-41

7. Exceptions

There is no exception.

8. Procedures

All forms that referred to in this procedure are uploaded to the Electronic Information System.

#	Activity	Responsibility	Relevant Documents/Link
8-1	Application review (initial / extending scope)		
8-1-1	Submitting the application for accreditation via the Electronic Information System for Accreditation.	Conformity Assessment Body (CAB)	Form F-24. Electronic Information System
8-1-2	Receiving application, reviewing the adequacy of accreditation application, and verifying that it is within the scope of SAAC's activities, and reviewing the resources.	General Manager	Form F-64
8-1-2-1	If the application is accepted, an accreditation manager will be appointed, and the CAB will be informed.	General Manager	Electronic Information System
8-1-2-2	If the application is rejected, the application will be closed, and the CAB will be notified	General Manager	Electronic Information System
8-1-3	Issuing an invoice for the fees of reviewing the application.	Accreditation Officer	Electronic Information System
8-1-4	Review the application and check its completeness:	Accreditation Officer	Electronic Information System

	<ul style="list-style-type: none"> - If there is missing information in the application, it will be sent back to the CAB to complete it, - If the application is complete, the assessment team will be nominated. 		
8-1-5	Appointment of the assessment team	General Manager	Electronic Information System
8-1-6	<p>Informing the conformity assessment body for their feedback, any of the following could take place:</p> <ul style="list-style-type: none"> - Rejection of the assessment team, mentioning the justification for rejection, by the conformity assessment body. Re-appointment of the assessment team, if the justification for rejection is approved, go to step (8-1-5). OR - Approval of the assessment team by the conformity assessment body, and transfer of the application to conduct the document review (8-2). 	Accreditation Officer	Electronic Information System
8-2	Document Review Procedure		
8-2-1	Issuing an invoice of the fees for reviewing the documents (initial assessment visit/ extending scope)	Accreditation Officer	Electronic Information System
8-2-2	Reviewing the CAB documents and providing the accreditation Manager with the results of the review.	Assessment Team	Form F-55 Electronic Information System
8-2-3	<p>Document Review results:</p> <ul style="list-style-type: none"> - If there are observations on the results, go to step (8-2-2). - If the results are approved: <ul style="list-style-type: none"> ○ Inform the conformity assessment body about the results, if there are any observations (go to step 8-2-3-1) ○ Defining the on-site assessment visit, in the absence of any observations. 	Accreditation Officer	Electronic Information System

8-2-3-1	Closing out the raised observations from the document review.	Conformity Assessment Body (CAB)	Electronic Information System
8-2-3-2	Review the closure of the observations raised from the document review.	Assessment Team	Electronic Information System
8-2-3-3	<p>Reviewing the outcomes of closing out the document review observations:</p> <ul style="list-style-type: none"> - If there are observations on the results, go to step (8-2-3-2) - If the results of closure are approved: <ul style="list-style-type: none"> ○ Inform the conformity assessment body about the results of the review, if there are any observations (go to step 8-2-3-1) ○ Defining the on-site visit in case the results of closure are approved 	Accreditation Officer	Electronic Information System
8-3	On-Site Assessment Procedures		
8-3-1	Pre-Assessment		
8-3-1-1	Preparing the Assessment Plan in coordination with the CAB and uploading it to the Accreditation Electronic Information System.	Accreditation Officer	Form F-41 Electronic Information System
8-3-1-2	Coordinating with the CAB to provide them with the assessment plan and obtaining their acceptance of all its contents.	Accreditation Officer	Electronic Information System
8-3-1-3			
8-3-2	On-Site Assessment		
8-3-2-1	The Opening Meeting	Assessment Team Leader	Form F-41
8-3-2-2	Conducting the Assessment Process	Assessment Team	
8-3-2-3	Preparing for the Closing Meeting	Assessment Team	
8-3-2-4	The Closing Meeting	Assessment Team	Form F-41
8-3-3	Post On-Site Assessment		
8-3-3-1	Issuance of the invoice for the on-site assessment fees.	Accreditation Officer	
8-3-3-2	Raising nonconformities (NC) with identification of potential risks.	Assessment Team	Electronic Information System

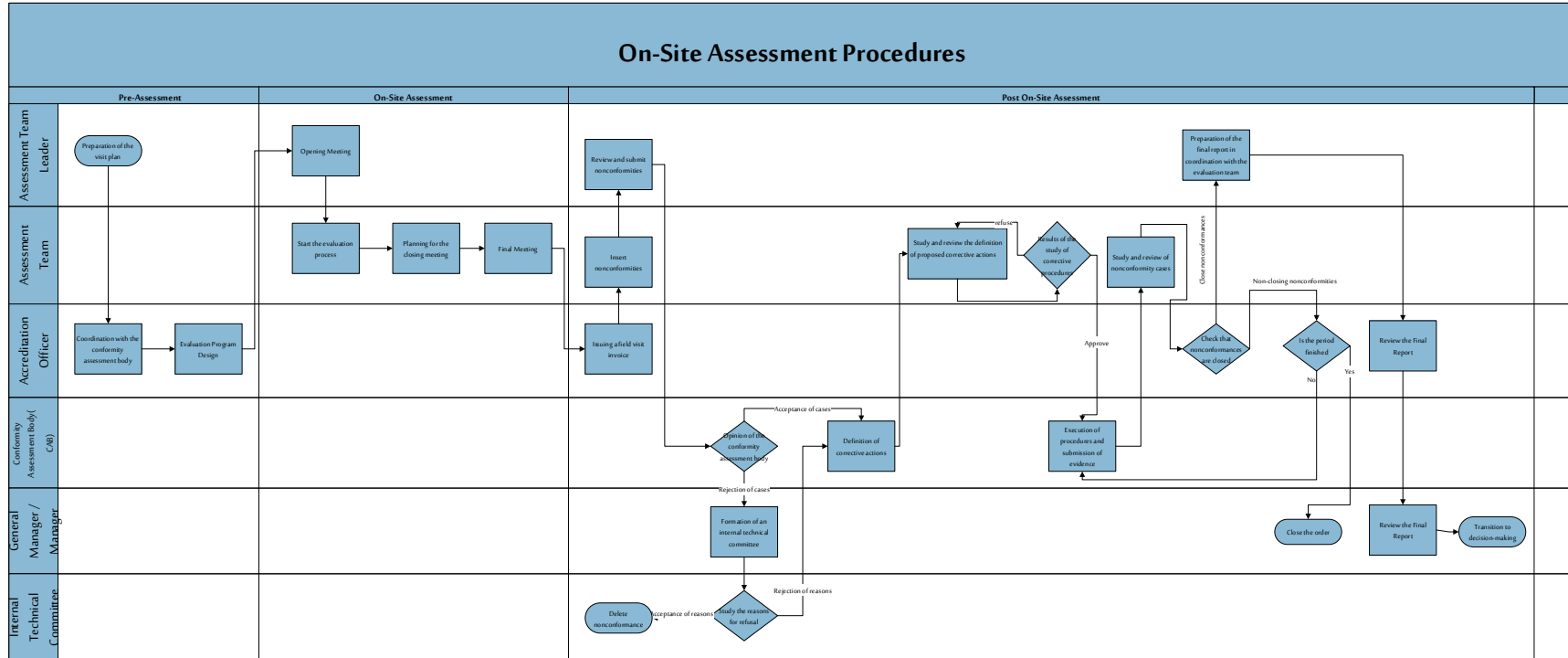
8-3-3-3	Reviewing and sending the nonconformities.	Accreditation Officer	Electronic Information System
8-3-3-4	The CAB's feedback: <ul style="list-style-type: none"> - If the NCs are rejected go to step (8-3-3-5) - If the NCs are accepted go to step (8-3-3-7) 	Conformity Assessment Body (CAB)	Electronic Information System
8-3-3-5	Forming a team to investigate the reasons of rejection (the assessment team + the department director)	Accreditation officer	Electronic Mail (E-Mail)
8-3-3-6	Investigating the reasons of rejection and taking the necessary decision: <ul style="list-style-type: none"> - If the decision taken was to keep the NCs, go to step (8-3-3-7) - If the reasons of rejection were accepted and the NCs are deleted, go to step (8-3-3-14) 	Accreditation Officer	-
8-3-3-7	Defining the Proposed Corrective Actions (PCA) and root causes (RC).	Conformity Assessment Body (CAB)	Electronic Information System
8-3-3-8	Reviewing the PCAs and RCs for feedback.	Assessment Team	Electronic Information System
8-3-3-9	Sending the teams' feedback on the PCA to the CAB: <ul style="list-style-type: none"> - If the PCAs were rejected or RCs were not defined, go to step (8-3-3-7) - If the PCAs were accepted and RCs were defined, go to step (8-3-3-10) 	Accreditation Officer	Electronic Information System
8-3-3-10	Implementing the corrective actions and providing CAs evidences towards the closure of NCs.	Conformity Assessment Body (CAB)	Electronic Information System
8-3-3-12	Verifying that NCs are closed out: <ul style="list-style-type: none"> - If all NCs were closed out, go to step (8-3-3-14) - If all NCs were closed out but a follow-up visit was required, go to step (8-3-3-13) - If NCs were not closed out, go to step 8-3-3-11 - If the NCs were not closed out within the agreed timeline, go to step (8-3-3-14). - In cases of non-conformity are not closed, the deadline may be extended when the entity 	Assessment Team	Electronic Information System

	requests an extension if the justifications are appropriate and for a specific period of time.		
8-3-3-13	Coordinating with the CAB and providing them with a follow-up visit plan.	Accreditation Officer	Electronic Information System
8-3-3-14	Preparing the final assessment report in coordination with the Assessment Team	Team Leader	Form F-41
8-3-3-15	Reviewing the final assessment report: <ul style="list-style-type: none"> - In case of missing information, go to step (8-3-3-14) - If the report was complete, go to step (8-3-3-16) 	Accreditation Officer	Electronic Information System
8-3-3-16	Reviewing the final assessment report: <ul style="list-style-type: none"> - In case of missing information, go to step (8-3-3-15) - If the report was complete, proceed to the Decision-Making Procedure. 	General Manager	Electronic Information System
8-4	Decision-Making Procedure		
8-4-1	(Granting / Extending / Renewing / Withdrawing / Suspending / Reducing)		
8-4-1-1	Reviewing the final assessment report along with the relevant documents and making the recommendation.	Decision-Making Committee	Electronic Information System
8-4-1-2	Designing the Assessment Program.	Accreditation Officer	Form F-62 Electronic Information System
8-4-1-3	Submitting the Committee's recommendation for decision-making: <ul style="list-style-type: none"> - If the recommendation was to accept or reject the application (go to step 8-4-1-3) - If a re-application was recommended (go to step 8-3-3-15) 	Secretary of the Committee	Electronic Information System
8-4-1-4	Preparing the administrative decision based on the recommendation of the committee.	General Manager	-
8-4-1-5	Decision Making:	Executive Director	-

	<ul style="list-style-type: none"> - Approval of the committee's recommendation to (grant / extend / renew / withdraw / suspend / reduce) go to step (8-4-3) - Approval of the committee's recommendation not to (grant / extend / renew / withdraw / suspend / reduce) go to step (8-4-2) - If the committee's recommendation was rejected, the application will be re-examined, go to step (8-4) 		
8-4-2	The CAB is notified of the decision and the possibility to submit an appeal.	General Manager	Electronic Information System
8-4-3	Issuance of an invoice (for the certificate and scope of accreditation fees)	Accreditation Officer	Electronic Information System
8-4-4	Issuance of the certificate and details (list) of the scope of accreditation.	General Manager	Electronic Information System
8-4-5	Assessment Visit (Periodic/ Additional)		
8-4-5-1	A decision to continue the accreditation is made, if the CAB was complying with the requirements of the relevant accreditation standard.	General Manager	-
8-4-5-2	<p>The application is transferred to the Technical Committee (go to step 8-4) in any of the following cases:</p> <ul style="list-style-type: none"> - Reducing the scope of accreditation - Suspending the scope of accreditation - Re-accreditation - The inability of the CAB to close out any raised NCs. - If the timeline defined for closure of NCs was exceeded. 	General Manager	Electronic Information System
8-5	Updating the directory of the accredited CABs on SAAC Website.	Manager	Electronic Information System

9. Procedures flowchart

9.3 On-site Assessment Procedure



9.4 Decision-Making Procedure

