CERTIFICATION PROCEDURE (SON-MSC/PCS/001)

PROVISION OF CERTIFICATION SERVICES

This Procedure is established by the under-listed authorities.

	Prepared by	Reviewed by	Approved by
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0. Contents and record of Changes

0.3 Record of Changes

S/N	Date	Details Of Change		Authorisation
		Page	Clause/Sub-clause and comment	Name and signature
01	30-11-2015	All	Updating of processes in line with 17021:2015	D (MSC)
02	15-08-2016	All	General revision for sake of clarity	D (MSC)
03	11-02-2016	Header on all pages	Change of SON logo to SON-MSC logo	D (MSC)
04	19-09-2017		Amendment in clause 6.3 Quote for surveillance and recertification audits are raised for clients at most months (4) months to the due dates of the audits	D (MSC)
05	20-09-2017	Header on all Pages	Change of SON-MSC logo to SON logo	D (MSC)
06	10-01-2018	All	General revision for sake of clarity	D (MSC)

07	28-03-19	All	General revision for sake of clarity	D(MSC)

1. Purpose

   The purpose of this procedure is to describe the processes of management system certification in order to meet the requirement of ISO 17021 - 1

2. Scope

   This procedure covers SON MSC certification processes from initial application to continuing surveillance after certification has been achieved.

   This procedure is applicable to all management system certification services offered by the SON MSC

3.0 **Terms and Definitions**

3.1 **QMS**   Quality Management Systems

3.2 **EMS**   Environmental Management System

3.3 **FSMS**   Food Safety Management Systems (FSMS includes ISO 22000, FSSC& FSCE)

3.4 **OH&SMS**   Occupational Health and Safety Management System

3.4 **FSSC**   Food Safety System Certification

3.5 **SON**   Standards Organisation of Nigeria

3.6 **MSC**   Management Systems Certification

4. **REFERENCES**

   ISO/IEC 17021   Conformity assessment – requirements for bodies providing audit and certification of management systems

   ISO/TS 22005   Food Safety Management Systems – Requirement for bodies providing audit and certification of food safety management systems

   ISO 9001   Quality Management System – Requirement

   SON-QM   Certification Quality Manual

   IAF-MD   Relevant International Accreditation Forum Mandatory Documents

ISO 19011 Guidelines for quality and/or environmental management systems auditing

5.0 PROVISION OF CERTIFICATION SERVICES

The Standards Organisation of Nigeria Management System Certification Directorate (SON MSC) Commenced certification in 1994 as System Certification Unit of SON. The Unit commenced operation with the recognition of SON as a Certification Body offering this service by the ISO and in line with the SON act of 1990. In 2010, this was restructured such that the Training Systems Unit and the System Certification Unit constituted a Department. As part of organisational restructuring in October 2012, the Unit (with exclusion of the Training Services Unit) was enlarged to a Directorate in order to ensure that it was capable of meeting accreditation requirements of ISO 17021 standard, particularly with respect to impartiality and separation of the certification service from other regulatory mandates of SON.

The scope of coverage handled by the Directorate for certification of organisations to management systems standards is:

- ISO 9001-Quality Management System Requirements
- ISO 14001-Environmental Management System Standard
- OHSAS18001 -Occupational Health and Safety Management System Standard
- OHSAS45001- Occupational Health and Safety Management System Standard
- ISO 22000 - Food Safety Management System Standard
- ISO 13485 - Medical Devices-Quality Management System-Requirements for Regulatory Purpo ses
- Integrated Management Systems

5.1 ENQUIRY

The interested client initiates the certification via mails, written or verbal enquiry. The enquiry officer sends the enquiry package consisting of Application questionnaire (**SON/MSC/ENQQ/01**)**, Route** to achieving certification, Contract Terms & conditions and Basic steps in achieving Management System Certification. The client could also have access to the package via on website.

This information is entered into the enquiry register.

5.2 APPLICATION / CONTRACT REVIEW

5.2.1 The client completes & returns the enquiry form to provide SON-MSC with the information

required to commence quotation/certification process. The client is assigned to the relevant group head. The completed enquiry form is reviewed by appropriate divisions for adequacy.

Application/Contract review process shall ensure the following:

   a. General organisational information including Contact person

   b. The scope of certification sought for and how this scope is to appear on the certificate (NOTE: SON MSC does not accommodate changes to scope after certification except in formal cases of amendment or expansion of scope in accordance with terms & conditions) and EA codes – Necessary for assigning Auditor &competence management

   c. The information about the applicant organisation regarding the premises, staff, shifts, capacity and outsourced activities

   d. Status of existing Management system

   e. SON MSC has the resource,

   f. Endorsement of the completed form (signifying that the Client has accepted the Contract Terms and Conditions) of the Certification,

   g. Specific issues to be considered (Legislations, Locality etc)

   h. Determine multisite issues

Competence requirements of Client services are as stipulated in Job description.

5.2.2 For **FSMS clients**:

   Review shall be performed by personnel that have successfully completed training in:

 a) hazard analysis and critical control point (HACCP) principle, hazard assessment and hazard analysis

 b) food safety management principles including prerequisite programs (PRPs), and

 c) relevant FSMS standards.

   The Client Manager ensures that activities, processes, products or services are not excluded from the scope of certification when those activities, processes, products or services can have an influence on the food safety of the end products.

5.2.3 Where the client operates more than a single site, the review shall confirm the eligibility of that organisation for multi-site sampling as defined by MD1:2018 (See procedure for audits of multisite organisations) and shall identify not limited to the following:

 a) The Complexity and the scale of the activities covered by the management system and any differences between sites as a basis for determining the level of sampling,

(b) Identify the central function of the organization with which SON MSC has a legally enforceable agreement for the provision of certification, ⌜⌝SEP

(c) To what extent sites of an organization operate substantially the same kind of processes according to the same procedures and methods,

(d) Are all the sites included in the certification are ready to be submitted for certification at the same time. Sites not ready shall be excluded from the scope of certification

Regardless of number of sites, For ISO 13485, design and development & manufacturing sites cannot be sampled.

The use of multi-site sampling in FSMS is only possible for categories A, B, E, F & G & for organisations with more than 20 sites operating similar processes within these categories. This applies to all stages of certification. However, the scope of SON MSC FSMS has been limited to category C & I so far.

Justification for sampling is documented in the man-day determination scheduling input form.

5.2.4 Certification Transfers

For certification transfers; only certifications, which are covered by an accreditation of an IAF MLA signatory, shall be eligible for transfer. Organizations holding certifications that are not covered by such accreditations shall be treated as new clients.

Documents submitted by the client intending to transfer undergo documentation review by the relevant client manager contract review officer to confirm

 i)   That the client certified activities fall within SON-MSC scope

 ii)   Reasons for transfer

 iii)   that the site or sites wishing to transfer certification hold an accredited certification that is valid in terms of authenticity, duration and scope of activities covered by the management system certification. If practical, the validity of certification and the status of outstanding nonconformities are verified with the issuing certification body unless it has ceased trading. Where it has not been possible to communicate with the issuing certification body, SON-MSC shall plan a visit to the site to confirm this

 iv)   The last certification or recertification audit reports, subsequent surveillance reports and outstanding nonconformities that may arise from them. This consideration shall also include any other available, relevant documentation regarding the certification process i.e.

handwritten notes, checklists. If the last certification, recertification or subsequent surveillance audit reports are not made available or if the surveillance audit is overdue then the organisation shall be treated as a new client;

v)   complaints received and action taken; ⌞SEP⌟

vi)   the stage in the current certification cycle.

vii)   any current engagement by the organisation with regulatory bodies in respect of legal compliance. ⌞SEP⌟

For any certification transfer with impending issue, these are automatically rejected & decision is communicated to the applicant in writing. On review, SON MSC will either accept or decline the application. Decision to accept or declines is communicated to the client. Justification for all declined applications is documented. For accepted application, auditor man - day duration is generated and quote-covering cost of certification is raised.

If the requirement for certification change at any time needs retroactive implementation, SON MSC will ensure that the organization is notified and the new requirements are followed/ implemented at the organization's next surveillance audit.

5.3 BILLING

The required number of audit man-days is determined using the IAF MD5 (IAF Mandatory Document for Duration of QMS and EMS Audits) ANNEX A & B of ISO 22003 for FSMS as described in procedure for determining audit time for all management systems including IMS. For ISO 13485, Annex D of IAF MD 9 will be followed.

The quotation excludes follow-up visit(s) that may be recommended or required for the successful completion of the certification process (i.e. a re-visit). It also assumes the accuracy of the information provided by organization, and is subject to change to cover additional work by SON MSC caused by inaccurate or incomplete information.

For Multi-Site, audit days are determined based on the standard audit day chart according to the effective number of employees at each site.

Sampling could be applied for the multiple sites offering similar products, services, processes or activities at each site (See IAF MD1& multisite sampling procedure.)

One extra day shall be charged for audit preparation (for review of document/checklist preparation on site) and reporting. Logistics (Flight accommodation and Local transport) are charged at prevailing government rate

The Turnaround Time for quotation is specified in Job description

5.4 SCHEDULING OF AUDITS/PLANNING

For new client, Once payment from client is received, the client manager send the schedule template to AEM for selection of auditor possessing the necessary competence with relevant EA Codes from our existing auditor database & coordinates the audit based on the availability of the auditors (s) taking into consideration the competence needed to achieve audit objectives and impartiality. For existing client, client manager upon receipt of payment select auditors from the approved AEM schedule for the year. Where, there is only one auditor as deemed by man day, the auditor selected must be a lead auditor having the relevant EAC technical area competence. In all cases, the audit team shall have the totality of the competence identified for that EA code.

For organisations with multiple sites audit scheduling is done in accordance with the IAF MD 1 at a minimum. An overall team Leader is assigned who will be responsible for coordinating and consolidating audit findings from all audit teams to produce a comprehensive summary. Once schedule has been approved, an audit plan is prepared by the Client manager and communicated to the client to review, endorse & return, indicating the organisation's acceptance of audit date, proposed team& attestation of readiness to stage I. The client has a right to request for back ground information on each auditor & object the appointment of any auditor provided the objection is valid. The presence & justification of observers (i.e. clients' consultants, witnessing accreditation body personnel, or any other person that witnesses the audit but does not partake in it or influence it) will be agreed by SON MSC & client.

Note: Any organization being audited by SON MSC must permit SON MSC audit team to be accompanied by any Accreditation Body accrediting SON MSC or SON MSC auditors for the purpose of witnessing SON MSC audit team.

Note***the audit plan must indicate the roles of the audit team.

The plan and supporting documents (audit report template, Attendance record, audit records and off site summary where the name Implies) are not circulated until the Client has established that audit plan is adequate. Audit plan and supporting document are sent to audit team for preparation.

A three-year audit programme is prepared by the client manager prior to the stage 1 audit, Once client has confirmed readiness, after successful recertification (See Appendix A)

5.5 Certification audit

This is done in 2 stages (Stage I & Stage II)

5.5.1 Stage I audit of all management systems 'are conducted typically on-site. On the day of audit, the Team Lead kicks off the exercise with an opening meeting. Agenda covering the meeting must be in accordance with guidelines of SON MSC Auditors guide. The Lead Auditor should record auditee attendance at the opening meeting on the Attendance Sheet.

A guide must accompany each auditor on site unless otherwise agreed by the team leader The team must ensure that guides do not influence or interfere in the audit process or outcome of the audit. The team leader must conduct a process site tour of the auditee facility and confirm that the auditee's physical processes match the processes included on the auditee's sequence and interaction of processes.

The following are reviewed during a Stage 1 audit:

a) The auditee's documented information, including the scope, non-applicability of any standard clauses, identification of interested parties and the sequence and interaction between the processes of the management system

b) The auditee identified measurable objectives/targets (i.e. key performance indicators) for ALL of its identified processes

c) Evidence that the auditee will have adequate process performance data for all objectives by the Stage 2 audit

d) Evidence that the auditee's processes address all of the requirements of the applicable standard

the auditee must identify which of their processes address the requirements of the audited standard, perhaps on the sequence and interaction of processes.

e) Evidence that a full system process-based internal audit has been completed

f) Competency requirements for internal auditors have been established

g) Evidence that a management review (meeting all required inputs and outputs) has been completed after the process-based internal audit.

For FSMS additional requirements include:

The additional objectives of the stage 1 for FSMS are to provide a focus for planning the stage 2 audit by gaining an understanding of the organization's FSMS and the organization's state of preparedness for stage 2 by reviewing the extent to which:

a) the organization has identified PRP that are appropriate to the business (e.g. regulatory, statutory, customer & certification requirements),

b) the FSMS includes adequate processes and methods for the identification and assessment of the organization's food safety hazards, and subsequent selection and categorization of control measures (combinations)

c) relevant food safety legislation is implemented,

d) the FSMS is designed to achieve the organization's food safety policy,

e) the FSMS implementation programme justifies proceeding to the audit (stage 2),

f) the validation of control measures, verification of activities & improvement programmes conform to the requirements of the FSMS standard,

g) the FSMS documents & arrangements are in place to communicate internally & with relevant suppliers, customers and interested parties, and

h) there is any additional documentation which needs to be reviewed and/or information which

needs to be obtained in advance

Where an organization has implemented an externally developed combination of control measures, the stage 1 shall review the documentation included in the FSMS to determine if the combination of control measures

◦ — is suitable for the organization,

◦ — was developed in compliance with the requirements of ISO 22000, and

◦ — is kept up to date.

The availability of relevant authorizations shall be checked when collecting the information regarding the compliance to regulatory aspects**.**

At the scheduled time, the team leader must hold a closing meeting with the auditee. The closing meeting should be conducted in accordance with auditor guide. The team leader should record auditee attendance at the closing meeting on the Attendance Sheet. The results of the Stage 1 audit are to be documented on the Stage 1 Audit Report. At the end of the Stage 1 Audit Report, the team leader must indicate whether or not the auditee is ready to proceed to Stage 2.

Stage 1 audits may result in a decision of readiness to proceed, but with the auditor wanting to review objective evidence that any Stage 1 concerns have been contained prior to the Stage II. Where non conformities are raised, the client is expected to close out within 180 days. The resolution(S) are reviewed& verified adequate by the Team leader before stage II is conducted. In some cases, where the Stage 2 is already scheduled when the Stage 1 is conducted. The results of the Stage 1 may necessitate postponing the Stage 2. The team leader should clearly communicate this to the auditee. In cases where significant changes occur to the management system due to the results of the Stage 1 or the time interval between the Stage 1 and Stage 2, it may become necessary to repeat the Stage 1.

Stage I audit report is submitted for Technical review, where the report is deemed adequate and all

stage I requirements have been met. The client officer sends the stage II audit plan to the audit team with the appropriate working documents.

5.5.2 The stage II audit is kick started by an opening meeting. Agenda covering the meeting must be in accordance with guidelines of auditor guide. The team leader should record auditee attendance at the opening meeting on the Attendance Sheet.

A process-based Stage 2 audit then commences in accordance with the audit plan. The team leader should ensure that the team member with competence in the auditee's process (i.e. the team member with competence in the EA code of the auditee) is assigned to audit the technical processes of the auditee. During the audit, the audit team leader should periodically assess audit progress and exchange information. The team leader should also reassign work as needed between the audit team members and periodically communicate the progress of the audit and any concerns to the client. The team leader should also ensure that appropriate time is scheduled for audit team meetings, etc. Please note that only 10% of the total on-site time should be dedicated to report writing activities. Any changes to the audit plan should be indicated on the plan and submitted to SON MSC in the audit report.

Every effort should be made to audit the organization's processes where they occur. Audit evidence gathered through interviews should be verified by acquiring supporting information such as observations, review of documented information and results of existing measurements. The names & job titles of those interviewed are to be recorded on the audit record. The audit team must record NCs on the audit record and non-conformity report form that are endorsed by the auditee. If the audit performed is a multi-site audit, the audit record and non-conformity report form must indicate which site is being assessed. Auditors should pick their own samples. Clients are not allowed to pick them.

If the organization cannot make a process or documented information available for review, because of confidentiality or security concerns, then the team leader must contact the SON MSC. Together, they will make the decision if the management system can be adequately audited in the absence of these items. Any activities that cannot be verified cannot be included in the scope of certification. If these activities represent exclusions that are not permissible, then certification may not be possible.

Also in cases of obvious and demonstrated lack of interest or opposition by the senior management regarding audit and where members of the audit team are threatened, blackmailed or bribed, the team leader reserves the right to terminate an audit.

Should objective evidence exist to support writing nonconformity, the definition of Major/Minor Nonconformity in auditor's guide applies. If the team leader identifies a major nonconformity during the course of the audit, she/he will notify the auditee immediately.

For multiple day audits, the Lead Auditor must have wrap-up meeting with the audit team and the auditee to discuss a summary of the findings and observations of that day.

If a member of the audit team identifies a suspected major nonconformity during the course of the audit, she/he must notify the lead auditor immediately. (Team members are expected to refrain from classifying nonconformities during the course of the audit; classifying nonconformities is the responsibility of the Lead Auditor, who makes final determination of nonconformities and their severity). SEP

For Multi-site locations whenever any non-conformity is found at an individual site, either through the organization's internal auditing or auditing by SON MSC, the lead auditor shall investigate whether it leads to a system deficiency affecting all other sites or limited to the particular site only. If it is found, a system deficiency correction and corrective action should be performed both at central office and at the individual sites. If the corrective action is found limited, to only the site where the nonconformity has been reported, the Lead auditor should seek the justification for limiting its follow up corrective action.

Major nonconformities often require a Limited re-audit. Whenever the Lead Auditor feels that a major nonconformity has been identified, she/he must immediately contact the SON MSC to determine if an on-site Limited re-audit is required. SON MSC will then contact the auditee and agree audit dates.

The Lead Auditor, with input from the audit team, must complete the Audit Final Report,

After the audit team has concluded the audit itself, but prior to the closing meeting, the Lead Auditor will assemble the audit team and review the team's findings as well as other appropriate information collected during the audit against the audit objectives. The Lead auditor must review the Audit working

document to ensure that all clauses of the standard as programmed were audited, and were audited appropriately. The Lead Auditor reviews the Nonconformities, makes whatever modifications are necessary. At this point, the audit team turns over to the Lead Auditor, all audit working documents and other required forms.

Once the auditor meeting is finished, the auditee is called in and the results of the audit are presented The Lead Auditor must present the auditee with audit the audit record forms for his/her signature. Audit findings should be reviewed with the auditee with audit findings with the goal of acknowledging the factual basis of nonconformities prior to the Closing Meeting.

A closing meeting should be held using the Closing Meeting Agenda as per auditor guide. The Lead Auditor should also circulate the Attendance Sheet to document attendance at the closing meeting. The auditee will be given an opportunity for questions. Any diverging opinions regarding the audit findings or conclusions between the audit teams and the client will be discussed and resolved where possible. Any diverging opinions that are not resolved should be recorded in the comments section of the audit report template.

The auditee has 90 days from the date of the closing meeting to submit a corrective action plan for **minor** nonconformities found during the course of the audit. For food safety audits corrective action plan with objective evidence is required for both types of non-conformities. ⌊SEP⌋

For food safety audit with **major** nonconformities, the auditee must submit objective evidence of corrective action implementation. ⌊SEP⌋

If the Lead Auditor accepts the corrective action plan (for minor nonconformities) the Lead Auditor must acknowledge adequacy in the NCRR form. If the client's corrective action plan is not accepted, then the Lead Auditor is responsible for explaining to the auditee why it was not accepted and reviewing revised submissions. Note: All correspondence (including date of submission or re-submission of resolution and each comments obtained) between the auditor and the auditee regarding the resolution must be established as a trail in the same NCRR form

When the audit results in one or more major nonconformities, a limited re- audit is required. The client must propose and implement corrective action to the major nonconformities before the re-audit can be

conducted. The client has up to three months from the date of the final audit report to implement the necessary correction and corrective action **and** have the limited re-audit conducted. If the re-audit does not occur within the 3 months, SON MSC will conduct a new complete certification audit instead of the limited re-audit.

5.6 Surveillance and Recertification Audits

.5.6.1 SON MSC Surveillance audits are typically conducted once a year and ideally surveillance man-days is one-third of basic man-days for client.

While recertification audits are conducted once every three (3) years. Both Category of audits are usually conducted by SON MSC on client sites.

SON MSC conducts Surveillance audits to maintain confidence that client's certified management system continues to fulfill requirements between recertification audits.

Hence, the Lead Auditor ascertains that the findings are around surveillance-specific audit questions and compiled in a Surveillance Audit Report. Each Surveillance audit includes systemic assessment around the following:

i.   internal audits and management review;

ii. a review of actions taken on nonconformities identified during the previous audit;

iii. complaints handling;

iv. effectiveness of the management system with regard to achieving the certified client's objectives

v.   and the intended results of the respective management system (s);

vi. progress of planned activities aimed at continual improvement;

vii. continuing operational control;

viii. review of any changes;

ix. use of marks and/or any other reference to certification.

Surveillance audit report may not get to CDC. However, all surveillance report undergoes technical review. The recommendation of the Technical reviewers is sufficient for continued certification (in the

evidence of resolution for minor non-conformities where applicable). A certification status letter is thereafter communicated to the client.

However the occurrence of a major NC or extension of scope necessitates the attention of the CDC.

5.6.2 Recertification audits however, primarily addresses:

i.) the effectiveness of the management system in its entirety in the light of internal and external changes and its continued relevance and applicability to the scope of certification;

ii.) demonstration of commitment to maintain the effectiveness and improvement of the management system in order to enhance overall performance;

iii.) the effectiveness of the management system with regard to achieving the certified client's objectives and the intended results of the respective management system (s).

In this regards, the Lead Auditor ascertains that the findings are around recertification-specific audit questions and compiled in a Recertification Audit Report

5.6.3 When assigned to complete a surveillance or recertification audit, the Lead Auditor will review any nonconformities documented during the previous audit, as well as a copy of the Final Audit Report. During Surveillance, the Lead Auditor has a liberty to select processes to be audited based on audit plan in comparison with previous audit report to ascertain which processes may be exempted or beamed upon. Auditors verify implementation of corrective action in response to nonconformities. At their discretion, auditors may also verify the continuing effectiveness of corrective action implemented in response to nonconformities documented during earlier audits in each cycle.

5.6.4　Auditors assigned to complete a recertification audit will review a copy of all audit reports and any nonconformities/associated corrective actions for the prior cycle

5.6.5　In certain instances, SON MSC may mandate that a Stage 1 or a Limited audit to conducted before the recertification audit. This would normally occur when there have been significant changes at the auditee or in the auditee's management system or in cases of poor management system performance or restoration of suspension. The decision about whether a Stage 1 audit is

needed or not will be made by the Group Head or appropriate designee. The severity of circumstances prompting a Stage 1 or a Limited audit before the recertification, will determine whether the audit will be conducted on-site or off-site and the required duration.

5.6.6 Auditors may accept corrective action within the shortest possible period, but the client may forward the corrective action not more than 90days of when the Non-Conformity has been raised. Corrective action implementation in response to nonconformities documented at a surveillance or recertification audits may be verified at the very next audit except for non-conformities raised during FSMS audit, and for major nonconformities as detailed in Communications made to Client by SON MSC

5.6.7 When SON MSC has not completed the recertification audit or is not able to verify the implementation of corrections/corrective actions for any major nonconformity prior to the expiry date of certification, then recertification shall not be recommended. The existing certificate cannot be extended.

5.6.8 Where recertification activities are successfully completed prior to the expiry date of the existing certification, the expiry date of the new certification may be based on the expiry date of the existing certification. The issue date on a new certificate in this case would be on or after the recertification decision.

5.6.9 In cases where the Client certificate has expired, SON MSC can restore within six (6) months, certification, provided the outstanding recertification activities are completed, otherwise at least a Stage 2 would have to be conducted. The effective date of the certificate would be on or after the recertification decision. The expiry date shall be based on the prior certification cycle.

**Note: FOR IMS: SON MSC confirms that the level of integration remains unchanged throughout the certification cycle to ensure that the established audit durations are still applicable.

5.7 Post Audit Activities

Audit report & Technical Review

The Audit Report is received at most seven (7) working days and Fourteen (14) working days for multisite after the completion of an audit from the team leader.

The Client manager distributes report for technical review by Monday of the following week. The reviewed report is sent to client if there are no technical issues raised immediately after receiving the TRR form from QA. However, where issues are raised in the report, the report along with comment received in the form received from QA is communicated to the team leader for correction within 48 hours. The corrected report is forwarded to QA and the pdf version is sent to the client.

In all cases, where non-conformities are raised, resolutions must be submitted by clients within Ninety (90) days to the client manager. The resolutions are sent to the audit team. All resolutions must be accepted and endorsed by the audit team before any further action is taken. In cases of major NCs, A limited re-audit is done onsite.

The accepted resolutions are submitted along with the report for technical review (if clients submit the resolution before technical review).

However, if resolutions are submitted after technical review, they must be submitted for technical review by Monday of the following week and the technical review form must be updated to reflect this.

Technical review form can only be forwarded for CDC endorsement after all issues have been resolved.

5.8 Certification

The outcome of the TRC review is communicated to the CDC for approval. When there is no major nonconformity, the client is advised of successful completion of the certification or recertification process while the certificate is being processed for issuance. The affirmed CDC is sent to the Director General's office for certificate printing & endorsement.

All certificates carry:

- . a) the name and geographical location of each certified client (or the geographical location of the headquarters and any sites within the scope of a multi-site certification);
- . b) the effective date of granting, expanding or reducing the scope of certification, or renewing certification which shall not be before the date of the relevant certification decision;
- . c) the expiry date or recertification due date consistent with the recertification cycle;
- . d) a unique identification code;
- . e) the management system standard and/or other normative document, including indication of

issue status (e.g. revision date or number) used for audit of the certified client; ⸢L⸥ₛₑₚ

. f) the scope of certification with respect to the type of activities, products and services as applicable at each site without being misleading or ambiguous; ⸢L⸥ₛₑₚ

. g) the name, address and certification mark of the certification body; other marks (e.g. accreditation symbol, client's logo) may be used provided they are not misleading or ambiguous; ⸢L⸥ₛₑₚ

5.9 Integrated Management System

Where an organization uses a single management system to manage multiple aspects of organizational performance to meet the requirements of more than one management standard, at a given level of integration, this is to be provided clearly at the time of application. The audit man days are prepared using procedure for mandays' determination.

A team leader, competent in at least one of the audited standards, shall manage the audit.

Where FSMS is involved in the IMS, The Team lead must be competent in ISO 22000.

The audit team as a whole shall satisfy the competence requirements, established for each technical area, as relevant for each management system standard covered by the scope of the audit of an IMS.

The CDC Member who possesses qualification in each standard of the integrated management system scheme shall make the certification decision.

One IMS Certificate is issued for all management system standards in an IMS, where certification has been approved.

6.0. **Confidentiality**

SON-MSC Auditors and Certification Staff ensure Professional Confidentiality. SON MSC treats as confidential; information that come into her possession in the course of audit of any of her client's management system and does not divulge to third party any such information except where required by the law of the land or any other regulation of valid jurisprudence and even is such case, the client will be notified prior. The Confidentiality is ensured by having auditors and technical experts agree to SON MSC Code of Conduct and Ethics Declaration. Also, confidentiality is guaranteed to client in Terms and Conditions, in the Disclaimer statement of every Audit Report communicated to client and through the Audit Team Leaders Opening meeting agenda during site audits and closing meeting (as applicable).

6.1   CERTIFICATE PRESENTATION

This is done in accordance to Standards Organisation of Nigeria Certificate Presentation Procedure. Company forwards proposed dates, venue and time of presentation to the DG SON. The DG selects and approves date and this is communicated to the Organisation. The Organisation forwards its corporate profile to SON-MSC for preparation of the Citation to be read at the occasion. Invitation cards are forwarded to SON covering the DG and his entourage for the occasion. Where the venue is outside the locality of SON Corporate/Operation Headquarters, the Organisation shall bear the cost of transportation/boarding and lodging. All other arrangements concerning logistics, press and the News media, among others shall be made by the Organisation with clarification from SON if necessary.

APPENDIX A

AUDIT PROGRAMME FORMAT – PROCESSES/AREAS TO BE AUDITED. Tick

S/N	Department/Relevant Clauses	Stage 1	Stage 2/Certification	1stSurv.	. 2ndSurv.	Recertification

Surv = Surveillance

Bibliography

- PJR certification procedure