

## FREQUENTLY ASKED QUESTIONS

<p><b>1. Question:</b> What is accreditation all about?</p>	<p><b>Answer:</b> Accreditation is formal recognition of competence, by an authoritative third party. It is about obtaining third party recognition for your organisation's competence in producing consistent and reliable results/measurements for a defined set of methods/activities that is detailed in a schedule of accreditation.</p> <p>In the case of certification bodies, it's a third party recognition that a facility can Certify Suppliers to the required standard (QMS/EMS), etc. on consistent and sustainable basis, or perform repeatable audits on a consistent and sustainable basis.</p>
<p><b>Question:</b> Does SANAS offer any guidance on accreditation requirements?</p>	<p><b>Answer:</b> Yes. SANAS offers a number of training courses. (For more info <a href="http://www.sanas.co.za/tr_courses.php">http://www.sanas.co.za/tr_courses.php</a>)</p> <p>Also refer to SANAS Document A 03 "General Information on the Accreditation Process", available on the SANAS website.</p>
<p><b>Question:</b> Where can I purchase a copy of a standard/s used in accreditation processes?</p>	<p><b>Answer:</b> National and International Standards can be purchased at your local SABS Regional Office. The standard for the accreditation of BEE Verification Agencies is contained in the SANAS document R47, which is available on the SANAS website or can be obtained from the SANAS office.</p> <p>Refer to SANAS document A03 "General information on the accreditation process" for the applicable standards per type of facility or scope of work.</p>
<p><b>Question:</b> My organization wants to become accredited. Where do we start?</p>	<p><b>Answer:</b> The first step is to gain an understanding of what standards needs to be implemented. There are training courses that fulfil this purpose. For example, the SANAS Lab systems courses for laboratories.</p> <p>Once you gain and understanding, you will then be able to establish a management system that at its minimum will fulfil the requirements of the relevant standard.</p> <p>After documentation and implementation of the system, you will then be able to apply to SANAS for accreditation.</p> <p>The SANAS information pack (obtained from the Field Manager) will explain the entire process, and contains all the information you need such as the application forms, applicable fees, accreditation process, SANAS regulatory documents as well as technical guidance documents pertinent to your field of expertise, etc.</p> <p>On application for accreditation, you will need to submit the applications forms (F14), and personnel application forms (F18), your Quality Manual, policies and procedures/specific methods/work instructions, together with the completed SANAS checklist (relevant to the standard for which accreditation is applied for) showing how the requirements of the standard have been addressed. You will also need to define the scope of activities you are seeking accreditation for.</p>

<p><b>Question:</b> What are the phases of the application process?</p>	<p><b>Answer:</b> SANAS document A 03 “General Information on the Accreditation Process” briefly explains the phases of the accreditation process. The full detailed process is described in the field specific P documents. These documents are included in the application information pack, and are also available on the SANAS website.</p> <p>Very briefly, the phases are:</p> <ul style="list-style-type: none"> <li>• Application and Document Review</li> <li>• Pre-assessment (voluntary for all programmes including Inspection Bodies to ISO/IEC 17020, compulsory for Verification Laboratories, the rest of Inspection Bodies and BEE Verification Agencies)</li> <li>• Initial assessment</li> <li>• Approval of Accreditation</li> <li>• Continued monitoring of accreditation status via surveillance assessments and re-assessments over a fixed accreditation cycle.</li> </ul>
<p><b>Question:</b> How long does the application process take?</p>	<p><b>Answer:</b> The application process depends on how well you have implemented the management system in accordance with the relevant standard and accreditation requirements. Remember that SANAS is accrediting your facility as a third party and therefore will need to see objective evidence that the facility is producing reliable results/ data consistently.</p> <p>Typically timelines are a minimum of 3 months for the whole process, or it could take up to a maximum of 1 year and 6 months depending on your state of readiness.</p> <p>A quality manual written in such a way as to address all the requirements of the relevant standard, submitted with the policies and procedures/specific methods/work instructions/BEE Codes, together with the completed SANAS checklist (relevant to the standard for which accreditation is applied for) showing how the requirements of the standard have been addressed will ensure that a delay in the initial assessment is not caused.</p> <p>If it’s found at the on-site assessment that the facility has a well implemented quality system, with trained and competent staff, and all the relevant documentation and records in place and no to minimal non-conformances are raised, this will also decrease the time to becoming accredited.</p>
<p><b>Question:</b> How much will it cost to become accredited?</p>	<p><b>Answer:</b> The unit costs for each phase of accreditation is reflected in the P14 “SANAS Fees” document (or P18 for Medical Laboratories) available on the SANAS website (<a href="http://www.sanas.co.za">www.sanas.co.za</a>) or office.</p> <p>It is best to contact the relevant Field Manager with a completed application form so that he/she can prepare a cost estimate for the activities your want accredited.</p>
<p><b>Question:</b> Does the dti charge any fees for accreditation?</p>	<p><b>Answer:</b> No, SANAS is the national body in charge of accreditation of conformity assessment activities. Therefore any enquiries regarding accreditation costs should be directed to SANAS.</p>
<p><b>Question:</b> Is accreditation mandatory?</p>	<p><b>Answer:</b> Accreditation is voluntary for all testing and calibration laboratories, certification bodies and Inspection Bodies to ISO/IEC 17020.</p>

	<p>In the case of Verification Laboratories, BEE Verification Agencies and all other Inspection Bodies, accreditation is required by South African regulation prior to these facilities being allowed to operate.</p> <p>Please note that the accreditation mechanism may be used by Regulators, public and private companies in their business processes to ensure conformity of products or services. You may therefore encounter that some organizations have accreditation has a requirement when doing business.</p>
<p><b>Question:</b> What is the difference between SANAS accreditation and regulatory approval?</p>	<p><b>Answer:</b> Accreditation can be used by a regulator to ensure that a certain conformity assessment activity in a regulation is done competently. The regulator may then ask for proof of accreditation in order to grant a facility approval to work in a particular regulatory domain.</p>
<p><b>Question:</b> How do I know that SANAS is competent to accredit my organisation?</p>	<p><b>Answer:</b> SANAS is a signatory to two international organisations whose purpose is to ensure comparability and acceptance of data amongst its member countries.</p> <p>Further details of SANAS' signatory status can be found on:</p> <ul style="list-style-type: none"> <li>• ILAC <a href="http://www.ilac.org">www.ilac.org</a></li> <li>• IAF <a href="http://www.iaf.nu">www.iaf.nu</a></li> </ul> <p>The competence of SANAS to be an accreditation service provider is verified every 4 years by an ILAC &amp; IAF peer evaluation process. SANAS is therefore assessed in a similar manner as to those organisations that itself assesses.</p>
<p><b>Question:</b> Who recognizes accreditation programs such as SANAS'?</p>	<p><b>Answer:</b> <b>Domestically:</b> SANAS is recognized by the government as the sole accreditation body in South Africa.</p> <p>Regionally: We are recognized as one of the few African accreditation bodies that can offer a wide array of services.</p> <p>Internationally, we are recognized as a full member of the ILAC and IAF arrangements.</p> <ul style="list-style-type: none"> <li>• ILAC <a href="http://www.ilac.org">www.ilac.org</a></li> <li>• IAF <a href="http://www.iaf.nu">www.iaf.nu</a></li> </ul>
<p><b>Question:</b> Does recognition of SANAS accreditation programs extend beyond South Africa?</p>	<p><b>Answer:</b> Yes. SANAS accreditation activities are widely recognized and promote the global acceptance of South African products, services and personnel. SANAS accredited programs help to open international markets and reduce trade barriers for services and certified products through the use of mutual and multi-lateral recognition of accreditation.</p>
<p><b>Question:</b> How does ILAC or IAF recognition benefit my laboratory?</p>	<p><b>Answer:</b> With SANAS being a member of ILAC (International Laboratory Accreditation Cooperation) and IAF (International Accreditation Forum), accredited results from your laboratory, or certificates issued a certification body will be accepted at face value by other members of the ILAC or IAF Mutual recognition arrangement. (For more info on other ILAC or IAF members <a href="http://www.ilac.org">www.ilac.org</a> or <a href="http://www.iaf.nu">www.iaf.nu</a> )</p>
<p><b>Question:</b></p>	<p><b>Answer:</b></p>

<p>What is the difference between ILAC and IAF, and which one applies to me?</p>	<p>ILAC (International Laboratory Accreditation Cooperation) and IAF (International Accreditation Forum) are both international bodies with which SANAS has signed MRA's (Mutual Recognition Arrangement). Their function is to ensure that all Accreditation Bodies (such as SANAS) belonging to the MRA operate in a similar fashion, with the same level of competence, and to the same standard (ISO 17011).</p> <p>The ILAC MRA applies to calibration and testing laboratories (all types including medical, veterinary, pharmaceutical...etc), whereas the IAF MRA applies to Certification Bodies.</p> <p>The EA (European Accreditation) MRA applies to Inspection Bodies.</p> <p>SANAS programmes not covered by the MRA's include Verification Laboratories (Legal Metrology) and BEE Verification Agencies. BEE Verification Agencies are a national initiative based on national standard and codes.</p>
<p><b>Verification Laboratories</b></p> <p><b>Question:</b> How do I get approval from SABS Legal Metrology to render services as a Verification Laboratory?</p>	<p><b>Answer:</b> SANAS first conducts a pre-assessment of your laboratory. If the outcome is a satisfactory one, SANAS will issue your organization with a letter of acknowledgement with which you must apply to the Regulator (SABS Legal Metrology) to entrench your system and get temporary approval to carry out verifications. At this stage your organization is not accredited but is given a period of 3 months to demonstrate competence. Within this period SANAS must conduct an Initial assessment to verify technical competence of your laboratory to carry out work under the proposed scope of accreditation. If the outcome of your Initial Assessment is satisfactory and approved by the SANAS Approvals Committee, your organization will be granted accreditation and the Regulator will automatically grant your laboratory approval to operate as a verification laboratory subject to compliance to the requirements of the Trade Metrology Act and Regulations.</p>
<p><b>Question:</b> How do I initiate the application process to become a verification body?</p>	<p><b>Answer:</b> In the case of ANSI, the application process is initiated by sending a letter of application covering the six key areas of the accreditation requirements, outlined in Appendix E. The purpose of this is to enable ANSI to judge the eligibility of the applicant Verification Body for accreditation. A general overview of the application process is given in Section 3 and a more comprehensive description of the application process can be found in Appendix E and on the ANSI website – see: <a href="http://www.ansi.org/conformity_assessment/ansi_accred_cert_bodies/apply.aspx?menuid=4">http://www.ansi.org/conformity_assessment/ansi_accred_cert_bodies/apply.aspx?menuid=4</a> For other potential partner Accreditation Bodies, information will be published on the Registry's website when they become formal partners; at that time relevant appendices will be added to the GOA to provide accreditation process details. See Section 3 for an overview of the process and the relevant GOA Appendices for details of specific Accreditation Body processes</p>
<p><b>Question:</b> When can I apply to become accredited as a Verification Body?</p>	<p><b>Answer:</b> Verification Bodies can apply to ANSI to be accredited at any time. Assessments will depend on the availability of ANSI assessors to witness Verification Bodies in action delivering verification engagements for clients across the range of scopes requested; therefore the Verification Body will need GHG assurance clients to complete the accreditation process.</p> <p>The Registry is working to develop a process whereby it can facilitate matching applicant Verification Bodies (who do not have a current portfolio of clients that can be used for Accreditation Body witnessed</p>

	visits) to Reporters seeking discounted price verification. The details of this are still to be confirmed.
<p><b>Inspection Bodies</b></p> <p><b>Question:</b> As an Inspection Body, how and when does the DoL come into the picture?</p>	<p><b>Answer:</b> If you are a new applicant, SANAS will conduct a pre-assessment at your facility once the Review of your Quality Manual has been completed and accepted. SANAS will then issue a Letter of Acknowledgement (LoA) to you facility. With the Letter of Acknowledge as proof of having applied to SANAS, your organisation will apply to the DoL for approval to implement your system and start gathering evidence for the Initial Assessment. The Letter of Acknowledgement indicates that your facility is not yet accredited, but has undergone the pre-assessment.</p> <p>If you're an existing entity the same process as described above will be followed, the difference being that the DoL may already have granted "temporary approval" subject to acquiring accreditation in the stipulated time period.</p> <p>The DoL will then grant full approval when the facility is accredited.</p>
<p><b>BEE Verification Agencies</b></p> <p><b>Question:</b> How do I get accredited by SANAS to render services as a Verification Agency?</p>	<p><b>Answer:</b> Once your document have been reviewed and accepted by SANAS, we arrange and carry out a Pre-Assessment visit at your head office to <b>ascertain readiness</b> of your organisation to implement your system, as well as verify suitability of your facility and personnel to carry out specific work under your proposed scope of accreditation. When the Pre-Assessment is concluded satisfactorily, SANAS issues your organisation with a Pre- assessment letter of acknowledgement. The Verification Agency gets temporary approval to conduct verifications. At this stage your organisation is not accredited but is given a period of 4 months to demonstrate competence. Within this period, SANAS must conduct an Initial Assessment to verify technical competence of your Verification Agency to carry out work under the proposed scope of accreditation. When the results of your Initial Assessment is finalised as satisfactory by the assessment team and the SANAS Approvals Committee, your organisation will be accredited to operate as a Verification Agency subject to compliance to the requirements of R47, Codes of Good Practice and the Verification Manual.</p>
<p><b>Question:</b> My laboratory is ISO 9001:2000 certified. Why do I need to be accredited to ISO/IEC 17025:2005?</p>	<p><b>Answer:</b> The emphasis of ISO 9001:2000 is to establish compliance with <i>quality management systems</i> requirements. ISO/IEC 17025:2005 includes additional technical requirements for laboratory personnel and operations. The purpose of these two ISO standards are therefore different.</p> <p>Being certified to ISO 9001:2000 should not be interpreted to mean automatic compliance to ISO/IEC 17025:2005 requirements. The ISO/IEC 17025:2005 has been accepted internationally as the standard to which accreditation of a testing or calibration facility can be obtained.</p>
<p><b>GLP/GCP</b></p> <p><b>Question :</b> What is the difference between OECD Principles of GLP and ISO/IEC 17025?</p>	<p><b>Answer :</b> OECD Principles of Good Laboratory Practice (GLP) is a quality system involving the organisational process and the conditions under which non-clinical health and environmental safety studies are planned, monitored, recorded, archived and reported. ISO/IEC 17025 is an international standard that specifies the requirements for competence to carry out tests and/or calibrations. It covers testing and calibration performed using standards, non-standard</p>

	<p>methods and laboratory developed methods. ISO/IEC 17025 relates to testing laboratories and so is not applicable to non-testing laboratory activities. However, ISO/IEC 17025 quality system elements can be used to interpret elements of GLP such as management responsibility, QA programme and SOP documentation.</p>
<p><b>GLP/GCP</b></p> <p><b>Question:</b> What is the difference between GLP and GCP?</p>	<p><b>Answer:</b> Good Clinical Practice (GCP) is an international ethical and scientific quality standard for designing, conducting, recording and reporting trials that involve the participation of human subjects. Compliance with the standard provides public assurance that the rights, safety and well being of trial subjects are protected, consistent with the principles that have their origin in the Declaration of Helsinki and that the trial data is credible.</p> <p>GLP is a quality system concerned with the organisation process and the conditions under which non-clinical health and environmental safety studies are planned, monitored, recorded, archived and reported.</p> <p>The difference between GLP and GCP is that the former is for non-clinical health and environmental safety studies whereas the latter is for clinical studies.</p>
<p><b>Medical</b></p> <p><b>Question:</b> As a medical laboratory, how do I know whether I need ISO 15189:2003 or ISO/IEC 17025:2005?</p>	<p><b>Answer:</b> Medical pathology laboratories could be accredited to either ISO 15189 or ISO/IEC 17025. One can request for guidance from SANAS on which standard will be best suited for their laboratory depending on their scope of tests.</p>
<p><b>Question:</b> I am a self-employed auditor; can I become an approved Verifier for The Climate Registry?</p>	<p><b>Answer:</b> Provided that you are able to meet all the requirements outlined in ISO14065:2007 for a Verification Body; it is theoretically possible for an individual to become an accredited Verification Body. However, in practice the Registry does not expect that individuals will be able to meet the strict requirements for separation of powers and responsibilities that are outlined in ISO14065:2007. For example the need for:</p> <ul style="list-style-type: none"> <li>• formal mechanisms, independent of operational control, to ensure impartiality is achieved</li> <li>• formal mechanisms for competency assessment of all personnel involved in the verification processes, in particular Verifiers, Lead Verifiers and Technical Reviewers</li> <li>• having access to adequate resources and personnel to ensure the successful delivery of every verification engagement</li> <li>• independent Technical Review of individual verification engagements</li> <li>• quality and performance monitoring of personnel delivering verification engagements to ensure that they are maintaining the expected levels of service delivery and risk management</li> </ul> <p>At this point in time the Registry is not recognizing accreditation of individuals as Verification Bodies for the purposes of its voluntary program, although it will review this position once it is clear how much effort is likely to be required for its reporting sectors and categories and whether alternate mechanisms can be established to address some of the concerns indicated above. The Registry is however, considering how a certification process for individual verifiers might be put in place that would provide confirmation of their individual competencies. This will facilitate their ability to work as sub-contractors to accredited Verification Bodies that require access to additional resource at times when their workloads are heavy. Further details of this process will be</p>

	published on the Registry's website once it has been finalized. See Section 4 for an overview of requirements
<p><b>Question:</b> I am ISO 14065 accredited through another (non Registry partnered) Accreditation Body. What do I need to do to become a Registry approved Verification Body?</p>	<p><b>Answer:</b> There are currently no mutual recognition agreements in place between the Registry's partner Accreditation Bodies and other national Accreditation Bodies, nor is there a Multilateral Recognition Agreement in place with IAF in relation to GHG verification. The Registry's partner Accreditation Bodies are prepared to open discussions with other national Accreditation Bodies on developing and implementing mutual recognition agreements, once pilot programs (where relevant) or main programs have been implemented and they are able to determine all the criteria that they expect to use as part of accreditation processes.</p>
<p><b>Question:</b> Will GHG inventory or verification training work constitute a conflict of interest that would prevent a Verification Body from receiving ISO 14065 accreditation or providing verification services for Registry Reporters?</p>	<p><b>Answer:</b> A key factor in relation to the delivery of verification services is the ability of the Verification Body to be independent and impartial. Where a Verification Body is an independent entity but parts of its larger parent organization provides advisory services, the preparation of GHG inventories may result in a conflict of interest in relation to an individual verification engagement. The <i>General Verification Protocol</i> outlines criteria by which this potential conflict may be judged at both engagement and entity level. Provision of advisory services by the Verification Body's organization would not necessarily prevent accreditation being obtained, but the Verification Body would need to demonstrate how its organizational structures, systems and processes eliminates or reduces the potential conflict. In relation to training, it is common practice for many Verification Bodies to offer standardized training on a variety of topics related to systems, processes and products that they certify or verify (for example, management systems internal auditor training). So provision of GHG related training would not automatically prevent accreditation, but the Verification Body would need to demonstrate that it provides standard training to all training clients and that there is no bespoke adjustment of training materials and courses to tailor it to the needs of a specific client. <i>See General Verification Protocol</i></p>
<p><b>Question:</b> How is a verification body's accreditation affected by the hiring or termination of individuals who perform verification?</p>	<p><b>Answer:</b> A Verification Body's accreditation status is not affected by changes in its employee base (and sub-contractors), provided that the Verification Body:</p> <ul style="list-style-type: none"> <li>• Informs the Accreditation Body as part of the required annual reporting (and during assessments) on who its key GHG personnel are (and which sub-contractors it is currently using);</li> <li>• Ensures that its processes of competency assessment and evaluation are properly applied to all new personnel that are involved in its GHG verification program; and that it can demonstrate that new personnel are assigned to roles that are appropriate for their level of competence;</li> <li>• Review's its overall entity level COI assessment to ensure that it has not changes as a result of changes in its resources; and</li> <li>• Where new personnel join an engagement verification team part way through an engagement, re-evaluated the case specific COI assessment to ensure that it has not changes as a result of changes in its resources. In the latter two cases, if changes have resulted in a COI appearing, the Verification Body must contact the Registry and its Accreditation Body as soon as possible to discuss how the situation is to be managed and mitigated.</li> </ul>

<p><b>Question:</b> I want to become an accredited Verification Body but do not have any Registry Reporter clients, how can I achieve the necessary witnessed visits?</p>	<p><b>Answer:</b> The Registry recognizes that as part of the accreditation process, applicant Verification Bodies must conduct verification activities for a GHG Reporter, at their site(s) in order to have a basis for Accreditation Body's witness activities. In an effort to facilitate the accreditation process, the Registry, for an initial period, will seek to support applicants undertaking this accreditation task by allowing applicant Verification Bodies that have not yet received final accreditation from their selected Accreditation Body, and which are having problems gaining a Reporter as a client before accreditation, to conduct verification services in advance of accreditation for a maximum of one Registry Reporter for each scope for which they have applied for accreditation. In order to do this the Registry will facilitate a contact between such Verification Bodies and suitable Reporters looking for verification. However, if the applicant Verification Body does not subsequently receive accreditation within nine months of the rendering of a Verification Statement, the Verification Statement will not be accepted by the Registry. In such a case, the Verification Body will be liable for the costs of the verification services it provided to the Reporter. This may include repayment of the fees it received from the Reporter or another arrangement that it reaches with the affected client. This liability must be explicitly included as a contractual term between the applicant Verification Body and the Reporter. Applicant Verification Bodies interested in being matched with Registry Reporters should contact the Registry directly.</p>
<p><b>Question:</b> I am already accredited to ISO17021:20063 for management systems certification. Will my organization's accredited management system be acceptable in relation to the Registry's specific requirement outlined under TCR 12 in the GOA?</p>	<p><b>Answer:</b> TCR 12 outlines the Registry's expectation that Verification Bodies will align their management systems for ISO14065 with the principles, specifications and guidance given in ISO 9001:2000. ISO9001 aims to provide a framework for the quality management of the supply of services, goods and products etc., it therefore forms a reasonable framework for the delivery of quality verification services. The principles and approach in ISO9001 are also aligned with those specified in ISO14001:2004, essentially following a similar Plan – Do – Check – Review cycle, although for ISO14001:20004 the focus is on the management of environmental performance rather than the delivery of customer services etc. ISO17021:2006 provides two options for meeting its management systems requirements:</p> <ol style="list-style-type: none"> <li>1. Establish and maintain a system in accordance with the requirements of ISO9001</li> <li>2. Establish and maintain a system in accordance with general management system requirements specified in clause 10.3 of ISO17021. The Registry expects that Accreditation Body assessors accrediting organizations to ISO17021 would bear in mind best practice quality management expectations when assessing organizations under option 2 for that standard, and would therefore accept ISO17021 accredited systems as equivalent to its expectations expressed in TCR12. Similarly, the Registry expects that accredited conformity assessment bodies that provide certification/registration for an Environmental Management System (EMS) against ISO14001 would also bear in mind best practice quality management expectations when assessing organization's EMSs, and would therefore accept ISO14001 certified systems as equivalent to its expectations expressed in TCR12. In both cases however, this is subject to the Verification Body demonstrating to the Registry's partner Accreditation Body how the relevant management systems have been adapted to take account of all the requirements defined in ISO14065:2007 in relation to the management of</li> </ol>

	verification services
<p><b>Question:</b> What resources are available to help me prepare for accreditation?</p>	<p><b>Answer:</b> The Registry provides training in the requirements of its <i>General Reporting Protocol</i> and <i>General Verification Protocol</i>, details of events are available on its website - see <a href="http://www.theclimateregistry.org">www.theclimateregistry.org</a> There are also a number of providers of training on GHG emissions verifier and accounting skills, including :</p> <ul style="list-style-type: none"> <li>• Future Perfect Ltd – see <a href="http://www.fpsustainability.com/our_training.htm">www.fpsustainability.com/our_training.htm</a></li> <li>• GHG Management Institute – see <a href="http://www.ghginstitute.org">www.ghginstitute.org</a></li> <li>• Canadian Standards Association – see <a href="https://learningcentre.csa.ca/lc_site/bet.asp?gid=50009565">https://learningcentre.csa.ca/lc_site/bet.asp?gid=50009565</a></li> </ul> <p>Future Perfect Ltd also provides advisory services and support to organizations in relation to the development of GHG verification processes and procedures. Please contact : <a href="mailto:enquiries@fpsustainability.com">enquiries@fpsustainability.com</a></p>
<p><b>Question:</b> Who do I contact for more information on applying for accreditation?</p>	<p><b>Answer:</b> For more information on the Registry's partnerships with Accreditation Bodies, please contact: <b>The Climate Registry</b> P.O. Box 712545</p>