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ORIGINATOR/ DATE	REVIEWER/ DATE	APPROVER/ DATE

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* Note: All references in this SOP to the Aerospace and Environmental Standards is based on when/ if DLS become certified to audit to these standards

1.0 PURPOSE

1.1 DLS is committed to providing the services as a registrar of Organizations in a non-discriminatory manner at a competitive rate. Thus the purpose of this instruction is to assure that all DLS audits are performed in a uniform manner in accordance with this procedure.

2.0 SCOPE

2.1 This procedure sets forth the criteria by which DLS quality management, Inc. audits as registers an organizations' Quality and/or Environmental System to the appropriate ISO-9001, AS9100 and ISO 14001 Specification.

2.2 This procedure is also used to communicate our requirements to the client. and is sent upon acceptance of their application. Any revisions to this procedure are sent upon issuance. Verification of possession of this procedure is done at each audit and noted on page Q05 Page 7 of the audit packet and Process Workbook Q028 – Audit Verification Info Tab.

3.0 REFERENCES

3.1 DLS-QM-0001.....DLS Quality Manual
3.2 DLS-FORM-Q04.....Application for Registration
3.3 DLS-RS05280A.....DLS Organization Checklist
3.4 DLS-RS05710.....DLS Symbol
3.5 ISO-9001……. Publication
3.6 AS 9100, AS9110, AS9120, AS9101F, AS9104/1……....Quality System Assessment
3.7 DLS-SOP-007.....Auditor Selection and Training
3.8 DLS-SOP-009.....Non-Disclosure Agreement
3.9 DLS-SOP-010.....Maintenance of Registered Organizations
3.10 DLS-SOP-001.....DLS Quality System Certificate
3.11 DLS FORM Q07…….....Conflict of Interest
3.12 ISO-19011.....Publication
3.13 DLS-FORM-Q014……...Letter of Notification
3.14 DLS-Q005.....Record of Assessment
3.15 ISO-14000.....Publications
3.16 ISO/IEC 17021……...Publication
3.17 IAF MD 1……Publication

4.0 DEFINITIONS

4.1 Organization: Company, corporation, firm, enterprise, authority or institution, or part or combination thereof, whether incorporated or not, public or private, that has its own functions and administration.

4.2 Assessment Body: A third party which assesses and registers the Quality System of organizations with respect to published quality standards.

4.3 Registration: Inclusion of the organizations' particulars and field of assessed capability by the assessment body in an appropriate register or list.

4.4 Registration Document: Document indicating that an organizations' Quality System conforms to specified quality standards and any supplementary documentation required under the system.

4.5 Audit System: System having its own rules of procedure and management for carrying out the audit leading to the issue of a registration document and its subsequent maintenance.

4.6 Audit Scheme: Application of an audit to an organizations' Quality and/or Environmental system for the products, processes or services to which the same particular Quality and/or Environmental System standards and rules apply.

4.7 Registrar: A registrar is an accredited body that conducts Quality, Environmental and/or Aerospace System Audits to verify conformity to a pre-established standard.

4.8 Registration system: A Registration system is a pre-established System documented procedure used by management for controlling their quality standards

4.9 Minor Nonconformance: The lack of compliance or a failure within the quality system element or elements which in the judgment and/or experience of the audit team would not pose a loss to delivering quality product or service or cause a major breakdown of the organizations' quality and/or environmental system

4.10 Major Nonconformance: The absence of, or total breakdown of a quality management system element specified in the QMS standard or any non-conformities where the effect is judged to be detrimental to the integrity of the product, processes or service.
A number of minor non-conformities against one requirement can represent a total breakdown of the system and this can be considered as a major non-conformity.

4.11 Observation: Is A witnessed area and/or activity where:

* Current operation is deemed suitable but not the "best practice."
* The auditor has detected perceived opportunity for improvement.

5.0 DISCUSSION

5.1 Administrative Structure

The DLS Certification Board is composed only of members who have successfully completed an ANAB accredited Lead Auditor Course and/or work equivalent and in the case of AS9100 or EM14001, at least one board member certified to EMS14001 or AS9100. The governing Board is responsible for approving the certification of organizations along with endorsing any actions taken by the audit team with regard to the certification process.

5.2 Certification Personnel

It is the responsibility of the Vice President of Audits to ensure that only qualified personnel are selected as Quality and/or Environmental Management System Auditors, and that they are competent to perform the audits that they undertake. All personnel (including subcontractors if and when they are employed) will have met the educational and training requirements of ISO-19011 (for EMS ANSI/ISO14012) prior to selection as an auditor. The Vice-President of Audits is responsible for maintaining documented instructions for the certification personnel pertaining to their duties. In the case of EMS 14001 or AS9100 audits, the experience, education and training requirements for auditors shall be in accordance with DLS-SOP-007 Auditor Selection and Training. Auditors, who have performed consulting/training services for a client during the past two years, will not be involved with any QMS certification of the client.

Note 1: Personnel involved in other certification functions (reviewing of audits and making certification decisions) shall have the collective competence sufficient to undertake these functions. This shall include the generic competence described in ISO/IEC 17021-1 and the QMS knowledge described in 6.2 of 17021-3:2017.

5.3 Aerospace Concession

DLS agrees to surveillance assessments by the Accreditation Body(s) and by IAQG members and other regulatory or government bodies.

6.0 PROCEDURE

6.1 Application for Assessment

6.1.1 The requestor must complete the application form DLS-Form-Q04 (available on line at http://www.dlsqual.com) in full.
Note – acceptance/signature of the application will be binding to the DLS Quality Management, Inc Agreement in one of the following ways:

1. A completed and signed application
2. A completed "e-signature" application
3. If an application is mistakenly returned unsigned – the contract will be binding by the completion of the **First** audit of the current 3 year cycle which may be one of the following:
   a. Stage 1/Stage 2 Audit
   b. Recertification Audit
   c. Initial Audit of a Transfer
   d. Initial Audit following a suspension

One of the links at the web-site identifies a current list of DLS clients granted registration along with their certificate expiration dates. Other links list those clients whose registrations have been withdrawn or suspended. Another link discusses DLS impartiality practices. Upon receipt by DLS of the completed application form and any specified payment DLS will:

6.1.1.1 Assure it has access to sufficient auditors, Team Leaders, and Technical Experts to cover all of its activities.
Note: SOP-006 will be sent to the client upon acceptance of the application and updates are sent as applicable.

6.1.1.2 Advise the organization of acceptance of the application by the CB or, if applicable, the reason for rejection. DLS will perform two surveillance audits over the next three years on an annual basis. However, the organization may choose to have a surveillance audit every six months. For organizations having multiple sites, DLS will advise the organization that each of its sites will be individually audited to each applicable element of ISO-9001 and EMS 14001 and/or ISO14001during the three year period following registration. Also each plant location may receive a surveillance audit at least once during the certification period. This will be determined by the total number of sites and the requirements as listed in IAF MD1.
Note: DLS is responsible for ensuring that the scope of an organizations' registration is accurately and completely defined. Any changes (extension of scope) to the organizations' original application form must be presented to the Governing Board for review and approval/disapproval.

6.1.1.3 Provide further information about the audit scheme, legal status and/or authority under which DLS operates to the organization upon request.

6.1.1.4 Identify further information required from the organization to support the application. For example, in the case of multiple sites, each site must be individually audited (regardless of the type of audit – initial, surveillance or reassessment) and registered. "Sampling of a set of sites is permitted where the sites are each performing very similar processes/activities."(IAF MD1, 6.1.1.1) "Not all organizations fulfilling the definitions of 'multi-site organization' will be eligible for sampling" (IAF MD1, 6.1.1.2) For EMS, multiple manufacturing sites will be done in accordance with ANAB criteria for Bodies operating registration of Environmental Management System Attachment 1, DLS will also require in writing the relation of any consultant that will be involved in the audit. The use of the consultant will be reviewed by DLS prior to the document review and when applicable, will send the information to any oversight person prior to the start of the audit. The lead auditor will ensure the consultant is limited to their relationship.

6.1.1.5 Organizations that have a quality management system which are registered to one of the ISO 9001 Standards may wish to integrate similar elements of their various management systems and to have available to them a single registration process capable of addressing all registration needs concurrently. In such instances, DLS will take into account, through collection of sufficient, verifiable information (from previous audits and reviewing of manuals, procedures and processes) commonalities among the organizations' management system(s), considering the size of the organization, the type of activities and products, the organizations' culture, and the effectiveness of interfaces between the various management systems, to justify and record (DLS form Q005-3) any adjustments to the audit program. When systems that share common elements with other management systems, DLS shall audit compatibility between the management system with regard to the shared elements.

6.1.1.6 "UPGRADE" - a full assessment of all AQMS requirements is mandated for any client transitioning from ISO9001 to an AQMS. (if and when DLS is certified to audit to the AS standard)

6.1.1.7 Once a client has been accepted per DLS SOP012 Attachment B2, then the Full Certification Cycle Audit Program (DLS Form Q27) will be completed by the assigned lead auditor per DLS form Q20 . The program will include the Stage 1 and Stage 2 audits and each scheduled surveillance. All sections of the standard will be audited at least once in the scheduled surveillances.

6.1.1.8 Time Justifications will be completed to outline reasoning for added or removed time of an audit. For example, additional time may be added to ensure multi-sites or organizations with unique processes are being audited adequately. In addition, time may be removed for organizations with very few processes and/or a small scope. DLS audit team members shall reference IAF MD5 and IAF MD1 for determination of audit time, as well using DLS Form Q036 (Audit Day Calculations).

6.2 Acceptance of Transfer Clients

6.2.1 Any clients applying for a transfer from another CB to DLS Quality Management, Inc., must complete an application in its entirety including section 6 – Transfer Clients.

6.2.2 Upon receipt of this application, the DLS shall contact the clients current CB and request the following information:

a. A copy of all previous audits in the current cycle
b. Verification that all non-conformances are accepted and closed
c. Verification that the client is in good standing with the current CB
d. Verification that the current certificate is valid

6.2.3 Once a client is accepted based on the above information, a site visit will be conducted. This shall apply to ISO 9001 and/or AS9100. During this visit, the auditor will determine the eligibility of the client to be accepted and issued a certificate using forms Q25 and Q05A. During this time, the auditor will create a 3 year plan including any audits already completed from the previous CB using form Q027.

6.2.4 Upon completion of the site visit, a review of CB audits, and any additional documentation provided, the auditor will complete a letter to the board requesting or denying the approval of a certificate. If the auditor requests a certificate approval, the board will provide a secondary letter with their decision (approved or denied). Form Q11 shall be used to indicate items reviewed and to indicate Certificate/board approval dates and signatures.

6.2.5 Upon Completion and approval of the client transferring, their next audit in the cycle may be scheduled and completed. For Aerospace, if the transfer client's certificate is bound to expire within 12 months, a recertification audit must be broken into a Stage 1 and Stage 2 audit per AS9104/1 (8.8.c).

6.3 Audit Procedures

6.3.1 After acceptance of the application, DLS will make necessary arrangements with the organization for the initial audit. DLS shall obtain the consent of the applicant or registered organization for any subcontracting. DLS will implement appropriate corrective action in the event that a nonconformance, by the subcontractor, against the requirements of this document is identified.

6.3.2 A preliminary informal visit may be arranged prior to the formal audit. This visit would be used to gain an impression of the organizations size, the nature of the operation, readiness for audit and the type of expertise required on the audit team.

6.3.3 DLS is responsible for all phases of the audit, including the development of an audit plan (objective, scope and criteria) for all facility audits, using DLS form Q005 Record of Assessment. The plan will include the name of the Lead auditor, team members and as applicable any observer(s) including translators (if needed), as agreed to prior to the initiation of the audit. Observer(s) shall not influence or interfere in the audit process or the outcome of the audit. This plan and date of audit (along with the Process workbook which includes the following tabs: Tab 1 – Q028 Attachment B – Requirements Workbook, Tab 2 – Q028 Attachment A – Process Summary, Tab 3 – Q028 Audit Verification Information, and Tab 4 – Q013 Customer Satisfaction) will be forwarded to the organization and the DLS audit team prior to the Audit (min. 1 wk). This includes the Stage One-Preparedness Verification, Stage Two-Certification, and all Surveillance audits. DLS may, with the agreement of the organization, appoint an agent to undertake either the initial audit (in full or part) or surveillance audit, or both, per QM001 section 20.1. A translator/interpreter will be selected by the DLS team leader so as to assure that there is no undue influence on the audit. Use of a translator(s) may increase audit duration determined by the number of employees requiring the use of the translator(s)

When requested, DLS will make available qualification background(s) on Team Members.

Note 1: If a translator is required and was not indicated before and/or is not available during the audit, the audit may be paused and/or cancelled until such a time a translator may be made available for the remainder of the audit.

Note 2:The preparation of DLS form Q005 page 4 "Agenda" will include any or all of the following for consideration when determining the Scope/Objectives/ Time and Audit plan and team members not assigned as auditors will not count in the

establishing of audit time.:

1. Scope, complexity, effectiveness and conformity of client's management system, or parts of it with audit criteria. The evaluation of the management system to ensure the client organization meets statutory, regulatory and contractual requirements as well as its own specified objectives. And as applicable identify area for potential improvement of the management system/
2. Products, Processes, size and complexity of organization.
3. Sites, multi-sites to be audited including temporary
4. Spoken and written language used.
5. Sector, technological and regulatory requirements/ context.
6. Number/ timing of shifts to be audited.
7. Adequate time for each audit activity.
8. Competency of the audit team.
9. Results and information gained from previous audits.
10. Eligibility for sampling
11. Complaints-both customer & those received by DLS regarding the client.
12. Combined, Integrated audits.
13. Changes
    a. Organization products, processes or management system
    b. Certification, legal or accreditation requirements.
    c. Risk and complexity associated with the products, processes & activities of the organization.
    d. organizational performance data (defect levels, key data etc)
14. Interested parties concerns.
15. Outsourcing of activities included in the scope of the management system.
16. Communicate to the client, for its action any inconsistencies between the clients policy, objectives, and targets.
17. Identify scope of certification with respect to activities, products and services of each site.

Note 3: In addition to the items denoted in Note 2 above, AS audits shall also include the following items:

1. The sequence and interactions of the organization's processes
2. The criticality of products and services and processes, including special processes
3. The risks associated with QMS, product, service, and process maturity (e.g. new product or service introduction, new process equipment or facilities)
4. Product related safety issues (e.g. airworthiness issues, reporting to customer and/or authorities)
5. Results of internal audits
6. Previous audit findings (e.g. CBs, customers, regulatory authorities)

7. Performance measures and trends for quality and OTD (e.g. KPIs, scorecards, dashboards)
8. Previous management review results
9. Customer requirements
10. Statutory/regulatory requirements
11. Customer satisfaction/performance data
12. Certification structure (i.e. single site, multiple site, campus, several sites, complex organization (see 9104/1))
13. Integrated and/or combined audits (see 9104/1 clause 8.2.3))
14. Use of advanced surveillance and recertification Procedures (ASRP) (See 9104/1 clause 8.9))
15. Use of CAAT (see9104/1 clause 8.10))
16. The proportion of aviation space and defense business each customer represents.

    Note 3a: the audit team leader should ensure that the amount of audit time planned on auditing any one customer's specific QMS requirements is consistent (approximately) with the proportion of aviation, space, and defense business each customer represents (e.g. if Customer X has 20% of the business, the audit team should not spend 80% of their time verify customer X's specific QMS requirements)
17. Verification clients have established, identified and maintain their OASIS database administrators.

6.3.3.1 If guides are provided by the client, they shall not influence or interfere in the audit process or the outcome of the audit.

a. Establishing timing and contacts for interviews.
b. Arranging visits to specific parts of site/organization
c. Ensuring that rules regarding site safety and security procedures are known to the audit team.
d. Witnessing the auditor on behalf of the client.
e. Provide clarification on information required by an auditor.

Note 1: Single Organization- multiple locations

1a. An organization which controls an activity or process where parts of the activity or process take place at several different locations, a single registration may be granted to the organization for that activity provided all locations involved with that activity or process are covered within the scope of the QMS and/or EMS. DLS shall audit all locations to ensure the requirements of ISO 14001, AS9100 ISO-9001 are met. *(if and when DLS is certified to audit to the EMS and AS Standards)

1b. Where an organization is operating through multiple sites, where each site:

*Are operating under the same QMS and or EMS, which is centrally administered and audited and subject to central management review
* Have been audited in accordance with the internal audit procedure(s)
* A representative number of sites have been sampled by the certification/ registration body, taking into account the following requirements:

- The results of internal site and central audits
- The results of management review
- Variations in the size of the site
- Complexity of the QMS and/or EMS
- Complexity of the site
-Variations in working practice
- Variations in activities undertaken
- System Documentation
- System Changes
- Complaints
- Evaluation of Corrective Actions
- Statutory and Regulatory requirements pertaining to the applicable standard(s)

Determination for sampling shall be in accordance with IAF MD 1:2018 Issue 2 and ISO/IEC 17021 Section 9.1.5. Sampling is not allowed during as AS9100 Audit.

The assessment of activities at these out-sites can be on a sample basis, ensuring however that all sites will be assessed at least once in a contractual period. In the circumstances, the certification/registration relates to the entity as a whole and not to any individual out-site

This section applies only to ISO-9000 and/or ISO 14000 registrations, but each site shall be surveillance audited at least during the certification period.

Note 2. Multiple organizations - single location

2a. Where more that one organization from the same location, the organization subject to registration should recognize and manage the interface between itself and other organizations(s) whose activities are relevant to the significant environmental aspects in question. DLS will ensure this is being done in the audit of the organization subject to registration. This situation will be determined prior to the stage 1 audit.

Note 3. When certification to multiple management system standards is being provided, the planning for the audit shall ensure adequate on-site auditing to provide confidence in the certification.

6.3.4 The organization is required to have a documented Environmental Management System which conforms to applicable Environmental Management System Standards(e.g. ISO-14001). Before an audit visit is arranged, a detail appraisal of the applicant's Environmental System documentation for conformance with the above requirement will be undertaken by DLS. This is referred to as an adequacy audit or documentation review. (See paragraph 6.2.7)

6.3.5 The organization shall ensure that:

6.3.5.1 All Quality and/or Environmental Management System required documentation for which registration is sought (for EMS-EMS Manual if available), is made available to DLS. Required Documentation may include but is not limited to: Procedures, Processes and Quality Manual. (Note: ISO 9001:2015 does not require a Quality Manual)

6.3.5.2 All pertinent records relating to implementation of the Quality and/or Environmental Management System are made available to DLS.

6.3.5.3 DLS auditors are permitted and assisted in undertaking the audits of the Quality and/or Environmental Management System.

6.3.5.4 Responsibility to the DLS audit team for the Quality and/or Environmental Management System is clearly defined, for example, by appointing a designated person responsible to ensure that the system rules are observed.

6.3.6 The audit team (team leader and team members shall be appointed by the governing Board based on the auditors experience, and competence needed to achieve the objectives of the audit) shall have at least one member experienced in the technology concerned. (Also experts in the area to be audited may be attached to the registration body’s team as advisor(s) as needed. The experts and contract auditors will be considered DLS employees and are subject to all DLS rules). The technical expert shall be selected for his specific professional knowledge or expertise of the organization requirements being audited. The technical expert will not participate as an auditor. The lead auditor will be familiar with the applicable legal regulations, registration procedure, registration requirement, certificate requirements (Including any applicable statutory, regulatory, or contractual requirements) and any language skill requirements. The audit team shall have business sector knowledge to determine whether an organization has appropriately

determined a) the external and internal issues, relevant to its purpose and strategic direction and that affect its ability to achieve the intended result(s) of its QMS. B) The needs and expectations of interested parties relevant to the organization's QMS including the requirements for the products and services of the organization. C) the boundaries and applicability of the QMS to establish it's scope. If the DLS audit team does not have the Language and Culture skills to perform the audit, a translator will be utilized when required. One member will act as the audit coordinator (lead auditor).
The organization has the right of objection to named auditors where conflict of interest may arise. In the case of AS9100 the assessment team shall include one member for the organizations' commodity (ies) and the team leader shall be an aerospace experienced auditor (AEA) and shall ensure that all members of the team are aerospace auditors for AS9100 Aerospace Standards, 7.1 and includes members that understand the Technological and industrial sectors of the system being audited. The auditor must have participated in at least 4 audits for a minimum of 20 days, that cover all elements of the ISO 9001 standard or the AS9100 Standard within the last 3 years and has the ability to cover all the elements of ISO as determined by the audit program manager or equivalent. AA and AEA auditors must be listed in the OASIS Database.

Note 1. The presence and justification of observers and technical experts shall be agreed upon by DLS and the client prior to the audit. (DLS Form Q031)

Note 2: In order to maintain and objective point of view while auditing, DLS Lead auditors shall not be allowed to remain the lead auditor for any one client for more than 6 consecutive years. The time allowance between an auditor no longer being the lead for a client and returning as a lead again, shall be at a minimum 1 year. Unless requested by a client, these changes will occur during (re)certification years. This will be put into full effect as of January 1, 2020, unless requested earlier by a client. This Rule shall apply to both ISO 9001 and AS9100 clients.

6.3.7 Adequacy Audit or Documentation Review (Stage One)

6.3.7.1 The Stage 1 audit shall be performed

a) To audit the client's management system documentation;
b) To evaluate the client's location and site-specific conditions and to undertake discussions with the client's personnel to determine the preparedness for the stage 2 audit;
c) To review the client's status and understanding regarding requirements of the standard, in particular with respect to the identification of key performance or significant aspects, processes, objectives and operation of the management system;
d) To collect necessary information regarding the scope of the management

system, processes, equipment, levels of control established, and location(s) of the client, and related statutory and regulatory aspects and compliance (e.g. quality, environmental, legal aspects of the client's operation, associated risks, etc);

e) To review the allocation of resources for stage 2 audit and agree with the client on the details of the stage 2 audit;

f) To provide a focus for planning the stage 2 audit by gaining a sufficient understanding of the client's management system and site operations in the context of possible significant aspects;

g) To evaluate if the internal audits and management review are being planned and performed, and that the level of implementation of the management system substantiates that the client is ready for the stage 2 audit. Evidence that at least one complete internal audit, which can be shown to be effective, and one management review cycle has been completed.
*Note: For most management systems, it will be recommended that at least part of the Stage 1 audit will be carried out at the client's premises in order to achieve the objectives stated above.

Any "Major" or "Minor" non-conformances or areas of concern will be brought to the attention of the organization, addressed at the closing meeting, and included in the audit report. These non-conformances must be addressed prior to the scheduling of the Stage 2 Audit.

6.3.8 A meeting of the team, conducted by the team leader, and the organizations' management, and where appropriate, those responsible for the function or processes to be audited, will take place after the Stage1 audit and prior to the start of the physical audit activities (Stage Two) to establish the interval between Stage 1 and Stage 2 (not to exceed 90 days). Prior to the start of any audit, following the same criteria stated above, there will be an opening meeting

The objectives of the meeting are:

6.3.8.1 To arrive at a clear understanding of the audit procedure and activities to be undertaken. The degree of detail shall be consistent with the familiarity of the client with the audit process.

6.3.8.2 To establish an official channel of communication between the team and client.

6.3.8.3 To clarify any points not thoroughly understood, or to answer questions dealing with specific sensitive matters and to reinforce confidentiality of process and procedures observed during the audit.

Note 1: See page three of form Q05 for opening/closing meeting checklist.

Note 2: If any significant changes which would impact the management system occur, DLS shall consider the need to repeat all or part of stage 1. The client shall be informed that the results of stage 1 may lead to postponed or cancellation of stage 2.

6.3.9 The audit will involve, at the Stage 2 level, and subsequent surveillances an in-depth appraisal of the Organization's procedures for conformance and effectiveness to the relevant requirements. The organization will be required to demonstrate the practical application of the documented procedures. DLS has procedures by which non-conformances are documented.(DLS WI 016, pages 18-20 with reference to page 9 of Q05) These non-conformances require action by the organization for correction. This corrective action shall be in accordance with section 6.2.13 of this document. A Checklist will be used for AS 9100 Registration/Certification audits, and ISO 14001 Audit.

A registration audit is an audit of a management system to determine conformance to the standard and while compliance is a part of the management system, the registration audit is not an audit of full compliance with all applicable regulatory requirements.

Because of the potential legal responsibilities associated with discovering a non-compliance with environmental laws or regulations during the registration audit or surveillance, the registration DLS shall establish, with the organization to be registered, a methods for handling and reporting such discoveries before the registration audit commences. Any method so established shall comply with relevant law.

DLS may register an organization or permit its registration to continue despite observed legal noncompliances when in the aggregate such noncompliances are not determined to indicate a major or minor nonconformity.

6.3.9.1 The purpose of the Stage 2 and surveillance Audits is to evaluate the implementation of the effectiveness, of the client's management system. The Stage 2 Audit and surveillances shall take place at the site(s) of the client. During the audit the team shall periodically assess progress and exchange information. The team leader shall reassign work as needed and communicate progress and concerns to the client. It shall include at least the following:

a) Information, relevant to audit objectives, scope and criteria, (including information relating to interfaces between functions, activities and processes) and evidence about conformity to all requirements of the applicable management system standard or other normative document;
b) Collected information (obtained by interviews, observation of processes and activities; review of documentation and record or other means) is documented in audit notes
c) Performance monitoring, measuring, reporting and reviewing against key performance objectives and targets (consistent with the expectations in the applicable management system standard or other

normative document);

d) The client's management system ability and it's performance regarding meeting of applicable statutory, regulatory, and contractual requirements.

e) Operational control of the client's processes;

f) Internal auditing and management review;

g) Management responsibility for the client's policies;

h) Link's between the normative requirements, policy, performance objectives and targets (consistent with the expectations in the applicable management system standard or other normative document), any applicable legal requirements, responsibilities, competence or personnel, operations, procedures, performance data and internal audit findings and conclusions.

6.3.9.1.1 Where product or realization processes operate on a shift basis, each shift shall be audited, or justification for not auditing shall be documented.

6.3.9.1.2 Where the available audit evidence indicate objectives are unattainable or suggests risk (ie.safety), the team leader shall report to client and DLS to determine appropriate action. This may include confirmation/modification of Audit Plan, changes to objectives/scope, or termination of the audit. The team leader shall report the outcome to DLS.

6.3.9.1.3 The audit team leader will review with the client any need for audit scope modification which became apparent as a result of the audit activity progress and report this to DLS

6.3.10 DLS auditor Team will review for both Stage 1, Stage 2 and Surveillance audits for all QMS:

a) Organization complaints and responses.

b) Organization internal audit and managements review results and action. For AS9100 the organizations training program will be reviewed during their AQMS audit Registration Process.

c) Progress made toward continuous improvement targets. Furthermore, they will identify, during the course of the audit, opportunities (WI016 page 20 with reference do Q05 page 10) for improvement without actually recommending specific solutions. The Lead Auditor will report them to the organization. At the conclusion of the audit, the audit team will convene to discuss its findings and acquire organizational concurrence of its findings, assessing each finding as a "major" or "minor". Identifying any necessary follow-up actions and confirm the appropriateness of the audit program, identify any modification required(ie. scope, audit times and dates, surveillance frequencies and competence.

d) A meeting of the team, led by the team leader, and organizations 'management will take place at the close of the

physical audit to discuss the audit activities and conclusions. Including:

1. Recorded attendance of team, management and relevant client personnel.
2. Nonconformities and Opportunities for Improvement shall be recorded on DLS form Q005 page 9 and 10 and presented in a manner understood by the client, advising the client that the audit evidence was based on a sampling of information, introducing the element of uncertainty.
3. Method and Timeframe for response, including grading of findings and timeframe for plan for correction and corrective action of nonconformities.
4. DLS's process for handling nonconformities, including any consequences related to the status of the client's certification.
5. DLS post audit activities.
6. Explanation of DLS handling of complaint/appeal process.
7. Allow for client questions/opinions. Resolve and/or record these concerns and refer unresolved issues with DLS.

e) All documented findings shall remain open until paragraph 6.2.13 of this document has been satisfied.

6.3.11 The lead Auditor will file a written report (DLS Report Q005- latest revision), for all system Audits. The auditor will leave copies of all information pertaining to the audit results(including the AS9101 checklist for AS9100, findings, supporting documents, or other correspondence, including the information in Appendix E) with the organization. The lead auditor will request that a written corrective action report be received by DLS within 10 working days (DLS Form Q14). When the corrective action report is received, the lead auditor will review it and annotate accept or reject by each finding. If the CA is rejected another request for CA will be initiated. A copy of the audit report, audit checklist (as applicable) and notes will be returned to the DLS office for filing. All findings will be documented to this procedure.

Note 1: Nonconformities found at any individual site, either be internal audits or by DLS, investigation shall take place to determine if other sites may be affected. If it is found to be an overall deficiency, corrective action shall be performed and verified at the central function and affected site(s). If it is not an overall deficiency the organization shall be able to demonstrate the justification for limiting its follow-up actions.
Note 2: DLS will require evidence of these actions and increase sampling (frequency or size) until it is satisfied that control is reestablished.

Note 3: At the time of decision making process, if any site has a major non-conformance, certification shall be denied on a whole pending satisfactory

corrective action

6.3.11.1 DLS will allow IAQG Member OEM to perform surveillance reviews and right of access for IAQG member companies, accreditation bodies and other regulatory/governmental bodies during audits, including witnessing of clients.

6.3.12 Subsequently DLS will inform the organization in writing of its decision and time limit by which any corrections should be made to meet the requirements for the issuance of a registration document.

6.3.13 The organization shall show that a Root Cause Analysis has been done for all Major and Minor nonconformances and corrective action has been taken to meet all of the relevant requirements within the specified time limit. The root cause analysis and corrective action(s) shall be submitted to DLS. All corrective actions shall be verified for effective implementation prior to the issuance of an AQMS or any other certificate. DLS may undertake a full or partial re-audit or accept written declaration that corrective action has been taken, to be confirmed by DLS during a surveillance visit. Should a "major" nonconformity or multiple "minor" nonconformities be identified in any area of the QMS, an open status will be granted to the organization and an agreed upon time frame, usually 60 days, will be given to provide satisfactory evidence of conformity. A re-audit of the affected areas of nonconformities will be conducted at that time.

6.3.14 After the audit team leader (CB Representative) has obtained the audit report, nonconformities as required, Corrective Action taken by the client, confirmation of the information provided and recommendation of Certification body to make a recommendation to the Certification Board, he will prepare a summary report, request of the Vice-President of Registration that the Certification Board be convened and present his conclusions and recommendations to the Certification Board.

6.3.14.1. DLS shall submit to the SAE via the OASIS database the results of the assessment performed within one month of the performed audit

6.3.15 The DLS Certification Board, when convened (for Registration Audits, Transfer Audits, and reassessments), will review all findings, conclusions, recommendations of the team leader and complete Record of Assessment Checklist for Certification Board Form Q11. In the case of AS9100 and/or EMS14001 registration and/or reassessment report, the Certification Board

members with responsibility for the certification function will have successfully completed and passed the exam of their sector-specific training. This member shall have veto power with regards to their respective sector. When the DLS Certification Board is satisfied with the favorable recommendation of the audit team and that no open major or minor nonconformities exist, a member of the Board shall prepare a summary indicating the number of the nonconformances opened during the audit, the number reviewed and the conclusion of the Board prior to the registration being granted. A registration document is issued to the organization (DLS-SOP-001) Quality and/or Environmental Management system Certificate). The above decision making method shall be used for the continuance of registration at the periodic surveillance and re-registration. However no certificate will be issued for continuation on surveillance audits. All findings, conclusions, recommendations of team leader and a completed Record of Assessment Checklist for Certification Board DLS-Form Q11 are maintained in the organization file.

6.3.16 Granting of registration is followed by surveillance visits over the life of the contract. Surveillances will be performed in accordance with ISO/IEC 17021, pp 9.6.2.1.1 and 9.6.2.1.2.

6.3.16.1 Each visit will include a review of the registration certificate for any changes to company organization or activity since the prior visit which might result in a re-issue of certificate.

6.3.17 After the life of the contract, a maintaining/reassessment shall be done. The maintaining/reassessment will provide a review of past performance of the system over the period of Certification/Registration, including review of surveillance audit reports. The maintaining/reassessment program will take into consideration the results of the above review, including significant changes from Stage 1 and on-site audit (which may replace or extend a regular surveillance audit) and user complaint resolutions. However a review of Quality and/or Environmental Management System documents will be done at the time of the audit and will be included in the maintaining/reassessment agenda. The maintaining/reassessment will at least ensure:

a) the effective interaction between all elements of the system
b) the overall effectiveness of the system in its entirety in the light of changes in operations.
c) demonstrated commitment to maintain the effectiveness of the system..
d) contributes to achievement of the organization policy and objective
e) complaints received from users of certification

Note 1: Recertification shall take into consideration the requirements of ISO/IEC17021-1 pp 9.6.3.1.2 and 9.6.3.1.3

Note 2: DLS will not consult (past 2 years) or be prescriptive to an organization prior to, during, or following an audit. Further DLS will not directly or through direct hire personnel or sub-contract auditors, advise an organization how to set up its quality or Environmental Management System, write its quality documents and then offer audit services to that organization. DLS shall not offer or provide a consulting service to obtain or maintain registration or suggest or indicate that registration would be simpler, easier, or less expensive if any specified consultancy or training services were used. This will ensure that there is no conflict of interest.

6.4 Issue of a Registration Document

6.4.1 DLS will inform the organization by any media that registration has been granted.

6.4.2 Provide the organization with a registration document (DLS Form Q19) which may be used subject to the provisions of paragraph 6.8.2

6.4.3 Register the organization as having a Quality, Aerospace and/or Environment Management System in accordance with the schemes audit requirements for the products, processes or services supplied.

6.4.4 Authorize the organization to use the DLS Symbol, subject to the provisions of paragraph 6.8

6.4.5 DLS will not issue the certificate with an effective date which precedes the certification decision date.

6.4.6 In the event DLS issues a revised certification document, it will be identified with a (Revised Date) adjacent to the certification issue date.

6.4.7 DLS will not issue unaccredited AQMS certificate.

6.5 Modifying the Scope of an Organizations' Registration

6.5.1 An organization holding a valid AQMS registration document may apply for the registration to be modified, and DLS will, at its discretion, decide whether a re-

audit is necessary or a new application required. The Recertification audit will cover all elements of the standard

6.6 Surveillance

6.6.1 DLS will perform surveillance of the Organizations' Quality and/or Environmental Management System on the basis of the following, to verify continuing conformity with the relevant requirements.

6.6.1.1 internal audits and management review,

6.6.1.2 review of actions taken on nonconformities identified during the previous audit,

6.6.1.3 treatment of complaints,

6.6.1.4 effectiveness of the management system with regard to achieving the certified client's objectives, and the intended results of the management System (s)

6.6.1.5 progress of planned activities aimed at continual improvement,

6.6.1.6 continuing operational control,

6.6.1.7 review of any changes, and

6.6.1.8 use of mark and/or any other reference to certification.

6.6.2 The frequency and extent of visits is at the discretion of DLS, in such a way as to ensure that the Quality and/or Environmental Management System is maintained, and take into account changes to its certified client and it's management system.

Note 1: All Surveillance audits shall be at a minimum 1 (one) full manday.

6.6.3 The Surveillance audits will be conducted in the same manner as a certification (*ref. 6.5.1*) audit except portions of the system will be audited in accordance with form DLS Q005 - Six Month Surveillance Plan at each surveillance audit and does not require Certification board approval. However, appropriately competent personnel shall independently review whether the original Certification/registration decision needs to be reconsidered. The review should be conducted at least once per calendar year for each certification/ registration. All elements of the standard will be audited at least once during the surveillance cycle. A surveillance 1 (and surveillance 2 if audited every 6 months) will be conducted within 365 of the (re)certification audit. All other audits will be conducted in the appropriate calendar year. Other surveillance activities may include:

A. Enquiries to the certified client on aspects of certification

B. Reviewing any certified clients statements with respect to it's operations (i.e. promotional material, website)

C. Request to the certified client to provide documented information (on paper or electronic media)

D. Other means of monitoring a certified clients performance

6.6.3.1 Maintaining Certification

DLS shall maintain certification based on demonstration that the client continues to satisfy the requirements of the management system. DLS may maintain a client's certification based on a positive conclusion by the audit team leader without further independent review, provided that:

a) For any nonconformity or other situation that may lead to suspension or withdrawal of certification, the DLS team leader will report to the certification body the need to initiate a review by appropriately competent personnel, different from those who carried out the audit, to determine whether certification can be maintained, and

b) Competent personnel of DLS monitor its surveillance activities, including monitoring the reporting by it auditors, to confirm that the certification activity is operating effectively.

6.6.4 Recertification:

6.6.4.1 A recertification audit will be performed in the third year, prior to the expiration of certification. It will be performed at least two weeks prior to expiration of the current certification. Recertification audits shall be planned and conducted to evaluate the continued fulfillment, conformity and effectiveness of all the requirements of the relevant Management System standard or other normative document. The purpose of the audit is to confirm continued conformity and effectiveness of the system as a whole and continued relevance of the scope application. A Stage One audit may have to be performed in situations where there have been significant changes to the QMS, client and/or context in which the QMS is operating.

Note 1: All Recertification audits shall be, at a minimum, 1.5 mandays.

6.6.4.1.1 The recertification audit shall consider the performance of the QMS over the period of certification and include reviews of previous surveillance audit reports, noting any trends, positive and/or negative.

6.6.4.1.2 The recertification audit shall include an on-site audit that addresses the following:

A. Effectiveness of the management system, including any internal and external changes and continued relevance and applicability to the scope of certification.

B. Demonstrated commitment to the effectiveness and improvement of the management system.

C. Effectiveness of the management system with regard to

achieving objectives.

6.6.4.1.3 When recertification is successfully completed prior to the expiry of current certification, the new certification will be based on the current expiration date. The issue date on the new certificate shall be on or after the recertification decision.

6.6.4.1.4 If DLS has not completed the recertification or is unable to verify implementation of corrective actions for any major non conformities prior to the expiration of certification, then the recertification shall not be recommended and the certification shall not be extended. The client shall be informed and the consequence explained.

6.7 Changes in the Quality, Aerospace and/or Environment Management System

6.7.1 The organization shall inform DLS promptly about any intended changes to the Quality, Aerospace and/or Environmental Management System or other changes which may affect conformance to the requirements or change the scope to which a client is certified,- i.e. Managerial changes, new processes, Quality policy, significant change in number of employees.

6.7.2 The organization shall accept the DLS decision as to whether the intended changes require reassessments or further investigation.

6.7.3 The review of changes may be accomplished during surveillance visits.

6.7.4 DLS will respond promptly to any notification of change of the Quality, Aerospace and/or Environmental Management system.

6.7.5 DLS will conduct a re-audit in the event of significant changes which effect the organizations' activity and operation (such as changes of ownership, changes in personnel affecting QMS, EMS or equipment), or if analysis of a complaint or as a follow-up on a suspension, or any other information indicates that the registered organization no longer complies with the requirements of the registration body.

6.7.5.1 DLS shall describe and make known in advance to the certified clients the conditions under which these short notice visits are to be conducted, and

6.7.5.2 DLS shall exercise additional care in the assignment of the audit team because of the lack of opportunity for the client to object to audit team members.

6.7.6 For AS9100 registrations, DLS will incorporate into AQMS Certification Process updating of the Oasis database when there is a change in the certification status of a client.

6.8 Use of the DLS/ANAB Symbol

6.8.1 DLS is proprietor of the DLS symbol (DLS-RS-05710 DLS SYMBOL) intended for use under this registration system. The organization may use the symbol to indicate compliance with ISO and/or EMS Quality standards. If the ANAB Mark is used, is must be displayed along with the DLS Symbol.

6.8.1.1 The ANAB/DLS mark shall not under any circumstances be used directly on or closely associated with any product, individual packaging, process or service in any way which implies that the product, process or service is certified by DLS and/or ANAB.

6.8.1.2 DLS shall exercise proper control of ownership, and shall take action to deal with incorrect references to certification status or misleading use of certification documents, marks and or audit reports.

6.8.1.3 Upon termination (suspension or withdrawal) of registration, for whatever reason, the firm must discontinue all use of the ANAB/DLS mark and all advertising matter that contains any reference to QMS/ AS and/or EMS certification immediately. All of the registration documents must be returned to DLS. DLS shall not use ANAB accreditation in such a manner as to bring ANAB into disrepute and shall not make any statement regarding its accreditation which ANAB may consider misleading or unauthorized.

6.8.1.4 Appearance of the DLS and ANAB accreditation mark must be:

6.8.1.4.1 A size which makes all features clearly distinguishable

6.8.1.4.2 The ANAB mark shall not exceed the DLS Registered firm mark in size

6.8.1.4.3 In black or blue (ANAB Mark); Red. White and Blue (DLS Mark) .

6.8.1.4.4 On a clearly contrasting background.

6.8.2 The DLS symbol shall not be used on a product or its individual packaging or in a way that may be interpreted as denoting product conformity, calibrations, laboratory test or inspections reports.

6.9 Publicity

6.9.1 DLS will make its register of audited organizations (DLS-SOP-010 procedure for Maintaining DLS's Directory of Registered Organizations) available for public inspection and will update the register as changes occur. It may distribute copies of the register or a publication containing information from the register.

6.9.2 DLS will notify the "Quality and/or Environmental Management System Update" of all additions to its register. For AS9100 the information required shall be submitted through SAE or Oasis by the office administrator.

6.9.3 The organization may inform potential customers, purchasers and purchasing authorities of the full and exact details of the registration. The organization may display the registration document. The organization may make use of the DLS symbol as authorized and make claims that it is registered only with respect to activities for which it has been granted registration (see para. 6.7.)

6.9.4 Information made public by DLS to clients, the market place, or by advertising shall be accurate and not misleading.

6.10 Confidentiality

6.10.1 DLS is responsible for ensuring that confidentiality is maintained by its employees and those of its appointed agents concerning all confidential information with which they become acquainted as a result of their contact with the organization, except where otherwise required by law. This may include a formal no-disclosure agreement.

6.10.2 DLS requires all employees, auditors, subcontractors and advisory Board Members to sign a formal non-disclosure agreement (DLS-SOP-009).

6.10.3 No information about an organization, process or product shall be disclosed to a third party without written consent of the organization. Where the law requires information to be disclosed to a third party, the supplier shall be informed of the information provided in writing by DLS. Except where required by a recognized accreditation body in order to establish compliance with national accreditation requirements.

6.11 Misuse of a Registration

6.11.1 An organization awarded a registration document shall cease to display or otherwise use the registration document (and, if applicable, the DLS symbol) as soon as practicable after the Lead Auditor reports any of the following to the Certification Board.

6.12 Suspension or Reduction of Registration

6.12.1 An official suspension, approved by the DLS Certification Board, will be confirmed by DLS in a registered letter to the organization or by equivalent means and will indicate the following:

a) Under suspension, the client's management system certification is temporarily invalid. DLS shall have enforceable arrangements with its clients to ensure that in cases of suspension, the client refrains from further promotion of its certification. DLS shall make the suspension status of the certification publicly accessible and shall take any other measures it deems appropriate.

b) DLS shall have enforceable arrangements, with the certified client concerning conditions of withdrawal ensuring upon notice of withdrawal of certification that the client discontinues its use of all advertising matter that contains any reference to a certified status.

c) Upon request by any party, DLS shall correctly state the certification of a client's management system as being suspended, withdrawn or reduced.

d) Amends all advertising matter when the scope of certification has been reduced.

6.12.2 Registration may be suspended or reduced, upon approval of the Certification Board, for a limited period:

6.12.2.1 If surveillance indicates nonconformance to the relevant requirements, but immediate withdrawal is not considered necessary.

6.12.2.2 If improper use of the registration, document, symbol is not remedied to DLS's satisfaction.

6.12.2.3 If there has been any other contravention of the rules of the Registration System or DLS procedures.

6.12.3 Registration will be suspended for any of the following reasons per ISO 17021-1

6.12.3.1 "The client's certified management system has persistently or seriously failed to meet certification requirements, including requirements for effectiveness of management system"

6.12.3.2 "The certified client does not allow surveillance or recertification audits to be conducted at the required frequencies"

6.12.3.3 "The certified client voluntarily requested a suspension"

6.12.4 DLS may publish, upon approval of the Certification Board, notification of the suspension or reduction.

6.12.5 Upon fulfillment of the indicated conditions within the specified period, DLS, upon approval of the Certification Board, will remove the suspension or reduction and notify the organization accordingly. Otherwise, the registration will be cancelled and the registration document withdrawn.

6.12.6 DLS shall require suppliers to notify the OEMs when they lose or reduce registration or their CRB is no longer qualified to the applicable AQMS. DLS shall also update the OASIS database in a timely manner when there is a change in the registration status of an organization registered to an AQMS.

6.13 Corrective Action

6.13.1 A registered organization is responsible for taking prompt and adequate action to correct any contravention of the system rules, and for formally notifying DLS of the corrective action proposed or taken.

6.13.2 Definition of Nonconformity: The absence of, or failure to implement and maintain, one or more quality management system requirements, or a situation that would, on the basis of available objective evidence, raise significant doubt as to the quality of what the organization is supplying.

Major: The absence of, or total breakdown of a quality management system element specified in the QMS standard or any non-conformities where the effect is judged to be detrimental to the integrity of the product, processes or service.

Minor: A single system failure or lapse in conformance with a procedure relating to the QMS standard.
**Note: A number of minor non-conformities against one requirement can represent a total breakdown of the system and this can be considered as a major*

non-conformity

6.14 Withdrawal/ Cancellation

6.14.1 DLS, upon approval of the DLS Certification Board, shall cancel a registration, withdraw the registration document and cancel any agreement for the use of its symbol in the following cases:

6.14.1.1 Under the relevant provisions of paragraph 6.12.

6.14.1.2 If surveillance indicates that nonconformance to the relevant requirements is of a serious nature.

6.14.1.3 At the formal request of the organization

6.14.1.4 If the system rules are changes (para. 6.15) and the organization either will not or cannot ensure conformance to the new requirements.

6.14.1.5 If the organization ceases to supply the product, process or service for an extended period of time.

6.14.1.6 If the registered organization fails to meet financial obligations to DLS.

6.14.1.7 On any other grounds specifically provided for under the system rules or formally agreed between DLS and the organization.

6.14.2 Withdrawal/Cancellation will be exercised by informing the organization accordingly by registered letter or equivalent means.

6.14.3 DLS, upon approval of the Certification Board, may publish notification of the withdrawal/cancellation.

6.14.4 An organization may appeal to the DLS Governing Board against a decision not to award or to withdraw registration (see Appeals/Disputes section 6.15)

6.15 Implementation of Changes to the System Rules

6.15.1 In the event of changes being required to the system rules, DLS will:

6.15.1.1 Afford opportunity for organizations affected by a proposed

change to submit comments on the proposed change(s)
6.15.1.2 Specify an effective date for the changes(s). The effective date shall be by agreement to allow sufficient time for Organizations to amend their Quality and/or Environmental Management Systems.

6.15.1.3 Formally notify all organizations affected by the new requirements of the effective date of the change and the action required of the organization(s) concerned.

6.15.2 Failure to take the required action by the effective date may lead to suspension under paragraph 6.12 or withdrawal/cancellation under paragraph 6.14

6.16 Appeal/ Dispute

6.16.1 An appeal shall be lodged no later than 40 days after notification of the decision or measure to the organization or whenever the DLS Certification Board may reasonable assume the decision or measure in question to be known to the appellant publicly accessible

6.16.2 An appeal shall be lodged by sending a registered letter to DLS, which includes appropriate substantiation for the appellants' position. This letter will immediately, upon request, be transmitted to the Chair of the DLS Certification Board for consideration. The DLS Certification Board, not to include any members of the audit team, shall convene no later than seven working days after receipt of the letter by the Chair of the DLS Certification Board.

6.16.2.1 The appeals-handling process shall include at least the following elements and methods

a) an outline of the process for receiving, validating and investigating the appeal, and for deciding what actions are to be taken in response to it, taking into account the results of previous similar appeals.
b) tracking and recording appeals, including actions undertaken to resolve them.
c) ensuring that any appropriate correction and corrective action taken.
d) DLS shall acknowledge receipt of the appeal and shall provide the appellant with progress reports and the outcome.
e) The decision to be communicated to the appellant shall be made by, or reviewed and approved by individual(s) not previously involved in the subject of the appeal.

f) Submission, investigation and decision on appeals shall not result in any discriminatory actions against the appellant.
g) Shall be responsible for all decisions at all levels of the appeals-handling process.
h) Ensure that the persons engaged in the appeals-handling process are different from those who carried out the audits and made the certification decisions.

6.16.3 The decision by a majority of the meeting of the Certification Board will be communicated to the appellant by registered mail.

6.16.3.1 If the decision is not favorable to the appellant, a further appeal may be lodged, again by registered letter. This letter will immediately be transmitted to the DLS Governing Board for consideration. The Governing Board shall convene no later than seven working days after receipt of the letter. The decision of the Governing Board will be communicated to the appellant by registered mail.

6.16.3.2 Submission, investigation and decision on appeals shall not result in any discriminatory actions against the appellant.

6.17 Complaints

6.17.1 A description of the complaints-handling process shall be publicly accessible.

6.17.2 Upon receipt of a complaint, DLS shall, as applicable:

6.17.2.1Determine whether complaint was received from a certified client.

6.17.2.2 Determine whether the complaint relates to the certification process, if so deal with it. If it relates to a certified client, consider the impact of the complaint on the effectiveness of the certified management system.

6.17.2.3 Examine the complaint for validity and categorize it as to the process/procedure affected.

6.17.2.4 Notify the complainant of the status of the complaint, both initially and throughout the course of the resolution.

6.17.2.5 Use the corrective action process noted in SOP017 paragraph 5.3 to address the complaint.

6.17.2.6 When a resolution to the complaint has been established: notify the complainant of the proposed resolution along with a request for his agreed acceptance. If deemed to be "unacceptable", return to the corrective action process until an acceptable resolution is achieved.

6.17.2.7 Make the complaint and resolution to the complaint public.

6.17.3 Any complaint about a certified client shall also be referred by DLS to the certified client in question at an appropriate time.

6.17.4 DLS shall have a documented process to receive, evaluate and make decisions on complaints. This process shall be subject to requirements for confidentiality, as it relates to the complainant and to the subject of the complaint.

6.17.5 The complaints-handling process shall include at least the following elements and methods:

a) An outline of the process for receiving, validating, investigation the complaint, and for deciding what actions are to be taken in response to it.
b) Tracking and recording complaints, including actions undertaken in response to them.
c) Ensuring that any appropriate correction And corrective action are taken.

6.17.6 DLS shall be responsible for gathering and verifying all necessary information to validate the complaint.

6.17.7 Whenever possible, DLS shall acknowledge receipt of the complaint, and shall provide the complainant with progress reports and the outcome.

6.17.8 The decision to be communicated to the complainant shall be made by, or reviewed and approved by, individual(s) not previously involved in the subject of the complaint.

6.17.9 Whenever possible, DLS shall give some formal notice of the end of the complaints-handling process to the complainant.

6.17.10 DLS shall determine, together with the client and the complainant, whether and if so to what extent, the subject of the complaint and its resolution

shall be made public.

6.18 Conflict of Interest

6.18.1 All employees and/or subcontractors will sign a Conflict of Interest Statement (DLS Form Q07). This form states that the signer has not in the past, is not and will not be involved in activities that constitute a conflict of interest with the registrars registration services.

6.19 Management System Integration

6.19.1 In the case where organizations may wish to integrate similar elements of their various management systems and to have available to them a single registration process capable of addressing all registration needs concurrently. In such instances, DLS shall take into account commonalties among the organizations, the type of activities and products, the organizations' culture, and the effectiveness of interface between the various management systems. DLS shall audit compatibility between the management systems with regards to the shard elements in accordance with this document.

6.19.2 In the case that an organization wishes to combine the QMS audits with other management systems audit. DLS shall assign a lead auditor that is certified for the different management systems. The lead auditor shall select the DLS-SOP-006 procedure to perform the audits. He will ensure the organizations' documentation describes the QMS and/or EMS and make clear the relationship to any other management system having influence on its operation. Where documentation is combined with the QMS, and/or EMS, the QMS, and/or EMS must be clearly identifiable together with the appropriate interfaces to the other systems. Where documentation is not combined, any interfaces between different systems shall be clearly defined.

6.20 Small and Medium Enterprises (SME)

6.20.1 SME Organizations seeking to demonstrate compliance to the standard may do so with varying degrees of documentation and formalities that are appropriate to the type and size of the organization and the diverse geographical, cultural and social conditions in which it operates, and DLS shall take such factors into consideration when planning audits and selecting audit teams. This information is taken into account in section 6.1 and 6.3 of this document.

6.20.2 DLS shall confine its requirements, audits and decisions on the registration to

those matters specifically relate to the scope of the registration being considered..