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# **DLS REGISTRATION SYSTEM**

## **ISO 9001 Certification**

### **Client Guide**

**April 3, 2026**

ORIGINATOR	REVIEWER	APPROVER
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## 1 PURPOSE

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

## 2 SCOPE

This procedure sets forth the criteria by which DLS quality management, Inc. audits, as a registrar, an organization's Quality Management System to the ISO-9001:2015 Standard.

This Procedure is also used to communicate our requirements to DLS clients 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 3 and 9 and Process Workbook Q028 – Audit Verification Info Tab.

## 3 REFERENCE

a)	DLS-QM-0001	DLS Quality Manual
b)	DLS-FORM-Q04	Application for Registration
c)	DLS-RS05280A	DLS Organization Checklist
d)	DLS-RS05710	DLS Symbol
e)	DLS-SOP-007	Auditor Selection and Training
f)	DLS-SOP-009	Non-Disclosure Agreement
g)	DLS-SOP-010	Maintenance of Registered Organizations
h)	DLS-SOP-00	DLS Quality System Certificate
i)	DLS FORM Q07	Conflict of Interest
j)	DLS-FORM-Q014	Letter of Notification
k)	DLS-Q005	Record of Assessment
l)	ISO-9001	Publication
m)	ISO/IEC 17021-1	Publication
n)	ISO-19011	Publication
o)	IAF Mandatory Documents	Publications
p)	IAF ISO 9001	Auditing Practices Guidance Publication(s)

## 4 DEFINITIONS

- a) **Organization:** Company, corporation, firm, enterprise, authority or

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institution, or part or combination thereof, whether incorporated or not, public or private, that has its own functions and administration.

- b) **Assessment Body:** A third party which assesses and registers the Quality System of organizations with respect to published quality standards.
- c) **Registration:** Inclusion of the organizations' particulars and field of assessed capability by the assessment body in an appropriate register or list.
- d) **Registration Document:** Document indicating that an organization's Quality System conforms to specified quality standards and any supplementary documentation required under the system.
- e) **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.
- f) **Audit Scheme:** Application of an audit to an organizations' Quality system for the products, processes or services to which the same Quality System standards and rules apply.
- g) **Registrar:** A registrar is an accredited body that conducts Quality System Audits to verify conformity to a pre-established standard.
- h) **Registration system:** A Registration system is a pre-established System documented procedure used by management for controlling their quality standards
- i) **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 products or services or cause a major breakdown of the organization's quality system
- j) **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.
- k) **NOTE:** Several minor non-conformities against one requirement can represent a total breakdown of the system and this can be considered as a major non-conformity.
- l) **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.
- m) **Scope:** Determination of a client's certification boundaries and applicability of the QMS. This should include the products and services of the client. Please reference IAF ISO 9001 Auditing Practices Group Scope Guidance Document. (Found on the IAF Website).

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## **5 DISCUSSION**

### **5.1 Administrative Structure**

The DLS Certification Board is composed only of members who successfully completed an ANAB accredited Lead Auditor Course and/or work equivalent. The Board is responsible for approving the certification of organizations along with endorsing any actions taken by the audit team regarding 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 Management System Auditors, and that they are competent to perform the audits that they undertake.

All personnel (including subcontractors if they are employed) will have met the educational and training requirements of ISO-19011 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. 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 audits and making certification decisions) shall have the sufficient collective competence 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.

## **6 PROCEDURE**

### **6.1 Application for Assessment**

#### **6.1.1 Application form**

The requester must complete the application form DLS-Form-Q04 (available online at <http://www.dlsqual.com> ).

**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

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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 website identifies a current list of DLS clients granted registration. Other links list those clients whose registrations have been withdrawn or suspended. Another link discusses DLS impartiality practices. Certificate expiration dates can be found on the IAF Cert Search database. Upon receipt by DLS of the completed application form and any specified payment DLS will:

### 6.1.2 Resources

Ensure it has access to sufficient auditors, Team Leaders, and Technical Experts to cover all its activities.

**Note:** SOP-006 will be sent to the client upon acceptance of the application and updates are sent as applicable.

### 6.1.3 Application acceptance/rejection

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 during the three-year period following registration. 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 listed in IAF MD1.

**Note:** DLS is responsible for ensuring that the scope of an organization's registration is accurately and completely defined. Any changes (extension of scope) to the organization's original application form must be presented to the Governing Board for review and approval/disapproval.

### 6.1.4 Audit Scheme

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

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### 6.1.5 Additional information

Identify further information required by 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).

### 6.1.6 Integration of Management Systems

Organizations that have a quality management system which are registered to the ISO 9001 Standard may wish to integrate similar elements of 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 regarding the shared elements.

### 6.1.7 After Acceptance of Client

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.

### 6.1.8 Audit Day Calculations / Time Justification

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).

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## **6.2 Acceptance of Transfer Clients**

### **6.2.1 Transfer Clients**

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 Application**

Upon receipt of this application, the DLS shall contact the client’s 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 Certification Body.
- d) Verification that the current certificate is valid

### **6.2.3 Acceptance of Transfer**

Once a client is accepted based on the above information, a site visit will be conducted. During this visit, the auditor will determine the eligibility of the client to be accepted, the auditor will create a 3-year plan including any audits already completed from the previous CB using form Q027.

### **6.2.4 Review of Existing Records**

If necessary, a site visit will be performed, a review of existing CB audit documentation, and any additional documentation provided by the transfer client, the DLS leadership will then 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 Completion of Transfer**

Upon Completion and approval of the client transferring, their next audit in the cycle may be scheduled and completed.

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## 6.3 Audit Procedures

### 6.3.1 Coordinate with Organization, Initial Audit

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 if a nonconformance, by the subcontractor, against the requirements of this document is identified.

### 6.3.2 Site Visit (if necessary)

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

### 6.3.3 Audit Plan

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 week). 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 to ensure 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

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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, including but not limited to:
  - 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 party's 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 client's policy, objectives, and targets.
17. Identify scope of certification with respect to activities, products and services of each site.

#### **6.3.4 Client Guides**

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.

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- 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. DLS shall audit all locations to ensure the requirements of ISO-9001 are met.

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

\*Are operating under the same QMS, 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 Body, considering the following requirements:

- a. The results of internal site and central audits
- b. The results of management review
- c. Variations in the size of the site
- d. Complexity of the QMS
- e. Complexity of the site
- f. Variations in working practice
- g. Variations in activities undertaken
- h. System Documentation
- i. System Changes
- j. Complaints
- k. Evaluation of Corrective Actions
- l. Statutory and Regulatory requirements pertaining to the applicable standard(s)

Determination for sampling shall be in accordance with IAF MD 1 and ISO/IEC 17021

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

### **6.3.5 Organizational Responsibilities**

The organization shall ensure that:

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1. All Quality Management System required documentation for which registration is sought 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)
2. All pertinent records relating to the implementation of the Quality Management System are made available to DLS.
3. DLS auditors are permitted and assisted in undertaking the audits of the Quality Management System.
4. Responsibility to the DLS audit team for the Quality Management System is clearly defined, for example, by appointing a designated person responsible for ensuring that the system rules are observed.

### **6.3.6 Audit Team**

The audit team (team leader and team members shall be appointed by planning based on the auditors' experience, and competence needed to achieve the objectives of the audit) and shall have experience in the technology concerned.

Also, experts in the area to be audited may be attached to the registration body's team as advisors 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

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of the organization.

- c) the boundaries and applicability of the QMS to establish its 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 identified auditors where conflict of interest may arise. Auditors shall be internally evaluated and chosen based off established criteria and be released to lead audits prior to auditing alone at a client site. Co-auditors will audit under the guidance of an established lead auditor.

To maintain status, DLS auditors must have participated in at least 4 audits for a minimum of 20 days, that cover all elements of the ISO 9001 Standard within the last 3 years and could cover all the elements of ISO as determined by the audit program manager or equivalent.

**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:** To maintain an 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 3 consecutive years, unless extenuating circumstances (ex. Shortage of auditors), require it. 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 of 1 year. Unless requested by a client, these changes will occur during (re)certification years.

### 6.3.7 Stage 1 Adequacy Audit / Documentation Review

The Stage 1 audit shall be performed to determine client's preparedness for ISO certification, by reviewing the following:

- 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, 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

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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.
- 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 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 Stage 1 Team meeting

A meeting of the team, conducted by the team leader, and the organization's management, and where appropriate, those responsible for the function or processes to be audited, will take place after the Stage 1 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:

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.
2. To establish an official channel of communication between the team and client.
3. To clarify any points not thoroughly understood, or to answer questions dealing with specific sensitive matters and to reinforce confidentiality of process and

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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 postponing or cancellation of stage 2.

### 6.3.9 Stage 2 Audit / Certification Audit

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. These non-conformances require action by the organization for correction. See Corrective Action section in this document.

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 method for handling and reporting such discoveries before the registration audit commences. Any method established shall comply with relevant law.

#### 6.3.9.1 Stage 2 Purpose

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 surveillance 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

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- 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 its 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) Links 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.

#### **6.3.9.2 Auditing Shifts**

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

#### **6.3.9.3 Audit Objectives**

Audit objectives shall be established prior to the audit and verified during the audit. Where the available audit evidence indicates objectives are unattainable or suggests risk (e.g. 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.

#### **6.3.9.4 Audit Scope Modifications**

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

#### **6.3.10 Audit Subjects**

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

- a) Organization complaints and responses.
- b) Organization of internal audit and managements review results and action.
- c) Progress made toward continuous improvement targets. Furthermore, they will identify, during the audit, opportunities (WI016 page 20 with reference do Q05 page 12) for improvement without recommending specific solutions.

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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 confirming the appropriateness of the audit program, identifying any modification required (i.e.. scope, audit times and dates, surveillance frequencies and competence.

- d) 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.
- e) Including:
  1. Recorded attendance of team, management and relevant client personnel.
  2. Nonconformities and Opportunities for Improvement shall be recorded on DLS form Q005 pages 11 and 12 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 planning 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.
- f) All documented findings shall remain open until acceptance criteria have been satisfied.

### 6.3.11 Audit Report

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 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 acceptance 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 and/or scanned into the client folder. All findings will be documented.

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**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 pending satisfactory corrective action

### **6.3.12 Written Notification of Audit Decision**

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 Audit Findings**

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 Certification Board Request**

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

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present his conclusions and recommendations to the Certification Board.

### **6.3.15 Certification Board**

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. 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 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.

When an initial certificate is issued or a re-certification is issued, DLS clients can view their certificate data on the IAF CertSearch database at [IAF Certification Validation - IAF CertSearch](#).

### **6.3.16 Surveillance Cycle**

Initial and re-certification is followed by surveillance visits over the life of the contract. Surveillance audits will be performed in accordance with ISO/IEC 17021-1.

1. Each visit will include a review of the registration certificate for any changes to company organization since the prior visit which might result in a re-issue of certificate due to scope change / address change / or similar.

### **6.3.17 Re-certification Audit**

After the life of the contract, a maintaining/reassessment shall be made. The maintaining/reassessment will provide a review of past performance of the system over the period of Certification, 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

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or extend a regular surveillance audit) and user complaint resolutions. However, a review of Quality 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

**Note 2:** DLS will not consult (past 2 years) or be prescriptive to an organization prior to, during, or following an audit. DLS will not directly or through direct hire personnel or sub-contract auditors, advise an organization how to set up its Quality 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 Certification Document**

### **6.4.1 Client Notification**

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

### **6.4.2 Certificate Issuance**

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

### **6.4.3 Register**

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

### **6.4.4 Use of Symbol**

Authorize the organization to use the DLS Symbol, per this document.

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#### 6.4.5 Certification Date

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

#### 6.4.6 Certificate Revision

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

### 6.5 Modifying the Scope of an Organizations' Registration

An organization holding a valid QMS registration document may apply for the registration to be modified, and DLS will, at its discretion, decide whether a change to approval audit is necessary or a new application required.

## 6.6 Surveillance Audits

### 6.6.1 6.6.1

DLS will perform surveillance of the Organizations' Quality Management System based on the following, to verify continuing conformity with the relevant requirements.

1. internal audits and management review,
2. review of actions taken on nonconformities identified during the previous audit,
3. treatment of complaints,
4. effectiveness of the management system with regard to achieving the certified client's objectives, and the intended results of the management system(s)
5. progress of planned activities aimed at continual improvement,
6. continuing operational control,
7. review of any changes, and
8. use of mark and/or any other reference to certification.

### 6.6.2 Surveillance Frequency

The frequency and extent of visits shall be in accordance with ISO 17021 requirements, in such a way as to ensure that the Quality Management System is maintained and consider changes to its certified client and its management system.

**Note 1:** All Surveillance audits shall be at a minimum 1 (one) full audit-day.

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### **6.6.3 Surveillance Audits Execution**

Surveillance audits will be conducted in the same manner as a certification audit except for 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. 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 its 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 client's performance

Maintaining Certification will be performed during the cycle. DLS shall evaluate 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 its auditors, to confirm that the certification activity is operating effectively.

### **6.6.4 Recertification:**

1. A recertification audit will be performed in the third year, prior to the expiration of certification. It will be performed at least two months prior to the expiration of the current certification (see notes 1 & 2 below).

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Recertification audit 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 audit days.

**Note 2:** Clients who, for whatever reason, do not allow scheduling of the recertification within the two-month timeframe do so at risk of suspension of their certification should nonconformities be identified that cannot be addressed in the timeframe (e.g. major nonconformities).

2. 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.
3. 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 regarding achieving objectives.
4. 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.
5. If DLS has not completed the recertification or is unable to verify implementation of corrective actions for any major nonconformities 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 consequences explained.

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## **6.7 Changes in the Quality Management System**

### **6.7.1 Notification of Changes to DLS**

The organization shall inform DLS promptly about any intended changes to the Quality 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, site location, significant change in number of employees.

### **6.7.2 Need for Additional Audit**

The organization shall accept the DLS decision as to whether the intended changes require re-assessments or further investigation.

### **6.7.3 Change Review During Surveillance**

The review of changes may be accomplished during surveillance visits.

### **6.7.4 Response to Client**

DLS will respond promptly to any notification of change of the Quality Management system with determination

### **6.7.5 Significant Changes**

DLS will conduct a re-audit in the event of significant changes which affect the organizations' activity and operation (such as changes of ownership, changes in personnel affecting QMS 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.

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
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.

## **6.8 Use of DLS / ANAB Symbols**

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### **6.8.1 DLS Logo**

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

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.
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 audit reports.
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 certification immediately. All 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.
4. Appearance of the DLS and ANAB accreditation mark must be:
  - a) A size which makes all features clearly distinguishable
  - b) The ANAB mark shall not exceed the DLS Registered firm mark in size
  - c) In black or blue (ANAB Mark); Red, White and Blue (DLS Mark).
  - d) On a clearly contrasting background.

### **6.8.2 Prohibited Use**

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 Website Directory**

DLS will make its register of audited organizations (DLS-SOP-010 procedure for maintaining DLS's Directory of Registered Organizations) available for public inspection

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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 IAF Cert Search**

DLS will update IAF Cert Search accordingly with the status of certification, including but not limited expiration, suspension, and withdrawal.

### **6.9.3 Client Sharing of Certification Status**

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 certified to the ISO 9001 standard only with respect to activities for which it has been granted through the audit process.

### **6.9.4 Information Accuracy**

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

## **6.10 Confidentiality**

### **6.10.1 DLS Responsibility**

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 because of their contact with the organization, except where otherwise required by law. This may include a formal no-disclosure agreement.

### **6.10.2 Non-Disclosure by DLS Employees**

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

### **6.10.3 Written Authorization**

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 to establish compliance with national accreditation requirements.

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## 6.11 Impartiality

### 6.11.1 Threats to Impartiality

1. DLS shall remain impartial to deliver certification that provides confidence. All decisions made by DLS shall be based on objective evidence of conformity (or non-conformity) obtained by DLS. Decisions shall not be influenced by other interests or by other parties.
2. DLS shall monitor threats to impartiality including but not limited to:
  - a) Self Interest – Defined in 17021-1 as “Threats that arise from a person or body acting in their own interest. A concern related to certification, as a threat to impartiality, is financial self-interest”
  - b) Self-Review – Defined in 17021-1 as “Threats that arise from a person or body reviewing the work done by themselves. Auditing the management systems of a client to whom the certification body provided management system consultancy would be a self-review threat”
  - c) Familiarity (or trust) – Defined in 17021-1 as “Threats that arise from a person or body being too familiar with or trusting of another person instead of seeking audit evidence”
  - d) Intimidation – Defined in 17021-1 as “Threats that arise from a person or body having perception of being coerced openly or secretly, such as a threat to be replaced or reported to a supervisor”

### 6.11.2 Impartiality Policy

- a) **Purpose:** The purpose of this policy is to ensure that DLS Quality Management, Inc., maintains its impartiality in all aspects of its business. This policy is applicable to all employees, contractors, and other representatives of DLS Quality Management, Inc.
- b) **Scope:** This policy applies to all activities conducted by DLS Quality Management, Inc, including but not limited to:
  - Auditing
  - Consulting

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- Training
- Testing

c) **Impartiality:** DLS Quality Management Inc is committed to maintaining its impartiality in all aspects of its business. Impartiality means that DLS Quality Management, Inc., will not be influenced by any external factors in its work. This includes but is not limited to:

- Financial interests
- Personal relationships
- Business relationships

d) **Conflicts of Interest:** DLS Quality Management, Inc. recognizes that there may be situations where a conflict of interest could arise. A conflict of interest is a situation where an individual's personal interests could interfere with their ability to perform their duties impartially. If a conflict of interest arises, DLS Quality Management Inc. will take steps to manage the conflict in a way that ensures its impartiality is maintained. This may include:

- Disclosing the conflict to all parties involved
- Removing the individual from the situation
- Obtaining independent advice

e) **Confidentiality:** DLS Quality Management, Inc. is committed to maintaining the confidentiality of all information that it receives from its clients. This includes but is not limited to:

- Financial information
- Business information
- Personal information

f) **Enforcement:** DLS Quality Management, inc. will take all necessary steps to enforce this policy. This includes but is not limited to:

- Training employees on the policy
- Conducting regular audits
- Taking disciplinary action against employees who violate the policy

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## **6.12 Misuse of a Registration**

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.

## **6.13 Suspension or Reduction of Registration**

### **6.13.1 Official Suspension**

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 temporarily invalid. DLS shall have enforceable arrangements with its clients to ensure that in case 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 that the client discontinues its use of all advertising matters that contain 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 matters when the scope of certification has been reduced.

### **6.13.2 Limited Suspension**

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

1. If surveillance indicates nonconformance to the relevant requirements, but immediate withdrawal is not considered necessary.
2. If improper use of the registration, document, symbol is not remedied to DLS's satisfaction.
3. If there has been any other contravention of the rules of the Registration System or DLS procedures.

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4. Failure to pay for services rendered.

### **6.13.3 Suspension Reasons**

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

1. “The client’s certified management system has persistently or seriously failed to meet certification requirements, including requirements for effectiveness of management system”
2. “The certified client does not allow surveillance or recertification audits to be conducted at the required frequencies”
3. “The certified client voluntarily requested a suspension”

### **6.13.4 Publish Notification of Suspension**

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

### **6.13.5 Removal of Suspension**

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.

### **6.13.6 Notification by Client**

DLS requires clients to notify relevant interested parties (e.g. customers) when they lose certification or reduce registration.

## **6.14 Nonconformity Management**

### **6.14.1 Corrective Action**

‘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.

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### **6.14.2 Definition of Nonconformity:**

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

### **6.14.3 Action Plan Requirements**

For initial certifications or recertification audits, an action plan must be submitted and approved by Lead Auditor for any non-conformances before a certificate is issued. See below the timetables for timing requirements for Minor and Major non-conformities.

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#### 6.14.4 Minor Nonconformities Timeline

Action	Responsible	Timeframe	Notes
Issue of nonconformity	Audit Team	Day 0 (Audit close)	Included in audit report
Client submits root cause analysis, containment, and short- and long-term corrective action plans	Client	Within 15 working days	Submit via the DLS provided template
DLS reviews corrective action plan	Lead Auditor	Within 10 working days of submission	Feedback provided if inadequate. Resubmission required if the action plan is inadequate.
Implementation and evidence submission	Client	Within 90 calendar days from audit closure	Evidence of implementation required. The Lead Auditor can close NC at this point or leave it open for verification. If a client cannot meet the timeline for implementation, a plan must be submitted explaining the circumstances to the lead auditor for approval.
Remote follow-up verification (as needed).	Lead Auditor	Within 6 months of audit closure.	Required before initial certification or continued certification can be granted. If the client is on a 6-month audit rotation, any follow-up will be conducted during the next scheduled audit.
Closure of NC	Lead Auditor	Upon successful verification	Formal closure recorded in system

**Minor:** A single system failure or lapse in conformance with a procedure relating to the QMS standard.

**\*Note:** Several minor non-conformities against one requirement can represent a total breakdown of the system and this can be considered as a major non-conformity

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### 6.14.5 Major Nonconformities Timeline

Action	Responsible	Timeframe	Notes
Issue of nonconformity	Audit Team	Day 0 (Audit close)	Included in audit report
Client submits root cause analysis, containment, and short- and long-term corrective action plans	Client	Within 10 working days	Submit via the DLS provided template
DLS reviews corrective action plan	Lead Auditor	Within 5 working days of submission	Feedback provided if inadequate. Resubmission required if action plan is inadequate.
Implementation and evidence submission	Client	Within 60 calendar days (see note below regarding re-certification audits)	Evidence of implementation required. The Lead Auditor can close NC at this point or leave it open for verification. See the note below on timing for recertification. For re-certification audits, timing must adhere to certificate expiration dates to avoid certificate suspension.
Lead Auditor re-audits client area found to be non-conforming. This can be remote or on-site.	Lead Auditor / Client	As soon as possible after client submission of implementation and evidence. Lead Auditor and client to determine re-audit date.	*For re-certification audits, the re-audit must be done BEFORE the expiration date.
Closure of NC	Lead Auditor	Upon successful re-audit.	Formal closure recorded in system

**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.

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## **6.15 Withdrawal/ Cancellation**

### **6.15.1 Certification Board Decision**

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

1. Under the relevant provisions of paragraph 6.12.
2. If surveillance indicates that nonconformance to the relevant requirements is of a serious nature.
3. At the formal request of the organization
4. If the system rules are changed (para. 6.15) and the organization either will not or cannot ensure conformance to the new requirements.
5. If the organization ceases to supply the product, process or service for an extended period.
6. If the registered organization fails to meet financial obligations to DLS.
7. On any other grounds specifically provided for under the system rules or formally agreed between DLS and the organization.

### **6.15.2 Informing Client of Actions**

Withdrawal/Cancellation will be exercised by informing the organization accordingly by email, letter or documented means.

### **6.15.3 DLS Website Notification**

DLS, upon approval of the Certification Board, will adjust notification of the withdrawal/cancellation.

### **6.15.4 Appeal**

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

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## **6.16 Implementation of Changes to the System Rules**

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

1. Afford opportunity for organizations affected by a proposed change to submit comments on the proposed change(s)
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 Management Systems.
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.

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

## **6.17 Appeal/ Dispute**

### **6.17.1 Timeframe to Submit an Appeal**

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 reasonably assume the decision or measure in question to be known to the appellant publicly accessible

### **6.17.2 Notification of Appeal**

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.

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 deciding what actions are to be taken in response to it, considering the results of previous similar appeals.
  - b. tracking and recording appeals, including actions undertaken to

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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. Responsibility for all decisions at all levels of the appeal-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.

### **6.17.3 Appeal Decision**

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

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 receiving the letter. The decision of the Governing Board will be communicated to the appellant by registered mail.
2. Submission, investigation and decision on appeals shall not result in any discriminatory actions against the appellant.

### **6.18 Complaints**

1. A description of the complaints-handling process shall be publicly accessible.
2. Upon receipt of a complaint, DLS shall, as applicable:
  - a. Determine whether complaint was received from a certified client.
  - b. 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

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complaint on the effectiveness of the certified management system.

- c. Examine the complaint for validity and categorize it as to the process/procedure affected.
  - d. Notify the complainant of the status of the complaint, both initially and throughout the course of the resolution.
  - e. Use the corrective action process noted in SOP017 to address the complaint.
  - f. 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.
  - g. Make a complaint and resolution to the public.
3. Any complaint about a certified client shall also be referred by DLS to the certified client in question at an appropriate time.
  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.
  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. DLS shall be responsible for gathering and verifying all necessary information to validate the complaint.
  7. Whenever possible, DLS shall acknowledge receipt of the complaint, and shall provide the complainant with progress reports and the outcome.

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

**6.19 Conflict of Interest**

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 Certification Body’s registration services.

**6.20 Management System Integration**

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 consider 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.

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 make clear the relationship to any other management system having influence on its operation. Where documentation is combined with the QMS, the QMS 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.

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**6.21 Small and Medium Enterprises**

Small and medium sized 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.

As with any audit, DLS shall confine its requirements, audits, and decisions on the registration to those matters specifically relating to the scope of the registration being considered.

**6.22 Outgoing Transfer clients**

If a client should request to be transferred to another registrar, the certificate will remain valid up until the tentative date of the next scheduled audit. If this timeline isn't met, a suspension will be issued for the existing certificate. Once the accepting CB has issued the certification it shall inform DLS who will withdraw their certificate. In addition, if a client doesn't complete all the requirements of the transfer, an immediate withdrawal will be issued. DLS will follow standard procedure for withdrawal.

**6.23 Procedure for Remote Audits**

All remote audits will conform to the requirements of IAF MD4 - IAF MANDATORY DOCUMENT FOR THE USE OF INFORMATION AND COMMUNICATION TECHNOLOGY (ICT) FOR CONFORMITY ASSESSMENT PURPOSES

**6.23.1 Justification for Remote Audit**

DLS may utilize a remote auditing technique when it is necessary to conduct an audit but may not be possible to complete the audit on site. Such instances may include outside visitor restrictions due to the pandemic, non-ability to travel to site due to the transportation system restrictions, state travel bans, or a virtual site.

**Note 1:** Per IAF MD4, a virtual site is defined as “Virtual locations where a client organization performs work or provides a service using an on-line environment allowing persons irrespective of a physical location to execute processes.”

**6.23.2 Client Buy-in**

DLS shall only utilize remote audits when it is agreed upon between DLS and the client in accordance with information security and data protection measures and regulations

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before a remote audit is used for audit/assessment purposes.

### **6.23.3 Use of ICT**

DLS utilizes the organization's Information Communication Technology. The client is responsible for setting up all meetings.

### **6.23.4 Evaluation of Remote Audit Risk**

DLS will utilize form Q012 to review all risks and opportunities of using the remote audit technique as well as note all devices that will be used to assist in the completion of the remote audit.

### **6.23.5 Auditor Competency for use of ICT**

Auditors/assessors and other involved people shall have the competency and ability to understand and utilize the information and communication technologies employed to achieve the desired results of the audit/assessment.

### **6.23.6 Remote Audit Time**

Remote audits shall contribute to the total assessment time as additional planning may be necessary which may impact audit duration.

### **6.23.7 Remote Audit Reporting**

DLS shall indicate in its reports and records the extent to which remote auditing has been used in carryout out audit/assessment and the effectiveness of remote auditing in achieving the audit/assessment objectives.

## **6.24 Expected Outcomes**

Clients who obtain certification with their quality system is managing their systems to:

- a. Consistently provide products and services that meet customer and applicable statutory and regulatory requirements
- b. Facility opportunities to enhance customer satisfaction

DLS will utilize form Q032 to denote that expected outcomes are being met in conjunction with Q05.

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REVISION	REVISED BY	CHANGE
AG	RUTKOWSKI	Amended formatting, changed numbering, added table of contents  Changed Recertification requirement from 2 weeks to 2 months (added note)
AF	ALTIERI	Removed all referenced to AS and EMS Timeline for non-conformities added – Section xxx Added Client ability to review their certification information in IAF CertSearch Database – Section 6.3.1.5  Many formatting issues fixed, update to current terminology and processes as applicable