# Client Guidelines and Requirements

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**NOTE:** Text in red has been changed since the previous revision. The [...] indicates text has been removed.
Foreword

Since 1995, Performance Review Institute Registrar has helped a multitude of organizations achieve and realize their true potential through the development of management systems. As an affiliate of SAE International — a technical society serving the global mobility industry since 1905 — PRI Registrar is uniquely motivated with a commitment to raise the bar in any industry it serves.

Our knowledgeable, experienced and committed people make the difference — and make PRI Registrar the most qualified to understand the complex challenges that lay before quality management representatives and certified Lead Auditors in today’s economy and workforce. Beyond their tangible qualities, PRI employees have something else — a passion for the work they do every day. In fact, our clients come to learn that PRI Registrar cares as much about their certification as they do.

PRI Registrar’s passion is to help increase our clients improve their process quality, environmental and health and safety performance and enhance their customer/stakeholder relationships. We are a mission-driven, not-for-profit organization respected internationally for our professionalism, knowledge and attention to detail. Our success is built on long term client relationships that position you to achieve your goals.


Quality Policy

PRI Registrar exists to provide ethical and collaborative management system registration services for clients who appreciate the achievement of continual improvement with a competent partner who measures success via adherence to requirements, timely communications and personal attention.

Key Registrar Information/Polices

PRI Key Roles and Responsibilities...

Business Development Specialist (BDS): Your BDS will work with you to provide a certification proposal that is customized based on the company information provided and related discussions with you. The BDS is your primary contact for all contract related information.

Scheduler: Your main point of contact for scheduling all audits.

Account Specialist (AS): Your designated AS will act as the point of contact with PRI Registrar by assisting with coordination of auditor communications, audit documentation, nonconformance management, certificate issuance and other activities. Your AS will be your primary contact at PRI and will contact you after your account has been assigned. Feel free to contact your AS at any time during, or between, scheduled audits should you have questions or need assistance.

Auditor(s): Your auditor has been selected based on their industry experience, geographical location and standard credentials. The BDS and Scheduler will pick the auditor(s) that best fit
your organization based on discussions during the quotation process. Your auditor(s) will contact
you once assigned to introduce themselves and begin the audit planning process.

Contract:
Please review your contract terms and conditions to be sure you understand the requirements
around the following items such as: postponement of audits, termination of contract,
confidentiality, oversight witness audits, access to records, language, suspension/withdrawal,
appeals/complaints, and proprietary information.

Registration Overview

Organization submits application for services → Contract signed and auditor assigned → Audit occurs → Audit report identifies nonconformances

Registration Decision → Expert Review is conducted. → Responses are closed (AS) or accepted / closed (ISO) by Lead Auditor → Organization provides corrective action responses through the RMS or OASIS system

Certificate of Registration is issued following Registration Decision Approval → Certificate of Registration is sent to organization; Aerospace suppliers listed in OASIS within 30 days from issue date → Surveillances performed according to contract terms
Registration Process

Orientation
During this phase, PRI Registrar becomes familiar with the client, and the client learns more about PRI Registrar and the certification process. Planning for first audit begins.

Welcome letter references:
- Introduction to your designated Account Specialist: Your primary contact point at PRI.
- What to Expect During Certification Process: Overview of process.
- Client Guidelines: Supporting information for your reference (this document).
- RMS: Our on-line account management tool.

Assessment Planning
- The dates of the assessment are arranged directly between the Scheduler and the Client.
- The Lead Auditor prepares an audit plan. This outlines the number of days, auditor assignments, and special qualifications required for the assessment. The assessment plan shall cover all elements of the applicable Standard(s) and the provisions or processes of the Client’s QMS/EMS.
- A copy of the audit plan shall be provided to the Client thirty days before the audit. The Client may request changes in the audit plan if there is a reason to do so.
- The registration assessment process may be halted if the QMS/EMS has not been implemented in the Client’s operations.

Optional Pre-Assessment
If Client requests and agrees to the Quotation for the optional Pre-Assessment, PRI Registrar will assign a Lead Auditor and any additional audit team members if needed. A Pre-Assessment is a less comprehensive version of the full audit and the scope can be adapted to your specific requests. The Pre-Assessment provides information regarding the degree of compliance to the Standard, but is not used to establish a registration decision. Most Pre-Assessments are generally conducted 60-90 days prior to the Certification Audit to allow time to address any findings.

The Pre-Assessment will be scheduled and conducted in accordance with established audit procedures. To avoid any occurrence of de facto consulting, PRI Registrar shall not perform more than one Pre-Assessment for an Organization prior to a full Assessment.

A Pre-Assessment report with details of nonconformances observed will be furnished to the Client. The Client shall not respond to the auditor concerning the nonconformances with formal Correction Action Responses.

The Assessment Audit Process
The following description of the PRI Registrar Assessment audit covers the Assessment (or Registration) audit process and describes related services that lead to Registration given successful completion. Following the resolution of any identified nonconformances, the
applicant organization is issued a Certificate of Registration. Once the registration achievement occurs, the management system shall be maintained by the certified organization.

Audit Requirements

The initial certification audit of a management system shall be conducted in two stages: Stage 1 and Stage 2.

Stage 1 Audit

For most management systems, at least part of the Stage 1 audit shall be carried out prior to Stage 2 audit in order to achieve the objectives stated below, with enough time to allow areas of concern from the Stage 1 to be addressed.

1. To audit the client’s management system documentation;
2. 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;
3. 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 (Environmental Systems), processes, objectives and operation of the management system;
4. To collect necessary information regarding the scope of the management system, processes 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.);
5. To review the allocation of resources for Stage 2 and agree with the client on the details of the Stage 2 audit;
6. To provide a focus for planning the Stage 2 audit by gaining a sufficient understanding of the client’s management system and site operation in the context of possible significant aspects (Environmental);
7. 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.

Stage 1 areas of concern that could be classified as a nonconformity during the Stage 2 audit shall be documented and communicated to the client.

In determining the interval between Stage 1 and Stage 2 audits, consideration shall be given to the needs of the client to resolve areas of concern identified in the Stage 1 audit. PRI Registrar may also need to revise its arrangements for Stage 2. The options and risks for Stage 1 and Stage 2 timing are discussed during the application review process for Registrar services. Stage 1 areas of concern not resolved by the time of the Stage 2 audit will result in Stage 2 findings.

Stage 2 Audit

The purpose of the Stage 2 audit is to evaluate the implementation, including effectiveness, of the client’s management system. The Stage 2 audit shall take place at the site(s) of the client and shall include at least the following:
1. information and evidence about conformity to all requirements of the applicable management system standard or other normative document;
2. 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);
3. the client’s management system and performance as regards to legal compliance;
4. operational control of the client’s processes;
5. internal auditing and management review;
6. management responsibility for the client’s policies;
7. links between the normative requirements, policy, performance objectives and targets (consistent with the expectations in the applicable management system standards or other normative document), any applicable legal requirements, responsibilities, competence of personnel, operations, procedures, performance data and internal audit findings and conclusions.
8. For EMS audits, data on how the client identifies and complies with relevant legislation and regulations is gathered to determine whether the Client’s EMS conforms to the Standard. EMS registration may be granted despite observed legal noncompliance provided that the Lead Auditor and PRI Registrar are satisfied that the EMS does address such noncompliance, and when in aggregate such noncompliance are not determined to indicate a major nonconformance. The registration audit is NOT an audit of full compliance with all applicable regulatory requirements. Any suspected noncompliance with environmental laws or regulations during a registration or surveillance audit will be immediately reported to the Client for action to evaluate compliance with the relevant law.
9. If during the assessment it becomes evident that the objective of registration cannot be achieved successfully, the Client shall be notified and offered the opportunity to select one of the following alternatives:
   a) terminate the audit immediately;
   b) continue the audit as a Pre-Assessment, should a Pre-Assessment not already have occurred (a recommendation regarding registration shall not be made). A subsequent full Assessment with a separately determined fee shall be required for registration purposes.
   c) Continue the audit with the understanding that suitable corrective actions shall be required within the established time limits to satisfy all registration requirements. A subsequent special audit with a separately determined fee may be required by PRI Registrar to “close-out” the assessment nonconformances. A registration decision shall be based on the ensuing “close-out” status of all the corrective actions.
10. An assessment report is prepared by the Lead Auditor and is given to the client before the auditor departs.
11. The client will have 30 days for ISO / EMS and 20 days for AS within which to provide both the Lead Auditor and PRI Registrar a plan for correction, root cause, corrective action and verification evidence for each finding noted in the Stage 2 audit. Extensions of this 30-day requirement for ISO / EMS will be considered on an individual basis when requested in writing to the PRI Registrar office. There are no extensions for Aerospace. Objective evidence of correction and corrective action for major nonconformances
shall be due within 6 months of the end of the Stage 2 audit. For Aerospace audits, objective evidence shall be required for all nonconformances.

12. […]

13. Documented evidence of effective implementation (objective evidence) must be available at the next routine surveillance audit, unless verified by a Special Surveillance audit in the interim.

14. A Special Surveillance audit, with a separately determined fee, may be required to verify the corrective action on Major nonconformances or a surplus of minor and/or major nonconformances, or due to sector specific (e.g., Aerospace) requirements for verified closure before certification can be granted.

15. If the Client does not successfully respond with corrective actions to nonconformances within 6 months for an Initial Assessment, the audit report shall be completed with its incomplete status documented and submitted to the Senior Program Manager, Registrar Operations as “Closed – Registration Denied”.

Surveillance Audits

1. After registration is achieved, routine surveillance audits are conducted to ensure that the QMS/EMS is maintained in conformance to the STANDARD and related requirements. These audits are shorter than the Initial Assessment, but have duration and extent of audit activity sufficient to demonstrate that the QMS/EMS in functioning effectively.

2. Surveillance audits are normally carried out at intervals of six or twelve months, with the audit date being established at the previous audit. If the record of continued conformance by the Client demonstrates marginal performance or instability, the frequency of routine surveillance audits may be increased (from twelve months to six months, when applicable) or selective Special Surveillance audits may be required.

3. PRI Registrar reserves the right to conduct unannounced audits. Some of the conditions under which PRI Registrar reserves the right to conduct these types of audits are: to investigate complaints, or in response to changes, or as follow up on suspended clients.

4. For Annual Surveillances, – the date of the first surveillance audit following initial certification shall not be more than 12 months from the date of the registration decision (certificate issue date).

5. The Scheduler confirms the audit with Client and Lead Auditor 6-9 months before each routine surveillance visit. However, PRI Registrar reserves the right to conduct unannounced surveillance or investigative visits at its discretion and at Client expense.

6. Special Surveillance audits shall be conducted when specifically identified circumstances require detailed on-site assessment. Such circumstances may originate from complaints, allegations of registration violations or concerns about the stability and integrity of the QMS/EMS. A Special Surveillance also may be required when a Client makes changes affecting the scope of registration or when major changes are introduced into its QMS and/or EMS. A Special Surveillance with a separately determined fee may be required to verify the corrective action on MAJOR nonconformances or a surplus of minor and/or major nonconformances.

7. Clients shall be advised of PRI Registrar’s fees and procedures for the conduct of surveillance to assure compliance with these provisions.
Renewal of Registration

Recertification Audit Planning

1. PRI Registrar notifies the Client approximately six (6) to nine (9) months before the expiration of its registration and upon verification of customer data, provides a “Quotation/Agreement for Registration” covering the next registration cycle.

2. The Recertification audit shall be planned and conducted to evaluate the continued fulfillment of all of the requirements of the relevant management system standard or other normative document. The purpose of the Recertification audit is to confirm the continued conformity and effectiveness of the management system as a whole, and its continued relevance and applicability for the scope of certification.

3. The Recertification audit shall consider the performance of the management system over the period of certification, and include the review of previous surveillance audit reports.

4. Recertification audit activities may need to have a Stage 1 audit in situations where there have been significant changes to the management system, the client, or the context in which the management system is operating (e.g. changes to legislation).

5. In the case of multiple sites or certification to multiple management system standards being provided by the certification body, the planning for the audit shall ensure adequate on-site audit coverage to provide confidence in the certification.

6. The new agreement will be based upon the current assessment process with a full Recertification audit performed every three years to continue registration. Generally, this Recertification is not as long as the original Assessment, providing that the Client’s history of compliance to the Standard is satisfactory.

7. Upon timely receipt of the signed Agreement for continued registration, PRI Registrar shall schedule and conduct the Recertification audit approximately three (3) months prior to expiration of registration to enable registration continuity to be maintained.

8. The scope and plan for the Recertification audit is determined by reviewing the renewal application, the registration history file and direct contact with the Client as appropriate.

Recertification Audit

1. The Recertification audit shall include an on-site audit that addresses the following:
   a) the effectiveness of the management system in its entirety in the light of internal and external changes and its continued relevance and applicability to the scope of certification;
   b) demonstrated commitment to maintain the effectiveness and improvement of the management system in order to enhance overall performance;
   c) whether the operation of the certified management system contributes to the achievement of the organization’s policy and objectives.

2. The client will have 30 days for ISO / EMS and 20 days for Aerospace within which to provide both the Lead Auditor and PRI Registrar a plan for correction, root cause, corrective action and verification evidence for each finding noted in the Stage 2 audit. Extensions of this 30-day requirement for ISO / EMS will be considered on an individual basis when requested in writing to the PRI Registrar office. There are no extensions for Aerospace. Objective evidence of correction and corrective action for major nonconformances shall be due prior to the expiration of certification. For Aerospace audits, objective evidence shall be required for all nonconformances.

3. […]

4. Document evidence of implementation (objective evidence) must be available at the next routine surveillance audit, unless verified by a Special Surveillance audit in the interim.
5. A Special Surveillance audit, with a separately determined fee, may be required to verify the corrective action on Major nonconformances or a surplus of minor and/or major nonconformances or due to sector specific (e.g., Aerospace) requirements for verified closure before certification is issued.

6. […]

7. If the Client does not respond with corrective actions to nonconformances prior to their date of expiration, then the certificate shall expire and be invalid. The Client shall have six (6) months from the date of expiration to complete the responses to nonconformances, at which point a registration decision may be made to restore the Client’s registration and issue a new certificate. In this case, the certificate shall not be issued for a full three years, but shall reflect the period of lost certification, with a new expiration date based on the previous cycle.

8. The certification body shall make decisions on renewing certification based on the results of the Recertification audit, as well as the results of the review of the system over the period of certification and complaints received from users of certification.

Recertification Document Review Audits
Document Review Requirements: An (off-site) document review may be required when a new auditor is assigned to a Recertification audit simply to familiarize the auditor with the client’s documentation. Approximately 60 days prior to the Recertification audit the document review shall occur. The Lead Auditor may request process documentation […] from the client in order to familiarize them self with the client’s management system before the Recertification audit is conducted. During the Recertification audit, if additional time for the nonconformance review is required, this will be notated in the Recertification audit report and discussed with the client during the closing meeting.

Scope Related to the Audit and Registration
Audit Scope
The audit scope describes the extent and boundaries of the audit, such as physical locations, organizational units, activities and processes to be audited.

Scope of Registration
Scope of Registration shall state clearly in words the scope of the quality management system (QMS) in a way that will not mislead customers, and shall ensure that information is available to determine which categories of product and product realization processes are included within the Scope of Registration. In particular, scope statements shall be explicit in stating the responsibility for product, design and development and other principal realization processes such as manufacturing, sales, and service.

a) The not applicable clause 8 requirements may relate to all or only some of the product categories that are within the scope of the organization’s QMS. Justification for the non-applicability of any requirement must be documented in the organization’s quality documentation. This information will be audited by your auditor.

b) If the organization has responsibility for and realizes or outsources the design and development process, the scope of registration shall include the words “Design of…”, “Development of…” or “Design and development of…”
ISO 14001 Environmental Management System (EMS) Scope of Registration
Describes the activities and organizations within the EMS. A scope statement includes the processes, products and physical boundaries that are applicable to the Environmental Management System.

ISO 45001 Occupational Health and Safety Management Systems Scope of Registration
Describes how an organization identifies occupational risks and meets health and safety obligations in an efficient and effective manner.

Modification of Scope of Registration and Other Relevant Company Information
The Client is responsible for maintaining the QMS/EMS in the manner as registered. During the registration period, the Client must notify PRI Registrar of any changes to its QMS/EMS or the scope of registration. Examples of scope changes might be the expansion of the registration to cover new processes not originally included. PRI Registrar will evaluate these changes and notify the Client whether or not they affect the approval of registration. A surveillance assessment may be scheduled at the Client’s expenses if the changes are considered major by PRI Registrar. Additionally, all changes related to location and audit contact changes must be reported to your Account Specialist.

The client is responsible for alerting the Account Specialist when any changes occur in conjunction with the “main” contact indicated in RMS or adding a “secondary” contact.

Responding to Nonconformances
General guidelines for nonconformance responses, as well as instructions for responding in RMS, are available at http://www.priregistrar.org/client-help

Instructions for responding to nonconformances in OASIS are available at: https://oasishelp.iaqg.org/?s=ncr+management

Required Response for nonconformances:
- Root Cause
- Correction(s)
- Corrective Action
- Objective Evidence
- Containment Actions (if applicable)

CAR submittal is due 30 calendar days after the last day of the audit. For Aerospace audits, the following deadlines must be met:
- Containment & Correction (if Containment is applicable):
  - 7 calendar days following the end of the audit
- Root Cause and Corrective Action (if Containment is applicable):
  - 20 calendar days following the end of the audit
Root Cause & Correction, and Corrective Action (if Containment is not applicable):
- 20 calendar days following the end of the audit.

For audits conducted in RMS, the Client may review a list of any nonconformances, and their statuses, by navigating to the “NCRs” tab of the audit in RMS. Individual nonconformances can be retrieved via the “Download” link.

For audits conducted in OASIS, the Client may review a list of any nonconformances, and their statuses, by navigating to the “Form 4: Nonconformity Report (NCR)” in your audit in OASIS. Nonconformances (along with all other audit documents) can be retrieved via the “Download Audit” link at the top of the audit page.

Special Surveillance

The Lead Auditor has the authority to require a Special Surveillance in order to close out nonconformances identified during the current audit. In addition, PRI Registrar can require a special audit due to reasons related to extensions to Scope of Registration, facility or address changes, or due to other industry oversight audit outcomes.

Adding Nonconformance review time

The Lead Auditor can add time associated with an audit if it becomes necessary for the auditor to allocate more time to the review of corrective action responses and their effectiveness.

Suspension or Withdrawal of Certificates

1. The Client may terminate its registration at any time by providing written notice of its intention to PRI Registrar. This must be accompanied by the [...] immediate termination of the use of the Registration Mark and National Accreditation logo(s).

2. Registration may be suspended by PRI Registrar for a limited time period for any of the following reasons:
   a) The client’s certified management system has persistently or seriously failed to meet certification requirements, including requirements for the effectiveness of the management system.
   b) The certified client does not allow surveillances or recertification audits to be conducted at the required frequencies.
   c) An audit must be conducted in each calendar year. Surveillance audits must be conducted in each non-recertification calendar year.
   d) For Aerospace organizations, if the Purchasing process is not audited in each calendar year.
   e) The first surveillance following a Stage 2 must occur no more than 12 months from the date of registration.
   f) Failure to schedule audits within PRI Registrar’s target date ranges.
   g) The client has failed to meet financial obligations to PRI Registrar, preventing the scheduling of audits in the required timeframe.
   h) The certified client has voluntarily requested a suspension.
i) The client does not respond to nonconformances within the required timeframes.

j) Repeated failure to adequately address the same nonconformance over the course of multiple audits.

k) Misuse of the certificate or logo that is not suitably retracted and corrected with measures instituted to prevent recurrence.

l) The client takes an action that may damage PRI Registrar’s reputation, and the action is not corrected in a timely manner.

m) There has been significant legal noncompliance on the part of the client, and the issue has not been handled as agreed.

n) There is a flagrant or significant disregard for the requirements of certification.

o) An Aerospace client fails to maintain accurate information in the OASIS database; including, but not limited to: supplier name and address; supplier OASIS administrator; additional locations and/or facilities as they are added; and corrections or changes to any or all information required in OASIS.

p) Any other violation of the procedures of PRI Registrar.

3. In the event of suspension of registration for a limited time period, PRI Registrar shall advise the Client by email to suspend the use and display of the certificate and logo(s) until such time as the deficiencies are corrected. Corrective actions will be necessary for the restoration of registration.

4. The Client’s certificate would typically be maintained in the suspended status for 90 days. Based on individual circumstances, the period of suspension may be extended up to 6 months.

5. Registration shall be withdrawn for any of the following reasons:

   a) Failure to correct the cause of suspension within the assigned deadline.

   b) Persistent nonconformance to the requirements of certification.

   c) Any violation of the client’s agreement with PRI Registrar.

   d) Continued failure to meet financial obligations to PRI Registrar.

   e) The certified processes, products, or services are no longer offered by the client.

   f) Issues that previously resulted in suspension reoccur.

   g) The client is unable or unwilling to conform to new program requirements.

   h) The client ceases to implement the relevant management system activities.

   i) At the request of the client.

   j) On any other grounds specifically provided for under the registration requirements or other agreements between PRI Registrar and the organization.

6. A withdrawn Certificate of Registration shall be canceled and not reissued.

7. Should the registration be withdrawn or expire, the Client shall be notified by email to immediately terminate all use and publication of the logo(s) […]. The Client shall also be instructed to destroy any literature bearing the registration marks.

8. If the Client ceases to do business within the scope of registration, they must notify PRI Registrar immediately. The Certificate of Registration may be revised, or the registration withdrawn by PRI Registrar, as appropriate.

9. The Client may appeal suspension or withdrawal according to the Appeals Process.
Appeals Process

Clients may choose to appeal any nonconformance or registration decision that they feel is not justified by the requirements of the applicable standard(s), or that is based on inaccurate or incomplete information.

Nonconformance Appeal
If appealing a nonconformance, the Client must alert the assigned Account Specialist within 20 calendar days of the closing meeting of their audit. In the case of a Client with multiples sites, the notice of appeal must be made within 20 calendar days of the nonconformance being issued. Once the notice has been received, the Account Specialist shall provide the client a Nonconformance Appeal Form (RF-139), where the Client shall document the reason(s) for the appeal. PRI Registrar’s technical manager shall review the appeal, and conduct an investigation to determine the validity of the appeal. If the technical manager was involved in the audit, another impartial registration-decision maker will be selected to conduct the investigation. Within 7 calendar days, the technical manager (or alternate) shall provide the Client with a decision on accepting or denying the appeal of the nonconformance.

If the Client disagrees with the outcome of the appeal decision, then they may choose to request an additional review by a different, impartial decision-maker; at this point, a $500 fee would be required. A third review, conducted by a sub-committee of PRI Registrar’s Advisory Panel, may also be requested at no further cost. The decision of the Advisory Panel sub-committee shall be considered final.

NOTE: The timelines for nonconformance response remain in effect during the appeal process. Failure to meet the response deadlines shall still result in suspension, unless a decision to accept the appeal is issued prior to response due date.

Registration Decision Appeal
If appealing a registration decision, the Client must alert the assigned Account Specialist within 20 calendar days of the registration decision.

NOTE: When a decision is made to withdraw an Aerospace certification, the OASIS database must be updated within 14 calendar days, and the withdrawal cannot be reversed in the database. Therefore, in the case of an Aerospace withdrawal, notice of appeal must be submitted to the Account Specialist no more than 10 calendar after the decision.

Once the notice has been received, the Account Specialist shall provide the client a Registration Decision Appeal Form (RF-140), where the Client shall document the reason(s) for the appeal. A sub-committee of PRI Registrar’s Advisory Panel shall review the appeal, and conduct an investigation to determine the validity of the appeal. Both a representative of the Client and the original registration decision-maker will be given the opportunity to present their case to the sub-committee. Within 10 business days, the sub-committee shall provide a decision to accept or deny the appeal. The decision of the Advisory Panel sub-committee shall be considered final.
Client Rights and Responsibilities

Logo, Certificate and Use of Registration Marks
Rules pertaining to these items may be found at http://www.prieregistrar.org/client-help

Audit Oversight
Accreditation Bodies, Other Party Assessors, Regulatory Agencies, or Customer Representatives may accompany the audit team as observers of the audit process at any time. A PRI Registrar Representative will contact the Client and Auditor(s) in order to communicate oversight details. When customer or government representatives are accompanying as observers in the audit, the audit team leader shall have the option of including in the audit report any comments/concerns brought forward by these representatives. The audit team shall ensure that observers do not unduly influence or interfere in the audit process or outcome of the audit.

Periodically, PRI Registrar’s Accreditation Body selects audits for each accredited standard in order to conduct witness audits. These witness audits are intended to demonstrate the ongoing effectiveness of PRI Registrar’s auditors and processes. These witness audits will not affect the Client’s audit in any way, and all Clients are contractually obliged to host the witness audit if selected. The Accreditation Body assessors are bound by confidentiality agreements with PRI Registrar, but will sign Client confidentiality or non-disclosure forms upon request.

IAQG members, Accreditation Bodies, and regulatory agencies may, without notification to Certification Bodies (CBs), access its facilities and records to ensure conformity and to perform oversight assessments of the CB’s processes and activities associated with the AS series standard, and our accreditation and recognition as a CB under the ICOP scheme. The “right of access” shall include the witness of CB audits of organizations without advanced notification. The CB shall ensure this “right of access” is contractually extended to the CB’s client facilities and associated records. CBs shall ensure that classified material or export control requirements, related to CB auditor access, are disclosed to their aviation, space, and defense clients and included in the service contract and audit planning activities. Records of the disclosure and agreements regarding auditor access shall be maintained through the notes area in RMS.

Technical experts may also accompany auditors during an audit. The role of technical experts during an audit activity shall be agreed to by PRI Registrar and the client prior to the conduct of the audit. A technical expert shall not act as an auditor in the audit team. The technical expert shall be accompanied by an auditor.

Requirements for AQMS Certified Organizations
ICOP certified organizations shall be expected to comply with the duties, responsibilities, and requirements of the ICOP scheme as defined in the 9104-series AQMS processes.
AQMS certified organizations shall allow PRI Registrar to provide tier 1 data (i.e., information on the issued AQMS standard certificate – public domain) and tier 2 data (e.g., information and results of audits, assessments, nonconformances, corrective action, scoring, suspensions – private domain) to the OASIS database. Organizations shall provide access to the tier 2 data in the OASIS database to their aviation, space, and defense customers and authorities, upon request, unless justification can be provided (e.g., competition confidentiality, conflict of interest).

If AQMS certified organizations lose their AQMS standard certification, they shall be responsible to provide immediate notification to their aviation, space, and defense customers.

AQMS certified organizations shall provide “right of access” to their facilities, people, and processes for review by customers and regulatory authorities.

Failure of a certified organization to abide by these expectations shall be cause for withdrawal from the ICOP program and the OASIS database listings.

Notification of Changes by PRI Registrar

All registered Clients shall be notified of any significant changes in PRI Registrar’s registration system. Opportunity to comment on such changes shall be provided; clients may do so by contacting their client manager.

PRI Registrar also will notify the Client of any changes to the Standard or policies and procedures of the National Accreditation Body(ies) and/or PRI Registrar which affect the registration status of the Client.

Reasonable time will be allowed to adapt to these changes.

Industry Specific Definitions

**Certification** - Used to verify the conformance of an organization's management systems to a standard or other requirement. Also sometimes referred to as registration.

**Certification body (CB)** - A third-party company (PRI Registrar) contracted to evaluate the conformance of an organization's management systems to the requirements of the appropriate standards and issue a certificate of conformance when warranted. Also known as a registrar.

**Closure** (of a nonconformity) – Evidence of acceptable correction and corrective action, or an acceptable plan for correction and corrective action plus evidence of effective implementation of the plan.

**Containment** (for AQMS systems) – Action to control and mitigate the impact of a nonconformity and protect the customer's operation (stop the problem from getting worse); includes correction, immediate corrective action, immediate communication, and verification that the nonconforming situation does not further degrade (AS9101F, section 3.1).

**Correction** - Action to eliminate a detected nonconformity (ISO 9000:2015, section 3.12.3).
**Corrective action** – Action to eliminate the cause of a detected nonconformity or other undesirable situation. Corrective action is taken to prevent recurrence (ISO 9000:2015, section 3.12.2).

**Expert Review**: A qualified (peer) auditor is assigned to independently review the Audit Team’s Assessment Report relative to the Standard and make recommendations regarding the registration decision.

**Export Controls** - In general, the PRI policy and process regarding control of Export Controlled/Restricted materials is that suppliers are responsible to know the status of all such materials, information, etc. in their possession and to safeguard it as per the regulations. If suppliers are unaware of the status of their materials and technical data, they are to contact their customers. Even though the PRI Registrar audits are management systems audits, suppliers must safeguard Controlled/Restricted materials during the audit as required by the laws and regulations. Auditors may come in contact with such information as they audit various elements of the suppliers' manufacturing and management systems. PRI asks whether the supplier has Export Controlled/Restricted materials as part of the application process.

**Initial Assessment** – Process of evaluating an Applicant’s suitability for Certification using review of documentation, Assessment audits, and Transfer audits.

**Key Performance Indicator (KPI)** – Measures associated with goals or targets showing how well an organization is achieving its objectives or critical success factors for a particular project. KPIs are used to objectively define a quantifiable and measurable indication of the organization's progress towards achieving its goals.

> NOTE: KPIs relating to an organization’s financial performance are not in the scope of the standard; however, economic measures (e.g., sales quotas, scrap value reduction) can be considered acceptable measures for process improvement.

**Lead Auditor**: A qualified individual assigned from the Qualified Auditor List who acts as audit team leader on behalf of PRI Registrar.

**Major nonconformity** – Nonconformity that affects the capability of the management system to achieve the intended results. Nonconformities could be classified as major in the following circumstances:
- if there is a significant doubt that effective process control is in place, or that products or services will meet specified requirements;
- a number of minor nonconformities associated with the same requirement or issue could demonstrate a systemic failure and thus constitute a major nonconformity (ISO 17021-1 2015 section 3.12).

In addition, for AQMS, a major nonconformity can be one or more of the following situations:
- a nonconformity where the effect is judged to be detrimental to the integrity of the product or service;
- the absence of or total breakdown of a system to meet a 9100-series standard requirement, a customer QMS requirement, or documented information defined by the organization;
- any nonconformity that can result in the probable delivery of nonconforming product or service; and
- a condition that can result in the failure or reduce the usability of the product or service and its intended purpose.

**Management systems** - An organization's structure for managing its processes that transform inputs of resources into a product or service that meet the organization's objectives, such as satisfying customer quality requirements, complying with regulations, or meeting environmental objectives.

**Minor nonconformity** – Nonconformity that does not affect the capability of the management system to achieve the intended results.

For AQMS applications: In addition, a minor nonconformity can be a single system failure or lapse in conformity to meet a 9100-series standard requirement, customer QMS requirement, or documented information defined by the organization.

**Nonconformity (NCR)** – Non-fulfillment of a requirement (ISO 9000:2015, 3.6.9). Also referred to as a nonconformance. Could be either a Major or Minor classification.

**Opportunity for improvement (OFI)** – Any finding not classified as a nonconformity or not withdrawn. Any negative finding of a potential nonconformity will be classified as an OFI (see definition of preventive action). There may be OFIs that are not potential nonconformities, and not all OFIs need to be documented using the finding form.

**Quality Manual/Documentation** - A formal documentation of a Quality Management Systems/Environmental Management System that includes policy descriptions of the system and references to pertinent procedures. **Note**: A formal quality manual is longer required in ISO 9001: 2015 as it is now referenced as quality documentation.

**Registrar Management System (RMS)** – Web-based data system used by PRI Registrar to administer audit and manage audit related details.

**Stage 1 audit** – First stage of a two-stage audit conducted for management systems certification. The Stage 1 audit is for conducting a document review and determining the organization’s readiness for a Stage 2 audit. Objective evidence of completed internal audits and management review will be reviewed. For EMS clients, the auditor will additionally be confirming the organization has conducted an effective aspects analysis and that the organization is knowledgeable of legal requirements.

**Stage 2 audit** – Second stage of a two-stage audit conducted for management systems certification. The Stage 2 audit is to confirm effective implementation of a management system.

**Suspension of Certification** – Certification shall be suspended in cases when the client’s organization has failed to meet certification requirements, including requirements for the effectiveness of the management system. Another reason for suspension is that the client does not allow surveillance or Recertification audits to be conducted at the required frequencies or if
invoices have not been paid. For AQMS clients, notification of suspension will be published at [www.iaqg.sae.org/oasis](http://www.iaqg.sae.org/oasis).

**Withdrawal (cancellation) of Certification** – Cessation of Certification. Requires /…/ cessation of use of the PRI Registrar mark in any form and any reference to certification status. For AQMS clients, notification of withdrawal will be published at [www.iaqg.sae.org/oasis](http://www.iaqg.sae.org/oasis).

For a complete list of industry related Acronyms see our website [http://www.priregistrar.org/resourcecenter/acronyms](http://www.priregistrar.org/resourcecenter/acronyms)

**Resources:**

- **ANAB (ANSI-ASQ National Accreditation Board)** [www.anab.org](http://www.anab.org)
- **American National Standards Institute (ANSI)** [wwwansi.org](http://wwwansi.org)
- **IAAR Directory of Certified Companies (Independent Association of Accredited Registrars)** [www.iaar.org](http://www.iaar.org)
- **International Aerospace Quality Group (IAQG)** [www.iaqg.org](http://www.iaqg.org)
- **International Organization for Standardization (ISO)** [www.iso.org](http://www.iso.org)
- **SAE International** [www.sae.org](http://www.sae.org)