

Ministry of The Cabinet
S U D A N E S E
ACCREDITATION COUNCIL



وزارة رئاسة مجلس الوزراء
المجلس السوداني للإعتماد

SDAC-QM

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Quality Manual

SDAC Quality Manual



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1. OVERVIEW CONTENTS

1.1 Purpose

This quality manual describes the SDAC quality management system as established and maintained by the Sudanese Accreditation council (SDAC).

1.2 Vision

To be in the fore front of the internationally recognized accreditation bodies

1.3 Mission

To promote the national economy and to realize customers' satisfaction through granting accreditation that is the formal recognition of the competence conformity assessment bodies conducting testing, calibration and inspection.

1.4 Values

The Policy Manual supports our values that are based on the principles of Impartiality, Non-Discrimination, Innovation, Transparency and Integrity

2. SCOPE

This quality manual specifies how the quality management system of SDAC is structured in provision of accreditation services to CABs that include laboratories (testing, calibration, medical), inspection bodies and certification bodies. ,

The manual has been structured in line with **ISO/IEC 17011:2017- Conformity assessment - General requirements for accreditation bodies accrediting conformity assessment bodies.**

3. ROLES AND RESPONSIBILITY

- 3.1 Quality Manager : Development and maintenance of the quality management system
- 3.2 Secretary General : Approval and provision of funds for implantation of the quality management system
- 3.3 All staff : Compliance

4 GENERAL REQUIREMENTS

4.1 Legal Entity

The Sudanese Accreditation Council SDAC was established as an independent referral entity for accreditation under the umbrella of the Ministry of Cabinet. The establishment of SDAC has been based on the following legislations:

- The Sudanese Accreditation Act. 2015
- The Resolution of the Council of Ministers No (362) for the year 2015 on the appointment of the Secretary General.
- The Resolution of the Council of Ministers No (226) for the year 2016 on the endorsement of SDAC Organizational structure.

4.2 Accreditation Agreement

Terms and conditions of accreditation are stipulated in the accreditation **SDAC ACCREDITATION AGREEMENT SDAC-F-01**

4.3 Use of Accreditation Symbols and Other Claims of Accreditation

SDAC remains the sole proprietary owner of its accreditation symbols considering the legal registration of symbols under the intellectual property registration Act. An accredited CAB therefore uses the SDAC accreditation symbol in its reports or certificates issued within the scope of its accreditation in accordance with the **SDAC-PO-05**.

4.4 Impartiality Requirement

4.4.1 SDAC understands the importance of impartiality in carrying out its accreditation services and manages any conflict of interest in order to safeguard impartiality when providing accreditation services

4.4.2 SDAC is responsible for the impartiality of its accreditation activities and does not allow any commercial, financial or other pressures to compromise impartiality

4.4.3 The top management is committed to impartiality. SDAC documented its impartiality policy in **SDAC-PO-02** which is publicly available on SDAC website.

4.4.4 SDAC employees, assessors/experts and committee members of SDAC have been made aware of the importance of objectivity and adherence to good code of ethics and governance while discharging their duties. This has been enhanced by ensuring that all personnel and committee members to disclose any potential conflict of interest whenever it may arise by signing **SDAC-F-45**

4.4.5 SDAC has documented and implements a process that provide the opportunity for the effective involvement by interested parties for safeguarding impartiality. The Advisory Committee is the mean adopted by SDAC to safeguard impartiality with a balanced representation of interested parties. SDAC- PR-06 includes the operational rules for SDAC Advisory Committee

4.4.6 SDAC identifies, analyses, evaluates, treats, monitors and documents risks to impartiality on an ongoing basis in consultation with the interested parties as described in SDAC Risk Management Procedure **SDAC- PR-03**

4.4.7 Where risks to impartiality are identified, these are documented in the **SDAC-F-07** “Risk assessment Matrix” which also contains risk treatment actions that are monitored for effectiveness in reducing the risk. Any residual risks are also documented and monitored.

4.4.8 The top management reviews the residual risks to ensure if it is within the level of acceptable risks

4.4.9 When an unacceptable level is identified and which cannot be mitigated to an acceptable level, then accreditation shall not be provided

4.4.10 SDAC applies its policies and procedures in a non-discriminatory manner and its services are available to all conformity assessment bodies (CABs) whose application for accreditation falls within the scope of SDAC accreditation activities.

SDAC services do not depend on size of the applicant, membership of any associations nor is accreditation conditional based upon the number of CABs already accredited.

4.4.11 SDAC does not offer any conformity assessment activities or consultancy services

4.4.12 SDAC is not linked to any body offering consultancy or undertaking conformity assessment activities

4.4.13 SDAC activities are not presented as linked with consultancy or other services that post an unacceptable risk to impartiality.

SDAC can provide training courses with generic information without any specific solutions to CABs. The assessment teams can identify opportunities for improvement during the assessment without recommending specific solutions.

4.5 Financing and Liability

SDAC management ensures sufficient budgetary arrangements that will provide adequate financial resources to enable it sustain its operations as well as to cover any liabilities that may arise from its activities. Financial records and statements are maintained.

SDAC generates its own income from accreditation. Every year the SDAC makes an estimation of the resources needed, and the costs associated with these resources. Based on this SDAC will allocate budgets and the fees are established.

By law the budget and the fees of the SDAC need approval from the Minister of Finance and Economic Planning prior to which approval from SDAC Council is needed. SDAC operational budget deficit is funded by the Government.

The published annual report includes the financial figures which are approved by an independent accountant. Based on this report and the approval of the Minister of Finance and Economic Planning has to approve the annual accounts

In addition to the appropriation allotted by the State, SDAC's other financial resources include:

- Gifts and donation approved by the council
- Any other revenue approved by the council.

Liabilities arising from accreditation activities are covered by an item incorporated in SDAC annual budget. SDAC does not accept liability for possible errors made by accredited organizations. All accredited organizations are required to absolve SDAC of any such liabilities by signing the accreditation agreement **SDAC-F-01**.

4.6 Establishing Accreditation Schemes

4.6.1 SDAC carries out its activities as stipulated in Sudanese Accreditation Council **Act, 2015** and endeavors to carry out its activities in such manner as to fulfill the requirements of ISO/IEC17011:2017

SDAC offers currently accreditation of testing laboratories according to ISO/IEC 17025

SDAC is working to extend the accreditation schemes to include:

- Accreditation of calibration laboratories according to ISO/IEC 17025
- Accreditation of medical laboratories according to ISO 15189
- Accreditation of inspection bodies according to ISO/IEC 17020

4.6.2 SDAC uses the available international guidance documents. When needed, SDAC develops guidance and application documents through the Advisory Committee. These documents do not contradict or exclude any of the requirements included in the relevant international standards.

4.6.3 SDAC develops and uses criteria for the above scope for assessments. Details of the scheme and scope of assessment are indicated in the directory of accredited CABs and in the schedule of accreditation for the specific CABS.

4.6.4 SDAC has established a procedure to enable it extend SDAC activities and to effectively and efficiently respond to demands of all the interested parties.
SDAC-PR-13

The following are considered

- Feasibility study
- Analysis of present resources
- Accessing expertise
- Any need for application or guidance documents
- Personnel training
- Transition arrangements

- View of interested parties

4.6.5 Before SDAC discontinues an accreditation scheme in part or in full, at least the following shall be considered:

- Views of interested parties
- Contractual duties
- Transition arrangements
- External communication regarding the discontinuation
- Information published by the accreditation body

5 STRUCTURAL REQUIREMENT

5.1 SDAC is structured and managed so as to safeguard impartiality. All employees, assessors/experts and committee members of SDAC have been made aware of the importance of objectivity and adherence to good code of ethics and governance while discharging their duties.

5.2 SDAC is structured and operated in such a way as to ensure its operations safeguard the objectivity, confidentiality and impartiality of its activities hence providing the desirable confidence to its customers. SDAC documents its entire organizational structure, including lines of authority and responsibility

5.3 SDAC was established as an independent referral entity.

5.4 The Sudanese Accreditation Council SDAC was established as an independent referral entity for accreditation in terms of the Sudanese Accreditation Council Act, 2015. SDAC is working under the umbrella of the Ministry of Cabinet.

5.5 SDAC has authority and is responsible for its accreditation decisions which is not be subject to approval by any other organization or person, **The Sudanese Accreditation Council Act, 2015**

5.6 SDAC document the duties, responsibility, authority of top management and other personnel associated with the accreditation body who are involved in the accreditation process. Reference **SDAC-PR-07 & SDAC-G-04**

Organizational structure of SDAC:

SDAC's organizational structure is composed of the Council and the General Secretariat

- **Formation of the Council:**

The Council is headed by the Minister of Cabinet Affairs and includes in its membership the undersecretaries of ministries, general secretaries and the representatives of relevant institutions in both the public and private sectors.

- **The General Secretariat:**

It is composed of the following:

1. The Secretary General

2. The Units Reporting to the Secretary General including:

- Executive Office

- Training Unit

- International Relation

- Internal Financial Audit

- Quality Unit

- IT Unit

- Legal Affairs

- Media & Public Relation

3. The Administrations, namely:

- General Administration of Laboratories Accreditation

- General Administration of Inspection Bodies Accreditation

- General Administration of Certification Bodies Accreditation.

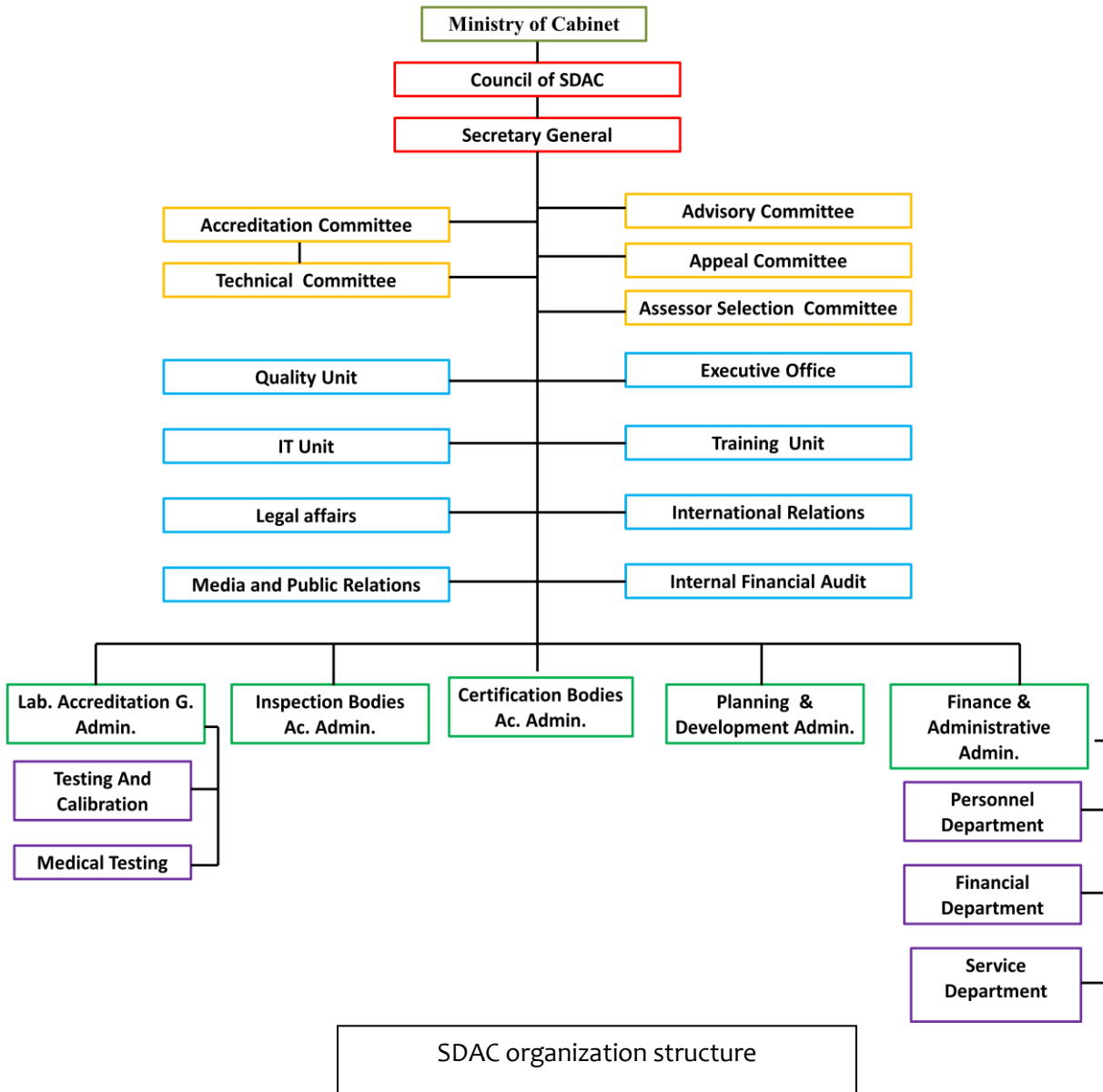
- General Administration of Planning & Development



- Finance & Administrative Administration

In addition, SDAC has several committees including:

- The Advisory Committee
- The Appeal Committee
- The Assessors Selection Committee
- The Technical Committee assigned for decision recommendation
- The Accreditation Committee



5.7 SDAC Top Management

5.7.1 Top Management

Top Management consists of the Secretary General, Laboratories Accreditation Manager, Inspection Bodies Accreditation Manager, Certification Accreditation Manager, Quality Manager, Planning and Development Manager, Finance and Administrative Administration Manager whose responsibilities are defined in their specific job descriptions.

5.7.2 SDAC Council

The Council is responsible for

- a) Grant accreditation certificate to Conformity assessment bodies and cancelling such certificates .
- b) Constitute technical and advisory committees to assist it in performing its tasks.
- c) Approve the annual budget and submit the same to competent bodies.
- d) Determine remuneration of the members of technical, advisory and executive committees.
- e) Determine the condition of approved assessors and their qualification.
- f) Issue internal regulation to organize its businesses and meetings ,

5.7.3 Secretary General:

Secretary General (SG) is responsible to the Council for the development, direction and management of SDAC in accordance with the Strategic/Business Plan and Annual implementation Plans objectives, and for demonstrating commitment to safeguarding impartiality. The SG chairs the Accreditation Committee. In his/her absence the SG appoints an acting deputy. The appointment is formalized in a memo and distributed to relevant persons within SDAC. Heads of units are responsible for SDAC activities within their own units.

5.7.4 General Accreditation Manager

The General Accreditation Manager is responsible for the overall management of the accreditation and assessment services. The General Accreditation Manager reports to Secretary General (SG) as the immediate supervisor.

5.7.5 Accreditation Manager

The Accreditation Manager is responsible for ensuring that assessments for the assigned accreditation scheme are conducted in accordance with the relevant standards and SDAC requirements

and for implementing action plans from SDAC Strategic and Annual Implementation plans in conjunction with the General Accreditation Manager.

5.7.6 Finance and Administration Manager

The Finance and Administration Manager is responsible for maintaining books of accounts and other records relating to accounting transactions of the company, budgeting and budgetary control and preparation of monthly and financial statements. The Finance and Administration Manager ascertains that financial statements are true and fair in a manner required by the financial regulations. The Finance and Administration Manager reports to the Secretary General (SG).

5.7.7 Quality Manager

The SDAC Quality Manager is responsible for ensuring amongst other duties that SDAC complies with the requirements of ISO/IEC 17011 and other relevant criteria in order to achieve and maintain international recognition. Quality Manager reports to SDAC SG as the immediate supervisor.

Quality is everybody's business in SDAC. Therefore it is the responsibility of each SDAC staff member to ensure that SDAC policies and procedures as contained in the SDAC quality management system are adhered to at all times. Each staff member shall read and understand the Quality Management System Manual which is made available to all staff at all times.

5.7.8 Training Manager

The Training Manager is responsible for ensuring that all external training on accreditation related matters are effectively undertaken.

5.7.9 CAB File Manager

The CAB File Manager is responsible for organizing and maintaining CAB files and the connection between the assessment team and

the assessed CABs and for overseeing all administrative activities and assessment processes

5.7.10 The Manager of developing & planning administration

He/She is responsible for overseeing the establishment/extension accreditation schemes of and ensuring the appropriate implementation of the process.

5.7.11 Pool of Assessors/Technical experts

Assessors are experts from the public and private sectors as well as from technical different institutions/associations/ who have been trained, qualified and registered as assessors by SDAC. The SDAC assessors are responsible for undertaking accreditation assessments on behalf of SDAC on a contracted basis. Assessors trained and qualified by other accreditation bodies and evaluated for competence can also undertake assessments on behalf of SDAC. Assessment teams consist of a team leader and an appropriate number of assessors to cover the scope of accreditation. The team leader is responsible for organizing, directing and conducting assessments, report findings and to evaluate corrective action.

During the assessment the team leader is also responsible for assessing the quality management system of the applicant as well as undertaking technical assessment within his/her field of expertise.

The assessors are responsible for advising the team leader on specialist technical matters relating to the applicant's scope of accreditation. SDAC may use technical experts on a subcontracted basis to assist in the assessment of an applicant or accredited facility. A SDAC assessor may accompany technical experts on assessment visits. Technical experts may also be contracted to provide expert opinion on any aspect of activities being assessed.

The responsibilities of assessors and experts are defined in the contract between SDAC and the Assessor/Expert. While the procedure for selecting, training and appointing of the assessors is defined in

SDAC-PR-14

5.8 Rules for appointment, ToR and operation of committees

5.8.1 Accreditation Committee

This committee is responsible for decisions on granting, extension and or reduction of scope, suspension and or withdrawal of the accreditation. The accreditation committee is independent of the team that performs the assessment and has a team charter as outlined in **SDAC-PR-11**

5.8.2 Appeal Committee

The Appeal Committee investigates as outlined in **SDAC-PR-15** any disputes or appeals raised by any CAB regarding an accreditation decision made by SDAC.

5.8.3 Technical Committee assigned for decision recommendation

This Committee studies assessment reports and provide recommendation based on which the Accreditation Committee makes its final decision. **SDAC-PR-11** defines the rules of formation Technical Committee assigned for decision recommendation operations.

5.8.4 Advisory committees

Its principle role is to assist SDAC in addressing issues related to the impartiality of SDAC functions and accreditation processes. The Advisory Committee is the mean adopted by SDAC to consult interested parties as required in clause 4.4.6 of ISO/IEC 17011:2017. The operational rules for the Advisory committee are outlined in **SDAC-PR-66**

5.8.5 Assessor Selection Committee

The Assessors Selection Committee is responsible for the selection of candidate assessors and technical experts based on the compliance of their competences to prescribed criteria. The committee also oversees the monitoring of assessors and reviews their performance to give recommendation on the qualification and authorization of assessors and technical experts. The operational rules for the Assessor Selection Committee are outlined in **SDAC-PR-14**

6. RESOURCE REQUIREMENTS

6.1 Competence of personnel

6.1.1 General

SDAC has a processes documented in **SDAC-PR-07** and **SDAC-PR-14** to ensure its personnel have appropriate knowledge and skills relevant to the accreditation schemes and geographic areas in which it operates. The document describes how the competence of SDAC personnel involved in Accreditation process is monitored.

6.1.2 Determination of competence criteria

SDAC ensures that all its personnel and assessment teams involved in the accreditation and/or assessments process have the required competencies, knowledge and skills applicable to their areas of responsibility in order to deliver accreditation services with high quality. The competency criteria required for each category of personnel is determined and documented in **SDAC- PR-07**

6.1.3 Competence management

SDAC ensures the initial and on-going monitoring of its personnel involved in the accreditation process, and in the management and performance of assessments in order to ensure that the required levels of competence and expertise are achieved.

The process for selecting, training and formally authorizing assessors and technical experts is documented in **SDAC- PR- 14**.

The initial competence evaluation of an assessor is documented and recorded to ensure ability to apply required knowledge and skills during assessment as outlined in **SDAC-PR-07**

SDAC identifies training needs and provides access to specific training for all personnel involved in the accreditation processes to ensure competence for the accreditation activities that they perform

The process for monitoring competence and performance of all personnel involved in the assessment activities based on frequency of involvement

and level of risk linked to the relevant accreditation activities is documented in **SDAC-PR-14**

SDAC assessors are monitored at least one time every two years.

The monitoring includes combination of on-site evaluation, review of assessment reports and feedback from personnel, conformity assessment bodies or from other interested parties.

6.2 Personnel involved in the accreditation process

SDAC has access to a sufficient number of competent personnel to manage and support all accreditation activities relevant to the accreditation schemes in which it offers accreditation.

Once the candidate approved by Assessors Selection Committee, the candidate shall sign SDAC assessor contract **SDAC-F-38** and issued with a SDAC certificate. The contract specifies their agreement to comply with SDAC' requirements as assessor, and which includes their responsibilities in terms of confidentiality, impartiality and to notify SDAC with any relations which may compromise impartiality

The assessor shall familiarize with the SDAC accreditation process and requirements before undertaking an assessment on behalf of SDAC.

SDAC gives assessors and technical experts access to an up-to-date set of documented procedures giving assessment instructions and all relevant information on the accreditation processes as outlined in **SDAC -G-01**

6.3 Personnel Records

6.2.1 SDAC maintains records, including qualifications, training, and competence, results of monitoring, experience, professional status and professional affiliations for personnel managing or performing accreditation activities in accordance with **SDAC -PR-01**

6.4 Outsourcing

6.4.1 SDAC itself normally undertakes the accreditation activities. However, it may be necessary to outsource an assessment. In such case, SDAC will remain responsible for the assessment process.

6.4.2 SDAC shall not outsource Accreditation decisions. SDAC Accreditation Committee assigned by the SDAC is responsible to make the accreditation decisions with the charter as outlined in **SDAC-PR-11**

6.4.3 SDAC has established **its Outsourcing Assessment Procedure SDAC PR-16** that describes the conditions under which outsourcing may take place and the outsourcing procedure. The document defines the approval and monitoring of all bodies that provide outsourced services used for accreditation processes.

6.4.4 SDAC enters into a formal agreement (including confidentiality and conflicts of interests), with the outsourced service provider by signing the outsourced service agreement.

6.4.5 SDAC normally takes the responsibility of all outsourced activities and ensures that the outsourced accreditation body confirms to the accreditation requirements including competence, impartiality and confidentiality.

SDAC obtains the consent of the CAB to use outsourced provider of any outsourced assessment.

6.4.6 The process for the approval and monitoring of the outsourced providers is documented in **SDAC PR-16**.

Records of the competence of all personnel involved in accreditation processes are maintained according to **SDAC PR-01**

7 ACCREDITATION PROCESS

7.1 Accreditation Requirement

SDAC accredits conformity assessment body against the criteria set out in the relevant international standards/normative documents as follows:

- Testing and calibration laboratories according to ISO/IEC 17025
- Medical laboratories according to ISO 15189
- Inspection bodies according to ISO/IEC 17020
- Management systems certification bodies according to ISO/IEC 17021-1-

Besides, conformity assessment body must meet the requirements of the relevant national normative documents, the ILAC/IAF mandatory documents e and the SDAC accreditation requirements.

7.2 Application for Accreditation

SDAC requires that a duly authorized representative of the applicant CAB makes a formal application in the prescribed application form for accreditation Application **SDAC-F-08**. Information required of the CAB is detailed on the application form. SDAC reviews for adequacy the information provided by the CAB. Inadequate or false information shall lead to application rejection or assessment process termination.

Where SDAC conducts a preliminary visit before the initial assessment, it is conducted with the agreement of the conformity assessment body. The rules for conducting preliminary visits are documented in **SDAC-PR-08** and **SDAC-G-01**

7.3 Resource Review

SDAC reviews its ability to carry out the assessment of the applicant conformity assessment body in terms of its policy and procedures, competence, timelines and availability of personnel and competent assessment teams with the relevant expertise in the assessed scope.

The review includes the ability of SDAC to carry out the initial assessment in a timely manner.

7.4 Preparation for assessment

7.4.1 SDAC ensures that the selected assessment team shall have appropriate knowledge of the specific scope of accreditation and shall have sufficient understanding to conduct the assessment as outlined in **SDAC-PR-08**.

7.4.2 SDAC informs the conformity assessment body of the names and organizations of appointed assessment team sufficiently in advance. Dealing with the any objection from the conformity assessment body to the appointment of the assessment team is prescribed in **SDAC-PR-08**

7.4.3 The assignment given to each member of the assessment team is clearly defined

7.4.4 SDAC procedures to assess the competence of a conformity assessment body to perform all activities in its scope of accreditation irrespective of where these activities are performed is documented in **SDAC-PR-08** and **SDAC-G-01**. These documents describe the manner in which the assessed scope is covered through the use of a sufficient combination of assessment techniques.

7.4.5 & 7.4.6 **SDAC-PR-09 Sampling for Assessment** ensures that the assessment covers a representative sample of locations and personnel to determine the competence of the conformity assessment body to perform the activities covered by its scope of accreditation. The risk associated with the sampling is considered in this document.

7.4.7 & 7.4.8 **SDAC-PR-08** describes how the assessment plan is developed by the Accreditation Manager and confirmed with the conformity assessment body

7.4.9 The assessment team is provided with the appropriate requirements documents, previous assessment records, if applicable, and the relevant documents and records of the conformity assessment body as outlined in **SDAC-PR-08** and **SDAC-G-01**

7.5 Review of Documented Information

7.5.1 The assessment team review all relevant documented information supplied by the conformity assessment body to evaluate its system for conformity with the relevant standard(s) and other requirements for accreditation. Assessment tools and methods in addition to how to report on the document review outcome are described in **SDAC- PR-08** and **SDAC-G--01**

7.6 Assessment

7.6.1 SDAC has a documented description of the assessment techniques used in **SDAC-PR-08** and **SDAC-G-01**.

SDAC PR- 08 includes how SDAC will report the assessment findings to the conformity assessment body. In addition, **SDAC-G-03** Guidelines for Addressing and Clearing Nonconformities provides guidance to assessors and conformity assessment bodies on how to address and clear nonconformities.

Following is the sequence of the assessment process:

7.6.2 & 7.6.3 The assessment team commences the assessment, whether performed on-site or remotely, with an opening meeting the agenda of which is described in **SDAC-F-16**

The assessment team conducts the assessment based on the assessment plan.

7.6.4 The assessment team shall analyze all relevant information and objective evidence to determine the competence of the conformity assessment body. The methods and tools used for the assessment are documented in **SDAC-PR-08** and **SDAC -G-01**

7.6.5 When assessment team cannot reach a conclusion on a finding, the team refers back to SDAC for clarification

7.6.6 A detailed description for reporting on the outcome delivered at the close of the assessment and the outcome of the assessment is documented in **SDAC -RP-08** and in **SDAC -G - 01**A meeting takes place between the assessment team and the conformity assessment body at the

end of the assessment, whether performed on-site or remotely, with a closing meeting the agenda of which is described in **SDAC-F-23**

7.6.7 Addressing and clearing nonconformities arising from the assessment of the conformity assessment bodies and the stipulated time limits is outlined in **SDAC-G-03** to which Conformity assessment bodies are required to comply. SDAC requires the conformity assessment body to provide root cause analysis of nonconformities and specific actions to resolve the nonconformities.

7.7 Accreditation Decision making

7.7.1 & 7.7.2 The accreditation decisions are taken by SDAC Accreditation Committee based on recommendations of SDAC Technical committee. SDAC process for all types of accreditation decisions is described in **SDAC-PR-10**. The procedure is developed taking into account the independence of the decision, the appropriate competence of the decision maker(s) and the timeliness.

7.7.3 & 7.7.4 SDAC provides the Accreditation Committee with the required information for review before taking the decision as outlined in **SDAC-PR-10**.

7.7.5 The accreditation decision is taken by the Accreditation committee without undue delay. Any decision of the Accreditation Committee shall be notified to the Conformity Assessment Body by the Accreditation Manager through a registered letter with acknowledgment of receipt within fifteen (15) days of the date of the meeting of the Committee

7.7.6 Where SDAC uses results of an assessment performed by another accreditation body, SDAC ensures that other accreditation body was operating in accordance of ISO/IEC 17011

7.8 Accreditation information

Following accreditation, SDAC issues a certificate and associated accreditation schedule to the accredited conformity assessment body. The effective date of accreditation is the date of the accreditation decision.

The accreditation information provided in the certificate and the accreditation schedule to different types of accredited conformity assessment bodies is outlined in **SDAC-PR-8**.

7.9 Accreditation cycle

7.9.1 An accreditation cycle begins at the date of the decision for granting accreditation and shall not be longer than three years. Before the end of the accreditation cycle, a reassessment shall be planned

7.9.2 During the accreditation cycle, SDAC applies the assessment programme for assessing the conformity assessment bodies' activities as detailed in **SDAC-PR-08** and **SDAC -G-01**

7.9.3 The assessment program is established taking risk into consideration. The time between consecutive on-site assessments shall not exceed two years.

7.9.4 The reassessment is planned and performed before the end of the accreditation cycle as detailed in **SDAC-PR-08**. An accreditation decision is made after the reassessment.

7.9.5 SDAC may conduct extraordinary assessments in compliance with **SDAC-PR-08**. The conformity assessment body is normally advised of this possibility

7.10 Extending accreditation SDAC has a procedure **SDAC-PR-12** for extending the scope of accreditation for conformity assessment bodies. SDAC define the appropriate assessment technique based on the risk associated with activities or locations to be covered in the scope extension.

The decision for an extension to the scope of a CAB's accreditation is taken by the Accreditation Committee

7.11 Suspending, withdrawing or reducing accreditation

The procedure **SDAC-PR-12** describes the criteria to decide in which circumstances the accreditation shall be suspended, withdrawn or reduce based on voluntary request from an accredited conformity assessment body or when it has failed to meet the accreditation requirements.

The criteria for lifting the suspension of accreditation is detailed in SDAC - PR-12

7.12 Complaints

SDAC has a documented process in **SDAC-PR-15** to receive, evaluate and make decisions on complaints. The procedure is available on SDAC website to ensure availability to any interested party.

SDAC ensures that Investigation and decision on complaints does not result in any discriminatory actions against the complaints.

7.13 Appeals

SDAC has a documented process in **SDAC-PR-15** to receive, evaluate and make decisions on appeals against decisions of SDAC.

The Appeal Committee appointed by SDAC Secretary General is responsible for handling appeals and to report on the progress of appeal handling.

The Appeal Committee shall not be composed of members with commercial or other interests in the appeal in question, nor be part of the accreditation process or have any relations with the Parties involved in the appeal.

7.14 Records on Conformity Assessment Bodies

SDAC maintains records on conformity assessment bodies to demonstrate that the requirements for accreditation have been effectively fulfilled in accordance with **SDAC -PR-01**

The records relating to conformity assessment bodies are retained at least for the duration of the current accreditation cycle plus the previous full accreditation cycle

8 INFORMATION REQUIREMENTS

8.1 Confidential information

SDAC gives high attention to the management of information obtained or created during the accreditation process. SDAC maintains confidential and not to use or disclose to any other party, any information derived from the conformity assessment body in connection with the services without written consent of the conformity assessment body, except:

- Any information that the conformity assessment body makes publicly available;
- When agreed between SDAC and the conformity assessment body;
- Any information which otherwise may be required to be made available to any court, fiscal or regulatory authority.

SDAC maintains confidentiality in its operations by requiring committee members and assessors/technical experts to sign nondisclosure/confidentiality statement for purposes of each assignment involving accreditation assessment or related activities.

8.2 Publicly available information

SDAC makes publicly available through publications, electronic media or other means, without request, and update at adequate intervals, the following:

8.2.a Information about SDAC

SDAC quality manual and relevant procedures are available to all assessment teams, committees, accredited organizations and all other interested parties.

The quality manual includes information about the authority under which SDAC operates; description of SDAC rights and duties; means by which SDAC obtains financial support; SDAC activities; and membership of Regional Accreditation Co-operations. The relevant procedures include information about the accreditation process.

8.2.b Information about accreditation process

SDAC makes available the necessary information on the accreditation process on the website as well as from SDAC office

The information includes details about assessment process, reference to documents that include the accreditation requirements, fees structure, rights and obligations of CABs, handling complaints and appeals and information on use of accreditation symbols.

SDAC communicates any changes to its requirements for accreditation to take account of views expressed by interested parties before deciding on the precise form and effective date of the changes

Following a decision on, and publication of, the changed requirements, SDAC verifies that each accredited body conforms to the changed requirement

9 MANAGEMENT SYSTEM REQUIREMENTS

9.1 General

9.1.1 SDAC has established, documented, implemented and is maintaining a management system in accordance with the requirements of ISO/IEC 17011:2017, ARAC, AFRAC and ILAC requirements. SDAC Management system is established in accordance with option A.

9.1.2 SDAC has also put in place appropriate policies, procedures and objectives related to competence, operations and impartiality that will continually improve the effectiveness and efficiency of the management system.

SDAC top management has defined and documented the **SDAC Quality Policy SDAC PO-01** and **SDAC impartiality Policy SDAC-PO-02**, as stated in sections 1.6 and 1.5 in this manual, and has ensured that measurable quality objectives that are consistent with its quality policy have been established at all levels of its functions. SDAC has documented policies as required by ISO/IEC 17011: 2017.

In order to ensure that these policies are understood, implemented and maintained at all levels of the organization, SDAC has put in place appropriate communication channels at all levels of SDAC that include

meetings, memos, telephone lines, e-mails, notice boards and web-site. These are also communicated during induction .

These documents have been made available and are accessible to personnel at all user locations.

9.1.3 SDAC - SG has appointed a quality manager and assigned for him/her the following responsibilities and authorities:

- a) Ensuring that policies and processes needed for the management system are established, implemented and maintained;
- b) Reporting to top management on the performance of the management system and any need for improvement.

9.1.4 SADC management system addresses the following:

- Management system;
- Document control;
- Records control;
- Nonconformities and corrective actions;
- Improvement;
- Internal audits;
- Management reviews.

9.2 Management System

9.2.1 SDAC operates a management system appropriate to the type, range and volume of work for accreditation schemes for which it provides accreditation.

9.2.2 SDAC continually improves effectiveness of its management system in accordance with the international requirements.

9.3 Document Control

In order to effectively control all internal and external documents that relate to accreditation activities, SDAC has developed a procedure for control of documents that defines all the controls needed as detailed in **SDAC-PR-01**.

The controls include the approval of documents, review of documents, identification of changes, distribution of documents at points of use, identification of documents, handling of obsolete documents and safeguard the confidentiality of documents

9.4 Records control

SDAC has established a procedure that defines the activities related to identification, collection, indexing, accessing, filing, storage, maintenance and disposal of its records (**SDAC-PR-01**). This procedure also defines the retention period and accessibility of SDAC records that is consistent with SDAC contractual and legal obligations and confidentiality arrangements respectively.

9.5 Nonconformities and Corrective Actions

In order to effectively manage any non-conformity that arises from its activities, SDAC has established a procedure for **management of non-conformities and Improvement (SDAC-PR-02)**. Where necessary, SDAC also takes actions to eliminate the causes of non-conformities in order to prevent their recurrence as well as undertaking appropriate corrective actions considering the impact of the problems encountered.

9.6 Improvement

The procedure described in **SDAC-PR-02** provides a platform for the implementation of improvements and to identify the risks and take appropriate actions.

Continual improvement in SDAC is achieved through internal audits, management reviews, customer feedback, corrective action on nonconformities, training and continuous professional development, supervision and monitoring of assessors etc.

This procedure gives guidance on risks identification and analysis to be exploited for improvement

9.7 Internal Audits

For effective management of internal quality audits, SDAC has established a procedure for internal audits (**SDAC-PR-04**) to verify that the accreditation activities undertaken by SDAC conform to the requirements of ISO/IEC 17011 and that the management system is implemented and maintained.



The internal audit is normally performed once a year. The audit program is established taking into consideration the importance of the process and areas to be audited as well as the results of previous audits

9.8 Management Reviews

SDAC has a documented procedure (**SDAC-PR-05**) for reviewing its management system. This activity is undertaken at planned intervals as specified in the procedure for the purpose of ensuring that the management system is adequate and effective in satisfying the requirements of ISO/IEC 17011 and the stated policies and objectives.

The management review meeting is held at least once a year.

The records of input, output of the management review and actions taken are maintained by office secretary of SDAC Secretary General