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1.0 Scope and responsibilities

SMI Certification has documented this procedure to identify the main stages of the certification process. The Quality Manager in liaison with the Head of SMI Certification is responsible to prepare, update and maintain this procedure. SMI Certification personnel involved in auditing is responsible to follow and apply this procedure.

2. Related Documents

SMIC-F01 – Application Form

SMIC-F05 – Audit Plan

SMIC-F15 – Certification Board Report

SMIC-F25 - Re-certification (Strategic Review) Planning

SMIC-A03 – Service Agreement

SMIC-P09 – Audit Procedure

EN ISO 9001, EN ISO 14001

SMIC-P10 – Design and Development Procedure

SMIC-P11 – Transfer of Certification

SMIC-S06 – Audit Time Allocations

IAF-MD5 - IAF Mandatory Document For Duration of QMS and EMS Audits

3. Certification Process**3.1 Request for certification by client**

Clients can make requests for certification or transfer of certification (from an existing Certification Body) to any of the SMI Certification personnel however such requests shall be directed to the Head of SMI Certification. Requests shall be recorded by e-mail.

3.2 Application Information Pack



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The Head of certification shall send the Application Information Pack to the prospective client and if necessary hold an initial meeting with the client. During this initial meeting, the client may be briefed on the certification process, continuing certification, re-certification, timeframes, SMI Certification Terms and Conditions and Service Agreement.

3.3 Application Form and Service Agreement

The client shall fill in the details in the application form SMIC-F01 (QMS) and SMIC-F24 (EMS) and sign the service agreement SMIC-A03. Hardcopies of the filled and signed application form and the signed service agreement shall be submitted by the client to the Head of SMI Certification.

3.4 Application/Contract Review

SMI Certification carries out an application contract review based on the details given in the application form to establish;

- The competence requirements of the scope of certification
- NACE Code(s) for the Client
- Whether the NACE code(s) are under the Accreditation Scope
- Whether the existing Certification schemes cover these NACE Code(s). (If not, the Head of Certification shall proceed as documented in the Design and Development Procedure SMIC-P10.
- The required and available resources
- The Audit program
- The Audit Team Leader (according to the corresponding NACE Code defined in the Certification Database
- The Timeframes for the certification process as per SMIC-S06 and IAF-MD5-2009-QMS-EMS_Audit_Duration.



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During the review and evaluation of the client’s application, the Head Of Certification shall, where necessary discuss non clear issues with the client. In the case of Transfer of certification, the Head of Certification shall refer to procedure SMIC-P11.

The Head of Certification shall notify the Quality Manager to establish a client file and shall send an e-mail to the Assigned Lead Auditor to take over the certification process. The client file including the application record and the application contract review shall be handed to the Lead Auditor. In the case of transfer of certification the lead auditor shall follow procedure SMIC-P11 in line with this procedure.

The lead auditor shall notify the head of certification with any changes in the audit team at any time during the certification process. This change includes also the lead auditor.

3.5 Issuing of a quotation

The Lead Auditor shall issue a quotation using SMIC-F02 to the client.

3.6 Stage 1 Audit – Desk Review and On-Site Visit

The Lead Auditor shall carry out a review of the management system documentation that the client shall submit upon confirmation to be certified. The Lead Auditor shall also make a visit to client to check the preparedness of the client for certification. The Lead Auditor shall compile a stage 1 audit report which includes the result of the desk audit and the outcome of the site visit including the recommendations for the stage 2 Audit.

3.7 Appointment of the Audit Team

If following the Stage 1 audit the Lead Auditor recommends to proceed with the certification process, the Lead Auditor shall appoint the Audit Team members from



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the approved list of auditors and technical experts. These auditors and technical experts may be also indicated in the contract review.

3.8 Stage 2 Audit – On-Site Visit

The Lead Auditor shall compile an audit plan SMIC-F05 and distribute it by e-mail to the audit team members and the client. The Lead Auditor shall ask the client for any objections of the audit team in this e-mail. Upon a common agreement of the audit plan and the audit team, the Lead Auditor shall brief the audit team members of the client requirements, the requirements of SMI Certification and shall supply all the client's recorded information. The Audit team shall carry out the audit as documented in procedure SMIC-P09. The audit shall address all the management system of the client including all operational processes, together with regular and statutory requirements.

3.9 Certification Decision

After the stage 2 audit, the Lead Auditor shall submit the audit report and other relevant documentation to the Certification Board. The certification shall also have the client's file available and if necessary access to the audit team to clarify any issue related to the certification process they have undertaken. The decision of the Certification Board shall be minuted by the Head of Certification in SMIC-F15. If decision to award certification is made, the Head of Certification prepares the Certificate (SMIC-F15) which is signed by the Chairman of SMI.

3.10 Communication of Decision and Issuing of Certificate

The Decision Board shall communicate the certification decision to the Lead Auditor. This decision shall be recorded in SMIC-F15.



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In case of a positive decision, the board shall also issue an electronic copy and a hardcopy copy of the certificate. These shall be forwarded to the client by the lead auditor.

3.11 Surveillance audits – Confirmation of Continued Certification

Surveillance audit shall be carried out at least once a calendar year except in recertification years. The date of the first surveillance audit following initial certification shall not be more than 12 months from the certification decision date.

Each surveillance audit shall include:

- a. Internal audits and management review
- b. A review of actions taken on non-conformities identified during the previous audit
- c. Complaints handling
- d. Effectiveness of the management system with regard to achieving the certified client's objectives and the intended results of the respective management system(s).
- e. Progress of planned activities aimed at continual improvement
- f. Continuing operational control
- g. Review of any changes
- h. Use of marks and/or any other reference to certification

During these audits, the Lead Auditor shall follow the audit procedure documented in SMIC-P08.

Surveillance audits shall be distributed over a period of three years. The three-year plan (also provided/documentated in the audit reports) for surveillance visits shall cover all the management system (including management system processes and the operational processes) of the client over the three years. The audit report shall include audit programs for the three-year certification period. The programme shall take into account the risks and opportunities associated with the programme and the



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actions to address them. If there are changes in the programme, these shall be justified and documented in the audit report.

3.12 Re-Certification audits

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

- a. The effectiveness of the management system in its entirety and its continued relevance
- b. Demonstrated commitment to maintain the effectiveness and improvement of the management system
- c. The effectiveness of the management system with regard to achieving the certified client's objectives and the intended results of the respective management system

Recertification activities shall be carried out prior to the expiry date of the existing certification.

For any major nonconformity, the lead auditor shall define time limits for correction and corrective actions. These actions shall be implemented and verified prior to the expiration of certification.

If the recertification audit has not been completed or the Lead auditor is unable to verify the implementation of corrections and corrective actions for any major nonconformity prior to the expiry date of the certification, then recertification shall not be recommended, and the validity of the certification shall not be extended. The client shall be informed, and the consequences shall be explained. (refer to terms and conditions of service).

END