CERTIFICATION REGULATION
ISO 9001/14001/45001

(ISO 17021-1:2015)

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		In Uncontrolled Way [] *To:*	
		Management System Manager: Ing. Francesca Santoro	Top Management: Ing. Marcello Villecco
3	EA CODE 28 ; Accredia Technical Regulations RT 05 "Directives for accreditation of Bodies operating the assessment and certification of QMS of construction companies (IAF 28)"		
2	integration, IAF MD 4: 2018, ID IAF 3: 2011		
1			
Rev.	**Revision Description**	**Issue**	**Verification and Approval**

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1. SCOPE AND APPLICABILITY

This regulation describes the conditions established by SDMCERT to define which requirements the Organization must meet in order to obtain and maintain the certification of Management Systems compliant with the Standards ISO 9001/14001/45001, current editions.

The regulation also contains the conditions and procedures for the extension / reduction of the purpose, renewal, suspension and withdrawal of the certification and refers to the "General Conditions of Contract" of SDMCERT (MOD: 001/4) which constitute an integral part thereof.

2. LEGAL ENTITY OF THE BODY

Corporate name: SDMCERT
Legal Status: S.r.o.
Main Office: Jelenia, 1, Bratislava, 811 05, Slovakia

3. DEFINITIONS AND ABBREVIATIONS

Definitions

The definitions of the terms not expressly listed in this paragraph refer to the ISO 9001, ISO 17021, ISO 19011, IAF DM 1, IAF DM 5 IAF DM 11 ,IAF DM 22, all in current editions.

Abbreviations:

- **MS**: *Management System*
- **A**: *Auditor*
- **AT**: *Audit Team*
- **CB**: *Certification Body (SDMCERT)*
- **LA:** *Lead Auditor*
- **TCC**:*Technical Committee for Certification*
- **TCO***: Technical-Commercial Office*
- **MB:** *Management Board*
- **TM***: Technical Manager*
- **MSM**: *Management System Manager*

4. PRINCIPLES OF INDEPENDENCE, IMPARTIALITY AND INTEGRITY

The work of the CB is intended to inspire confidence in all the parties involved in certification. The attention with which the CB concentrates its commitments, so that its Management System meets the requirements specified in the accreditation standard, is inspired by the respect of the following principles:

Impartiality: For any organization that applies for certification, this principle is applied both during the commercial negotiation and the service provision. Access to certification is open to all organizations that request it, without discriminatory policies or procedures being applied to prevent or limit access to certification.

SDMCERT does not carry out consulting activities in designing and developing management systems, (directly or indirectly), and ensures that the evaluators used in the verification activities have not had consultancy relationships in the two years preceding the verification date up to the following two years to the verification office. The decisions of the SDMCERT are based on the evaluation of a consistent set of objective evidence. Such evidence is collected through sampling

and may therefore not automatically guarantee full compliance with the requirements.

SDMCERT recognizes the importance of impartiality in the verification activities, carrying out its activities objectively, avoiding any conflicts of interest.

- **Competence:** The staff of the CB works in accordance with its Management System to issue a certification that inspires trust to all interested parties
- **Responsibility:** The requesting Organization should have a Management System that complies with the requirements of the ISO 17021-1 reference standard. The CB is responsible for verifying such conformity starting from a fair sampling also in relation to the defined verification times and through sufficient objective evidence on which to base the final certification decision. Based on the audit findings, the certification body makes the decision to issue the certification, if there is sufficient evidence of compliance, or not to release it, if such evidence does not exist.
- **Trasparency:** The CB ensures the public access or the provision of appropriate information about the audit process as well as the status of the Certifications of the Organizations. In order to maintain confidence in the integrity and credibility of certification, the CB ensures appropriate access and provides non-confidential information about the conclusions of special audits (eg on complaints) to interested parties.
- **Confidentiality:** The CB deals with data and information deriving from certification activities with confidentiality and exclusively for related purposes, in compliance with the provisions of Reg. EU 2016/679 regarding privacy, except when such information is required by law or by the Accreditation Bodies or when requested and formally authorized by the Organization concerned. In this regard, all internal and external staff used by the CB endorses a "Declaration of confidentiality"; it is the responsibility of the individual signatories of the aforementioned declaration to comply with what is specified in it.bThe CB performs periodic internal audits to ascertain the satisfaction of the confidentiality provisions given to its staff, and, in the event of any discrepancies or complaints made to that effect by the Organizations or by third parties concerned, refer the case to the relevant Body.
- **Quick and effective response to complaints**: The CB, aware that a rapid and effective response to complaints is an important means of protection of the same CB, its customers and other users of certification against errors, omissions or unreasonable behavior, will promptly take action so that all actions taken can be examined and made available to the interested parties together with the results of the related processing, and of all the efforts put in place to resolve them.
- **Risk-based Approach**: The CB has approached a risk assessment (not only ethical) concerning processes, activities, functions and internal / external personnel, adopting appropriate countermeasures to ensure an acceptable residual risk.

5. REFERENCES

This regulation refers to:

- ISO/IEC 17021-1:15 Conformity assessment -- Requirements for bodies providing audit and certification of management systems -- Part 1: Requirements
- ISO/IEC 17021-2:16 Competence requirements for auditing and certification of environmental management systems

- ISO/IEC 17021-3:17 Competence requirements for auditing and certification of quality management systems
- ISO/IEC 17021-10:2018 Competence requirements for auditing and certification of occupational health and safety management systems
- IAF MD 1 - Certification of Multi Site Based on Sampling
- IAF MD 2 - Transfer of accredited certification of management systems
- IAF MD 5 - Duration of QMS and EMS audits
- IAF MD 11- Audits of integrated management systems
- IAF MD 22- Certification of Occupational Health and Safety Management Systems (OH&SMS)
- IAF ID 1- For QMS and EMS Scopes of Accreditation
- Regulations of Accreditation Bodies
- MOD:001/4 General Terms and Conditions for SDMCERT
- REG:002- Regulations for the use of the Sdmcert logo and certificate.
- SDMCERT Management System Manual
- ISO 9001:2015 Quality management systems -- Requirements
- ISO 14001:2015 Environmental management systems -- Requirements
- ISO 45001:2018 Occupational Health and Safety management systems—Requirements
- ISO 19011:2018 Guidelines for auditing management systems
- REG:004 -The Regulations for the certification of the system of quality management - specific requirements for ea sector 28

6. RESPONSIBILITIES

This regulation describes in detail the responsibilities that the organization and SDMCERT must assume during the contractual relationship related to certification activities.

7. CONTROL OF THE REGULATION

This Regulation, which is a contractual obligation as the Customer declares to accept it in all its parts at the time of signing the contract, is made available on the website www.sdmcert.com and in paper form on request. It is the responsibility of SDMCERT to disclose the updated version of the Regulation within 2 months of the last update by notifying customers by any means and with evidence of receipt.

8. APPLICATION AND CERTIFICATION CONTRACT

8.1 Certification Application

- Organizations interested in quality management system certification can send their request by completing the information questionnaire (MOD 001/2) available at http://www.sdmcert.com or sent by the CB upon request. The organization compiles and sends the information questionnaire of SDMCERT (MOD 001/2) which collects, among others, the following information:

- - The scope of certification;
- details of your structure, including the name(s) and address(es) of site(s), processes and activities, human resources and techniques, functions, reports and any relevant legal prescription;
- - Identification of outsourced processes that influence compliance with the requirements;
- - The rules or other requirements on the basis of which it wishes to be certified;
- - If an advisory service has been provided for the management system to be certified and, if so, by whom.

8.2 Certification Offer

Upon receipt of the application for certification, the CB verify that:

- The information reported on the information questionnaire is sufficient;
- Any discrepancy in interpretation between the CB and the applicant, detected during the examination, is resolved;
- Have the ability to perform the service requested by the Organization;
- The elements necessary for the development of the audit program have been identified and positively reviewed and consideration has been given to the scope of the certification requested, the site (s) of the activities, the time required to complete the audits and any another factor that may influence the certification activity (eg language, security conditions, threats to impartiality, etc.).

If the CB is necessary, it may request further information from the Organization in support of the application and / or provide, where required, further information regarding the Certification System. In the event that SDMCERT is not able to accept the request, it informs the organization, motivating the reasons in writing.

After reviewing the whole SDMCERT draws up the offer (duly signed), and sends it to the applicant together with the "General Conditions of the Contract", which constitute an integral part thereof. The offer considers and details the Audit program for the three-year certification cycle, indicating the economic quotation and the duration of the verification audits according to the company size, the complexity and the dislocation of the processes and activities. It also includes other items such as auditors' travel expenses, administrative costs, the cost of extra audits and any optional pre-audit.

The quotation is given by the SDMCERT MOD:001/1 “Quotation Criteria” (the following document has been drawn up according to IAF MD1; MD5; MD11; MD22).

If, during the subsequent audits, the information initially provided proves to be inaccurate or out of date, SDMCERT reserves the right to change its initial offer.

The contractual relationship between the CB and the applicant organization identified and defined in the Offer is finalized when the Certification Body receives a copy of the Offer and of the General Conditions duly signed by the Customer. The "General Conditions of the Contract" and the Certification Regulations, expressly recalled and available for consultation in the current edition at http://www.sdmcert.com form an integral and substantial part of the contractual relationship established between the parties.

The signing of the aforementioned documents officially determines the presentation of the certification application, the confirmation of the data reported in it and actually allows the start of the certification process.

8.3 Quotation Criteria

In the MOD:001/1 the quotation criteria of the offer are defined, approved by the Management and made available upon request.

8.4 Management of extraordinary events or circumstances affecting CAB and organizations certified or to be certified

An extraordinary event affecting a certified organization or SDMCERT can temporarily prevent SDMCERT from carrying out scheduled audits on site. When such a situation occurs SDMCERT operates according to ID IAF 3 and IAF MD 4.
SDMCERT communicates with the Organization for the analysis of the real situation:

1. When will the organization be able to function normally?
2. When will the organization be able to ship products or perform the service defined within the current scope of certification?
3. Will the organization need to use alternative manufacturing and/or distribution sites? If so, are these currently covered under the current certification or will they need to be evaluated?
4. Does existing inventory still meet customer specifications or will the certified organization contact its customers regarding possible concessions?
5. If the certified organization is certified to a management system standard that requires a disaster recovery plan or emergency response plan, has the certified organization implemented the plan and was it effective?
6. Will some of the processes and/or services performed or products shipped be subcontracted to other organizations? If so, how will the other organizations' activities be controlled by the certified organization?
7. To what extent has operation of the management system been affected?
8. Has the Certified organization conducted an impact assessment?
9. Identification of alternative sampling sites, as appropriate.

Once SDMCERT has analyzed the real situation of the Certified Organization or to be Certified with proven documentation (provided by the customer), it provides the following:

- Organization in Surveillance and Certification Renewal

• Remote verification according to IAF MD 4 and IAF ID 12
• 6 months postponed verification, without any loss of validity of the issued certificate.

- Organization to be certified

• Remote verification according to IAF MD 4 and IAF ID 12

9. CERTIFICATION PROCESS

9.1 General

The certification process consists of the following stages:

- Appointment of Audit Group and communication to the Customer
- Pre-Audit (Optional)
- Certification Audit (Stage 1 & Stage 2)
- Certification review and Decision

9.2 Appointment of Audit Team and communication to the Customer

The selection of the AT components among those on the list of qualified auditors is the responsibility of the CB.
The selection of auditors takes place in relation to the product / technical area to which the applicant organization belongs, to the number of employees, to the spoken language, to the characteristics of the product / service achieved, to the complexity of the processes developed, to the number of sites at the which the Organization develops the activities covered by the MS, the specific experiences of the qualified auditors and any existing incompatibilities.
The CB shall notify the Organization of the names of the auditors selected for carrying out the certification audit, in order to obtain their formal acceptance. Where it deems it appropriate, the Organization may request the replacement of the auditors, communicating their motivations to the CB within 3 days from the date of receipt of the communication of the AT.

9.3 Pre-Audit (optional)

Upon explicit request of the organization, SDMCERT can perform, before the certification audits (stage 1 and stage 2), a visit to the organization in order to identify the degree of preparation of the applicant, evaluating the status of application of the management system compared to the reference legislation. The pre-audit is optional and can be requested only once. The duration depends on the type and size of the organization.
At the end of the pre-audit, the team issues a report but the results will not be considered in the assessment for certification purposes.
Pre-audit planning follows the same modalities as a normal audit. The results and findings are documented by the team and are an integral part of the certification practice, but they can not be considered for the purpose of the certification audit.
The subsequent certification audit will however be carried out in a complete manner as if the preliminary audit had not taken place.

9.4 Certification Audit

The audit activity is carried out in 2 different stages with the purposes and methods described below.

The CB, after having established the audit date with the Organization, communicates to it the audit plan (Stage 1) and the names of the members of the audit team, with indication of the tasks assigned to them. If observers are present (eg staff of the CB or SNAS inspectors, or any other person present for justified reasons), the CB informs the Organization of the reasons for their presence and their role.

Within 3 days the Organization has the right to request the replacement of one or more members of the audit team if there are motivated conflicts of interest. The presence of Guides, made available by the Organization and accompanying the auditors during the activity, are comparable to the role of observers and must not influence or interfere with the conduct of the audit or the related outcomes.

Stage 2 will be planned by the team leader on the basis of the results obtained by Stage 1 and the times indicated by the CB.

Where an organization operates on several permanent sites and all functions relevant to the management system are managed by a central office and a single certification is required, the assessment activities can be carried out by sampling the sites submitted for verification, provided that:

1) The activity subject to certification is the same for all sites and the organization applies the same business management system, managed by a central office, in all sites;
2) on the sites there are similar processes and activities; in the case of sub-groups of sites with similar activities, the sampling criteria can be applied for each identified sub-group of sites;
3) System management activities (eg management review, internal audits, corrective and preventive actions) are managed by the organization's headquarters;
4) Before the stage 2 audit, the organization has carried out an internal inspection of each site.

SDMCERT reserves the right to verify, during the initial audit or in the surveillance audits, any suppliers of the organization in the event that they have been entrusted with significant processes falling within the scope of the certification.

Prior to each audit, SDMCERT sends the plan that specifies in detail:

- The composition of the audit team
- The sites, the elements of the system, the activities and the processes to be verified
- The scheduled time for the audit
- The request for the authorizations necessary for access to the establishments and documents to be consulted.

The organization may require, for any valid reason, the total or partial replacement of the group, stating the reasons.
At the beginning of each audit, a meeting between the audit team and the heads of the organization makes it possible to present the participants and their role, clarify the way the audit is conducted, the classification of any shortcomings, the sampling criteria, establish the lines of official communication between the auditor team and the organization, informing about the security conditions of the auditors.
The documentation of the management system, updated and managed by the organization in a controlled manner, is taken into consideration by the Lead auditor who notes the revision status in the audit reports.
At the end of the audit the Lead auditor presents the results, the possible remarks and the final recommendation; recalls that the evidence, necessarily collected on the basis of a sampling, contains an element of inevitable uncertainty; describes therefore the procedure for the continuation of the certification process and the possibility given to the organization to file an appeal or a complaint to SDMCERT.
Any different opinions on the conclusions and results of the audit are discussed and, if possible, solved. Unresolved divergent opinions are recorded in the audit report.

9.4.1 Audit – STAGE 1

The Stage 1 audit carried out at the organization, aims to:

- Review the documented information of the customer management system;
- Evaluate the specific conditions of the client's site and undertake an exchange of information with the customer's staff, in order to establish the degree of preparation for Stage 2;

- Review the client's status and understanding of the requirements of the standard, with particular reference to the identification of key performance or significant aspects, processes, objectives and operation of the management system;
- Collect the necessary information concerning the scope of the management system, customer processes and / or location (s), including relevant legal obligations and compliance with them;
- assessing whether internal audits and management reviews are being planned and implemented and that the level of implementation of the management system provides evidence that the customer is ready for Stage 2.
- review the allocation of resources for stage 2 and agree with the client the details of the stage itself.

The CB requires that at least part of the Stage 1 be held at the offices / site of the Organization in order to achieve the objectives set out above. However, in specific cases and on justified grounds, the Stage 1 Audit may be carried out in "off site" mode. This choice can be influenced for example by the characteristics of the Organization such as the low complexity of the processes, the reduced size, the limited / standardized scope of the applicable regulatory body, the scope of the limited certification, a good level of maturity of the System, etc.; in this case, the Organization is required to provide the following documentation on paper or electronic form upon request:

- *Copy of the QMS / EMS / OH&S documents (Documented information such as Manual - where applicable - Procedures, job descriptions, organization chart).*
- *Mapping of processes and their interrelations and risk analysis*
- *Context of the Organization and Risk Analysis*
- *List of Legal Requirements*
- *Processes relating to Management and Continuous Improvement (Quality Policy, Management Review, Objectives, Improvement Plan, Data Analysis, Customer Satisfaction)*
- *Legislative requirements (authorizations, accreditations, other binding regulations of interest for the sector)*
- (where existing) List of complaints received from customers, with evidence of their management
- *Control of the monitoring measurement and continuous improvement processes (Internal Audit Planning, Non-compliance, Corrective Actions)*
- *Logistic dislocation (branch list, construction sites, special conditions of the sites, etc.)*

Furthermore, in these cases, the CB reserves the right to request completion of the Stage 1 in the field, if there are any situations to be clarified to conclude the stage 1 and provide for the stage 2.

The reporting of the Stage 1 and management of the results will take place according to the following methods.

At the end of Stage 1 the team leader draws up an audit report whose outcome is communicated to the Organization at least 3 days before the agreed date for the Stage 2, unless specific cases

where the two activities can be carried out consecutively (eg companies of reduced dimensions, or with simplified and standardized processes, or a satisfactory audit result even if with some "formal" deviation promptly resolvable, or no need for rescheduling of resources and audit times by the CB).
The results of the Stage 1 audit, without any classification, are documented in a specific report including the conclusions and all the evidence gathered to arrive at the conclusions. These findings are communicated to the Organization, including the description and identification of any deviation that could be classified as non-compliance in the Stage 2 audit.

There may be two conditions:

1) The audit of the documentation and / or initial control showed no deviations or formal deviations to prevent the continuation of the activities; we pass contextually to the Stage 2 audit. In determining the interval between Stage 1 and 2, we must consider the Organization's requirements for the resolution of the non-conformities identified during the Stage 1 audit, and the time needed for their resolution before Stage 2

Actions Required: In the event that non-compliance emerged, these should be resolved before the next stage of audit (Stage 2), during which the effectiveness of the actions taken will be considered. Any failure to resolve will result in the formulation of Major Non-Conformities that prevent the issue of the certificate and make it necessary to perform an Additional Audit on a documental basis or in the field.

2) The audit of the documentation and / or initial control has recorded significant non-conformities and / or in number that do not allow the continuation of the audit and which could be classified as Non-Compliance in the Stage 2; in this case the team leader interrupts the audit by notifying the results in the Stage 1 Report delivered in copy to the Organization.

Actions Required: The Organization shall present evidence of successful management and resolution of corrections and / or corrective actions, on the basis of which it will be possible to establish, by mutual agreement, the new date for the Stage 2 Audit. During Stage 2 it will be considered the effectiveness of the actions taken. Any failure to resolve will result in the formulation of Major Non-Conformities that prevent the issuance of the certificate and make it necessary to perform an Additional Audit off or on site. In this case the higher costs of travel, travel, etc. of the inspection staff, deriving from the separate implementation of the two stages, will be charged to the Organization.

Throughout the period in which the Organization will retain its status of non-compliance, the certification process will remain suspended and, exceeded six months, can only be restarted with a new instance of certification and a new audit of Stage 1.

9.4.2 Audit – STAGE 2

The Stage 2 Audit takes place at the organization's site in order to verify the concrete and effective application of the requirements of the reference standard and of the additional certification requirements. The audit plan, sent in advance to the organization, defines the composition of the audit team, the sites, the elements of the system and the processes to be

assessed and the expected times for carrying out the activities. The audit must be carried out within six months of the stage 1 audit. Otherwise the Stage 1 audit must be repeated.

- ***Audit Report*:** At the end of the audit the Team leader draws up and delivers to the organization a report that includes the results of the audit and the scope of the certificate defined in relation to the assessed activities, as well as a judgment regarding the level of compliance of the applicant with the requirements of the certification and any related findings (non-compliance and observations).

- ***Management of findings:*** The findings referred to the non-conformities are recorded by the verification group on the appropriate forms that the person in charge of the organization signs for acceptance. It is therefore up to the organization to fill in the fields reserved for it, proceeding in the search for the root causes of the non-conformities and proposing a plan of corrections and corrective actions for their removal. The proposed actions and the related closing times must be evaluated and accepted by the Team leader. This can be done either at the time of the final meeting or, if this is not possible, however within thirty days from the date of the verification, sending the proposals for corrective actions directly to the same Team leader.

FIndings Classifications

Observations: *Identification of an opportunity regarding possible improvements to situations / activities / documents observed during the audit.*

- For these reasons, the organization is not required to submit a specific plan to the Team leader, but their management is then assessed in the subsequent audit (surveillance or renewal).

Minor NC: *Detection of a "random" variance, as no other non-conformities of the same type were detected during the investigation that followed.*

- Si It requires the adoption of Corrections / Corrective Actions to be undertaken within 3 months, from their formal acceptance. The effectiveness must be verified by the Team leader during the subsequent surveillance Audit (or renewal).

Major NC: *Detection of the "systematic failure to apply a rule of MS", or the failure to satisfy a customer's requirement (implicit or contractual) or binding, or deficiencies that raise significant doubts about the ability of the MS to achieve the expected results, or the failure to resolve deviations and / or N.C. existing.*

- It is mandatory to adopt Corrections / Corrective Actions to be undertaken within 3 months of their formal acceptance.

In addition, the CB will consider the possibility of:

An additional audit on a documentary basis to assess the completion and effectiveness of actions taken against one or more non-conformities that prove the failure or partial compliance with the mandatory requirements or the implementation of the SG, for which a prompt restoration of conditions of conformity with the possibility of avoiding verification at the customer's premises.

Or:

An additional on-site audit (follow-up) to assess the completion and effectiveness of actions taken against one or more non-compliances that prove the failure or partial compliance with the mandatory requirements or that raises significant doubts about the capacity of the System management to achieve the expected results, for which it is necessary a prompt restoration of compliance conditions to be verified, given their particularity, with a direct assessment.

Note: If Non-Conformity is registered, the Organization must promptly identify and propose, within 15 days from the date of closure of the audit, the corrections / corrective actions necessary to remedy the detected infringements. If this period is longer than 30 days, the suspension of the procedure or certification will be undertaken (if the Organization is already certified). The completed non-compliance forms must be made available by the organization during subsequent maintenance or renewal audits.

- ***Recommendation for certification:*** Finally, the Team leader sends the documentation relating to the audit, including the completed forms of non-conformities, to the Technical Committee of SDMCERT, which recommends certification only if all the non-conformities have been treated and resolved, according to the rules previously mentioned.

Note: In this stage IAF MD 22: 2018 is also considered

9.4.3 Review and Decision of the Technical Committee for Certification

The Decision regarding the certification of the management system rests with the Technical Committee of SDMCERT which, for this purpose, reviews the entire practice and the information received from the Team leader, as well as any information in the public domain and any comments on the audit report by of the client.

The Committee can decide to:

a) Approve the certification, accepting the Team Leader's recommendation;

b) Ask the Team leader and / or the organization for further clarifications on the evidence gathered, or on the proposed corrective action plan, or on the scope; in this case the outcome notified by the Team leader to the applicant at the end of the audit is modified.

c) Request any additional verification activities, if the evidence collected does not fully support the conformity assessment, communicating the need to the applicant.

Following a favorable decision, SDMCERT issues the certificate, signed by the Certification Manager of SDMCERT or its delegate. It contains the following information:

- The social name of the organization
- The address of the operating units (sites) in which the activities subject to certification are carried out (temporary sites where the activity subject to certification takes place are not registered)
- The relevant legislation and the reference to possible regulations of the accreditation body
- The scope: activity and type of products / services included in the management system
- Any additional information required by accreditation regulations
- The date of issue, revision, expiry of the certificate and the original certification (in case of recertification)
- The certificate number and the SDMCERT references
- The issue of the certificate is subject to payment of the fees relating to the activities carried out

In the case of multi-site organizations, a "mother" certificate is issued, which includes all the sites included in the management system and "children" certificates for each site linked to the first one.

The certificate is valid for three years, starting from the date of the certification decision by the Technical Committee.

9.4.4 Remote Audit

In case of extraordinary events (according to IAF ID 3) SDMCERT performs Remote certification-surveillance-renewal audits according to IAF MD 4, IAF ID 12, ISO 17021-1, ISO 19011 and what is reported in the following procedure. Audit times comply with IAF MD 5.

The remote audit is performed with:

• request by e-mail to the Customer for all the System documentation (Manual, procedures, forms), operational documentation of the activity carried out and mandatory documentation.

• A meeting is scheduled for the days of the audit; through teleconferencing services, including audio, video and data sharing through SKY or Whats App to analyze and discuss all the documentation provided by the customer.

The security and confidentiality of electronic or electronically transmitted data will be protected according to Reg. (EU) 679/16.

10. MAINTENANCE OF THE CERTIFICATION

The validity of the certificate, within the three-year cycle, is subject to the positive outcome of the periodic maintenance audits performed by SDMCERT.

The audits are performed at the site / s of the organization in accordance with the audit program provided in the contract and reviewed by the Lead auditor during the main audit, to ensure that the functions and representative areas within the scope of the system of certified management are assessed at least once during the period of validity of the certification.

The conduct of audits is conditional upon payment of previous activities.

The surveillance audits, announced by SDMCERT in advance of at least 30 days, are carried out once for each calendar year. The first audit after initial certification must be performed within twelve months from the date of the certificate's decision. Subsequent audits must respect the 12-month interval (with a tolerance of three months) from the previous audit, consistent with the seasonality (for some sectors) and with respect to the calendar year.

Only situations of exceptional gravity or force majeure (for which see the document IAF ID3: 2011) may allow exceptions, to be requested in writing to SDMCERT. The tolerances applied do not change the frequency of subsequent audits, which must comply with the original audit program.

In surveillance audits it is necessary to verify that the management system is effectively implemented also in the presence of any changes, and able to achieve the results expected by the organization in its management system.

In every audit, at least the following points must be verified:

- Any type of change occurred;

- Use of the mark, certificate and references to certification;

- Management of complaints;

- The improvement and progress of activities planned to achieve the objectives set;

- The closure of the internal audit findings;

- Internal audits and management review of the system

- The closure of the Non-Conformities detected in the previous audit by SDMCERT

The documentation related to the surveillance audits is prepared by the Team leader as for the Stage 2 audit and similarly, any findings (non-compliance and / or observations) must be managed by the organization. In the event of serious and systematic shortcomings, the Team leader may request the suspension of the certificate or an additional audit.
Similarly, the Technical Committee of SDMCERT can approve the recommendation of the Team leader for the maintenance of the certification or request further information or have additional verification activities communicating it to the certified organization.

In the case of "major" non-compliance, which have not been closed within the established deadlines (3 months), the Committee assesses the adoption of the suspension of the certificate.

In the three-year certification period SDMCERT can also activate towards the certified client:

- Investigations on aspects related to certification
- Review of customer statements about their activities (ex: on promotional material, website etc ...)
- Requests to provide documented information
- Other customer performance monitoring activities

SDMCERT can reduce the scope of application of a certificate to exclude those parts / areas that are not compliant, if the organization has seriously and persistently failed to keep them compliant with the certification requirements. The reduction must be in line with the requirements of the certification scheme in question.

Note: In this stage IAF MD 22: 2018 is also considered

11. RECERTIFICATION

The certificate of conformity is renewed in view of its expiration, in accordance with the contractual agreement, for a further certification cycle, following the favorable outcome of the renewal audit conducted at the organization.

Before the verification SDMCERT confirms to the organization the technical and economic conditions valid for the next cycle, taking into account any changes in the organization that occurred in the previous cycle, required by the organization itself.

In the renewal audit, SDMCERT conducts a conformity check by examining the whole system and all activities, as in the initial certification verification, but in a single phase, unless significant changes occurred in the organization or in the context itself (eg legislative) do not require the use of two distinct phases.
The audit will validate the effectiveness of the management system, in light of external and internal

changes, for the achievement of the client's objectives and the results expected from its management system. Any situations of non-compliance must be managed in the times and in the ways indicated for the initial certification.

The renewal audit must normally take place well in advance of the expiry of the previous certificate, in order to have enough time to manage and close any non-compliance as well as for the review and decision of the Technical Committee

When the renewal activities have been successfully completed before the expiry date of the existing certificate, the new certificate is issued in continuity with the previous certificate, with the new expiry date based on that of the previous certificate.

If the process ends after the expiry date of the certificate, the continuity of the certification is interrupted. However, renewal activities are still possible as long as they are completed within six months of the expiry of the previous certificate. In this case, the new certificate shows the terms of the period of non-continuity: the new issue date is therefore consistent with the date of the new recertification decision, while the expiry date is calculated by starting the new three year period starting from the end of the previous one.

SDMCERT decides on the renewal based on the results of the audit communicated by the Team Leader, also evaluating the reports received from the interested parties to the organization during the cycle expiring certification.

12. TRANSFER AUDIT

SDMCERT can issue its own certificate, without going through the whole certification process described, based on the recognition of an existing and valid certificate, not suspended or withdrawn, issued by another certification body accredited by an entity which signs mutual recognition agreements (MLA) For the purpose of the transfer, SDMCERT carries out a preliminary review (pre-transfer review) of the certification of the potential client to verify that sufficient evidence exists to allow such transfer, and then examines:

a) That the activities under certification fall within the activities for which SDMCERT is accredited

b) The reasons for which the transfer is requested

c) The validity of the accredited certificate in terms of authenticity, duration and activities covered by the certification

d) The sectors and schemes covered by the accreditation of the entity that issued the certificate to be transferred

e) The situation of the latest audit reports and the status of any non-compliance

f) Any other available document (checklist, reports etc.)

g) The complaints received and the actions taken

h) The point at which the potential customer is within the validity cycle of the certificate

i) The absence of disputes with the control bodies.

In addition to document review, SDMCERT make a real transfer-audit at the customers' premises, in the following cases:

- If there are other critical points still unresolved

- In case the certification, recertification or previous surveillance reports are not available

- In the event that the deadline for carrying out the surveillance audit has expired.

Following the positive outcome of the pre-transfer review activities and the possible transfer audit, the certificate is issued through the normal decision-making phases. The date of issue is that of the resolution of the Technical Committee. The three-year expiry of the transferred certificate remains unaffected.

Note1: In the event that the transfer of the certificate is requested close and before the expiry of the certificate to be transferred, if the pre-transfer review is successful SDMCERT proceeds without issuing the certificate transferred directly to the renewal activities.

Note 2 : all the activities related to the transfer procedures are subject to compliance with the requirements established by the IA MD2: 2017.

13. REGISTER OF ORGANIZATIONS AND USE OF THE MARK

The data relating to the certified organizations are entered in a special Register, which can be consulted on the website www.sdmcert.com, and are sent to the accreditation bodies, in the case of accredited certificates.

The certified organization acquires the right to use the certificate obtained, the SDMCERT mark and any logo of the Accreditation Body, provided that they comply with the procedures established by the regulations for use of the trademark and in accordance with any further requirements of SDMCERT in function of the sectors of use.

The certificate and the mark must not be used in such a way that the scope and the field of validity of the certification itself are falsified.

The right ceases immediately upon expiration of the validity period of the certification or in case of suspension or withdrawal of the certificate.

14. CHANGES IN SCOPE AND STANDARDS

The certified organization is required to notify SDMCERT of significant changes to property / legal status, addresses / locations, number of employees, activities and processes included in the scope of the certificate and changes to its management system.
The minor changes to the management system are examined during the first useful audit. Major changes may be subject to additional audits whose duration and extension are contractually agreed.

The scope of the certificate within the validity period can be extended or reduced at the specific request of the organization.
It is up to SDMCERT to accept or reject the request, evaluating any contractual additions and the need for additional verification, combined or not with an already planned surveillance audit. Extensions / reductions do not affect the certificate expiration date..

In case of significant variations of the reference standards of a certificate or of the certification / accreditation requirements, SDMCERT will inform the organizations in writing giving the appropriate instructions and sufficient time for adaptation to the new legislation. If an

organization does not agree to comply with these changes, it may request the renunciation of certification, according to paragraph 17, but only if it exercises this right within sixty days from receipt of the communication of such changes.

15. COMPLAINTS TO THE CERTIFIED ORGANIZATION

The certified organization must record the complaints received relevant to the scope of the certificate and the corrective actions taken to manage them, keeping the records available to SDMCERT and any accreditation bodies.

16. EXTRA AUDITS

SDMCERT reserves the right, justified in writing to the organization, to perform extraordinary audits, the maximum duration equal to that of a surveillance audit, in addition to those of the audit program, in these cases:

a) To verify the closure of major non-conformities;

b) To investigate complaints

c) In case of improper use of the SDMCERT mark or certificate

d) d) In the case of reports of serious accidents, serious or fatal, or court order, or serious irregularities related to the certificate system;

e) Following specific requests by the accreditation bodies or the owners of the scheme.

Short-term or unannounced audits: Extraordinary audits may also be planned at short notice or conducted on unannounced basis according to the information collected on the market regarding possible serious shortcomings in the management system, particularly for high-risk services / products.

17. SUSPENSION OF THE CERTIFICATE

SDMCERT has the right to temporarily suspend the validity of the certification at any time during the term of the contract and the certificate (with notification by registered letter or certified email) when even one of the following conditions occurs:

- When the organization's management system has failed in a systematic and serious way to meet the requirements for certification and the requirements of this Regulation, including the effectiveness of their application;
- When the organization has not implemented the corrective actions requested by the established date;
- When the organization does not make it possible to carry out the renewal or extraordinary surveillance audits at the scheduled deadlines;
- When the organization has not notified SDMCERT the existence of legal proceedings in progress, with regard to aspects covered by the certified management scheme;

- When the organization requests the suspension;
- When the organization makes incorrect and deceptive use of the certification;
- In other cases provided for by the General Conditions of Sale (MOD: 001/4) for other contractual non-fulfillment by the organization.

The duration of the suspension can not exceed six months (in total over three years) and does not change the validity period of the contract and the certificate.

Following notification of the suspension, the organization certified must stop using the Certificate and the SDMCERT mark, and its temporarily deleted from the register.

The lifting of the suspension is only possible following the restoration of the compliance conditions, to establish which SDMCERT can request an extraordinary audit. This activity must take place before the expiry date of the suspension. Failing this, the certificate is subject to withdrawal.

18. WITHDRAWAL OF THE CERTIFICATION

The certification can be withdrawn by SDMCERT on the occurrence of even one of the following conditions:

a) In the event that, after the suspension period, the circumstances that determined it have not been removed;

b) If the organization withdraws from the contractual relationship established with SDMCERT, in compliance with the provisions of the General Sales Conditions (MOD: 001/4).

The withdrawal orders, notified by SDMCERT by registered letter or certified mail, provide that the organization will return the certificate and cease the use of the SDMCERT brand in any form from the date of receipt of the communication.

19. DISCLOSURE OF INFORMATION AND CONFIDENTIALITY

SDMCERT keeps the information regarding the certificates issued updated and available to the public through its website, providing information on their validity status on request.

The contents of certification practices can be shown by SDMCERT to any accreditation bodies and regulatory authorities (government agencies, ministries that have the right to control the use and sale of the products concerned, recognizing the value of the specific certification) .

Further information relating to organizations is not disclosed to third parties without the written consent of the organization. If such communications are required by law, the organization is informed by SDMCERT.

The information obtained by the operating personnel, in any capacity and level, on behalf of SDMCERT are managed by SDMCERT in a confidential manner.

The certified Customer must inform SDMCERT, without delay, of the occurrence of a serious accident or a violation of the regulation that requires the involvement of the regulatory authority

20. COMPLAINTS, APPEALS AND DISPUTES

20.1 Complaints

All complaints received by the Management of SDMCERT, without any discrimination, are examined and managed.

The Management of SDMCERT is solely responsible for the decisions taken regarding the complaints received. In the event of verbal or telephone reports, anyone who receives such a complaint must ask the complainant for a written definition of the same.

The Complainant can take advantage of the special "complaints and appeals" window on the website www.sdmcert.com in order to expose his dissatisfaction.
The complaint is managed through the appropriate Complaints and Appeals form, so that it is recorded, communicated and that it is then always traceable. The closing time of the same is a regularly monitored indicator.
The initiation of the investigation lies with the Technical Manager (or his delegate) who is obliged to entrust the case to another person in the event that he / she should be directly involved in the complaint.

The management of the complaint involves:

- The receipt of the complaint / appeal will be communicated to the customer within 3 days.
- The decision to accept the complaint within 30 days of receipt;
- At the end of the management of the complaint: communication of the outcome to the complainant, with information on the actions chosen and the time necessary to complete them.

All complaints aimed at questioning the impartiality of the judgment of the Body and its management are subject to scrutiny by the management of SDMCERT.

The corrective actions to be taken following a complaint or a warning must be started promptly, and their effectiveness checked, before closing the complaint.

Periodically, the number of any complaints, together with the indication of the time taken to manage them, are verified by the SDMCERT and analyzed annually during the management review.

20.2 Appeals

Preliminary investigation

All appeals that come to SDMCERT, whose reception will be communicated to the customer within 3 days, without any discrimination, are examined and managed by SDMCERT itself, which is solely responsible for the decisions made in this regard.

The appeals, relating to decisions taken within the scope of the Certifications and Inspections carried out by the SDMCERT must be presented in writing with all the available and relevant documentation within a maximum of 30 days from the decision itself or from when it has been communicated to the interested parties.

If there are well-founded complaints or reports from third parties that call into question proceedings for non-compliance with applicable requirements and of this regulation, SDMCERT will also proceed to examine them in ways similar to those provided for appeals by the direct interested.

The Technical Manager (or his delegate), following the presentation of the appeal, ascertains its possible direct involvement in the activities object of the appeal and in the positive case instructs an independent and qualified person for the management of the same.
If not, the Technical Manager directly conducts an analysis of the appeal through all the available documentation and the consultation of the functions involved. In the case he considers the appeal to be founded and admissible, he shall inform the applicant and initiate the appropriate corrective actions.
Otherwise, inform the applicant in writing of the reasons why the appeal is not acceptable. This phase must be completed by communicating the outcome to the appellant within 30 days.

The costs incurred by SDMCERT for the necessary additional assessments are to be borne by the interested parties involved, except in cases where the appeal is well founded.

21. RIGHTS AND DUTIES OF THE CERTIFIED ORGANIZATION

Rights:

1. Use the certification mark and certificate in accordance with the regulations for use of the mark
2. Own a copy of all public acts of the CB
3. Ensure that the information or data released to the CB are treated as confidential, unless otherwise stated
4. Receive a copy of the audit reports and any findings
5. Request a temporary suspension for a maximum period of 6 months, withdrawal or reduction of certification
6. Formulate a written complaint or refer to the decisions adopted by the CB, as established in this regulation
7. Be included in the public lists of Organizations certified by the CB
8. Ask for the replacement of the auditors of the CB or SNAS if there are motivated conflicts of interest, by giving written notice to the CB within the time period established in the official audit announcement.
9. Formulate dissent to the content of the findings found during the audit by giving notice to the CB
10. Express the degree of satisfaction with the service provided by the CB

Duties:

1. Apply the certification requirements related to the activities included in the certification
2. Send the documentation requested by the CB for the maintenance of certification in the ways and at the scheduled times
3. Declare that only the activities for which the certification has been granted are certified
4. Use the certificate as a means of increasing general trust in activities, refraining from any action that damages the reputation of the CB
5. Communicate changes in the management system to the CB
6. Giving information to those who request it, of the exact value of their certification (activity and reference standard)

7. Pay the costs corresponding to the activities of granting and maintaining the certification accepted at the time of subscription offer
8. Declare in the request for certification exact and truthful data in relation to the Organization
9. Keep a record of all complaints submitted with the requirements of the relevant standards and have these records available to the CB when required. Activate appropriate corrective actions with respect to such complaints and any inadequacy that affects compliance with certification requirements. Document the actions taken
10. Ensure access and assistance to the audit team during the evaluation process, as well as to the inspecting personnel in training or supervision
11. Ensure access to the SNAS inspectors, upon communication by the CB of their names, under penalty of withdrawal of the accredited certificate
12. Make available to the Audit Team all the documentation related to the application of the Management System whose certification is required and to guarantee the completeness and truthfulness of the documents and information made available
13. Respect the legal obligations deriving from the services provided and contractual obligations
14. Identify, keep up-to-date and monitor the applicable rules, laws and regulations
15. Take appropriate corrective actions, in the ways and times agreed with the CB, to eliminate all non-conformities and significant deviations detected during the audit
16. To ensure, for the purposes of certification, the development of documentation and the full operation of the Management System in relation to the requirements of the standard for at least 3 months
17. Communicate the possible involvement of the Legal Representative in judicial measures related to the organization's activity, with particular reference to the laws on the defective product / service responsibilities, under penalty of revocation of certification or suspension of the certification process
18. Provide the name of the consulting company or consultant who has carried out the development of the Management System, where applicable
19. Ensuring the presence of consultants Organization as observers is guaranteed in accordance with the role, otherwise the audit is suspended
20. Both in the Certification and Renewal phase, conclude a cycle of Internal Audits on all the requisites with relative corrective action plan, where required and carry out at least one review of the management system
21. Provide the audit team with detailed information on the specific risks in terms of health, safety and hygiene at work in the environment in which it will operate and on the prevention and emergency measures adopted
22. Cease immediately following revocation of certification, any advertising that, in one way or another, refers to it
23. Do not use the certification except to indicate that the Management System complies with specific rules or other regulations and does not use it in such a way as to suggest that a product or service has been approved by the CB
24. Use the certification mark and certificate in accordance with the applicable regulation

25. 25. To provide at the request of the audit group (during the surveillance audits) or the CB (before renewal), the updated data on the number of personnel involved in the activities considered in the scope of the certification.
26. Ensure the availability of the audits of both those foreseen in the certification process (stage 1, stage 2, surveillance, renewal) and any additional audits in cases where the CB considers it necessary for the resolution of deficiencies found.
27. Communicate to the CB all the operational and visitable sites, indicating the activities and the time of travel from the operational site to the yards, as well as allowing during the three-year certification to conduct an audit in the most significant moment for the activity to be certified.

28. Ensure availability in the event of audits to be carried out with short or without notice