

**ACCREDITATION SERVICES**

# Accreditation Program Manual

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Standards Council of Canada  
55 Metcalfe Street, Suite 600  
Ottawa, ON K1P 6L5

Telephone: + 1 613 238 3222

[accreditation@scc.ca](mailto:accreditation@scc.ca)

[www.scc.ca](http://www.scc.ca)

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# Standards Council of Canada (SCC)

The Standards Council of Canada (SCC) is a federal Crown corporation established by the Standards Council of Canada Act (“the Act”) of the Parliament in 1970 to foster and promote efficient and effective voluntary standardization in Canada.

SCC carries out its mandate by (as per the Act):

- “Accrediting, in accordance with criteria and procedures adopted by the Council, organizations in Canada or in a designated country that are engaged in conformity assessment, and maintaining a record of those accredited organizations and of their marks of conformity”; and,
- “Accrediting, in accordance with criteria and procedures adopted by the Council, organizations in Canada that are engaged in standards development, and maintaining a record of those accredited organizations and of their marks that relate to standardization.”

## SCC Accreditation

SCC, as an accreditation body, uses a formal process to independently assess the capabilities of conformity assessment bodies.

SCC develops and delivers accreditation services in accordance with ISO/IEC 17011, mandatory requirements from international arrangements, regulatory needs, the SCC Quality Manual, and the delegated authority from the Act.

SCC uses ISO/IEC 17000’s definition of:

- Accreditation: “third-party attestation (5.2) related to a conformity assessment body (CAB) conveying formal demonstration of its competence to carry out specific conformity assessment tasks.”
- Conformity Assessment Body (CAB): “body that performs conformity assessment activities, excluding accreditation.”
  - When SCC refers to conformity assessment bodies (CABs) this includes Standard Development Organizations (SDOs) and Good Laboratory Practices (GLP) recognized laboratories.

## International Involvement

SCC is renowned for the thoroughness and value of its accreditation programs. Internationally, SCC is an active member of several international arrangements. This includes:

1. the International Accreditation Forum (IAF),
2. the International Laboratory Accreditation Cooperation (ILAC),
3. the Asia Pacific Accreditation Cooperation (APAC),
4. the North American Accreditation Forum (NAAF), and,
5. the Organization for Economic Co-operation and Development (OECD) (Good Laboratory Practices Recognition Program).

SCC and its accreditation programs are peer evaluated by APAC every four (4) years to maintain its international Accreditation Body (AB) signatory status. SCC also participates in conducting peer evaluations of other accreditation bodies around the world, as part of its international AB signatory status. Moreover, the OECD performs a Mutual Joint Visit of SCC's Good Laboratory Practice (GLP) program every ten (10) years.

As a participant in several international and regional agreements, SCC accreditation is recognized around the world. Under these agreements, each organization recognizes the equivalent accreditations performed by its counterparts and promotes the acceptance of test results from such accreditations within its own country.

## Benefits of Accreditation

There are many reasons why an organization may consider accreditation. Although all accreditation programs are voluntary, in some instances, there may be regulatory or legislative requirements for being accredited, sometimes even specifically for SCC accreditation. In other cases, market forces may dictate that business should go predominately to organizations that are accredited. Apart from these two factors, accreditation can be of great value to an organization. Accredited organizations often find that working under an accredited Quality Management System improves the efficiency of its staff and operations, and the quality of its products or services. As well, being accredited by a recognized Accreditation Body such as SCC instills increased consumer confidence in the value, quality, and safety of products, services, and test results. In summary the benefits are:

- Improving product or system quality and safety;
- Demonstrating your market accountability;
- Bringing you global recognition;
- Reducing costs and increase efficiency;
- Reducing your risk; and,
- Offering you a competitive advantage.

## Benefits of SCC Accreditation

The Standards Council of Canada (SCC) is:

- Well respected in Canada and around the world and consistently delivers high-quality and rigorous accreditation services;
- Renowned for the thoroughness and value of its accreditation programs;
- Known for its staff being friendly, knowledgeable, and professional; and,
- Offering services in both English and French.

## SCC's Customers

The SCC delivers accreditation services primarily to Canadian customers working in Canada and abroad, and international customers doing business in Canada.

## SCC's Commitment to the Official Languages Act (OLA)

As a federal Crown corporation subject to the OLA, SCC is required to provide services in both official languages – English and French. These are the only official languages in which SCC's Accreditation Services operate. SCC offers full services in both English and French.

## SCC Accreditation Fees

There are fees for SCC accreditation programs. Each applicant pays an application fee, an initial assessment fee, and once accredited, an annual fee, and assessment fees (as per the current Fee Structure referenced in the accreditation agreement), including travel and accommodation. Travel and accommodation costs are carried out following SCC Travel Policy, which is in alignment with Treasury Board guidelines.

## SCC's Commitment to Quality and Improvement

CABs are encouraged to contact SCC if they have any comments, questions, concerns, or compliments. SCC is committed to its quality policy, its quality management system, and ongoing improvements.

The CAB will be invited to complete an online satisfaction survey concerning their assessment activity. Although completion of this survey is not mandatory, SCC encourages CABs to provide their experience and honest opinions about the activity. These surveys are reviewed upon receipt so that SCC can assess its processes, with the objective of continuously improving its accreditation services.

# SCC Accreditation Applications

Potential applicants should visit the SCC website and “Steps to accreditation”. This will help prospective applicants make a decision that fits the accreditation needs of their organization.

While this document applies to all SCC accreditation programs, each program has its own unique differences, such as their accreditation cycles. This information is detailed in program-specific Program Overviews available on the SCC website. ‘Steps to accreditation’ are outlined on the SCC website to help guide your organization.

Once an organization is ready to apply, they may request an application package. The application package will request key information about the organization’s operations.

The applicable application fee is required for the application process to begin. The application fee is non-refundable.

Once the applicant has submitted a complete application package, an initial application review will be performed. Applicants may be contacted for additional information. SCC does not guarantee that the application will result in an initial assessment and/or accreditation. All application information submitted by the applicant will be considered confidential. It will not be disclosed outside of SCC or its contracted resource base<sup>1</sup>.

An evaluation will be conducted which includes consideration of:

- Risk associated with the activities, locations and personnel covered by the scope of accreditation, which will impact the accreditation activities planned and the methodology of assessment used. This includes consulting the Government of Canada Travel Advice and Advisories and Canadian sanctions. SCC will determine whether SCC services can be provided based on this information.
- Risk factors such as past enforced suspensions and withdrawals, fraudulent behaviour, disreputable conduct, regulatory infractions or any accreditation agreement violations with SCC or other Accreditation Bodies (ABs). An application may be rejected if one or more of these factors relate to the applicant or any legal or natural person or organization directly or indirectly controlling, or controlled by, or under direct, indirect, or common control with, the applicant, whether legal or natural.

SCC has a cross-frontier accreditation process. If the applicant is based in an economy outside of Canada<sup>2</sup> with an accreditation body that is a member of IAF and/or ILAC, SCC will recommend the applicant seek accreditation from the local or regional body. The applicant decides which AB to engage for their accreditation.

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<sup>1</sup> SCC is a federal crown corporation and as such, is subject to the “Access to Information Act”. This Act provides exemptions for commercial information which allows SCC to refuse to disclose records that contain trade secrets or financial, commercial, scientific, or technical information which if released, could damage the customer’s competitive position. As such, SCC will endeavor to maintain the confidentiality but must abide by the provisions of the Act. Where law requires information to be disclosed to a third party, the customer shall be informed of the information provided.

<sup>2</sup> If the customer is not based in an economy that is a WTO member economy, the application will be rejected.



## Transfer of Accreditation

A transfer of accreditation is for organizations which are already accredited by another IAF and/or ILAC signatory Accreditation Body (AB) and the organization is in good accreditation standing.

The transferee may be:

- a) Seeking to transfer their scope of accreditation (in full or in part) to another IAF and/or ILAC signatory Accreditation Body (AB) such as SCC; or
- b) Seeking 'equivalent' accreditation from SCC.

To determine whether a transfer of accreditation is feasible, SCC will request the organization to complete the Customer Application Form.

A document review and other risk factors mentioned in the 'Accreditation Application' section, will help determine any additional SCC accreditation requirements to be met and the timeline for the next reassessment activity.

If SCC determines that it cannot approve the accreditation without its own assessment activity beforehand, the applicant shall proceed through the normal Accreditation process.

Consistent with all accreditation decisions, a transfer of accreditation decision includes an ART review and an accreditation decision by the Vice-President or their delegate.

Once SCC approves the transfer of accreditation, the date of the first assessment activity to be performed by SCC shall be determined using the below:

<b>Visit Schedule for Non-SCC accredited organization being transferred</b>		
<i>Date of last assessment visit by existing AB</i>	<i>Next SCC Visit</i>	<i>Type of SCC Visit</i>
Within 6 months of request	Within 18 months	Reassessment
More than 6 months but less than 12 months of request	Within 12 months	Reassessment
More than 12 months but less than 18 months of request	Within 6 months	Reassessment
More than 18 months but less than 24 months of request	Within 3 months	Reassessment
Over 24 months before request	Within 3 months	Full assessment <u>before</u> granting accreditation

## Assessing Customer Readiness for Accreditation

Once the application package is complete, a Customer Services Team will be assigned, and an document review will be scheduled and conducted. The document review is performed to verify whether the applicant's management system, policies, and procedures meet the relevant requirements of the accreditation program applied for, and to determine the applicant's readiness for an initial assessment.

If a nonconformity (NC) is raised from the document review, the reviewer will issue a Findings Report to the applicant and request the applicant to submit responses to the required actions.

If the NCs are not addressed or if the applicant is not ready, the details will be communicated and the applicant will be provided the opportunity for a potential a pre-assessment meeting or, depending on the issues, to reapply later. The applicant can also request a pre-assessment visit.

If the document review exceeds two (2) days of professional time, additional fees will apply.

## Reapplication

The termination of an accreditation, either by voluntary withdrawal or through the suspension and withdrawal process, will not preclude a customer from re-applying for accreditation at a future date. Such a reapplication will be evaluated under the same requirements and procedures applicable to new applications.

# SCC Accreditation Assessments

When the NCs from the document review have been resolved, the customer will be contacted to set up the initial assessment. An initial assessment fee invoice must be paid before initial assessment scheduling begins. Depending on the accreditation program, the initial assessment may include a head office assessment, location assessment, witness assessments, document reviews, and/or other surveillance activities, as required. SCC staff will work with the customer to agree on dates for all applicable assessment activities.

A Head Office is a virtual or physical office, where the top management executes the operational control over the locations. Locations (either physical or virtual) are where some or all activities listed below are performed and/or managed, regardless of geographic location and relationship with the customer. These activities are the critical controls necessary to effectively manage conformity assessment:

- Policy formulation;
- Process and/or procedure development;
- Initial competence evaluation of technical personnel (personnel involved in the conformity assessment process from application review to decision);
- Supervision of on-going monitoring of the personnel as identified in point iii above;
- Conducting the application review;
- Selection of auditors and determination of audit time;
- Audit organization and performance;
- Authorisation of conformity assessment programmes including surveillance and re-certification;
- Final report review or certification decision or approval; and,
- Complaints handling or managing.

For the initial assessment, SCC will visit all locations where activities are performed and/or managed, or from which remote personnel performing activities are managed, and/or where records are maintained. Where appropriate, SCC will also visit locations where other activities covered by the requirements of the relevant conformity assessment standard(s) are performed, or from which personnel performing these activities are managed.

The next step is the assignment of the assessment team, or teams if more than one activity is required. The team will include a team leader, referred to as a Lead Assessor<sup>3</sup>, as well as other assessors, technical experts, and/or observers, as required. The customer will be informed of all team members ahead of time.

If the customer objects to any of the team members, they must inform the Account Manager (AM) in writing, with justification, within two (2) business days of being notified of the team. The

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<sup>3</sup> Note that for the GLP program, Lead Assessors and Assessors are referred to as Lead Inspectors and Inspectors.

AM will then review the provided justification and may change the makeup of the team if they determine that it is a valid objection.

The AM will work with the Lead Assessor to review any significant items and issues that were identified during the document review. The Lead Assessor will then prepare the assessment plan for the activities and the plan will be sent to the customer for review. It will provide an outline of which areas of the customer's operations will be reviewed at various points during the assessment schedule. The assessment plan will also inform the customer of which areas will be reviewed at what times of the day, to provide as minimal disruption to the customer's operations as possible. These assessment activities are to give SCC a representation of how each operation normally runs. SCC utilizes information communication technology (ICT) such as laptops, mobile devices and various virtual resources that support the flow, storage, processing, and analysis of data to conduct assessments. All use of ICT conforms to SCC's IM/IT Security Policy.

At the beginning of the first day of the assessment, the Lead Assessor will hold an opening meeting. The customer should include key staff in this meeting.

During the opening meeting, the Lead Assessor will outline the scope of the assessment and introduce the team members, as well as which areas they will be focusing on. The customer should take this opportunity to introduce its key personnel and provide any safety or administrative information to the assessment team, as necessary. A brief tour of the facility may follow the opening meeting, if appropriate to help the team members orient themselves within the facility or provide an overview of specific activities.

During the assessment, the team will require access to information demonstrating conformity to the accreditation requirements. Where NCs are found, evidence of the NCs may be requested by the assessment team. Customers shall ensure the availability and retrievability of the required information. If the customer has specific confidentiality issues that may interfere with this requirement, they are requested to discuss this ahead of time with their assigned AM, so that arrangements can be made. All assessment team members will have signed confidentiality agreements.

The assessment team will take detailed notes on their observations of the customer's conformity to criteria, as well as their review of the customer's documents and records. When interviews with personnel and review of records have been completed, the team will meet to consolidate their notes and findings (including NCs) in the Findings Report, for presentation to the customer at the closing meeting. As well, the team may, as appropriate, provide the customer with a brief update at the end of each day of any concerns or issues encountered during that day. This will give the customer the opportunity to provide any follow-up documentation that may resolve any potential NC before the Findings Report is compiled.

At the end of the last day of the assessment, the Lead Assessor will hold the closing meeting. The Lead Assessor will present the Findings Report and ensure that it is understood by the customer. The customer will be requested to formally acknowledge the receipt of the Findings Report. If there is disagreement between the team and the customer regarding any of the

findings, they should be discussed and resolved, if possible while the team is still conducting the office assessment. If not resolved, all disagreements shall be recorded and reported to SCC. The customer is encouraged to involve their senior management in both the opening and closing meetings.

## Remote Assessments

Please refer to “Guidelines for Remote Assessments/Inspections” on the SCC website for more information.

The decision to conduct Remote Assessments is the sole responsibility of SCC and is based on an evaluation of risk factors.

SCC considers several factors when planning for remote assessments:

- Remote assessments should not cover the entirety of an accreditation cycle.
- Remote assessments are only possible where not prohibited by the accreditation criteria documents, scheme owner, or regulatory body.
- Remote assessments are intended to cover all the requirements that would normally be assessed during an equivalent assessment. However, where the remote assessment methodology cannot cover all requirements, SCC shall ensure appropriate follow-up with the conduct of an on-site visit.
- The Customer that is the subject of an assessment shall be responsible for providing the resources for a Remote Assessment.

## Information and Communication Technology (ICT) for auditing or assessment purposes

Teleconferences, web meetings, interactive web-based communications, and remote electronic access to documentation are elements of Information and Communication Technology (ICT). CABs that audit or inspect their clients, subcontractors and suppliers remotely using ICT, may do so in part or in full, when permitted by the scheme or scheme owner. For the consistent use of ICT when auditing management systems, persons, or product, CABs must conform to IAF MD 4.

IAF MD 4 is a mandatory document with requirements for certification bodies in the management systems, certification of persons, and product, process, and service certification programs. The requirements can also be applied to other accreditation programs that use remote audit or assessment practices where permitted.

Before using ICT, CABs must obtain agreement of mutually acceptable information security and confidentiality measures with the other party that satisfy data protection measures and regulations. A documented risk assessment must precede the use of each method of ICT to determine the impact on the effectiveness of the audit, or part of the audit when conducted

remotely. Prior notification to those involved and competence of operators shall be ensured by the CAB. Audit or inspection reports shall indicate the effectiveness of the ICT in meeting the audit objectives. SCC will verify conformity through on-going assessments and verification to ensure CABs conform to the criteria in IAF MD 4.

## Virtual Sites and Locations

International documents define 'virtual site' as:

- A virtual site is an online environment allowing persons to execute processes, e.g. in a cloud environment. (ISO/IEC 17011)
- A virtual location where a client organization performs work or provides a service using an on-line environment allowing persons from different physical locations to execute processes. (e.g., MD 1, MD 4)

A virtual site cannot be considered as such where the processes must be executed in a physical environment e.g. warehousing, physical testing laboratories, installation, or repairs to physical products. An example of such a virtual site is a design & development organization with all employees performing work located remotely, working in a cloud environment. A virtual site (e.g., an organization's intranet) is considered a single site for the purpose of calculating of audit time.

## Addressing Assessment Nonconformities

At the conclusion of the closing meeting, or shortly thereafter, the customer will be provided with an electronic copy of the Findings Report which is the report of all nonconformities (NCs), observations, and commendations. The customer will be instructed to respond to the findings with an initial plan of actions within one month (30 days) of receipt of the Findings Report, and evidence of corrections and implementation of corrective actions so that closure of NCs have been approved by SCC within three months (90 days) of the receipt of the Findings Report.<sup>4</sup>

Once the customer has submitted their initial plan of action relative to each finding, SCC will have ten business days to review and respond to the plan. If the plan is deemed incomplete or unsatisfactory, the customer will have up to two more attempts at their plan, before additional actions may be taken by SCC, noting that they must still complete the required actions within the 3-month (90 days) timeframe.

Once the plan has been accepted, the customer will have the remainder of the original 3-month timeframe to complete the corrections, implement their corrective actions, and obtain SCC approval for closure. This evidence should be submitted to SCC (through the Findings Report) in advance of the deadline, to allow SCC assessors appropriate time to assess the evidence. As with the initial plan, the customer will have three attempts at delivering appropriate evidence. If, with either the initial plan or the implementation evidence, the customer's submissions are

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<sup>4</sup> For GLP, no initial plan is required within 30 days. Only the 90-day timeline applies.

deemed unsatisfactory, or the customer exceeds the timelines, the customer may be subject to the withdrawal of the application (for an applicant), or the customer may be subject to suspension (for an accredited customer).

If there is a disagreement between the organization and the assessment team on a particular finding at any point in the process, and the customer wishes to formally challenge them, the organization may do so. Please refer to the Complaints section of this document.

Once the activity is completed and all NCs, if issued, have been resolved to the satisfaction of the Lead Assessor, the Lead Assessor will prepare the Accreditation Review Package.

A Findings Report will be issued following each activity even when there are no nonconformities, observations, or commendations to report.

For Initial and Reaccreditation activities, or where there has been a substantive change to the scope of accreditation, the Lead Assessor will prepare an Accreditation Report which will contain their recommendation to accredit or reaccredit if the customer has met the requirements of accreditation. For surveillance and witness audit activities, an accreditation report is not prepared.

When an Accreditation Report is not issued (at surveillance, witness assessments), the Findings Report will include the following:

- Information on the ICT (Information and Communication Technology) usage and its effectiveness in achieving the objectives, if applicable.
- Any items of special consideration to be noted by the customer.
- A summary of the customer's conformity to the accreditation criteria.

## Evaluation of Conformity Assessment Schemes (CAS)

SCC conforms with IAF MD 25. This document contains minimum requirements for conformity assessment schemes (CAS) applied by SCC when evaluating national, regional, or international CAS to ensure they meet requirements specified in ISO/IEC 17011, Clause 4.6.3.

IAF MD 25 does not apply to CASs:

- That are included or invoked by legislation/regulation; and/or
- Developed by national, regional, or international standardisation bodies.

# SCC Accreditation Decisions

Once the Lead Assessor completes the Accreditation Review Package, SCC will engage the Accreditation Review Team (ART) to review supporting documentation.

The objective of this review is to ensure that SCC's accreditation procedures have been met throughout the assessment, and that the resolution of NCs has met all requirements for accreditation.

The ART review will typically be made up of one or more technically qualified staff in the program and/or applicable schemes in which the customer operates, including experts in the areas of quality management and accreditation if applicable. The ART review may be comprised of both SCC and contracted staff. No member of the original assessment team for the activity will participate in the ART. If the ART finds that the assessment evidence is not sufficient, they may request further information and may request additional assessment activities.

*Note: Witness Audits will undergo an independent technical and process review (ART) separate from office assessment activities.*

The ART review is part of the decision made by the Vice-President, Accreditation Services, as to whether the customer has met the requirements for accreditation. The Vice-President or their delegate reviews the output of the ART, along with the Accreditation Report and other supporting documentation, to complete the final decision to grant accreditation (or continued accreditation, for an already accredited customer). The Vice-President has been granted this decision-making authority by SCC's governing council.

SCC will advise the customer on the decision. Once the customer demonstrates compliance with accreditation requirements, it is referred to as a Conformity Assessment Body (CAB).

## Conditional Accreditation

When accrediting an organization for the first time, it is acceptable to grant the accreditation under the condition that the customer, once notified, informs SCC as soon as it receives requests from its first clients. The customer shall cooperate with SCC when planning their initial client activities to ensure that the witnessing of that activity takes place.

***No accredited certificates are issued until witnessing has been completed and conditional accreditation by SCC has been lifted.***

SCC will provide documented justification if the result is to not grant accreditation. The customer has the option to appeal this decision, as per the Appeals section of this document.



## Publication of Accreditation Status

Once the SCC accreditation decision has been made:

- SCC will prepare an Accreditation Agreement. This agreement contains the contractual obligations of the customer and SCC, as well as rules and guidelines for the publication of the customer's accreditation status.
  - Upon signature, the customer will be provided with, if requested, the SCC accreditation symbol applicable to their accreditation program. SCC symbol proprietary rights, symbol permitted uses, SCC and customer responsibilities, symbol usage requirements, symbol quality control, symbol prohibited uses and termination of symbol use are outlined on the SCC website.
  - Finally, the agreement also references the Fee Schedule for the applicable accreditation program. Payment of all fees in a timely manner (as per the schedule) is a condition of accreditation; failure to do so may result in suspension or withdrawal of accreditation.
- SCC will verify that the customer has fully paid all invoices issued.
  - Due payments and a signed accreditation agreement must be completed before granting accreditation (sharing the accreditation certificate, publishing the SCC scope of accreditation, posting a notice of accreditation).
- Once the accreditation agreement is signed and the customer has paid all due invoices:
  - SCC will post the scope of accreditation and a notice of accreditation on the SCC website.
  - SCC will prepare an official SCC Certificate of Accreditation and provide it to the customer.
- SCC will send an Accreditation Cycle Plan (if applicable) to the accredited organization. This plan outlines all the required accreditation activities that the customer needs to meet to maintain their accreditation status. This is required by SCC to continue to conform to ISO/IEC 17011.

## Accreditation Certificates

The customer may use their Certificate of Accreditation issued by SCC in any reasonable manner while the recipient's accreditation is valid. Certificates may be duplicated or manipulated if the entire certificate is visible, and the original intent of the Certificate is not corrupted or its nature in any way changed.

However, the customer may not use the Certificate in advertising without the prior consent of SCC. Moreover, the customer may not authorize a third party to use the Certificate.

## SCC Accreditation Symbol Use and Publicity Guidelines

The SCC policy for SCC accreditation symbol use is available on the SCC website.

A significant benefit of SCC accreditation is that SCC accredited CABs may publicize its competence based on a nationally and internationally recognized accreditation program. SCC encourages such activities; however, restrictions apply to prevent misunderstanding about the significance of accreditation.

A CAB shall, when requested, make available to SCC staff and assessors, any advertising or promotional material referring to its accreditation in communication media such as the internet, documents, brochures, etc.

CABs can apply for permission to use the Accredited CAB Combined IAF MLA Mark and/or the Accredited CAB Combined ILAC MRA Mark. CABs are required to sign an agreement, which is available upon request from SCC.

Verification of a customer making SCC accreditation public is a regular part of each assessment activity performed by SCC. If it is found that the customer has made incorrect references to their accreditation status, or has used the SCC accreditation symbol, IAF MLA Mark, or ILAC MRA Mark in a misleading way, SCC will require the customer to take appropriate actions to remedy the situation. These actions range from a request for corrective action, to, if warranted, the initiation of suspension of accreditation, publication of a correction or legal action.

## Maintaining SCC Accreditation

Once the customer has been granted accreditation, the accreditation cycle will commence, and there will be activities at regular intervals. These activities can include reaccreditation, surveillance, and witness assessments. SCC will also assess each applicable location identified on the customer's Scope of Accreditation at least once per accreditation cycle, as indicated in the Accreditation Cycle Plan. SCC shall consider risk as per the "Accreditation Applications" section. Finally, the CAB could choose to either expand or reduce the scope of their accreditation.

At regular intervals within the accreditation cycle the CAB will be reassessed. The process for this assessment is like the initial assessment, as outlined in this document. SCC staff will contact the CAB approximately three months before the scheduled reassessment. In that communication, the CAB will be advised of the documentation they are required to submit, and the timelines for doing so. All other steps in the process remain the same.

If an NC is raised over the course of the CAB's accreditation cycle or during the assessment activities, it may be necessary to schedule extraordinary assessments. If this is the case, SCC will notify the CAB in advance, and the assessment process for this activity will be identical to the regular assessment process outlined in this document.

SCC's activities align with Government of Canada Travel Advisories and trade sanctions. SCC will not travel to economies of high risk and/or conduct business with organizations where trade sanctions apply.

## SCC Accreditation Scope Modifications

It is possible that, at some point, the CAB will decide that they need to either expand or reduce their scope of accreditation. In either case, the CAB needs to submit a request for a scope modification to their Account Manager, along with the necessary documents relevant to the areas they wish to add or remove or modify on their scope of accreditation. SCC assessment staff will review the request and determine the appropriate course of action.

For scope extensions, if the requested additions to the scope are deemed to be significantly different from the CAB's existing scope of accreditation, an additional assessment activity may be required, at a cost to the CAB. If the request is not significantly different, the request may be assessed and completed without any additional activities.

For scope reductions, the justification and rationale need to include whether the reduction has an impact on the organization's ability to perform competently for the remainder of the scope.

A scope modification fee is applicable, outlined in the current Fee Schedule referenced in the Accreditation Agreement.

## Relocations and Renovations

Relocations and renovations are addressed through the scope modification process.

According to the SCC Accreditation/Recognition Agreement the CAB must advise SCC of any changes that could affect their accreditation/recognition status. This would include, but is not limited to, significant changes to the premises (which includes personnel, equipment, facilities, working environment or other resources). It is understood that in the context of this section, changes to premises include relocation and renovation of facilities.

Planning and performing a relocation or renovation can be difficult with unexpected delays and thus can have many uncertainties. It is however the CAB's responsibility to keep SCC informed of the progress.

Changes in premises will have varied impact on the CAB's operation depending on the accreditation or recognition program. The specific relocation and renovation documentation required is outlined in the scope modification application form.

# Suspensions and Withdrawals

Circumstances may arise where the CAB's accreditation must be either suspended or withdrawn. The suspension or withdrawal process may be voluntary, on the part of the CAB or imposed by SCC.

Suspension, withdrawal, and scope reduction procedures may vary under certain regulatory schemes. If the CAB is accredited under a regulatory scheme, SCC staff should be contacted to confirm any scheme deviations to the policies and procedures contained in this document.

Suspensions are intended to be temporary. Suspensions shall be processed as withdrawals if re-accreditation is not completed within a twelve-month period.

While suspended (in full or in part), the accredited organization loses the privileges of delivering the accredited activities for the portion of the scope suspended. The letter of suspension details the restrictions imposed on the CAB because of the suspension action.

While under suspension or upon withdrawal, the CAB, and any affiliated parties, shall comply with the relevant and applicable provisions of this document. The CAB shall immediately cease referring to its SCC-accredited status for the suspended or withdrawn activities to any third parties, in any promotional materials, or letterhead, in test reports (for laboratories) or in any other documents or media (including the internet). The CAB shall also cease displaying its Certificate of Accreditation on its premises and cease any use of the SCC accreditation symbol when full accreditation has been suspended or withdrawn. As well, the CAB must cease using all other marks or symbols licensed through SCC related to their accreditation such as, but not limited to, the marks of IAF and ILAC.

Details describing the terms and conditions of work while suspended shall be provided in the Notice of Suspension. Generally, while suspended and under the terms described in the Notice of Suspension, a CAB may continue to conduct work that is necessary to support existing certificates in the marketplace, for example factory surveillance work conducted by product certification bodies or annual surveillance work by system certification bodies. Although work leading to the issuance of new certificates or re-certifications may be carried out, the certificates cannot be represented as being accredited. Similarly, any laboratory testing for suspended test methods and inspection of goods under ISO/IEC 17020 programs cannot be represented as being accredited. Where applicable, the CAB, upon withdrawal, is required to provide its CABs with information on the withdrawal of its accreditation and on its associated consequences.

Should SCC become aware of confirmed evidence of fraudulent behaviour, or of a CAB intentionally providing false information, or a CAB deliberately violating accreditation rules, SCC shall initiate its process for withdrawal of accreditation. As well, if a CAB is discovered to be providing certification services to any standard used as a basis for accrediting organizations (e.g., ISO/IEC 17025 or ISO 15189), SCC shall initiate its process for suspension of accreditation.

## Voluntary Suspensions or Withdrawals

An SCC-accredited organization may voluntarily suspend or withdraw all or part of its accreditation at any time by providing written notice to SCC. Requests must clearly state the elements of the CAB's scope of accreditation that are to be suspended or withdrawn and should indicate the reasons for the decision. Requests will be processed within ten (10) business days, or as indicated by SCC upon receipt of request. Any unpaid and accrued fees shall be paid to SCC at the time the request for suspension or withdrawal is made.

## SCC-Initiated Suspensions or Withdrawals

SCC may initiate suspension or withdrawal of an accreditation of a CAB. This might occur when SCC determines that the CAB has failed to comply with relevant terms and conditions of accreditation, including payment of applicable fees. The CAB will be notified of such a decision in writing by SCC staff responsible for the file. The notification letter will state what is intended for suspension or withdrawal, the reasons for proceeding, and additional actions required to initiate the suspension or withdrawal.

The CAB will be given no longer than thirty (30) calendar days to respond before the suspension is implemented. The CAB may:

- Provide appropriate corrective action that is acceptable to SCC, or
- Accept the suspension or withdrawal, or  
Submit a formal complaint to SCC with regards to the suspension warning (refer to the Complaints section of this document).

Once the suspension decision has been made, and the suspension is in effect, the CAB may also appeal the decision (refer to the Appeals section of this document).

If a CAB chooses to appeal a suspension decision made by SCC and the decision is upheld, the CAB will be given thirty (30) calendar days after receiving the decision of the appeal to provide appropriate corrective action that is acceptable to SCC. Failure to implement the corrective action within the thirty (30) calendar days may, at SCC's sole discretion, result in withdrawal of the accreditation.

When a decision on suspension has been made, such suspension shall be implemented and remain in effect until the Appeal process is completed and a decision has been rendered.

## Immediate Suspension by SCC

An immediate suspension (partial or full) of a CAB's accreditation scope may be imposed by SCC when SCC assessment teams have identified one, or several major NCs, or, if a CAB has declined a surveillance activity by SCC, or, when a CAB brings the accreditation body into disrepute, or, when a CAB has been charged with a criminal offense. A CAB may appeal the decision for an immediate suspension according to the Appeals section of this document.

## Public Notification of Suspensions and Withdrawals

When a suspension or withdrawal of accreditation occurs, CABs and the public are notified by the posting of a notice on SCC's website and the scope of the organization is amended to indicate the extent of the suspension or withdrawal. In addition, where other parties are involved, such as regulatory authorities, those parties shall also be notified by SCC of the changes in the accreditation status of the organization.

Reasons for the suspension or withdrawal are not communicated to the public. However, in each of the situations mentioned in the Suspensions and Withdrawals section of this document that lead to the SCC-initiated suspension or withdrawal of accreditation of a CAB accredited under an IAF program (i.e. Management Systems Certification Bodies, or Product, Process, or Service Certification Bodies), SCC shall notify the IAF Secretariat of this decision and the reasons. The IAF Secretariat shall then communicate the decision and status to all IAF Member Accreditation Bodies in the following format:

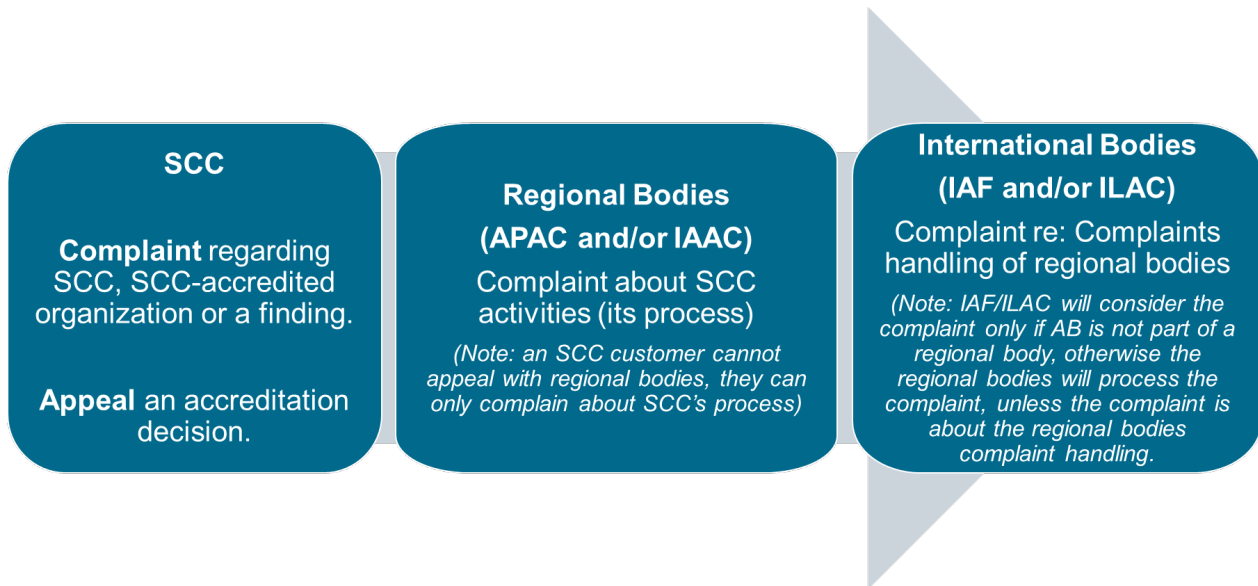
*“[Name of Accreditation Body] [state the action as ‘withdrew’ or ‘suspended’]  
accreditation of [Name of CAB] on [date] for [state the proven offence]”<sup>5</sup>*

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<sup>5</sup> IAF Mandatory Document 7, *Harmonization of Sanctions to be Applied to Conformity Assessment Bodies*

# Complaints and Appeals

The summary of complaint escalation for recognized programs is presented below:



***The complaint process should be used prior to an appeal and every attempt should be made to resolve the issues when a CAB disagrees with an SCC accreditation decision.***

## Complaints

The SCC complaint process is described on the SCC website.

## Appeals

The appeal process is an independent review and evaluation of a decision made by SCC that directly relates to the accreditation status of the CAB or applicant. An appeal typically relates to a decision made by SCC not to grant accreditation or a scope modification, to suspend, or to withdraw accreditation.

CABs have the right to appeal any decision made by SCC that affects the accreditation status of the CAB or applicant.

When a decision on suspension has been made, that suspension shall be implemented and be in full force and remain in effect until the Appeal process is completed and a decision has been rendered.

Appeals shall be submitted, in writing, to SCC's Chief Executive Officer (CEO) within thirty (30) calendar days of the relevant SCC decision. The onus is on the appellant to submit a comprehensive package of evidence and justification for the appeal, together with the request

for appeal. Receipt of a complete appeal package by the Chief Executive Officer (CEO) will be brought to the attention of the Governing Council, the appointed governing body of the Standards Council of Canada.

Following the outcome of an appeal and the announcement of the decision by the CEO, if the appellant believes that the appeal has not been satisfactorily addressed, they have the right to file a complaint about SCC with the regional body representing IAF or ILAC (APAC), as applicable. If the regional body determines that SCC is nonconforming, SCC will implement corrections and corrective actions as needed to close the nonconformity.

- SCC is responsible for all decisions at all levels of the handling process for appeals.
- SCC will not take any discriminatory action against the appellant as a result of the investigation or decision of an appeal.

## Costs for Appeals and Hearings

The appellant has the option of requesting the appeal to be evaluated by either an Appeal Panel, or a person designated as the assigned action officer (AAO), an impartial person who is appointed by the CEO to conduct a review and evaluation of the appeal in isolation. When the appellant selects an Appeal Panel to review the appeal, the appellant may also request a hearing before the panel makes its recommendation in isolation. Whichever appeal evaluation method is selected, an estimate of the expected costs is provided in advance. The appellant is required to provide a deposit of 35% of the expected costs before the process will begin. The estimate may include costs, as applicable, for travel and accommodation of the Appeal Panel members to meet, SCC staff attendance at hearing, and costs of special meetings of the Council.

If the appeal is upheld, there will be no cost to the appellant for the process and the appellant will be promptly refunded any deposit. If the appeal is overruled, the appellant will forfeit the deposit and be required to pay any amount over and above the initial deposit within thirty (30) calendar days following the date on which the appeal decision is rendered.

## Appointment of a Panel or an Assigned Action Officer (AAO)

When an Appeal Panel evaluation is selected by the appellant, the CEO will appoint an Appeal Panel within thirty (30) calendar days of receipt of a complete application for appeal or such other period as the CEO may require. The Appeal Panel shall consist of a minimum of 3 members, one of whom will be appointed as the Chair by the CEO.

When an evaluation by an AAO is selected by the appellant, the same procedures used to appoint an Appeal Panel applies, except the appointment is to take place within ten (10) business days of receipt of the appeal and supporting documents. Should additional time be required to appoint the AAO, SCC will inform the appellant.



## Selection of an Appeal Panel or AAO

The person or persons appointed to adjudicate an appeal will be selected considering their knowledge, training, and experience to evaluate the subject matter of the appeal. They will be independent of the issues and activities that led to the appeal and will have no conflicts of interest with the parties involved. The CEO will appoint a recording secretary to the Appeal Panel that will be a member of SCC's staff.

## Conducting an Appeal and Hearing

The AAO or Appeal Panel will review the issue, to the extent necessary, to determine if the claim from the appellant is founded or not. A report containing the findings from the evaluation will be prepared and submitted to the CEO for review and recommendation to the Council. The report should include at least the following:

- i. Original claim, evidence and justification provided by the appellant
- ii. Evidence gathered during the evaluation
- iii. Summary of processes reviewed during the evaluation
- iv. Minutes from the hearing (when and if hearing took place)
- v. Result of the vote (Appeal Panel only)
- vi. Conclusion/recommendation

When the appellant has requested a hearing, the Appeal Panel will be responsible to make the necessary arrangements to conduct the hearing.

If it is determined by the Appeal Panel or the AAO that the claim by the appellant is well founded, the original SCC decision may be overturned, the AAO or Appeal Panel may recommend a remedial action, if appropriate.

The Appeal Panel will aim to complete its function, including any hearing, within thirty (30) calendar days of its formation.

The process using an AAO will normally be completed within fourteen (14) calendar days from their appointment.

The final decision with respect to all matters on the appeal will be made by the Governing Council. The appellant will be informed of the decision and remedial action required, if any.

# Revision History

VERSION	DESCRIPTION OF CHANGE(S)	APPROVED DATE
	<ul style="list-style-type: none"> <li>Previous revision history is identified in bulletins on the SCC website</li> </ul>	
16	<ul style="list-style-type: none"> <li>Separating program-specific content out of the ASB Program Overview</li> <li>Various process changes</li> </ul>	2024-04-11