

Rule & Procedure for STQC Approval Body (SAB)

(STQC/SAB/D01)

Issue :01



STQC Approval Body,
STQC Directorate,
MeitY, Government of India
INDIA



STQC Approval Body (SAB)

Rules and Procedures for SAB (STQC/SAB/D01)


Issue : 01

Date : 04 Feb 2021


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0.1 Approval and Issue


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Reviewed by : Scheme Representative

Approved by : Head, SAB

Note:

- Scheme Representative is responsible for issue and distribution of this document including amendments.
- Holder of this copy is responsible for incorporation of all the amendments and currency of the document.

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1.0 Introduction

Government of India accords highest priority to the Digital India programme that is an umbrella programme for transforming India into a digitally empowered society and knowledge economy. The pillars 4 and 5 of the Digital India programme, namely 'e-Governance: Reforming Government through Technology' and 'e-Kranti - Electronic Delivery of Services' respectively are directly linked to the e-Kranti: National e-Governance Plan (NeGP) 2.0. The implementation of e-Kranti is vital for Digital India and for the delivery of e-governance, easy governance and good governance in the country. For assuring Quality, it is required to ensure the Conformity of IT Solution characteristics with the System requirements. In order to ascertain this conformity, availability of IT Test laboratories which are established as per International Best Practices becomes necessary. Such labs are required to be approved as IT Test Laboratories of IT domain with defined scope of approval. This will enable IT Solution provider to demonstrate compliance of its solution to the requirements of the project / RFP by providing a test report from an approved laboratory. This scheme is promoted by STQC Directorate, Meity and is based on International Standard ISO/IEC 17025:2017 (General requirements for the competence of testing and calibration laboratories) and ISO/IEC 17011 (Conformity assessment —Requirements for Approval bodies accrediting conformity assessment bodies)

The scheme is intended to recognize the competence of IT test laboratories and to provide confidence to the stakeholders that Test results of Solutions tested in these laboratories are reliable, reproducible and repeatable. Under the scheme, after satisfactory completion of the assessment, the laboratory is issued a 'Certificate of Approval' indicating conformance to specified requirements of applicable standards as specified in the scheme.

The scheme covers both private and public (Government) IT test laboratories involved in software and system testing with in-house and/or onsite capabilities.

2.0 Scope and Objective

The scope of Approval Scheme covers approval of IT Testing Laboratories engaged in testing software applications & systems for both functional and non-functional characteristics to ensure quality & security of software and systems.

The scope of the IT (Software and System) Test Laboratories for approval for conformity assessment.

Sl. No.	Type of Testing
1	Functional Testing
2	Performance Testing
3	Application Security Testing



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	A Web Application Security Testing B. Mobile Application Security Testing C. API Security Testing
4	Vulnerability Analysis & Penetration Testing
5	Interoperability testing
6	Accessibility testing
7	Website Testing as per GIGW
8	Hardware Security

This document is applicable to the IT Test Laboratories which are involved in testing or intending to takeup testing of e-governance solutions requiring approval as “STQC Empanelled Testing Laboratory (SETL)”. This document shall also be used by Approving Body and the Laboratory scheme Assessors

3.0 Purpose

This document is applicable to all those involved in providing the certification services such as Testing labs., Management Review Committee, Certification Committee, Technical advisory committee, etc.


4.0 References

STQC/ITeGov/D00	Quality Manual
STQC/ITeGov/F01	Master List of Documents
ISO/IEC 17011	Conformity assessment —Requirements for Approval bodies accrediting conformity assessment bodies
ISO/IEC 17025	General Requirements for the Competence of Testing and Calibration laboratories.

Note: Latest edition of above-mentioned standards to be referred.

5.0 Terms & Definitions:

Conformity Assessment

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is defined as “Any activity concerned with determining directly or indirectly that relevant requirements are fulfilled.

Conformity Assessment Body

A professional Body engaged is performing the conformity assessment activity.

Assessment Bodies

Assess organization or projects for compliance with management system or process (ISMS, ITSM, QMS etc) standards using professional judgment.

SETL

A Laboratory that Test or measure sample or item using scientific methods to compliance particular characteristics and/or compliance with standards or specifications. For the purpose of this scheme laboratories cover IT Testing Laboratories engaged in testing software applications & systems.

Approving Body

Approval is defined as “procedure by which an authorized body gives formal approval (recognition) that a body or person is Competent to carry out specific tasks. In the context of this scheme STQC is authorized by MeitY to operate approving scheme for recognizing competent IT Testing Laboratory, a Conformity Assessment Body (SETL) for evaluating quality.

Approval System

System that has its own rules of procedures and management, for carrying out approval of conformity assessment body.

Registration

Inclusion of ITTL particulars and field of its assessed capability by the approving Body in an appropriate register or list which are available in public domain.

Certificate of approval


Document issued under the rules of a approval System indicating compliance/conformance to the specified requirements of the applicable standard or requirements.

Approval Agreement

An agreement which is part of the Approval System and which details the mutual rights and obligations of the Approval certificate holder and the Approving Body, and which includes the right to use the approval certificate.

Appeal

A formal expression of dissatisfaction by a party affected with a decision of a approving Body, which is directly related to the approval status of the SETL.

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Complaint

A formal expression of dissatisfaction with some matter related to a Approving Body, a approved SETL or an individual.

Dispute

Expression of difference of opinion between two parties in relation to some matter related to a approving Body, a approved ITTL or an individual.

Minor Non-conformity

A Minor Non-conformity is an isolated lapse that will not directly affect the conformance of the ITTL to the applicable requirements. However, if it persists, it may be considered a major non-conformity.

Major Non-conformity

A Major Non-conformity is the absence of or the in-effective implementation of one or more required system elements, or a situation, which would, on the basis of objective evidence or evaluation, affect the conformance of ITTL to applicable requirement

6.0 Operation of the Scheme

The Scheme is operated through a 'Approval Body' set up under STQC Directorate, Ministry of Electronics and Information Technology (Meity), Government of India. The approval system should be credible to ensure Testing Results are Valid, Accurate, Repeatable and Reliable.

The scheme ensures-

Internal Control – QM in view of SAB and Rules, Refer to STQC/IT&eGov/D00

External Control – Quality Manual & Procedures to be followed by applicant Laboratory


Compliance with International Standard ISO/IEC 17025:2017 and Approval Criteria as per STQC/SAB/D02

The Approving body is guided by an advisory board, which has representatives from various Government and Non-Government organizations. The Assessors empanelled by the Approving body assess the applicant IT test laboratories for conformance with the criteria for approval as per STQC/SAB/D02.

7.0 STQC Approval Body (SAB)

STQC Directorate is the designated approving body for the operation of the scheme.

STQC maintains a management system in accordance with international practices (ISO/IEC 17011) and that its approved conformity assessment bodies are competent in their operations of testing and assessments. Procedures for Operation of STQC Approving body refer Quality Manual (STQC/IT&eGov/D00).

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8.0 Principle and Approach:

Users (buyer and supplier) demand confidence in the quality of the service they use. It is also important for the businesses (solution providers) and Buyers to have confidence in the integrity and quality of the services supplied by Conformity Assessment Body. It is the independence, competence and impartiality of the participating IT Testing Laboratory, a conformity assessment body that provide this confidence. The principles and approach for operating this scheme are:

- Defining, harmonizing and building consistency in Test engineering and assessment service in India for quality evaluation by ensuring common interpretation of the standards, common and harmonized test report formats and assessment procedures used by its clients (approved IT Testing Laboratory).
- Ensuring transparency of the operations (including assessments) performed and results provided by its clients (approved IT Testing Laboratory).
- Maintaining a hormonal related links between buyers and purchasers.
- Managing a peer evaluation system consistent with international practices.

9.0 Structure of STQC Approval Body

The SAB Structure include


- a) A Chairman
- b) An Advisory Board
- c) Management Committee
- d) Approval Committee
- e) SAB Personnel
 - i) Head
 - ii) Auditors/Assessors
 - iii) Operations Personnel/scheme representative(s)

For Criteria, Composition and Terms of Reference refer STQC/IT&eGov/D00—Quality Manual.

10.0 List of Appointments

The document, STQC/IT&eGov/D04 – “List of Appointments” identifies the personnel & other resources involved in the activities of SAB as follows:

- Members of Advisory Board
- Members of Management Committee
- Head, SAB

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- Members of Approval Committee
- Scheme Representative
- Operations personnel

The responsibilities of all personnel involved in the certification activities are indicated in the document, STQC/IT&eGov/P05- “Responsibility Matrix”.

11.0 Approval Procedure

11.1 Pre-Requisite Requirements

Laboratories interested in obtaining Approval, shall have established quality system in the laboratory as per STQC Approval Criteria laid down in this document. Laboratory based on its testing capability shall define their proposed scope of approval at permanent location & at-site. For test labs which are multi-location, location-wise scope to be clearly defined while applying to the Approving body. For the scope of approval within this Approval Scheme refer to Cl 2 of this document.

11.2 Approval Process

Preliminary Information

Upon enquiry at the STQC, organization will be provided with all relevant information on the Scheme along with application Form STQC/SAB/F01 or the same can be downloaded from www.stqc.gov.in.


Application for Approval

Any IT testing laboratory, which is a legally identifiable organization, wishes to become an testing laboratory shall –

- a) Apply to the SAB giving the information required in Application form STQC/SAB/F01 along with Laboratory Manual/Procedures and accompanied by application fee.

Applicable charges are levied as indicated in Schedule of charges STQC/IT&eGov/D01.

- In case, more than one location is applicable separate application need to be submitted,
 - At the time of application the laboratory shall ensure and make a statement that at least one internal audit and one management review has been carried out by the lab and action has been taken on all outstanding issues.
 - Minimum two projects covering applied scope of testing is preferred.
 - Minimum 1 Authorized Signatory
- b) Undertake to allow access by the SAB nominated assessment team the location relevant to the scope of approvals sought. This

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assessment team shall not disclose, without the prior permission of testing laboratories, any confidential information obtained in the course of their duties, and

- c) Nominate a contact person with SAB.

Processing Application:

After receipt of application, Acceptance of Application will be acknowledged by SAB and allotted a unique number, which must be quoted in all future correspondence.

All applications are screened for completeness before acceptance and the SAB may seek more information when necessary.

During the application process the laboratory is encouraged to hold discussion with the SAB and seek clarification from the approving body, if need arises.

Assessment process: Refer STQC/SAB/F02 for Assessment Forms/Formats.

Evaluation of Documentation

The body shall nominate Lead assessor for the applicant lab. & communicate both the lab & Lead Assessor.

The Lead Assessor shall evaluate laboratory's Quality Manual along with the application for ensuring compliance with the SAB requirements, if there are any discrepancies or gap areas, the Laboratory is informed to carry out necessary corrections and amendments by Lead Assessor with copy to SAB.

The applicant laboratory to inform closure of all observations on document & application evaluations to Lead Assessor with a copy to the Approving Body.

Stage 1 Assessment:

The assessment team will review the documentation provided by the applicant laboratory for completeness, correctness and compliance to applicable standards. The emphasis is on the verification of information given in the application, status of implementation of quality management system, processes, procedures, test methods, environmental aspects, adequacy and allocation of resources to confirm scope of approval sought.

Stage-1 assessment report prepared by Lead Assessor along with NCs & Observations if any is submitted to the SAB with copy to Laboratory in form given in STQC/SAB/F02. The Laboratory shall take the corrective actions and submit closure report along with evidences to Approval body with a copy to Lead assessor.

After acceptance of closure report by Lead assessor the assessment team is formed by the SAB for stage-II assessment. Audit team is constituted by SAB. Technical Expert or Observer also may be part of the team on need basis & will be communicated to lab. In advance Consideration is given to possible concerns about conflict of interest in selecting assessors. Lead assessor will make Stage-II assessment plan and communicate to applicant lab.

Stage II Assessment



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The assessment shall cover all the scope as per the plan and the laboratory shall demonstrate to the assessment team that:

- It meets the requirements of SAB Approval criteria STQC/SAB/D02 based on ISO/IEC17025 and other Terms & Conditions of Accreditation Agreement STQC/IT&eGov/D03.
- The laboratory competence & capability is witnessed & assessed by assessors with the relevant test artefacts for each type of testing covering the applied scope.
 - Standard refer along with checklist
- The performance of the staff is also being witnessed to provide assurance of technical competency covering the scope of approval.
- The competence of Authorized signatory is witnessed for recommendation in form given in STQC/SAB/F02.

Authorized Signatory must demonstrate a sound knowledge of:

- Planning & designing of tests,
- analysis & reporting of test results
- Knowledge of standards or specification, Test Methods & techniques
- The laboratory quality system;
- Minimum qualification Bachelor/Master degree in Engineering, MCA or MSc in Computer Science/IT/Electronics with 3 year relevant experience. He/she shall be working fulltime with the laboratory.
- Responsible for technical validity and accuracy of all information contained in the Test Report.

All laboratory staff involved testing shall participate in assessments.

Approval Criteria Checklist form given in STQC/SAB/F02 is used for assessing the Conformity & Competence of the laboratory.

The assessment team shall analyse all relevant information & evidences gathered during Stage-II Assessment to derive the recommendations. Accordingly the Stage-II assessment report is prepared by Lead Assessor along with the following enclosures as performed in STQC/SAB/P02 like Assessment Plan, Assessor Observation Sheets, Tests Witnessed, Duly filled Compliance Criteria Checklist, NCs, list of Authorized Signatory, Summary of Assessment and any other supportive documents

The complete Stage II report shall be forwarded to the SAB & the same will be communicated to the laboratory during closing meeting.

Attendance is taken during both Opening & Closing Meeting in form given in STQC/SAB/F02.

The recommendations of the team may be one of the following:

- i. If No NCs, the lab is recommended for approval for the scope recommended.



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- ii. In case of minor NCs the lab. Is recommended for approval subject to closure of NCs with evidences of corrective actions within the agreed time frame.
- iii. In case of major NCs the approval is not recommended. The laboratory is to confirm the closure of major NCs. After satisfactory verifications of closure of major NCs the laboratory is recommended for approval.
- iv. In case the laboratory is not able to demonstrate the competence w.r.t applied scope it is recommended to Re-assess the laboratory.

Post Assessment Activities

The assessment report is scrutinized by the approval body for the completeness of the enclosures & contents of the report. After closure of NCs with evidences of corrective actions & with no further clarifications from the assessment team or the laboratory, the report is submitted to the Approval Committee.

Approval Committee thoroughly scrutinizes all the records & recommendations. Queries if any will be sought from the Applicant Laboratory/Lead Assessor/Technical Assessors as relevant through SAB.

Approval Committee if satisfied with the assessment records will recommend for approval for Testing Laboratory as SETL.

Granting Approval

SAB grants approval following recommendation by the Approval committee. The laboratory is formally informed of the granting of the approval and issued with a accreditation certificate of approval containing the scope. The Scope of approval containing the type of test, test method/procedure & standard applicable of all approved laboratories will be published on STQC website. The approval shall remain valid for **03 years**.

Authorization of Test Report & Use of Logo

Approved SETL shall use Policy on as per document STQC/SAB/D04 for Use of SETL Logo STQC logo.

Test Reports will be approved by authorized signatory as recommended by Assessment Team. Minimum one Authorized signatory is required to maintain approval of the laboratory. The Authorized signatory status is not transferrable from one approved lab to another approved laboratory.

12.0 Post Approval Activities

Modification to Scope of Approval

During the period of validity of Approval the Laboratory may apply for the modification to the scope of approval which may be of one or more of the following-



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1. Changes to Test standards
2. Addition of type of tests
3. Deletion of type of tests
4. Change of location
5. Change of legal identity

In such cases the laboratory is required to inform the Approval body to retain their approval. If the changes to scope of approval are immediate requirement of the laboratory without waiting for Surveillance/Re-assessment, then approval body can arrange for assessment for updation of scope. If the need for change is not urgent, then it may be verified at the time of subsequent surveillance/ reassessment.

Depending upon the nature of changes requested by the laboratory Approval body can decide either full assessment or partial assessment or based upon the documentary evidences.

The validity of Approval remains unchanged with the change of scope.

Maintenance of Certification of Approval

Certificate of Approval will be followed by Surveillance visit after 12 months of assessment/ reassessment to ensure continuity to comply with Approval requirements.

For maintenance of certificate of approval, laboratory is required to remit an annual fee as outlined in schedule of charges.

Renewal of Certificate of Approval

The certificate of approval is valid for a period of **three years**. For renewal of certificate of approval the laboratory shall apply for reassessment at least six months before the expiry of validity. The applicable charges of renewal of certification of approval are given in schedule of charges.

Suspension of Certificate of Approval

Approval may be suspended for a limited period by the Approving body under the following circumstances:

- If surveillance / reassessment indicates major / minor discrepancies / NCs which are not cleared even after lapse of initial time period with appropriate corrective action.
- If improper use of Certificate of Approval or Wrong representation of scope of approval or misuse of logo of approving body
- Any activity which effects the integrity of the laboratory & compromises on competency of the laboratory
- Non-cooperation with the Approval body.
- Misleading reporting of facts in the Test Report
- If there has been any other contravention of the applicable requirements or rules and procedure of the scheme.
- Brings Approval body into disrepute in any manner.



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- When lab has not paid approval fees & assessment expenses beyond 3 months liability.
- Any serious complaint on the approved laboratory is proven after investigation.
- Violation of Terms & Conditions as in Approval Agreement

Upon fulfilment of indicated conditions in the suspension notice within specified period, the suspension will be withdrawn. Refer STQC/SAB/P02 for Dealing with Applicant/Approved Testing Laboratory by Approving body.

Withdrawal / Cancellation of Approval

Withdrawal of Certificate of Approval and authorization for the use of STQC logo and cancellation of approval will be resorted to, under the following circumstances:

- If the laboratory under suspension fails to rectify non-conformance within 3 months.
- If the laboratory either will not or cannot ensure conformance to the rules and procedures of Approving body.
- Failure to meet the financial obligations to Approving body.
- At the formal request of the laboratory
- Any other serious contravention which brings disrepute to the Approval body.

Refer STQC/SAB/P02 for Dealing with Applicant/Approved Testing Laboratory by Approving body.

Appeals

Under the Scheme, there is a provision for applicants or laboratory to appeal against any decision relating to grant/suspension/ cancellation/withdrawal of Certificate of Approval. In the event of an applicant or laboratory wishing to appeal, he shall lodge a notice of appeal with Approving Body within two weeks of the decision. In case of no response from Approving body, the appeal may be sent directly to the Chairman, Governing Body within four weeks giving his case for going ahead with the appeal along with applicable charges as indicated in Schedule of Charges.

After this a three member committee, two of which being acceptable to each party to the dispute, will be constituted. The appellant can appear himself or nominate his representative(s) to appear on his behalf before the date of hearing. He is required to submit all written evidences at least one week before the date of hearing. The decision of chairman, Advisory Board shall be final and binding on both parties.

Refer STQC/SAB/P02 for Dealing with Applicant/Approved SETL by STQC Approving body (SAB).

Obligations of the Laboratory

An organization holding a valid Certificate of Approval shall:



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- a) Comply in all respect with the applicable requirements.
- b) The Terms & Conditions laid down by Approval body in the Approval Agreement STQC/IT&eGov/D03.
- c) Not make any major change to the quality manual which formed the basis for grant of Approval and which prevents compliance with the requirements.
- d) Notify the Approving Body of any change in the name or ownership of the laboratory, key personnel in relation to management and technical functions or Senior Management, Authorized signatory and any significant change in the function of the laboratory within 15 days.
- e) Give access to the assessment team appointed by Approving Body for the purpose of assessment/surveillance/reassessment;
- f) Keep records of all complaints and corresponding remedial measures related to quality system;
- g) Upon suspension or cancellation/withdrawal of Certification of Approval, discontinue use of Certificate of Approval and logo in all advertising material and other matters which contain any reference thereto; and
- h) Pay all financial dues to Certification Body as prescribed. Laboratory is not entitled to any refund of charges paid or cost incurred in the event of non-renewal, suspension, withdrawal, cancellation, modification of certificate of registration.
- i) Approved SETL shall only claim the scope of approval as in the Certificate of Approval & does not use its approval status in a manner which brings disrepute to the Approval body.

Handling complaints

For handling complains, refer document to STQC/IT&eGov/P02 for complain procedure.

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Annexure I—Guidelines for the Conformity Assessment body, SAB

A. Guidelines on Impartiality

A Conformity Assessment Body may, in so far as the law permits, limit its service to applicants operating in a defined geographic region, or it may limit its service to organizations operating within the technical sector, or a part of a sector, in which the Conformity assessment body has its approved scope.

The senior executive, staff and/or personnel of the organization need not necessarily be full time personnel, but their other employment shall not be such as to compromise their impartiality.


Impartiality can only be safeguarded by a structure that enables the participation of all parties significantly concerned in the development of policies and principles regarding the content and functioning of the assessment system.

The structure required for the safeguarding of the impartiality shall be separate from the management established unless the entire management function is performed by a committee or group that is constituted to enable participation of all parties.

There should be a system to counteract any tendency on the part of the owners of a certification/registration body to allow commercial or other considerations to prevent the consistent technically objective provision of its service. This is particularly necessary when the finance to set up a assessment/certification/registration body has been provided by a particular interest which predominates I the shareholding and/or the board of directors.

It is required that a documented structure of the assessment body has built into it provision for the participation of all the significantly concerned parties. This should normally be through some kind of committee. This structure shall be formally established at the highest level within the organization either in the documentation that establishes the assessment body's legal status or by some other means that prevents it being changed in a manner that compromises the safeguarding of impartiality. Any change in this structure should take into account advice from the committee, or equivalent.

A judgment is required to ensure all parties significantly concerned in the system are able to participate. What is essential is that all identifiable major interests should be given the opportunity to participate, and that a balance of interests, where no single interest predominates, is achieved. Where one sector (e.g. Government, industry etc) provides more than one individual to represent separate aspects of the sector's interests, the fact that they come from the one sector deems them to constitute a single interest. The members should normally be chosen at least from among representatives of the following groups: government, industry, consumers, NGO's. For practical reasons there may be a need to restrict the number of persons.

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On request of the committee or equivalent the management responsible for the various functions described should provide all the necessary information, including the reasons for all significant decisions and actions, and the selection of persons responsible for particular activities, in respect of assessment to the committee or equivalent to enable it to ensure proper and impartial assessment. If the advice of this committee or equivalent is not respected in any matter by the management, the committee or equivalent shall take appropriate measures, which may include informing the STQC approval body.

B. Guidelines on Legal Entity

Approval shall only be granted to a body which is a legal entity and will be confined to declared scopes, activities and locations. If the Assessment activities are carried out by a legal entity which is part of a larger organization, the links with other parts of the larger organization shall be clearly defined and should demonstrate that no conflict of interest exists. Relevant information on activities performed by the other parts of the larger organization shall be given by the assessment body to the approving body (STQC).

Demonstration that a assessment body is a legal entity, as required means that if an applicant assessment body is a division within a larger legal entity, approval shall only be granted in the name of the larger legal entity. In such a situation, relevant functions of the legal entity may be subject to audit by the body in order to pursue specific audit trails and/or review records relating to the approving body in order to pursue specific audit trails and/or review records relating to the body. The part of the legal entity that forms the actual approval assessment body may trade under a distinctive name, which should appear on the approval certificate.


Assessment Bodies which are part of government, or the government departments, will be deemed to be legal entities on the basis of their governmental status. Such bodies status and structure shall be formally documented

C. Guidelines on Financial Stability

The requirement for financial stability requires the assessment body to demonstrate that it has a reasonable expectation of being able to continue to provide the service in accordance with its contractual obligations. Assessment bodies are responsible for providing the approving body (STQC) with sufficient evidence to demonstrate viability, e.g. management reports or minutes, annual reports, financial audit reports, financial plans. Approving body(STQC) will not attempt any direct audit of the financial accounts of assessment bodies.

D. Guidelines on Conflict of Interest

If the assessment body and an applicant or approved organisation are both part of some/ related organisation, they should not report directly to a person or group having operational responsibility for both. The assessment body shall, in view of the impartiality requirement, be able to demonstrate how it deals with such a case.

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There are two separate requirements firstly, assessment body shall not under any circumstances provide the services which are conflict of interest secondly, although there is no specific restriction on the services or activities a related body may provide, these shall not affect the confidentiality, objectivity or impartiality of the assessment body.

Consultancy is considered to be participation in an active creative manner in the development of the System (ISMS, ITSM etc) to be assessed by, for example:


- a) preparing or producing manuals, handbooks or procedures;
- b) participating in the decision making process regarding management system matters;
- c) giving specific advice towards the development and implementation of management systems for eventual certification/registration/assessment.

Impartiality and independence of the assessment body is assured at three levels:

- a) Strategic and policy
- b) Decisions on approval reporting compliance
- c) Auditing.

Assessment bodies may carry out the following duties without them being considered as consultancy or necessarily creating a conflict of interests.

- a) certification/registration including information meetings, planning meetings, examination of documents, auditing (not internal auditing) and follow up of nonconformities;
- b) arranging and participating as a lecturer in training courses, provided that where these courses relate to environmental management Quality Management, occupational safety management, Information Security Management etc. related management systems or auditing they should confine themselves to the provision of generic information and advice which is freely available in the public domain i.e. they should not provide company specific advice.
- c) Making available or publishing on request information on the basis for the certification/registration body's interpretation of the requirements of the assessment standards;
- d) Activities prior to audit aimed solely at determining readiness for assessment; since the stage 1 audit includes an evaluation of readiness for further assessment activity, assessment bodies should exercise extra vigilance to assure that any additional pre-assessment activities do not result in the provision of recommendations or advice that would contravene intent of assessment. The assessment body should be able to confirm that such activities do not contravene these provisions and that they are not used to justify a reduction in the eventual assessment duration;
- e) Performing second and third party audits according to other standards or regulations than those being part of the scope of approval.
- f) Adding value during assessments and surveillance visits e.g. by identifying opportunities for improvement, as they become evident, during the audit without recommending specific solutions.

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Consultancy by a relating body and certification/registration assessment should never be marketed together and nothing should be stated in marketing material or presentation, written or oral, to give the impression that the two activities are linked. It is the duty of the assessment body to ensure that none of its clients is given the impression that the use of both services (certification/registration and consultancy), would bring any business advantage to the client so that the assessment remains, and is seen to remain, impartial.

Nothing should be said by a assessment body that would suggest that assessment would suggest that assessment would be simpler, easier or less expensive if any specified consultancy or training services were used.

E. Guidelines on Related Body


A related body is one which is linked to the assessment body by common ownership or directors, contractual arrangements, common elements in the name, informal understanding or other means such that the related body has a vested interest in the outcome of an assessment or has a potential ability to influence the outcome of an assessment.

The approving body should analyze and document the relationship with such related bodies to determine the possibilities for conflict of interest with provision of assessment and identify those bodies and activities that could, if not subject to appropriate controls, affect confidentiality, objectivity or impartiality.

Assessment bodies shall demonstrate how they manage their assessment business and any other activities so as to eliminate actual conflict of interest and minimize any identified risk to impartiality. The demonstration shall cover all potential sources of conflict of interest, whether they arise from within the assessment body or from the activities of related bodies.

Approving body will expect assessment bodies to open up these processes for audit. This may include to the extent practicable and justified, pursuit of audit trails, account should be taken of the assessment body's history of impartial assessment. If evidence of failure to maintain impartiality is found, there may be a need to extend the audit trail back into the related bodies to provide assurance that control over potential conflicts of interest has been re-established.

People who have provided consultancy, including those acting in a managerial capacity, should not be employed to conduct an audit as part of the assessment process if they have been involved in any consultancy activities towards the organisation in question, or any company related to that organization, within the last two years. Situations such as an employer's involvement or previous involvement with the organisation being assessed may present individuals involved in any part of the assessment process with a conflict of interest. The assessment body has a responsibility to identify and evaluate such situations and to assign responsibilities and tasks so as to ensure that impartiality is not compromised.

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F. Guidelines on Subcontracting

Assessment body should require all assessment sub-contractors or external assessors/auditors to give undertakings regarding the marketing of any consultancy services.

The assessment body should be responsible for ensuring that neither related bodies, nor sub-contractors, nor external assessors/auditors operate in breach of the undertakings that they have given. It should also be responsible for implementing appropriate corrective action in the event that such a breach is identified.

STQC Approving Body (SAB) will issue certificate or “statement of compliance” on the basis of an assessment carried out by another body provided that the agreement with the subcontracted body requires it to comply with the all requirements. Assessments carried out by subcontracted bodies shall give the same confidence as assessments carried out by the approving body itself. Evaluation of the audit report and the decision on certification/registration “statement of compliance” shall be made only by the SAB itself, and not by any other assessment body. Where joint assessments are undertaken, satisfy itself that the whole of the assessment has been satisfactorily undertaken by competent assessors/auditors.

Subcontracting requirement does not mean that the consent of the organization under assessment is required in case of subcontracting of administrative activities (such as co-ordination/Management activities of assessment body).


G. Guidelines on Assignment for a specific assessment

It is a condition of approval of assessment body that adequate resources can be deployed to conduct audits meeting the requirements. The assessment body’s procedures shall ensure that personnel employed to assess organizations are competent in the field in which they are operating. Personnel responsible for managing audits shall be identified and their competencies documented.

In certain instances, particularly where there are critical requirements and special procedures, the background knowledge of the audit team may be supplemented by briefing, specific training or technical experts in attendance. The assessment body may attach non-auditor experts to their audit teams. If a body uses technical experts, its systems shall include details of how technical experts are selected and how their technical knowledge is assured on a continuing basis. The assessment body may rely on outside help, for example from industry of professional institutions.

H. Guidelines on Use of Technical Experts

Technical experts with specific knowledge regarding the process and Technical issues (in ISMS or ITSM) and legislation affecting the organization, but who do not satisfy all of the above criteria, may be part of the audit team. Technical experts would not function independently.

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I. Guidelines on the definition of Site

Where it is not practicable to define a location (e.g. for services), the coverage of the certification/registration should take into account the organization's headquarters activities as well as delivery of its services. Where relevant, in special cases, the certification/registration body may decide that the certification/ registration audit will be carried out only where the organization delivers its services. In such cases the interfaces with its headquarters should be audited.

Sample based approach

Assessment bodies wishing to use a sample based approach to the assessment of sites with similar activities need to maintain procedures which include the full range of issues below in the building of their sampling programme.

The methodology and procedures which assessment body employs and provide demonstrable evidence of how these take account of the issues below to manage multi-site assessment should be approved by STQC.

The procedures should ensure that the initial contract review identifies, to the greatest extent possible, the difference between sites such that an adequate level of sampling is determined.

Where an organization has a number of sites with similar activities covered by a single management system, a "statement of conformity" may be issued to the organization to cover all such sites provided that:

- a) all sites are operating under the same management system which is centrally administered and audited and subject to central management review, and
 - b) all sites have been audited in accordance with the internal audit procedure(s), and
 - c) a representative sample of sites have been audited by the body, taking into account the factors below -
 - o the results and reports of internal site and central management system/process audits
 - o the results of management review
 - o maturity of the management system
 - o any existing knowledge of the organization
 - o Variations in the size of the sites.
 - o Complexity of the defined management system (ISMS, ITSM, etc.)
 - o Complexity of the sites
 - o Any shift working
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