

P 24-06

ASSESSMENT PROCESS OF A B-BBEE  
RATING AGENCY

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## 1. Purpose and Scope

The purpose of this document is to describe the general principles for the accreditation of SANAS B-BBEE Rating Agencies. This document outlines how SANAS plans and conducts assessments of B-BBEE Rating Agencies to the SANAS accreditation requirements.

## 2. Definitions and References

SANAS PM 01	SANAS Policy Manual
SANAS A 01	References, Acronyms and Definitions
SANAS F 147	Terms and Conditions of Accreditation
SANAS P 06	Preparation of Reports
SANAS P 12	Handling of Complaints and Appeals
SANAS P 20	The Responsibilities and Duties of the Approval Committees and Accreditation Managers in the Approval and Decision on Accreditation
SANAS P 35	Remote Assessment – Management and Execution
SANAS P 41	Sampling for Assessment Purposes
SANAS R 03	Nominated Representative and Signatories: Responsibilities, Qualifications and Approval
SANAS R 04	Conditions for use of Accreditation Symbols, References to Accreditation and Combined Marks
SANAS R 51	Suspensions, Withdrawals and Re-instatement of Accredited / GLP Compliant Organisations
SANAS R 47	Accreditation of B-BBEE Rating Agencies
SANAS R 76	Extraordinary (unscheduled) assessments to SANAS accredited facilities

## 3. General

- 3.1 The function of SANAS is to assess and recognise the competence of B-BBEE Rating Agencies to competently perform conformity assessment activities and subsequently to ensure, by monitoring, that the applicable accreditation scheme requirements are maintained.
- 3.2 The SANAS Policy Manual (PM01) and all other SANAS documents applicable to the CAB is available on the SANAS website [www.sanas.co.za](http://www.sanas.co.za). It is the responsibility of the CAB to ensure that they are familiar with the relevant SANAS documents.
- 3.3 An authorised representative of an applicant B-BBEE Rating Agency provides information to SANAS on its staff in the application and submits it to SANAS together with the pre-requisite documentation as required in the application form.
- 3.4 Assessment of the competence of Rating Agencies is carried out using various assessment techniques, which includes, but are not limited to:

Document reviews	To evaluate whether the CABs' system conforms to the relevant standard(s) and other SANAS accreditation requirements.	On receipt of an initial application for accreditation
On-site visits to the CABs and other sites where the CAB performs verifications	To determine, through the gathering of objective evidence, whether the CAB is competent and conforms to the relevant standard(s) and accreditation requirements, and where applicable regulatory and legal requirements.	Refer to Annexure 2
Witnessing	To determine whether: <ul style="list-style-type: none"> <li>- Documented procedures are being followed;</li> <li>- Staff have the skills required to perform scope of accredited work or for which accreditation is sought;</li> </ul>	As part of on-site assessment process

	<ul style="list-style-type: none"> <li>- The training and supervision provided is effective;</li> <li>- The resources available are adequate;</li> <li>- Any defects in the software used for determining the score is satisfactorily validated and maintained; and</li> <li>- answers to questions asked can be supported.</li> </ul>	
Review of performance of verifications	To confirm that the CAB monitors the validity and reliability of results through the review of results, detection of trends and implementation of appropriate corrective actions.	<ol style="list-style-type: none"> <li>1) Prior to an on-site initial assessment and re-assessment</li> <li>2) As a sampling exercise during the on-site assessment</li> </ol>
Interviewing.	<p><b>CAB personnel:</b></p> <p>To confirm that personnel are knowledgeable and competent in the performance of their duties, through suitable demonstration of the respective competencies.</p>	As part of on-site assessment process
	<p><b>Technical Signatories (TS) or applicant TS:</b></p> <p>To confirm the competence and suitability of the TS, and that the TS:</p> <ul style="list-style-type: none"> <li>• understands significant issues in the B-BBEE verification processes;</li> <li>• is able to critically evaluate results;</li> <li>• takes responsibility for the adequacy of results;</li> <li>• understands the requirements for accreditation and the scope of accreditation held/sought; and</li> <li>• understands SANAS, accreditation and standard requirements (Refer to F147 - <i>Terms and Conditions of Accreditation</i> and R03 - <i>Nominated Representative and Signatories: Responsibilities, Qualifications and Approval</i> for additional information)</li> </ul>	As part of on-site assessment process: <ul style="list-style-type: none"> <li>- for applicant TS</li> <li>- as sampling of TS</li> </ul>
	<p><b>Nominated Representative (NR):</b></p> <p>To confirm that the NR:</p> <ul style="list-style-type: none"> <li>• is familiar with and fully understands the requirements of the relevant standard or principles applicable to the CAB's scope of accreditation;</li> <li>• Irrespective of other duties and responsibilities, has a defined responsibility and the authority to ensure that the management system is implemented and followed at all times to support their proposed/current accreditation scope;</li> <li>• has direct access to the highest level of management at which decisions regarding policy or resources are made;</li> <li>• has an in-depth knowledge of all SANAS accreditation requirements applicable to the scope of accreditation; particularly as defined in the SANAS Terms and Conditions of Accreditation (F147), the SANAS R (requirement) and TR (technical requirement) documents; and</li> <li>• keeps SANAS informed of changes as required by the SANAS R03 "Nominated Representative and Signatories: Responsibilities, Qualifications And Approval".</li> </ul>	<ol style="list-style-type: none"> <li>1) As part of on-site assessment process</li> <li>2) Can be a telephonic interview at any time during the Accreditation process on application of a new NR</li> </ol>

Desktop Reviews	<ul style="list-style-type: none"> <li>At the discretion of the AM, where an extension of an existing scope is applied for, however it does not change the technique, principle or technical signatory.</li> </ul>	At any time during the accreditation cycle
Unannounced visits	<ul style="list-style-type: none"> <li>To follow up on the investigation and resolution of a complaint against a CAB;</li> <li>To follow up on significant changes in relation to a CAB which may have an effect on the CAB's accreditation / compliance status; or</li> <li>For any other reason that SANAS may deem necessary to confirm on-going compliance to accreditation requirements.</li> </ul>	Refer to SANAS R76 "Extraordinary (unscheduled assessments to SANAS accredited facilities"
Remote Assessments	<ul style="list-style-type: none"> <li>An assessment carried out using electronic means. The use of remote assessment is evaluated on a case-to-case basis for effectiveness.</li> <li>The structure of a remote assessment is similar to that of an on-site assessment.</li> </ul>	In cases where it may not be possible or feasible to conduct on-site assessments Refer to SANAS P 35 "Remote Assessments – Management and Execution

- 3.5 The purpose of the assessment is to determine whether a Rating Agency complies with the requirements of the SANAS R47 as well as the relevant SANAS accreditation requirements.
- 3.6 SANAS uses Technical Assessors (TAs) and/or Experts (TEs) with the relevant specialist knowledge to assess the competence of the B-BBEE Rating Agency to perform the activities for which accreditation is sought. The assessment teams are required by SANAS to maintain confidentiality, and to sign a confidentiality form specifying the need to declare any conflict of interest or potential for conflict of interest. Their activities will be confined to assessing the B-BBEE Rating Agency for compliance with the requirements and reporting their findings to the Rating Agency and to SANAS.
- 3.7 Refer to Annexure 1: The Accreditation Process  
Refer to Annexure 2: The Assessment Cycle.

#### 4. Application and Resource review

- 4.1 On receipt of a completed application and the documentation as required in the application form, the Accreditation Manager (AM) or his/her delegated Assessment Specialist shall:
- Review the application for completeness and verify that the required information and documentation has been submitted;
  - Determine the suitability of the application and verify whether SANAS is able to carry out the assessment in the scope applied for, in terms of its competence and the availability of personnel suitable for the assessment activities and decision-making;
  - Verify that the application declaration form has been signed by the authorised representative, thereby binding the applicant to the Terms and Conditions of Accreditation (F147);
  - Verify whether SANAS will be able to carry out the initial assessment within 1 year of receipt of the application, and where this will not be possible, the reasons shall be communicated to the applicant;
  - Seek agreement from the applicant to the appointment of a specified Team Leader and the technical assessor / experts required to cover the scope of the application; and
  - Confirm the different locations from which the Rating Agency is managed and the activities that are carried out at each of these.
- 4.2 At any point in the application or initial assessment process, if there is evidence of fraudulent behaviour, if the B-BBEE Rating Agency intentionally provides false information or if the B-

BBEE Rating Agency conceals information, SANAS will reject the application or terminate the assessment process.

- 4.3 During the review of the suitability of the application information, the Accreditation Manager may seek advice from a technical assessor / expert regarding the acceptability of the technical information provided, should this be required. In this case, the technical assessor / expert will be required to provide a response to the Accreditation Manager in writing.
- 4.4 Prior to any work being carried out, SANAS will provide the organisation with a quotation detailing the cost of the application, the document review and initial assessment. Acceptance and payment of this quotation will be required to proceed to the next stage of the assessment process. A quotation may be sent to the applicant in stages.
- 4.5 An application that has not proceeded to the initial assessment stage within 1 year from the date of application will lapse and the B-BBEE Rating Agency informed. Unless otherwise agreed with SANAS, this may result in the B-BBEE Rating Agency having to re-apply for accreditation. All application fees will be applied for the re-application.

## 5. Document Review

- 5.1 The purpose of the document review is to evaluate whether the B-BBEE Rating Agency's Management System complies with the SANAS R47 as well as SANAS accreditation requirements.
- 5.2 Document reviews are conducted on initial application for accreditation.
- 5.3 The process to be followed for a document review is as follows:
  - 5.3.1 The B-BBEE Rating Agency conducts a review of their documentation and completes the Management and Technical requirement checklists, detailing where in their documents the accreditation requirements are addressed.
 

***Comments on HOW the requirements of the standard have been implemented, Clause no's, sub-clause no's, procedure numbers MUST be captured.***
  - 5.3.2 The B-BBEE Rating Agency submits the completed application form, checklists, management system manual and other requisite information to SANAS.
  - 5.3.3 SANAS records the date of receipt and forwards the information submitted to the appointed Team Leader.
  - 5.3.4 The Assessment Team confirms from the information submitted by B-BBEE Rating Agency whether the requirements of the SANAS R 47, regulatory requirements and any other requirements for accreditation are addressed in the management system manual.
  - 5.3.5 The Team Leader will send the relevant technical information to the technical assessor / expert for their feedback on the acceptability of the information provided. The technical assessor / expert will be required to provide a response to the Team Leader in writing. The relevant Team Assistant must be copied on the correspondence.
  - 5.3.6 The Assessment Team confirms from the information submitted by the Rating Agency whether the requirements of the SANAS R47, regulatory requirements and any other requirements for accreditation are addressed in the management system manual.
  - 5.3.7 The Team Leader shall compile and submit to the SANAS AM a document review report within 4 weeks of receiving the information. The report shall contain comments on any deficiencies / omissions and a recommendation on the way forward. Where the recommendation is not to proceed with further assessment, this

shall be clearly justified. The report may be accompanied by the appropriate SANAS checklists completed by the B-BBEE Rating Agency and the Team Leader. The AM shall review the report prior to sending it to the B-BBEE Rating Agency.

- 5.3.8 Within 4 weeks of receipt of the completed application and documentation, and the application fee, the document review report must be submitted to the B-BBEE Rating Agency.
- 5.3.9 A maximum period of 6 months is allowed for applicant B-BBEE Rating Agency to address any document review findings.

## 6. Pre-assessment

- 6.1 Although not mandatory, a pre-assessment can be carried out at the request of and in agreement with the CAB to:
- i) discuss any findings related to the documentation;
  - ii) seek further information on the management system;
  - iii) briefly examine the systems which have been established and implemented;
  - iv) discuss any arrangements which have been made to include multiple locations, subcontracted activities, etc. within the management system;
  - v) agree on the proposed scope of accreditation; and
  - vi) finalise the expertise required for the assessment team.
- Note:** Due care shall be exercised to avoid consultancy during the pre-assessment.
- 6.2 The CAB will be quoted on the request of a pre-assessment visit.
- 6.3 The pre-assessment visit will normally be completed by the Team Leader within one day. The Team Leader will supply the CAB with at least a recommendation report (F04) and, if applicable, completed non-conformance forms (F03).
- 6.4 The CAB may need to make changes to its policies, procedures and practices prior to SANAS undertaking the initial assessment. The CAB is responsible to inform SANAS when they have addressed the findings and are ready for the initial assessment.

## 7. Initial Assessment

### 7.1 Preparation for Assessment

- 7.1.1 During the application the B-BBEE Rating Agency will provide SANAS with all the information required to plan the assessment. SANAS may request additional information as needed.
- 7.1.2 SANAS shall ensure that the appointed team as a whole has the appropriate knowledge on the specific scope of accreditation and the understanding to make a reliable assessment of the competence of the B-BBEE Rating Agency to operate within the scope of accreditation sought.
- 7.1.3 The B-BBEE Rating Agency will be sent notification of the date(s) of the assessment and the names of the proposed assessment team members, including the organisations they work for, for acceptance.
- 7.1.4 A CAB may object to the appointment of assessors. Objections however will only be considered if the B-BBEE Rating Agency has provided clear and valid reasons, in writing and within 7 days of the notification, proving that a conflict of interest exists. The Accreditation Manager will decide whether a change of assessor is warranted or not.

- 7.1.5 The time required for the initial assessment is normally 2 days but will be left to the Accreditation Manager's discretion depending on the complexity of the organisation, the geographical spread of its activities, the proposed scope of accreditation, and the structure of the supporting management system.
- 7.1.6 The nature of the initial assessment will depend on the scope of accreditation required by the B-BBEE Rating Agency and the complexity of the supporting management system that is being operated. The following elements however will be covered:
- i) assessment of the central office;
  - ii) assessment of multiple locations (Satellites/branches/temporary sites) where applicable;
  - iii) assessment of on-site activities where applicable; and
  - iv) witnessing of verifications.

**Note: Witnessing is a mandatory requirement for an initial assessment.**

- 7.1.7 Refer to SANAS P41 "Sampling for Assessment Purposes", which defines SANAS' procedure and specific requirements for sampling of locations, personnel and the scope of accreditation within the accreditation cycle to determine the competence of the B-BBEE Rating Agency to perform the activities covered by the scope of accreditation.
- 7.1.8 At least 2 weeks prior to the assessment, the Team Leader shall develop and send to the Rating Agency an assessment plan indicating the date(s) of the assessment, the assessment team members, the activities to be assessed, the locations at which activities will be assessed, and the personnel to be assessed where applicable.
- 7.1.9 Should the Rating Agency not be able to accommodate any of the planned activities, this should be communicated to the Team Leader as soon as possible, in order for the assessment plan to be adjusted, as far as possible and within the constraints of the P41 "Sampling for Assessment Purposes".
- 7.1.10 Prior to the assessment, the assessment team members will each be provided with an assessment pack containing the relevant assessment documentation and checklists completed by the Rating Agency, as relevant. The Team Leader's pack shall include the document review report.

## 7.2 *Central Office Assessment*

- 7.2.1 The SANAS assessment team will start the assessment with an opening meeting with the Rating Agency at which the purpose of the assessment and accreditation requirements are clearly defined, and the assessment plan as well as the scope for the assessment are confirmed. (Refer to F01 "Opening Meeting")
- 7.2.2 The SANAS assessment team shall conduct the assessment based on the assessment plan and shall analyse all relevant information and objective evidence gathered prior to and during the assessment to determine the competence of the Rating Agency as determined through its conformity with the requirements for accreditation.
- 7.2.3 Various assessment techniques will be used to establish whether:
- i) the management system supports competence against their Scope of Accreditation, is appropriate to the Rating Agency's needs, organisational arrangements and methods of operation, including multiple location operations and number of verification analysts;
  - ii) the Rating Agency conforms with all of the requirements of R47 and the relevant technical regulation applicable have been appropriately addressed;



- iii) the Rating Agency has implemented all the requirements of the management system effectively to ensure valid results / data are generated each and every day; and
- iv) the operational, administrative and technical procedures used to support the policy manual are complete, valid and appropriate.

7.2.4 The initial assessment is done so as to establish full confidence in the competence of the Rating Agency. Where it is the initial assessment of a branch office, the implementation of the management system within the branch office, the knowledge of the Rating Agency staff of the management system and the interface / communication between the branch and central office is crucial. Implementation within the branch office of the above will be assessed.

7.2.5 The following on-site assessment techniques will be used to establish whether the management system complies with the accreditation requirements, and is fully implemented:

- i) Questioning / interviewing of management and personnel who have an involvement in or bearing upon the quality of all aspects of activities covered by the scope of accreditation;
- ii) examination of records, files, documented information and certificates / reports issued by the Rating Agency;
- iii) witnessing of verification analysts and verification managers performing conformity assessment activities; Personnel should be witnessed at a suitable site where the conformity assessment activity is performed;

7.2.6 When deciding on the number of witnessing of verifications needed, the following aspects will be considered by SANAS:

- i) the Rating agency's procedures for selecting, training, authorising and monitoring verification analysts and the qualifications and experience required;
- ii) the locations from which verification analysts operate;
- iii) the extent to which verification analysts are required to exercise professional judgement.

7.2.7 When deciding on which verification analysts will be witnessed, account will be taken of:

- i) new recruits or new authorisations;
- ii) qualifications and experience;
- iv) location.

7.2.8 Where there is any evidence, which casts doubt on the competence of verification analysts, the sample size of verification analysts assessed on site may be increased. This witnessing will be arranged at a mutually acceptable location at the cost of the B-BBEE Rating Agency.

7.2.9 SANAS' assessors' role during witnessing of work in the scope of application is one of observer. They will not adversely affect or influence the verification being performed. The team will be looking to see that as a minimum:

- i) the verification analyst has the competence for the verifications performed;
- ii) the verification analyst's competence is consistent with the records;
- iii) the verification analyst has access to all necessary documented verification methods and procedures;
- iv) the procedures are up-to-date;
- v) the verification analyst implements the procedures in full and correctly, i.e. no short cuts, no personalised application where it is not permissible to do so;
- vi) records of all observations are made while on site as required by the procedure;

- vii) records clearly identify what has been verified, the method/procedure used, and when it was done;
- vii) all records are signed/initialled, stamped, as applicable;
- viii) certificates issued comply with the Rating Agency's, SANAS', and the accreditation standard requirements;
- ix) all findings that indicate immediate or urgent action are reported as required to the client whilst on site;
- x) reports comply with the B-BBEE Codes of Good Practice.

7.2.10 If a Rating Agency cannot provide at least one witnessing and sufficient supporting evidence in order for a vertical assessment to be conducted on the day of the assessment, the Assessor has the right to terminate the assessment, and re-schedule for another day at full cost to the Rating Agency. It is permissible, only at an initial assessment, for a Rating Agency to "simulate" an activity or portion of an activity for this purpose.

7.2.11 The Assessors shall record all information gathered during the assessment on the relevant SANAS assessment forms provided for this purpose. The assessor records shall be sufficiently comprehensive as to allow the Approval Committee (AC), to support the recommendation made by the assessment team.

7.2.12 The Assessors will record all information gathered whilst witnessing the performance of an activity and viewing records at the Rating Agency. This information will be used to make a decision on the competence of the Rating Agency. Where necessary, additional supporting documentation can be attached as evidence of non-compliance or otherwise.

7.2.13 Each Assessor will record his/her own non-conformances during the assessment as they encounter them by fully completing a separate F03 (Non-conformance, Corrective Action and Clearance Report) for each non-conformance raised. The Assessor will obtain the signature of the CAB representative on each F03 completed. The Rating Agency staff shall seek any clarifications, where needed. The F03 shall make reference to a specific clause of the relevant Guide/Standard or any of the other SANAS accreditation documents.

### 7.3 *Assessor Meeting*

7.3.1 After the members of the assessment team have completed their individual assignments in accordance with the assessment plan, the assessment team will hold a private meeting at which each team member summarises their conclusions and contributes to a co-ordinated view of the status of the applicant Rating Agency.

7.3.2 The assessors will reach agreement on whether non-conformances are classified as major or minor non-conformances based on their severity and their influence on the accuracy of results. Where the assessment team cannot reach a conclusion on a non-conformance, the team shall refer to the relevant Accreditation Manager for clarification.

7.3.3 The Team Leader will summarise the conclusions of the assessment team with regard to the competency and conformity of the Rating Agency on the F04 "Recommendation Report" form.

7.3.4 The Team Leader will report any matters for the attention of the Accreditation Manager or the relevant STC on the Assessment Matrix, or by email to the Accreditation Manager.

7.3.5 The Team Leader shall complete the assessment matrix form (F175) electronically, which shall be accumulative for the whole cycle, to track the coverage of scope at each assessment within a cycle, and track areas of concern for follow-up at the next assessment.

#### 7.4 *The Closing Meeting and Summary of Findings*

- 7.4.1 At the end of the assessment, a closing meeting shall be held between the assessment team and the Rating Agency, where the summary of the assessment team's findings and recommendation will be presented. The guidelines as indicated in the closing meeting agenda (F 01). will be followed.
- 7.4.2 The Team Leader will provide the Rating Agency with an opportunity to seek clarification on any matters raised during the assessment.

#### 7.5 *The Report and Recommendation (Refer to P06 "Preparation of Reports"*

- 7.5.1 A Recommendation Report (F 04) and any non-conformance reports (F 03) will be provided to the Rating Agency at the closing meeting.
- 7.5.2 Where non-conformances have been identified, the Rating Agency shall provide, within 3 months of the **initial** assessment:
- i) An analysis of the extent and cause (root cause analysis) of the non-conformance; and
  - ii) sufficient evidence that the corrective action has been implemented. (the AM will allow a total of 6 months for clearance).
- 7.5.3 In most cases evidence of corrective action can be provided to SANAS by email/courier at their cost.
- 7.5.4 The corrective actions provided to SANAS by the CAB will be reviewed by the relevant assessor, to determine whether the actions are appropriate and sufficiently addresses the non-conformance. Once satisfied, the assessor will clear the non-conformance.
- 7.5.5 Where the CAB's root cause analysis and/or corrective actions are found not to be sufficient, further information will be requested from the CAB, or a follow-up assessment may be carried out to verify effective implementation of corrective actions at the cost of the CAB.
- 7.5.6 On clearance of all actions, including those arising from visits to multiple locations and witnessing verification analysts, the assessment documentation will be submitted to the Approval Committee, who will review the information submitted and make a decision. (Refer to P20 "The Responsibilities and Duties of the Approval Committees and Accreditation Managers in the Approval and Decision on Accreditation").
- 7.5.7 On approval of accreditation, and once any outstanding fees have been paid, the Rating Agency will be granted accreditation and a Certificate and Scope of Accreditation will be issued to the Rating Agency. (Refer to P10 "Accreditation Certificate")

## 8. **The Accreditation Cycle**

- 8.1 The Accreditation Cycle begins on or after the day of the decision to grant the initial accreditation or decision after re-assessment, and is valid for a period of 4 years, subject to the Accreditation Requirements being met (Refer to F147 "Terms and Conditions of Accreditation"):
- 8.2 Once accreditation has been granted, the AM shall apply an assessment programme in which the assessments of the Rating Agency's activities throughout the cycle are planned and conducted in accordance with SANAS P41 "Sampling for Assessment Purposes". The Assessment programme shall ensure that the requirements of the international standards

and other normative documents containing requirements for Rating Agencies and the scope of accreditation are assessed taking risk into consideration.

- 8.3 Refer to Appendix 2 for guidance on assessment planning throughout the cycle.
- 8.4 When establishing the assessment programme, the AM shall consider factors such as information about the Rating Agency's management system and activities, its performance, risks identified, etc. This information will normally be recorded by the Team Leader on the Assessment Matrix and/or by email to the relevant Accreditation Manager or will be contained in the Approval Committee decisions.
- 8.5 The Assessment Programme consists of:
- 8.5.1 Six-month follow-up assessments;
  - 8.5.2 Surveillance assessments; and
  - 8.5.3 A re-assessment prior to the expiry of the Certificate of Accreditation.

## 9. Six Month Follow-up Visits

- 9.1 A follow-up visit to the central office is conducted approximately 6 months, but not exceeding 18 months after accreditation has been granted. On recommendation by the Team Leader and approval by the Accreditation Manager, a branch office may also be included in the 6-month follow-up visit.
- 9.2 The 6-month follow-up is normally conducted by the Team Leader and Technical Assessor. The purpose of the visit is to follow-up on any non-conformances raised at the initial assessment and to ensure that the management system is still implemented and functioning properly.
- 9.3 6-month follow-up assessments will normally be limited to:
- Verification of the satisfactory clearance of any non-conformances raised at the initial assessment;
  - A general overview of the continued implementation of management system by the Team Leader (TL);
  - Where relevant, a general overview of any technical area as decided by the AM and TL;
  - Where relevant, an in-depth assessment of any specific area of the management and/or technical system as decided on by the AM and TL, due to any previous non-conformance resulting in the questionable continued competence of either a specific area, or of the Rating Agency as a whole.
- 9.4 The 6-month follow-up shall include a vertical assessment. The management and where relevant, technical checklists or other assessment forms maybe completed to show proof of what was checked at the assessment.

## 10. Surveillance Assessments

- 10.1 Following accreditation, SANAS will check for continued compliance with accreditation requirements by planning and carrying out regular surveillance visits at periods not exceeding 18 months.
- Note 1:** Refer to Appendixes 1 and 2 for guidelines on the planning of the assessment cycle.
- Note 2:** SANAS may decide to assess a Rating Agency at shorter intervals, based on evidence of poor conformance to accreditation requirements throughout the cycle.
- 10.2 A representative sample of the scope of accreditation is assessed at each surveillance assessment (Refer to SANAS P41 "Sampling for Assessment Purposes").

- 10.3 Accredited Rating Agencies shall notify SANAS of any significant revisions to their management system or any other changes that can affect their technical competency (such as loss of or new technical signatories, change of methods, etc.), which will be reviewed during these surveillance visits. Where SANAS was notified in sufficient time (6 weeks prior to the assessment), verification of changes will be done as part of the next scheduled assessment, or where not possible, through an additional assessment. No schedule changes will be accepted after the assessment. The need for an additional assessment will be determined by the period within which the change needs to be effected. Rating Agencies shall be responsible for any additional costs incurred for additional assessments. (Refer to Clause 11)
- 10.4 Where non-conformance have been raised the Rating Agency will be given a maximum of 25 working days to submit an analysis of the root cause analysis of the non-conformance; and evidence that the appropriate action has been taken and the corrective action effectively implemented.
- 10.5 The assessment team may however recommend that an “On-site Clearance of Findings Visit” is required to allow the assessor(s) to clear the non-conformances on-site. Refer to clause 12.1
- 10.6 Should an accredited Rating Agency fail to correct any non-conformances raised within 51 days, the Accreditation Manager shall implement procedures in accordance with R51 “Suspensions, Reductions, Withdrawals and Re-instatement of Accredited / GLP Compliant Organisations”.

## 11. Reassessment

- 11.1 At least 6 months before the end of the accreditation cycle, the Rating Agency is required to submit an application for renewal of accreditation. with at least the following information:
- The fully completed Management & Technical checklists containing comments on how the requirements of the relevant standard are implemented and in which policy / procedure it is addressed.
  - SANAS may request any other information as needed.
- 11.2 On receipt of the application and supporting documentation, a reassessment shall be planned and performed at least 3 months prior to the expiry of the Certificate and Scope of Accreditation. Information gathered from assessments performed over the accreditation cycle shall be taken into consideration when planning the re-assessment. This information is normally obtained from the assessment matrix form completed for the cycle.
- Note:** Should the application for renewal of accreditation not be submitted at least 6 months before the expiry of the Certificate, a re-assessment may not be conducted prior to the end of the accreditation cycle, resulting in the expiry of the Rating Agency’s accreditation and the Rating Agency having to re-apply for accreditation as a new applicant. All application fees and timeframes will be applied for the re-application.
- 11.3 The application information will be submitted to the Assessment Team once they are appointed, in order to allow the team to prepare for the assessment and request any further information / clarifications before the assessment. Feedback on information need not be provided, unless there are concerns about the information provided, and where the Rating Agency is required to take action.
- 11.4 The reassessment shall confirm the competence of the Rating Agency and cover all the requirements of the standard(s) for which the Rating Agency is accredited. (Refer to Annexure 2: “Assessment Cycle”)

## 12. Additional Assessments

Where an additional or unscheduled assessment (such as COF visits, re-instatement visits, extension of scope or approval of Technical Signatories) coincides with a re-assessment, the “additional visit” will be included in the assessment plan of the re-assessment and may result in additional days for the assessment as well as additional assessment personnel. The fees will be adjusted to include any additional assessor units, assessment days, travel, accommodation, subsistence, etc.

### 12.1 Clearance of Findings (COF) Visits

12.1.1 The purpose of an on-site clearance of findings is to verify implementation and effectiveness of corrective actions taken by the CAB. The on-site clearance of findings should be conducted within **3 months** of the assessment at which the COF visit was recommended, except in the case of initial assessments and re-assessments. All evidence and supporting documentation must first be submitted to SANAS for perusal and acceptance prior to the on-site COF visit.

12.1.2 The assessment team shall only clear the non-conformance(s) if the evidence supports that proper root cause analysis was undertaken, the corrective action had been effectively implemented.

12.1.3 In the case where additional non-conformances that are not related to the original non-conformances were raised during the COF visit, and that will impact negatively on the accreditation status of the Rating Agency, the AM, in consultation with the Executive: Accreditation, where required, will decide on the way forward, and whether to:

- a) Request the Rating Agency to submit corrective actions before the pack is submitted to the AC (where the NC(s) are serious enough to impact the credibility of results produced by the Rating Agency).
- b) Submit the pack to the AC in the meantime, but still require the Rating Agency to submit corrective action/supporting evidence within a stipulated timeframe. In this case the corrective action will be checked by either the assessor or AM for clearance, the pack will not need to be re-submitted to the AC (Where the NC(s) are not considered serious enough to impact on the accreditation status, and the CAB is able to provide evidence of corrective action taken); or
- c) In severe cases, such as issues that could result in suspension, arrange an additional assessment of the Rating Agency, as per SANAS document R76 “Extraordinary (unscheduled) assessments to SANAS accredited facilities”.

## 13. No work carried out by a Rating Agency

13.1 If an accredited Rating Agency cannot provide proof of verifications performed in a technical scope for two (2) consecutive assessments and cannot provide evidence that competence is maintained in any particular scope, that scope is to be suspended and the SANAS R 51 process instituted.

13.2 The Rating Agency shall not perform any accredited work during the suspension period.

## 14. Scope of Accreditation

14.1 It is SANAS' policy to define the scope of a Rating Agency's accreditation as precisely as possible. Rating Agencies will therefore be asked to specify in detail the scope for which accreditation is sought and the locations at which these activities are to be carried out. This scope will be agreed upon as far as possible before the assessment in order to determine the extent of the assessment activities. Following successful assessment, the scope,

including standard specifications relevant to the scope concerned will be identified on the scope of accreditation.

- 14.2 Following accreditation, the certificate and associated scope of accreditation is the property of SANAS and shall be returned to SANAS on request.

## 15. Multi-site Rating Agencies

- 15.1 An applicant that operates from a central office through a number of locations may seek a single accreditation provided that the conditions specified in the SANAS R 47 are fulfilled.
- 15.2 Rating Agencies shall under no circumstances franchise their accreditation activities to other Rating Agencies or organisations. During the initial assessment all locations will be assessed.
- 15.3 On application and practicable, the Rating Agency must indicate the number and range of locations being operated. All locations will be visited during the initial assessment, thereafter, SANAS will visit selected locations taking into account:
- i) the results of internal audits from central office and locations;
  - ii) the results of management reviews;
  - iii) variations in the size of locations;
  - iv) complexity of the verification system;
  - vii) complexity of the locations.
- 15.4 SANAS will seek to establish through objective evidence and by using various assessment techniques that:
- i) all locations are operating under the same management system; and
  - ii) all locations are included in the internal audit programme and management review process;

- 15.5 Temporary locations must be working to the same accreditation requirements and shall be subject to assessment as part of the accreditation process to provide evidence of the operation and effectiveness of the system.
- 15.6 The central verification system/processes will be subject to surveillance each year. It is anticipated that, in addition to the central office, at least one location will be visited each year, with a visit to each location generally taking place over the assessment cycle. However, the level of sampling of locations will depend on performance over the assessment cycle, the extent of any changes which have taken place and the level of confidence which can be placed in the performance measures and control systems of the Rating Agency.
- 15.7 During the central office assessment SANAS may need to see records of certain activities, which are being carried out at different locations.
- 15.8 If SANAS raises non-conformance(s) at the central office or at any one of the locations of a Rating Agency with multiple locations, it is the Nominated Representative's responsibility to ensure that a proper root cause analysis is conducted, and that the corrective action process applies to all affected shall apply to all locations (Refer to R03 "Nominated Representative and Signatories; Responsibilities, Qualifications and Approval"). In the event that the results of any of the assessments reveal that there is a significant weakness or inconsistency in the application of the management system, SANAS will review the assessment program.
- 15.9 Failure by one location to comply with SANAS requirements and the requirements of the R 47 may lead to suspension / withdrawal of that location. If the cause of non- conformance is the lack of central control then the central office accreditation will be the subject of review by SANAS and may lead to suspension or withdrawal of accreditation of all locations.
- 15.10 SANAS must be advised of any changes to location addresses and activities. The establishment of any new locations from which the Rating Agency proposes to offer an accredited service must be notified to SANAS before these can be included in the scope of accreditation. The need for assessment of the new location will be reviewed via internal audit reports, the scope of accreditation will be amended as appropriate and the location will be included in the assessment plan
- 15.11 The initial assessment is done so as to establish full confidence in the Rating Agency. Where it is the initial assessment of a branch office, the implementation of the management system within the branch, the knowledge of the Rating Agency staff of the management system and the interface / communication between the branch and central office is crucial. Implementation within the branch office of the above will be assessed.

## **16. Extension of Scope of Accreditation (Gazetted charters as per section 9 of the Act)**

- 16.1 there are two types of extensions to the scope of accreditation:
- i) A whole new scope including the conformity assessment activities within that scope:
  - ii) Conformity assessment activities added to an existing accredited scope.
- 16.2 Following receipt of an application for extension of the scope of accreditation, including supporting information to show that the requirements for accreditation are met SANAS will review the application in accordance to Clause 4, and determine whether or not there is a need for a central office and/or location assessment and/or witnessing of verification to take place.

The following factors will be taken into consideration:

- i) existing scope of accreditation;
- ii) the difference between the charter and the B-BBEE Codes of Good Practise;



- iii) risk associated with the activities or locations to be covered in the scope of accreditation;
  - ii) Verification analysts' / Technical Signatory competencies;
  - iv) the location at which the extension to scope is sought;
  - v) whether or not a different set of competencies is required to perform the requested scope;
  - vi) competency of other staff.
- 16.3 For an assessment of the extension of scope applied for to take place at the next scheduled assessment, the application must be submitted to SAANS at least 6 weeks prior to the next assessment date.
- 16.4 The assessment programme and planning for the subsequent assessment will be reviewed and the Rating Agency's annual fees may be revised accordingly.

## 17. Timescale for Accreditation Process

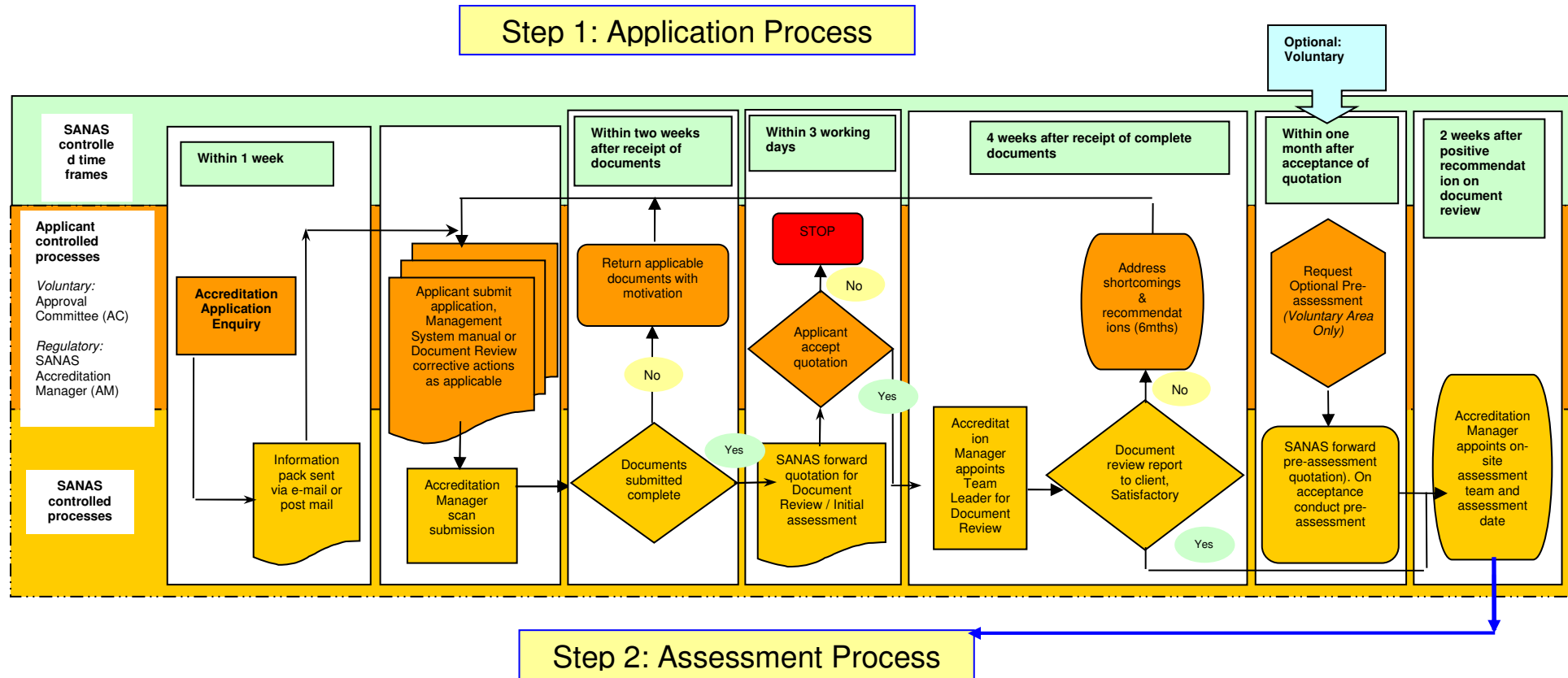
SANAS makes every effort to ensure that all applications are processed as efficiently as possible. The time taken to process an application depends on a number of factors some of which are outside the control of SANAS. The timing is dependent on:

- i) Payment of application and assessment fees;
- ii) The quality of the applicant's documentation and the extent to which it complies with SANAS accreditation requirements. A delay can occur due to insufficient documented procedures and submission of inadequate Management System Manuals and / or completed checklists;
- iii) The availability of suitable assessors;
- iv) The level of implementation of the system and availability of evidence of competence;
- v) How efficiently the applicant Rating Agency clears the non-conformances after the initial assessment; and
- vi) The availability of the resources within SANAS.

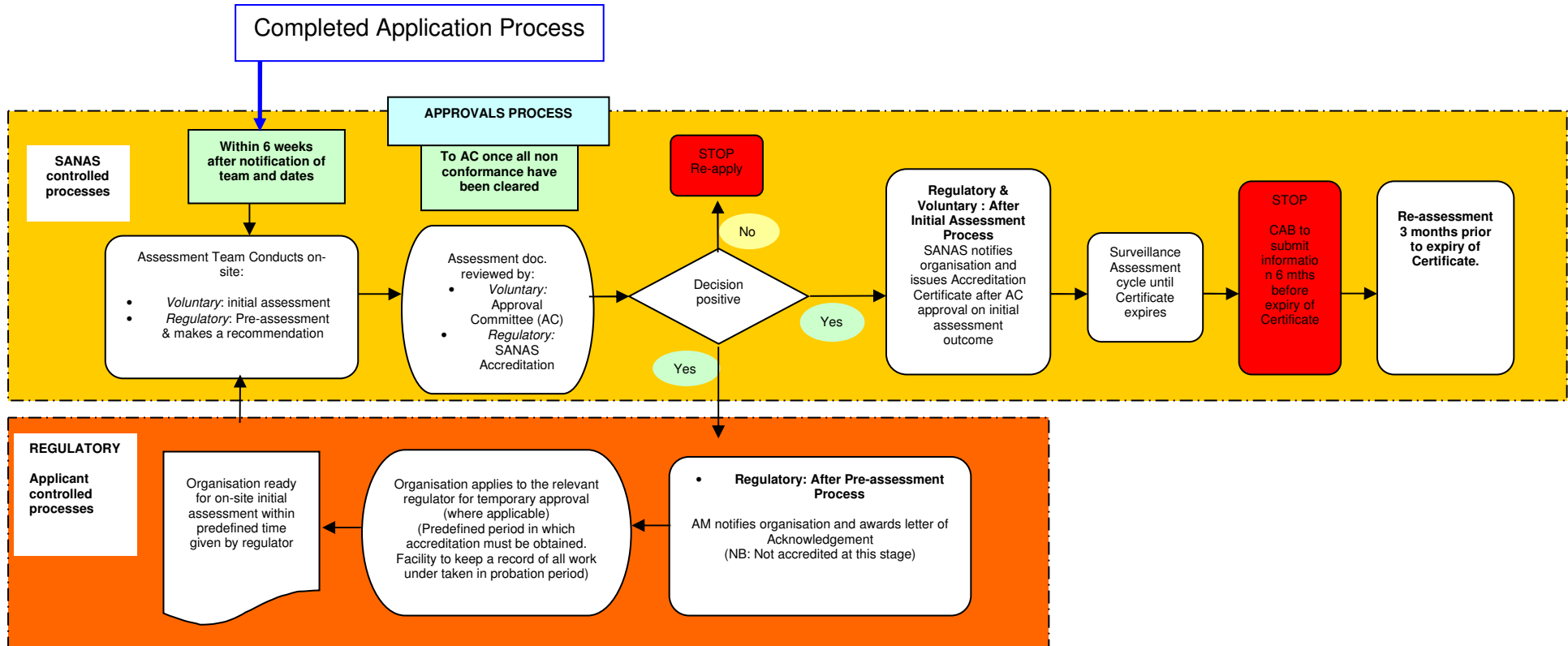
## 18. Rating Agencies Providing Accreditation Services

Accredited Rating Agencies shall not provide certification / accreditation services to any standard used as a basis for accrediting Rating Agencies (e.g. R 47), as this behaviour of the accredited Rating Agencies will place SANAS, against its will, in the unacceptable situation of having to provide the same service that an accredited Rating Agencies performs.

**ANNEXURE 1: The Accreditation Process**

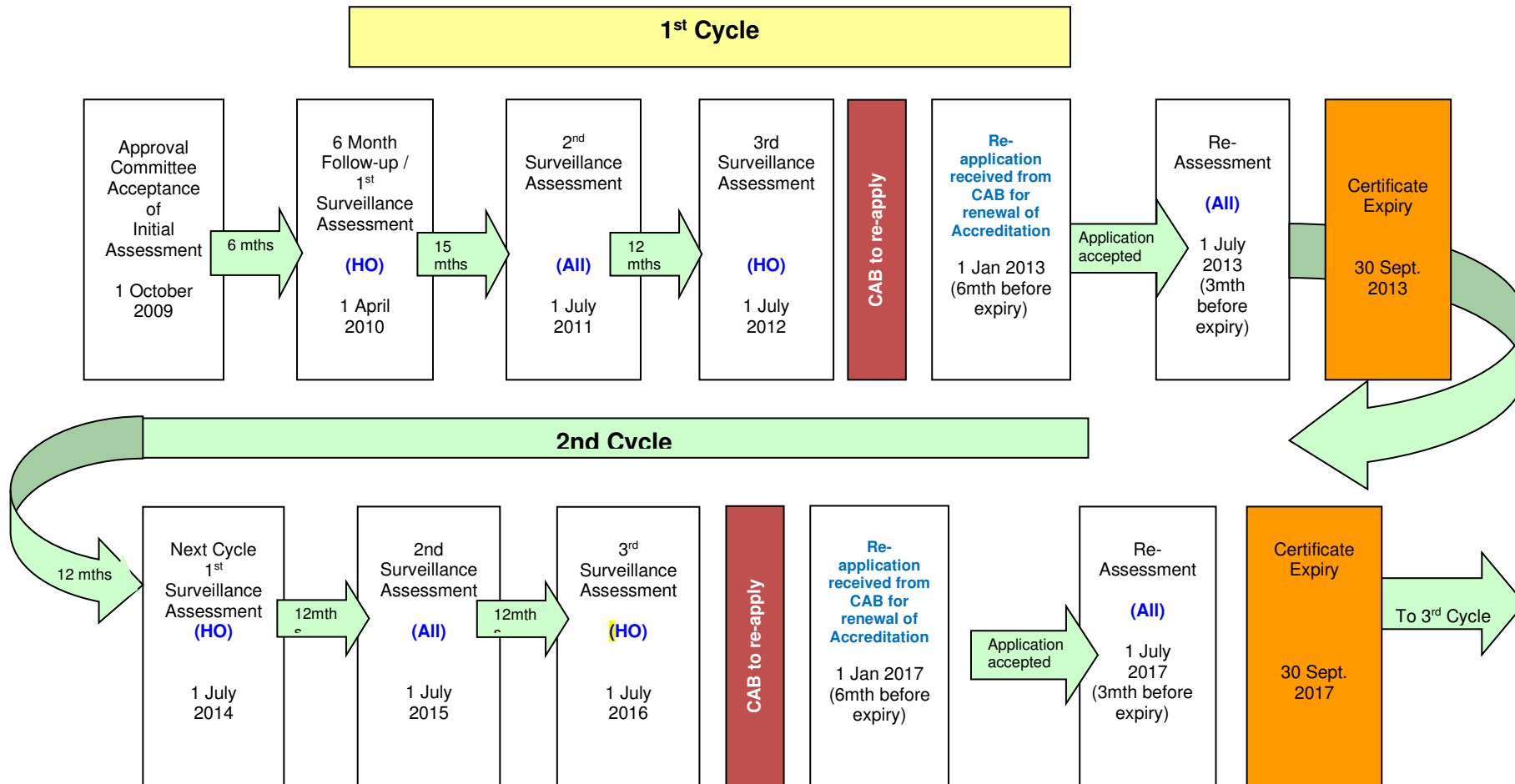


## Step 2: Assessment Process



## ANNEXURE 2: The 4 Year Assessment Cycle

The flowchart below provides a guideline on the normal 4-year accreditation cycle. The Accreditation Manager will plan the cycle of each Rating Agency to ensure that all the required assessments are conducted within the cycle, and at least 3 months before the expiry date of the Certificate and Scope of Accreditation.



## ADDENDUM 1: Amendment Record

Proposed By:	Section	Change
QM	All	Verification Agency changed to Rating Agency
QM	2	Added reference to P35
QM	3.4	Added reference to Remote Assessments
QM	7.3.4 8.4	Deleted “ on the F23 Assessment Feedback form”, replaced with “or the relevant STC on the Assessment Matrix, or by email to the Accreditation Manager”