Dutch Accreditation Council (RvA)

Policy Rule Surveillance Assessments and Reassessments

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RvA policy rules describe the RvA rules and the policy on specific subjects.
A current version of the policy rules can be obtained through the RvA web site (www.rva.nl).

CONTENTS

1 Introduction

Article 1.
Once the RvA has granted an accreditation, its validity will be verified on a regular basis, in accordance with Article 5 of Regulation (EC) 765/2008, by the performance of surveillance assessments and reassessments. The general policy regarding the frequency, content and extent of these assessments is laid down in this document.

Article 2.
This policy rule applies to the accreditation of conformity assessment bodies as referred to in Article 1 of the National Accreditation Body Appointment Act.

Article 3.
The RvA can use specific assessment programmes for specific conformity assessment activities that vary from or give further substance to the rules in this document. In those cases a specific accreditation protocol (SAP), setting out the details of the programmes, has been published.

Article 4.
1. The definitions of terms contained in RvA-BR002 (see www.rva.nl) also apply to this document.
2. Any reference in this policy rule to 'head office' means: the office of the legal entity that has been accredited and that is designated as the main location on the scope of accreditation (also see BR003).
3. Any reference in the policy rule to an 'accreditation cycle' means: the period of four years, starting once a decision about an initial assessment or reassessment has been taken; the cycle therefore covers the surveillance assessments and the reassessment in this period.
4. Any reference in the policy rule to an 'assessment programme' means: the predetermined content and extent of a number of assessments in a specific period; reference is generally made to an assessment programme in the context of the accreditation cycle.
5. If this document refers to 'assessments', it means: assessments carried out by the RvA or assessments outsourced by the RvA to another accreditation body.

Article 5.
This document comes into force on the date of publication of the notice in the Netherlands Government Gazette.

2 Assessments in the first accreditation cycle

2.1 Surveillance assessments

Article 6.
The RvA will carry out the first regular surveillance assessment six to nine months after the accreditation has been granted. The results of the initial assessment may, however, be reason to carry out the first regular surveillance assessment before six months or to arrange for the first surveillance assessment to be of the same extent as an initial assessment or a reassessment. The decision on this is part of the decision about the granting of the accreditation.

Article 7.
The second regular surveillance assessment will be carried out 18 to 21 months and the third 30 to 33 months after the granting of the accreditation. There may, however, be reasons for the executive board of the RvA to decide to shorten the period between the regular surveillance assessments and to carry out multiple surveillance assessments or to increase the extent of a surveillance assessment. Examples of such reasons are the following:

- a large number of non-conformities during previous assessments (at the discretion of the RvA);
- the difficulty of closing non-conformities during earlier assessments;
- lack of effectiveness of corrective actions following previous assessments.

Article 8.

The decision on the initial assessment includes the assessment programme for the entire cycle laid down in the part A report. This assessment programme in any event specifies the locations and the scope elements to be assessed during the assessments in the cycle. The assessment programme may be changed after each assessment in the cycle as part of the decision on the assessment.

Article 9.

The RvA bases the planning of the regular assessments on current information on the extent of the activities subject to accreditation and on locations and countries where these activities are carried out. The RvA requests this information from the accredited bodies annually.

Article 10.

The following general rules apply to the nature, content and extent of the regular assessments:

1. At each regular assessment the head office will be assessed on site.
2. All the other locations mentioned on the scope of accreditation (see RvA-BR003) will be assessed at each regular assessment. The RvA may decide not to visit these locations or to have them visited, but to assess them at distance, from the head office, if the RvA has determined in a previous assessment that an efficient and effective remote assessment is possible. Each location shown on the scope will, however, be assessed on site at least once during the accreditation cycle.
3. Spot checks can be made on locations, from where the body carries out activities subject to accreditation, that are not given on the scope because these activities are not key activities (see RvA-BR003), depending on such aspects as:
    - the nature and the extent of the activities at those locations;
    - the degree to which these activities are supervised by the body's head office;
    - extent and results of internal audits carried out at the location by the head office;
    - whether the location in question has its own accreditation;
    - signals and/or reports about the body;
    - relationships of a location with other organisations (for example, possible relationships with a consultancy organisation).
4. Samples will be taken at every regular assessment to verify the implementation of the management system and to verify the technical expertise. To this end samples are for instance taken from the technical files, personnel files and quality records and vertical and horizontal audits can be carried out.
5. The way in which a choice is made from the parts of the scope of accreditation to be assessed during the accreditation cycle is specified in the specific accreditation protocols (SAPs). These protocols also set out the way in which activities, operations, schemes, etc., are grouped for the purpose of determining the sample taken from the scope of accreditation.
6. The choice of parts of the accreditation requirements to be assessed at a regular surveillance assessment is such that all the requirements are assessed at least once during the surveillance assessments in the accreditation cycle.
7. Internal audits, complaints handling, corrective actions and the management review are assessed at every regular surveillance assessment. In the event of significant changes to the management system, these changes will also be assessed.
8. The extent and content of the regular assessments will also depend on the results of previous assessments and on information that the RvA has received from third parties (such as reports and signals) and on the risks that the RvA has determined for a body.
9. In addition to the general rules in this Article, the rules for the different types of accreditation are set out in the Articles below.
10. A general overview of the documents that the RvA expects to receive from the body to make an efficient and effective assessment possible can be found in Appendix 1. The body provides these documents numbered in accordance with the Appendix.

Article 11.

The following rules apply to regular assessments of laboratories, proficiency testing (PT) organisers and producers of reference materials:

1. At each regular assessment the different groups of disciplines are assessed at all the locations shown on the scope, in so far as a discipline is relevant for a location.

2. Amongst other things the term assessment as referred to in the previous subsection means the examination of files relating to the performance of the activities combined with the observation of the performance of activities.
3. If the performance cannot be observed during the visit to the body, the RvA may decide to observe the performance of activities at separate interim assessments.
4. Assessment of the results of inter-laboratory comparisons (ILC/PT) takes place, where applicable, at each regular assessment for a sample of the activities subject to accreditation.
5. The RvA will carry out an assessment of activities that the body is carrying out in-house within the framework of accredited activities, but for which it has not been separately accredited. To this end the RvA will provide the applicable expertise in the assessment teams. The activities referred to here are:
    - in-house calibration by testing or medical laboratories, proficiency testing organisers or producers of reference materials;
    - in-house testing by proficiency testing organisers or producers of reference materials.

   The frequency and extent of the assessment of these activities depend on the degree to which the body can show that it assesses these activities against the relevant criteria itself.

Article 12.

The following rules apply to the regular assessments of inspection bodies:

1. At each regular assessment the different groups of disciplines are assessed at all the locations mentioned on the scope, in so far as a discipline is relevant for a location.
2. Amongst other things the term assessment as referred to in the previous subsection means the examination of files relating to the performance of the activities combined with the witnessing of inspections.
3. The witnessing of inspections takes place according to the assessment programme drawn up for the accreditation cycle. The starting point is that the activities carried out at each location on the scope are assessed on-site once in the four-year accreditation cycle.
4. The witnessing of inspections will not always be combined with a regular assessment. Separate interim assessments consisting only of the witnessing of inspections may be part of the assessment programme for the cycle.
5. Assessment of the compliance with the independence requirements takes place at each regular assessment of an inspection body.
6. The RvA will carry out an assessment of activities that the body is carrying out in-house within the framework of accredited activities, but for which it has not been accredited separately. To this end the RvA will provide the applicable expertise in the assessment teams. The activities referred to here in relation to inspection are:
    - calibration of measuring instruments;
    - performance of laboratory tests by the inspection body.

   The frequency and extent of the assessment of these activities depend on the degree to which the body can show that it assesses these activities against the relevant criteria itself.

Article 13.

The following rules apply to the regular assessments of certification and verification bodies:

1. Files relating to the different groups of certification and verification schemes are assessed in terms of content at least once in the accreditation cycle for all the locations mentioned on the scope, in so far as a scheme is relevant for a location.
2. The assessment of activities during the performance of the activities (such as the witnessing of audits, inspections, tests, verifications or examinations) takes place according to the assessment programme drawn up for the accreditation cycle. The starting point is that the groups of schemes carried out are assessed in practice once in the accreditation cycle for each location on the scope.
3. The assessment of activities during the performance of the activities as referred to in the previous subsection will not always be combined with a regular assessment. Separate interim assessments consisting only of the assessment of the performance may be part of the assessment programme for the cycle.
4. For certification of management systems, products or persons: assessment of the impartiality requirements takes place at each regular assessment.
5. For certification of persons: the management of schemes and where relevant item banks takes place at each regular assessment.

6. For verification of greenhouse gases: within the scope of accreditation for verifications according to the EU ETS Directive, the specific requirements of Regulation (EC) 600/2012 (Art. 49) will be assessed at each regular assessment.
7. The RvA will carry out an assessment of activities that the body is carrying out in-house within the framework of accredited activities but for which it has not been accredited separately. To this end the RvA will provide the applicable expertise in the assessment teams. The activities referred to here for certification and verification bodies are:
    - calibration of measuring instruments;
    - tests or inspections carried out by the certification or verification body.

   The frequency and extent of the assessment of these activities depend on the degree to which the body can show that it assesses these activities against the relevant criteria itself.

2.2 Reassessments

Article 14.
The RvA carries out a reassessment not later than six months before the validity of a declaration of accreditation expires.

Article 15.
The content and extent of this reassessment depend on:
1. the content, extent and results of the assessments in the current accreditation cycle;
2. external information on the performance of the accredited body, such as complaints, reports and signals, performance in inter-laboratory comparisons (ILC/PT) or other comparative tests and assessments at the accredited body by the government or other bodies;
3. the current information provided by the body on the extent of the activities subject to accreditation and the locations and countries where these activities are carried out;
4. the specific risks that the RvA may have determined for the accredited body concerned or a group of accredited bodies of which this body is a part of.

Article 16.
The RvA will draw up the assessment plan for the reassessment on the basis of an evaluation of the aspects referred to in Article 15. In addition to the rules for surveillance assessments set out in section 2.1, the rule is that all the accreditation criteria will be addressed during a reassessment, unless the assessment team believes that criteria do not require any attention because of the positive results in respect of these criteria in the past.

3 Assessments in the second and subsequent accreditation cycles

Article 17.
The decision resulting from the reassessment covers the assessment programme for the new accreditation cycle laid down in the part A report. This assessment programme will in any event specify the locations and the scope elements to be assessed in the surveillance assessments, scope elements possibly consisting of clustered groups of individual actions or activities. Initiated by the RvA the assessment programme may be changed after each assessment in the cycle as part of the decision on the assessment.

Article 18.
For a new accreditation cycle the RvA in principle uses an assessment programme that is the same as the assessment programme in the first accreditation cycle and the rules set out in chapter 2. The performance of the body in the assessments in the previous accreditation cycle may be reason to change the intensity of the assessment programme in the new cycle. Section 3.1 sets out the rules for a less intensive assessment programme and section 3.2 the rules for a more intensive programme. Section 3.3 sets out the rules for medical laboratories accredited to ISO 15189.

3.1 Less intensive assessment programme

Article 19.
The performance of the body in the assessments in the previous accreditation cycle may be reason to reduce the intensity of the assessment programme in the new cycle, in comparison with the programme in the previous cycle, by reducing the frequency of the assessments and/or by making the assessments less extensive (for example, with a smaller assessment team in a surveillance assessment).

Article 20.
The head office will be assessed on site at least once every 24 months. Other locations mentioned on the scope will be assessed on site at least once every 24 months or, if this is possible, at distance.

Article 21.
The RvA may consider a less intensive assessment programme as referred to in Article 19 if the following conditions are met:

1. The RvA has found that the body has implemented a well-developed and stable management system, that has led to no or just a few category B non-conformities and no category A non-conformities have been found in the previous accreditation cycle.
2. The RvA has found that the body has implemented effective systems for internal audits and management reviews and for corrective and preventive action. These systems are regarded effective if the RvA assessment teams have found no non-conformities or only incidental category B non-conformities in these areas.
3. The RvA has not received any reports or signals from third parties that on investigation by the RvA show that the body has not met the accreditation requirements.
4. In the case of laboratory activities: the RvA has found that the performance of the laboratory in inter-laboratory comparisons (ILC/PT) has been satisfactory for at least two years in a row. The term satisfactory performance means that the ILC/PT results have not been reason for the laboratory to adjust its own methods, procedures or competences. In this respect it is not the results at test or action level that are considered but the performance of the laboratory across the entire scope.

Article 22.
The RvA may also consider a less intensive assessment programme in the event of:

1. a low volume of activities for parts of the scope of accreditation, or
2. changes at the accredited body or in its environment leading to a reduced risk of failure to meet the accreditation requirements.

Article 23.
Limitations in the use of a less intensive assessment programme may consist of demands of interested parties, that do not allow a reduction in the intensity of an assessment programme for a specific scheme.

Article 24.
A less intensive assessment programme may be changed to a regular programme after each assessment in the cycle, if the assessment shows that the conditions for the less intensive programme are no longer met.

3.2 More intensive assessment programme

Article 25.
The performance of the body during the previous accreditation cycle may be reason for the RvA to increase the intensity of the assessment programme in the new cycle, in comparison with the programme in the previous cycle, by increasing the frequency of the surveillance assessments and/or by increasing the extent of the surveillance assessments.

Article 26.
Reasons for a more intensive assessment programme may be:

1. The RvA considers that the number and the nature of the non-conformities found in the previous assessments do not indicate a stable and mature management system.
2. The RvA has found several non-conformities in previous assessments concerning internal audits, management reviews and/or corrective/preventive actions.
3. For laboratories: the RvA has found that the laboratory has had to update methods, procedures or competences more than once on the basis of the results of inter-laboratory comparisons (ILC/PT).
4. Increase in the extent of activities within the accredited scope or the expansion to other locations.
5. Changes at the accredited body or in its environment leading to an increased risk of failure to meet the requirements.

Article 27.
A more intensive assessment programme may be changed to a regular programme after each assessment in the cycle if the assessment shows that the reasons for the more intensive programme no longer exist.

3.3 Assessment programme for medical laboratories

Article 28.
For medical laboratories accredited under ISO 15189 a system by which an assessment takes place every two years can be used starting at the second accreditation cycle, at the request of the laboratory, subject to the five conditions set out in Article 29 to Article 33. In this case the assessment taking place between the two reassessments has the nature and the scope of a reassessment. This system will be referred to below as the 2H regime. A medical laboratory that does not request to take part in the 2H regime, or that does not meet the conditions for it, is subject to the rules from chapter 3 prior to this Article.

Article 29.
The first condition for the 2H regime is participation in a system of periodic professional reviews organised by the relevant medical professional group(s), to which the following apply:
1. The RvA has found that at least the following topics from ISO 15189:2012 are demonstrably covered in these reviews:
   - 4.1 Responsibility of the organisation and the management
   - 4.4 Contracts for the provision of services
   - 4.7 Consultancy services
   - 4.8 Handling of complaints
   - 4.9 Identification and control of non-conformities
   - 5.1 Personnel
   - 5.5 Examination processes
   - 5.6 Guaranteeing the quality of examination results.
2. The RvA has found that the reviews are carried out systematically by appropriately trained personnel.
3. The RvA can assess a full cycle of reviews every four years on the basis of the full reports made available to the RvA assessment teams (lead assessors and technical experts).
4. The RvA can conclude whether or not the laboratory meets the requirements as set out in subsection 1 from the reports drawn up following the review.
5. The RvA has found that the findings made during a review are followed up and that the laboratory has taken demonstrable action as a result of the failure to meet requirements.

Article 30.
The second condition for participation in the 2H regime is that the RvA has found that, in the assessments in the previous accreditation cycle (for laboratories making the transition from CCKL accreditation to ISO 15189 accreditation the CCKL assessments are taken into consideration for this), the medical laboratory has implemented effective systems for internal audits and management reviews and for corrective and preventive action. These systems are regarded as effective if the RvA assessment teams have not found any or only incidental non-conformities in these areas.

Article 31.
The third condition for participation in the 2H regime is that the RvA has found that the performance of the medical laboratory in inter-laboratory comparisons (ILC/PT) is satisfactory for at least two years in a row. The term satisfactory performance means that the ILC/PT results have not been reason for the laboratory to adjust its own methods, procedures or competences.

Article 32.
The fourth condition for participation in the 2H regime is that the RvA has not received any reports or signals about the medical laboratory from third parties leading to the finding on examination by the RvA that the laboratory has not met the accreditation requirements.

Article 33.
The fifth condition for participation in the 2H regime is that the medical laboratory has been accredited for all the activities that the laboratory carries out on a routine basis and that may be part of an accreditation under ISO 15189.

Article 34.
1. An evaluation of whether the five conditions have been met is made during a reassessment and this will require confirmation in the decision on this assessment.
2. If the RvA has found one or more category A or a large number (at the discretion of the decision-makers within the RvA) of category B non-conformities in an assessment at a medical laboratory that has a 2H regime, an additional surveillance assessment will in any event take place in the year following this assessment.
3. Major organisational or personnel changes at the laboratory may also be reason for the RvA to carry out additional surveillance assessments within the 2H regime.
4. If a second assessment in succession shows that the five conditions are no longer met, the 2H regime will be discontinued and the other rules from chapter 3 will be used for the laboratory.

4 Changes compared with previous rules

Article 35.
Compared to version 3, dated 12 March 2015, no significant changes have been implemented. Documents in the annex have now been numbered.

Appendix 1: Documents to be provided by the body

Medical laboratories for ISO 15189 assessments	Surveillance	Reassessment	Critical location	Witnessing
1. Proof of Chamber of Commerce registration (not more than six months old)		√		
2. Quality manual and general management system procedures	√	√	√	
3. Two internal audit reports (including action plans) of the previous year and the audit program	√	√		
4. The work instructions and procedures for all the activities applied for	√	√	√	√
5. A cross-reference between the requirements of ISO/IEC 15189 and your quality system	√	√	√	
6. Amendments for chapter 1 of the Part A report for this accreditation, if they were not passed on before	√	√	√	
7. Management review report	√	√	√	
8. Any additional documentation in accordance with SAP for the parts of the relevant scope, documents specific to NEN 6265 Legionella in water, and thrombosis services	√	√	√	√
9. Overview of participation in inter-laboratory comparisons (proficiency testing, etc.) (see RvA-T030)	√	√	√	
10. Certificates of competence for sampling activities (e.g. Legionella)	√	√	√	√
11. A list of all current and concluded research (only applicable in the case of an R&D scope)	√	√	√	
12. A list of activities traceable to the flexible scope elements under accreditation	√	√	√	

Calibration of laboratories for ISO/IEC 17025 assessments	Surveillance	Reassessment	Critical location	Witnessing
1. Proof of Chamber of Commerce registration (not more than six months old)		√		
2. Quality manual and general management system procedures	√	√	√	
3. The work instructions and procedures for all the activities applied for	√	√	√	√
4. A cross-reference between the requirements of ISO/IEC 17025 and your quality system	√	√	√	
5. Amended chapter 1 of the Part A report for this accreditation	√	√	√	
6. Any additional documentation in accordance with SAP for the parts of the relevant scope	√	√	√	√
7. Overview of participation in inter-laboratory comparisons (proficiency testing, etc.) (see RvA-T030)	√	√		

Test laboratories for ISO/IEC 17025 assessments	Surveillance	Reassessment	Critical location	Witnessing
1. Proof of Chamber of Commerce registration (not more than six months old)		√		
2. Quality manual and general management system procedures	√	√	√	
3. The work instructions and procedures for all the activities applied for	√	√	√	√
4. A cross-reference between the requirements of ISO/IEC 17025 and your quality system	√	√	√	
5. Amended chapter 1 of the Part A report for this accreditation	√	√	√	
6. Any additional documentation in accordance with SAP for the parts of the relevant scope	√	√	√	√
7. Overview of participation in inter-laboratory comparisons (proficiency testing, etc.) (see RvA-T030)	√	√		
8. Certificates of competence for sampling activities (e.g. AS 1000/2000)	√	√		√
9. A list of all current and concluded research (only applicable in the case of an R&D scope)	√	√	√	
10. A list of analytical methods applied that have been reported with regard to the flexible scope subject to accreditation (if applicable)	√	√	√	

Organisers of proficiency testing for ISO/IEC 17043 assessments	Surveillance	Reassessment	Critical location
1. Proof of Chamber of Commerce registration (not more than six months old)		√	
2. Quality manual and general management system procedures	√	√	√
3. The technical implementation procedures for all the activities applied for	√	√	√
4. A cross-reference between the requirements of ISO/IEC 17043 and your quality system	√	√	√
5. Amended chapter 1 of the Part A report for this accreditation	√	√	√

Producers of reference materials for ISO Guide 34 assessments	Surveillance	Reassessment	Critical location
1. Proof of Chamber of Commerce registration (not more than six months old)		√	
2. Quality manual and general management system procedures	√	√	√
3. The work instructions and procedures with regard to all the reference materials applied for	√	√	√
4. A cross-reference between the requirements of ISO Guide 34 and your quality system	√	√	√
5. Amended chapter 1 of the Part A report for this accreditation	√	√	√

Inspection bodies for ISO/IEC 17020 assessments	Surveillance	Reassessment	Critical location	Witnessing
1. Proof of Chamber of Commerce registration (not more than six months old)		√		
2. Quality manual and general management system procedures	√	√	√	
3. The work instructions and procedures for all the inspections applied for	√	√	√	√
4. A cross-reference between the requirements of ISO/IEC 17020 and your quality system	√	√	√	
5. Amended chapter 1 of the Part A report for this accreditation	√	√	√	
6. Any additional documentation in accordance with SAP for the parts of the relevant scope	√	√	√	√
7. Inspection assignment, including location, duration and contact name (auditee)				√
8. Inspection forms				√
9. Inspector/auditor qualifications				√
10. Use of marks and/or logos, if applicable				√
11. Certificates of competence for sampling activities (e.g. AS 1000/2000)	√	√		√

Certification bodies for ISO/IEC 17021-1 assessments	Surveillance	Reassessment	Critical location	Witnessing
1. Proof of Chamber of Commerce registration (not more than six months old)		√		
2. Quality manual and general management system procedures	√	√	√	
3. The work instructions and procedures for all the schemes applied for	√	√	√	√
4. A cross-reference between the requirements of ISO/IEC 17021-1 and your quality system	√	√	√	
5. Amended chapter 1 of the Part A report for this accreditation	√	√	√	
6. Any additional documentation in accordance with SAP for the parts of the relevant scope	√	√	√	√
7. Certification scheme (normative document)				√
8. Audit assignment, including location, duration and contact name (auditee)				√
9. Audit forms				√
10. Auditor qualifications				√
11. Previous report				√
12. Use of marks and/or logos				√

Certification bodies for ISO/IEC 17065 assessments	Surveillance	Reassessment	Critical location	Witnessing
Proof of Chamber of Commerce registration (not more than six months old)		√		
1. Quality manual and general management system procedures	√	√	√	
2. The work instructions and procedures for all the schemes applied for	√	√	√	√
3. A cross-reference between the requirements of ISO/IEC 17065 and your quality system	√	√	√	
4. Amended chapter 1 of the Part A report for this accreditation	√	√	√	
5. Any additional documentation in accordance with SAP for the parts of the relevant scope	√	√	√	√
6. Certification/inspection scheme (normative document)				√
7. Audit assignment, including location, duration and contact name (auditee)				√
8. Inspector/auditor qualifications				√
9. Audit/inspection forms				√
10. Previous report				√
11. Use of marks and/or logos				√

Certification bodies for ISO/IEC 17024 assessments	Surveillance	Reassessment	Critical location	Witnessing
1. Proof of Chamber of Commerce registration (not more than six months old)		√		
2. Quality manual and general management system procedures	√	√	√	
3. The work instructions and procedures for all the schemes applied for	√	√	√	√
4. A cross-reference between the requirements of ISO/IEC 17024 and your quality system	√	√	√	
5. Amended chapter 1 of the Part A report for this accreditation	√	√	√	
6. Any additional documentation in accordance with SAP for the parts of the relevant scope	√	√	√	√
7. Certification and examination regulations respectively (regulations, including scheme requirements of composition of assignments and evaluation matrix)		√		√
8. Examination regulations in force, if applicable with CB 'master version', and, if examination is outsourced, the examination regulations of the examination organisation (if any)				√
9. Chairman/examination manager and other examination personnel guide/instruction				√
10. Blank copy/example of the examination(s) to be taken, if so desired on site				√
11. Correction model/control key, if necessary or applicable on site				√
12. Scheme requirements for composition of tasks/assignments, theory and/or practice, including evaluation matrix				√
13. Rules for use of certification mark				√
14. List of documents for examination actually to be organised, including list of candidates, examination roster, name and address details of examination location				√
15. Examiner qualifications				√
16. CB requirements for examination organisations				√[2]
17. CB method for assessing examination organisations				√[2]
18. Reporting of previous CB assessment of examination organisation concerned				√[2]
19. Assessment team and qualifications				√[2]
20. Examination regulations of the examination organisation				√[2]
21. Organisation description and scheme of the examination organisation				√[2]
22. Contract between CB and examination organisation in which outsourcing is laid down				√[2]
23. Outline of the activities outsourced by CB since the last assessment, including type of examination and scheme				√[2]

√[2]: If examinations are outsourced to an examination organisation, the assessment of the examination organisation by the CB is witnessed periodically (see SAP C014).