



FORENSIC SPECIALTIES ACCREDITATION BOARD, Inc.

410 North 21st Street, Colorado Springs, CO 80904

Forensic Specialties Accreditation Board (FSAB, The Board)

Policies and Procedures Manual

INTRODUCTION 3

BACKGROUND 3

1. SCOPE..... 3

2. NORMATIVE REFERENCES 4

3. TERMS AND DEFINITIONS 4

4. THE FSAB AS AN ACCREDITATION BODY 7

5. MANAGEMENT 13

6. HUMAN RESOURCES 18

7. ACCREDITATION PROCESS 20

8. RESPONSIBILITIES OF THE FSAB AND THE CAB..... 30

9. FISCAL POLICIES 33

APPENDIX A: PROCEDURES 36

APPENDIX B: FEE SCHEDULE 69

INTRODUCTION

This document sets out the policies and procedures by which the Forensic Specialties Accreditation Board (FSAB) carries out its responsibilities, the most important of which is the assessment, recognition, and monitoring of entities that consider themselves certifiers of individual forensic practitioners. The FSAB, formed in the late 20th century with the support and grant assistance of the American Academy of Forensic Sciences (AAFS) and the National Institutes of Justice (NIJ), has been an independent corporation under the laws of the State of Colorado since the year 2000.

BACKGROUND

In a 1995 report, the Strategic Planning Committee of the AAFS reported that the quality and standards applied by different forensic Boards for granting certification varied widely. That committee recommended that the AAFS should assume a role in establishing a formal mechanism whereby the different credentialing processes of the various certifying Boards can be objectively assessed. During the review of this issue, AAFS has recognized that an important aspect of professional oversight is monitoring the quality and consistency of credentialing of forensic specialists by the various forensic Boards (i.e., accrediting the certifiers). Groundwork was done on how to accomplish this in 1996 by the AAFS “Professional Oversight” committee and the AAFS “Mini-Task Force on Criteria for Specialist Certifying Boards.” The “Accreditation and Certification Task Force,” now known as the **Forensic Specialties Accreditation Board (FSAB)**, with grant assistance from NIJ, was formed to develop a voluntary program to objectively assess, recognize, and monitor the various forensic specialty Boards that seek accreditation. The FSAB was incorporated as an independent organization in Colorado on June 23, 2000. The FSAB is an independent entity with regard to its organization and operation.

While working to develop this program, FSAB considered the accreditation of forensic Boards by an independent organization as an option. There are at least two major organizations in the United States that set standards for individuals’ specialties, the National Commission of Certifying Agencies (NCCA) and the American Board of Medical Specialties (ABMS). The NCCA accredits certifying organizations which meet their standards, including standards covering education and examinations. The ABMS is a Board that primarily sets standards for disciplines within the medical profession, such as radiology, surgery, etc. Forensic pathology is already listed as a specialty under the ABMS (as a subgroup under pathology). A forensic specialty Board could demonstrate compliance with national standards by being accredited by the NCCA. While this course of action is objective, the forensic community would be unwisely delegating its professional oversight responsibility to non-forensic organizations. Additionally, because of the unique nature of the forensic disciplines and the relatively small numbers of specialists credentialed by each organization, the forensic Boards would be better assessed by an accrediting organization dedicated to that task and which has a thorough understanding of the forensic disciplines.

1. SCOPE

The FSAB has adopted Standards that it applies to certification bodies, also known as conformity assessment bodies (CABs), within the forensic specialties. For FSAB purposes, CABs are organizations that provide testing for and maintenance of practitioner certification. This document outlines the policies and procedures by which FSAB operates and is intended to comply with ISO 17011: 2004.

2. NORMATIVE REFERENCES

ISO 17000: 2004 *Conformity Assessment – Vocabulary and General Principles*

ISO 17011: 2004 *Conformity Assessment – General Requirements for Accreditation Bodies Accrediting Conformity Assessment Bodies*

ISO 17024: 2012 *Conformity Assessment – General Requirements for Bodies Operating Certification of Persons*

ISO 9001: 2015 – *Quality Management Systems*

3. TERMS AND DEFINITIONS

The following alphabetically listed definitions are specific to this document:

3.1 accreditation

third party attestation related to a conformity assessment body conveying formal demonstration of its competence to carry out specific conformity assessment tasks

3.2 accreditation body

authoritative body that performs accreditation

3.3 accreditation body logo

logo used by an accreditation body to identify itself

3.4 accreditation body certificate

formal document stating that accreditation has been granted for the defined scope

3.5 accreditation body symbol

symbol used by an accreditation body to be used by accredited CABs to indicate their accredited status

3.6 appeal

request by a CAB for reconsideration of any adverse decision made by the accreditation body related to its desired accreditation status

3.7 application review committee (ARC)

committee assembled annually that is tasked to review and make recommendations on applications of any CAB that has applied for accreditation or reaccreditation

3.8 assessment

process undertaken by an accreditation body to assess the competence of a CAB, based on particular standards and other normative documents and for a defined scope of accreditation

3.9 assessor

person assigned by an accreditation body to perform, as part of an assessment team, an assessment of a CAB

3.10 audit

a methodical examination and review

3.11 complaint

expression of dissatisfaction, other than an appeal, by any person or organization, to an accreditation body, relating to the activities of that body or of an accredited CAB, where a response is expected

3.12 conformity assessment body (CAB)

body that performs assessment services and that can be the object of accreditation

3.13 consultancy

participation in any of the activities of a CAB subject to accreditation

3.14 expert

person assigned by an accreditation body to provide specific knowledge or expertise with respect to the scope of accreditation to be assessed

3.15 extending accreditation

process of enlarging the scope of accreditation

3.16 interested parties

parties with a direct or indirect interest in accreditation

3.17 lead assessor

assessor who is given the overall responsibility for specified assessment activities

3.18 management review

periodic meeting of management at which it reviews the status and effectiveness of the organization's quality management system

3.19 reducing accreditation

process of cancelling accreditation for part of the scope of accreditation

3.20 scope of accreditation

specific conformity assessment services for which accreditation is sought or has been granted

3.21 surveillance

set of activities, except reassessment, to monitor the continued fulfillment by accredited CABs of requirements for accreditation

3.22 suspending accreditation

process of temporarily making accreditation invalid, in full or for part of the scope of accreditation

3.23 *withdrawing accreditation*
process of cancelling accreditation in full

3.24 *witnessing*
observation of the CAB carrying out conformity assessment services within its scope of accreditation

4. THE FSAB AS AN ACCREDITATION BODY

4.1 Legal Responsibility

FSAB is a registered legal entity, being incorporated and existing as a non-profit corporation under the Colorado Revised Non-profit Corporation Act (see Bylaws 1.2 and Articles of Incorporation).

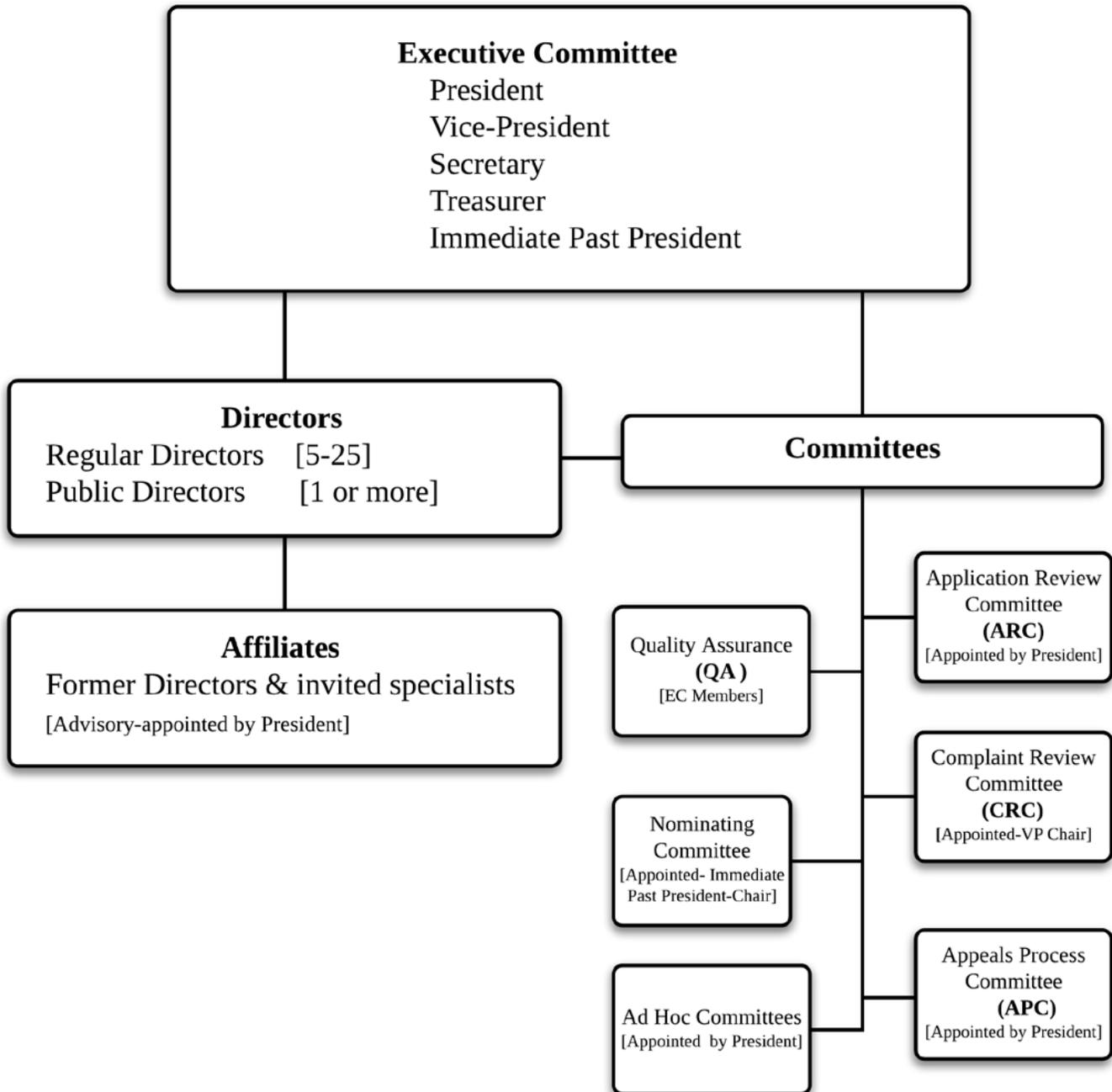
4.2 FSAB Structure

4.2.1 The FSAB is guided by a set of Bylaws, Standards, and these Policies and Procedures (P&P), all of which can be accessed on the FSAB website by relevant interested parties.

4.2.2 The FSAB is solely responsible for its decisions on matters involving accreditation (including the granting, maintaining, suspending, renewing, and revocation thereof).

4.2.3 The FSAB's legal status is described in its Bylaws (Section 1).

Organizational Chart



4.2.4 The FSAB’s Board of Directors is led by the Directors, who are the Officers of the Executive Committee (see FSAB Organizational Chart above). The duties, responsibilities, and authorities of the FSAB Officers and Directors can be found in the Bylaws (Sections 5 and 6).

- a. The Officers of the FSAB are the President, Vice President, Secretary, Treasurer, and Immediate Past-President, who together comprise the Executive Committee.
- b. The Board of Directors comprises five to 25 Directors, the exact number to be set by Board action.

- c. The standard term for each Director shall be three years; no one shall serve as Director for more than four consecutive full terms, though this limitation does not preclude subsequent election after an interruption in service.
- d. There shall be two categories of Director: Regular and Public. Regular Directors must be certificants of FSAB accredited CABs. Public Directors are representatives of interested, non-certificate holding stakeholders.
- e. At least one Director of the FSAB shall be a Public Director.
- f. Affiliates (typically former Directors) from various forensic specialties are appointed by the President as needed for assistance in an advisory role.

4.2.5 The FSAB identifies personnel responsible for the following:

- a. Development and review of policies relating to the operation of the accreditation body – QA Committee
- b. Supervision of the implementation of the policies and procedures – Board of Directors
- c. Supervision of the finances of the FSAB – Treasurer and the Immediate Past-President
- d. Decisions on accreditation – Board of Directors (pursuant to recommendation of an Application Review Committee [ARC])
- e. Contractual agreements – President/Executive Committee
- f. Delegation of authority to committees or individuals, as required, to undertake defined activities on behalf of the executive committee – President

4.2.6 The FSAB has access to necessary expertise for advisement on matters directly relating to accreditation.

4.2.7 The FSAB rules for the appointment, purview and operation of committees follow. In addition, participating parties are identified. For details of the organization structure of the FSAB, see the website at <http://thefsab.org>. Standing and ad hoc committees include:

- a. Executive Committee. The Committee consists of the President, the Vice President, the Secretary, the Treasurer, and the immediate Past President. The President serves as the chair as specified in the Bylaws 6.8.1. The Executive Committee is empowered to act for and on behalf of the Board on matters that require action between Board meetings.
- b. Application Review Committee (ARC)
 - b.1. Membership: The President shall appoint an Application Review Committee (ARC) and its chair for each application received for accreditation or reaccreditation. The President shall oversee the work of all the Application Review Committees (see Appendix A, 1: Procedure for Operation of Application Review Committee (ARC)).
 - b.2. There will be a minimum of three members (Directors or Affiliates) on the committee. The ARC Chairman must be a Director. The term of the appointment shall be one year and may be renewed.
 - b.3. Non-voting consultants may be used to assist the ARC with the approval of the President. The ARC Chair may appoint individuals other than committee members to serve as coordinators for various committee responsibilities, such as maintaining records.
 - b.4. Confidentiality agreements shall be part of any contractual or volunteer arrangements.

- b.5. Duties of ARC are to: Review all application materials to assess compliance with Standards, maintain records on all applications, and conduct site visits (see Section 7.2 and Appendix A, Procedure 1).
- b.6. Directors shall not serve on ARCs for the CAB by which they are certified or for other CABs in their forensic specialty.
- c. Quality Assurance (QA) Committee
 - c.1. The Executive Committee shall serve as the QA Committee and shall conduct an annual audit of FSAB Bylaws, Standards, P&P, and of the records of the FSAB.
 - c.2. A management review shall be conducted by the QA Committee annually.
 - c.3. The QA Committee shall provide an annual report on its review of the records for the corporation, and the management review to the Board during the annual meeting (see Appendix A, 2 Procedure for Performing FSAB Internal Audits).
- d. Nominating Committee
 - d.1. The President shall appoint a Committee to provide nominations for Board and Officer position to be voted on at the annual meeting. The immediate Past-President, where possible, shall serve as Chair of the Nominating Committee.
 - d.2. Candidates for officer positions shall be nominated from current Regular Directors.
 - d.3. The Board shall solicit from its accredited CABs one or more nominees for Regular Director positions.
 - d.4. When an FSAB Director position opens, prior to the annual meeting, a request for nominations is sent to all accredited CABs, along with a job description. Selection and approval of directors is done at the annual meeting. Training is initiated within the first year of directorship and is an ongoing process.
- e. Other Ad Hoc Committees
 - e.1. The President shall create an Appeals Process Committee (noted later in 7.10.5a) in the event of an appeal or a Complaint Review Committee in the event of a complaint.
 - e.2. The President may appoint a Finance Committee to make recommendations to the Treasurer and the Board regarding fiscal matters.
 - e.3. The President may create other ad hoc committees as needed. Committee members shall be Directors or Affiliates. A Committee Chair for each committee shall be appointed by the President. Non-voting consultants may be used to assist the committee, with the approval of the President.

4.2.10 Committee Chair duties: Each committee chair shall review the procedures for his/her committee annually. Each committee chair shall provide a written report to the Board on the results of this review (see Appendix A, 2 Procedure for Performing FSAB Internal Audits).

4.3 Impartiality. FSAB is organized and operated in a way that safeguards the objectivity and impartiality of its activities through the following means:

4.3.1 FSAB has documented and implemented a structure that provides opportunity for effective involvement by interested parties. Meetings are open to the public with the exception of executive sessions. The FSAB website also allows for public interaction. FSAB ensures a balanced representation of interested parties with no single party predominating.

- a. The FSAB will maintain a website to disseminate information regarding FSAB and accreditation activities.

- b. Website design and content shall be approved by the FSAB.
- c. The website may be maintained and secured by an independent subcontractor functioning as a webmaster.
- d. The current URL is <http://thefsab.org> and is registered with <http://register.com>

4.3.2 FSAB policies and procedures are non-discriminatory and are administered in a non-discriminatory way. FSAB makes its services available to all applicants whose requests for accreditation fall within the activities (see Section 4.6.1) and the limitations as defined within its policies and rules. Access to accreditation is not conditional upon the number of certificants of the applicant CAB, nor is access to accreditation conditional upon the number of CABs already accredited.

4.3.3 All FSAB personnel and committees that could influence the accreditation process are required to act objectively and be free from commercial, financial, and other pressures that could compromise impartiality. The FSAB Conflict of Interest Statement must be signed by all Directors and Affiliates annually.

4.3.4 The FSAB ensures that each decision on accreditation is taken by competent individuals or committees different from those who carried out the assessment.

- a. ARC members do not vote on the final decision regarding accreditation/reaccreditation of the CAB that the ARC reviewed.
- b. Directors do not vote on the accreditation/reaccreditation decision regarding CABs in their forensic specialty.

4.3.5 The FSAB does not offer or provide any service that affects its impartiality, such as (a) those conformity assessment services that CABs perform (such as proficiency testing or competency training) or (b) consultancy.

4.3.6 The FSAB does not have related bodies that may compromise its objectivity or the impartiality of its accreditations.

4.4 Confidentiality

The FSAB has adequate arrangements to safeguard the confidentiality of the information obtained in the process of its accreditation activity at all levels, including committees or external bodies or individuals acting on its behalf. The FSAB does not disclose confidential information about a particular CAB outside its purview without written consent of the CAB, except where the law requires such information to be disclosed without such consent.

4.4.1 Confidentiality Agreement, Conflict of Interest and Code of Ethics Statements are signed at the time of the person's appointment, or selection in the case of a contractor or subcontractor, by Officers, Directors, Affiliates, and contractors and subcontractors and annually thereafter.

4.4.2 Records are securely stored and maintained. The FSAB maintains applicant records (paper and electronic) for two accreditation cycles (currently 10 years). The FSAB maintains all records in its possession in compliance with the FSAB Records Retention Procedure (see Appendix A, 3: Procedure for Records Control).

4.4.3 Confidentiality of records

- a. All records, including application and re-application material, are confidential.
- b. The FSAB does not release records without the written approval of the President.

4.5 Liability and Financing

4.5.1 The FSAB has a Directors' insurance policy.

4.5.2 The FSAB has financial resources, demonstrated in its records and documents, that are required for the operation of its activities. The FSAB sources of income are accreditation fees, reaccreditation fees, and annual maintenance fees (see Section 9).

4.6 Accreditation activity

4.6.1 The history and purpose of the FSAB are described in the Introduction to this document. The FSAB sets Standards for forensic specialty certification bodies (CABs). FSAB serves as an accreditation body that applies its Standards to evaluate and monitor CABs.

4.6.2 The FSAB refers to International Standards (17011 and 17024) and others as guidance documents.

4.6.3 The FSAB procedures to react to demands from interested parties can be found in Appendix A, 4. Procedures for Guidance for Parties Interested in Accreditation
The procedures may include:

- a. Discussion with potential applicants regarding the suitability of FSAB accreditation
- b. Discussion with accredited CABs of extension or reduction of scope of accreditation

5. MANAGEMENT

5.1 General

5.1.1 The FSAB has established, implemented, and maintains a management system and continually improves its effectiveness in accordance with the requirements of ISO 17011.

5.1.2 The FSAB has documented, implemented, and maintains its procedures as laid out in this document.

5.2 Management System

5.2.1 The FSAB has defined and documented policies and objectives, as presented in this document and its Standards; this includes a quality policy for its activities. The FSAB Executive Committee (QA Committee) seeks to maintain effective communication with interested parties via open meetings and a publicly accessible website (see section 8.2.7). The FSAB also seeks to have its policies understood, implemented, and maintained.

5.2.2 The FSAB operates a management system that is appropriate to its type, range, and the volume of work performed. The requirements of ISO 17011 are addressed either in this document or the FSAB Bylaws. The documents are accessible to FSAB personnel so as to maintain effective implementation of the system's procedures.

5.2.3 The FSAB President annually appoints a management system auditor who has the responsibility and authority that includes:

- a. Verifying that the procedures needed for the management system are established and followed.
- b. Reporting to the Executive Committee on the performance of the management system and any recommendations for improvement.

5.3 Document control. The FSAB has established procedures to control all documents that relate to its accreditation activities (see Appendix A, 5: Procedure for Document Control).

5.3.1 The procedures define the controls to:

- a. approve documents for adequacy prior to issue.
- b. review and update as necessary and re-approve documents.

Note 1: The FSAB votes with majority approval on all documents before they are re-issued.

- c. confirm that the changes and the current revision status of documents are identified and are available to all interested parties (website).
 - c.1. FSAB will confirm that all documents/forms are current on its website on March 1 each year.

Note 1: Footers appear on every document indicating current revision status. Note 2: Non-current documents are archived.

- d. confirm that documents remain legible and readily identifiable.
- e. prevent the unintended use of obsolete documents and apply suitable identification to them if they are retained for any purpose.
- f. safeguard, where relevant, the confidentiality of documents.

5.3.2 Confidentiality agreements

- a. Applications and their supporting material are confidential and are not available for inspection by outside parties.
- b. Discussions on the status of a CAB's application are confidential and are not discussed outside of FSAB meetings.
- c. All Directors and ARC members are required to sign the FSAB Confidentiality Agreement upon assuming their duties and annually thereafter.
- d. The FSAB Secretary is responsible for obtaining the signatures of relevant parties on the FSAB Confidentiality Agreement each year.
- e. Violation of the FSAB Confidentiality Agreement is a violation of the FSAB Code of Ethics.

5.4 Records

5.4.1 The FSAB procedures for identifying, collecting, indexing, accessing, filing, storing, maintaining, and disposing of records are detailed Appendix A, 3: Procedure for Records Control.

5.4.2 Records are retained for a period of 10 years, consistent with FSAB contractual and legal obligations. Access to these records is consistent with FSAB confidentiality policy (see Appendix A, 3).

5.5 NonConformities and Corrective Actions

5.5.1 The FSAB procedures for the identification and management of nonconformities in its operations are in place. The FSAB takes action to eliminate causes of nonconformities to prevent recurrence. Corrective actions will be appropriate to the problems encountered. FSAB procedures for dealing with nonconformities include:

- a. Identification of nonconformities (e.g., from complaints and internal audits).

Note 1: The FSAB Quality Assurance (QA) Committee uses internal checklists annually for internal audits, management reviews, document reviews, complaint reviews, and corporation status.

- b. Determination of the cause of nonconformities.

Note 1: The QA Committee annual report notes cause for any nonconformity.

- c. Correction of nonconformities.

Note 1: The QA Committee annual report notes corrective action taken for nonconformities.

- d. Actions to prevent reoccurrence of nonconformities.

Note 1: The QA Committee annual report of the following year will note results of evaluation of recurrence or non-recurrence of nonconformities.

- e. Actions for timely implementation of corrective measures.

Note: The QA Committee annual report of the following year will contain recommendations for these and flag them for the upcoming audit.

- f. Recording of the results of actions taken.

Note: The QA Committee annual report will note the results of actions taken on any nonconformity occurring the year prior.

- g. Review of the effectiveness of the corrective action(s).

Note: The QA Committee annual report will address the effectiveness of the corrective action(s) taken for prior nonconformities.

5.6 Preventive Actions

5.6.1 The FSAB undertakes preventive actions to identify opportunities for improvement and to minimize future nonconformities. The procedures for preventive actions are:

- a. Identification of potential nonconformities and their causes (QA Committee annual review/audit).
- b. Determination and implementation of the preventive actions needed (QA Committee annual review/audit).
- c. Recording of the results of actions taken (QA Committee annual review/audit).
- d. Review of the effectiveness of the preventive actions taken (QA Committee annual review/audit).

5.7 Internal Audits

5.7.1 The FSAB procedures for internal audits assess FSAB conformance to ISO 17011 and that the FSAB management system is implemented and maintained (see Appendix A, 2: Procedure for Performing FSAB Internal Audits). The QA Committee performs an annual internal audit for this purpose.

5.7.2 During the internal audit, the QA Committee considers the importance of the processes and areas to be audited, as well as the results of previous audits. The FSAB shall ensure that:

- a. Internal audits are conducted by qualified personnel who are knowledgeable in accreditation, auditing, and the requirements of ISO 17011.

- b. Internal audits are conducted by personnel different from those who perform the activity to be audited.
- c. Personnel responsible for the area audited are informed of the outcome of the audit.
- d. Actions are taken in a timely and appropriate manner.
- e. Opportunities for improvement are identified.

5.8 Management Reviews

5.8.1 The FSAB QA Committee reviews the FSAB management system annually to assess continuing adequacy and effectiveness in accordance with ISO 17011 (see Appendix A, 6: Procedure for Conducting Management Review).

5.8.2 Inputs to Management reviews include, where available, current performance and improvement opportunities related to the following:

- a. Results of audits
- b. Results of peer evaluation, where relevant
- c. Participation in international activities, where relevant
- d. Feedback from interested parties
- e. New areas of accreditation
- f. Trends in nonconformities
- g. Status of preventive and corrective actions
- h. Follow-up actions from earlier management reviews
- i. Changes that could affect the management system
- j. Appeals
- k. Analysis of complaints

5.8.3 The outputs from the QA committee's internal audit is a report that includes actions related to:

- a. Improvement of the management system and its processes
- b. Improvement of services and accreditation process in conformity with the relevant standards and expectations of interested parties
- c. Need for resources
- d. Definition or re-definition of policies, goals, and objectives

5.9 Complaints

5.9.1 Upon receipt of a complaint concerning the FSAB or any of its accredited CABs, the President shall appoint a three-member Complaint Review Committee (CRC) chaired by the Vice President.

- a. The complaint may be based upon public information from news media sources, court records, etc.
- b. The CRC will determine if the complaint has sufficient merit to go forward. The determination will be based on criteria such as the prior exhaustion of appropriate CAB complaints processes.
- c. The CRC will have authority to solicit assistance from non-FSAB members (lawyers, investigators, etc.).

d. Such outside assistance must be subject to a signed FSAB Confidentiality Agreement.

5.9.2 The CRC takes appropriate actions and assesses their effectiveness (see Appendix A, 7: Procedure for Handling Complaints).

6. HUMAN RESOURCES

6.1 Personnel Associated with the FSAB

6.1.1 The FSAB has a sufficient number of personnel having the education, training, technical knowledge, skills, and experience necessary for handling the type, range, and volume of work performed.

6.1.2 The FSAB has access to sufficient personnel to serve on ARCs, including ARC chairs, and experts to cover all of its activities.

6.1.3 The FSAB makes clear to each individual concerned the extent and the limits of their duties, responsibilities, and authorities.

6.1.4 The FSAB requires all personnel to commit themselves formally by signature or equivalent to comply with its Code of Ethics. This commitment considers aspects relating to confidentiality and to independence from commercial and other interests, and any existing or prior association with CABs to be assessed.

6.2 Personnel Involved in the Accreditation Process

6.2.1 The FSAB describes for each activity involved in the accreditation process the qualifications, experience and competence required for participation on an ARC or a CRC. Members of those committees will have been trained and will have read and understood FSAB documents (P&P, Standards, Confidentiality Agreement, etc.). FSAB Regular Directors originate from accredited CABs, and therefore have competency in at least one forensic specialty. The initial and ongoing training required include ISO-IEC 17024 and internal ARC training.

6.2.2 The FSAB has procedures for selecting, training, and formally approving ARC members and experts used in the ARC process.

6.2.3 The FSAB identifies the specific tasks or areas for which each ARC member has demonstrated assessment competence. Personnel records are maintained on all directors. The FSAB ensures that ARC members:

- a. are familiar with accreditation procedures, accreditation criteria, and other requirements.
- b. have undergone relevant accreditation assessor training.
- c. have knowledge of the relevant assessment methods.
- d. communicate effectively both in writing and orally in the required language.
- e. conduct themselves in a professional manner.

6.3 Monitoring

6.3.1 The FSAB ensures the satisfactory performance of the assessment and accreditation decision-making process through its procedures for monitoring performance and competence of the personnel involved. In particular, the FSAB reviews the performance and competence of its

personnel in order to identify training needs (see Appendix A, 6: Procedure for Conducting Management Review).

6.3.2 The FSAB conducts monitoring (e.g., by on-site observations or by using other techniques, such as review of annual reports, feedback from CABs, and peer monitoring of assessors) to evaluate the assessors' performance and to recommend appropriate follow-up actions to improve performance. Each assessor is observed on-site regularly, once every three years, unless there is sufficient supporting evidence that the assessor is continuing to perform competently.

6.4 Personnel Records

6.4.1 The FSAB maintains records of relevant qualifications, training, experience, and competence of each individual involved in the accreditation process. Records of training, experience and monitoring are kept up to date (see Appendix A, 3: Procedure for Records Control). The FSAB maintains up to date digital records on directors consisting of:

- a. Name, mailing address, phone number and email address
- b. Position held for external assessors and experts, the position held in their organization
- c. Educational qualifications and professional status
- d. Work experience/consulting
- e. Training in management systems, assessment, and conformity assessment activities
- f. Competence for specific assessment tasks
- g. Experience in assessment and results of their regular monitoring (See Appendix A 3. Procedure for Records Control.)

7. ACCREDITATION PROCESS

7.1 Accreditation Criteria and Information

7.1.1 The general criteria for accreditation of CABs is set out in the relevant normative documents (Application, Application Guidelines, FSAB Standards).

7.1.2. The FSAB makes information publicly available on its website and updates this information at adequate intervals including detailed information about its assessment and accreditation processes, and arrangements for granting, maintaining, extending, reducing, suspending, and withdrawing accreditation.

Note 1: This information shall be updated annually by March 1.

7.2 Application for Accreditation

7.2.1 The application and FSAB website provide documents (Application Guidelines and Application) containing the requirements for accreditation.

7.2.2 Applicants or potential applicants will have access to information about the fees relating to accreditation.

7.2.3 Applicant organizations will be evaluated on standards in force at the time of receipt of an on-time application/re-application materials. Any changes in standards that occur between the time of receipt of application materials and final Board action on the application will not affect the current application.

7.2.4 The FSAB requires a duly authorized representative of the applicant CAB to make a formal application that includes the following:

- a. General features of the CAB, including corporate entity, name, addresses, legal status, and human and technical resources
- b. General information concerning the CAB such as its activities, its relationship in a larger corporate entity, if any, and addresses of all its physical locations to be covered by the scope of the accreditation
- c. A clearly defined, requested scope of accreditation
- d. An agreement to fulfill the requirements for accreditation and the other obligations of the CAB as described in Section 8.1
- e. Submitted on forms approved by the Board. The forms are available for download from the FSAB website.
 - e.1. Instructions for completing the forms shall be included with the forms.
 - e.2. Instructions for supporting documentation shall be included with the forms.

Note 1: Copies of forms are accepted. Applicants must ensure use of most recent application form. Note 2: Any updated versions are available on March 1 of the application year.

7.2.5 The FSAB requires the applicant CAB to provide at least the following information relevant to the accreditation prior to commencement of the assessment:

- a. A description of the conformity assessment services that the CAB undertakes, and a list of standards, methods, or procedures for which the CAB seeks accreditation, including limits of scope where applicable
- b. A copy (on paper or in electronic form) of the quality manual and/or policies and procedures manual of the CAB, and relevant associated documents and records
- c. One original and five hardcopies of the forms and all attachments, as well as an electronic version (electronic format to be specified) shall be submitted to the Application Review Committee via the FSAB office (see Appendix A, 1: Procedure for Operation of Application Review Committee)
- d. The application fee shall be submitted with the application. The application shall not be considered complete prior to the receipt of the application fee.
 - d.1. The date for the application shall be the date all appropriate forms, supporting documentation, and application fee are received by the Application Review Committee.
 - d.2. The Chairman of the Application Review Committee shall acknowledge the receipt of the application in written or electronic communication.

7.2.6 The FSAB reviews for adequacy the information provided by the CAB. This entails:

- a. Following the application timeline that has been developed as a guide for the FSAB. (See Appendix A, 8: Procedure for Dealing with Late CAB Applications.)
- b. All application materials must be received by the Application Review Committee (ARC) by May 1 in any year for the applicant to be accredited or re-accredited the next year. For example, a CAB seeking accreditation/reaccreditation in 2019 must submit an application by May 1, 2018.
- c. The ARC shall review the completed application to determine compliance with the standards and notify the applicant of any deficiencies by August 1.
- d. The applicant shall address the deficiencies with the ARC no later than October 1.
- e. A site visit or visits are scheduled thereafter.
- f. The ARC and CAB point of contact shall communicate as necessary with the goal of resolving any deficiencies by January 15.
- g. The ARC shall make a written recommendation to the Board by February 1.
- h. The Board shall consider and vote on the recommendation of the Application Review Committee at its annual meeting. By March 1, the Board will notify the applicant organization of its decision.
 - h.1. Applicant organizations may attend, at their expense, Board discussions on their application but shall not attend the vote.
 - h.2. All notifications shall be made in writing. Written electronic notification is permitted with acknowledgement by recipient.
 - h.3. ARC members do not vote on accreditation decisions that they recommend.

Note 1: Prior to submitting an application for accreditation by FSAB, a certifying body must have been awarding certification for a minimum of two years.

7.3 Resource Review

7.3.1 The FSAB reviews its ability to carry out the assessment of the applicant CAB, in terms of its own policy, its competence, and the availability of suitable assessors and experts.

7.3.2 The review shall also include the ability of the FSAB to carry out the assessment in a timely manner.

7.4. Subcontracting the Assessment

7.4.1 The FSAB undertakes the assessment on which accreditation is based. The FSAB does not subcontract. Contracting of external individual assessors and experts is not to be considered as subcontracting.

7.4.2 The FSAB shall:

- a. take full responsibility for all contracted activities and shall itself have competence in the decision making.
- b. maintain its responsibility for granting, maintaining, extending, reducing, suspending, or withdrawing accreditation.
- c. ensure that it and its personnel involved in the assessment process, to which assessment has been subcontracted, are competent and comply with the applicable requirements of ISO 17011 and any provisions and guidelines given by the subcontracting accreditation body.
- d. obtain the written consent of the CAB to use a particular subcontractor.
- e. ensure confidentiality on the part of its contractors and subcontractors.

7.4.3 The FSAB lists contractors that it uses for assessments and has means for assessing and monitoring their competence and for recording results (see Appendix A, 9: Procedure for Assessing and Monitoring FSAB Contractors).

7.5. Preparation for Assessment

7.5.1 The FSAB formally appoints an assessment team (ARC) consisting of a lead assessor (ARC chair) and, where required, a suitable number of assessors and/or experts for each specified scope. When selecting the assessment team, the FSAB ensures that the expertise brought to each assignment is appropriate. In particular, the team as a whole:

- a. shall have appropriate knowledge of the specific scope for which accreditation is sought.
- b. shall have understanding sufficient to make a reliable assessment of the competence of the CAB to operate within its scope of accreditation.

7.5.2 The FSAB shall ensure that team members act in an impartial manner. In particular:

- a. assessment team members shall not have provided consultancy to the CAB which might compromise the accreditation process and decision.
- b. in accordance with the provisions of 6.1.4, the assessment team members shall inform the accreditation body, prior to the assessment, about any existing, former or envisaged link or competitive position between themselves or their organization and the CAB to be assessed.

7.5.3 The FSAB informs the CAB of the names of the members of the assessment team and the organization they belong to, sufficiently in advance to allow the CAB to object to the appointment of any particular assessor or expert. FSAB has a policy for dealing with any such objections (see Appendix A, 10: Procedure for On-site Assessment of CABs).

7.5.4 The FSAB clearly defines the assignment given to the assessment team/ARC. The task of the assessment team/ARC is to review the documents collected from the CAB and to conduct the on-site assessment (see Appendix A, 10: Procedure for On-site Assessment of CABs).

7.5.5 The FSAB has procedures for sampling (if applicable) where the scope of the CAB covers a variety of specific conformity assessment services. The procedures ensure that the assessment team witnesses a representative number of examples to ensure proper evaluation of the competence of the CAB.

7.5.6 For initial assessments, in addition to visiting the main or head office, visits shall be made to all other premises of the CAB from which one or more key activities are performed and which are covered by the scope of accreditation. Key activities include policy formulation, process and/or procedure development, and as appropriate, contract review, planning conformity assessments, review, approval and decision on the results of conformity assessments.

7.5.7 For surveillance and reassessment, where the CAB works from various premises, the FSAB has procedures for sampling to ensure proper assessment (see Appendix A, 11: Procedure for Surveillance of CABs). All premises from which one or more key activities are performed should be assessed within a defined timeframe. Key activities for FSAB-accredited CABs include, but are not limited to, storage and maintenance of documents and records and certification testing.

7.5.8 The FSAB works with the CAB and the assigned ARC assessment team to identify a mutually agreeable date and schedule for the assessment. However, it remains the responsibility of the FSAB to pursue a date that is in accordance with the surveillance and reassessment plan.

7.5.9 The FSAB ensures that the assessment team/ARC is provided with the appropriate criteria documents, previous assessment reports, and the relevant records of the CAB.

7.6 Document and Record Review

7.6.1 The assessment team/ARC shall review all relevant documents and records supplied by the CAB (see Sections 7.2.1 and 7.2.2) to evaluate its system, as documented, for conformity with the relevant standard(s) and other requirements for accreditation.

7.6.2 The FSAB may decide not to proceed with an on-site assessment based on the nonconformities found during document and record review. In such cases, the nonconformities shall be reported in writing to the applicant CAB.

7.7 On-site Assessment (See Appendix A, 10: Procedure for On-site Assessment of CABs)

7.7.1 The FSAB shall commence the on-site assessment with an opening meeting at which the purpose of the assessment and accreditation criteria are clearly defined, and the assessment schedule as well as the scope for the assessment are confirmed.

7.7.2 The assessment team shall conduct the assessment of the conformity assessment services of the CAB at the premises of the CAB from which one or more key activities are performed and, where relevant, shall perform witnessing at other selected locations where the CAB operates, to gather objective evidence that the applicable scope the CAB is competent and conforms to the relevant standard(s) and other requirements for accreditation.

7.7.3 Please refer to Appendix A, 10. Procedure for On-site Assessment of CABs, which includes a checklist, worksheet, and report form to be used by the ARC assessment team.

7.8 Analysis of Findings and Assessment Report

7.8.1 The ARC assessment team shall analyze all relevant information and evidence gathered during the document and record review and the on-site assessment. This analysis shall be sufficient to allow the team to determine the extent of competence and conformity of the CAB with the requirements for accreditation. The team's observations on areas for possible improvement may also be presented to the CAB. However, consultancy shall not be provided.

7.8.2 If the assessment team cannot reach a conclusion about a finding, the team should contact the accreditation body for clarification

7.8.3 The FSAB's reporting procedures shall ensure that the following requirements are fulfilled:

- a. A meeting shall take place between the assessment team and the CAB prior to leaving the site. At this meeting, the assessment team shall provide a written and/or oral report on its findings obtained from the analysis (Section 7.8.1). An opportunity shall be provided for the CAB to ask questions about the findings, including nonconformities, if any, and their basis.
- b. A written report on the outcome of the assessment shall be promptly sent to the CAB. This assessment report shall contain comments on competence and conformity and shall identify nonconformities, if any, to be resolved in order to conform to all of the requirements for accreditation.
- c. The CAB shall be invited to respond to the assessment report and to describe the specific actions taken or planned within a defined time to resolve any identified nonconformities

7.8.4 The FSAB is responsible for the content of the assessment report, including nonconformities.

7.8.5 The FSAB ensures that the responses of the CAB to resolve nonconformities are reviewed to see if the actions appear to be sufficient and effective. If the CAB responses are found to be not sufficient, further information shall be requested. Additionally, evidence of effective implementation of actions taken may be requested, or a follow up assessment may be carried out to verify effective implementation of corrective actions.

7.8.6 The information is provided to the accreditation decision makers – in the form of the ARC Report (see Appendix A 1. Procedure for Application Review Committee (ARC), which includes a checklist and report form). The ARC Report shall include the following, at a minimum:

- a. Unique identification of the CAB
- b. Date(s) of on-site assessment
- c. Name(s) of assessor(s) and/or experts involved in the assessment
- d. Unique identification of all premises assessed
- e. Proposed scope of accreditation that was assessed
- f. The assessment report
- g. A statement on the adequacy of the internal organization and procedures adopted by the CAB to give confidence in its competence, as determined through its fulfillment of the requirements for accreditation
- h. Information on the resolution of all nonconformities
- i. Any further information that may assist in determining fulfillment of requirements and the competence of the CAB
- j. Where applicable, a summary of the results of proficiency testing or other comparisons conducted by the CAB and any actions taken as a consequence of the results
- k. Where appropriate, a recommendation as to granting, reducing, or extending accreditation for the proposed scope

7.9 Decision-Making and Granting Accreditation

7.9.1 The FSAB shall, prior to making a decision, be satisfied that the information (see Section 7.8.6) is adequate to decide that the requirements for accreditation have been fulfilled.

7.9.2 The FSAB shall, at its annual meeting, make the decision on whether to grant, deny, or extend accreditation on the basis of an evaluation of all information received (see Section 7.8.6) and any other relevant information (see Appendix A, 12: Procedure for Suspension, Withdrawal and Reduction of Scope of Accreditation).

- a. The FSAB may deny accreditation based upon the recommendation of the ARC.
- b. The FSAB shall notify a CAB in writing of the decision on accreditation or denial of accreditation. If accreditation is denied, the Board shall include the reason for the denial.

Note 1: The CAB may appeal the denial of accreditation to the FSAB according to the appeals process (see 7.10.3).

Note 2: Any misrepresentation of fact in the application is cause for denial of accreditation or reaccreditation.

7.9.3 The FSAB provides an accreditation certificate to the accredited CAB. This accreditation certificate identifies the following:

- a. The identity and logo of the FSAB
- b. There shall be an official logo.

- b.1. Reference to the function of FSAB in any advertising or informational literature, including websites, published by the accredited certifying body shall state: “The Forensic Specialties Accreditation Board (FSAB) is an independent board established to accredit professional bodies that certify forensic scientists and other forensic specialists.”
- b.2. The FSAB name and logo shall not be used in any manner that could be construed as personal endorsement of an individual.
- b.3. The design of the logo may not be changed and may not be used in color without permission. The logo may be used on certificates issued to CABs.

Note 1: The official logo may be used by an FSAB accredited certifying body subject to the guidelines below.

Note 2: The size of the logo must not be reproduced larger or placed in a more prominent position than the logo of the accredited certifying body.

Note 3: FSAB reserves the right to immediately withdraw permission to use its logo, or to use the logo in a specific placement, upon written notice served to the participating organization’s representative.

- c. The name of the FSAB may be used by an accredited organization recognizing the fact that the organization is accredited (i.e., “Accredited by FSAB”).
- d. The certificate issued by the FSAB shall contain the following:
 - d.1. The unique identity of the accredited CAB
 - d.2. All premises from which one of more key activities are performed and which are covered by the accreditation
 - d.3. The unique accreditation number of the accredited CAB
 - d.4. The effective date of granting of accreditation and, as applicable, the expiry date
 - d.5. A brief indication of, or reference to, the scope of accreditation
 - d.6. A statement of conformity and a reference to the standard(s) or other normative document(s) including issue or revision used for assessment of the CAB

7.9.4 The accreditation certificate shall also identify the following information for CABs:

- a. Type of accreditation
- b. Date of accreditation
- c. Period of accreditation
- d. Accreditation certificate number
- e. FSAB logo
- f. Signature of the FSAB president

7.10 Appeals

7.10.1 The FSAB has procedures to address appeals by CABs (see Appendix A, 14: Procedure for Handling Appeals).

7.10.2 Right of appeal. The CAB or applicant CAB may appeal the decision of the Board to suspend or deny accreditation.

7.11 Reaccreditation: Reassessment and Surveillance

7.11.1 Reassessment is similar to initial assessment, as described in Sections 7.5 to 7.9, except that experience gained during the previous assessments is considered. Surveillance on-site assessments may or may not be less comprehensive than initial assessments. FSAB reassessment entails re- application for accreditation by the CAB with ensuing site visit(s). Reassessment is required every five years.

7.11.2 The FSAB has procedures for carrying out periodic surveillance including on-site assessments, other surveillance activities, and reassessments at sufficiently close intervals to monitor the continued fulfillment by the accredited CAB of the requirements for accreditation.

7.11.3 The FSAB has designed its procedures for reassessment and surveillance of each accredited CAB so that representative samples of the scope of the accreditation are assessed on a regular basis. The interval between on-site assessments, whether reassessment or surveillance, depends on evidence of stability of the CAB.

- a. Reassessment takes place at five-year intervals.
- b. Surveillance occurs every year with the submission of the annual report from each CAB, along with additional surveillance as deemed appropriate by the FSAB.

7.11.4 Timeline for reassessment:

- a. To maintain the accreditation, the organization must apply for reaccreditation by May 1 of the year prior to expiration of the accreditation certificate.
- b. The Secretary will notify the CAB of upcoming expiration.
- c. The Board, upon a written request submitted by the organization explaining the extenuating circumstances, may grant an extension for application for reaccreditation.

7.11.5 Eligibility for reaccreditation. The Board, based on the recommendation of the Application Review Committee, will determine reaccreditation status. To be eligible for reaccreditation, the CAB must meet the following criteria:

- a. Hold a valid accreditation certificate
- b. Comply with the current accreditation standards
- c. Apply for reaccreditation

Failure to apply will result in a lapse of the accreditation. The certificate shall be returned upon request. The forms and procedures for reaccreditation are the same as for initial accreditation (see Section 7.2 above).

7.11.6 When, during reassessment, nonconformities are identified, the FSAB defines the observation requiring a corrective action to be implemented (see Appendix A, 13: Procedure for Resolution of Nonconformities).

7.11.7 The FSAB confirms the continuation or renewal of accreditation based on the results of reassessment as described above.

- a. The reaccreditation will be acted on by the Board based on the recommendations of the Application Review Committee.
- b. The Board will grant a new certificate of accreditation based on successfully meeting the current accreditations standards as determined by the Board.

7.11.8 The FSAB may conduct special assessments as a result of changes (see Section 8.2.4). The FSAB shall advise CABs of this possibility.

7.11.9 The FSAB requires Annual Reports as part of its regular surveillance program of CABs.

- a. Each CAB shall submit an annual report.
- b. The format for the annual report is : on the FSAB website.
- c. The report is due by March 31 of each year.
- d. If an organization sponsors more than one CAB, a separate annual report must be submitted for each CAB.
- e. Failure to submit an annual report shall result in loss of FSAB accreditation.

7.12 Suspending or Withdrawing Accreditation

7.12.1 The FSAB procedures for the suspension and withdrawal of accreditation, as well as the reduction of the scope of accreditation can be found in Appendix A, 12. Procedure for Suspension, Withdrawal, and Extension of Accreditation.

7.12.2 The FSAB shall suspend or withdraw accreditation when an accredited CAB has:

- a. failed to meet the requirements of accreditation.
- b. failed to abide by the rules for accreditation.
- c. submitted false or misleading information to the FSAB.
- d. made any misrepresentation of fact in the application for reaccreditation.
- e. failed to file an annual report.

Note 1: The FSAB may suspend or withdraw accreditation at the request of a CAB.

7.12.3 Accreditation suspension or withdrawal requires a 2/3 vote of the FSAB.

7.12.4 The Board shall notify the CAB in writing of the withdrawal of its accreditation. The Board shall state the reasons for the revocation

7.12.5 Upon notification of withdrawal of accreditation, the certificate must be returned to the Board within 90 days. If a CAB does not return its certificate after all appeals have been processed, and in a timely manner, the FSAB may post a public notice on its website stating that the certificate has been withdrawn.

7.12.6 The certifying body may appeal the revocation of accreditation to the Board according to the appeals process outlined in Section 7.10.

7.13 Records on Conformity Assessment Bodies (CABs)

7.13.1 The FSAB maintains records on CABs to demonstrate that requirements for accreditation, including competence, have been effectively fulfilled

7.13.2 The FSAB keeps records on CABS secure to ensure confidentiality. The records on CABs are managed appropriately and in a manner, as described in Section 5.4.

7.13.3 Records on CABs include the following:

- a. Relevant correspondence
- b. Assessment records and reports
- c. Records on committee deliberations, if applicable
- d. Accreditation decisions
- e. Copies of accreditation certificates

8. RESPONSIBILITIES OF THE FSAB AND THE CAB

8.1 Obligations of the CAB

8.1.1 The FSAB requires the CAB to conform to the following:

- a. The CAB shall commit to fulfill the requirements for accreditation set by the accreditation body for the areas where accreditation is sought and granted. This includes agreement to adapt to changes in the requirements for accreditation, as set out in Section 8.2.4.
- b. When requested, the CAB shall afford such accommodation and cooperation as is necessary to enable the FSAB to verify fulfillment of requirements of accreditation. This applies to all premises where the conformity assessment is conducted to include on-site assessments/surveillance.
- c. The CAB shall provide access to information, documents, and records as necessary for the assessment and maintenance of accreditation.
- d. The CAB shall provide access to those documents that provide insight into the level of independence and impartiality of the CAB from its related bodies, where applicable.
- e. The CAB shall arrange the witnessing of the CAB services when requested by the FSAB.
- f. The CAB shall claim accreditation only with respect to the scope for which it has been granted accreditation.
- g. The CAB shall not use the accreditation in such a manner as to bring the FSAB into disrepute.
- h. The CAB shall pay fees as shall be determined by the FSAB.
 - h.1. The Board sets the accreditation and reaccreditation application fees.
 - h.2. The Board shall set and collect an annual maintenance fee from all accredited organizations.
 - h.3. The fee schedule is found in Appendix B.
 - h.4. The FSAB Treasurer will distribute invoices for annual fees for the following calendar year to all accredited organizations on or before October 1, and fees are due by December 31.
 - h.5. If applicable, the FSAB Treasurer will send a notice on February 1 advising an accredited organization of fees in arrears, including the late fee assessment of \$100.
 - h.6. If fee and late fee payments are not received by May 31, the FSAB President will send a notice by certified mail, return receipt requested, to the Treasurer/Administrative Office of the accredited organization that its accreditation will be **suspended** effective June 30.
 - h.7. If fee and late fee payments are not received by October 31, the FSAB President will send a notice by certified mail, return receipt requested, to the Treasurer/Administrative Office of the accredited organization on November 1 notifying the organization that its accreditation will be **withdrawn** effective December 31.
 - h.8. Late Fees/Suspension/Revocation for Non-Payment of Dues. All fees as described in Appendix B shall be paid by December 31 of the year for which they are in arrears.

- h.9. A late fee of \$100 shall be assessed for annual fees received after February 1 and prior to June 30.
- h.10. An accredited organization shall be deemed in arrears if fees are not received by June 30 and accreditation shall be suspended.
- h.11. A suspended accredited organization may be reinstated by payment of fees in arrears, plus a late fee of \$100, plus a reinstatement fee of \$300, if all such fees are paid by December 31 of the year for which they are in arrears.
- h.12. If all fees as described in Appendix B are not paid by December 31 of the year for which they are in arrears, the organization's accreditation is withdrawn, and the organization must reapply for accreditation.

8.1.2 The FSAB requires the accredited CAB to, without delay, inform FSAB of significant changes relevant to its accreditation, in any aspect of its status, including but not limited to changes in:

- a. legal, commercial, ownership or organizational status.
- b. organization, top management, or key personnel.
- c. main policies.
- d. resources and premises.
- e. scope of accreditation.
- f. other matters that could affect the ability of the CAB to fulfill requirements of accreditation.

8.2. Obligations of the FSAB

8.2.1 The FSAB shall make publicly available information about the current status of the accreditations that it has granted to CABs. This information shall be updated regularly. This information will include the following:

- a. Name and address of the accredited CAB
- b. Dates of granting accreditation and expiry dates, as applicable
- c. Scopes of accreditation, condensed and/or in full

8.2.2 The FSAB shall, where applicable, provide information about international arrangements in which it is involved.

8.2.3 The FSAB shall give due notice of any changes to its requirements for accreditation (a minimum of 45 days). It shall take into account of views expressed by interested parties before deciding on the precise form and effective date of the changes. Following a decision on, and publication of, the changed requirements, it shall verify that each accredited body carries out any necessary adjustments within the next surveillance period/reaccreditation cycle.

8.2.4 The FSAB shall hold a mid-year meeting at an alternate location.

8.2.5 Website maintenance and content. The FSAB will maintain its website for interested party accessibility as well as director use. Website content (minimum requirements):

- a. Introduction to and history of Board functions

- b. Current Standards for accreditation and archives
- c. Current Bylaws of the Board and archives
- d. Application for certifying organizations seeking accreditation and reaccreditation
- e. Annual Report format
- f. List of Directors with email links and addresses
- g. List of accredited organizations with dates of accreditation and expiration/re-certification, and available web links
- h. Links to websites of forensic interest to be determined by the Board
- i. Summary of meeting minutes
- j. Secure area to include materials solely for the use of Directors, accessible only by username and password
- k. Past revisions of standards, bylaws, applications
- l. Policies and procedures
- m. Expense reimbursement forms
- n. Logo in a format allowing use by accredited organization
- o. Letterhead in a format allowing use by Directors

8.3 Reference to Accreditation and the Use of Symbols

8.3.1 The FSAB, as proprietor of the accreditation symbol that is intended for use by its accredited CABs, has policy governing its protection and use. An accredited CAB is allowed to use the symbol on its reports or certificates issued within the scope of its accreditation.

8.3.2 The FSAB takes effective measures to ensure that the accredited CAB:

- a. fully conforms with the requirements of the FSAB for claiming accreditation status, when making reference to its accreditation in communication media such as the internet, documents, brochures, or advertising.
- b. does not make any statement regarding its accreditation that the FSAB may consider misleading or unauthorized.
- c. takes due care that no report or certificate nor any part thereof is used in a misleading manner.
- d. upon suspension or withdrawal of accreditation (however determined), discontinues its use of all advertising matter that contains any reference to an accredited status.
- e. does not allow the fact of its accreditation to be used to imply that a product, process, system, or individual is approved by the FSAB.

The FSAB shall take suitable action to deal with incorrect references to accreditation status or misleading use of accreditation symbols found in advertisements, catalogues, etc. Suitable actions include request for corrective action, withdrawal of accreditation, publication of the nonconformity and, if necessary, other legal action.

9. FISCAL POLICIES

9.1 Documentation

9.1.1 Receipts are necessary for reimbursement of expenses. See examples of allowable expenses in Section 9.3.

9.1.2 If no receipts are available, written documentation must be supplied to support any expense claims.

9.1.3 The standard FSAB expense voucher should be used to submit expense claims. Expense Approvals and Reimbursement

9.2.1 The President and Treasurer each have authority to approve expenses.

9.2.2 The President and Treasurer cannot approve their own expenses

9.2.3 The Board authorizes the Executive Director and staff accountant of the American Academy of Forensic Sciences to disburse funds on behalf of the Board as approved by the President or Treasurer.

9.2.4 The President may approve expenses up to \$2500.

9.3 Fiscal Policy Details

9.3.1 General – The Board policy pertaining to travel, lodging and other expenses incurred in the accomplishment of FSAB business is as follows:

9.3.2 All activities performed, purchases made, or contracts entered into must have the prior approval of the Board of Directors or its delegated and authorized committees or employees, except as provided for in 9.2.4.

9.3.3 Following are examples of acceptable documentation:

- a. Air transportation – passenger ticket coupon
- b. Bus or limousine service – ticket stub or personal receipt
- c. Taxi fare – personal receipt
- d. Parking or toll fees – stubs or personal receipt
- e. Hotel bill – hotel issued itemized receipt
- f. Meals – cashier or personal receipt
- g. Phone calls – personal receipt
- h. Convention/meeting fee – registration receipt
- i. Purchases or contracts – itemized receipt or copy of contract

9.4 Travel – Transportation

9.4.1 If FSAB approved travel is combined with other business, vacations, etc., payment of travel will be on a basis to be agreed upon in advance.

9.4.2 Air travel will be restricted to coach, tourist, or economy class.

9.4.3 Travel by train or bus will be authorized at a cost not to exceed the cost of the most direct coach air route.

9.4.4 Travel by personal car will be authorized at a cost not to exceed the total cost of the trip (mileage expense plus subsistence) or the cost of the most direct coach air route, whichever is less.

9.4.5 Authorized automobile trips will be reimbursed on the basis of the prevailing government announced rate per mile, as determined by the shortest and most usually traveled route between the point of origin and the destination.

9.4.6 The recovery of costs incurred in the use of a personal car will be restricted to the owner. Passengers will be transported at no additional cost to the FSAB.

9.5 Travel – Hotel and Per Diem

9.5.1 Per diem claims is \$75/day for meals. Catered meals are deducted at the following rates: \$10 for breakfast, \$15 for lunch, and \$50 for dinner.

9.5.2 The hotel room must be booked at the most advantageous rate.

9.6 Other Expenses

9.6.1 Expenses for items other than travel and subsistence must be for the conduct of FSAB business (e.g., taxi fare from hotel to meeting), and not for the personal convenience of the traveler.

9.6.2 The fiscal year is March 1 – February 28/29.

9.7 Budget

9.7.1 The Treasurer will propose an annual budget at the annual Board meeting.

9.7.2 The Board will approve a budget at the annual meeting.

9.8 Insurance for the Board

The Board will obtain appropriate liability and other insurance indemnifying the officers and directors of the Board.

9.9 Travel Policy

9.9.1 The Board or President or Treasurer must approve all travel on behalf of the Board, in advance.

9.9.2 Travel for the annual Board meeting will be at the expense of the director or his/her nominating organization, unless approved by the Board.

9.9.3 The Board may approve travel costs to attend meetings based on available funds.

9.9.4 Reimbursement will not exceed the limits approved by the Board.

9.10 Income

9.10.1 FSAB income originates from fees.

9.10.2 The FSAB maintains its financial assets in checking accounts.

APPENDIX A: PROCEDURES

Procedure Number	Procedure Title
1	<u>Procedure for Operation of Application Review Committee (ARC)*</u>
2	<u>Procedure for Performing Internal Audits</u>
3	<u>Procedure for Record Control</u>
4	<u>Procedure for Guidance for Parties Interested in Accreditation</u>
5	<u>Procedure for Document Control</u>
6	<u>Procedure for Conducting Management Review</u>
7	<u>Procedure for Handling Complaints</u>
8	<u>Procedure for Dealing with Late CAB Applications</u>
9	<u>Procedure for Assessing and Monitoring FSAB Contractors</u>
10	<u>Procedure for On-site Assessment of CABs*</u>
11	<u>Procedure for Surveillance of CABs</u>
12	<u>Procedure for Suspension, Withdrawal, and Reduction of Scope of Accreditation</u>
13	<u>Procedure for Resolution of Nonconformities</u>
14	<u>Procedure for Handling Appeals</u>
15	<u>Procedure for Monitoring Personnel Performance and Training</u>
16	<u>Procedure for Nominating FSAB Officers and Directors</u>

* procedure document includes Checklist and Report Form

1. PROCEDURE FOR OPERATION OF APPLICATION REVIEW COMMITTEE (ARC)

PURPOSE

An ARC will be convened to review all Conformity Assessment Board (CAB) applications submitted to the FSAB for accreditation or reaccreditation. This is one of the principal functions of the FSAB. This procedure is intended to guide that review process.

SCOPE

This procedure applies to all FSAB ARC reviews.

ARC MEMBERS

The members of the ARC are appointed by the FSAB President. The ARC will usually consist of three members. In cases where the review embodies a particularly large or complex application, more than three members, including consultants,* may be appointed as necessary.

ARC ORGANIZATION

The President will appoint one member of the ARC to serve as ARC Chair. It is intended that the ARC Chair will serve in a coordinator role amongst equals.

The ARC Chair must be an FSAB Director and will be responsible for organizing and scheduling the ARC activities. The ARC Chair will also be responsible for writing the ARC Report and presenting the ARC's findings and recommendations to the FSAB Board. The FSAB Board will vote regarding accreditation or reaccreditation of the CAB. The members of the ARC will not vote on this matter.

CONFLICT OF INTEREST

No person appointed to the ARC may be a current member, immediate relative, officer of the CAB being reviewed, or a member of a CAB in a competitive area.

DOCUMENTS PROVIDED TO THE ARC FROM THE FSAB ARCHIVES

At the beginning of the ARC review, the ARC members will be provided with:

- The accreditation or reaccreditation application submitted to the FSAB by the CAB
- In the case of reapplications, the FSAB reviewers' comments/critique of the previous application, if available
- The results of any discussions between the FSAB and the CAB regarding resolution of any deficiencies in the previous application to the FSAB, if available
- Annual reports submitted by the CAB during the current accreditation cycle

REPORTING

The ARC will report to the FSAB President.

DURATION

The ARC is appointed for one year, which may be extended by the FSAB President.

THE ARC PROCEDURE

1. The operations of the ARC are to be conducted in confidence.
2. Free communication among members of the ARC is encouraged.
3. The ARC Chair will make assignments regarding the responsibilities of the ARC members.
4. The CAB's application answers to the FSAB's questions will be compared to FSAB Standards.
5. The initial evaluation of the application will take approximately one month, during which the completeness of the application, questions, problems, and deficiencies in the application will be identified, as detailed below and in Appendix A.
 - a. DEFICIENCIES – This answer is so non-responsive that the application cannot be approved unless it is brought into conformity.
 - b. QUESTIONS – The meaning was unclear. The answer did not directly address the question. An important reference cited was not found.
 - c. EDITORIAL ISSUES – The application format was poorly executed. The tab referenced was incorrect; however, the correct tab was found. A referenced table was not present.
6. Communication between the ARC and the CAB will take place in an effort to resolve any issues identified in step 5.
7. A report will be issued by the ARC to the FSAB Board on or before January 15. The report will recommend accepting or rejecting the CAB's application.
8. The report will address those application items found to be out of compliance.
9. The report will grade any unresolved issues found.
10. If there are no unresolved questions or out of compliance issues, the report will so state.
11. A checklist for ARC operations is attached as Appendix B.

COMMUNICATION WITH THE CAB

Communication between the ARC and the CAB is critical to resolving questions, problems, and deficiencies. In general, this communication will take place between the ARC Chair and the designated representative of the CAB. The ARC Chair may designate other members of the ARC to communicate with the CAB regarding the CAB's application.

If there are issues to be discussed with the CAB, the Chair of the ARC will inform the other members of the ARC as to how this communication will proceed. All members of the ARC will be kept informed as to the status of contacts with the CAB.

All written communication between the ARC and the CAB will be preserved in the ARC's file, which will be archived. A record of all verbal contacts with the CAB will be maintained by the ARC Chair and preserved in the ARC file.

DOCUMENT RETENTION AND ARCHIVING

The following documents will be archived at the FSAB facility in Colorado Springs. They should be sent to Kimberly Wrasse in digital format.

- Accreditation application, including any supplemental documentation
- Copy of application payment
- Written correspondence with applicant
- Application ARC scoring sheet

- ARC final recommendation summary
- Accreditation certificate, if issued

Confidentiality agreements are required for all ARC participants.

ARC CHECKLIST

Date	Action	Accomplished
Prior to 1 May	ARC members identified and notified ARC Chair appointed	
1 May	CAB application received at Colorado Springs, copied, and distributed to ARC members. Receipt is acknowledged by the ARC Chair.	
	ARC Chair opens communication with CAB identified contact	
	ARC review assignments are made	
	Application is reviewed for completeness and conformance with ISO and FSAB Standards	
	ARC members communicate internally regarding findings	
1 June	Application completeness, questions, deficiencies and other issues are summarized	
1 June – 1 August	ARC notifies CAB regarding issues and opens discussion with CAB regarding any missing components as well as answers to questions, resolution of deficiencies, and editorial issues	
15 January or earlier	ARC report and recommendations regarding accreditation submitted to FSAB Board	
AAFS February Meeting	ARC presentation to FSAB Board FSAB Board votes on ARC recommendation	
Following AAFS Meeting	FSAB President notifies CAB regarding results of FSAB Board's actions	
	ARC documents are archived	
	Possible appeal to FSAB regarding adverse accreditation finding	

ARC REPORT FORM

NAME OF ORGANIZATION APPLYING FOR ACCREDITATION/REACCREDITATION

Date _____ Reviewer _____ ARC Chair _____

Problems found in submitted application

Application Page	Item Number	Tab Cited	Section Cited	Referenced Page	*Deficiency	**Question	***Editorial

***DEFICIENCY** – This application answer is so non-responsive that the application cannot be approved unless the answer is brought into conformity.

****QUESTION** – The meaning of the application answer was unclear. The answer did not directly address the question. An important reference cited was not found.

*****EDITORIAL ISSUES** – The application format was poorly executed. The tab referenced was incorrect; however, the correct tab was found. A referenced table of minor significance was not present.

Details regarding items cited

Item	Observation

Example

Item	Observation
4.5.1.3	The referenced Section is completely unresponsive. It contains no details regarding audits of the overall program.

2. PROCEDURE FOR PERFORMING INTERNAL AUDITS

PURPOSE

The FSAB Policies and Procedures Manual requires annual audits of FSAB activities. This Procedure describes how these audits are to be conducted under FSAB standards. The FSAB conducts its business with the aim of also being in compliance with ISO Standard 17011.

DEFINITION OF AUDIT

The term audit as used here refers to an examination of the performance of a designated FSAB function. The examination considers all aspects of the performance. This would include fiscal performance, operational performance, and performance against the objectives set for that function.

SCOPE

This procedure applies to all FSAB functions designated in the Policy and Procedures Manual.

EXAMPLES

A partial listing of FSAB functions to be audited includes, but is not limited to:

- Accreditation Procedures
- Accreditation Standards
- Application and Reapplication Procedures
- Fees
- The Complaint Process
- Application Review Procedures
- FSAB Committees
- FSAB Budget and Fiscal Policies
- FSAB Member Organizations Needs and Perceptions of the FSAB
- FSAB Quality System
- FSAB Records Retention Procedures
- FSAB Security and Confidentiality Procedures
- FSAB Website and Computer System Procedures
- FSAB Legal Issues
- FSAB Funding Efforts
- FSAB Standards Activities

SCHEDULE

Audits are typically to be conducted annually and the results reported at the FSAB annual meeting; however, due to the magnitude of conducting an audit of all FSAB functions every year, such an audit may be spread over a three-year period, with specified different groups of FSAB functions to be audited in a particular year. Such a segmental audit will be conducted so that all functions to be audited are reviewed at least once every three years. The Audit Committee will prepare and publish a matrix showing what FSAB functions are to be audited during the five-year forward period.

ORGANIZATION

The FSAB President will appoint an Audit Committee consisting of three or more people, and a Lead Auditor to be responsible for the Audit Committee's activities. The committee members

will be FSAB Directors. If special auditing skills are required, qualified outside individuals may replace the Directors with the exception of the Lead Auditor.

PROCEDURE

The Policy and Procedures Manual is a document that will be regularly updated. As a result, the exemplar list of areas to be audited, presented above, may not be complete. The Audit Committee will use the FSAB functions listed in the most recent Policy and Procedures Manual as the basis for all audits.

1. The Audit Committee will prepare a complete list of the FSAB functions to be audited.
2. For each function to be audited, a description of the function, objectives of the function, operational aspects of the function, budget, and performance expectations for that function will be prepared by the FSAB individuals responsible for the function.
3. The Audit Committee will review the performance of the function since the last audit relative to the above parameters, and also compared to the funding budgeted for the function. A definition of acceptable performance will be developed for each function audited.
4. For each function audited, the Audit Committee will summarize the findings of the audit. An audit report checklist is appended.
5. If there are exceptional elements (positive or negative) uncovered during the audit of the function, they will be noted in detail and flagged for further discussion.
6. The results of the previous audit of each function will be reviewed and examined for continuing issues (problems), which will also be noted in the report.

ACTION ITEMS

All audit functions found to be deficient will be documented and brought to the attention of the FSAB Executive Committee, at the meeting closest to the completion of the audit. A remedial action plan will be prepared by the Executive Committee.

REPORTING

The Audit Committee will report to the Executive Committee of the Board of Directors.

RECORD RETENTION AND ARCHIVING

All records produced by the Audit Committee will be preserved and archived at the FSAB Colorado Springs Office.

3. PROCEDURE FOR RECORD CONTROL

PURPOSE

Establish a procedure for the control of records.

DEFINITION OF RECORDS

The term “records” refers to data produced related to the FSAB management system. Records indicate results achieved or provide evidence of activities performed. Examples include reports, meeting minutes, and accreditation applications.

SCOPE

This procedure applies to all FSAB functions designated in the Policy and Procedures Manual.

POLICY

FSAB records are maintained and controlled to preserve their security, appropriate availability, and confidentiality.

RECORDS CONTROL

- Records are identified by title and date.
- FSAB forms, such as the Annual Report or Accreditation/Reaccreditation application forms, are also used to create records.
- The Board’s agent retains all records in its possession, including applicant records (paper and electronic) for two accreditation cycles (currently 10 years) at the FSAB Colorado Springs Office.
- The Board’s agent shall not destroy records without written notification from the President.
- Board personnel records, such as application materials, are confidential.
- The Board’s agent shall release records to parties outside the FSAB only with the approval of the FSAB President.
- The secure area of the website that contains minutes of meetings, expense reimbursement forms, and other selected records is solely for the use of the Directors, accessible only by username and password.

COMPLIANCE

Compliance will be monitored annually through one or more of the following:

- FSAB Internal Audit and/or FSAB Management Review

RECORDS RETENTION

Archived records will be retained for a period of 10 years. The FSAB Executive Committee is authorized to make changes in the list of records to be archived.

RECORDS PROPOSED FOR ARCHIVAL

RECORD	SUBORDINATE RECORDS
ARC RECORDS	Accreditation application, including any supplemental documentation Application payment Correspondence with applicant Application ARC scoring sheet ARC final recommendation summary Accreditation certificate, if issued
FSAB MEETING MINUTES	Annual meeting All committee meetings Executive Committee, Application Review Committee, Finance Committee, Quality Assurance Committee, Nominating Committee, Ad Hoc Committees Telephone meetings
COMPLAINTS	Complaint – include supporting documents Complaint Review Committee – report and recommendations Board of Directors rulings/actions
LAWSUITS	Complaint and all filings All correspondence
DIRECTOR’S TRAINING	Initial and ongoing training relevant to job performance (i.e., assessor training) Copies of course certificates
ON-SITE AUDIT VISITS	Visit scoring sheet All Correspondence re: site visit Post-visit results notification letter to site visited
ANNUAL FSAB AUDIT REPORT	FSAB Areas audited and results
MISCELLANEOUS	FSAB Hierarchical diagram
CONFLICT OF INTEREST and CONFIDENTIALY AGREEMENT FORMS	Documents signed annually
CAB CONTACTS	Point of Contact list for accredited CABs

4. PROCEDURE FOR GUIDANCE FOR PARTIES INTERESTED IN ACCREDITATION

PURPOSE

The Forensic Specialties Accreditation Board (FSAB) intends this document as guidance for interactions between the FSAB and parties showing interest in accreditation of forensic specialty certifying organizations. Information is provided in the following sections:

- Seeking Accreditation: An overview of Eligibility and Initial Accreditation
- General Guidelines for submitting FSAB Accreditation Applications
- Checklist and Timeline for Organizations Seeking FSAB Accreditation
- FSAB Dues and Fees
- Reaccreditation
- Other Information

Seeking Accreditation: An overview of Eligibility and Initial Accreditation

Organizations that offer certification to individuals in a specialty are known as Conformity Assessment Bodies (CABs). The FSAB was formed in June 2000 to assess objectively, recognize, and monitor those CABs that are forensic specialty boards seeking accreditation.

The American Academy of Forensic Sciences (AAFS) notes in its Policies and Procedures, Section 1.5.3. Sponsorship of Certification Boards, that “members or affiliates certified by organizations and professional boards that have been accredited by the Forensic Specialties Accreditation Board, Inc. (FSAB) or the American Board of Medical Specialties (ABMS) may have said certifications listed in the AAFS Directory of Members and Affiliates. No other certifications may be so listed.” The 24 ABMS member boards certify only individuals who are physicians and who also meet the individual medical specialty boards’ requirements. The 10 FSAB accredited organizations certify individuals who meet requirements in various forensic disciplines.

The FSAB accepts applications from qualifying forensic specialty certification bodies. The application can be found on the FSAB website at www.thefsab.org The FSAB has developed a program to review and evaluate the procedures and standards of those applicant certification bodies or CABs to confirm that they meet or exceed the FSAB Accreditation Standards.

The FSAB follows ISO-IEC 17011:2004 Conformity assessment-General requirements for accreditation bodies accrediting conformity assessment bodies. The FSAB evaluates the CAB applicants based on ISO-IEC 17024:2012 Conformity assessment-General requirements for bodies operating certification of persons along with additional requirements that consider the special nature of forensic specialties. Successful applicant CABs are awarded an initial five- year accreditation.

General Guidelines for Submitting FSAB Accreditation Applications

Organizations considering seeking accreditation by the FSAB should access and review the [Standards for Accrediting Forensic Specialty Certification Boards](#) and the [Application for Accreditation/Re-accreditation](#). These can be found under the Downloads and Links tab of the FSAB website: www.thefsab.org

The information in these documents should inform interested parties of the scope and details of requirements for their organizations to seek and attain FSAB accreditation. An inquiry can then be made to any Director of the FSAB who will inform the FSAB President and Secretary. The inquiry should include pertinent information about the organization that is considering seeking accreditation. After reviewing the information in the inquiry, the FSAB leadership may provide a contact person, usually an FSAB director or affiliate, as an advisor to assist the organization considering application.

Checklist and Timeline for Organizations Seeking FSAB Accreditation

Stage	Description	Timeframe
1. Letter, email, or telephone inquiry	To any FSAB Director who informs FSAB President	At any time
2. Pre-application evaluation	With FSAB contact or appointed advisor	As soon as practical
3. Formal Application for Accreditation	Application form to FSAB Secretary with all associated information	By May 1 for accreditation consideration in the following year
4. Accreditation Review Committee (ARC)	ARC appointed by FSAB President	As soon as practical
5. Initial review of application	ARC reviews application for completeness	ARC reports completeness to applicant within two months of receipt
6. Application and/or Supporting Document Deficiencies (if any)	Reported by ARC Chair to applicant CAB representative	By December 1
7. Site Visit	On-site ARC review of CAB's organization, management, and records	By January 1
8. Rectification of all Application or Site Visit Deficiencies	Reported by applicant CAB representative to ARC Chair	By January 15
9. ARC Report to FSAB President and Directors	Recommendation on Accreditation	By February 1

10. FSAB Directors Consider ARC Report	FSAB Directors vote on ARC recommendation at FSAB Annual Meeting	Held in February of each year
11. FSAB Accreditation Report to Applicant CAB	FSAB Reports decision to Applicant CAB	By March 1

FSAB Dues and Fees

Application fee:

- Applicants for accreditation pay a fee of \$2000
- Applicants for reaccreditation pay a fee of \$500

All accredited organizations pay an annual fee based on the organization's number of certificants:

- <1000 certificants: \$500 + \$3 per certificant
- 1000 to 2500 certificants: \$3500 + \$2 per certificant in excess of 100
- >2500 certificants: \$6500 + \$1 per certificant in excess of 2500

Fee notices for the following calendar year are distributed by October 1 of each year and are due and payable by December 31. Penalties may be assessed and accreditation may be revoked for failure to pay fees. Details can be found in Section 6 of the FSAB Policies and Procedures.

Reaccreditation

The accreditation period is five years. All accredited organizations are required to reaccredit every five years. The FSAB shall also conduct additional surveillance of accredited organizations during accreditation periods. Organizations applying for reaccreditation must meet the current accreditation standards. Applications for reaccreditation are made by completing the accreditation/reaccreditation form and shall be received by May 1 of the year prior to the expiration of the current accreditation period.

Other Information

For other information, consult the FSAB website: www.thefsab.org. The website lists the officers and directors under the Directors tab. Clicking on a listed name will hyperlink you to that person's email address.

A list of FSAB accredited organizations can be found under the Accredited Organizations tab. Clicking on an organization's name will take you to that organization's website.

The Downloads and Links tab allows access to FSAB documents, including the [Application for Accreditation/Reaccreditation](#), and also has links to other forensic sites.

The Login tab is for the private use of FSAB Officers, Directors, and Affiliates.

5. PROCEDURE FOR DOCUMENT CONTROL

PURPOSE

Establish a procedure for the control of documents.

DEFINITION OF DOCUMENTS

The term “documents” refers to bylaws, procedures, forms, and standards related to the FSAB management system. Documents are approved for adequacy prior to issue, and then reviewed, updated, and re-approved as necessary. Documents are also indexed, inventoried, and unambiguously identified.

SCOPE

This procedure applies to all FSAB functions designated in the Policy and Procedures Manual.

POLICY

FSAB documents are maintained and controlled to preserve their security, adequacy, appropriate availability, and confidentiality.

CONTROL OF FSAB DOCUMENTS

Configuration

- All documents shall have the name of the document in the footer on the bottom left-hand margin of each page, followed by the effective date of the document.

Approval

- Documents are approved by the Board of Directors prior to issue.

Review and Revision

- The Executive Committee shall serve as the Quality Assurance Committee and shall review the procedures at least annually for continued adequacy.
- The committee will provide a written report to the Board on the results of this review.
- Proposals to change documents may be submitted by any Board member to the FSAB President indicating the rationale for the proposed changes.
- Proposed revisions to documents are to be clearly identified (i.e., through Tracked Changes or a detailed description) for the reviewers on the Quality Assurance Committee.
- Handwritten documents or revisions made by hand are not acceptable.
- The FSAB President may appoint a committee to review any changes and to make recommendations to the Board.
- Adoption of document changes will require a 2/3 affirmative vote of the FSAB directors.

Security

- FSAB documents are retained by the Secretary of FSAB in a secure environment.
- Relevant FSAB documents are located on the FSAB website or available by request to the Secretary of FSAB.
- Obsolete documents are marked to indicate that they are outdated and thereby removed from the public access area of the website. They are archived and retained separately.

- A secure area will be set up on the website to store documents that are available only to authorized personnel.

Compliance

Compliance will be monitored annually through one or both of the following:

- FSAB Internal Audit
- FSAB Management Review

6. MANAGEMENT REVIEW

PROCEDURE FOR CONDUCTING MANAGEMENT REVIEW

PURPOSE

To establish a procedure for an annual review of the FSAB management system in order to assess continuing adequacy and effectiveness of its management system.

DEFINITION OF MANAGEMENT REVIEW

A periodic meeting of management at which it reviews the status and effectiveness of the organization's quality management system. The term "review" as used here means a high-level evaluation of whether the management system that is in place is effective and whether the policies and procedures that are in place are adequate and effective.

SCOPE

This procedure applies to all FSAB management functions designated in the Policies and Procedures Manual (e.g., organizational structure, responsibilities, procedures, processes, and resources for implementing quality management).

EXAMPLES

A partial listing of areas to be examined includes, but is not limited to:

- Results of audits
- Results of peer evaluation, where relevant
- Participation in international activities, where relevant
- Feedback from interested parties
- New areas of accreditation
- Trends in nonconformities
- Status of preventive and corrective actions
- Follow-up actions from earlier management reviews
- Changes that could affect the management system
- Appeals
- Analysis of complaints
- Officers' reports

SCHEDULE

Reviews are to be conducted annually and the results reported at the FSAB annual meeting.

ORGANIZATION

The FSAB QA Committee reviews the FSAB management system.

PROCEDURE

The Management Review Committee will use the most current FSAB documents: Policies and Procedures Manual, Standards, Bylaws. If there are exceptional elements (positive or negative) uncovered during the review, they will be noted and flagged for further discussion. The results of this review will be tracked for continuing issues, which will be noted in the report.

The Management Review committee report shall include actions related to:

- Improvement of the management system and its processes
- Improvement of services and accreditation processes in conformity with the relevant standards and expectations of interested parties
- Need for resources
- Defining or redefining of policies, goals, and objectives

REPORTING

The Management Review (QA) Committee will report to the Executive Committee of the Board of Directors.

RECORD RETENTION AND ARCHIVING

All records produced by the Management Review Committee will be preserved and archived at the FSAB Colorado Springs Office.

7. PROCEDURE FOR HANDLING COMPLAINTS

PURPOSE

To outline FSAB procedures dealing with complaints embodied in the Complaint Review Committee (CRC), an ad hoc committee chaired by the Vice President (VP) with two members appointed by the President.

PROCEDURE

1. The FSAB decides on the validity of the complaint.
 - a. In this procedure, a complaint is defined as an expression of dissatisfaction, other than appeal, by any person or organization, to an accreditation body, relating to the activities of that accreditation body or of an accredited CAB, where a response is expected.
 - b. The complainant may be a member of a CAB, the FSAB Board, or any other interested party.
2. If the FSAB President deems the complaint valid, s/he will appoint an ad hoc complaint review committee (CRC) of three to include the Vice President and two other Directors.
 - a. The CRC chair will handle all complaint documentation.
 - b. The CRC will review first whether the complaint is with or without merit and will report to the full Board. Part of this review will include:
 - The CRC ensuring that a complaint concerning an accredited CAB has already been addressed by the CAB complaint process.
 - If so, the CRC will assess the complaint in consideration of the CAB's current standards, to include its P&P, Code of Ethics, any national standards to which it complies, and other relevant practices the CAB cites as its guidance documents.
 - If the complaint addresses FSAB activities, the CRC will utilize FSAB current standards, P&P, Code of Ethics, and any other guidance documents that it cites as such to guide the review.
 - c. The CRC, upon consensus of its membership, will have authority to solicit assistance from non- Board members (lawyers, investigators, relevant CAB members, etc.) in the event such provides a better investigative body and/or is better suited geographically.
 - d. Such outside assistance must be subject to a signed confidentiality agreement. Each outside individual assisting the committee must sign such agreement and return signed record to the CRC chair before work begins.
 - e. The CRC has the authority to dismiss complaints deemed to be without merit outright.
 - f. Alternatively, the CRC may make a recommendation to the full FSAB Board for dismissal.
 - Dismissal will be documented and notice will be made to the Board (if not otherwise consulted), complainant, and subject CAB by mail, electronic or otherwise, with appropriate acknowledgement by the recipient.
 - If appropriate, the CRC will continue with the investigation and will make a majority recommendation to the full Board.
 - The full Board will decide if any action is to be taken based upon CRC recommendation(s).
3. Notice of any action will be documented and will be made to the complainant and subject certifying body by mail, electronic or otherwise, with appropriate acknowledgement by the recipient.

- a. Action may include notice of rectification of a substandard process, suspension of accreditation, or revocation.
 - b. Reinstatement following revocation will require full re-application.
 - c. Records will be kept of all complaints and actions taken.
 - d. Complaints must be in writing and signed by a complainant.
 - e. All materials related to any complaint will be maintained in confidence.
 - f. FSAB responds to the complaints.
 - g. The Vice President will acknowledge receipt of the complaint.
 - h. A complaint will be assigned a case number. The numbering system will use the last two numbers of the current calendar year followed by the number of the complaint for that year. The first case of 2016 would thus be labeled "16-001."
 - i. Notice of receipt shall be provided to the complainant by mail, electronic or postal, with appropriate acknowledgement by recipient. Such notice will include the name of the complainant and a brief summary of the complaint.
 - j. The subject CAB will also receive notice of such filed complaint by mail, electronic or postal, with appropriate acknowledgement by recipient, paying special attention to confidentiality agreements.
 - k. If the complaint addresses an FSAB policy, procedure, or activity, the resulting CRC recommendations will be provided as an official record to the complainant. The Executive Committee of the FSAB will receive a copy of the CRC recommendations to be included in the internal audit process of that calendar year.
4. Timeline for complaints
- a. Initial notices of complaint will be returned to the complainant and sent to the subject certifying body within 30 days of receipt of complaint.
 - b. The investigation of a complaint is to be completed within 60 days of receipt of complaint, if possible.
5. Notice of Suspension or Revocation
- a. If deemed appropriate, the affected CAB will be removed from the list of FSAB accredited certifying organizations.
 - b. In such a case, the affected CAB can no longer refer to itself as an FSAB accredited organization and must remove any reference to current FSAB accreditation from its materials. Dates of FSAB past accreditation may be referenced.
6. Complaint Investigation Cost
- a. The CRC will apportion the costs of the investigation to the relevant parties as appropriate.

8. PROCEDURE FOR DEALING WITH LATE CAB APPLICATIONS

PURPOSE

An ARC is convened to review each Conformity Assessment Board (CAB) application submitted to the FSAB for accreditation or reaccreditation. Occasionally, a CAB application is received late, sometimes many months late. Late submissions inconvenience the ARC members and can jeopardize the ARC's schedule for making a recommendation regarding the CAB's accreditation or reaccreditation to the FSAB Board of Directors. This procedure is intended to provide encouragement to member CABs to promote on-time submissions and to clarify the ramifications of late submissions.

SCOPE

This procedure applies to all FSAB CAB applications to be reviewed by an ARC, as well as any ARC Chair's requests for additional documentation and information.

ARC ORGANIZATION

The FSAB President appoints one member of the ARC to serve as ARC Chair. The ARC Chair must be an FSAB Director. In the case of a late submission of an application, the ARC Chair will notify the FSAB President and Treasurer so that the President can notify the CAB of the penalty.

PENALTIES

The following penalties shall be imposed on the CAB for late delivery¹ of their application². These penalties will also be imposed if the CAB fails to respond to additional requests for documentation and information by the ARC Chair on behalf of the ARC, within the ARC's requested time period or in a reasonable time period thereafter.

1. During the three-month period following the deadline, a penalty of \$150/week will be imposed on the CAB.
2. If the application is more than three months late from the date of the FSAB application or from an approved FSAB 10-day extension, the ARC Chair will recommend the following:
 - a. The application for initial accreditation will not be reviewed until the next application year.
 - b. The application for reaccreditation will not be reviewed, and the CAB shall lose its accreditation at the end of the current five-year cycle. A new application for accreditation will have to be filed after the current accreditation has terminated.
 - c. A CAB may request a variance in the penalty structure by submitting an explanation in writing, which the FSAB Executive Board will review. It is the discretion of the FSAB Executive Board to grant or deny such a variance.
 - d. Notification of the penalty to be imposed will be communicated to the CAB by the FSAB Treasurer.

DOCUMENT RETENTION AND ARCHIVING

All written communication regarding sanctions, between the ARC, FSAB, and the CAB will be preserved and archived. A record of all verbal contacts with the CAB about this matter will be maintained by the ARC Chair and preserved in the ARC file.

¹ The submission date is the date the application is received at the FSAB Office in Colorado Springs. The term "submission" applies to the application and any documents requested throughout the review process.

² A one-time, 10-day extension of the deadline may be granted by the ARC upon written request by the CAB.

9. PROCEDURE FOR ASSESSING AND MONITORING FSAB CONTRACTORS

PURPOSE

When the FSAB contracts with outside parties, such contracts must be monitored and controlled for cost, schedule, and deliverables.

CONTRACT TYPES

Most contracts are likely to be for support activities such as audits, editing, software support, etc. These contracts will be billed by the hours used at an agreed upon rate. Some services contracts may have a finite goal (set up a website) and be executed at an agreed upon fixed cost. Still other contracts may involve delivery of hardware or equipment at a fixed cost.

PROCEDURE

1. On contracts exceeding \$10000, a minimum of two competitive bids will be obtained whenever possible.
2. All contracts must be approved by the FSAB Treasurer.
3. All contracts will contain a list of deliverables and a schedule for their delivery.
4. All FP (fixed price) contracts will contain a designation of the cost to complete and a completion date.
5. Any contracts over \$10000, and extending more than one year, will contain a list of milestones in addition to the items in (3) and a schedule for achieving each milestone.
6. All contracts shall be accompanied by an FSAB prepared description of how they will be monitored and who at FSAB will be responsible for the monitoring.
7. All contractors will sign FSAB conflict of interest and confidentiality agreements prior to starting work.
8. The status of all contracts will be reported to the FSAB Board annually.

EVALUATION

Upon completion of each contract, a brief satisfaction report will be filed by the designated FSAB representative with the Treasurer and retained for future reference. The report will specify if the work was completed satisfactorily and on time. If those items were not satisfactory, the report will specify the details of the deficiency and recommend whether or not the contractor should be hired again in the future.

10. PROCEDURE FOR ON-SITE ASSESSMENT OF CAB

1. Send a letter from the FSAB President to the Conformity Assessment Body (CAB) to be assessed, alerting the CAB to a visit.
2. The FSAB President will appoint an Assessment Team (Team) consisting of a Team Leader and a suitable number of additional assessors. One or more members of the Assessment Team should be members of the ARC for the CAB.
3. The FSAB Team Leader shall confirm the arrangements with the CAB and will provide the CAB with the names of the Team members.
4. The FSAB Team Leader will obtain confirmations from other Assessment Team members regarding their ability to attend the on-site visit.
 - a. The FSAB Team Leader will obtain from the CAB the names of the CAB representatives that will meet with the team during the visit.
 - b. No later than one month prior to the scheduled visit, the FSAB Secretary will provide the Team with:
 - the most recent accreditation or reaccreditation application submitted to the FSAB by the CAB.
 - the FSAB reviewers' comments/critique of that application.
 - the results of any discussions between the FSAB and the CAB regarding resolution of any deficiencies in that application identified by the FSAB.
 - the most recent annual report sent to the FSAB by the CAB.
5. The above documents are to be read by the FSAB Assessment Team before the visit.
6. The Team members will book travel to key location(s) of the CAB and secure lodging reservations, as necessary. Travel arrangements will be coordinated with the CAB. The FSAB will reimburse the team for travel expenses under FSAB travel guidelines, and request reimbursement from the CAB.
7. The Team Leader will provide the CAB with the FSAB On-Site Assessment Checklist.

ON-SITE REVIEW ACTIONS

1. Actions at the beginning of the meeting preliminary to the review
 - a. Review the purpose and scope of the visit and any related schedules. The details might depend on whether this is a randomly timed visit, a pre-accreditation visit, or a reaccreditation visit.
 - b. Determine whether the on-site representatives of the CAB have any questions or issues regarding the FSAB On-Site Assessment Checklist.
2. The Assessment Team will review the CAB's records per the FSAB Checklist.

POST-VISIT ACTION ACTIONS

1. A written summary of the findings will be sent, by the Assessment Team, to the FSAB President and to the CAB.
2. The findings will be archived by the Executive Committee.
3. The Assessment Team will generate a Lessons Learned report.
4. If major discrepancies are found during the assessment, a mutually agreeable CAB correction plan will be requested. If such a plan is found to be impractical, the FSAB Executive Committee will consider whether any further action is necessary.

FSAB CHECKLIST, WORKSHEET, AND REPORT FORM FOR CAB ON-SITE ASSESSMENT

PRE-VISIT PLANNING ACTIONS

a. ACTION	D o n e	D a t e
A. Send a letter from the FSAB President to the Conformity Assessment Body (CAB) to be assessed, alerting the CAB to a visit.		
B. The FSAB President will appoint an Assessment Team (Team) consisting of a Team Leader and a suitable number of additional assessors.		
C. The FSAB Team Leader shall confirm the arrangements with the CAB and will provide the CAB with the names of the Team members.		
D. The FSAB Team Leader will obtain confirmations from other Assessment Team members regarding their ability to attend the on-site visit.		
E. The FSAB Team Leader will obtain from the CAB the names of the CAB representatives that will meet with the team during the visit.		
F. No later than one month prior to the scheduled visit, the FSAB Secretary will provide the Team with: <ul style="list-style-type: none"> ▪ the most recent accreditation or reaccreditation application submitted to the FSAB by the CAB. ▪ the FSAB reviewers' comments/critique of that application. ▪ the results of any discussions between the FSAB and the CAB regarding resolution of any deficiencies in that application identified by the FSAB. ▪ any annual reports sent to the FSAB by the CAB. 		
G. The above documents are to be read by the FSAB Assessment Team prior to the visit.		
H. The Team members will book travel to key location(s) of the CAB and secure lodging reservations.		
I. The Team Leader will provide the CAB with the FSAB On-Site Assessment Checklist.		

ON-SITE REVIEW ACTIONS

1. ACTIONS AT BEGINNING OF MEETING PRELIMINARY TO THE REVIEW	Revi ewed	Commen ts
<ul style="list-style-type: none"> ▪ Review the purpose and scope of this visit and any related schedules. The details depend on whether this is a randomly timed visit, a pre-accreditation visit, or a reaccreditation visit. 		
<ul style="list-style-type: none"> ▪ Determine whether the on-site representatives of the CAB have any questions or issues regarding the FSAB On-Site Assessment Checklist. 		
2. ORGANIZATIONAL AND MANAGEMENT STRUCTURE		
<ul style="list-style-type: none"> ▪ How is the CAB organized? 		
<ul style="list-style-type: none"> ▪ What is the management system of the CAB? Where is this documented? 		
<ul style="list-style-type: none"> ▪ Is there a Management System Plan? 		
<ul style="list-style-type: none"> ▪ How are changes in the Management Plan approved? 		
<ul style="list-style-type: none"> ▪ What are the roles and responsibilities of the players? (The assessors are to spot-check with CAB personnel to confirm that the reported structure is adhered to.) 		
<ul style="list-style-type: none"> ▪ How is the CAB structure documented, and are the documents updated? 		
<ul style="list-style-type: none"> ▪ Review list of Committee Appointments, including Nomination Committee. 		
<ul style="list-style-type: none"> ▪ Review any annual reports other than those sent to the FSAB. 		
<ul style="list-style-type: none"> ▪ What is the pass/fail rate for examinations? Where are the results kept? 		
<ul style="list-style-type: none"> ▪ Are there regular meetings of the CAB's Directors by phone or in-person? Review the minutes from the most recent such meeting. Specifically review approvals of governing document changes. Do the changes conflict with FSAB policies? Do the minutes reflect the approvals of certificants, revocation and complaint actions? 		
<ul style="list-style-type: none"> ▪ Who receives complaints and how are they handled? 		
<ul style="list-style-type: none"> ▪ Is there an internal Management System audit plan? 		
<ul style="list-style-type: none"> ▪ Is a regular internal audit conducted? If so, by whom and how often? 		
<ul style="list-style-type: none"> ▪ Test certificant files (approx. five). Validate certificant file for CAB process and record retention. Verify Continuing Education per CAB standards. 		

3. REVIEW OF CANDIDATES FOR CAB CERTIFICATION		
▪ What methods are employed to assess the candidates?		
▪ How are candidates proposed and ranked for admission?		
▪ Are examinations required?		
▪ Where do the examinations take place?		
▪ How are the examinations structured, proctored, and administered?		
▪ How are the examinations graded?		
▪ Where are the results stored?		
▪ Test a revocation and a rejected applicant file. Verify that the stated procedure was followed.		
▪ Under what conditions are certified individuals decertified?		
▪ Have any certified individuals been decertified in the last five years? Identify and discuss the decertifications. ²		
▪ Describe the appeals process. Review all examples during the preceding five years. ³		
▪ How are conflicts resolved?		
▪ Describe the recertification process. The assessors are to inquire about the number of failures to recertify and the reasons for the failures. ²		
▪ Examine the most recent list of all certified individuals and confirm how recently it was updated.		
▪ Examine the CAB's website, if one is available online. Are the listed Officers and certified individuals up to date?		
4. SUBCONTRACTING		
▪ What subcontracts are issued by the CAB?		
▪ How are the subcontractors managed?		
▪ What access to CAB records do the subcontractors have?		
5. RECORDS		
▪ What records does the CAB retain regarding certified individuals? ³		
▪ Where are the files kept? What documents are controlled/deemed sensitive? Who has access?		
▪ Where are reviews of the new and revised CAB documents (CAB charter, incorporation, procedures, operations, financial, membership, etc.) performed?		
▪ Where are the documents stored?		

³ The names of specific individuals can be redacted at the discretion of the CAB. If individual names are revealed, all such information will remain confidential between the CAB and the FSAB.

▪ What is the records retention policy?		
▪ How are sensitive documents disposed of?		
6. FINANCIAL		
▪ Review the latest financial records, including cash reserves.		
▪ Witness sample documents.		
▪ Where do the assets come from?		
▪ Where are the funds spent?		
▪ Test certificant revenue by dividing reported revenue by number of certificants. This validates both the number of certificants reported annually to FSAB and whether some of		
the certificants are not paying their fees but continue to be certified.		
▪ Do they carry errors and omissions insurance?		
▪ Ask to see IRS 990 Form. They should have at least six months of operating cash on hand.		
7. CONFIDENTIALITY		
▪ Describe how confidentiality is maintained.		
8. FACILITY / SECURITY		
▪ Is there a Security Plan?		
▪ Is visitor security deemed to be adequate?		
▪ Are the CAB's hardcopy records maintained in a separate building or in a dedicated office?		
▪ If the records are simply maintained in file drawers within an office, how is access to the records controlled?		
▪ Are the records or a portion of the records maintained at a fixed location, or do they move from place to place as the CAB's leadership changes?		
▪ What portion of the CAB's files are maintained in electronic form? ⁴		
▪ Is a particular category of the CAB's files deemed to be "archives"? ⁵		
▪ What is the nature of the security associated with the CAB's electronic files? ⁶		
• Are wired and wireless access password protected?		
• Are data transmissions encrypted?		
• If some but not all access is so protected, what differentiates the security needs?		
• Is up-to-date anti-virus software used?		

⁴ What determines which files will be hardcopy and which are electronic?

⁵ What is the definition of that category?

⁶ Distinguish between those files that are maintained at a single site and those that are transmitted to various members of the CAB

<ul style="list-style-type: none"> • Is a sufficient firewall in place? 		
<ul style="list-style-type: none"> ▪ Who has access to the electronic files and records?⁷ 		
<ul style="list-style-type: none"> ▪ Have there been any hacks of the computers containing the files in the preceding five years? 		
<ul style="list-style-type: none"> ▪ Have there been any physical break-ins to the records-containing facility within the preceding five years? 		
<ul style="list-style-type: none"> ▪ Is the security of the facility and of the files deemed to be adequate by the audit team? If not, what needs to be changed to make it adequate? 		
<ul style="list-style-type: none"> ▪ Is the facility adequate for the tasks to be performed? 		
9. STAFF		
<ul style="list-style-type: none"> ▪ Is the staffing suitable for the tasks to be performed? 		
10. ADDITIONAL ASSESSMENT TEAM JUDGEMENTS TO BE MADE		
<ul style="list-style-type: none"> ▪ Are the CAB's policies fair and determined to be equitable? 		
<ul style="list-style-type: none"> ▪ Are the systems reviewed adequate? 		
<ul style="list-style-type: none"> ▪ Is the structure of the CAB and the staff maintaining it ethical and independent? 		
11. PRE-DEPARTURE MEETING BETWEEN THE ASSESSMENT TEAM AND THE CAB		
<ul style="list-style-type: none"> ▪ The Assessment Team will provide an oral review of its findings. 		
<ul style="list-style-type: none"> ▪ The CAB being assessed may ask questions regarding the findings, including those regarding any nonconformities found by the Team. The CAB will be permitted the opportunity to make a brief oral and written response to any such nonconformities. 		

⁷ Presumably, the answer will change over time and will vary depending on the nature of the electronic files and records.

POST-VISIT ACTIONS

DOCUMENTATION TO BE PREPARED	Date	Comments
A. A written summary of the findings to be sent, by the Assessment Team, to the FSAB President and the CAB		
B. The findings to be archived by the Executive Committee		
C. The Assessment Team to generate a Lessons Learned document		
D. A grading scale should be established for each of the major areas reviewed (see note below)		
E. If major discrepancies are found during the assessment that have not been covered by an agreed upon CAB correction plan, the FSAB Executive Committee to consider whether further action is necessary		

NOTE: Grading Scale

Possibilities include A, B, C, D, F or a color scheme such as Red, Amber, Yellow, Green. The significance of the color levels is outlined below.

- **Red.** The review of documentation and governing documents including certificant files have major non-compliance issues and are in conflict with FSAB policies and procedures. The committee would document the findings and notify the CAB that the committee is recommending adverse action and must submit their report to the FSAB board.
- **Amber.** The review of documentation found that, in general, the certificant files were not following the written procedures of the CB or that significant discrepancies were found during the audit of the governing documents. The committee would document the findings and require a response from the CAB for corrective actions prior to Accreditation or Reaccreditation.
- **Yellow.** The review of documentation found that there were errors or omissions with the files tested considered one-time errors. Or, the committee member found minor discrepancies with the governing documentation. The committee would document the findings and suggest recommended actions to correct the governing documents or procedures to strengthen control of the CAB policies.
- **Green.** No problems were found.

ON-SITE ASSESSMENT REPORT FORM DEVELOP REPORT FORM

11. PROCEDURE FOR SURVEILLANCE OF CONFORMITY ASSESSMENT BODIES (CABs)

PURPOSE

To establish a procedure for the FSAB to monitor the ongoing fulfillment of accreditation requirements by accredited CABs.

SCOPE

This procedure applies to all FSAB surveillance activities.

POLICY

FSAB carries out periodic surveillance activities at sufficiently close intervals to monitor the continued fulfillment by the accredited CABs of the requirements for accreditation during the five-year accreditation cycle.

SURVEILLANCE ACTIVITIES

The Quality Assurance Committee determines the schedule of surveillance activities for each CAB. The plan for the frequency and type of activities to occur during the accreditation cycle will depend on several considerations including, but not limited to, the length of time the CAB has been accredited, changes to the management structure of the CAB, and reviews of records such as the annual CAB report, the Accreditation Review Committee (ARC) records, and site visits. Surveillance activities include:

- A review of the annual report submitted by the CAB. The review may cause the quality assurance committee or its designee to request additional records from the CAB.
- On-site visits to locations where key activities of the CAB take place. The interval between on-site visits should not exceed 24 months. On-site visits may be performed through the use of video conferencing, but all sites will be visited in-person at least once during each accreditation cycle. The on-site surveillance visits are focused on sampling pre-determined criteria. On-site surveillance visits that are not part of an assessment or reassessment evaluation will typically have a narrow scope and few assessors. FSAB will share with the pertinent CAB the areas of interest to be covered before the visit.
- An adequate sampling of the variety of certification activities performed by each CAB to ensure proper evaluation of the competence of the CAB in the activities assessed.
- Telephone or video communications between designated FSAB personnel and designated CAB personnel for discussion of events relevant to the CAB's functions.
- Reviews of the CAB's website postings.

SAMPLING PROCEDURES

FSAB ensures the continued compliance of each CAB with accreditation requirements by sampling a discrete number of FSAB standards each year. The Quality Assurance Committee is responsible for planning surveillance activities so as to ensure that a representative sample of the accreditation requirements is assessed on a regular basis. In some years, the documented review of the annual report may be the only surveillance activity planned.

REPORTING

Surveillance activities will be documented for all accredited CABs each year, except for CABs in the process of reassessment for which there is an ARC report. The Quality Assurance Committee or its designee will report, either orally during the FSAB annual meeting or in writing during the year, the results of the surveillance activities for each CAB to the FSAB Board of Directors.

12. PROCEDURE FOR SUSPENSION, WITHDRAWAL OR REDUCTION OF THE SCOPE OF ACCREDITATION

PURPOSE

Procedure 12 addresses suspension or withdrawal of a Conformity Assessment Body's (CAB) accreditation or the reduction of the CAB's scope of accreditation. This procedure will be used when (a) such action is requested by the CAB or (b) the FSAB determines that a nonconformity exists.

SCOPE

Procedure 12 applies to all FSAB-accredited CABs.

ACTIONS

1. SUSPENSION

If the FSAB determines that a CAB does not comply with the FSAB Standards, the FSAB will notify the CAB of the nonconformity to initiate remediation with a timeline. Should remediation efforts fail within the specified timeline, the CAB may request an extension of the timeline, which may be granted at FSAB's discretion. If remediation is unsuccessful, accreditation shall be suspended. Suspension shall be approved following FSAB bylaws. The CAB will be listed as suspended on the FSAB website.

The CAB shall have 90 days from the date of notification to terminate the suspension by conforming to the Standards.

If the nonconformity is discovered external to an ARC process, the FSAB President shall appoint an ad hoc committee to investigate the nonconformities. If the committee confirms the existence of nonconformities, the committee Chair will report its findings to the FSAB President. The ad hoc committee Chair will proceed as prescribed in the paragraph above.

2. WITHDRAWAL

If the CAB remains in nonconformity after the expiration of 90 days, the FSAB President will recommend to the FSAB that the CAB's accreditation status be withdrawn. Withdrawal of accreditation shall be approved following FSAB bylaws. The CAB must reapply for FSAB accreditation in order to become accredited.

3. REDUCTION OF SCOPE OF ACCREDITATION

If a CAB's scope of accreditation includes specified subspecialties in which it no longer intends to certify individuals, the FSAB shall reduce the scope of accreditation by a vote following FSAB bylaws. Any subspecialty that is not being tested by the CAB during its certification process is not considered part of its scope of accreditation. The FSAB shall issue a new accreditation certificate to the CAB reflecting the change in scope.

13. PROCEDURE FOR RESOLUTION OF NONCONFORMITIES

PURPOSE

To establish a procedure for handling nonconformities.

SCOPE

This procedure applies to reassessments and surveillance activities performed for accredited Conformity Assessment Bodies (CABs) by FSAB.

If fulfilment of specified requirements has not been demonstrated, the finding of nonconformity may be reported. For example, a finding of nonconformity would be noted if an assessor observed that a CAB gave examinations in the course of the year under review, and there are no records of the dates the examinations were taken or the outcomes.

POLICY

When nonconformities are identified during reassessment or surveillance activities, FSAB reports the nonconformity and the timeline for resolution promptly and clearly to the CAB. An evaluation of the seriousness of the nonconformity determines whether the nonconformity may be corrected immediately or if a corrective action will take place.

See also Procedure for Operation of Application Review Committee for the procedure when deficiencies are discovered by an Accreditation Review Committee.

PROCEDURE

When a finding of a nonconformity is made during reassessment or surveillance activities, the finding will be clearly communicated to the CAB. If the finding is made during an on-site visit, the finding will be reported to the CAB by the FSAB Team Leader before the site visit ends. The time required for corrective actions depends on the seriousness of the nonconformity. Evaluation of a nonconformity by the assessment team may reveal that it is of a singular nature without negative consequences, and, therefore, the nonconformity may be corrected immediately.

If, however, the nonconformity may have produced negative effects on the certification process of the CAB, FSAB provides a timeline to the CAB for corrective action plans. The CAB will generally have 30 days from the report of the finding of a nonconformity to submit a corrective action plan for approval to FSAB. The CAB will provide a plan for correction (or an appeal of the finding) within 30 days of receiving notice of the finding. The corrective action plan is sent to the FSAB point of contact, usually the lead assessor, who reported the nonconformity to the CAB. The FSAB point of contact will respond to the CAB within seven days of receiving the plan either to approve the plan or to ask for more information. Once approved, notice of the completed plan should be sent to the FSAB point of contact within 30 days.

Nonconformities and resolutions are recorded by the FSAB lead assessor.

COMMUNICATION WITH THE CAB

Communication between FSAB and the CAB is critical to resolving nonconformities. In general, this communication will take place between the Lead Assessor or designee and the designated representative of the CAB.

RECORD RETENTION AND ARCHIVING

The record of the resolution of nonconformities arising from reassessment or surveillance activities will be preserved and archived at the FSAB Colorado Springs Office. See Procedure for Record Control.

14. PROCEDURE FOR HANDLING APPEALS

PURPOSE

The FSAB will adhere to the following procedure for the handling of appeals:

1. Right of Appeal: The CAB or applicant CAB may appeal the decision of the Board to suspend or deny accreditation.
2. The appeal shall be submitted in writing and shall state the reasons for the Board to reconsider its decision.
3. The appeal shall be submitted by the CAB or applicant CAB to the Board at the FSAB Office within 90 days of receipt of denial of accreditation or accreditation revocation.

PROCEDURE

1. Response to Appeal
 - a. The Vice President of FSAB will acknowledge the appeal.
 - b. Unsettled disputes shall be resolved by mediation.
2. Evaluation of Appeal
 - a. The President will appoint an ad hoc Appeal Process Committee (APC) of at least three members to include the FSAB Vice President and two other Directors.
 - b. The Appeal Process Committee will permit the Chair to solicit assistance from non-Board members (lawyers, investigators, CAB members, etc.) in the event such provide additional benefit.
 - c. Outside assistance is subject to signed confidentiality agreement.
3. Committee Action: The Appeal Process Committee (APC) will make its recommendation to the full Board.
4. Board Review
 - a. The full Board will take action following a consideration of the Appeal Process Committee recommendation(s).
 - b. Board decisions will be documented and notice made to the pertinent CAB or applicant CAB by mail, electronic or postal, with acknowledgement requested from the recipient.
 - c. Records of such decisions will be maintained in confidence.
5. Timeline
 - a. If possible, the appeals process will be completed within 60 days following the filing of the appeal.
 - b. Notice of any Board action in response to the appeal will be made thereafter, in a timely manner.
6. Appeal Record Maintenance
 - a. All appeal records will be archived and held in confidence.
 - b. These will include a list of APC members, dates/times of meetings, and recommendations made, as well as full Board actions taken.
7. Mediation
 - a. Purpose of Mediation – Should Appeals Process fail to resolve the appeal to the satisfaction of the CAB and/or FSAB, the parties shall have the appeal resolved through mediation.
 - b. Decision – The resolution reached through mediation shall be final.
 - c. Costs – The appellant shall bear the costs of the mediation except in the following circumstances:
 - The party producing a witness shall pay witness expenses.
 - Each party shall bear the costs of its own travel expenses.

15. PROCEDURE FOR MONITORING PERSONNEL PERFORMANCE AND TRAINING

PURPOSE

This procedure will be used to monitor the performance and training of FSAB Directors

SCOPE

This procedure applies to all FSAB Directors as defined in the Policy and Procedures Manual.

POLICY

The performance and training of FSAB Directors shall be monitored FSAB records are maintained and controlled to preserve their security, appropriate availability, and confidentiality.

ACTIVITIES AND TRAINING TO BE MONITORED

- Duties and responsibilities of a FSAB Director (meeting attendance, workload, etc.)
- Duties and responsibilities as member of ARC Training
- Duties and responsibilities as Chair of ARC Training
- Attend ANSI ISO 17024 Training
- FSAB Assessor Training
- Documentation of any other training relevant to the duties of a FSAB Director

RECORDS CONTROL

- Training Records are identified by title and date on the Director Spreadsheet.
- The Board's agent retains all Director Training records in its possession at the FSAB Colorado Springs Office.
- The Board's agent shall not destroy records without written notification from the President.
- The Board's agent shall not release records without the written approval of the President.

COMPLIANCE

Compliance will be monitored annually through FSAB Internal Audit and/or FSAB Management Review.

16. PROCEDURE FOR NOMINATING FSAB OFFICERS AND DIRECTORS

Nominating Committee

Following each annual meeting, the FSAB President will form a Nominating Committee. The Committee will consist of three or more FSAB Directors, one of whom is the most recent past FSAB President. The past President will chair the Committee.

Nomination of FSAB Directors

By November 1 of each year, the Nominating Committee for that year shall ascertain the number of Regular Director positions on the FSAB that will fall empty as of the upcoming Annual Meeting. The FSAB Secretary will circulate, among the member FSAB accredited CABs, a notice informing them of the open FSAB Director positions. The Secretary will request the nomination of CAB certificants to fill these openings. The nominations should include supporting documentation, including CVs and candidate experience in:

- Proposal writing
- ANSI standards training
- Assessor training
- ISO standards experience
- Certification and accreditation

The Secretary shall pass on to the Nominating Committee the nominees' names and credentials as they are received. The Nominating Committee will evaluate the nominations with regard to the qualification of the applicants and whether the skillset possessed by the applicants supports the current needs of the FSAB. Although Directors are not representatives of the CABs by which they are certified, a consideration shall be the continuing diversity of specialties possessed by the FSAB Directors.

Following discussions among the Nominating Committee, those candidates the Committee recommends to fill the FSAB openings will be presented to the full FSAB at least two weeks prior to the annual meeting. During this period, additional nominations from Board members will be permitted, provided the nomination is accompanied by the required documentation. A vote for each position to be filled will be conducted at the Annual Meeting.

Nomination of FSAB Officers

The Committee will inquire among the existing FSAB officers as to whether they wish to be considered for re-nomination to their current positions or to a different officer position. The Committee will also inquire among the FSAB Directors as to whether there are other officer candidates.

All FSAB officer appointments are for a one-year term. Any of the officers can be replaced as a candidate by another candidate, if this is deemed advisable by the Nominating Committee or the current office holder.

Multiple candidates can be proposed for the same officer position; however, there may be factors that make this inadvisable.

The Nominating Committee will ascertain that the qualifications of all officer candidates correspond to the needs of the office. The Committee will also make sure that the candidate will have the necessary time to devote to the office, if elected. The Nominating Committee is encouraged to discuss the list of

officer candidates with the other Directors *prior to the date of the board meeting at which the vote is taken.*

Following these discussions, a list of candidates for all the FSAB officer positions will be presented to the FSAB Directors at least one week before the annual meeting. A vote on the acceptance of the candidates will be conducted at the Annual Meeting.

APPENDIX B: FEE SCHEDULE

Application Fee

All applicants for FSAB accreditation shall pay an application fee of \$2000 All applicants for FSAB reaccreditation shall pay an application fee of \$500

Annual Maintenance Fee

All accredited organizations will pay an annual fee, according to number of certificants

- up to 1000 certificants: \$500 plus \$3 per certificant
- 1001 to 2500 certificants: \$3500 plus \$2 per certificant in excess of 1000
- 2501 or more certificants: \$6500 plus \$1 per certificant in excess of 2500