



**Procedure for Transition of New Standard**

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## 1 Purpose

The purpose of this document is to ensure the smooth and effective transition of accredited facilities and new applicants to a new standard.

## 2 Scope

The document is applicable to all area of accreditation within EAS where transition to a new international or national standard, guide or regulation is required.

## 3 References

PM09.0, EAS Policy Manual

ISO/IEC 17011:2017

## 4 Responsibility

It is the responsibility of Accreditation Director and Respective Team leader for the implementation of this document. ILAC/IAF/AFRAC or the relevant body distributing the new standard /guide communicates the publication of the new standard / guide, the transition period, and may also include details of how the transition is to be managed and assessed by the Ethiopian Accreditation Service .

## 5 Transition to a Revised Standard, or a New / Revised ILAC/IAF/AFRAC Mandatory Document and any changes related with accreditation activities

Once EAS is notified of the publication of a new / revised standard or mandatory ILAC /IAF/AFRAC documents, the Accreditation Director and the responsible Team Leader shall develop a transition plan ensuring that EAS has the necessary competence to implement the new standard.

The Accreditation Director and the respective Team Leader will:

- Conduct a gap analysis in the case of a revised standard or ILAC/IAF/AFRAC mandatory document
- Draw up an implementation project plan; where required, identify the working team, with the Accreditation Director or assigned responsible personnel managing the process and timelines for transition to the new standard;
- Communicate the change and deadlines for the implementation to the affected accredited facilities;
- Update the affected EAS documents and checklists where necessary;
- Train or communicate the changes to the relevant assessors as well as internal staff.

## 5.1 Implementation by EAS

The transition period to a new standard is defined by ILAC/IAF/AFRAC or the relevant responsible body. Where no transition period has been set, a maximum of 2 years should be considered depending on the extent of the change and the work required meeting the change.

## 5.2 Identification and designation of the Working Team

**5.2.1** If the standard affects more than one scope of accreditation, the working team shall be formed consist of: Accreditation Director, Quality Manager, Team leader of affected programmes, relevant Lead and Technical Assessors.

**5.2.2** The working team must develop a project plan to effectively manage the transition by considering to a minimum:

### a) Initial stage:

- Gap analysis
- Train / inform relevant internal staff
- Communication to the facilities and assessors
- Development /review of EAS documents and checklists to address the requirements of the new standard.

### b) Final Stage:

- Conducting of assessments
- Management of corrective actions
- EAS Accreditation Approval Committee Process
- Updating of Certificates and Scope of Accreditation
- Issuing of Certificates and Scope of Accreditation within the transition Period

### 5.2.3 Gap Analysis

A comparison between the old and new standard or ILAC/IAF/AFRAC mandatory document must be documented. The working team must agree on the changes to be made, and conclude whether a document review and / or an on-site assessment are required, if the on-site assessment is required ,the transitions of revised standards preferably plan to be in line with follow up and pre assessment time considering the transition time to happen before expire date.

### 5.2.4 Communication of Changes to the Facility

A letter must be written to all affected accredited facilities, which includes:

- An explanation of the changes in the new / revised standard or ILAC/IAF/AFRAC mandatory document;
- A note to the accredited facility to update their relevant documents to the revised or new standard / ILAC/IAF mandatory document, and to train their staff on the revised / new requirements;
- An explanation of what will be required by EAS to confirm compliance (i.e.: Document review and / or on-site assessment)
- The final date for confirmation of full compliance to the revised or new standard /ILAC/IAF mandatory document;
- The implications and consequences of not meeting the requirements within the transition period
- Costs involved in the process.

The Ethiopian Accreditation Service will communicate regularly with Ethiopian National Standard Agency to update the new standard.

#### **5.2.5. Training or Communication to the Assessors**

- Purchase new standards for assessor;
- Make mandatory documents from ILAC/ IAF/AFRAC website available to assessors;
- Train assessors, or communicate changes through workshops or other means.

#### **5.3 Costs**

EAS will inform the accredited facilities whether there will be a need to conduct additional visits Due to the transition, or whether more assessor units will be required, this may affect the annual fees.

#### **5.4 New Applicants**

EAS will indicate in the project plan whether new applicants should comply with the new standard at the initial stage of their accreditation process, or whether they may start with the old standard and follow the transition process within the specified timelines. EAS shall specify the final date on which applications to the old standard will be accepted. The old application will be received if the time is sufficient to accommodate the new standard on the first follow up.

#### **5.5 Accredited CABs**

Accredited facilities should be in full compliance to the existing standard. Depending on the circumstances, EAS may request facilities to submit their own transition plans, review these plans

and also document review will be conducted to confirm the changes are incorporated according to the new standard prior to onsite assessment

The transition plans may include, but not be limited to, changes of procedures, contracts, committees, where relevant assessment plans to cover all customer organizations within timelines, training of staff (and auditors where relevant), certificate re-issue as well as communication with the client.

The accredited facilities should be able demonstrate to EAS that they have made their staff (and auditors, where relevant) aware of the changes and any new requirements of the standard. In addition, the accredited facility should analyse the differences between the standards and the effect on their management system.

Where there be any discrepancies in the interpretation of the standard's requirements, EAS will seek advice from IAF/ILAC/AFARC the relevant responsible body and/or the relevant Technical Committees.

A facility which is unable to complete the transition within the specified time, shall inform EAS in writing as to the reasons and the date by which they propose to complete the process. This must be done before the transition assessment to avoid any adverse effect on the transfer of accreditation by the stipulated deadline.

## 5.6 Accredited CABs Action Plan

When required, EAS will define a date for the submission of an action plan to the relevant Accreditation Director/Team Leader by which the Accredited CABs must demonstrate how they have analysed the new standard / ILAC/IAF/AFRAC mandatory document or requirements and its implication to their Management System and Operations. The action plan must indicate how the Accredited CABs will effectively implement all the changes, system and technical, needed to comply before the transition date.

As a minimum the plan should include:

- All specific actions to be taken to implement the changes;
- The time lines for completion of actions;
- The persons responsible for the actions;
- Ways to measure progress, implementation, effectiveness and completion of the actions.

**Note:** The plan should consider the time line rule of EAS , all the negative findings to be cleared before the deadline given by ILAC/IAF/AFRAC transition period

### **5.7 Non Conformities during the Transition Period**

During the transition assessment, any areas of non compliance against the new requirements and areas of non compliance against the old standard will be raised as non-conformances. The CABs need to submit proof of clearance for the non-conformance. During the transition assessment, all areas of non compliance will be handled in accordance with the EAS non-conformance and corrective action follow up time line rule.

### **5.8 Records**

The following records shall be kept:

- Record of list of working teams
- Training attends
- Communication record
- Accredited CABs Action Plan

Revision No.	Date approved	Revision History
1	2018-10-16	This document revised because of the new ISO/IEC 17011:2017
1.1	2019-05-25	Clause 4.5 added document review will be conducted to confirm the changes are incorporated according to the new standard prior to onsite assessment
1.2	2021-05-14	Remove non-specific reference such as ILAC Docs: <a href="http://www.ilac.org">www.ilac.org</a> IAF Docs: <a href="http://www.iaf.nu">www.iaf.nu</a> and AFRAC Docs: <a href="http://www.iaf.nu">www</a>  Clause 5 , Team Leader shall develop a transition plan
1.3	2022-05-09	The document is revised due to the name Ethiopian Accreditation Office (ENAO) change to Ethiopian Accreditation Service (EAS) and new logo developed.
1.4	2023-02-07	<ul style="list-style-type: none"> <li>• Correction done on page 1 that, this document was prepared by Meseret Tessema replaced by Zewdu Ayele (new quality manager).</li> <li>• Former director general was resigned and replaced by Mrs. Meseret Tessema.</li> </ul>