



# Timeline Rules

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Document No. R07.0
Rev No. 1.9
Effective date 2023-02-07

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## 1. Purpose

The purpose of this document is to specify the timeline required to carry out accreditation process for conformity assessment bodies.

## 2. Scope

This document is applicable to all accreditation schemes.

## 3. References

The following documents are referenced:

ISO/IEC 17011, Conformity assessment –General requirements for accreditation bodies accrediting conformity assessment bodies;

P07.0 Accreditation Process

P07/01-Specific Accreditation Process for Inspection Bodies

P07/02- Specific Accreditation Process for Certification Bodies

## 4. Responsibility

It is the responsibility of Accreditation Director, Quality Manager and respective Team leaders for the implementation of this timeline rule.

It is the responsibility of the CAB to respond according to time line specified for each activity.

## 5. Time Scale for Accreditation Process

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

- a. The quality of the applicant's documentation and the extent to which it complies with EAS requirements. A delay can occur due to insufficient documented procedures and submission of inadequate Quality Manuals;
- b. The availability of suitable assessors;
- c. How efficiently the applicant organisation clears any non-conformities, that might be raised, after the initial assessment;
- d. The availability of the resources within EAS.

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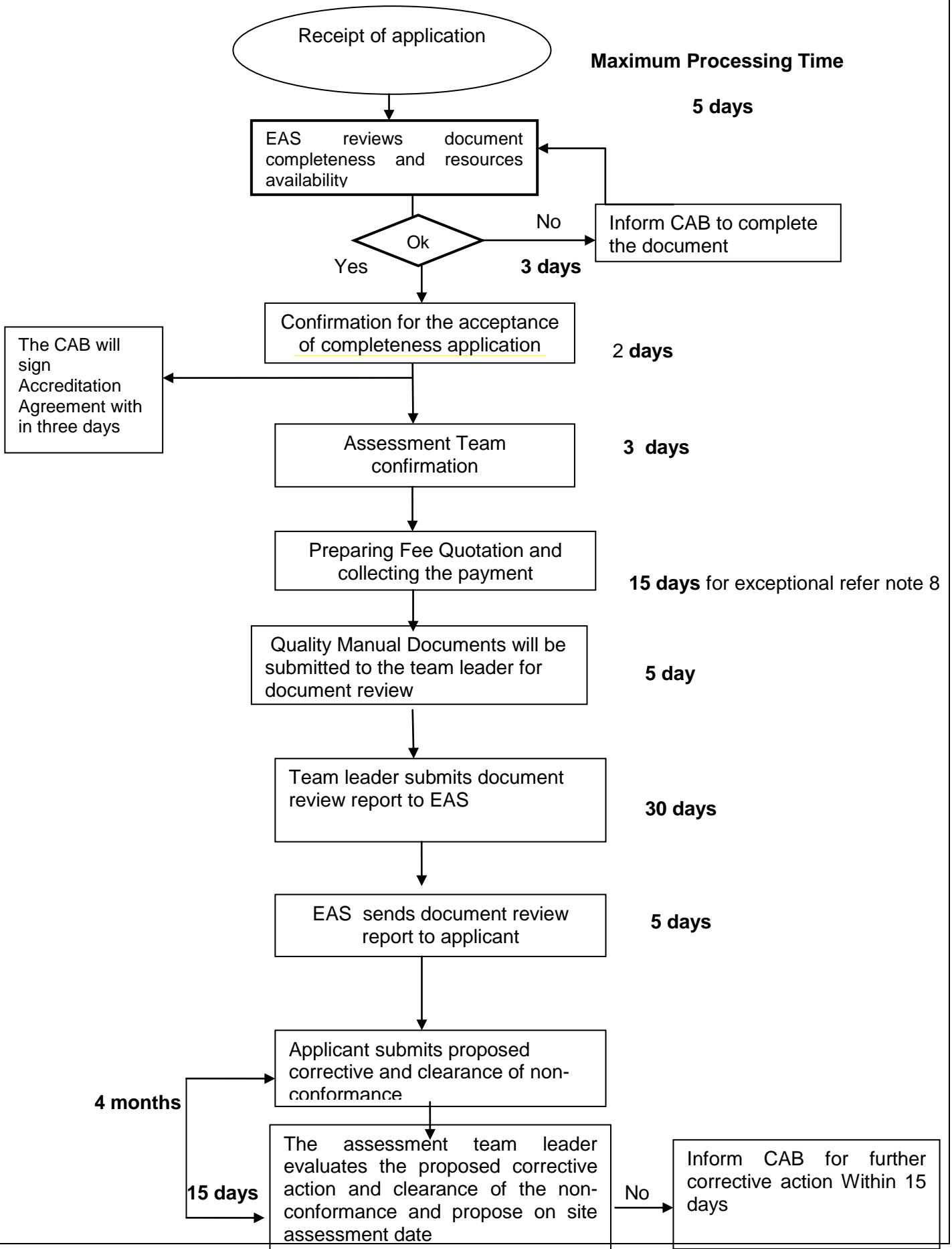
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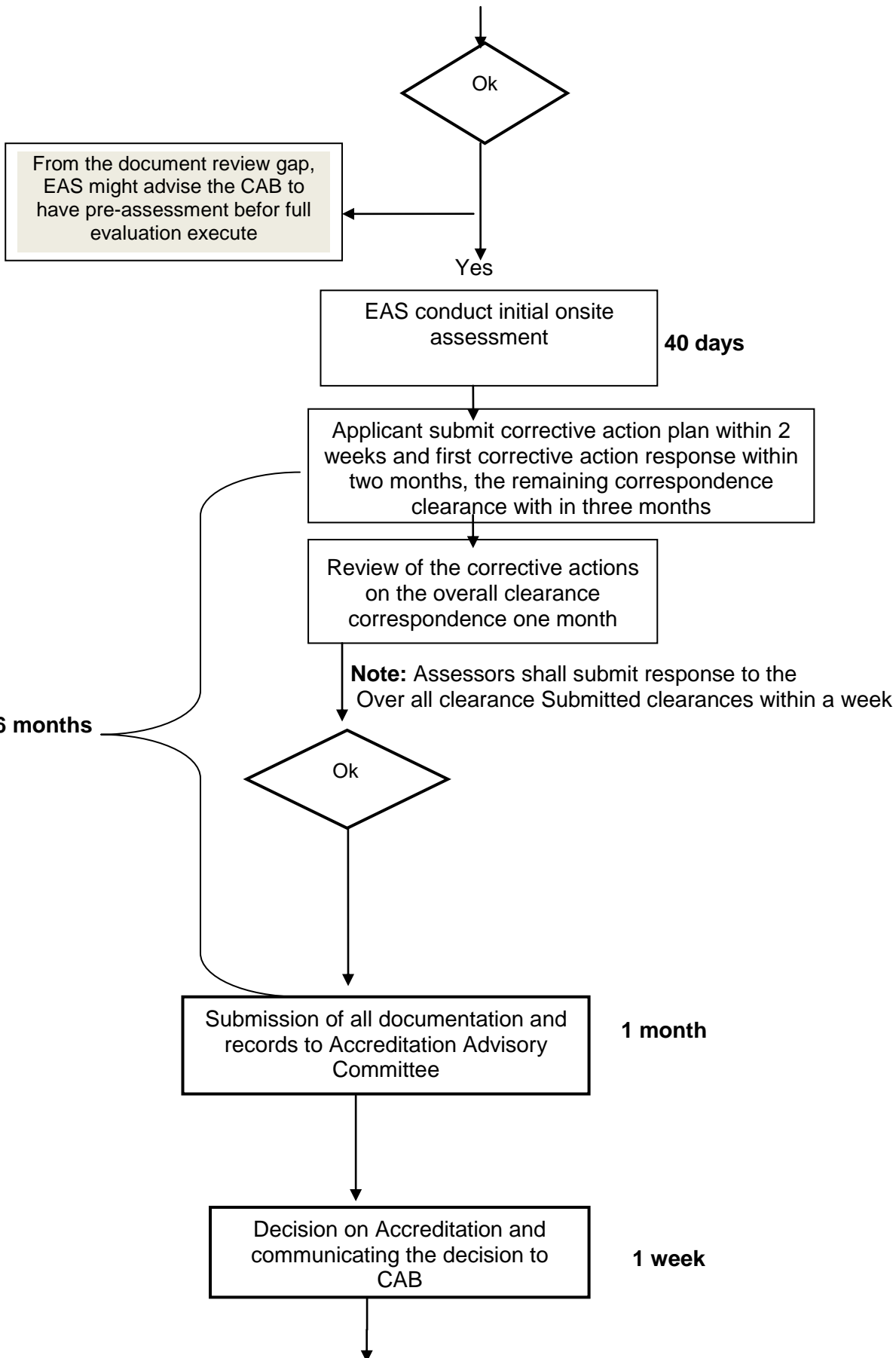
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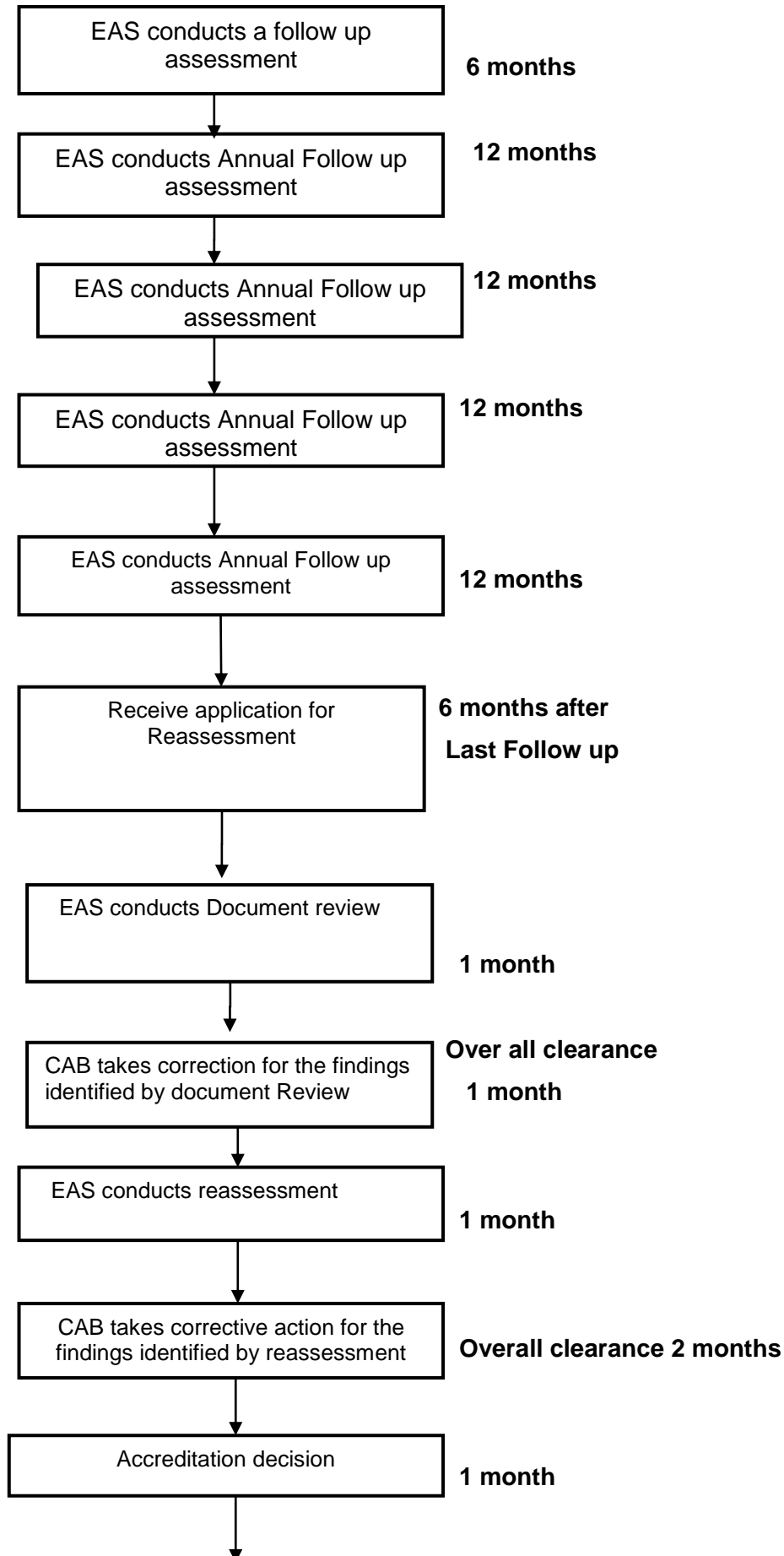
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EAS conducts follow up assessment every year  
**after decision**

### 1 Note

1. The assessment cycle plan for Inspection body, Testing laboratory and Medical laboratory accreditation is 4 & 1/2 years and the CABs must apply for re-assessment six month before the expiry date of the Accreditation.
2. Assessors shall respond within a week since they received any corrective action.
3. The assessment cycle for Certification body and Calibration laboratory is 2 & 1/2 years and the CABs must apply for re-assessment six month before the expiry date of the Accreditation.
4. The maximum timeline for clearance of nonconformities for any follow up assessment is 1 (one) month
5. The time given for the CABs to clear non-conformities identified is the maximum time, if the CABs fail to clear those non-conformities in the given time for initial assessment the accreditation process shall be terminated and for follow up this issue will be treated according to EAS accreditation process (P07, clause 11.1), so that CABs shall clear the nonconformities identified by these assessment before the deadline.
6. Off-site follow up assessment will be possible used at different circumstance where on-site assessment follow up becomes difficult.
7. Off-site follow up assessment can only serve for a year.
8. Exceptionally in addition to maximum time given for the clearance of non-conformities identified during initial onsite assessment two month may be given for the CABs if the CABs request with written before the completion of the given time EAS with acceptable justification on the decision of accreditation director and team leader together.
9. Another additional 2 month may be given after time indicated in Note 9 only if clearance of non-conformance is based on evidence that assessed onsite.
10. The time line rule applies when document completeness gets acceptance and availability of resource is confirmed.
11. If governmental financial payment system does not allow payment to be paid before gaining the service, they will pay after getting the service.
12. If the applicant did not submit proposed corrective action and clearance report for the finding of document review within 6 months Pre-assessment is mandatory before initial assessment.
13. when the CAB is on suspension, the time line given to clear non-conformance is 6 month
14. If CAB is requesting additional scope expansion before 3 months to the next follow up assessment, the assessment will be conducted and certificate will be issued but if the CAB request scope expansion less

than 3 months to the coming follow up assessment, the assessment will be conducted during follow up assessment and certificate will be issued together with the follow up assessment.

Revision No.	Date approved	Revision History
1	2012-11-01	1) Changing the time of corrective action clearance after

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2	2014-01-23	<p>document review to 1 month;</p> <p>2) Changing the time of corrective action clearance after onsite assessment to 3 months.</p> <p>The time required for accreditation activities was revised/ changed</p> <p>The maximum timeline for corrective action after any follow up assessment is one month</p>
3	2015-02-20	<p>Clause 3 is revised to include responsibility for implementation of this document.</p> <p>Time given for Team leader to submit documentation review report to EAS changed from 3 weeks to one month.</p> <p>Time given for decision on Accreditation and communicating the decision to CAB is changed from 2 weeks to 1 month</p> <p>Note 2 included to clarify time for clearance of non conformities</p> <p>Note 3 included to indicate exceptionally additional time for clearance of non-conformities identified during initial onsite assessment and document review</p> <p>Note 4 included to indicate time of application of EAS time line rule.</p>
4	2015-10-20	<p>Clause 4 was revised to make document review finding clearance free from time limitation and to set time for the reassessment process</p>
5	2017-03-23	<p>The time line rule timetable was revised to include time line for Certification body; Inspection body and Calibration Laboratory in addition to this additional note 5,6,7,8,9,10 &amp; 11 were added.</p>
1.6	2018-10-17	<p>Changed because of the revised ISO/IEC 17011/2017</p>
1.7	2021/05/17	<p>Purpose and scopes separated</p> <p>New reference added P07/01 Specific Accreditation Process for Inspection Bodies</p> <p>P07/02- Specific Accreditation Process for Certification Bodies</p> <p>Added It is the responsibility of the CAB to respond according to time line specified for each activity under clause 4</p> <p>Under scale flow chart added Confirmation for the acceptance of completeness application within 2 days cancel the previous time 5 days</p>



		<p>The CAB will sign Accreditation Agreement within three days          Assessment Team confirmation within three days          Quality Manual Documents will be submitted to the team leader for document review within 5 days          From the document review gap, EAS might advise the CAB to have pre-assessment before full evaluation execute          Applicant submit corrective action plan within 2 weeks and first corrective action response within two months, the remaining correspondence clearance within three months          Decision on Accreditation and communicating the decision to CAB change timeline from one month to one week          Note 1:          item No 1 Inspection accreditation cycle change from 2 and ½ year to 4 and ½ year under          There is no six month follow up assessment for certification and Calibration under item No. 2          Assessors shall respond within a week since they received any corrective action item No. 3          Item no. 7 Off-site follow up assessment will be possible used at different circumstance where on-site assessment follow up becomes difficult.          Item No. 8 Off-site follow up assessment can only serve for a year.</p>
1.9	2022-05-09	<p>The document is revised due to the name Ethiopian National Accreditation Office (ENAO) change to Ethiopian Accreditation Service (EAS) and new logo developed.</p>
2.0	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>

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