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1. Purpose

The purpose of this Policy manual is to establish and outline general policies which give direction for EAS and to describe the Quality Management system established, implemented and maintained for the operation of Accreditation activities of the Ethiopian Accreditation Service according to the requirements of ISO/IEC 17011: 2017,ILAC/IAF/AFRAC documents and national regulatory requirements.

2. Scope

This Policy manual is applicable to all EAS Management, staff, accredited/ applicant CABs, stakeholders and to any person or committee involved in accreditation activities.

This manual, along with the procedures and instructions therein mentioned, forms the basis for the participation of EAS in multilateral agreements with accreditation bodies either bi-laterally or when part of regional co -operations.

3. References and Acronyms

The following documents are referenced:

ISO/IEC 17000, Conformity Assessment – Vocabulary and general principles

ISO/IEC 17011:2017 Conformity Assessment – Requirements for accreditation bodies accrediting conformity assessment bodies;

ILAC and IAF mandatory documents and guidance as applicable

Regulation No. 421/2017

CAB: Conformity Assessment Body

AB: Accreditation Body

EAS : Ethiopian Accreditation Service

IAF: International Accreditation Forum

ILAC: International Laboratory Accreditation Cooperation

AFRAC: African Accreditation Cooperation

PT: Proficiency Test

CRM: Certified Reference Material

RM: Reference Material

ILC: Inter laboratory Comparison

TC: Technical Committee

AAC: Accreditation Advisory Committee

Responsibility

It is the responsibility of top management and their nominated management representative to establish, communicate, implement and manage this policy. The staff of EAS is responsible for the

implementation of this policy manual and to abide by its requirements in their daily accreditation activities.

4. General requirements

4.1 Legal entity

The Ethiopian Accreditation Service (EAS) is the sole national accreditation body for CABs in Ethiopia. It is a legal entity established by the Council of Ministers Regulation No. 195/2010 and later revised and re-established by Regulation No. 279/2012 and re-established for the second time by a Regulation No. 421/2017 under the because of ministry rearrangement EAS has been directed towards Ethiopian Ministry of Trade and Regional Integration since end of October 2018 to provide an accreditation service to CABs..

4.2 Accreditation agreement

4.2.1 EAS shall request the applicant CABs to sign a legally binding Accreditation Agreement (F04/02) to meet the obligation set by EAS. Any changes that affect the agreement shall be notified by both parties.

4.2.2 The obligations of the CAB (i.e. compliance with accredited standards, access to premises and documents, proper use of symbol, support of all EAS activities as needed for accreditation) to be accredited by EAS are formalized in the document R04.3 Obligations of accredited CAB.

4.3. Use of Accreditation Symbols and other claims of Accreditation

4.3.1 EAS has established a detailed procedure for reference to and use of EAS and combined EAS ILAC/ IAF/ AFRAC accreditation symbols in R04.1 and R04.2 respectively. EAS will take appropriate corrective or legal action in instances where there is misuse, misrepresentation, misleading or abuse of the symbols and marks or where reference to accreditation is not in accordance with EAS policy.

4.3.2 EAS has already legally registered its logos and will register when new logos are developed and ILAC logo also registered internationally to be used in Ethiopia by EAS.

4.3.3 Upon withdrawal and suspension of the accreditation the CAB shall not use the symbol of EAS or any the combined EAS symbol. The accreditation symbol shall be used for the particular scope or activity that has been granted accreditation by EAS.

4.3.4 The proper implementation of EAS's policy on the use of symbols will be verified continuously.

4.4. Impartiality and confidentiality, see 5.1

EAS staff and top management is fully aware about the importance of maintaining impartiality and confidentiality and committed to make the measures to maintain impartiality effective.

- 4.4.1.** Any person or committee involved in EAS activities shall sign an impartiality and confidentiality agreement (i.e. Accreditation council shall sign F04/03 Council Member Duties, Assessors; experts and AAC members shall sign F7.2 contractual activity agreement and EAS staff shall sign F06/06 EAS staff agreement and confidentiality).
- 4.4.2.** Any breach of confidentiality will be viewed in a very serious manner and EAS will use whatever remedies are available to deal with such a breach.
- 4.4.3.** EAS top management shall sign annually a declaration of on-going freedom from any undue influence on management or decisions according to Staff Obligations and Confidentiality Agreement F06/06 and the effectiveness of the monitoring is part of the annual internal audit and management review.
- 4.4.4.** The staff is continuously trained to observe impartiality and how to detect undue influence. All personnel involved in an accreditation activity are required to declare any actual or perceived commercial, financial or other pressures that could influence integrity. The staff/experts shall sign before any activity is undertaken a declaration about freedom from any undue influence or conflict of interest. All EAS permanent staff/ assessor will not do consultancy
- 4.4.5.** Interested parties will be represented in the identification, analysis, evaluation, treatment and monitoring of risks in the accreditation activities that affects the impartiality on ongoing basis, see 5.1, risk analysis committee.
- 4.4.6.** EAS identify, analyze, evaluate, treat, monitor and document risks on an ongoing basis that can arise from the accreditation activities following risk procedure P4.4 using F04/04“Risk Identification, Analysis, evaluation and mitigation”. Risk to impartiality can arise from:
- involvement of assessors, experts, committee members involved in the accreditation activities,
 - risks that comes from relationship, ownership, governance, management, personnel, sharing resources, training, marketing and payment of a sales commission.
- 4.4.7.** If a risk is identified the case will be analysed and presented to the risk analyzer committee for taking appropriate measures.
- 4.4.8.** Any residual risks will be reviewed in the management review to ensure the risk to impartiality is at an acceptable level.
- 4.4.9.** 4.4.9 If the risk to impartiality cannot be mitigated to an acceptable level then EAS shall not provide accreditation

4.4.10. EAS's services are accessible to any applicant irrespective of its size or membership in any association neither EAS will consider the number of accredited CABs already working in a special field.

4.4.11. EAS neither provides nor recommends consultancy and will provide its services irrespective of any consultancy delivered to a CAB by any other consultancy party. The trainings provided by EAS are not considering as consulting because the training focuses on the concept of standard requirements, assessment and audit tools.

4.5. Financing and liability

4.5.1. Liability

EAS strives to provide its services in a competent and professional manner. EAS is responsible for any damage that comes from negligence of its assessors on the facility of the CAB. For this EAS has ensured secured insurance liability up to Birr 200,000 per facility and covers for five (5) facilities per year which is a total indemnity up to birr 1,000,000 to be paid according to law of insurance of the country. An affected party can claim compensation from the insurance company according to law of insurance of the country. The personal insurance covers duties of all staff, internal and external assessors/experts and the AAC members as specified in the Accreditation Agreement (F04/02).

EAS is neither responsible nor liable for any breaches resulting from failure to follow the accreditation requirements and activities.

4.5.2. Financial Resources

EAS creates its annual budget proposal for its operation in accreditation and administration which is forwarded to the Ministry of Finance. After examination of the budget proposal, the budget is allocated every year from the government treasury. EAS's Finance and Property unit head is responsible for the supervision of the EAS finances. The other source of income of EAS is from cooperative partners. The service fee for accreditation of a CAB is collected by EAS and submitted to the government.

4.6 Establishing Accreditation Schemes

4.6.1 EAS acts in accordance with relevant international standards, national regulations, other normative documents such as those published by ILAC/IAF/AFRAC (<http://www.ilac.org> ,<http://www.iaf.nu> and [www/AFRAC.](http://www.AFRAC.org)) and its own documents.

Table 1 Scopes of Accreditation Activities Offered

Scopes of Accreditation &EAS Document	Accreditation Standard/Scheme	Validity period of Certificate of Accreditation	Accreditation is granted for:
Testing Laboratories (Re07.0, P07.0,Re07/02, GD 07/01 ,GD07/02 ,P07/03, R7.0, R 04.1, R 04.2,R04.3)	ISO/IEC 17025	4 and 1/2 years	<ul style="list-style-type: none"> • Tests performed on specified materials or products to specified test methods; • Techniques for specified instrument(s)using specific chemical and / or physical methods, to identify and / or determine a physical property of a material or species contained within.
Medical Laboratories (Re07.0, P07.0, Re07/02 ,GD 07/01 ,GD07/02 ,P07/03, R7.0, R 04.1, R04.2,R04.3)	ISO 15189	4 and 1/2 years	<ul style="list-style-type: none"> • Tests performed on human biological materials to specified test methods.
Calibration Laboratories (Re07.0, P07.0, Re07/02 , GD07/01 ,GD 07/02 ,P07/03, R7.0, R04.1, R 04.2 ,R04.3)	ISO/IEC 17025	2 and 1/2 years	<ul style="list-style-type: none"> • Specified types of measurements performed, measurement range and calibration and measurement capability (CMC). • Traceability from national standards to CABs

<p>Certification Bodies (Re07.0, P07.0,P07/02, Re07/02,P07/03, R7.0, R 04.1, R 04.2,R04.3)</p>	<p>ISO/IEC 17021 - 1,-2 and -3 and IAF mandatory documents</p>	<p>2 and 1/2 years</p>	<ul style="list-style-type: none"> • QMS Certification bodies according to ISO 9001 and/or ISO/IEC 17021-3 • EMS certification bodies according to ISO14001 and/or ISO/IEC 17021-2. • Food Safety Management System(FSMS) certifiers according to ISO/IEC 22000 and/or ISO-TS 22003 • Occupational Health and Safety Management System (OHSAS) certifiers according to ISO 45001
	<p>ISO/IEC 17024 and IAF Mandatory documents</p>	<p>2 and 1/2 years</p>	<ul style="list-style-type: none"> • Personnel Certifiers for certification of persons
	<p>ISO/IEC 17065 and IAF mandatory documents</p>	<p>2 and 1/2 years</p>	<ul style="list-style-type: none"> • Certifiers for products, processes or services in accordance with various national and international standards as specified by the Certification Scheme
<p>Inspection Bodies (Re07.0,P07.0,P07/01, Re07/02 ,GD 07/03 ,P07/03, R7.0, R 04.1, R 04.2 ,R04.3)</p>	<p>ISO/IEC 17020 and related ILAC documents</p>	<p>4 and 1/2 years</p>	<p>Inspection of products, processes and services</p>

4.6.2. When EAS adopts application or guidance documents and/or participates in the development of such documents, the persons or committees analyzing its suitability and appropriateness for EAS are required to take awareness training on the ISO/IEC17011, international standard requirements for accreditation – specific for the scopes under development- and accreditation policy and processes. They must have the skill, knowledge

and experience in the relevant fields as specified in the document P07.0. The final decision to accept a new document is taken by the Director General possibly after consultation with the relevant committee.

4.6.3. When EAS seeks to launch or extended new accreditation services, it will be operational once market feasibility, availability of resources, operational documents have been ready and views of interested parties are incorporated.

4.6.4. When an Accredited CAB seeks to discontinue / withdraw its accreditation scheme either full or partial EAS reviews the reason for discontinuity/ withdraw, duty in the contractual agreement to be consider and if needed transition time and then EAS displays the statues of the CAB by EAS website to the public.

5. Structural Requirements

5.1. Safeguarding impartiality

EAS is organized and operated to ensure competence, objectivity and impartiality. Its objectivity and impartiality are safeguarded by implementing and observing requirements for EAS staff(qualification and experience, duty and responsibility considering the administrative code, prevention of any action or any activity that could jeopardize their independence and integrity) as developed and endorsed by the Ministry of Civil Service. The assessors'/experts' objectivity is defined in the code of ethics they are required to sign. The assessors will be independent of the bodies they assess. All Assessors, AAC members, technical advisory committee members shall sign contractual activity agreement (F07/02) and all council members shall sign F04.3 for impartiality, conflicts of interest, non- discrimination and confidentiality.

Further, EAS ensures that these principles are upheld by:

- EAS does not provide consultancy to any CAB
- EAS is not related to any organization giving consultancy
- EAS shall not assign consultants in the assessment of a CAB which they consulted
- EAS follows strictly the policy as set out in § 4.4
- EAS has a complaints and appeals procedure to be used in cases where objectivity and impartiality are deemed not to be maintained
- The person(s) or committee(s) involved in accreditation decision must be competent and different from those who carried out the assessment or were involved in assessment

With respect to its committees i.e. AAC, TCs, and EAS follows principles including:

- EAS selects members of its committees from different industrial, commercial and governmental organizations without compromising the need for appropriate

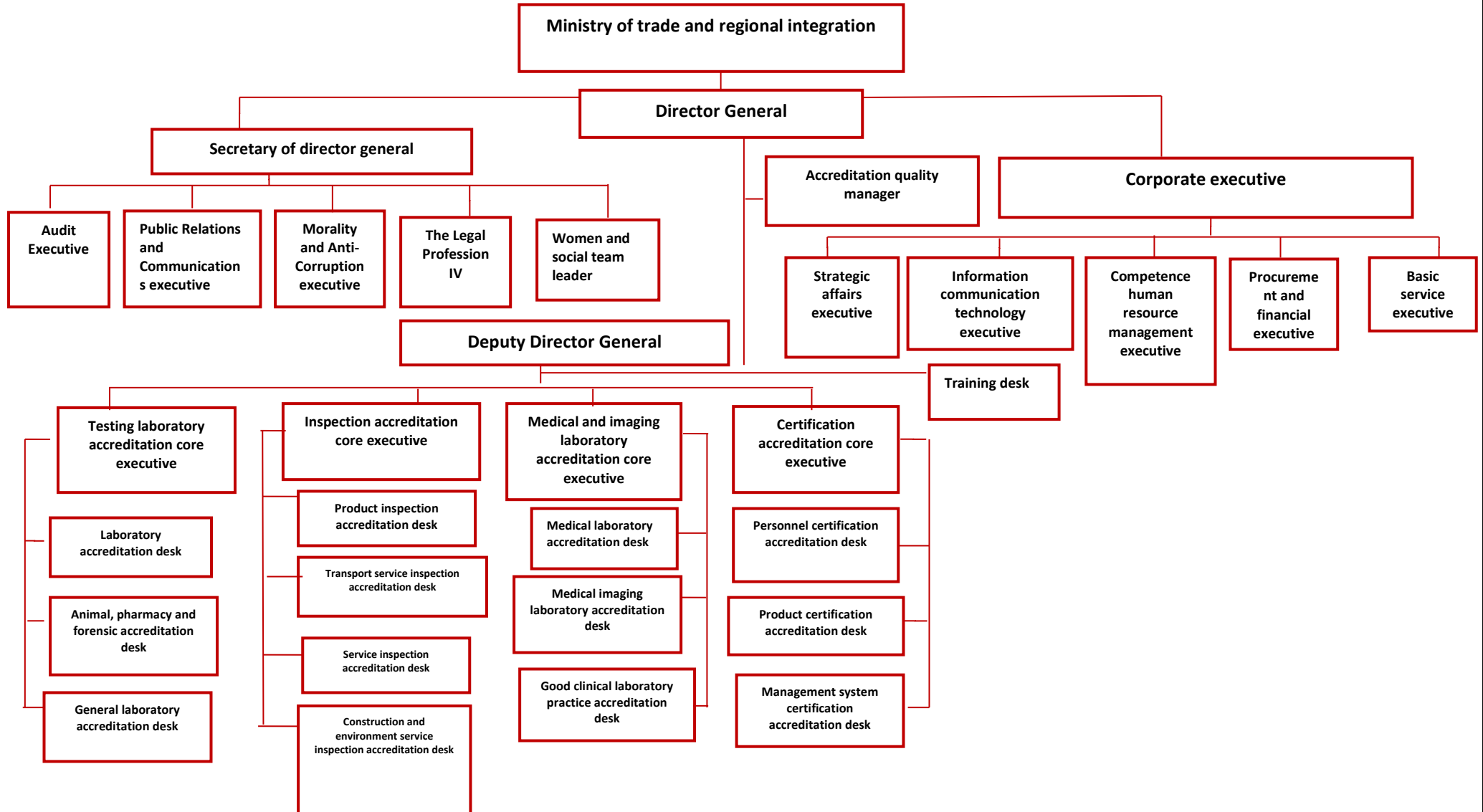
experience, competence, skill and educational qualifications ensuring that no single interest can dominate;

- All personnel and committee members are required to sign the F07/02 Contractual Activity Agreement
- As shown by the organizational chart), EAS operates independently. All EAS personnel and committees that are involved and could influence the accreditation process (such as assessment, accreditation decision etc.) are required to act objectively and be free from any undue commercial, financial and other pressures that could compromise impartiality.
- EAS offers its services to all CABs whose application meets the activities and the limits defined in the EAS policy and other documents. The access to accreditation is not influenced by the size of the CAB, the number of scopes or by the link to an association or a group. Accreditation is not dependent on the number of laboratories or organizations already accredited by EAS. Policy document PM8.0 Obligations of EAS to its stakeholders elaborates further on the impartiality and non-discriminatory mechanisms that have been established within EAS to ensure that these principles become and remain institutionalized.
- EAS accreditation is open to any organization that carries out any conformity assessment activity for which it is competent regardless of the size of the applicant organization, its membership of any association or the number of organizations already accredited.
- Impartiality is further safeguarded by its organizational structure. See clause 5.3, Related bodies

5.2. Organisational structure

EAS is structured and organized in order to ensure competence, objectivity, confidentiality and impartiality of its activity

Figure 1: (The New Organization Structure of EAS)



The Accreditation Council works according to regulation no. 421/2017. Its members, not more than 15, including the Chairperson, are taken from the relevant government bodies, private sectors and associations. To avoid undue influence and domination by particular interests, the members of council are selected from different organizations or sectors as per *consideration balance representation among government and private, representation of conformity assessment activities (testing, medical laboratory, inspection and certification) and volume of conformity assessment activities to the interest of accreditation using the requirement Re 8.0*. The Accreditation council is selected from the following organizations, Ethiopian Ministry of Trade and Regional Integration (Chairman) and Ethiopian Accreditation Service (Member & Secretary)

The Council is responsible for:

- Review and approve accreditation strategies developed by EAS.
- Consider strategic issues of EAS , collect feed-back and promote accreditation
- Ensure the maintenance of good governance in the office of EAS by:
 - Acting as the last resort for appeals from EAS clients;
 - Protecting the principles of impartiality and non-discrimination by ensuring a balanced representation of interested parties on the council and other committees,
- Where necessary, provide support in attaining resources for fulfillment of EAS 's mandate and to lobby support for accreditation.
- Submit to the government the rate of fees to be charged for the services of the EAS for approval.
- The Council shall ensure that the membership of an appeals committee does not include those who have been involved in the activity under consideration and ensure that its members have the knowledge on that particular issue under discussion. The Council is responsible for the final decision.

Public Wing Forum:

EAS has a public Wing forum composed of Government and Private in which interested parties involved in the accreditation represented as per to requirement Re 8.0.

The role of stakeholders to provide annual input on the accreditation strategic plan in order to ensure the plan accommodates their accreditation needs. The forum meets at least once per year to discuss on the risks to impartialities in the accreditation activities.

Risk Analyzer Committee

The risk analyzer committee consists of eight members, three from EAS staff, one from a Private organization and one from a government organization, convened and headed by EAS quality manager. The committee meets at least once per year. The committee is responsible for the identification, analyzing, and propose the elimination or minimization mechanism of risk in the accreditation activities to safe guard impartiality. Action shall be taken for the mitigation of these risks by EAS . Appropriate reports will be presented to the public wing for effective participation of interested parties. The risk analyzer committee will also help the Director General to identify risks arising from staff activities.

Accreditation Advisory Committee

The AAC shall be taken from a list of approved AAC members who have gone through an AAC training session and have been deemed to be competent to serve as AAC members. Candidates for AAC training shall only be drawn from EAS pool of assessors and experts. Once trained and deemed to be competent they shall be registered as AAC members. Assessors and/or experts who have conducted an assessment on a CAB shall not be selected to participate in the AAC meeting of that CAB.

Accreditation Unit

This unit comprises the accreditation core executives which are responsible to deliver the accreditation services. All accreditation Directors (see organ gram) and report to the Deputy Director General. The Quality Manager is responsible for establishing a system based on ISO/IEC 17011 and relevant ILAC/ IAF/AFRAC requirements, its maintenance and further development. He/She will audit the effectiveness of the system against ISO/IEC 17011, relevant ILAC/ IAF/AFRAC requirements and EAS management documents. The Quality Manager reports directly to the Director General.

Infrastructural Unit

This unit consists of five sub-units responsible under Chief Executive Officer and Director General Officer. Under Chief Executive Officer there are five units such us Human Resource Administration and Development Executive, Communication Affairs Executive, Finance executive, Executive Information and Communication Technology executive, Planning, Monitoring and Evaluation. Under Director General Office there are five units such as audit executive, Information and Communication Technology Executives and Audit Directorate the rest are reporting to the Director of Corporate Services. Audit directorate report to Director General.

5.3 Related Bodies

Relationships with related bodies require EAS to have suitable “fire walls” in place. EAS may have various relationships with other national bodies. EAS identifies these related bodies and its relation to them in accordance to the requirement Re 8.0. The risk analyser committee will value the risk raised from these relationships and how to mitigate possible risks, at least annually by involving the Public Wing Forum. The effectiveness of the action taken for the mitigation of the risks identified is checked through internal audit and management review and the results are presented to the Public Wing Forum.

5.4 Legal Status

EAS has established and implemented the management system, as outlined in this manual. It maintains the management system and continually improves its effectiveness through risk-based thinking, internal and external audits, management review, corrective actions and customer feedback.

EAS is established as a legal entity by the Government of the Federal Democratic Republic of Ethiopia by the Council of Ministers Regulation No. 195/2010 and later reviewed for the first time and re-established by Regulation No. 279/2012 and again reviewed for the second time and re-established by a regulation 421/2017 and reporting to Ministry of Trade and Industry. EAS is recognized as a sole national accreditation body to accredited conformity assessment bodies engaged on Testing, Calibration, certification, inspection, verification, Proficiency Testing providers, Regulatory interested schemes by following relevant International and / or national standards/regulations.

The office is located in Addis Ababa with the following address:

Bole sub city – Woreda 6 Next to AMCE

Opposite to Nyala Motors, with in the NQI complex compound

Addis Ababa - Ethiopia

Phone Number - +251 11 667 0995/+251 116670990

P.o.Box- 3898 Addis Ababa, Ethiopia

Website- www.EAS-eth.org

E.mail- info@EAS-eth.org

Facebook: EAS ETH

Twitter: @EAS_ETH

5.5 Responsibility for Accreditation

Due to the structure of EAS and its internal regulations the Director General is the only person to take decisions on the accreditation status of a CAB.

5.6 Duties of Top Management

EAS documents the duties, responsibility and authorities of top management and other personnel associated with EAS who could affect the quality of or the decision on accreditation.

The Job Category List of EAS is shown in Annex A JD 01 in the Human resource requirement document and is the official version of the approved HR content of personnel involved in the accreditation process for the foreseeable future. Vacant positions will only be filled as and when required in line with EAS's expansion. Ensure whether the system has been implemented according to ISO/IEC 17011, ILAC/IAF/AFRAC/Regulatory requirements

5.7 Responsibility of top management

The top management has overall authority and responsibility for each of the following:

- Formulation of policy relating to the operation of the accreditation schemes including the procedures of EAS, ensuring that the services offered by EAS are independent, impartial and free from any bias and development or adoption of activities
- Supervision of all activities
- Safeguarding proper work of the teams and the whole organisation
- Decision on accreditation status of a CAB
- Review of the financial status to ensure financial independence of the office. Review includes proposing and implementing the fee structure and responsibility for the financial statements of the office.
- Concluding contracts
- Establish, invite or dissolve committees
- Delegation of tasks and responsibility
- To promote accreditation and the recognition of accredited foreign CABs that wish to operate in the country. EAS operates accreditation schemes in both the voluntary and regulatory sector.

5.8 Committees and Interested parties

For each committee of EAS, when necessary terms of reference, tasks and modes of operations are defined. EAS has formal procedure P07.0 to appoint members in different Committees: the duties and responsibility of each committee is stated on their perspective Job description.

6 Resource Requirements

6.1 Competence of Personnel,

6.1.1 General

EAS ensures that it has a sufficient number of competent personnel such as internal, external, permanent or temporary (full time or part time) assessors/experts having the necessary education, training, technical knowledge, skills and experience to carry out their assigned work. The qualification, experience, training required and competence for EAS personnel as well as the procedure to determine these qualifications are laid down in P06.0 "Resource Requirement Procedure and Job descriptions. The lists of assessors and their scope of competence are detailed in F06/13 and F06/14.

6.1.2 Determination of Competence Criteria

EAS has two types of assessors: assessment Accreditation desk and technical assessors. An assessment Accreditation desk shall have Accreditation desk training and qualification to conduct the management system assessment and managing/leading the team. He/She will prepare and conduct the assessment according to risk based principles.

Technical assessors are required to be subject specialists and are qualified in the specific field or closely related one. EAS also uses technical experts for their expertise on the area where technical assessor doesn't have the expertise. However, the technical expert alone can't do assessment without the technical assessor. Technical experts are technically qualified with the knowledge of scheme requirements but not trained as assessor. Technical experts provide technical support to the technical assessor for the specific scope.

Note: The assessment team is always accompanied by a qualified trained experienced internal EAS assessor.

EAS assessors/experts, personnel who reviews the application, reviewer of assessment reports, accreditation advisory committee members have all needed competence, skills and knowledge for assessment and on EAS 's policies, rules, processes, accreditation scheme requirements, conformity assessment scheme and regulatory requirements. Beside this they are familiar with risk- based assessment principles.

6.1.3 Competence Management

The initial competence assessment for future staff and experts is described under § 6.1.1

Assessor's/experts' conduct, abilities, consistent depth of expertise, consistent and correct interpretation and application of the relevant standard/guides is monitored at least every 3 years if

they do at least one assessment every year. Otherwise, the monitoring shall be every 2 years by a Accreditation desk and members of the assessment team and permanent EAS staff represented in the team during the assessment. The Accreditation desk is monitored by assessment team members and permanent EAS staff represented in the assessment team and documented by transferring to personnel monitoring file. This allows EAS to identify appropriate follow-up actions to improve performance. The monitoring comprises analysis of files/reports from the person monitored, on-site observations and possibly complaints. Feedback arising out of such monitoring shall be recorded and included in the assessor/expert personal file. Corrective action shall be taken where necessary. Responsibilities and procedures for the monitoring of assessors are defined in P06.0 Resource Requirement Procedure Personnel Records.

6.2 Personnel Involved in the Accreditation Process

Based on the analysis of an application or a planned activity, the accreditation Director/ Accreditation desk will identify the special skills or expertise to assign qualified and competent assessors/experts to conduct/assist in assessment and accreditation decision. The qualification, experience, knowledge, personal attributes, competence, initial and ongoing training required, their selection, formal approval and their responsibilities are defined in P06.0 Resource Requirement Procedure and job description and will be verified by document analysis and interview by a qualified EAS assessor. The lists of assessors/experts and their scope of competence are detailed in F06/12 and F06/13.

EAS ensures by its procedure P07.0 that each person involved in parts or the whole process obtains all relevant information in time by the Accreditation Director/team leader.

In order to ensure impartiality and confidentiality each person involved in the accreditation process signs a declaration about impartiality and confidentiality according to form F07/02.

6.3 Personnel records

EAS maintains personal records of all staff members, contracted personnel and committee members in such detail that all information needed for an assignment as field of competence, training etc. is available. Responsibilities and procedures for controlling the records are defined in P06.0 Resource Requirements Procedure and Records Control Procedure P09.4.

6.4 Outsourcing

EAS doesn't allow sub-contract assessments to other accreditation bodies but it may use contracting individual assessors/experts that have been trained and registered by EAS or by an ILAC/IAF/AFRAC signatory accreditation body.

Note: EAS's business model is based on contracting individual assessors that have been trained and registered by EAS or by an ILAC/IAF/AFRAC signatory accreditation body.

7.Process Requirements

7.1 Accreditation Requirements

EAS provides accreditation according to R07.0 "Accreditation Criteria for Conformity Assessment bodies" which includes use of international standards and ILAC/IAF/AFRAC mandatory requirements, guidance and national mandatory requirements.

7.2 Application for Accreditation

CABs apply for accreditation by using EAS form F07/01 α (α = A, B, C & D) "Application for accreditation" containing description of scope to be accredited, the preparations to meet the requirements, all details for identification of the CAB, its legal status and its commitment to continually fulfil the requirement. In its application the CAB shall indicate whether it wants parts or all of its scope be accredited as flexible including a justification for this request. EAS reviews the application, the associated information and documentation for adequacy of the preparations and the information supplied according to F07/18. The time line rule of EAS for the accreditation process starts from the completion of application form by the CAB.

EAS may reject an application or terminate the process if its activities so far reveal intentional fraud or false information.

EAS can perform a preliminary on-site visit to gather evidence for proper planning of assessment and resource allocation.

ENOA encourages pre-assessment visits. This is an optional activity in the accreditation process. The extent and length of the pre-assessment is dependent on the size and complexity of the CAB. However, it shall normally not exceed more than two days and not more than two assessors. A quotation for the visit can be included in the formal quotation issued to the CAB. EAS shall make the Assessors or any personnel that involved in such activities to sign F07/02 "Contractual activity agreement form" to avoid consultancy during such activities.

7.3 Resource Review

EAS reviews its ability to carry out the assessment of the applicant CAB in terms of its own procedures, the result of the risk analysis, its competence, the availability of suitable assessors/experts including its ability to carry out the assessment in a timely manner according to

P07.0 and availability of AAC members before accepting the request of the applicant CAB. The CAB will be informed swiftly about acceptance or rejection of its application.

7.4 Preparation for Assessment

According to the result of the resource review the accreditation Director/Accreditation desk will assign an assessment Accreditation desk and a sufficient number of competent, trained and experienced assessors/experts to cover all requested scopes or representative samples. The duties and responsibilities of the team members are laid down in the respective job descriptions. He may also nominate trainees or observers.

All applicant and accredited laboratories, and where applicable, Inspection Bodies, shall provide EAS with evidence of satisfactory participation in PT prior to gaining accreditation where PT is available and appropriate. The results of participation in PTs or related activities will be valued during document review and influence the selection of assessors, the duration of the assessment and its depth.

The CAB will be informed about the date and the plan for assessment, the team composition, observers or trainees at least ten days in advance as to give it a possibility to object members in the team, but only for valid reasons (i.e. lack of competence or impartiality). Such rejection will be dealt by the Accreditation Desk. The CAB may appeal against the decision.

EAS will pass all relevant information to the team members.

The assignment of a team will take into consideration different locations, if any, and the use of different assessment techniques taking into account the risk analysis to be made during resource review.

7.5 Review of Documented Information

EAS shall review all relevant documents and records supplied by the CAB once application is accepted and then reviewed as per F07/15 A, B, C,D, E, & F to evaluate its system for conformity with the relevant standard(s) and other requirements for accreditation. EAS will report to the applicant CAB with recommendation to proceed with on- site assessment according to P07.0 or with a list of non-conformities to be closed before the on-site assessment.

7.6 Assessment

EAS shall conduct the assessment of the CAB at all the premises of the CAB from which key activities are performed to ensure that the CAB is competent in the requested scope and conforms to EAS accreditation criteria. EAS shall also witness the performance of a representative number

of staff of the CAB across the scope of accreditation. The initial on-site assessment will be conducted according to P7.0 “Accreditation Process” and other relevant specific criteria as P07/01, P07/02, P07/03, P07/04 and R07.0 “Timeline Rule”.

7.7 Accreditation Decision Making

The decision on granting or on the accreditation status is made by the Director General after consulting the AAC. The decision for accreditation will be made according to P07.0 and R07.0 for the time management of the decision.

7.8 Accreditation Information

During the whole process of accreditation, the CAB will be informed within a maximum time of three days about any issue for which communication is needed (lack of documents, need for additional evidence, decisions etc.). Each additional information or objection will be considered carefully by the team.

If accreditation is granted, the accreditation certificate as shown in the accreditation process document P07.0 Annex A will be issued. It contains all relevant information about the CAB, specifically a detailed description of the scope. All information of the certificate will be handed over as hard copy but also as soft copy.

7.9 Accreditation Cycle

The accreditation cycle begins with the date of the decision by the Director General and last for a maximum of five years. Shorter periods are possible if valid reasons exist (risk based).

EAS conducts follow-up assessments according to EAS procedure (P07.0) and the developed assessment plan as to cover the whole range of accredited activities, at least representative samples of the scope and all locations (not all locations need to be assessed if evidence is given that they identical, i.e. mobile units).

In addition to the planned assessments, EAS will reserve the right to carry out extraordinary (unscheduled) visits in order to follow up investigations about competence or compliance, for resolution of a complaint against a CAB, or to assess significant changes in the CAB that may have an effect on their accreditation status. EAS may also give samples for test to a CAB to analyze its performance when there is an available resource.

The cost of unscheduled follow-up activities shall be borne by EAS .

The accredited CAB shall apply for reassessment six months before the expiry date of the accreditation certificate. For reassessment, EAS shall establish a different assessment team than the one which did the initial assessment. The reassessment will be conducted according to P07.0and R07.0.

7.10 Extending Accreditation

EAS will react to an application for extension of scope of an accreditation already granted by undertaking the necessary activities according to P07.0.

7.11 Terminating, Suspending, Withdrawing or Reducing Accreditation

Reasons for terminating, suspending, withdrawing, reducing or reinstating accreditation and related actions are described in P07.0. Decisions on the accreditation status are made by the Director General after consultation with the AAC.

7.12 Complaints

EAS shall receive, validate and investigate complaints following P07.0 and P7.12 (Handling of Complaints) and, where required, take corrective/improvement actions.

7.13 Appeals

EAS shall receive, validate and investigate appeals and, where required, take appropriate corrective/improvement actions or will revise its decisions according to P07.0, Clause 12

7.14 Records on CABs

EAS maintains records on CABs at least for the current and the previous full accreditation cycle to demonstrate that requirements for accreditation, including competence and compliance with requirements have been effectively fulfilled how to maintain and remove according to Record Control Procedure P09.4, such information is kept confidential.

8. Information Requirements

8.1. Confidential information

All information about a CAB whether accredited or not will be kept confidential except on demand by legal regulations and for the information given in an accreditation certificate. The information kept by EAS about a CAB is restricted to such as delivered by the CAB or as gained during the accreditation process including records and minutes about decisions. The CAB will have access to its files on request in due time. More details can be disclosed on consent with the CAB. The files will be kept at least five years beyond the date of the last reassessment.

All information about assessors/experts will be kept confidential except for such as needed by the CAB for evaluation of competence and impartiality. Each person of which personal records are kept has the right of access on request in due time.

8.2. Publicly Available Information

EAS makes publicly available and periodically updates information about its structure, rules and procedures, transition periods of revised standards, assessment and accreditation processes, services rendered, international recognition, requirements for accreditation, fees relating to the accreditation; the rights and obligations of CABs, procedures for lodging and handling complaints and appeals, authority under which the accreditation program operates; description of its rights and duties; financial support and about related bodies.

Information about the conformity assessment body obtained from sources other than the conformity assessment body (e.g. complainant, regulators) will be confidential between the conformity assessment body and EAS. The provider (source) of this information will be confidential to the EAS and shall not be shared with the conformity assessment body, unless agreed by the source.

The information obligations of EAS are formalized in document, Policy on Obligations of EAS to its stakeholders- PM8.0

9. Management System requirements

9.1 General

Top Management Quality Policy Statement:

EAS Top Management and all staff are committed to the highest level of services for full and continuous implementation of ISO/IEC 17011, ILAC, IAF, AFRAC and national mandatory requirements. The implementation these requirements are the basis for attaining the objectives set by top management.

EAS continually improves both the quality and scope of its service to satisfy the needs of its stakeholders and customers. EAS is also committed to provide equal opportunity to all applicants for accreditation with highest level of competence, transparency, integrity, impartiality, confidentiality, accountability and with due regard to liability. Documents supporting the implementation of above goals are continuously improved and trained.

Vision:

To become an internationally recognized accreditation body by 2020 EC on all AFRAC MRA scopes.

Mission:

To provide credible accreditation service for conformity assessment bodies

Objectives:

- To contribute acceptance and appreciation of Ethiopian products and services in domestic and international markets
- To establish and expand internationally accepted accreditation services for Ethiopian CABs.
- To Provide awareness to authorities and customers
- To work for optimum customer satisfaction

EAS Core Values:

Competence

Impartiality

Transparency

Non- discrimination

Accountability

Responsiveness

Confidentiality

EAS top Management requires all personnel to read, understand and implement the policy of EAS so that all our joint efforts are directed towards continuously achieving our objectives. It is assisted by a formally named and assigned quality manager who reports directly to the Director General.

The executive Management of EAS is committed to provide the resources required for implementing and sustaining the quality system and committed to continuously improve the effectiveness of its management system.

EAS will strive to provide a service to the satisfaction of its customer in accordance with and in compliance to relevant international standards and national regulations. It is committed to provide equal opportunity to all applicants for accreditation. EAS's top management is committed to ensure effective communication to assessors/experts and customers using various methods and to evaluate its effectiveness through management review.

EAS will strive for international recognition of its accreditation schemes by international/Regional accreditation cooperation's like ILAC, IAF and AFRAC.

EAS encourages an intensive participation of its stakeholders.

9.2 Management System

Each person within EAS has the responsibility for ensuring that EAS continues to comply with the requirements of the international standards and its documented management system. This Policy Manual and the associated policies, procedures and rules cover reasonably all requirements of the relevant standard but it is subject to continuous amendment. It is easily accessible to all persons working for EAS in hard and soft copy.

The Director General of EAS has overall responsibility for the EAS management system, its implementation, effectiveness and maintenance.

Each person within EAS and contracted assessors have a responsibility to read and understand its processes and procedures. The Quality Manager reports to Director General on the performance of the management system at least at monthly intervals.

9.3 Document control

EAS's documented system is fully described in Document Control Procedure P09.3. The documentation consists of the following categories:

- a) Policy document
- b) Procedure
- c) Requirement
- d) Rule
- e) Job description
- f) Guidance document
- g) Forms

EAS will develop, review, maintain and control all documents in accordance with P9.3. This procedure describes how documents are controlled, how and when activities in the documentation process must be carried out and the responsibilities of all persons involved in the control of documentation. EAS release on its website for a certain period of time for the realization of the new developed/changes documents by stakeholders.

The Director General shall endorse all new/changed documents before becoming into force together with a date for revision. Its revision status is documented at the end of each document.

The Quality Manager shall ensure that only current valid versions of documents are made available to all staff. It is the responsibility of all staff, assessors, experts, AAC members; accredited facilities, stakeholders and interested parties to ensure that they use only the current versions of documents as published on EAS 's web site and to destroy all replaced or changed documents.

Concerning international standards, requirements, guidance and national mandatory requirements it is the responsibility of each accredited/applicant CAB to ensure that it uses the most recent issue of the international standards/requirements/guides applicable to its area of accreditation and/or their national equivalent. This includes all IAF/ILAC/AFRAC guidance and mandatory documents. The hierarchy of EAS documentation is addressed in P09.3.

9.4 Records Control

EAS maintains records on CABs to prove that all requirements for accreditation, including competence, have been effectively fulfilled. EAS controls all records in accordance with Records Control Procedure P9.4 which defines the responsibilities and procedures for the identification, collection, indexing, accessing, filing, storage, maintenance, retention and disposal of records.

EAS also ensures that all records are held in a secure and confidential manner and that access is controlled in accordance with Procedure P09.4.

9.5 Nonconformities and Corrective Actions

EAS identifies and manages nonconformities that occur in its own operation according to Non-Conformities and Corrective Actions Procedure P09.5. It is the responsibility of all staff and contracted personnel to identify non-conformities and to report such to the Quality Manager who then assigns suited personnel to rectify the nonconformities, to identify their roots and to propose corrective actions. Revision of documents/training activities may be needed.

The effectiveness of the implemented corrective actions shall be scrutinized during the next internal audit.

9.6 Improvement

EAS identifies and manages opportunities for improvement and risks in its operation according to Improvements Procedure P09.6. It is the responsibility of all staff and contracted personnel to identify opportunities for improvement, and report these to the quality manager to allow him to implement processes that assist in preventing non-conformities.

9.7 Internal Audits

EAS conducts periodically internal audits at least once annually according to: Internal Audits Procedure P09.7, to confirm continued compliance to all the requirements of EAS Management System, ISO/IEC 17011 and the mandatory requirements of ILAC/IAF/AFRAC and to ensure an effective and efficient implementation of EAS policies and procedures. The frequency can be increased, taking into account the importance of the processes and areas to be audited, as well as the results of previous audits. According to the relevance of previous findings an additional internal audit may be focused on certain areas of operation. In all cases, the quality manager will nominate a competent audit team with staff not directly involved in operations of the audited sector.

The results of the internal audit will be communicated to the staff.

Financial audits are conducted according to finance audit laws of the country (Ministry of Finance and Economy Cooperation requirements)

9.8 Management reviews

EAS conducts a management review at least annually according to Management Reviews Procedure P09.8, based on the results of internal audits, peer evaluations, experience gathered by interaction with other ABs, new risks, appeals or critics/suggestions from staff or stakeholders. The quality manager will prepare the needed information. The Director General will make decisions on corrective actions like system improvements, modes of training, revision of goals or resources.

Annex A: Checklist Cross-reference Compliance to ISO/IEC17011

Clause	ISO/IEC 17011	Policy Manual Clause
4	General Requirements	
4.1	Legal Entity	PM 9.0 Clause 4.1
4.2	Accreditation Agreement	PM 9.0 Clause 4.2
4.3	Use of Accreditation Symbols and other Claims of Accreditation	PM 9.0 Clause 4.3
4.4	Impartiality Requirements	PM 9.0 Clause 4.4
4.5	Financing and Liability	PM 9.0 Clause 4.5
4.6	Establishing Accreditation Schemes	PM 9.0 Clause 4.6
5.	Structural Requirements	PM 9.0 Clause 5.0
6	Resources Requirements	PM 9.0 Clause 6.0
6.1	Competency of Personnel	PM 9.0 Clause 6.1
6.2	Personnel involved in the Accreditation Process	PM 9.0 Clause 6.2
6.3	Personnel Records	PM 9.0 Clause 6.3
6.4	Outsourcing	PM 9.0 Clause 6.4
7	Process Requirement	PM 9.0 Clause 7.0
7.1	Accreditation Requirements	PM 9.0 Clause 7.1
7.2	Application for Accreditation	PM 9.0 Clause 7.2
7.3	Resource Review	PM 9.0 Clause 7.3
7.4	Preparation for Assessment	PM 9.0 Clause 7.4
7.5	Review of Documented Information	PM 04 Clause 7.5
7.6	Assessment	PM 9.0 Clause 7.6
7.7	Accreditation Decision Making	PM 9.0 Clause 7.7
7.8	Accreditation Information	PM 9.0 Clause 7.8
7.9	Accreditation Cycle	PM 9.0 Clause 7.9
7.10	Extending Accreditation	PM 9.0 Clause 7.10
7.11	Suspending, Withdrawing or Reducing	PM 9.0 Clause 7.11

	accreditation	
7.12	Complaints	PM 9.0 Clause 7.12
7.13	Appeals	PM 9.0 Clause 7.13
7.14	Records on CABs	PM 9.0 Clause 7.14
8	Information Requirements	PM 9.0 clause 8.0
8.1	Confidential Information	PM 9.0 Clause 8.1
8.2	Publicly Available Information	PM 9.0 Clause 8.2
9	Management System Requirements	PM 9.0 Clause 9.0
9.1	General	PM 9.0 Clause 9.1
9.2	Management system	PM 9.0 Clause 9.2
9.3	Document control	PM 9.0 Clause 9.3
9.4	Records Control	PM 9.0 Clause 9.4
9.5	Nonconformities and Corrective actions	PM 9.0 Clause 9.5
9.6	Improvement	PM 9.0 Clause 9.6
9.7	Internal audits	PM 9.0 Clause 9.7
9.8	Management reviews	PM 9.0 Clause 9.8

Revision No.	Date approved	Revision History
1	2013-06-01	<p>Amend Clause 4.1 to indicate regulation No 195/2010 was revised and replaced by regulation No 279/2012.</p> <p>Update the Organ gram in Clause 4.2.1 to include the Quality Manager.</p> <p>Update the description of the two functional units in Clause 4.2.2 to include the Quality Manager.</p> <p>Correct the EAS address in Clause 4.2.3.</p> <p>Change the frequency of reporting to the DG by the Accreditation core executive from quarterly to monthly in Clause 5.2.2.</p> <p>Amend Clause 4.6.1 bullet five, sub-bullet 2, to replace Guide 65 by ISO/IEC 17065.</p>

2	2013-12-20	<p>Clause 2 and 3 were revised to indicate responsible function or person responsible</p> <p>Clause 4.5 revised to indicate that the way how EAS liable for its accreditation activities</p> <p>Clause 4.6.2 included to indicate that the way EAS adopt application or guidance documents.</p> <p>Clause 5.2.2 revised to indicate that the Quality Manager is responsible to report performance of the management system to Director General at least at monthly intervals.</p> <p>Clause 6.2 was revised to include assessor code of conduct in contractual activity agreement</p> <p>Clause 6.3 and 6.4 were included to address monitoring and Personnel records policies</p> <p>Clause 8.3 was included to address Reference to and use of EAS accreditation symbol policy</p> <p>Clause 1 was revised to</p> <p>Clause 2 was revised</p>
3	2015-05-19	<p>Clause 4.3 was revised to make more clear how EAS safeguard impartiality, administrate non- discrimination in its decision and How EAS identifies risk of impartiality with its related bodies and mitigates those identified risks.</p> <p>Clause 4.6.1 was revised to included the ILAC documents used to accredit CABs</p> <p>Clause 5.2.2 was revised to set policy statement of EAS and make more clear EAS objectives</p> <p>Clause 5.4 was revised to change responsibility of keeping CBs file from Accreditation core executive to respective team leader</p> <p>Clause 6.1 was revised to address how EAS record its lists of its staff and assessors and how EAS ensures that all assessors act objectively and are free from any Commercial, financial and other pressures that could affect impartiality</p> <p>Clause 6.2 was revised to include the standard requirements in the policy manual, how EAS record lists of assessors and their scope of competence and role of technical expert and</p>

		<p>Accreditation desk during onsite assessment.</p> <p>Clause 8.3 was revised to make more clear how to use EAS symbols and ILAC, IAF and AFRAC combined logos</p>
4	2015-09-29	<p>Clause 4.1 was revised to include mission, vision and core values of EAS</p> <p>Clause 4.2.1 was revised to make clear the organizational structure of EAS Function and to include ad hoc committees in the organizational structure</p> <p>Clause 4.2.2 was revised to define the role of public wing and their composition</p> <p>Clause 4.3.7 was revised to make clear how the related bodies and the risk associated with them identified.</p> <p>Clause 5.2.2 was revised to more clear the policy statement and objective of EAS</p> <p>Clause 5.3 was revised to more detail policy on document control</p> <p>Clause 5.4 was revised to more detail policy on record control</p> <p>Clause 5.5 was revised to more detail policy on Non conformities and corrective action</p> <p>Clause 5.6 was revised to more detail policy on preventive action</p> <p>Clause 5.7 was revised to more detail policy on internal audit</p> <p>Clause 5.8 was revised to more detail policy on management review</p> <p>Clause 5.9 was revised to more detail policy on complain handling</p> <p>Clause 7 was revised to more detail policy on accreditation, Proficiency testing and other comparisons for laboratories and transition</p> <p>Clause 8.1 was revised to include EAS shall request the applicant CABs to sign Accreditation Agreement (F08.1) to meet the obligation set by EAS to be accredited and so as to avoid future misunderstandings and possible litigation.</p>

5	2016-03	Clause 8.2 was revised to include EAS shall have an obligation to its stakeholders to provide accreditation services based on objective evaluation in competent, transparent an impartial and non-discriminatory manner. EAS shall also be accountable and liable for its accreditation service provided to its client.
1.6	2018-10-16	Annex A was revised to include accreditation process On page 11 of 26 Table 1.1 Scope of Accreditation Activities offered was added On page 12 of 26 list of Mandatory and other normative documents were added to Certification Bodies and the year was deleted from each documents list.
1.7	2019-04-15	The Policy Manual was revised because of the new standard ISO/IEC 17011:2017. EAS PM09.0 Rev 1.6 clauses 8.1 was revised based on the comment from AFRAC evaluation team to include Information about the conformity assessment body obtained from sources other than the conformity assessment body (e.g. complainant, regulators) will be confidential between the conformity assessment body and EAS . The provider (source) of this information shall be confidential to the accreditation body and shall not be shared with the conformity assessment body, unless agreed by the source Clause 6.4 outsourcing was revised to address that EAS did not use parts of an assessment report of an AB being an MRA signatory for its own purposes
1.8	2019-05-25	Clause 5.2 to maintaining balance representation added Member from Inspection and certification body association
1.9	2021-05-10	Old structure replaced by new structure Inspection assessment cycle change from 2 & ½ year to 4 and ½ year
2.1	2022-05-09	The document is revised due to the name Ethiopian Nation Accreditation office (ENAO) change to Ethiopia Accreditation Service (EAS) and new logo developed.

		<p>Removed the term “ Except Information and Communication Technology Directorate and Audit Directorate the rest” report to corporate director organization structure ministry of trade and industry changed to ministry of trade and regional integrated</p>
2.2	2023-02-07	<ul style="list-style-type: none"> • Correction done on page 1 that, this document was prepared by Meseret Tessema replaced by Zewdu Ayele (new quality manager). • Former director general was resigned and replaced by Mrs. Meseret Tessema. • Accreditation director changes to accreditation core executives and accreditation team leader changes to accreditation desk