Oxebridge Q003

Quality Management System Certification Requirements

Ver. 1.1

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If you are interested in offering Oxebridge Q001 certification, contact Oxebridge today by writing to accreditation@oxebridge.com.

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# Revision History

<table>
<thead>
<tr>
<th>Ver.</th>
<th>To be used for audits after:</th>
<th>Nature of Changes</th>
</tr>
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<tbody>
<tr>
<td>1.0</td>
<td>15 March 2020</td>
<td>Original release.</td>
</tr>
<tr>
<td>1.1</td>
<td>15 April 2020</td>
<td>Updated to allow for limited Q001 Level 1 certification. Sections affected: 5 (new), 7, 14, 15, 18.1, 18.2, 18.3.</td>
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<tr>
<td></td>
<td></td>
<td>Changed references from “On-Site Audit” to “Practical Audit” throughout document.</td>
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<tr>
<td></td>
<td></td>
<td>Added language allowing for Remote Auditing Methods. Sections affected: 10, 17 (new), 18.</td>
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<tr>
<td></td>
<td></td>
<td>Sections 21 and 22 on processing of corrective action responses entirely rewritten.</td>
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<tr>
<td></td>
<td></td>
<td>Removed reference to “Quality Manual” from section 12.</td>
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</tbody>
</table>
1.0 Purpose

This document defines the mandatory requirements for performing accredited third-party certification audits of organizations against Oxebridge Q001.

2.0 References

Oxebridge Q001 – Quality Management System Requirements
Oxebridge Q002 – Quality Management System Certification Audit Minimum Evidence Requirements
Oxebridge Q004 – Quality Management System Certification Audit Scoring
Oxebridge Q005 – Quality Management System Certification Audit Terms and Definitions
Oxebridge Q006 – Quality Management System Certification Body Accreditation Requirements
Oxebridge Q007 – Quality Management System Certification Audit Minimum Audit Duration
Oxebridge Q008 – Quality Management System Certification Audit Report
Oxebridge Q009 – Post-Audit Verification Form
Oxebridge Q010 – Quality Management System Consultant & Training Body Licensing Requirements
Oxebridge Q011 – Quality Management System Auditor Training Program
Oxebridge Q012 – Acceptable Use for Q001 Certification Marks and References
Oxebridge Q013 – Quality Management System Certification Body Accreditation Contract
Oxebridge Q014 – Quality Management System Certification Body Accreditation Fees
Oxebridge Q015 – Quality Management System Certification Body Application
Oxebridge Q016 – Quality Management System Incident Report Summary
Oxebridge Q017 - Quality Management System Certification Audit - Remote Auditing Methods

3.0 Terms and Definitions Specific to this Document

Reference Oxebridge Q005.

4.0 Certification Body Requirements

Only Oxebridge-accredited certification bodies may issue Oxebridge Q001 certifications. The requirements for obtaining and maintain Oxebridge accreditation are defined in Q006.
Accredited bodies shall perform all Q001 audits according to the requirements of this procedure and its referenced supporting documents. Deviations from this procedure may only be made in extreme circumstances, and must be approved by Oxebridge in writing before implementation.

5.0 Audit Levels and Deep Dive Option

Certification to Q001 is issued as one of four levels:

- Q001 Quality System Certified Level 1
- Q001 Quality Management System Certified Level 2
- Q001 Quality Management System Certified Level 3
- Q001 Quality Management System Certified Level 4 with Honors

Levels 2 through 4 are issued to an organization who has implemented the entire Q001 standard, barring any normal exclusions.

Level 1 is reserved for organizations who want a “lighter” quality system that focuses only on the product or service realization activities, but without a full Quality Management System. Organizations who pursue Level 1 are allowed to automatically exclude a number of Q001 clauses; these clauses are identified in the table below.

<table>
<thead>
<tr>
<th>Q001 Clause</th>
<th>Required for Level 1</th>
<th>Required for Levels 2 - 4</th>
</tr>
</thead>
<tbody>
<tr>
<td>4.0 Quality Management System Scope</td>
<td>NO</td>
<td>YES</td>
</tr>
<tr>
<td>4.1 Identifying Stakeholders</td>
<td>NO</td>
<td>YES</td>
</tr>
<tr>
<td>4.2 Identifying Stakeholders’ Concerns and Requirements</td>
<td>NO</td>
<td>YES</td>
</tr>
<tr>
<td>4.3 Quality Management System Processes</td>
<td>NO</td>
<td>YES</td>
</tr>
<tr>
<td>4.4 Quality Management System Scope</td>
<td>YES</td>
<td>YES</td>
</tr>
<tr>
<td>5.0 Quality Management System Leadership (all)</td>
<td>NO</td>
<td>YES</td>
</tr>
<tr>
<td>6.0 Quality Management System Planning (all)</td>
<td>NO</td>
<td>YES</td>
</tr>
<tr>
<td>7.0 Quality Management System Support</td>
<td>NO</td>
<td>YES</td>
</tr>
<tr>
<td>7.1 Resources</td>
<td>YES</td>
<td>YES</td>
</tr>
<tr>
<td>7.2 Competence &amp; Training</td>
<td>YES</td>
<td>YES</td>
</tr>
<tr>
<td>7.3 Awareness</td>
<td>NO</td>
<td>YES</td>
</tr>
<tr>
<td>7.4 Communication</td>
<td>NO</td>
<td>YES</td>
</tr>
<tr>
<td>7.5 Documents and Records</td>
<td>YES</td>
<td>YES</td>
</tr>
<tr>
<td>8.0 Operation</td>
<td>YES</td>
<td>YES</td>
</tr>
<tr>
<td>8.1 Operational Process Planning and Control</td>
<td>YES</td>
<td>YES</td>
</tr>
<tr>
<td>8.2 Capture and Review of Requirements</td>
<td>YES</td>
<td>YES</td>
</tr>
<tr>
<td>8.3 Design</td>
<td>YES</td>
<td>YES</td>
</tr>
<tr>
<td>8.4 Purchasing and Subcontracting</td>
<td>YES</td>
<td>YES</td>
</tr>
<tr>
<td>8.5 Production and Service Provision</td>
<td>YES</td>
<td>YES</td>
</tr>
<tr>
<td>8.6 Inspection and Testing</td>
<td>YES</td>
<td>YES</td>
</tr>
<tr>
<td>8.7 Control of Nonconforming Product or Service</td>
<td>YES</td>
<td>YES</td>
</tr>
<tr>
<td>9.0 Performance Evaluation</td>
<td>9.1.2(a) only</td>
<td>YES</td>
</tr>
<tr>
<td>10.0 Improvement</td>
<td>NO</td>
<td>YES</td>
</tr>
<tr>
<td>10.1 Pursuing Continual Improvement</td>
<td>NO</td>
<td>YES</td>
</tr>
<tr>
<td>10.2 Corrective Action</td>
<td>YES</td>
<td>YES</td>
</tr>
<tr>
<td>10.3 Preventive Action</td>
<td>NO</td>
<td>YES</td>
</tr>
<tr>
<td>10.4 Incident Investigation</td>
<td>YES</td>
<td>YES</td>
</tr>
</tbody>
</table>

A client organization may only select one of two options: either to pursue “Level 1” audit, or to pursue a “Level 2 through 4” audit. Levels 2, 3 and 4 are issued based on scoring, and may not be individually selected; e.g., a client
An organization could not opt solely for a “Level 3” audit, as the Level 3 designation is granted by the final score of the audit.

An organization **must elect to pursue Level 1 certification before any audit is performed**; audits may **not** be “downgraded” to Level 1 if the organization had previously elected to pursue Levels 2 through 4. Likewise, a successful Level 1 audit may not be “upgraded” to Level 2 through 4. A client may only upgrade to Level 2 through 4 at a subsequent Q001 certification audit.

A client organization may also opt for a “Deep Dive Audit,” which increases the amount of audit days conducted for the practical audit portion. In such cases, the same minimum audit requirements apply, but it is expected the CB will gather significantly more evidence since more audit time is being utilized.

### 6.0 Audit Structure

Oxebridge Q001 audits are structured in a manner to improve objectivity of the process, and to ensure that nonconforming organizations do not obtain or retain Q001 certification. While it is impossible to ensure this in all cases, this structure works to reduce known flaws in prior QMS certification audit approaches.

The following diagram represents the overall audit process flow.

![Audit Process Flow Diagram](image)

**7.0 Audit Application**

The CB shall require any initial certification or recertification client to submit an Application Form. This form shall include the following information at a minimum:

- Organization’s legal name
• Organization’s point of contact (POC) name, title and contact information
• Organization’s employee count, including all employees within the QMS scope (full and part time)
• Organization’s primary location
• If the organization has more than one location within the QMS scope, then a table to include the address of each location and the employee count broken down by location
• Scope Statement from the organization’s QMS (per Q001 requirement)
• Conflict of interest disclosure, indicating any Q001 consulting services or providers used to date
• Indication of which certification level the organization intends to pursue (either “Level 1” or “Level 2 through 4”)
• Whether the Deep Dive option will be selected
• Required safety equipment necessary for practical audit participants
• Required languages for QMS documentation and practical audit activities
• Organization’s website address
• Full name(s) of organization’s parent company or owner organization(s)
• Regulatory bodies under which the organization operates

8.0 Audit Fee Calculation

From the data provided in the Application Form, the CB shall calculate the required audit days per Q007. The CB shall then calculate its audit fee based on its internal pricing model. The audit fee shall include all necessary accreditation fees payable by the organization per Q006 and the contract between the CB and Oxebridge.

Prior to signing any final Audit Services Contract, the CB shall communicate the optional audit aspects (Customer Feedback Review and Deep Dive Audit Option) to obtain the organization’s decision on whether or not to include these options. This is required so the CB can properly calculate audit fees per Q007 and price the contract.

9.0 Audit Services Contract

The CB shall then ensure the organization signs the appropriate Audit Services Contract per Q006. This shall include whether or not the organization is selecting the optional audit aspects (Customer Feedback Review and Deep Dive Audit Option).

10.0 Audit Planning

Once the audit contract is signed, the CB develop an Audit Plan which defines the following:

• Scope of the audit, based on the organization’s Scope Statement
• Schedule of practical audit activities for each location within the QMS scope, to comply with the minimum audit duration calculations of Q007
• Assigned Lead Auditor and audit team members
• Remote Auditing Methods to be used
11.0 Audit Scheduling

The CB shall then contact the organization’s POC and arrange initial scheduling. This shall consist of arranging:

- Dates for submission of the preliminary organization submissions, per section 12 below.
- Methods of submitting the preliminary organization submissions
- Dates for practical activities, per the audit plan and minimum audit duration.
- Scheduling and planning of Remote Auditing Methods
- Confirmation of safety requirements for audit participants

12.0 Preliminary Organization Submissions

The CB shall monitor the Audit Schedule to ensure the organization submits its preliminary submissions on time. If the submissions are late, the CB shall communicate any resulting changes in practical audit dates to the organization accordingly. The CB must allow enough time so that any schedule changes do not incur fees which are passed onto the organization.

The required preliminary organization submissions are as follows:

- Current QMS documentation to include the required Q001 procedures
- Evidence of most recent Management Review records, showing all required Q001 management review items have been reviewed
- Evidence of the completion of a full internal QMS audit cycle, to show that all QMS processes have been internally audited by the organization or a subcontractor against Q001
- Process quality objectives
- Measurement metrics used to measure each process quality objective; if not self-explanatory, a description of the method used to calculate the measurement.
- The latest data showing the current standing for each process quality objective’s metric.
- OPTIONAL: contact information for the organization’s customers, who may be contacted by the CB for the Customer Feedback Review portion. At least six customers shall be provided, to ensure the highest possible score for the organization.

13.0 Incident Investigation

The CB shall conduct an Incident Investigation to determine if the organization is subject to any current or prior incidents. This shall consist of reasonable searches via online sources of the following possible incidents affecting the organization:

- Product or service recalls
- Reports of defective product found or released
- Reports of deficient service involving the organization
- Reports of disasters involving the organization
- Reports of scandals involving the organization
• Reports of disasters involving the organization
• Regulatory or government investigations into the organization
• Any relevant news reports related to the organization which should reasonably be treated with corrective action by the organization

The minimum duration of the Incident Investigation is defined in Q007.

The CB shall record all discovered incidents in the Audit Report Q008.

The CB may elect to notify the organization of the incidents it discovered, allowing the organization time to ensure it has corrective actions in place prior to the practical audit.

The CB shall not make a moral judgement about the organization, or discriminate against the organization in any manner because of incidents which may be uncovered.

The Incident Response Score is not calculated at this time, but later during the practical audit event.

14.0 QMS Document Review

The CB shall then review the organizations’ QMS documentation to ensure the following:

• All required procedures per Q001 are present (in whatever form or structure)
• The procedures include requirements which conform to the Q001 requirements

It is understood that the amount of QMS documentation for organizations pursuing Q001 Level 1 certification will be significantly less than those pursuing Levels 2 through 4.

The minimum duration of the QMS Documentation Review is defined in Q007.

The CB shall record the results of the QMS Documentation Review in the Audit Report Q008.

If nonconformities related to the documents are found, the CB shall report these to the organization, allowing the organization time to ensure it has corrective actions in place prior to the practical audit, or to postpone the practical audit if it does not.

15.0 Statistical Data Review

The CB shall then review the organizations’ statistical data related to the process quality objectives and metrics to ensure the following:

• The data is sufficient to provide a complete picture of the organization’s QMS; if the CB decides the data is insufficient, the CB may contact the organization to obtain additional data.
• The data appears accurate (this shall be an informal decision at this point, to be verified once on-site)
• The data is related to the measurement at least the following:
  o Process performance for each QMS process
  o Quality of the products and/or services within the QMS scope
• The data calculations appear mathematically correct; i.e., no faked or false calculations
The measurement metrics and methods appear statistically valid and/or are based on known statistical principles and/or published statistical standards.

It is understood that the amount of quality data for organizations pursuing Q001 Level 1 certification will be significantly less than those pursuing Levels 2 through 4.

The minimum duration of the Statistical Data Review is defined in Q007.

The CB shall record the results of the Statistical Data Review in the Audit Report Q008.

If nonconformities related to the Statistical Data Review are found, the CB shall report these to the organization, allowing the organization time to ensure it has corrective actions in place prior to the practical audit, or to postpone the practical audit if it does not.

16.0 Customer Feedback Review (Optional)

Organizations can opt into the Customer Feedback Review in order to potentially receive a higher Final Audit Score. Organizations cannot be penalized for not opting into this review.

If the organization has opted in, the CB shall contact at least four of the customers provided by the organization. The CB shall advise the customer of the following:

- The information is being gathered for the organization’s Oxebridge Q001 quality system certification audit.
- The information shall remain confidential between the customer, the CB and Oxebridge; it shall not be revealed to the organization, and there are contracts in place between the CB and the organization to ensure this.
- The customer has the right to refuse to participate in the survey.

The CB shall then ask the following questions of the customer, and record their answers.

- Are you generally satisfied with the organization’s products and/or services?
- When you’ve had problems, are you satisfied with how the organization responded?
- Would you recommend the organization to others?

The answers for each question shall be rated by the CB as follows:

- Generally positive
- Neutral
- Generally negative

The survey may be performed via telephone, email or any other means. Telephone contact is recommended.

If a customer declines to participate, the CB shall continue to contact additional customers. A minimum of four is required for the scoring requirements of Q004.
The CB shall record the results of each question on an appropriate form that may be reviewed by Oxebridge at a later date; the record used may be developed by the CB. The record of the answers shall remain confidential between the CB and Oxebridge; these shall not be disclosed to the organization.

17.0 Remote Auditing Methods (RAM)

17.1 General

The Q001 scheme allows for auditing of a client organization via “Remote Auditing Methods,” or “RAM.” This is useful when physical on-site auditing is limited, restricted, difficult or otherwise prohibited.

17.2 Security and Confidentiality

The CB and the client organization shall determine, during audit planning, the level of security and confidentiality required by the client’s customers, applicable statutes and regulations, and industry requirements. In some cases, this may limit or negate any option to use RAM at all. If so, the CB must notify the organization that a RAM practical audit will not be performed.

Confidentiality considerations must also comply with the applicable confidentiality rules of the Q001 accreditation scheme and the audit contract between the CB and client organization.

Where limitations to RAM have been identified, the CB and client organization will develop a plan to utilize RAM in a manner that does not violate any applicable requirements, statutes or regulations. This may include requiring the use of servers located solely in the country of the client organization, using secure end-to-end encryption technology for key communication, or restricting file transfer methods to secure methods only.

17.3 Considerations for Interviews

Interviews consist of discussions between the CB auditors and the representatives of the client organization. They are largely verbal, but may include written exchanges (via email, etc.)

When utilizing RAM for interviews, the CB may consider performing interviews via conference call, one-to-one phone calls, internet-based conference platforms, or messaging platform. Such tools must comply with security and confidentiality requirements. Face-to-face interviews via webcam or visual media are not required.

Additional methods are defined in Q017.

17.4 Considerations for Evidence Gathering

Evidence gathering consists of the submission of evidence by the client organization for review by the CB auditors. This includes documents, records, images, etc.; as a result, such evidence requires more than just verbal communication, and additional RAM approaches will have to be used. Evidence typically holds the highest risk for violations of security and confidentiality, so great care must be applied to comply with all applicable requirements.

When utilizing RAM for evidence gathering, the CB may consider utilizing secure file transfer protocols (SFTP), Tor encrypted email exchanges, end-to-end encrypted messaging platforms, secure server portals. When obtaining
images, the CB should consider using an image exchange method that allows for end-to-end encryption and automatic secure message deletion after viewing.

Additional methods are defined in Q017.

17.5 RAM and Deep Dive Audits

RAM may not be used at all for the practical audit portion of any Deep Dive Audit. The nature of Deep Dive Audits requires the practical audit portion to be performed 100% on-site. The other tasks within an audit (Incident Investigation, Statistical Data Review, etc.) may be performed off-site for Deep Dive Audits.

18.0 Practical Audit

18.1 Opening Meeting

The CB shall begin the practical audit with an opening meeting. The opening meeting must include the management identified as “top management” per Q001. If the top management does not attend, the CB shall write a minor nonconformity against clause 5.1.1.

The topics to be discussed at this meeting are as follows:

- Greetings and introductions of all participants
- The off-site audit activities conducted so far
- How audit evidence will be gathered for the practical audit (via interviews, observations, gathering evidence, RAM, etc.)
- Explanation that “verbal testimony” evidence derived from interviews must be captured with a record of the interviewee’s title, but that this is not to be taken a personal blame in the event of a nonconformity.
- Confidentiality: how the audit report and related findings will remain confidential between the organization, the CB and Oxebridge
- How Oxebridge may audit the CB by reviewing the records of the organization’s audit
- Explanation of prohibition of suggestions, OFIs, and “preventive action requests”
- Definitions of “major” vs “minor” nonconformities
- Brief mention of the appeals process (this will be discussed further in the closing meeting)
- Explanation that Q001 Level 2 through 4 audits cannot be downgraded to Q001 Level 1, nor can Q001 Level 1 audits be upgraded to Q001 Levels 2 through 4.
- Explanation that a final result will not be given at the end of the practical audit, but only after corrective actions are accepted and Oxebridge – not the CB – has issued a final certification decision

The CB shall maintain a record of the opening meeting and all attendees.

18.2 Practical Audit

The CB shall then conduct the audit based on the audit plan and minimum audit duration defined in Q007. This shall include the additional practical audit activities if the organization has selected the Deep Dive Audit option.
For organizations who elected to pursue Q001 Level 1 certification, the audit shall not include the clauses automatically excluded for a Level 1 per the table in Section 5 above. If the organization is pursuing any other Q001 Certification Level, then the entire Q001 standard shall be audited, minus any clauses legitimately excluded by the client’s scope.

The CB audit team shall then conduct the audit by gathering objective evidence to support a decision as to whether the organization is conforming to each Q001 clause. Objective evidence shall be entered to support each decision for each clause; in some cases, a single set of objective evidence may answer multiple clauses.

Objective evidence shall be recorded in a manner that is verifiable by third parties, including Oxebridge, at a later date.

The minimum evidence to gather for each clause shall be in accordance with Q002.

Acceptable evidence includes observation of practices, witnessing process work, examination of documents and records, and interviews with personnel. When an interview’s “verbal testimony” is entered as evidence, the title of the person interviewed must be entered to allow verification of the interview later by third parties.

The Lead Auditor shall ensure timely execution of the practical audit, and manage the time of the audit team accordingly. Audits cannot be extended due to the CB’s poor audit planning or poor time management.

The practical audit of Q001 clause 10.4 will constitute the verification of corrective actions related to incidents, and thus provide for the eventual scoring of the Incident Response Score.

18.3 Audit Plan Changes

The CB may make minor changes to the audit plans as befits the real-world conditions of the audit. This may not reduce the number of audit days calculated per Q007, however.

If the organization decides to opt out of the Deep Dive Audit Option during the practical audit itself, the CB shall decide whether this will be allowed. Oxebridge recommends the CB develop an internal procedure to govern such conditions and to reduce its financial losses in such cases. The CB may elect to prohibit this outright.

If the Deep Dive Audit Option is mutually dropped, then the scoring will not include the additional award points for the Deep Dive.

Under no circumstances may the pre-selected audit level “(Level 1” Level 2 through 4”) be changed during the audit.

The Customer Feedback Review may not be dropped once optioned even if requested by the organization.

18.4 Periodic Meetings

The CB audit team may hold periodic status updates with the organization’s representatives as mutually agreed upon with the organization. These may be end-of-day meetings, mid-day meetings, or for any other reason. These are not mandatory.

18.5 Nonconformities
The audit team shall record any discovered nonconformities on the Audit Report. Each nonconformity shall contain the following information:

- **Requirement**: the exact Q001 clause found to be nonconforming, indicated at the most detailed subclause number and, if applicable, bullet letter
- **Evidence**: the objective evidence examined, in sufficient detail so that it is verifiable by any third party at a later date, even if the third party was not present for the audit
- **Rationale**: an explanation of why the evidence shows the clause to be nonconforming
- **Rating**: a rating of either Major or Minor

### 18.6 Opportunities for Improvement

“Opportunities for Improvement” (OFIs) or suggestions are prohibited in Q001 certification audits. The purpose of Q001 audits is to verify conformity with the standard, and not drive improvement beyond any improvements such certification may bring.

### 18.7 Preventive Actions

Likewise, the issuance of findings indicating a Q001 clause “may” be violated in the future – and thus requiring the organization to file a preventive action request – are prohibited. Only evidence-based, actual nonconformities against Q001 may be issued, and these all will require corrective – not preventive – action.

### 18.8 Strengths

The CB shall indicate strengths or other positive factors the audit team noticed during the practical audit, and record these in the audit report.

### 19.0 Audit Report Preparation

The CB shall then complete the Audit Report. The CB may use form Q008 or a form of its own design provided it includes all the information required by Q008. CBs are urged to have Oxebridge approve all CB-developed audit forms before use.

The preparation of the Audit Report shall be done during the practical audit. This ensures that if the audit team has any follow-up questions, they can resolve those and ensure a complete report is produced.

The Audit Report shall list all nonconformities, and their ranking as either Major or Minor. Any major nonconformities against the Major Fallout Clauses shall be flagged as such.

The certification score shall be calculated per Q004.

### 20.0 Closing Meeting

#### 20.1 Agenda

The CB shall then conduct a closing meeting. Unlike the opening meeting, attendance by top management is highly recommended, but not mandatory.
The topics to be discussed at this meeting are as follows:

- Review of the audit process in general
- How audit evidence was gathered (via interviews, observations, gathering evidence, etc.)
- Explanation that “verbal testimony” evidence derived from interviews was captured with a record of the interviewee’s title, but that this is not to be taken a personal blame in the event of a nonconformity.
- Confidentiality: how the audit report and related findings will remain confidential between the organization, the CB and Oxebridge
- How Oxebridge may audit the CB by reviewing the records of the organization’s audit
- How Oxebridge reserves the final certification decision, not the CB
- Definitions of “major” vs “minor” nonconformities
- Submission and review of all nonconformities
- Requirement that the organization file a corrective action for each nonconformity filed
- Estimated Final Certification Score, and explanation that this may change after review of corrective actions and final Oxebridge certification decision
- Discussion of the appeals process and 30-day appeal window
- Discussion of CB’s corrective action review process
- Discussion of organization’s option for a Corrective Action Review Audit
- Requirement for the organization to complete the Post-Audit Verification form Q009 (see section 20 below)
- Review of the 2-year recertification schedule

Note: some closing meeting topics are a repeat of those found in the opening meetings, and this is by design: often the closing meeting may have different participants than the opening meeting.

20.2 Records

The CB shall maintain a record of the closing meeting and all attendees.

20.3 Nonconformity Review

A main part of the Closing Meeting is the submission of nonconformities to the client organization. The nonconformities require the client organization to initiate corrective action per section 21 below.

During the closing meeting, the client organization may provide feedback on each nonconformity, but this may not be taken into account by the CB at that time. Instead, all nonconformities are “locked” at that time, and may not be revoked or regraded during the closing meeting. The organization may only request a revocation or regrade of a nonconformity as part of their corrective action response (see section 21).

20.4 Post-Audit Verification Form

The CB will direct the organization to submit form Q009 Post-Audit Verification Form directly to Oxebridge, per the instructions on the form itself. The CB shall inform the client that failure to submit this form may result in delay of their final certification decision, as the information on the form is used to determine that decision. If the client does not submit the Q009 form at all, then no certification will be granted.
The Q009 form **must** be used, and alternate forms are not allowed.

### 20.5 End of Closing Meeting

Once the above tasks are complete, the Closing Meeting is deemed over.

### 21.0 Corrective Action Submission and CB Review

#### 21.1 Corrective Action Responses

Within 10 working days of the Closing Meeting, the organization shall provide to the CB its formal corrective action responses for each identified nonconformity. Each nonconformity shall have a separate corrective action response.

The corrective action response must include:

- Exact copy-and-paste of the nonconformity Requirement, Evidence, Rational and Rating, as it appears in the Audit Report (see section 18.5).
- Any immediate containment necessary to address problems related to the specific evidence cited by the CB in its nonconformity, if applicable.
- Root cause analysis which identifies the root cause(s) that led to the nonconformity. This must not be a restatement of the problem.
- Action plan to permanently correct the root cause(s), including expected date of completion and assigned persons responsible for the implementation of the plan.
- Name and contact information for the client organizations point of contact for the nonconformity

The organization will determine the date of completion of the action, as this will be based on the severity of the nonconformity, the organization’s available resources, and other factors. The CB shall **not** mandate a closure date for the issue.

If the action plan was fully completed at the time of submitting the corrective action response, this shall be indicated in the response, with the date of completion.

The organization may use their own corrective action forms for responding to nonconformities, or may use forms provided by the CB; in all cases, they must contain the above required information.

#### 21.2 Corrective Action Review

Within 10 working days of receipt of the organization’s corrective action responses, the CB shall review all corrective action responses to ensure:

- The organization’s corrective action response contains all the required information from section 21.1 above;
- any immediate containment and/or correction appears adequate;
- the root cause analysis appears adequate and does not merely restate the problem;
- the corrective action plan addresses the root cause(s).
The CB shall then communicate its decision whether or not to accept each corrective action to the organization. An additional ten working days may then be used to by the organization and the CB to further refine the corrective action responses to the satisfaction of the CB.

To reiterate, the following timelines shall be observed:

<table>
<thead>
<tr>
<th>Step</th>
<th>Time</th>
</tr>
</thead>
<tbody>
<tr>
<td>Client to provide corrective action responses</td>
<td>10 working days from Closing Meeting</td>
</tr>
<tr>
<td>CB to provide corrective action review results for acceptance</td>
<td>10 working days from above step, or 20 days from Closing Meeting</td>
</tr>
<tr>
<td>Additional time to refine corrective action responses if not accepted</td>
<td>10 working days from above step, or 30 days from Closing Meeting</td>
</tr>
<tr>
<td><strong>MAXIMUM TOTAL TIME</strong></td>
<td><strong>30 working days from Closing Meeting</strong></td>
</tr>
</tbody>
</table>

Based on this, all corrective actions must be accepted within 30 days of the Closing Meeting. In cases where CB acceptance is not granted within the 30 days period, the organization may opt to undergo a Special Corrective Action Review audit per section 22 below, or file nonconformity appeals per section 26 below. Failure to do either will result in the organization being denied certification.

21.3 Records of Corrective Action Review

The CB will record its review of the corrective actions on the Audit Report, indicating a ruling for each nonconformity as follows:

- Corrective action response accepted as fully completed and actions deemed acceptable by the CB
- Corrective action response reported as partially completed, but plan is deemed acceptable by the CB
- Corrective action response not complete or plan wholly insufficient, rejected by the CB

22.0 Special Corrective Action Review Audit

Where the organization cannot resolve the nonconformity to the satisfaction of the CB, and faces either a lower score than desired or complete decertification, the organization may elect to schedule an optional Special Corrective Action Review Audit. This shall be a one-day audit payable to the CB by the organization, no matter the level of complexity estimated to resolve the issue(s). The audit may be conducted remotely using RAM or may require on-site verification; this decision is left to the CB based on the nature of the corrective action(s) under review.

The organization must communicate their wish for a Special Corrective Action Review Audit within the 30-day corrective action response time, or the CB shall not perform the audit, and the corrective action response rulings will stand.

If the client organization requests the Special Corrective Action Review audit within the time frame, the CB and the organization shall negotiate a date for the Special Corrective Action Review audit, not to exceed 120 days from the original Closing Meeting. If the Special Corrective Action Review Audit is then rescheduled or delayed by
the organization beyond the 120-day period, the option to conduct the review is lost, and the CB’s original corrective action rulings shall stand.

At the Special Corrective Action Review Audit, the CB shall review the status of the corrective action, along with any evidence the organization wishes to present to justify why the corrective action should be accepted. At the conclusion of the Special Corrective Action Review Audit, the CB shall make a final decision on the status of the corrective action. The results shall be appended to the original Audit Report.

For organizations seeking recertification, they may retain their prior certification level and status until the Special Corrective Action Review Audit is complete and the CB rules on their corrective actions. This shall be true even in cases where the 2-year recertification date would lapse while awaiting the ruling; in those cases, the recertification date shall be extended until the CB corrective action rulings are issued.

Alternative to the Special Corrective Action Review Audit, the organization may file a nonconformity appeal per section 26 below.

23.0 Final Certification Score Calculation

Once the CB has ruled on all corrective actions, the Final Certification Score may be calculated, per Q004. The audit report shall be updated with this score, and submitted to the client with a disclaimer that the final decision certification still rests with Oxebridge.

The CB shall then submit the finished audit report, with score, to Oxebridge for final review and certification decision.

24.0 Final Review and Certification Decision

Oxebridge shall review the organization’s Post-Audit Verification form Q009, the completed audit report and Final Certification Score to ensure:

- All requirements of the applicable accreditation and auditing standards are met, including minimum audit duration.
- Sufficient objective evidence has been recorded to justify the Final Certification Score.
- The Final Certification Score is calculated appropriately.
- No problems are raised from the Post-Audit Verification Form information.
- There are no other problems with the final Audit Report.

This review shall happen within 7 calendar days of receipt of the Audit Report from the CB.

If there are any problems, Oxebridge will work with the CB to have them corrected. This may result in changes to the Final Certification Score, in some cases. Any delays from the 7-day processing time will be communicated to the client organization by the CB.
25.0 Results Publication

Upon completion of the audit report review, Oxebridge will issue a Final Certification Decision by publishing the result on the Oxebridge Q001 portal. This publication is the only official notification of final certification.

For organizations that do not achieve certification, the result will be communicated to the CB, who will communicate this to the client organization. For organizations who are not already certified, the decision to deny certification will not be published. For certified organizations undergoing recertification, their entry will be updated to indicate a “withdrawn” status.

Oxebridge may alert the CB of the publication, so the organization shall be notified. Oxebridge will not notify the organization directly.

The published results will only include the following information:

- Organization name
- Organization scope statement
- Locations covered by the certification (if not included in the scope statement)
- Certification Body name
- Certification Level per Q004

The Final Certification Score will not be published.

26.0 Nonconformity Appeals

Nonconformity appeals may be filed by any organization within 30 days of the receipt of the final Audit Report. Such appeals shall be submitted to Oxebridge Quality Resources International for review and resolution; they are not to be sent to the CB unless the organization wishes to send a simultaneous copy to the CB. The CB shall take no action on the appeal, as this remains the sole authority of Oxebridge.

The organization’s appeals may only be issued when it disputes a nonconformity issued by the CB; the organization cannot dispute a Final Certification Score, as the score is calculated after all appeals are ruled on.

Oxebridge will communicate with the organization as required, and work to resolve the appeal per Oxebridge’s own procedures. Oxebridge may require additional information be provided by the organization, by the CB, or both.

From this information, Oxebridge will issue a ruling within 30 days, declaring either:

- The appeal is upheld, and the nonconformity reversed.
- The appeal is denied, and the nonconformity is upheld.

For organizations seeking initial Q001 certification, the process is frozen until the appeal ruling is issued.

For organizations seeking recertification, they may retain their prior certification level and status until the appeal ruling is issued. This shall be true even in cases where the 2-year recertification date would lapse during the
appeal process; in those cases, the recertification date shall be extended until the appeal ruling is issued, and the organization will not face penalties for filing an appeal.

In all cases, the CB shall not subject the organization or its staff to any repercussions for filing an appeal.

27.0 Complaints

An organization may file a complaint against a CB apart from a nonconformity appeal. Reasons for complaints may include

- Auditor personal behavior
- Auditor conduct
- CB home office interactions

Such complaints shall be filed directly with the CB and not Oxebridge. Organizations may submit a copy of such complaints to Oxebridge, however.

The accreditation rules of Q006 require CBs to maintain a complaints handling procedure; such complaints shall be processed by the CB in accordance with that procedure.

28.0 Ongoing Incident Reporting

The CB shall require each certified client to submit form Q016 Incident Report Summary at least every six months as a condition of maintaining certification. This form will require the client organization to report any new incidents and indicate that corrective action is underway.

If an incident is discovered by the CB, Oxebridge or other party which has not been disclosed on a Q016 form, the CB and/or Oxebridge may require a Special Audit be conducted of the client organization to ensure corrective action is underway.

If an organization does not provide their Incident Report Summary in time, the CB will communicate this to Oxebridge, and a decision made on whether to withdraw the organization’s certification.

29.0 Overlap with Other Management Systems

While Q001 was built to comply with ISO 9001, Oxebridge does not currently accept third-party ISO 9001 certificates as a means of shortening Q001 audits. Should this change, this policy will be updated and appropriate training provided to all auditors and CBs.

As a result, all client organizations must undergo a full Q001 audit, even those that have current ISO 9001 certification.