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PCN DOCUMENT QS2

PROCEDURE FOR PCN ASSESSMENT AND REGISTRATION

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ASSOCIATED DOCUMENTS:

- QS1 BS EN ISO 9001: 2008 (INTERPRETATION FOR NDT): GUIDANCE FOR ORGANISATIONS SEEKING BINDT QUALITY MANAGEMENT SYSTEMS CERTIFICATION FOR THE PROVISION OF NON-DESTRUCTIVE TESTING SERVICES
- QS3 QUALITY MANAGEMENT SYSTEM ASSESSMENT INSTRUCTIONS AND CHECKLIST (confidential to assessors)
- QS4 APPLICATION FOR PCN ASSESSMENT AND REGISTRATION
- PSL/35 CHARGES FOR PCN CERTIFICATION SERVICES
- CP14 BINDT AUDIT PROCEDURE AND REPORT FORMS



The British Institute of Non-Destructive Testing is an accredited certification body offering personnel and quality management systems assessment and certification against criteria set out in international and European standards through the PCN Certification Scheme.



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ANNEXES

- A Initial application form (QS2A)
- B Extension to scope application form (QS2B)

1. INTRODUCTION

1.1 This document provides information and guidance to organisations seeking PCN registration as complying with BS EN ISO 9001: 2008 as interpreted in PCN document QS1.

1.2 It is recommended that QS1, QS4 and this document are read carefully by applicant organisations in order to avoid unnecessary effort and delay in the assessment and registration process.

1.3 An organisation may apply to be registered as providing one or more of a number of services. These are detailed in document QS4 under Certification Available.

1.4 Should a PCN certificated organisation wish to apply to extend its scope of certification, an application will be made on form QS2B (Annex B).

2. APPLICATION FOR ASSESSMENT AND REGISTRATION

2.1 The first step towards gaining PCN registration is the submission of a completed application form QS2A (Annex A). This will enable PCN to evaluate the nature of your company's business, the activities that support it and whether PCN has the relevant expertise to undertake the assessment. A controlled copy of the organisation's documented quality system must be supplied to PCN with the application.

2.2 PCN will appoint a lead assessor to carry out a pre-assessment visit to your premises on a mutually agreeable date, during which your quality system documentation will be briefly reviewed in the context of your facilities and business. At this time, the PCN lead assessor will form an initial opinion as to the extent that the proposed quality system and organisation meet PCN requirements, and will advise on your readiness for initial assessment. Following this, we will send you a quotation and a contract. If you wish to go ahead with assessment, receipt by us of the signed contract will initiate the assessment process.

3. PREPARATION FOR INITIAL ASSESSMENT

3.1 Providing the pre-assessment visit and a formal desk-top review of the application and supporting documentation proves satisfactory, PCN will liaise with you to establish a mutually agreeable date for the initial assessment.

3.2 You will be sent an audit assessment programme, format of the assessment and areas of responsibility at least fourteen clear days in advance of the assessment.

4. THE ASSESSMENT

3.2 The Lead Assessor will inform the representative of the auditee that the assessment is to ensure compliance with specified requirements and the organisation's own quality management system against the scope of approval or certification sought by the organisation concerned.

3.3 The lead assessor will inform the senior representative of the assessed organisation and the assessment team members that if there is an apparent non-compliance (NC) with the requirements, the assessor observing the NC will detail his observation on a CP14 Appendix 1 DR form, quoting the reference from the relevant criteria. The auditee's representative will be asked to sign the DR there and then to signify that the observation is accurate. This observation will not be categorised until the final team meeting.

3.4 The lead assessor will outline the timetable and inform the auditee's senior representative that all staff involved in the assessment will be expected to attend the final open meeting, at which time the findings of the team will be presented.

4.1 Your company must afford any assistance which PCN or its agent(s) may reasonably need to facilitate an assessment. This will include undertaking, at the request of PCN or its agent, any reasonable checks, calibrations or inspections to demonstrate the effectiveness of your NDE facility

(such access shall by no means come into conflict with the rules for confidentiality of work for the Organisation's clients).

4.2 The purpose of the assessment is twofold, first to determine the suitability of the company's general administration in respect of systems, records, security arrangements, facilities and staff structure. Secondly to technically assess the capability of your organisation with regard to NDE facilities, equipment and technical expertise within the scope of the application.

4.3 The assessment will begin with an introductory meeting between the assessment team and your company's representatives. At this meeting the lead assessor will introduce the assessment team and confirm the assessment programme, the format of assessment and areas of responsibility. Arrangements will be made for a member of your staff to accompany PCN assessment team members during the assessment to confirm the correctness of any observations recorded. The meeting also provides an opportunity for the assessing team to answer questions on any aspect of the assessment. The assessment team will audit the organisation against the requirements of BS EN ISO 9001: 2008, as interpreted and supplemented by PCN document QS1, and the organisations own quality management system against the scope of approval or certification sought by the organisation concerned. The scope includes that defined for initial assessments. Each assessor will review the activities of the department to which he is assigned, and his appraisal will consist of on-the-spot observations of the organisation, documentation and NDE activities defined by the organisation's quality system and procedures. Any other department within the organisation, which interfaces directly or indirectly with the NDE department, may be audited for compliance with BS EN ISO 9001: 2008 if its function affects the compliance of the NDE department with that standard.

5. RECORDING OBSERVATIONS

5.1 The completed detail report (DR) forms (CP14 Appendix 1) record the apparent failure of arrangements to comply with the BS EN ISO 9001: 2008 requirements (as interpreted in QS1), and these are the objective evidence upon which the lead assessor will base his recommendations to PCN.

5.2 The detail report form (DR) will be completed by the assessor at the time of the observation and witnessed by the accompanying representative of your company. The signature by your representative is simply to agree that the facts recorded on the detail report at the time of the observation are accurate. There will be no attempt to designate the category of any apparent non-compliance [NC] as NC or observation at this time.

5.3 The information recorded on the DR will include the following:-

- where the observation was made;
- the particular activity or aspect involved;
- any documents or serial numbers involved, etc.;
- a record of the observation (usually in the terminology of the requirements in PCN QS1);
- the name of the person with whom the matter was discussed;
- the signatures of the assessor and the assigned company representative.

6. CATEGORISATION OF NON-COMPLIANCES

Apparent non-compliances may be categorised as a non-compliance or observation after consultation with the audit team.

An observation would indicate that, although there is no evidence that a non-compliance has been observed, the company should review the area indicated on the DR form in order to improve quality.

7. THE SUMMARY REPORT

7.1 After the assessors have completed their individual assignments they will hold a private meeting to co-ordinate the team results. The lead assessor will collate all DR forms, ensuring that the correct document reference has been allocated, and categorise each DR as a non-compliance or observation.

7.2 The Lead Assessor will then complete the Summary Report (SR) form from CP14 Appendix 1, taking into account the assessment team's findings. The SR will not re-iterate the statements on the detail reports but will present an overall impression of the organisation.

8. THE FINAL MEETING

8.1 It is emphasised that the assessment is a sampling process and will not necessarily cover every aspect of the company's quality system and, therefore, where no non-compliances were reported it does not follow that none exist.

8.2 The lead assessor will confine observations to non-compliance with requirements, and phrase narratives in the terms of the appropriate criterion wherever possible, ensuring that a reference to the criteria is quoted. The lead assessor will not offer any advice that may be construed as consultancy (which, in third party assessments, is prohibited under the terms of UKAS accreditation). A DR will be withdrawn if a satisfactory explanation is offered in respect of an observation which is subsequently shown not to be a NC. If an NC can be cleared simply and to the assessor's satisfaction during the audit it will not be raised as a DR.

8.3 At the final meeting the Assessment Team will present their findings to the company, after which the Company Management Representative for Quality will indicate on each DR the intended corrective actions and the latest date for clearance. The company representative will be expected to propose at this meeting, or within 7 days following the audit, what actions will be taken to clear any observed non-compliance, together with a date for clearance. The proposed corrective actions must be to the satisfaction of the lead assessor, and should be satisfactorily implemented within three months of the audit. However, if circumstances warrant, the lead assessor may agree a date up to six months from the assessment for corrective action. Enter this date on the DR and invite the senior representative of the assessed organisation to sign this form.

8.4 When all DR and the SR forms have been dealt with, the summary report is presented by the lead assessor and it is stated clearly what the recommendation(s) will be, i.e. a, b, c or d, as detailed in para 8.6 and 8.7 below. The assessed organisation may take copies of SR and DR forms. Although the lead assessor will make recommendations, the final decision on approval is taken by BINDT. Assessors cannot offer advice or become involved in any acrimonious discussion about the requirements; they are simply reporting what they find. Report of inconsistencies within the documents are directed to BINDT.

8.5 The Lead Assessor and senior Company Management Representative present will agree on a time scale for correction of all non-compliances, if applicable, and both will be signatories to the Summary Report.

8.6 The Lead Assessor will complete the Recommendations on CP14 Appendix 1 CR form, to be submitted to PCN. This form is confidential to PCN.

8.7 Recommendations may be for:-

- a) unconditional acceptance;
- b) immediate acceptance conditional upon non-compliances being corrected by submission of postal evidence within an agreed time scale (only where non-compliances are of a minor nature);
- c) acceptance to be deferred until the lead assessor is satisfied that non-compliances have been remedied (this usually requires a follow-up assessment);
- d) rejection.

8.8 The lead assessor is responsible for reviewing and accepting evidence of satisfactory implementation of corrective action, for raising and maintaining a record of clearance of corrective actions, and for forwarding completed audit documentation to BINDT for review and retention.

9. SUBMISSION TO PCN

The Lead Assessor will then submit the result of the assessment to PCN, and offer the following support documentation depending on the applicable recommendation identified above:

- Submit DR, SR and CR forms, plus assessment programme and checklist to PCN.
- Submit the SR and CR forms, plus assessment programme and checklist to PCN, retaining the DR forms until the organisation provides satisfactory evidence of acceptable corrective action (this may be done by post, if appropriate). On satisfactory clearance of non-compliances, the Lead Assessor will submit the signed off DR forms to PCN.
- Submit the SR and CR forms, plus assessment programme and checklist to PCN. Retain the DR forms and make arrangements to confirm the acceptability of corrective action implemented by the organisation. This will usually take the form of a follow-up assessment of those corrective actions where non-compliances were observed. On satisfactory completion of the confirmation exercise, the Lead Assessor will submit a further SR and CR form together with the signed off DR forms to PCN.
- Submit all documents together with a CP14 Appendix 1 Record of Clearance of non-compliances to PCN.

10. REGISTRATION

10.1 The Lead Assessor's final report and recommendation are submitted to the PCN Management Committee which will consider the recommendation and authorise the issue of a certificate and defined scope of registration, or a notice of rejection (or withdrawal of existing certification) giving reasons and advice on how to proceed to obtain or regain registration.

10.2 A certificate of registration is issued subject to payment in full of fees due. Your company will be invoiced for the assessment and certification fees following satisfactory assessment and clearance of any non-compliances, and prior to formal notification of the results of assessment.

10.3 Following successful assessment and registration, PCN will return the controlled copy of the documented quality system to the assessed organisation. This should then be maintained up-to-date and forwarded to PCN prior to annual surveillance or re-assessment.

11. MAINTENANCE OF REGISTRATION

11.1 Once your system has been approved, it is essential to maintain its operation to the agreed standard. To ensure this, PCN will carry out surveillance visits at approximately twelve monthly intervals if it felt that the QMS is not to the required standard. A mutually agreeable date is always arranged; there will be no unannounced visits.

11.2 Every two years, your entire system will be re-assessed to ensure that your quality system procedures continue to be implemented adequately and in accordance with the requirements of ISO 9000 (as interpreted by QS1). There will be no surveillance visits if there have been no major system breakdowns during the two year audit cycle. If there is a system breakdown then a surveillance audit will be required until such a time as the breakdown is fixed and seen to be functioning in the correct manner. A successful review will result in the issue of certification for a further two years.

12. EXTENSION TO SCOPE OF REGISTRATION

12.1 Your company may at any time apply for an extension to its certificated scope of registration using form QS2B (Annex B).

12.2 Following receipt of a correctly completed form QS2B, PCN will issue an amended contract and a quotation for the assessment and, upon receipt of the signed contract, will contact you to establish a mutually convenient date for an extension to scope assessment.

12.3 This will be carried out in exactly the same way as an initial assessment and, if successful, an amended certificate and scope of registration will be issued for a further two year period.

13. RECORDS

All assessment documentation will be retained by PCN for a minimum period of seven years beyond the date that registration lapses.