

CAB: **HQAI – Humanitarian Quality Assurance Initiative (Association)**

Address of location/s audited: **7, Ch. De Balexert – CH1219 – Châtelaine, Switzerland (Remote Assessment)**

Date of audit: **2021-07-05th and 6th**

SCOPE OF AUDIT AND REFERENCE STANDARDS FOR ACCREDITATION¹

	QMS	EMS	Emas	OHSAS	ISMS	PRD	PRS	INSP	FSM	ITSM	EnMS	GHG	ETS	Other	Other	Other
Initial																
First surveillance																
Second surveillance																
Third surveillance						#										
Renewal																
Supplementary																
Extraordinary																
Short notice																
Initial recognition																
Maintenance																
Other :																

Specify if the object of the audit is the transition to another standard: None

Other reference standards: None

¹ Reference standards for accreditation: ISO/IEC 17021 (QMS, EMS, OHSAS, ISMS, EnMS, ITSM), EN 45011 / ISO 17065 (PRD, FSM), ISO 17020 (INSP), ISO 14065 (GHG / ETS). See also the reference standards and documents for the accreditation of CBs (LS-02), IBs (LS-03) and VBs of GHG inventories (LS-12), available on ACCREDIA's website.

OFFICE ASSESSMENT REPORT

Scope of proposed accreditation (to be completed only in cases of extension, new accreditation or other modifications to the certificate): Not Applicable.

ACTIVITIES UNDERTAKEN BY THE ACCREDIA AUDIT TEAM

Position	Name of Assessor	Schemes audited	Dates and locations assessed	audit days.	N° of days for writing report
Lead Assessor	Riccardo Bianconi	Core Humanitarian Processes Certification	2021-07-05 th and 6 th (Remote)	2	1
Expert	---	---	---	---	
Observer	---	---	---	---	
Internal	---	---	---	---	

PRESENT FOR THE BODY

	Name	Position
1.	Pierre Hauselmann	Executive Director
2.	Elissa Goucem	Head of Quality Assurance
3.	Lina Muñoz	Quality Assurance Officer
4.	Mirela Le Dortz	Head of Administration and Finance
5.	Désirée Walter	Head of Marcom and Deputy Executive Director
6.	Annina Hunziker	Marcom Officer
7.	Jeanine Birom	Admin and Finance Assistant

LIST OF FILES EXAMINED

Scheme	Organization [Activity analysed]
CHS	OXFAM [initial 2018, maintenance 2019, short notice 2020, mid-term 2021 audits]
CHS	TAKAFUL ALSHAM [initial 2020]

LIST OF FILES EXAMINED (for ETS)

Scheme	Area	Organization	Authorization N°	Year of reference of issues	Items Audited
Not applicable to this assessment					

OFFICE ASSESSMENT REPORT

SYNTHESIS OF WITNESS AUDITS PERFORMED ON THE OCCASION OF THE PRESENT ON-SITE AUDIT

Location of audit	CAB auditor/s	ACCREDIA assessor/s	Type of audit / exam session
Not applicable to this assessment			

DOCUMENTAL EXAMINATION / CLOSURE OF FINDINGS RAISED BY DOCUMENTAL EXAM

Updating of System Documents
Not applicable

CLOSURE OF FINDINGS AND ADDRESSING OF PREVIOUS COMMENTS

Note for completion: The CAB shall present a file before the audit to the ACCREDIA audit team containing all the findings against it (on-site and witness), fully completed (treatment, cause, CAs/PAs, evidence of closure).

HeadQuarter 2020

NC Concern N° 01	<input type="checkbox"/> <input checked="" type="checkbox"/>	Std/requirem.: UNI EN ISO/IEC 17065:2012 § 7.4	Scheme: PRD CHS process	Remote Assessment	Date: 2020-08-20	Acceptance by Accredia yes <input type="checkbox"/> no <input type="checkbox"/> Name: Date: Notes:	Closure C <input checked="" type="checkbox"/> O <input type="checkbox"/>	
Description of finding	Treatment, timeframe, cause	CAs - timeframe	Evidence of closure / effectiveness	If "Open", clarification is needed				
Pro115 "Corrective Action Request Procedure" is not sufficiently clear on the measures to apply when a Major NC is recorded during an initial or renewal Audit (e.g. ZOA file, where the actions required necessary to downgrade a Major CAR to Minor and thus ensure the issuance of the certificate were not clear).	Cause : inconsistency between two procedures, PRO114 and PRO115 PRO115 will be rewritten to ensure more clarity and avoiding possible confusion in the treatment of Major non-conformities. In addition PRO114 will be adapted to ensure consistency with PRO115.	September 2020	Both PRO 114 and 115 were amended, with major changes. PRO115 clearly states that no Certification or Renewal can be granted as long as Major NC are present in the organization.	Some issues in NC management have been recorded as a new Opportunity for Improvement.				

OFFICE ASSESSMENT REPORT

1	Description of Comment	Scheme and point of standard: UNI CEI EN ISO IEC 17065:2012 § 6.1.2	Remote Assessing – Local Top Management premises in Italy	Date: 2020-08-20	Analysed: yes <input checked="" type="checkbox"/> no <input type="checkbox"/>
Pro105 “Training and registration procedure” (Rev. 2019-03-21) should better describe the “face to face” training process: duration, way for attendance (in presence or remotely) and the minimum syllabus for each training day. The face to face training was better described in Pro105. Syllabus was updated and in last November a new course was undertaken.					Acknowledged: yes <input checked="" type="checkbox"/> no <input type="checkbox"/>
2	Description of Comment	Scheme and point of standard: UNI CEI EN ISO IEC 17065:2012 § 6.1.2.1.d	Remote Assessing – Local Top Management premises in Italy	Date: 2020-08-20	Analysed: yes <input checked="" type="checkbox"/> no <input type="checkbox"/>
PRO105 should state more clearly the formal decision process to register an auditor as ready to perform activities on behalf of HQAI. This formal decision should be taken at the Executive Director level. The issue was addressed in the same PRO105, § 6 “registration”, were it’s stated that the Executive Director is the one qualified to make the decision to register new Senior Auditors on the basis of the information obtained from the supervising registered Senior Auditor.					Acknowledged: yes <input checked="" type="checkbox"/> no <input type="checkbox"/>

Witness at DCA 2020

1	Comment text	Scheme and Standard reference UNI CEI EN ISO/IEC 17065:2012 § 8 CHS standard § 9.6	Witness Remote assessment	Date 2020-11-09 and 10	Analysed: yes <input checked="" type="checkbox"/> no <input type="checkbox"/>
The CAB should evaluate a possible improvement of the scheme by requiring that Certified Organizations have an Internal Audit. This requirement exist for the use of resources but seems not compulsory for the monitoring of the whole CHS process. The system is being improved, in order to give the certified organizations the opportunity to have a balanced instrument to acknowledge their level of application of CHS requirements, without creating discrimination against small local organizations					Acknowledged: yes <input checked="" type="checkbox"/> no <input type="checkbox"/>

Complaints or other relevant information received by ACCREDIA

Remark made by:	Date of remark:	management of output
ACCREDIA didn't receive any complaint from the market referred to the activities of HQAI and/or Certified Services.		

OTHER Item to be verified: None

GENERAL NOTES:

The assessment was performed remotely. It was possible to get immediate evidence of all the records related to the certification processes performed by the CAB as well as getting evidence of the changes and amendment to the system documents. It was possible to get evidence of the attention to the impartiality and confidentiality requirements that are critical for accreditation status. Moreover, the in-depth analysis of specific records of managed files confirmed that HQAI continues to fulfil the accreditation requirements against ISO/IEC 17065:2012. This assessment concludes that the CAB HQAI can continue to operate under ACCREDIA accreditation.

OFFICE ASSESSMENT REPORT

PROPOSED BY THE ACCREDIA AUDIT TEAM

Supplementary activities are necessary	Explanation and description of the objectives of the supplementary activities
<input checked="" type="checkbox"/> NO <input type="checkbox"/> YES <input type="checkbox"/> on-site <input type="checkbox"/> witness <input type="checkbox"/> documentary <input type="checkbox"/> other	--/--

OTHER OBSERVATIONS/REMARKS (e.g. accidents or other dangerous safety and security situations undergone by the ACCREDIA audit team or observations related to the ACCREDIA Code of Ethics and Conduct): None.

List of the documents of which the ACCREDIA audit team has kept a copy: None. Documents used for the Assessments will be destroyed, with the exception of the system procedures, which have to be submitted to ACCREDIA when modified.

ATTACHMENTS:

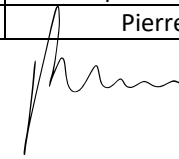
Number of findings: 00 NC, 00 Concern, 04 Opportunity for Improvement (Comment)

SPACE RESERVED FOR THE BODY
CAB reserves regarding the findings / remarks or regarding the behaviour of the ACCREDIA audit team <input type="checkbox"/> yes <input checked="" type="checkbox"/> NO Reasons: //

The ACCREDIA assessment team shall not disclose to third parties confidential information concerning audits without the written consent of the CAB, except in cases where the law dictates that information can be made known without specific agreement (ISO 17011, 4.4). In addition, the audit team confirms its absence from commercial or other interests and from any current or previous links with the CB under assessment (ISO 17011, 6.1.4). The audit team also confirms its commitment to respect ACCREDIA's Code of Ethics and Conduct and all the other applicable rules, such as the ACCREDIA Statute and the contractual agreement for assessors.

ACCREDIA Lead Assessor			Representative of the Body
Riccardo Bianconi			Pierre Hauselmann

This document is signed by electronic qualified signature by ACCREDIA Lead Assessor.

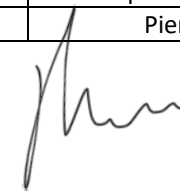


OFFICE ASSESSMENT REPORT

AUDIT RESULTS ²

1	Comment text	Scheme and Standard reference UNI CEI EN ISO/IEC 17065:2012 § 8.7	Witness Remote assessment	Date 2021-07-05 and 06	Analysed Yes / Not
	PRO114 and PRO 115 should better state the need of a root cause analysis of NC (major or minor) by the audited organization and the elements needed in the case a major NC is recorded to proceed with certification – or maintain certification, as relevant (eg. Receiving a proposal of immediate treatment, the root cause analysis and the planning of the consequent corrective action/s) in order to grant the certification)				Accepted Yes / Not
2	Comment text	Scheme and Standard reference UNI CEI EN ISO/IEC 17065:2012 § 5	Witness Remote assessment	Date 2021-07-05 and 06	Analysed Yes / Not
	§ 6.1.3 and § 8.1 of PRO114 should be amended to clearly specify that the organization is only allowed to reject Audit Team members on the basis of a possible conflict of interest, as the qualification of the Audit Team is the sole responsibility of the CAB.				Accepted Yes / Not
3	Comment text	Scheme and Standard reference UNI CEI EN ISO/IEC 17065:2012 § 6.1	Witness Remote assessment	Date 2021-07-05 and 06	Analysed Yes / Not
	The CAB is requested to produce a list of qualified Auditor and Lead Auditor approved by the Executive Director with a reference to a document testifying the successful attendance of qualification courses				Accepted Yes / Not
4	Comment text	Scheme and Standard reference UNI CEI EN ISO/IEC 17065:2012 § 7	Witness Remote assessment	Date 2021-07-05 and 06	Analysed Yes / Not
	After the management approval of audit reports, certified organizations are required to send a planning to show the roadmap to recover from NC. This document, that is based on an EXCEL file is correctly analyzed and should be approved by the Lead Auditor. PRO 114 should better describe this specific part of the evaluation/certification process.				Accepted Yes / Not

ACCREDIA Lead Assessor				Representative of the Body
Riccardo Bianconi				Pierre Hauselmann



² *Note for completion: the ACCREDIA audit team shall fill in the description of findings and then the acceptance or closure document and the CAB shall fill in all the remaining sections (treatment, cause, CAs, PAs, evidence of closure).*

In cases of NCs and concerns the CAB shall send the details of the treatment and the CAs to ACCREDIA for acceptance, after which, before the next on-site visit, the CAB shall complete the evidence of closure and send a file to the ACCREDIA audit team with all the findings (on-site and witness) received during the year in the object schemes of the on-site audit.