



QUALITY MANAGEMENT SYSTEM

IAF QUALITY MANUAL

Quality management across
the Federation and its programmes

STABLE RELEASE

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Governance and process responsibilities
Operational controls and reliable evidence
Performance, assurance and improvement

International Automotive Federation

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Publication identity and use

IAF Quality Manual

This manual defines how IAF governs, resources, delivers and improves its institutional services and approved automotive programmes. It assigns responsibilities, sets operating controls and identifies the evidence needed to support trustworthy decisions.

Control	Publication record
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Predecessor	IAF-QM-001 Revision 2.0. Revision 3.0 expands and aligns the existing manual.

What the manual provides

Thirty-six sections cover governance, people, information, membership, committees, standards, programme design, technical cases, public outcomes and the Federation's wider activities. Ten annexes provide process and authority matrices, risk and performance records, readiness checks, case-file requirements and implementation tools.

How to apply it

Start with the scope and authority for the activity. Use the current programme requirements and the relevant controlled procedure. Record who performed each material action, the evidence used and the authorized result. Apply the annexes through the existing IAF forms and registers.

Release and revision control

Stable Release identifies this completed text. Operational adoption, named appointments and programme launch decisions are recorded separately when they occur. The manual does not retrospectively establish earlier approval, change a technical edition or activate every activity in the portfolio. Its implementation record identifies required updates to related documents.

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Document relationships

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Every contents entry links to its section. Annex records shall be completed with actual evidence, responsible people and dates. Examples and simulations remain distinct from live operating records.

1 Purpose and governing authority

1.1 This manual establishes the quality management system of the International Automotive Federation (IAF). It tells governing bodies, staff, committee members, programme teams and contracted providers how IAF defines requirements, assigns competent people, controls delivery and verifies results. Its purpose is consistent service, reliable technical evidence and accountable decisions across the Federation.

1.2 The system covers institutional operations and the administration of approved automotive programmes. It requires each material output to have an identified recipient, agreed scope, applicable criteria, responsible owner, approval route and retained evidence. A published document or completed checklist is not sufficient evidence that the underlying service was performed.

1.3 Mandatory law and the controlling corporate instruments take precedence. The IAF Constitution, IAF-CON-001, governs constitutional authority and rights. This manual implements that framework and cannot change the allocation of presidential, Council, member or independent adjudicative powers. An unresolved conflict affecting a decision shall be referred to the competent authority before that decision is made.

1.4 Revision 3.0 expands the existing IAF-QM-001 Revision 2.0. It integrates the Constitution, Membership Guide, Committees Guide, Accreditation Scheme Guide, Documents and Records Guide and the five detailed policies numbered IAF-POL-009 to IAF-POL-013. Existing document identifiers remain valid; references do not by themselves approve a subordinate document or activate a programme.

1.5 The competent Presidential Council authority shall adopt the manual through a recorded decision. The release record shall state the actual approval reference, effective date, controlled locations, affected documents and transition actions. Preparation or publication dates shall not be represented as earlier operational approval. A previous issue remains historical evidence of requirements that actually applied at the time.

1.6 The Quality Manager owns the manual and coordinates its maintenance. Process owners shall implement the requirements applicable to their work, report failures and retain supporting records. The Secretariat maintains the authoritative issue and communicates approved changes. Review shall occur at least annually and after material changes to law, governance, activities or system performance.

2 Scope of the quality management system

2.1 The system applies to IAF governance and administration, membership, committees, standards development, programme ownership, assessment and recognition, technical review and decision, public registries, marks, learning, awards, events, research, partnerships and supporting operations. It covers central and authorized regional functions, remote work and externally delivered activities that contribute to an IAF output.

Activity family	Controlled purpose and output
Federation services	Membership decisions, elected committee administration, member support and institutional records.
Technical publications	Approved standards, interpretations and programme rules with exact edition and status.
Technical assurance	Scoped evaluations, recognition, certification and accreditation decisions under the applicable programme.
Automotive initiatives	AutoSafe classifications, AutoID records, Academy learning outcomes and season-specific awards.
Sector participation	Exhibitions, conferences, research, policy contributions and authorized cooperation.
Enabling operations	Competence, finance, providers, information, records, continuity and quality assurance.

2.2 The Programme Register, IAF-RG-004, shall distinguish proposed, developing, pilot, authorized, active, restricted and discontinued activities. Its scope entry shall identify the legal entity, responsible office, delivery locations, territories, IAF role, technical criteria and responsible owner. A portfolio description is not evidence that every activity is operational.

2.3 IAF shall confirm capacity and authority before accepting work. Where a process is genuinely outside the approved scope, record the reason and the effect on related obligations. Core requirements for legality, impartiality, competent authority, evidence integrity, complaints and record protection cannot be excluded to obtain a favourable outcome.

2.4 This institutional manual is separate from IAF automotive technical standards. AQMS requirements for an assessed organization, AutoSafe scoring and other programme criteria remain in their controlled publications. This manual does not establish a new technical threshold, grant market access or extend a conformity claim beyond its recorded scope.

2.5 Contracts shall apply the relevant controls to providers and participants. Outsourcing does not transfer responsibility for decisions or claims issued in the IAF name. Independent third parties are bound only through an applicable legal basis or valid agreement; IAF does not acquire general authority over their unrelated work.

3 Terms and interpretation

Term	Meaning in this manual
Shall and should	Shall states a requirement following adoption; should recommends a method. May permits a choice within existing authority.
Process owner	The person accountable for defined inputs, delivery controls, outputs, resources, risks and performance.
Programme or scheme	The complete controlled rules for a particular service or outcome, including criteria, evidence, decisions and continuing obligations.
Evaluation	Collection and assessment of evidence against identified requirements for a defined object and scope.
Technical review	Independent examination of evidence sufficiency, findings, traceability and the proposed technical conclusion.
Decision	An authorized determination with reasons, scope, conditions, date and status. A recommendation is not a decision.
Record and template	A record evidences work actually performed. A template defines the fields to be completed when that work occurs.
Correction	Action addressing the immediate defect or affected output. Corrective action addresses its cause and recurrence.
Recognition	A specific approved status. Corporate Recognised membership and scheme accreditation have separate requirements and records.
Hold	A recorded restriction on release, use or disposal pending specified evidence, action or authority. The record states its type and scope.

3.1 References to the Board in legacy quality-system documents mean the competent constitutional governing authority for the stated matter. They shall be mapped to the Presidential Council or other authorized body through IAF-FR-026. This interpretation does not create a new governing organ or transfer an independent case decision to management.

3.2 Committee Chair and Bureau are committee offices. Federation President and Presidential Council are central constitutional offices. Their appointment, succession and authority shall not be inferred from committee election procedures. A functional title such as Technical Director describes a quality-system responsibility and requires an actual appointment.

3.3 Calendar-day requirements remain calendar-day requirements. Business-day service targets use the responsible office calendar disclosed to the affected party. The specific Constitution, policy or programme rule controls the clock. Staff shall not restart a deadline when an internal handover occurs or information is considered sufficient unless the controlling rule expressly permits it.

3.4 The English controlled issue is the master text. Approved translations shall identify the source revision, competent review and any correction history. A translation shall preserve authority, rights, time limits and technical meaning; conflicts shall be resolved through document control before reliance.

4 Context stakeholders and obligations

4.1 The Quality Manager shall coordinate a documented context review at least annually. Process owners shall assess member needs, automotive technology, safety expectations, digital dependencies, environmental conditions, financial capacity, geographic delivery and changes in the Federation. Material events shall trigger an earlier review of the affected scope.

4.2 Stakeholder analysis shall include vehicle manufacturers, suppliers, technology companies, testing and assessment organizations, repair and inspection services, professional members, research bodies, learners, programme participants and vehicle users. Consider public authorities and other institutions where their requirements affect a particular activity. Record the need and the practical response, rather than assuming that membership represents every affected interest.

4.3 IAF-RG-010 shall identify each material obligation, its source, applicable entity, jurisdiction, activity, owner, required action, evidence and review trigger. Sources may include law, corporate instruments, signed contracts, adopted policies, licence conditions and technical programme requirements. A proposal, expectation or external claim shall not be entered as a verified legal duty without a documented basis.

4.4 Before entry into a new territory or activity, the Secretariat shall obtain a competent review of legal capacity, registrations, permitted claims, liability, taxation, employment, information processing and any required operating permission. The review shall be proportionate to the actual service. Unresolved conditions affecting lawful delivery shall block the affected commitment or release.

4.5 Climate-related disruption, resource constraints and environmental expectations shall be assessed where they affect facilities, travel, energy, data services, events or programme credibility. Accessibility and inclusion shall be considered in member service, consultation, learning and case handling. These assessments shall produce assigned actions where material, rather than unsupported environmental or social performance claims.

4.6 The context record shall identify opportunities such as better evidence exchange, reduced duplicate administration, improved technical consistency or broader competent participation. Evaluate benefits alongside cost, risk and capacity. Adoption of an opportunity shall have an owner and a measurable result.

Required evidence

Use IAF-FR-002 with IAF-RG-002 and IAF-RG-010. Retain the reviewed context, stakeholder needs, applicability decisions, consulted expertise and action references. Feed material changes into scope control, quality objectives, programme design and management review.

5 Quality policy and measurable objectives

Quality policy

IAF shall provide clearly defined services, use competent people and base its decisions on reliable evidence. We shall protect impartiality, communicate the exact meaning of our outcomes, maintain accessible remedies and improve the processes that deliver them. We shall provide the resources and oversight needed to fulfil the requirements we accept.

5.1 This statement implements IAF-POL-001. The Presidential Council shall review the quality policy for continued suitability, approve resources and require evidence of implementation. Managers shall explain the policy during induction and translate its commitments into controls relevant to each person's work.

5.2 Each quality objective shall have an identifier, purpose, owner, definition, population, source, target, measurement period and response to adverse performance. Use IAF-RG-013. Where the objective concerns a percentage, define the numerator and denominator for the same period and population. Missing data shall be reported as missing; a zero denominator shall be recorded as not applicable.

5.3 Objectives shall cover current documents, competent assignments, independent decisions, case timeliness, audit coverage, corrective action and the quality of public information. Active programmes shall add measures relevant to their own outputs, such as evidence rework, inconsistent interpretations, status correction time or participant service failures. Growth and revenue measures shall not determine technical results.

5.4 Mandatory requirements apply to every relevant case. A statistical service target below full compliance does not authorize a late statutory response, an unmanaged conflict or an unsupported issue. Breaches shall be corrected and reviewed even when the overall dashboard target is met.

5.5 Owners shall review operational data monthly where activity permits and explain significant trends, outliers and overdue work. Review low-volume activities by individual case quality as well as totals. Management shall examine whether improvement in one indicator causes delay, exclusion or weaker evidence elsewhere.

5.6 Annex D provides measurement definitions and initial management targets for adoption. These are not historical results. The governing authority shall approve targets and resources, and record changes prospectively with their reasons. The Secretariat shall communicate the relevant objectives to personnel and retain the review record.

Evidence of policy implementation

Management review shall test representative decisions, service records and corrective actions against the policy. Publishing the statement or collecting signatures alone does not demonstrate that the policy is effective.

6 Governance and delegated authority

6.1 The Presidential Council exercises the reserved corporate and strategic responsibilities established by the Constitution. For the quality system these include policy, scope, resources, lawful delegations, management oversight and adoption of controlled documents within its authority. The President leads and represents IAF within the controlling instruments and valid delegations.

6.2 Central constitutional offices shall follow their prescribed appointment and succession arrangements. Member elections apply to eligible committee seats and committee leadership as provided in the Constitution and Committees Guide. This manual creates no additional power to appoint or remove the Federation President or Presidential Council.

6.3 Delegation shall be documented in IAF-FR-026. State the appointing authority, delegate, function, scope, financial or technical limits, territorial reach, reporting line, commencement, review or expiry, permitted substitution and withdrawal conditions. The delegate shall acknowledge the mandate. Authority for one programme or decision class does not extend automatically to another.

6.4 A management or signatory approval shall not substitute for technical evaluation, independent review or an authorized technical decision. Governance may require a process correction or withhold an unlawful release; it shall not direct a favourable conclusion unsupported by the programme evidence. The quality hold and independent remedy routes remain available where senior officials are involved.

6.5 A decision record shall identify the matter, authority, participants, conflicts, quorum and vote where relevant, evidence considered, reasons, outcome, conditions and communication. Record dissent and material alternatives where they affect understanding. A signature records a genuine decision and shall not conceal an earlier unauthorized action.

6.6 Constitutional amendments follow Article 29 and the Documents and Records Guide. Ordinary substantive proposals require the prescribed advance consultation, competent Council vote, adoption notice and commencement period. A manual revision, management review minute or editorial correction cannot bypass those safeguards or obscure a change to member rights or governance powers.

6.7 Emergency action shall have a defined lawful basis, limited scope, accountable decision and prompt review. Constitutional emergency delegations shall be reported within their prescribed seven-day period where applicable. Emergency action does not amend the Constitution or authorize retrospective changes to evidence.

Governance record

Retain appointments, delegations, resolutions, meeting records and notices under their approved classification and retention rules. The Secretariat shall reconcile vacancies, substitutes and expired mandates before the affected person acts.

7 Responsibilities and separation of duties

Function	Accountability within the quality system
Presidential Council	Approve policy, scope, resources and corporate authority; evaluate system effectiveness.
Secretariat	Coordinate administration, member communication, contracts, appointments, records and action follow-up.
Quality Manager	Maintain the system, master list, audits, risks and corrective action; place affected releases on hold and escalate independently.
Technical Director	Define technical competence, methods, interpretations and validation needs; oversee consistency.
Programme Manager	Maintain programme rules, allocate competent resources and control lifecycle operations and status.
Membership Manager	Verify admission requirements, administer member service and maintain accurate membership status.
Finance Lead	Control fees, commitments, payment and reconciliation; protect technical work from commercial influence.
Information Lead	Control information access, privacy interfaces, incident handling, systems and recovery.
Communications Lead	Verify publications, claims, marks and alignment with approved documents and live records.

7.1 The appointment register shall identify actual persons and competent deputies. A role may be combined with a compatible role where the combination is assessed and safeguards are recorded. Insufficient staffing shall be resolved through competent independent support or a hold on the affected activity.

7.2 An evaluator shall not make the final technical decision on the same case. A reviewer may also decide only where the applicable programme expressly permits it and independence from evaluation is preserved. The IAF Accreditation Scheme Guide requires assessment, review and decision by three separate competent persons; this stricter requirement controls that scheme.

7.3 A person shall not audit their own work, determine their own appeal, investigate their own conduct or approve their own expense. An implicated official shall not select the investigator or appeal panel, filter evidence, direct findings or control resources to defeat independent handling. The unconflicted appointing route shall use external expertise where necessary.

7.4 Each process owner shall maintain a process description, capacity plan, current records, risks, performance measures and overdue actions. Handover to another function shall include scope, status, unresolved issues and evidence. Accountability continues until the receiving function accepts the handover.

8 Process architecture and interactions

8.1 IAF shall manage its activities as connected processes. Governance establishes authority and resources. Each service begins with a defined need and accepted requirements, proceeds through controlled delivery and ends with an authorized output and continuing obligations. Monitoring and case feedback shall inform risk treatment, controlled change and management decisions.

Process interface	Input	Accepted output
Direction to delivery	Approved scope, policy, resources and obligations	Named owner, delivery plan and applicable criteria.
Request to acceptance	Application, identity, requested service and evidence access	Agreed scope, terms, fees, competence and capacity.
Delivery to review	Evaluation or service work with source records	Complete file, findings, limitations and recommendation.
Review to decision	Sufficient evidence and cleared essential conditions	Reasoned authorized outcome with exact scope.
Decision to publication	Approved outcome and permitted public fields	Verified certificate, record, notice or publication.
Operation to improvement	Performance, incidents, cases and audit findings	Verified action, revised controls and resource decisions.

8.2 The support processes for people, documents, suppliers, finance, information and continuity apply across all service families. A failure in shared infrastructure shall trigger an impact review beyond the first reported case. For example, an incorrect scoring spreadsheet shall be traced to every affected programme version and issued outcome.

8.3 Process owners shall specify entry requirements, steps, responsibilities, acceptance criteria, records and escalation conditions. They shall identify upstream dependencies and downstream users. Annex A provides the common process matrix; the procedure suite provides the detailed workflow.

8.4 A handover shall identify the legal entity or object, sites and configuration where relevant, applicable edition, case ID, evidence location, outstanding conditions and responsible recipient. A receiving function shall reject an incomplete handover with recorded reasons rather than silently filling evidential gaps.

8.5 Each process shall follow a cycle of planning requirements, performing controlled work, checking results and acting on findings. The cycle shall use real evidence and assigned actions. Completion is assessed against the intended output, not merely the number of meetings, documents or activities performed.

9 Risk opportunity and escalation

9.1 Process owners shall assess risks before a new activity, commitment or material change and review them at least quarterly. Describe the cause, uncertain event and consequence separately. Record existing controls and their operating evidence before considering proposed treatment. Use IAF-FR-002, IAF-RG-002 and IAF-WI-001.

9.2 The common internal scale uses likelihood and impact from one to five. Likelihood describes exceptional through recurring events; impact describes limited rework through severe safety, legality or evidence-integrity harm. Record the rationale and evidence. These scores express management judgement and shall not be presented as measured probabilities.

Score	Treatment and escalation
1 to 4 Low	Owner maintains effective controls and reviews when circumstances change.
5 to 9 Moderate	Assign proportionate treatment, due date and verified residual assessment.
10 to 16 High	Escalate to the authorized senior function; record resources and residual-risk decision.
17 to 25 Critical	Immediate senior review and containment of affected exposure; release only when essential requirements are met.
Mandatory failure	Legality, safety, impartiality or evidence requirements override every score band.

9.3 Treatment shall identify an owner, action, due date, resource and measure of effectiveness. Residual risk shall be reassessed after controls operate. High or critical residual risk requires competent senior approval within lawful limits. No authority may accept a failure of a mandatory requirement merely by signing a risk waiver.

9.4 Unknown evidence shall be recorded as unknown. Obtain the information needed to make a justified decision; do not use a low score as a substitute. Escalation shall not wait for a scoring meeting where there is an immediate threat to people, protected information or trustworthy outcomes.

9.5 Consider conflicts caused by funding concentration, loss of critical competence, unverified software versions, provider failure, misuse of marks, inaccessible evidence, missed case deadlines and misleading public status. Programme owners shall add technology-specific risks for vehicles, batteries, charging systems, connected services and automated evaluation.

9.6 Opportunities shall have a defined benefit and evaluation method. Trials shall use approved scope, resources and success criteria, with rollback where needed. A successful pilot shall be reviewed before broader release; an unsuccessful trial shall produce recorded learning without being represented as an operational service.

10 Planning and controlling change

10.1 Use IAF-FR-003 for changes to services, rules, roles, technology, sites, suppliers, public claims or information systems that could affect quality. The proposer shall identify the purpose, affected requirements, scope, proposed timing and expected benefit. The owner shall classify the change and establish its approval route before implementation.

10.2 Impact review shall consider constitutional rights, legal obligations, technical validity, open cases, existing outcomes, contracts, fees, competence, data protection, accessibility and continuity. Identify every dependent document, form, register and public statement. A technical edition change shall specify how the new criteria apply to applications already accepted.

10.3 The implementation plan shall define resources, responsible persons, validation, migration, training, communication, acceptance checks, rollback and post-change review. Record the old and new states. Release shall depend on completion of essential controls, rather than a calendar deadline or public announcement alone.

10.4 Consultation shall be appropriate to the effect of the change and comply with any prescribed notice period. A material governance or member-rights change shall follow the constitutional procedure. A technical interpretation shall not be used to introduce a substantive new requirement without the required review and transition.

10.5 Emergency change shall address the immediate need with the smallest sufficient scope. Record who authorized it, why ordinary timing was not possible, what validation was performed and when the full review will occur. Protect original evidence and historical status. A temporary workaround shall have an owner, restriction and end condition.

10.6 After implementation, the owner shall verify that users received the correct version, systems perform as intended, transferred records remain complete and affected claims are accurate. Review actual results against expected benefit and new risks. Retain failed checks and corrective action rather than recording acceptance only.

Examples of changes requiring coordinated review

A new battery test method may affect provider competence, evaluation plans and label scope. A new portal may affect identities, signatures, access and public verification. A committee reorganization may affect mandates, elections and independent case handling. Each change shall be traced to the controls and people it affects.

Completion evidence

Retain the approved impact review, acceptance criteria, validation results, communication, actual release date and follow-up. Update the master list and programme register as applicable. A closed change record shall link to any longer corrective action that remains open.

11 Resources capacity and working environment

11.1 The Secretariat and process owners shall determine the people, budget, facilities, equipment, digital services and external expertise needed for the approved scope. Capacity planning shall consider expected applications, assessment duration, travel, review and decision availability, complaint workloads and continuity cover. Management shall resolve material shortages before new commitments are accepted.

11.2 Budgets shall preserve adequate resources for independent review, complaints, appeals, audit and evidence retention. Charges for a service shall be disclosed under the applicable fee document or contract. A financial dispute shall not lead to destruction of case evidence or pressure on the technical decision function.

11.3 Work environments shall support confidentiality, accessibility and reliable performance. Remote personnel shall use approved devices, accounts, repositories and communication routes. Private case discussions and restricted technical evidence shall be protected from unauthorized observation or access. Local arrangements shall be proportionate to the sensitivity and risk.

11.4 Where IAF owns or directly controls measurement or test resources, the responsible technical owner shall establish fitness for the intended use, calibration or verification where necessary, maintenance, environmental limits and status identification. Records shall identify the resource used in a case and any out-of-tolerance event. Where a provider controls the resource, IAF shall verify the relevant evidence before reliance.

11.5 Software, spreadsheets, templates and decision-support tools shall be verified for their intended use before release and after material change. Protect calculation logic, access and version history. Validation shall include representative normal, boundary and failure cases and comparison with an independently checked result.

11.6 The owner shall record the consequence of a failed resource, unavailable reviewer or overloaded process. Actions may include reprioritization, additional competent support, agreed extension, restriction or refusal of new work. Delivery pressure shall not waive a required witness activity, independent decision or evidence check.

11.7 Organizational knowledge shall include technical interpretations, lessons from failures, proven methods and service experience. Capture essential knowledge before personnel leave or providers change. Controlled handover shall cover open cases, upcoming deadlines, credentials, rights and record custody without sharing personal passwords.

Capacity evidence

Maintain workload and resource reviews, approved budgets, equipment or tool records where relevant, continuity arrangements and decisions on unresolved gaps. Management review shall assess whether resources remain adequate for each active programme.

12 Competence authorization and learning

12.1 The Technical Director and relevant process owner shall define competence for each controlled task. Criteria shall address subject knowledge, methods, applicable rules, judgement, communication, working language, information handling and independence. A job title, membership status or training certificate alone does not demonstrate task competence.

12.2 Evaluate competence through appropriate education and experience, reviewed work, interviews, witnessed performance, technical exercises or other direct evidence. Record the assessment method, assessor, result, limitations and development needs in IAF-FR-004. For high-consequence technical decisions, include evidence that the person can recognize insufficient or contradictory evidence.

12.3 Authorization shall specify the person, programme, task, technical families, sites or territories where relevant, limitations, effective date and review date. Record the authority in IAF-RG-003 and appointment or delegation in IAF-FR-026. Access permissions shall follow the actual mandate and shall not confer additional decision rights.

12.4 Supervised personnel may perform defined learning tasks under a competent authorized supervisor. Their work shall receive the required review and shall not be issued under an authority they do not hold. The record shall distinguish performed work, supervision and final approval.

12.5 Review authorizations at least annually and earlier after material criterion changes, prolonged inactivity, serious errors, complaints or loss of independence. Use case quality, observed performance and updated knowledge. Reauthorization shall be based on evidence; automatic renewal by elapsed time is insufficient.

12.6 Training plans shall address identified gaps and upcoming changes. Evaluate whether learning changes performance, using observed work or relevant exercises. Preserve attendance separately from demonstrated competence. Academy course completion and badges shall not automatically authorize assessment, review, decision or representation of IAF.

12.7 A person whose competence or impartiality is no longer demonstrated shall cease the affected task pending review. The owner shall assess prior work for possible impact, arrange a competent substitute and record restoration conditions. The response shall protect evidence and fair treatment without assuming every prior output is invalid.

Personnel record

Retain role criteria, competence evidence, declarations, confidentiality undertakings, assessment, authorization, supervision, continuing development and review. Limit personal information to the justified purpose and apply the approved retention schedule. Before each assignment, confirm current scope and case-specific conflicts.

13 Ethics impartiality and protected reporting

13.1 IAF shall apply IAF-POL-002, IAF-POL-003, IAF-POL-005, IAF-POL-009 and IAF-POL-013 to governance, employment, committees and programme work. Personnel shall disclose actual, potential and reasonably perceived interests on appointment, at least annually and whenever circumstances or assignments change. Use IAF-FR-005 and the protected record route where appropriate.

13.2 Assess ownership, employment, consultancy, family, financial, sponsorship, competitive and other relevant relationships. A competent unconflicted person shall decide whether participation is permissible and identify safeguards. A declaration by itself does not resolve a conflict. Recusal shall remove access, deliberation and voting participation as necessary.

13.3 Fees, membership, sponsorship and partnership status shall not determine technical findings, awards, committee seats or case outcomes. Compensation shall not depend on a favourable result. Procurement and related-party transactions shall have independent approval and evidence of fairness. Gifts and hospitality shall follow the adopted rules and be declined or disclosed where they could affect judgement.

13.4 The accreditation scheme excludes persons who designed or implemented the applicant's relevant system from its assessment, review or decision for at least two years after that involvement, and longer where a threat remains. Other programmes shall apply their own required exclusions. Commercial familiarity or Corporate Recognised status does not waive independence.

13.5 Meetings shall use agendas, conflict checks and records. Participants shall not exchange competitively sensitive information such as future prices, customer allocation or non-public commercial strategy without a lawful purpose and appropriate controls. The chair shall stop an improper discussion, record the action and refer the matter for competent review.

13.6 Suspected wrongdoing shall be handled under the Whistleblowing Policy. Protect good-faith reporters, witnesses and facilitators against retaliation within IAF authority. Assess anonymous reports on the evidence available. An implicated official shall have no control over investigator selection, findings or necessary case resources.

13.7 Urgent threats to people, safety, data or evidence require immediate triage. Acknowledge a report within seven calendar days where safe contact exists, give an initial response within thirty and normally conclude within sixty, with progress updates no more than twenty calendar days apart. Record any shorter applicable duty and any separate substantive-feedback requirement.

Fair handling

Preserve original evidence, allow an appropriate response and apply the constitutional minimum twenty-one-calendar-day response opportunity where member discipline is contemplated. Lawful external reporting and independent advice remain available. Corrective action shall address the cause and the impact on affected decisions.

14 Committees and quality coordination

14.1 The IAF Committees Guide, IAF-GUI-COM-001, governs technical, sector and oversight committees. Each active committee shall have a controlled charter stating purpose, scope, electorate, seat structure, competence, deliverables, reporting, decision rules, resources and review. A proposed portfolio mandate shall not be presented as an active committee before lawful constitution and appointment.

14.2 Eligible Corporate and Corporate Recognised members may nominate authorized representatives for ordinary committee seats. Committee Chair and Bureau offices require authorized Corporate Recognised representatives with the required competence. Working groups may include Individual Members and invited experts under their mandate; this does not confer an elected seat or vote.

14.3 Technical and sector committees shall follow the five-to-eleven elected seat structure. Constitutional oversight committees shall have three to five elected persons. Apply the prescribed corporate-group and interest-category limits. Oversight membership exclusions and case-independence requirements remain mandatory regardless of technical experience or recognition status.

14.4 Members elect eligible committee seats and leadership through the constitutional process. The Secretariat shall retain nominations, eligibility checks, notices, ballots, certified results and any challenge. Committee elections shall not be described as elections for the Federation President or Presidential Council.

14.5 Meetings shall confirm authority, agenda, eligible participation, interests and item-specific quorum. A recused member shall not be counted as eligible participation for that item. Apply the denominator and voting rules in the charter and Guide; a casting vote cannot cure a lack of quorum. Record resolutions, dissent, action owners and due dates.

14.6 Committees may develop technical evidence, recommendations, standards projects and guidance within their mandate. They shall not independently amend the Constitution, bind IAF, grant a technical outcome or commit unapproved expenditure. A committee conclusion that changes a programme requirement shall enter formal change and approval control.

14.7 IAQC coordinates quality matters spanning committees and programmes under IAF-PR-031. A referral shall identify the question, affected requirements, evidence, options and requested action. IAQC shall record its mandate, competence, conflicts, deliberation and determination. Individual appeals retain their independent case route.

Coordination evidence

Use IAF-FR-007 and IAF-FR-037 with the action register. Joint projects shall name one accountable lead and identify contributing committees. Review progress, unresolved technical objections and effects on programme consistency. Organizational restructuring shall preserve election rights, pending cases and record custody.

15 Documents records and organizational evidence

15.1 Apply IAF-PR-001 and IAF-GUI-DOC-001 to creation, review, approval, release, revision, retention, archiving and disposal. IAF-RG-001 is the master document list. Controlled documents shall identify title, code, revision, owner, status, classification, approval and effective date. The approved location and current version shall be accessible to authorized users.

15.2 A competent reviewer shall check clarity, consistency, authority, technical basis and interfaces before approval. The approval shall relate to the exact issued content. An author or repository administrator shall not approve solely because they created or uploaded the file. Record changes and releases in IAF-FR-001.

15.3 Documents shall be reviewed at least annually or within any stricter approved interval and after relevant change. Superseded versions shall be removed from routine points of use and retained as identified history. A historic standard may remain publicly accessible for verification where its edition and status are clear.

15.4 Records shall allow reconstruction of who did what, when, under which authority and criteria, using what evidence and with what result. Capture source data, relevant attachments, decisions and communications promptly. Corrections shall preserve the original entry and identify the author, actual time, reason and affected recipients.

15.5 IAF-RG-012 shall define record classes, retention triggers, justified durations, owners, access and disposition. The Documents and Records Guide provides planning baselines and implementation fields. Apply any longer justified scheme or legal requirement and minimize personal data. A location change, file conversion or migration shall not silently restart a retention clock.

15.6 Preservation holds shall suspend disposal of relevant evidence during investigations, appeals, litigation, disclosure requests or continuing technical reliance. Identify scope, authority, custodians, restrictions and review. Release of one hold does not remove another retention duty. Use IAF-FR-030 for hold, retention and disposal decisions.

15.7 Archive and migration acceptance shall verify completeness, metadata, permissions, signatures where material and retrieval. Disposal requires the record owner and Quality Manager approvals, necessary independent case clearance and verified execution. Permanent constitutional and corporate records shall remain protected under the Constitution.

Release and retention checks

The owner shall test current-version access, trace a released document to approval and retrieve selected historic records. Disposal evidence shall state the actual method, date, scope and verification without unnecessarily retaining the destroyed personal content. Backup retention and restoration shall preserve outstanding deletion and hold instructions.

16 Information privacy and digital integrity

16.1 The Information Lead shall maintain an inventory of critical systems, information classes, owners and authorized uses. Apply IAF-POL-004 and IAF-POL-012, supported by IAF-PR-019 and IAF-WI-003. Public, internal, confidential and restricted information shall have appropriate access and sharing controls. Protected case material shall use an independent restricted route.

16.2 Access shall use individual identities, least necessary privileges, suitable authentication and approval by the responsible owner. Review privileged and restricted access at least quarterly and other access at a justified interval. Remove access promptly after departure, recusal or expiry of authority. Log material changes and access to critical records where appropriate.

16.3 Personal information shall be collected for a defined purpose with an applicable lawful basis, proportionate notice and limited retention. Record controller, processor and service-provider responsibilities where relevant. Assess sensitive data, vehicle-owner information, cross-border transfers and high-risk processing before the activity begins.

16.4 Privacy requests shall enter the verified route and meet the applicable statutory timetable. Identity checks shall be proportionate. Restriction, correction, access or deletion requests shall be assessed alongside legal holds and other lawful duties; no automatic erasure of necessary case evidence is permitted. Record reasons and communicate the decision through the authorized process.

16.5 AI-assisted work shall use approved tools and information. A competent person shall verify generated text, citations, calculations, translations and recommendations against source evidence. AI output is not proof that a test, interview or assessment occurred. Confidential evidence shall not be placed in an unapproved public service.

16.6 Automated tools affecting rights, technical status or public claims require documented purpose, validation, access controls, version history, monitoring and accountable human oversight. Material changes require revalidation. An automated recommendation shall not bypass the appointed technical decision or independent appeal route.

16.7 Suspected data loss, unauthorized alteration or disclosure shall trigger containment, preservation and impact review. The response shall identify affected systems, people, records, outcomes and notification duties. Record the actual discovery time and applicable deadlines. A general complaint timetable shall not delay a mandatory breach response.

Evidence and recovery

Retain access approvals, provider controls, privacy assessments, requests, incident decisions and restoration checks under the applicable schedule. Validate backups and recovery with real retrieval tests. After recovery, reconcile public status, revoked access, queued changes, deletion instructions and preservation holds before new releases.

17 Membership and member services

17.1 The Membership Manager shall administer IAF-GUI-MEM-001 using IAF-PR-005, IAF-FR-006 and IAF-RG-005. The membership categories are Corporate, Corporate Recognised and Individual. Corporate membership is documentary admission. Corporate Recognised status requires evidence of conformity for the organization's recorded activity and scope; Individual membership has one category.

17.2 A corporate applicant shall provide official evidence of legal identity, registration, address, relevant operations and authorized representation. Its competent corporate organ shall make a formal decision to apply, accept the membership obligations and authorize the signatory or representative. Verify the decision's authenticity and scope before admission.

17.3 The admission record shall evidence valid accession to the Constitution and Membership Memorandum, identifying the versions accepted through an authorized signature or valid electronic acceptance. Receipt of an application alone shall not be described as completed admission. A membership memorandum does not by itself authorize accreditation, certification or use of a technical mark.

17.4 Corporate members shall undertake to progress to Corporate Recognised status within three years under the Membership Guide. Record the commitment, commencement and due date, evidence plan and progress reviews. Recognition requires the applicable independent assessment and decision. Committee service, payment or expiry of the transition period does not produce automatic recognition.

17.5 Where progress is inadequate, the Membership Manager shall issue notice and apply the Guide's review and status process with a fair opportunity to respond. Adverse decisions shall state reasons, authority and appeal information. Constitutional disciplinary safeguards remain applicable when the action is disciplinary in substance.

17.6 Fees shall follow the separate current IAF Membership Fees document. Disclose the applicable category, amount, period, terms and approved changes before commitment. Any technical assessment or programme charge shall be separately identified. The finance record shall not be used as evidence of technical conformity.

17.7 Members shall remain open to lawful cooperation, provide accurate information, notify relevant changes and observe the accepted rules. Cooperation does not require disclosure of protected information or acceptance of unlawful restrictions. Maintain appropriate channels for service requests, feedback, participation and complaints.

Admission and continuing control

Check eligibility, identity, corporate resolution, signed accession and decision authority before issue. Publish only approved membership information and current status. Maintain representative changes, renewal or cessation evidence, recognition scope and the three-year undertaking separately. A membership certificate shall state membership and its category without implying product, personnel or statutory approval.

18 Standards development and maintenance

18.1 A standard project shall begin with a documented need, proposed scope, intended users and expected automotive benefit. IAF-FR-008 shall identify the sponsor, lead committee, resources, stakeholder interests, related IAF publications, technical evidence and development plan. Authorization to develop does not authorize publication or operation of a conformity programme.

18.2 The Technical Director shall ensure competent and balanced contributions. Address safety, sustainability, digital integrity, mobility, manufacturing quality, vehicle evaluation, parts, efficiency, process compliance, charging, ergonomics and connected systems as applicable. New technology shall be considered through explicit use cases and foreseeable failure conditions.

18.3 Draft requirements shall be clear, verifiable where appropriate and internally consistent. Distinguish requirements, recommendations, examples and informative explanations. Definitions, object boundaries, methods, acceptance criteria, configuration rules and evidence requirements shall support consistent interpretation. Unvalidated proposals shall be identified in the development record until resolved.

18.4 Technical validation shall examine feasibility, repeatability, reproducibility, uncertainty where relevant, safety consequences, implementation cost and foreseeable misuse. Thresholds and scoring shall have a defensible evidence basis. Pilot tests or simulations shall state their limitations; no unperformed test or invented result shall support publication.

18.5 Consultation shall follow the approved project procedure and provide a meaningful opportunity for affected interests to comment. Log substantive comments in IAF-FR-009 with their disposition and reasons. Preserve dissent and unresolved technical issues. A critical unresolved safety or integrity objection shall block issue until competently resolved.

18.6 Final review shall check the technical basis, language, cross-references, rights, figures, calculations and compatibility with related IAF publications. Publication approval shall identify the exact title, identifier, edition, authorized text and maintenance owner. Copyright, permissions and patent-related concerns shall be reviewed where relevant even when the publication uses an original presentation.

18.7 Maintenance shall use feedback, incidents, technological change and evidence of interpretation difficulties. Approve corrections, amendments or replacement editions through controlled change. Publish material changes and transition arrangements; preserve historical editions needed to interpret earlier results. Promotion shall not introduce requirements absent from the controlled publication.

Development file

Retain proposal, mandate, interests, drafts, technical reasoning, validation, consultation, dispositions, review, approval and publication history. Register the exact edition in IAF-RG-004 and reconcile existing publications in IAF-RG-011 before operational use.

19 Programme design validation and launch

19.1 Each service that produces recognition, certification, accreditation, a rating, identity record, badge or other controlled outcome shall have complete programme rules. The rules shall identify the object, scope, intended claim, IAF role, eligibility, criteria, methods, evidence, competence, independence, decisions, public information and continuing obligations.

19.2 The owner shall define legal and contractual authority, territories, responsibilities, liability arrangements, fee terms, information rights and remedies. Use IAF-FR-010 under IAF-PR-007. Where IAF works with another body, record who owns the scheme, evaluates, decides, issues and monitors. An agreement shall not imply authority outside its precise scope.

19.3 Design shall include application review, sampling and witness coverage, configuration identity, findings and corrective action, review, decision rules, outcome wording, status changes, marks, complaints and appeals. Define surveillance, duration and renewal only where the programme requires them. A term or label from another programme shall not be copied without a justified design decision.

19.4 Validate the full workflow using representative cases or clearly labelled simulations. Test difficult, adverse, incomplete and changed cases as well as normal operation. Examine consistency between competent evaluators, evidence traceability, separation of duties, accurate public status and handling of a challenge. Correct material failures before launch.

19.5 The Technical Director shall confirm technical readiness; the Quality Manager shall verify system and independence controls; the Secretariat shall verify authority and agreements; management shall confirm capacity and resources. The competent governing authority shall record launch approval only when essential conditions are met. Annex E provides the readiness evidence.

19.6 Before applications are accepted, publish accurate eligibility, scope, rules, fees or fee route, evidence expectations and remedy information. Train assigned personnel, test application and verification channels and designate substitutes. A development page may invite interest only where it clearly states the actual programme status.

19.7 Initial operation shall have a defined review point based on time or case volume. Compare actual performance with validation assumptions. Restrict or pause a programme if evidence, authority, competence or public claims become unreliable. Material revision requires renewed impact review and appropriate validation.

Release prohibition

Missing legal basis, essential technical criteria, independent decision capability or evidence protection blocks launch. A favourable commercial forecast, signed memorandum or published standard does not substitute for those controls. Retain design inputs, validation, readiness decisions and conditions in the programme file.

20 Accreditation and assessment body recognition

20.1 IAF-GUI-ACC-001 provides the common voluntary scheme for laboratories, certification bodies, vehicle appraisal firms, authorized repair services and vehicle inspection bodies. Apply its common requirements and the applicable technical annexes. Recognition is limited to the named legal entity, sites, activities, methods, ranges and restrictions in the approved scope.

20.2 Application review shall verify legal identity, operating permissions, technical management, competence, equipment, impartiality, management controls, liability and representative practical evidence. Use one coordinated file where several activity categories apply and decide each requested scope segment explicitly. Approval of one category does not extend to another.

20.3 The assessment plan shall cover critical locations and technical families with justified witness and file samples. Remote techniques may supplement assessment where technically adequate and lawful; they shall not replace essential physical observation. New organizations may use clearly identified pilot work, but shall not fabricate commercial history or claim unissued accreditation.

20.4 Assessment, independent review and final technical decision shall be assigned to separate competent persons. Apply the scheme's conflict exclusions and prohibition on IAF accrediting its own assessment operation. A corporate signatory may execute an agreement but shall not expand the technical scope or compel a favourable conclusion.

20.5 Activation requires a positive technical decision, necessary corporate authorization, an effective Cooperation and Authorization Memorandum, controlled scope schedule and current register entry. The memorandum shall define the authorized IAF services and conditions. Independent work outside the IAF framework is governed by its own lawful basis, rather than a blanket requirement for IAF permission.

20.6 The scheme permits a maximum four-year organizational cycle, subject to continued compliance and surveillance. Complete first surveillance within twelve months of activation and subsequent surveillance at intervals no greater than twelve months. Renewal applications are due at least six months before expiry. Pending renewal does not extend status.

20.7 Apply the scheme's shorter safety and integrity notification periods, finding classifications and action deadlines. Material changes require review and scope extensions require a decision before use. Suspensions, withdrawals and restoration shall have reasons, defined scope, notice, fair remedy and accurate public status.

Meaning of the outcome

IAF scheme accreditation is competence recognition within the voluntary IAF framework. It does not itself confer statutory licensing, manufacturer authorization, governmental accreditation status or recognition by another body. Verify any additional mandate separately. The organizational cycle does not determine the life of an individual test, inspection, repair release or AutoSafe result.

21 Requests applications and contract review

21.1 Before accepting work, the responsible owner shall establish the requested service and distinguish membership, training, technical evaluation, recognition, identity, award entry and other outputs. Identify the applicant's legal entity, authorized representative, relevant sites and the object or configuration to which the request relates.

21.2 IAF-FR-011 shall record scope, criteria and edition, required evidence, access, methods, language, delivery expectations, fees, confidentiality, public data and continuing duties. Confirm IAF capacity, competent resources, independent review and decision availability. Resolve differences between the request and proposed service before commitment.

21.3 The contract shall state what IAF will provide, what the applicant must supply, permitted use of results, limitations, change notification, payment terms and remedies. Chargeable work shall require accepted terms. A quotation or accepted application shall not promise a favourable outcome or authorize use of an unissued mark.

21.4 Where evidence is supplied by another laboratory, assessment body or partner, define acceptance criteria and access rights before reliance. Verify the relevant provider scope and method suitability. Existing reports may support a case only to the extent permitted by the programme and supported by identity, configuration and evidence quality.

21.5 If requirements are unclear, resources insufficient or independence unavailable, record the issue and agree a lawful limitation, defer or decline the affected work. Fees shall not be accepted on the representation that IAF can deliver an authority or outcome it does not have. Any cancellation or refund shall follow the accepted terms and applicable duties.

21.6 Changes in object, sites, software, methods, criteria, subcontracting or requested scope shall trigger contract amendment and technical impact review. Notify the applicant of consequences for evidence, effort, timing and charges before additional work. Preserve the relationship between the original request and subsequent amendments.

Acceptance record

The authorized reviewer shall record the accepted scope, actual date, unresolved conditions, responsible delivery function and agreement reference. A condition that is essential for safe or valid delivery shall be resolved before work begins. An administrative condition may remain open only where its owner, deadline and effect are expressly controlled.

Handover to delivery

Provide the evaluation team with the approved scope, current criteria, relevant prior evidence, constraints, conflicts, applicant contacts and agreed access. The team shall confirm receipt and identify any remaining inconsistency before conducting the activity.

22 Evaluation evidence and validity of results

22.1 The evaluator shall use an approved plan identifying the object, configuration, sites, criteria, methods, personnel, evidence sources and sampling. Verify vehicle or system identity, software state, equipment and environmental conditions where they affect the result. Record departures from the plan and obtain approval for material changes.

22.2 Evidence shall be relevant, authentic, sufficient and traceable to the requirement assessed. Preserve raw data, images, logs, observations, calculations and source reports as appropriate. Record who collected the evidence, when, by what method and under which conditions. A summary shall remain linked to the source needed to test its conclusion.

22.3 Sampling shall reflect technical diversity, safety consequence, volume, sites, change, complaints and prior performance. Explain why the selected evidence supports the claimed scope. A convenient sample or a numerical minimum alone does not demonstrate adequacy. Increase coverage when anomalies or material differences appear.

22.4 Methods and measurement resources shall be fit for purpose. Where uncertainty, detection limits, modelling assumptions or other limitations could affect conformity, apply the approved decision rule and state the limitation. Do not change a threshold or rule after seeing the result to produce a favourable outcome.

22.5 Validity assurance shall use appropriate reference items, repeat work, independent recalculation, comparison, witnessed performance, proficiency evidence or technical file review. A failed control shall trigger containment and assessment of earlier work. Identify the affected population before deciding whether results require correction or withdrawal.

22.6 Each finding shall identify the applicable requirement, objective evidence, affected scope and consequence. Distinguish nonconformities, observations and improvement suggestions. Missing evidence shall not be recorded as conformity; good performance elsewhere shall not compensate for an unmet mandatory requirement.

22.7 Technical personnel shall record contradictory evidence and unresolved questions. Where an applicant disputes a finding, preserve the submission and reasoned disposition. Advice may explain a requirement but shall not cross into designing the applicant's system or promising success where independence would be compromised.

Evaluation completion

Use IAF-FR-012 with the evidence index and applicable programme forms. The complete file shall contain the plan, identity, evidence, calculations, findings, corrective responses, limitations and recommendation. The evaluator shall confirm completeness and submit the file for independent review without claiming that their recommendation is the final decision.

23 Independent review and technical decisions

23.1 The assigned reviewer shall confirm current competence, authority and freedom from material involvement in the evaluation. Review shall test scope coverage, applicable criteria, evidence authenticity and sufficiency, sampling rationale, method limitations, findings and the support for the recommendation. Use IAF-FR-013.

23.2 The reviewer shall return an incomplete or inconsistent file with specific questions. Additional work shall remain traceable to the original case and be performed by competent personnel. Review shall not silently create missing evidence, change a test result or clear a nonconformity without support.

23.3 The decision maker shall have current authority for the precise programme and outcome. At minimum they shall be independent of evaluation; apply the stricter three-person separation required by the accreditation scheme. Commercial, membership, sponsorship or leadership interests shall not direct the conclusion.

23.4 The decision shall follow the adopted programme rules and address every requested scope segment. Possible outcomes include grant, partial grant, refusal, continuation, extension, restriction, suspension, restoration, renewal or withdrawal as applicable. Conditions shall be explicit and shall not defer an essential requirement beyond a positive decision.

23.5 Unresolved critical or major findings shall prevent a positive technical decision where they affect the intended scope. Minor findings shall be treated only as the programme permits, with clear actions and verification. No generic average score shall override a failed mandatory requirement.

23.6 Record the evidence considered, reasons, approved object and scope, criteria edition, conditions, effective status and actual decision date in IAF-FR-014. The decision shall identify any refused segments and provide the relevant appeal information. A signature without reasons and evidence references is insufficient.

23.7 Where a decision maker is unavailable or conflicted, use a competent authorized substitute. If none exists, hold the decision and explain the delay. An executive instruction, retrospective signature or committee vote without the required technical mandate cannot cure the missing authority.

Decision and issue are separate steps

An authorized decision proceeds to release checks, contract or memorandum completion where required, scope and mark checks and registry verification. Administrative preparation shall not expand the decision. A correction affecting technical substance requires technical review and a new or amended decision with retained history.

24 Issuance public registers and marks

24.1 Before issue, the release officer shall verify the decision, exact holder or object, scope, criteria edition, conditions, issue date, duration where applicable, public data and required agreements. Use IAF-FR-015. A certificate, report, label, badge or registry entry shall communicate the specific outcome and its limits.

24.2 Identifiers shall be unique, controlled and linked to their evidence and approval. Verification links and QR codes shall resolve to the exact current record, with the appropriate historical states. Test the public view and access restrictions before release. A verification image or link is not a substitute for an actual controlled record.

24.3 Apply IAF-POL-011 with IAF-POL-007 and IAF-POL-008. Mark permission shall identify the licensee, underlying decision, mark and artwork version, permitted media, scope, conditions and cessation rules. Membership, Corporate Recognised status, programme accreditation, certification, awards and learning marks shall remain distinguishable.

24.4 Public information shall disclose only approved verification fields. Confidential reports, source data, personal details and protected case material shall remain restricted unless a lawful basis permits disclosure. A public decision does not make its entire evidence file public.

24.5 IAF-PR-033 shall control consistency among programme pages, downloadable standards, guides, application terms, fees and registers. Use IAF-FR-039 and IAF-RG-014. Differences in names, scope, edition, validity or claims shall be corrected before users are invited to rely on conflicting information.

24.6 Issue dates shall reflect actual authorized issue. Corrections shall identify the former version, reason, affected fields and recipients. A substantive change shall return to technical or membership decision control. Historical records shall not be overwritten to imply uninterrupted approval or a result that was never issued.

24.7 Suspected misuse shall be recorded with dated evidence, underlying permission and risk. The competent owner shall require correction, restrict a licence or refer for status action within the applicable authority. Urgent action shall be proportionate and followed by fair review. An appeal does not automatically authorize continued misleading use.

Release evidence

Retain the approved proof, licence, decision reference, scope schedule, public-field review, verification test, release time and recipient notice. Communications staff may improve presentation, but shall not add an assurance, affiliation or recognition claim absent from the approved basis.

25 Monitoring changes and status control

25.1 The Programme Manager shall maintain continuing control appropriate to each outcome. Monitor required notifications, complaints, surveillance where specified, relevant technical changes and misuse of claims. IAF-PR-012 and IAF-FR-016 shall link the trigger, affected scope, evidence, review and authorized status decision.

25.2 Participants shall notify changes under their programme and agreement. These may include legal identity, ownership, key personnel, sites, methods, equipment, software, design, manufacturing configuration or loss of permission. The owner shall determine whether additional evidence, evaluation, a revised scope or a new object record is required.

25.3 Apply the programme-specific surveillance and duration rules. The accreditation scheme's four-year maximum organizational cycle and annual surveillance do not apply automatically to AutoSafe, AutoID, membership, awards or learning. A current register shall state the actual status and any expiry that genuinely applies.

25.4 An immediate threat to safety, competence, impartiality or evidence integrity may justify a proportionate hold or provisional restriction within the competent authority. Record the reasons, affected scope, time, communication, review date and remedy. Scheme provisional measures shall receive the required independent review within thirty days.

25.5 Suspension shall specify prohibited activities and claims, corrective conditions, monitoring and decision deadline. Withdrawal, expiry or scope reduction shall require accurate public status, control of marks and assessment of affected prior outputs. A change in organizational status shall not automatically invalidate every historical result; review the actual evidence and reliance.

25.6 Restoration shall require evidence that the cause and necessary conditions are addressed, independent review where required and a competent decision. Retain the status gap. A paid invoice, renewed application or new management appointment alone does not establish restored technical competence.

25.7 Where a defect affects multiple outputs, establish the population using dates, personnel, method or software versions, providers and configurations. Prioritize by consequence and inform affected holders or users through the appropriate route. Track corrections, public notices and verification of completion.

Monitoring file

Retain surveillance plans, notifications, findings, response evidence, impact analysis, status decisions, licence instructions and updated registry records. Open corrective actions shall remain linked after the status decision. Review trends across programmes to identify shared method, provider or system failures.

26 AutoSafe AutoID and technical outcome boundaries

26.1 AutoSafe is a vehicle test, evaluation and A-to-F classification programme. Its approved technical edition controls domain evidence, scoring, caps, classification, configuration and change rules. Record the assessed vehicle, variant, relevant options, software state, methods and evidence date. Do not use stars or a validity cycle borrowed from an unrelated scheme.

26.2 An AutoSafe claim shall apply only to the assessed or validly linked configuration. Evaluate the effect of design, software, manufacturing and safety changes through the programme rules. Continued public verification does not establish that every future variant or update has been assessed. A corrected classification requires the relevant technical review and decision.

26.3 AutoID provides a scoped identity record for an approved object such as a vehicle, system, software release or organization. IAF-PR-026 requires source verification, duplicate checks, controlled identifiers, public-field review and version history. Record relationships between individual vehicles, models, variants, batteries and software rather than merging them into an ambiguous identity.

26.4 An AutoID shall not replace a VIN, statutory registration, type approval or separate technical evaluation. Verified fields shall be supported by evidence and unverified declarations shall remain distinguishable. Changes to identity, configuration, contributor authority or evidence shall produce a controlled update or linked record as appropriate.

Outcome	Meaning to preserve
AQMS or other certification	Conformity within the approved organizational, site, activity or technical scope and programme rules.
Corporate Recognised	Membership recognition for a recorded activity and scope under the Membership Guide.
Scheme accreditation	Competence recognition of the named body and approved activities under IAF-GUI-ACC-001.
AutoSafe	An evidence-based A-to-F classification for the stated assessed configuration.
AutoID	A controlled identity reference with specified verified fields and history.
Award or learning record	A season-specific award result or demonstrated learning outcome under separate rules.

26.5 Contracts, certificates, portals and communications shall preserve these distinctions. Linking two records may help verification, but one record shall not imply the other outcome. A programme owner shall review combined promotional material for scope, status and the exact meaning of each mark.

27 Academy training and learning outcomes

27.1 IAF Academy and other learning activities shall follow IAF-PR-022 and IAF-PR-027. The learning owner shall define intended participants, prerequisites, learning outcomes, content, delivery method, trainer competence, accessibility, resources and participant terms before enrolment.

27.2 Training content shall use current controlled requirements and clearly identify examples, exercises and programme limitations. Review technical accuracy, copyright and permissions. A course shall not promise competence, employment, recognition or authority beyond the evidence and terms of the approved learning programme.

27.3 Where assessment is offered, define the rubric, pass criteria, identity checks, permitted assistance, reasonable adjustments, reassessment and challenge route in advance. Separate attendance from assessed achievement. Keep assessment materials secure and manage conflicts involving trainers, assessors and participants.

27.4 Delivery records shall identify the version taught, trainer, dates, participants, relevant adjustments, assessment evidence and result. Technical exercises and simulations shall be identified as such. Retain enough evidence to support the learning claim without collecting unnecessary personal or sensitive information.

27.5 A badge or completion statement shall identify the learner, programme, achievement type, applicable criteria or course version, issue date and verification route. Any expiry or continuing requirement shall have an explicit programme basis. Attendance shall not be labelled demonstrated competence where no assessment occurred.

27.6 Course completion does not authorize evaluation, review, technical decision or representation of IAF. Task authorization requires the separate competence and appointment process. A commercial learning relationship shall not influence a later assessment or recognition decision.

27.7 The learning owner shall review feedback, completion, assessment consistency, complaints and evidence of practical usefulness. Investigate unusual pass patterns, identity concerns or trainer errors. Correct affected records through controlled decision and notify learners where the change affects their claim.

Delivery readiness and record

Use IAF-FR-028 and IAF-FR-033 with IAF-RG-009 and IAF-RG-016. Confirm trainer and platform availability, accessible materials, participant communication, assessment security, support and contingency arrangements. Pilot or invitation-only status shall remain visible until an authorized release changes it.

Providers and data

External trainers and platforms require defined deliverables, competence, confidentiality, data rights, incident notification and continuity. IAF shall review their outputs and retain the evidence needed to verify learning records after provider replacement.

28 Awards and Car of the Year

28.1 World Automotive Awards and Car of the Year shall use approved season-specific rules under IAF-PR-025. Before entries open, define categories, eligibility, evidence, evaluation criteria, weights, tie handling, jury competence, conflicts, timetable, decision authority, costs and permitted claims.

28.2 The Secretariat shall verify the entrant's authority, vehicle or project identity, eligibility and evidence completeness. Maintain separate states for submission, eligibility approval, candidacy, shortlisting, finalist and winner. A payment or submitted form shall not be described as an official award result.

28.3 Jurors shall declare case-specific interests and meet the required technical competence and independence. Record recusals and competent replacements. Sponsors, members and commercial teams shall not direct scoring, select a preferred winner through resources or receive undisclosed decision privileges.

28.4 Evaluation shall apply the same approved criteria to comparable entries and retain each score with its evidence and rationale. Record differences in configuration, unavailable evidence, method limitations and additional verification. Material changes to scoring rules shall not be introduced after entries are evaluated without the required fair transition.

28.5 Car of the Year shall select one overall winner under its approved season rules. The rules shall state how to handle ties and circumstances in which an outcome cannot be justified. No manual provision authorizes invention of a result where eligibility, evidence or an independent decision is missing.

28.6 Where additional verification or participation costs apply, disclose them and obtain acceptance before chargeable work. Fees shall not buy a score or result. Declining optional work shall be treated under the published evidence rules, without alteration of already recorded evidence or scores.

28.7 The authorized decision shall verify eligibility, scoring, conflicts and tie rules before release. Publish the exact season, category and vehicle or project scope. Award mark permission shall follow the Mark Usage Policy and shall not imply certification, safety approval or continuing technical conformity.

Challenges and season review

Complaints and appeals shall use the applicable independent route. Investigate material evidence corrections or conflicts discovered later, assess the effect and update claims only through a reasoned authorized decision. Review jury consistency, participant feedback and public wording after each season.

Retained evidence

Use IAF-FR-031 with IAF-RG-006 and IAF-RG-009. Retain season rules, eligibility, evidence, juror declarations, individual and consolidated scores, cost approvals, decision, public release and subsequent corrections.

29 Exhibitions conferences and demonstrations

29.1 Each exhibition, conference, AutoExpo activity or demonstration shall have an accountable event owner and approved scope under IAF-PR-032. Define purpose, participants, venue or platform, dates, programme, deliverables, responsibilities, budget, contracts and participant terms. Confirm the approved plan before public announcement.

29.2 Risk review shall address crowd and site safety, vehicles and batteries, electrical systems, charging, moving machinery, demonstrations, accessibility, security, emergency response and information processing as applicable. Obtain required permissions and competent safety arrangements. A promotional objective shall not override a stop instruction for unsafe activity.

29.3 Contracts with venues, exhibitors, speakers and service providers shall identify permitted activities, responsibilities, insurance or liability arrangements where needed, technical requirements, cancellation, incident reporting and intellectual-property permissions. Changes to a demonstration or vehicle configuration shall be reviewed before use.

29.4 Registration and participant communication shall provide accurate location, timing, eligibility, charges, access requirements and support routes. Separate exhibition participation, speaking, sponsorship, awards and technical approval. An exhibitor presence or displayed IAF logo shall not imply product conformity or IAF endorsement beyond the approved statement.

29.5 Before opening, verify venue or platform readiness, safety controls, staff competence, accessibility, emergency contacts, technical support, signage and communication. Record deficiencies and the decision to open, restrict an activity or postpone. Essential safety failures shall block the affected activity.

29.6 During delivery, the event owner shall maintain incident and change logs, monitor provider performance and act on participant concerns. Capture consent or other applicable permissions for recordings and photographs. Sensitive participant information shall not be shared with sponsors without the required basis and disclosure.

29.7 Closure shall reconcile commitments, payments, incidents, participant support, provider performance and record custody. Review feedback and compare actual delivery with the approved objectives. Identify corrective actions and lessons for the next event rather than treating attendance alone as evidence of success.

Event file

Use IAF-FR-028 and IAF-FR-038 with IAF-RG-009. Retain the approved plan, risk and readiness review, contracts, participant terms, safety responsibilities, changes, incidents and closeout. Dates, venue and programme status on the website shall remain aligned with the current approved event record.

30 Research partnerships and regulatory coordination

30.1 Research and pilot projects shall follow IAF-PR-028. The protocol shall define purpose, questions, methods, population or objects, data sources, permissions, competence, safety, expected outputs and limitations. Obtain the required ethics, privacy or regulatory review before collection where the activity demands it.

30.2 Preserve data provenance, versions, methods, analytical code or calculations where material and the distinction between observation, inference and assumption. Publication shall identify material limitations and uncertainty. Sponsors and project partners shall not suppress valid adverse findings or substitute an unsupported conclusion.

30.3 Pilots, mobility-data projects and future initiatives shall be described by their actual stage. An approved research protocol does not authorize commercial technical outcomes. Any transition from pilot to operational service shall satisfy programme design, validation and launch requirements.

30.4 Partnerships and representatives shall follow IAF-PR-024. Due diligence shall verify identity, authority, competence, reputation, interests and the proposed benefit. The agreement shall define scope, territory, deliverables, resources, rights, public claims, reporting, termination and record custody. A representative shall not bind IAF beyond written delegation.

30.5 A Cooperation and Authorization Memorandum is required where a body acts under an IAF scheme or uses IAF authority within the applicable rules. It shall identify exact authorized services and conditions. Cooperation alone does not establish reciprocal recognition, governmental acceptance or control over another organization's independent services.

30.6 Sponsorship and contributions shall follow IAF-PR-029. Record the contributor, amount or benefit, conditions, conflicts, permitted recognition and independent approval. Funding shall not purchase a committee seat, technical result, award or appeal outcome. Management shall assess dependence on a single funding source.

30.7 Regulatory coordination under IAF-PR-030 shall identify the jurisdiction, intended authority, precise technical scope and evidence basis. Verify acceptance from a current authoritative source or valid agreement before making a claim. Position papers shall distinguish IAF recommendations from binding law and retain their review and approval history.

Project and cooperation records

Use IAF-FR-029, IAF-FR-034, IAF-FR-035 and IAF-FR-036 as applicable. Retain due diligence, protocol or agreement, rights, approvals, milestones, evidence, public wording and closeout. Discontinuation shall settle commitments and preserve necessary records, confidentiality and publication obligations.

31 Providers procurement and financial controls

31.1 IAF-PR-018 shall control laboratories, assessors, trainers, consultants, digital hosts, venues and other providers affecting quality. Define the service and evaluate competence, capacity, impartiality, technical scope, information security and continuity. Verify credentials and exact scope where relevant; a broad credential alone does not establish fitness for the requested work.

31.2 Provider approval shall state the legal entity, accepted service, methods or scope, limitations, acceptance criteria, responsible IAF owner and review date. Record it in IAF-RG-008 using IAF-FR-022. Commercial supplier approval shall remain distinct from scheme accreditation or Corporate Recognised membership.

31.3 Agreements shall address deliverables, evidence access, methods, rights, confidentiality, subcontracting, material changes, incidents, audit access, termination and data return or disposal. Critical work shall not be subcontracted or materially changed without the required authorization. IAF shall review externally produced evidence before relying on it.

31.4 Monitor defects, timeliness, technical consistency, security, complaints and corrective actions. Review critical providers at least annually and after material failure or change. Unsuitable performance shall trigger restriction, replacement and assessment of affected IAF outputs. Maintain continuity and exit arrangements for critical dependencies.

31.5 IAF-PR-023 shall separate request, authorization, payment and reconciliation as far as practicable. When staffing is limited, use a documented independent compensating review. No person shall approve their own expense or a transaction in which they have an unmanaged interest. Confirm receipt and acceptance of work before payment approval where applicable.

31.6 Fees shall follow the current approved membership fee document, programme terms or accepted quotation. Record invoices, credits, refunds, waivers and exceptions under delegated authority. Technical outcomes shall remain independent of revenue targets, payment pressure and sponsorship. A waiver shall not remove a technical requirement.

31.7 Related-party transactions shall have disinterested approval and evidence of fair terms, value and the Federation's purpose. Retain alternatives or benchmarks, declared interests, abstentions and reasons. Financial review shall identify funding concentration and commitments that could affect independent delivery or continuity.

Financial and provider evidence

Use IAF-FR-022, IAF-FR-023 and the applicable contract and sponsorship records. Retain selection, approval, acceptance, payment, reconciliation and monitoring separately but with linked references. Management review shall address material supplier and funding risks without disclosing unnecessary commercial or personal details.

32 Complaints appeals and fair remedies

32.1 IAF-POL-010 governs complaint and appeal handling with the Constitution. IAF-PR-013 and IAF-PR-014 provide supporting workflows. Accept relevant complaints from members and nonmembers, assess anonymous information and preserve the original receipt date when a matter is reclassified. Wrongdoing or privacy concerns shall also enter their protected specialist route.

Action	Controlling timetable
Acknowledgement	Within 7 calendar days of receipt where contact is available.
Complaint initial response	Within 30 calendar days of receipt, with route and planned action.
Complaint or appeal determination	Normally within 60 calendar days of receipt; explain extensions and revised dates.
Appeal filing	Within 30 calendar days of notification of the contested decision.
Progress updates	No more than 20 calendar days apart during an open case and after material timetable changes.
Disciplinary response	At least 21 calendar days where the Constitution requires a member response opportunity.

32.2 Legacy business-day targets remain additional internal aims and shall not replace these calendar-day duties or restart the clock. Record applicable shorter legal duties separately. The case notice shall explain time calculation, communication routes and any effect of a proven channel outage.

32.3 Assign a competent investigator independent of the complaint. Each appeal shall be determined by exactly three independent persons with no participation in the original evaluation, review or decision. Appointment shall follow the recorded independent roster route; external case experts may be used without creating an unelected permanent committee seat.

32.4 The case plan shall define issues, criteria, evidence, response opportunity, confidentiality and milestones. Test adverse and contradictory information. Provide reasons and sufficient material for a meaningful response, subject to lawful redaction. An implicated official shall not select the panel, control evidence or direct findings.

32.5 The determination shall state findings, reasons, authorized remedy, implementation owner and any further route. Track corrections and public-status changes to completion. A justified protective restriction may remain pending appeal where the competent decision so provides. Good-faith use of a remedy shall not attract retaliation.

32.6 Use IAF-FR-017 and IAF-FR-018 with IAF-RG-007. A reasoned outcome and a longer corrective action may close at different times but shall remain linked. Mandatory legal remedies and urgent court relief remain available; arbitration requires a separate valid agreement and the constitutional safeguards.

33 Nonconforming work and corrective action

33.1 Any person discovering a failure shall report it promptly through the responsible process or protected route. IAF-PR-017 and IAF-FR-020 shall control the response. Identify the requirement, evidence, affected process or output, consequence and immediate owner. An improvement suggestion shall not be used to downgrade a demonstrated nonconformity.

33.2 Contain the affected work before unreliable outputs continue. Actions may include a release hold, restricted access, preservation of evidence, suspension of a method, correction of a public claim or referral for a programme status decision. The action shall have lawful authority, defined scope and recorded reasons.

33.3 Assess the extent of the failure using common personnel, methods, software versions, providers, time periods, sites and objects. Determine whether earlier outputs or other programmes are affected. Record the search method and limitations; reviewing only the initially reported case is insufficient where a shared cause is plausible.

33.4 Correction shall address the immediate defect and affected recipients. Root-cause analysis shall examine why the process allowed the failure and why existing checks did not detect it. Consider unclear requirements, inadequate competence, workload, weak independence, tool defects and governance or resource pressure. Avoid assigning personal blame without evidence.

33.5 Corrective action shall identify the cause addressed, owner, due date, resources and verification method. Use programme-specific finding deadlines where applicable. For internal system actions, approve deadlines according to consequence and exposure. Extensions require a reason and continuing containment; they shall not be used to hide overdue work.

33.6 Verify implementation and effectiveness through later work, targeted sampling, repeat testing or other relevant evidence. A revised procedure or training attendance alone is insufficient when the failure concerns actual performance. A competent person independent of the original work shall verify high-consequence cases where necessary.

33.7 Resumption requires the competent owner or technical authority to confirm that release conditions are met. Record the actual authorization, scope and remaining monitoring. If the action fails, reopen the cause analysis and strengthen controls. Repeated failures shall be escalated to management review and risk planning.

Action closure

Retain containment, impact review, correction, cause, action, effectiveness evidence and closure authority. Keep linked complaints, incidents, status decisions and change records traceable. Report overdue actions honestly; do not change the original due date or severity without retaining the history and reasons.

34 Internal audit and independent assurance

34.1 The Quality Manager shall maintain an audit programme under IAF-PR-015 covering every in-scope process over a twelve-month cycle. Prioritize changed, high-risk, weak or incident-affected activities for earlier or additional review. Include governance, membership, technical work, public outputs and shared support functions.

34.2 Auditors shall be competent in the process and criteria and independent of the work audited. A manager shall not audit their own decisions. Use other competent personnel or an external auditor where internal independence is unavailable. Protect access to restricted evidence through an appropriate independent route.

34.3 The audit plan shall define purpose, scope, criteria, timing, team, records and sampling. Include adverse decisions, changes, complaints, exceptions and actual outputs where available. Sample at least one case from each active programme family over the cycle and justify further coverage according to risk; this is a coverage floor, not proof of statistical confidence.

34.4 Audit shall test implementation through records, interviews, observation and traceability. Follow selected outputs back to identity, criteria, evidence, review, decision and release. Compare websites, PDFs, registers and current terms. Check whether access, conflicts, deadlines, holds and corrections operated as required.

34.5 Each finding shall state the requirement, objective evidence, affected scope and conclusion. Confirm factual accuracy with the process owner without allowing them to suppress a supported finding. Escalate immediate safety, evidence or independence failures when discovered rather than waiting for the final report.

34.6 Owners shall address nonconformities through IAF-FR-020. The auditor or independent verifier shall evaluate implementation and later operating evidence before closure. Preserve disagreements and unresolved findings for competent review. An audit is not completed merely because the report was issued.

34.7 Where no live cases exist, use a clearly labelled exercise to test readiness and state the limit on conclusions. Do not report simulated admissions, evaluations or meetings as actual operating evidence. Audit results shall distinguish document completeness, readiness and demonstrated performance.

Audit records and reporting

Use IAF-FR-019 with IAF-RG-007. Retain the programme, independence and competence checks, plan, sampling, evidence references, findings, report and follow-up. Management review shall examine coverage gaps, repeat findings, overdue actions and whether independent assurance remains adequately resourced.

35 Performance evaluation and management review

35.1 Owners shall monitor the measures in IAF-RG-013 and relevant programme data. Report both performance and evidence limitations. Member and participant feedback shall be collected through defined channels and assessed with complaints, delays, rework and adverse outcomes. A low complaint count alone does not prove satisfaction or accessibility.

35.2 Management review shall occur at least annually and after a serious systemic failure or material scope change where needed. The competent Presidential Council or duly authorized management body shall conduct it. The Quality Manager shall prepare an evidence pack and identify matters requiring another reserved authority.

35.3 Inputs shall include prior actions, context and obligations, policy and objectives, process results, member feedback, complaints and appeals, audit findings, nonconformities, provider performance, impartiality, incidents, continuity tests, resources, programme changes and improvement proposals. Review active programme families separately where their risks or outputs differ.

35.4 The review shall determine whether the system remains suitable for its purpose, adequately resourced and effective in operation. Examine whether controls prevented unsupported releases, protected fair treatment and produced reliable service. Distinguish approved documents, completed implementation and demonstrated results.

35.5 Outputs shall state decisions on scope, policy, objectives, resources, risk treatment, competence, providers, programme continuation or restriction and improvement. Each action shall have an owner, priority, due date and evidence of completion. A decision to accept residual risk shall remain within lawful limits and shall not waive a mandatory requirement.

35.6 Use IAF-FR-021 and enter actions in IAF-RG-007. Record authority, attendance, conflicts, evidence, conclusions and decisions. Communicate relevant actions to process owners while protecting restricted cases. A signature sheet or agenda without actual deliberation and decisions is not a completed management review.

35.7 Track actions through routine management oversight between reviews. Escalate overdue high-priority matters and retain original due dates and reasons for changes. Verify the intended result before closure. Carry unresolved issues into the next review with their status and effect on current operations.

Review quality

Annex G provides an evidence-led agenda. The chair shall require clear decisions on material gaps, rather than a general statement that all matters were discussed. Trends shall be supported by consistent definitions and comparable periods; changes in measurement shall be disclosed.

36 Continuity implementation and improvement

36.1 IAF-PR-020 shall protect the continuity of evidence, public verification, case communication, document access and essential providers. The Information Lead and process owners shall assess disruption consequences and approve recovery priorities, acceptable data loss, recovery times, substitutes and alternative communication.

36.2 Test restoration under IAF-WI-006 and IAF-FR-025 using representative records and access conditions. Verify completeness, integrity, permissions, current status and unresolved holds. After disruption, reconcile queued decisions, corrections and public records before normal release. A successful backup job alone is not a successful recovery test.

36.3 Before this revision becomes operational, complete the implementation record in Annex H. Confirm governing instruments, actual appointments, approved documents, current registers, independent case routes, competent staff, programme readiness and public alignment. Record the actual approval and effective date in IAF-FR-001 and IAF-RG-001.

36.4 Legacy files shall retain their genuine status and history. Revision 3.0 supersedes the manual's earlier issue only from its recorded effective date. Related documents require their own approval and updates. Reconcile older business-day case targets with the controlling calendar-day duties and older generic decision wording with stricter scheme separation requirements.

36.5 Implementation may be phased by approved activity, provided essential shared controls operate before the relevant service is released. Label simulations and pilots accurately. A process with unresolved authority, safety, evidence or independence conditions shall remain restricted until verified.

36.6 Improvement proposals shall identify the problem or opportunity, expected benefit, owner, resources, risks and verification. Prioritize reliable evidence, consistent decisions, accessible service and prevention of repeated failures. Test changes proportionately and confirm that an improvement in speed or cost does not weaken necessary controls.

36.7 The Quality Manager shall review this manual at least annually and after material governance, legal, programme or system change. Approved revisions shall have a change summary, affected-document list and transition communication. Substantive changes to constitutional rights or technical programme criteria shall follow their own competent approval procedures.

Continuing accountability

IAF shall retain evidence of adoption, implementation, audit and management review as distinct records. The quality system shall be judged through actual delivery and verified improvement. The annexes provide working structures to be completed with genuine evidence, responsible people and dates.

Annex A Process ownership and evidence matrix

The named process owner shall maintain the detailed workflow, resources, risks, measures and current records. Functional roles below shall be mapped to actual appointments. Each receiving function confirms that the handover is complete.

Process and owner	Main input and accepted output	Primary evidence
Governance Council and Secretariat	Obligations and strategy to approved policy, authority and resources.	Resolutions, IAF-FR-026 and IAF-FR-021.
Membership Membership Manager	Identity, resolution and accession to a reasoned membership status.	IAF-FR-006 and IAF-RG-005; recognition scope and transition undertaking.
Committees Secretariat and committee chair	Mandate and certified election to valid decisions and deliverables.	Charter, election records, IAF-FR-007 and interests.
Standards Technical Director	Approved proposal and technical evidence to a controlled edition.	IAF-FR-008 / 009 and IAF-RG-004.
Programme design Programme Manager	Need and criteria to validated rules and launch authorization.	IAF-FR-010, validation and release record.
Technical cases Programme Manager	Accepted scope to evaluation, independent decision and issue.	IAF-FR-011 to IAF-FR-016 and IAF-RG-006.
Other programmes Appointed programme owner	Approved activity rules to scoped learning, identity, award or event output.	Programme forms IAF-FR-028 to IAF-FR-038 as applicable.
Enabling controls Functional owners	Resource needs to competent people, approved providers and protected information.	IAF-FR-004 / 022 / 023 / 024 / 025 / 030.
Assurance Quality Manager	Performance and concerns to verified corrections and management decisions.	IAF-FR-017 to IAF-FR-021; IAF-RG-007 / 013.

Minimum process description

State the purpose, scope, entry conditions, accountable owner, participating roles, steps, acceptance criteria, output, evidence location, risks, indicators and escalation route. Identify dependencies on a technical edition, agreement, provider or statutory permission.

Handover acceptance

Record the case or project ID, scope, current version, evidence reference, unresolved matters, sending and receiving roles and actual acceptance date. A receiver who cannot reconstruct the requirement or result shall return the handover with specific reasons.

Annex B Decision authority and independence matrix

This matrix summarizes the quality-system decision routes. The Constitution, specific programme and valid delegation control actual authority. Record the named participants and relevant limits before they act.

Matter	Decision route	Required safeguard
Constitutional amendment	Presidential Council under Article 29 and any higher approval requirement.	Prescribed consultation, vote, notices and commencement; no manual-level substitution.
Manual policy and scope	Competent Council authority or valid delegate for the matter.	Exact text, authority, resources and actual approval date.
Committee election	Constitutional electorate and election administration.	Eligibility, notices, ballots and certified results; distinct from central offices.
Membership admission	Delegated membership authority.	Identity, corporate resolution and signed accession; fees do not prove competence.
Standard publication	Assigned technical publication authority.	Competent review, validation and disposition of critical objections.
Programme launch	Competent governing authority after readiness confirmations.	Technical, quality, legal and resource evidence; essential conditions complete.
Technical conformity	Authorized technical decision maker.	Independent of evaluation; three separate persons for the accreditation scheme.
Appeal	Exactly three independent case panel members.	No original case participation; independent appointment and protected evidence.
Payment or related party	Unconflicted financial or corporate authority.	No self-approval; fair terms and separate payment controls.
Record disposal	Record owner and Quality Manager with required case clearance.	Verified schedule, no blocking hold, approved method and execution evidence.

Delegation record

Use IAF-FR-026 to identify appointing authority, person, function, programme, limits, effective period, reporting, substitution, competence, interests and acceptance. An administrative role does not imply technical authority.

Unavailable or conflicted authority

Document the conflict or vacancy and use a competent unconflicted substitute through the authorized route. If independence or authority cannot be established, hold the affected decision. Retain the reasons and communication; do not obtain a retrospective signature to hide the gap.

Annex C Risk assessment and treatment record

Complete these fields in IAF-FR-002 and IAF-RG-002. The internal score supports prioritization and does not replace a mandatory release condition.

Field	Required entry
Identity and scope	Risk ID; process or programme; object, site or population; responsible owner; assessment date.
Cause event consequence	Describe the existing condition, uncertain event and resulting harm separately.
Current controls	Existing safeguards, evidence of operation, dependencies and known weaknesses.
Likelihood	1 exceptional; 2 unlikely; 3 plausible; 4 likely; 5 frequent or recurring. Record the basis.
Impact	1 negligible rework; 2 limited recoverable failure; 3 material service or trust harm; 4 serious multi-case harm; 5 severe safety, legality or integrity harm.
Priority	Likelihood multiplied by impact. Low 1 to 4; Moderate 5 to 9; High 10 to 16; Critical 17 to 25.
Mandatory condition	Identify any legality, safety, impartiality or evidence failure that blocks acceptance regardless of score.
Treatment	Action; owner; resources; due date; affected documents; containment; verification method.
Residual assessment	Verified operating controls; revised likelihood and impact; reasons; authorized residual-risk decision.
Review	Quarterly or earlier trigger; next date; linked incident, change or action record.

Illustrative application

A software-version mismatch is found between an assessed vehicle and the configuration shown in a proposed public result. The case owner holds release, preserves the original evidence and asks the technical function to establish the assessed version. The mismatch is an evidence condition that must be resolved even if a preliminary numerical score is low.

Treatment may include configuration checks at intake and before issue, controlled capture of software identifiers and a review of cases using the same workflow. Effectiveness is verified on later cases. Record the example as a training exercise unless those events actually occurred.

Opportunity assessment

For an improvement opportunity, record the expected benefit, affected users, cost, risks, owner, trial conditions and success measure. Approve broader deployment only after evidence confirms the benefit and acceptable side effects.

Annex D Quality objectives and measurement definitions

Use these definitions when adopting or updating IAF-RG-013. Targets are management requirements for the coming period, not past performance. A breach of a mandatory rule requires action irrespective of the aggregate result.

Objective and owner	Measurement	Initial target
OBJ-01 Current documents Quality Manager	Effective documents with complete release fields and review current divided by all effective documents. Monthly.	100%
OBJ-02 Independent decisions Technical Director	Issued technical decisions with all required separation and conflict checks divided by all issued technical decisions. Monthly.	100%
OBJ-03 Case acknowledgement Quality Manager	Contactable complaint and appeal cases acknowledged within the controlling 7 calendar days or shorter duty divided by all such cases. Monthly.	100%
OBJ-04 Corrective action Quality Manager	Actions verified complete by their approved due date divided by actions due in the period. Monthly.	At least 90%; every overdue action reviewed.
OBJ-05 Audit coverage Quality Manager	Completed audits divided by audits due in the approved cycle plan, with separate confirmation of full process coverage. Quarterly.	100% of due plan; all processes in 12 months.
OBJ-06 Task authorization Technical Director	Assignments supported by current competence and authorization divided by all controlled assignments checked. Quarterly.	100%

Measurement controls

For each result record period, population, numerator, denominator, exclusions with reasons, source, preparer, review and action. Exclude unsafe-to-contact or anonymous cases from the acknowledgement denominator only with a documented reason; retain them in intake, triage and investigation measures. A missing record is not a compliant result.

Additional programme measures

Active owners shall adopt measures for evidence rework, public-status correction, overdue monitoring, member-service responsiveness, learning validity or award consistency as relevant. Set definitions and baselines before targets. Do not use acceptance rates, winning rates or favourable classifications as staff performance targets.

Revision alignment

OBJ-03 replaces the earlier business-day wording in the operational measurement definition when this revision is adopted. Keep any faster internal service aim as a separate measure. Track initial response, determination and progress-update duties separately so that timely acknowledgement does not conceal later delay.

Annex E Programme launch readiness record

Use IAF-FR-010 with these evidence requirements for a new programme or material programme change. Record the exact programme version, responsible persons, actual checks, unresolved issues and final decision.

Readiness area	Evidence required before authorization
Scope and claim	Defined object, users, territories, IAF role, intended outcome and accurate distinction from other programmes.
Authority and terms	Legal and contractual basis, competent signatories, accepted rights and liabilities, fees and remedy terms.
Technical rules	Approved criteria, methods, sampling, identity and configuration, findings, decisions and change rules.
Competence and independence	Named authorized evaluators, reviewers, decision makers and substitutes; case conflict process.
Validation	Representative and adverse cases, consistency checks, limitations and verified closure of essential failures.
Operational records	Application, evidence, review, decision, issue and monitoring records linked to controlled repositories.
Public release	Approved terms, correct programme status, mark conditions, public fields and tested verification route.
Information and continuity	Access, privacy, providers, retention, holds, recovery and independent case channels.
Resources	Capacity, budget, tools, facilities and protected resources for review, complaints and appeals.
Transition and review	Training, affected-case treatment, notices, rollback where relevant and first operating review.

Readiness confirmations

The Technical Director confirms technical validity. The Quality Manager confirms quality and independence controls. The Secretariat confirms authority and agreements. Management confirms capacity and resources. Each confirmation shall link to evidence and identify limitations.

Authorization

The competent authority records authorize, defer or refuse, with reasons, scope and actual effective date. Essential conditions shall be complete before authorization. Nonessential follow-up shall have an owner and deadline and shall not affect lawful or reliable delivery.

First operating review

Set a review date or case-volume trigger. Compare actual performance with validation assumptions and review adverse cases, public claims, workload and evidence quality. Record whether to continue, improve, restrict or pause. A pilot record shall remain labelled as a pilot until the authorized status changes.

Annex F Technical case file and release checklist

Use the existing case forms IAF-FR-011 to IAF-FR-016. This annex defines the common completeness check; the applicable programme may require additional technical evidence.

File block	Minimum verification
Identity and contract	Applicant authority; legal entity; object and configuration; sites; accepted scope, terms, fees and criteria edition.
Assignment	Current competence, authority, declarations and required separation for every assigned role.
Plan	Methods, sampling rationale, witness coverage, resources, access, timing and approved changes.
Evidence	Raw data, reports, images, logs, observations, calculation versions, provenance and material limitations.
Validity	Resource fitness; applicable calibration or verification; quality controls; uncertainty or decision-rule treatment.
Findings	Requirement, evidence, consequence, scope, classification, applicant response and reasoned disposition.
Corrective response	Containment, correction, cause, action, verification and treatment permitted by the programme.
Review	Independent review of scope coverage, sufficiency, consistency and recommendation; resolved questions.
Decision	Competent authority, reasons, exact outcome, scope, conditions, date and appeal information.
Issue	Signed agreements where required, identifier, approved proof, scope schedule, mark permission and public fields.
Verification and follow-up	Working verification link; accurate status; recipient notice; monitoring and change obligations.
Retention	Custodian, record class, retention trigger, access, holds and linked historical versions.

Stop conditions

Hold release if identity is unresolved, required evidence is missing, a critical or major finding blocks approval, independence is absent, authority is expired or public wording exceeds the decision. Record the exact reason and owner. A completed administrative checklist cannot override a technical stop condition.

Completion statement

The release officer records which checks were performed, the evidence references, remaining permitted conditions and actual release time. The record shall identify any refused or excluded scope. Blank fields and prefilled examples are not evidence of completion.

Annex G Management review evidence and agenda

Use IAF-FR-021. The review shall conclude on system suitability, adequacy and effectiveness using actual evidence, with separate decisions for material gaps.

Review topic	Evidence and decision required
Previous actions	Completion evidence, overdue actions and reasons; decide escalation or revised treatment.
Context and obligations	Changed needs, jurisdictions, law and commitments; decide scope and control updates.
Policy and objectives	Measured results, missing data and trends; confirm or amend objectives and resources.
Service performance	Membership, standards and active programme results; address delays, rework and user experience.
Technical integrity	Evidence sufficiency, independence, inconsistent interpretations and incorrect public status; decide containment and prevention.
Complaints and appeals	Timeliness, outcomes, recurring causes and implementation; preserve case confidentiality.
Audit and corrective action	Coverage, findings, repeat failures and effectiveness; resolve gaps and overdue high-priority work.
People and resources	Competence, workload, vacancies, substitutes and budget; approve necessary capacity.
Providers and funding	Performance, critical dependencies, related parties and sponsor concentration; decide safeguards.
Information and continuity	Incidents, privacy requests, access, retention and recovery exercises; approve remedial action.
Portfolio and change	Pilot limitations, launch readiness, programme changes and public alignment; continue, restrict or develop.
Improvement	Expected benefits, risks, cost and verification; select actions and accountable owners.

Decision and action record

For each action capture ID, decision, evidence considered, owner, priority, due date, resources, related document or programme, success measure and follow-up authority. Record matters reserved to another body and the referral. State any unresolved limitation affecting present operations.

Meeting integrity and follow up

Record participants, authority, conflicts, quorum, date and approved minutes. Communicate required actions without restricted case details. An item marked noted does not replace a decision. Verify results before closure; carry unresolved actions forward with their original history. A new date shall not conceal lateness or resource gaps.

Annex H Implementation and transition record

Use IAF-FR-003 for the implementation plan and IAF-FR-001 for manual release. Complete the following evidence fields with actual names, dates and references. Activity-specific launch approval remains separate.

Action	Completion evidence
Confirm authority	Current legal entity and governing instruments; competent approving authority for the manual.
Record manual adoption	IAF-QM-001 Revision 3.0 exact text, approval reference, actual effective date and superseded issue.
Appoint functions	Named owners, deputies, competence, declarations, delegations and independent case routes.
Reconcile documents	Master-list entry and affected-document changes, including the four Federation guides and five detailed policies.
Align case rules	7-day acknowledgement, 30-day initial response and appeal filing, normal 60-day determination and 20-day updates in calendar days.
Align decision independence	Three separate persons for scheme assessment, review and decision; exactly three independent appeal panel members.
Verify membership controls	Corporate resolution, signed accession, correct categories, fee reference and three-year transition undertaking.
Confirm programme readiness	Approved rules, exact editions, validation, scope, competence and genuine launch decisions.
Populate records	Verified master, scope, competence, membership, outcome, obligation, retention and action registers.
Adopt measures	IAF-RG-013 definitions and targets, including revised OBJ-03; no fabricated historical results.
Test operation	Representative traceability, public verification, protected case handling, restoration and hold exercises.
Audit and review	Initial audit, corrected material failures, management review and recorded decisions on remaining scope.

Transition conditions

Assign an owner, due date and evidence for every incomplete item. A shared control that is essential to lawful or reliable delivery shall be completed before the affected process operates. Permitted phased implementation shall identify which activities are active, restricted or still in development.

Issue history

Revision 2.0 remains the predecessor. Revision 3.0 expands process detail, incorporates the current guides and policies, aligns case clocks and independence rules and adds implementation annexes. The actual release record determines supersession; it shall not imply historical approval of the new text.

Annex I Controlled document interfaces

The master list remains the authoritative inventory of exact titles, revisions, approval states and locations. The references below identify how the manual connects to that system; they do not approve or renumber another document.

Document or family	Interface with this manual
IAF-CON-001	Constitutional authority, committee rights, independent remedies, records and amendment procedure.
IAF-GUI-MEM-001 / COM-001	Membership categories, accession, transition commitment and elected committee operation.
IAF-GUI-ACC-001 / DOC-001	Common accreditation scheme and document and record lifecycle requirements.
IAF-POL-001 to IAF-POL-008	Quality, impartiality, ethics, information, competition, responsible operations, intellectual property and claims.
IAF-POL-009 to IAF-POL-013	Whistleblowing, appeals and complaints, marks, privacy and conflicts of interest.
IAF-GOV-001 to IAF-GOV-005	Committee mandates, functional responsibilities, delegations, portfolio and approved activity scope.
IAF-PR-001 to IAF-PR-007	Documents, planning, competence, committees, membership, standards and programme launch.
IAF-PR-008 to IAF-PR-012	Application, evaluation, independent review and decision, issuance and post-issue control.
IAF-PR-013 to IAF-PR-020	Cases, audit, management review, corrective action, providers, information and continuity.
IAF-PR-021 to IAF-PR-033	Communications, learning, finance, partnerships, awards, AutoID, research, sponsorship, regulatory work, IAQC, events and website alignment.
IAF-WI-001 to IAF-WI-006	Risk scoring, sampling, digital evidence, drafting, identifier checks and recovery verification.
IAF-FR-001 to IAF-FR-039	Controlled templates for actual operational evidence. Mandatory fields and source traceability remain required.
IAF-RG-001 to IAF-RG-016	Master, risk, competence, programme, member, outcome, case, provider, publication, obligation, prerequisite, retention, objective, claims, identity and learning records.
IAF-GD-001 and IAF-GD-002	Quality-system implementation and website alignment. The GD and GUI document families remain distinct.

Resolving inconsistency

Apply mandatory law and the Constitution first, then the controlling specific policy or programme requirement within its authority. Record a conflict and update affected documents through change control. In particular, calendar-day case obligations and the stricter scheme independence rules take priority over older generic wording.

Annex J Practical exercises and quality assurance basis

Exercise 1 A configuration discrepancy before issue

An evaluator submits an AutoSafe file whose test evidence identifies one software version while the proposed public record shows another. The release officer places the affected issue on hold, preserves both versions and records the discrepancy. The Programme Manager commissions a competent review of identity, technical effect and other potentially affected cases.

If the difference is purely an evidenced transcription error, correct the administrative field with history and the required review. If the technical configuration differs, obtain the additional evaluation and decision required by the AutoSafe rules. Release only the approved configuration and test the public verification record. Use corrective action to address why the discrepancy escaped earlier checks.

Exercise 2 A complaint involving a senior official

A member reports that a senior official pressured an assessor to change a conclusion. Preserve the original receipt date and evidence, assess retaliation and immediate technical risk, and route the matter to an unconflicted case manager under the Whistleblowing and Complaints policies. The implicated official does not select the investigator or control the case evidence.

Provide the prescribed acknowledgement and progress communication. Investigate the evidence and allow an appropriate response. Any challenged technical decision follows the independent appeal route with exactly three eligible panel members. Corporate office, funding authority or membership status does not determine the technical or case outcome.

Using exercises

These examples are implementation exercises, not records of events that occurred. Record the participant, scenario, evidence used, observed control failures and actions. A successful exercise supports readiness but does not establish ongoing operating effectiveness. Verify performance on genuine cases when they become available.

Quality assurance basis

The manual develops IAF's existing quality system using process ownership, controlled delivery, independent checking and continual improvement. Its operative requirements are stated in the numbered sections and the controlling IAF documents. It makes no claim of external certification or institutional endorsement.

[Informative background on quality management and the process approach](#)

The public overview informed the general process approach and improvement cycle. It is an informative source, not a normative incorporation of another organization's standard. Source checked on 14 September 2026.

Maintenance record

The Quality Manager shall retain the review basis, approved changes and implementation evidence. Operational approval and commencement are recorded separately from the text issue. Future revisions shall preserve the history and update affected procedures, forms, registers and public information through their own controlled release process.