



GUIDES | FIRST EDITION

IAF ACCREDITATION SCHEME GUIDE

Common Requirements and Technical Scope Annexes

STABLE RELEASE

Document No. IAF-GUI-ACC-001 | Revision 01

Laboratories and certification bodies
Vehicle appraisal firms and authorized repair services
Vehicle inspection bodies

International Automotive Federation

English master text

iaf.com

Publication identity and use

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One guide for all five categories

This guide gives applicants and assessors a common route from application to scope approval and continuing oversight. Every organization follows Sections 1 to 15. It then applies the technical annexes corresponding to its activities. A laboratory that also performs vehicle appraisal applies both Annex A and Annex C within one coordinated case.

How to use the guide

Identify your categories in Section 2, define the requested scope, prepare the common dossier in Annex F and map your evidence to the relevant requirements. IAF evaluates the evidence, observes representative work and issues an independent decision. Claims become active only after the agreement, scope schedule and register requirements are satisfied.

Authority and commencement

The guide operates within IAF Constitution IAF-CON-001. Its operational commencement shall be recorded in the competent approval notice under Section 15. Publication of this text does not establish an individual organization's accreditation, a statutory mandate or an external recognition arrangement.

Document control

The Secretariat maintains the master edition, decisions and notices. Revision 01 establishes the common scheme and the five technical annexes. The periods in this guide are IAF scheme rules; changes and transitions shall follow the controlled process. Current approved scope and status shall be verified through the official IAF register.

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1 Purpose and application

1.1 This guide establishes one IAF assessment and accreditation scheme for automotive laboratories, certification bodies, vehicle appraisal firms, authorized repair services and vehicle inspection bodies. The common requirements apply to every applicant. The applicable technical annexes add requirements for the activities included in its requested scope.

1.2 The scheme evaluates an organization's demonstrated competence, impartiality, operational controls and reliability of results. Approval is limited to the named legal entity, locations, activities, methods and restrictions in its scope schedule. A group name or broad automotive description is insufficient.

1.3 In this guide, IAF scheme accreditation means competence recognition within the voluntary IAF Framework. It does not itself establish governmental accreditation status, statutory licensing, manufacturer authorization or recognition by another accreditation body. Any additional status shall have a separate, verifiable legal or contractual basis.

1.4 An organization performing several activities shall submit one coordinated application with all applicable annexes. IAF shall maintain one case file, a coordinated assessment plan and a consolidated decision identifying each approved or refused scope segment. One segment's approval does not extend to another.

1.5 The IAF Constitution, document IAF-CON-001, governs authority and independent remedies. Mandatory law and the controlling corporate instruments prevail. This guide implements the Constitution's recognition and authorization provisions and cannot amend its governance allocation.

1.6 Requirements expressed by "shall" are mandatory for participation when this guide is incorporated into the scheme agreement. "May" grants permission and "should" indicates a recommendation. Annexes A to E are mandatory when applicable; Annexes F to I define the common records and process controls.

1.7 A requirement may be recorded as not applicable only with a reason tied to the approved scope and accepted by the independent reviewer. Legal eligibility, impartiality, competent personnel, evidence integrity, complaint handling and decision independence cannot be excluded. Statutory or contractual technical requirements remain additional obligations.

2 Scope categories and status

Select categories by the work actually performed and the results issued. A commercial description such as testing center, technical service or expert network does not determine the category.

Code	Applicable annex	Scope to be identified
LAB	A	Testing, calibration or associated sampling; methods, items, ranges and locations.
CB	B	Management systems, products, processes, services or persons; each certification scheme and sector.
EXP	C	Vehicle condition, damage, valuation or technical causation; vehicle classes and examination depth.
REP	D	Maintenance and repair; vehicle classes, technical operations, sites and any separate manufacturer mandates.
VIB	E	Vehicle inspection; private or statutory purpose, classes, methods and applicable legal mandate.

2.1 The application register shall distinguish applicant, under assessment, granted, restricted, suspended, withdrawn and expired status. Application acceptance and a favorable assessor recommendation confer no approval or right to use an accreditation mark.

2.2 A certificate records an organizational decision. Its current scope schedule and register entry determine the activities covered. A test report, inspection result, appraisal, repair release or client certificate remains a separate output with its own identification and validity conditions.

2.3 A critical location is a site at which technical policy, personnel authorization, contract review, evaluation, review or decision functions materially control an approved activity. A mobile unit or customer site shall be controlled and identified in the assessment plan even if it is not a permanent location.

2.4 A witness assessment observes competent personnel performing an actual or properly controlled representative activity. A file review examines its records. Neither attendance at a course nor possession of equipment substitutes for demonstrated competence.

2.5 A scheme owner defines the requirements for a particular assessment or certification program. A scheme operator administers it. A service provider performs work within an approved scope. Permission to provide services does not confer permission to accredit other organizations or sublicense IAF authority.

3 Scheme governance and impartiality

3.1 The Presidential Council shall approve scheme policy, resources, the authorization framework and material revisions within the Constitution. The President or a validly appointed delegate may execute agreements and corporate approvals. Corporate approval shall not reverse or replace an independent technical conclusion.

3.2 The Secretariat shall administer applications, arrange assessments, maintain records and publish current status. Its staff shall not promise a positive outcome. Financial and membership decisions shall remain separate from technical assessment and accreditation decisions.

3.3 IAF shall appoint assessors with current competence in the requested activities and assessment methods. The team shall collectively cover the relevant technology, safety risks, jurisdictional requirements and working language. Competence records shall include observed performance, authorization scope and periodic review.

3.4 Assessment, independent review and final technical decision shall be assigned to separate competent persons. The decision maker shall not have assessed, consulted for, marketed to or materially influenced the applicant's case. A specialist may advise the decision maker without taking over the decision.

3.5 IAF and applicants shall identify ownership, employment, family, commercial and financial conflicts before each assignment. Anyone who designed or implemented the applicant's relevant system shall not assess, review or decide its case for at least two years after that involvement; longer exclusions apply where a continuing threat remains.

3.6 Applicants may challenge a proposed team member with reasons. IAF shall assess the objection without allowing applicants to select favorable assessors. Payment, membership, sponsorship, commercial targets and leadership instructions shall not determine a technical outcome.

3.7 IAF shall evaluate threats arising from its own programs and related entities. It shall not accredit its own assessment operation. Scheme ownership, training, consultancy, accreditation decisions and client certification decisions shall have documented boundaries and independent oversight.

3.8 The scheme shall maintain competent substitutes, complaint and appeal access, professional liability arrangements and resources sufficient to complete accepted work. An annual oversight review shall examine consistency, conflicts, assessor performance and public claims without reopening cases for commercial reasons.

4 Eligibility and controlled scope

4.1 An applicant shall be a legally identifiable entity responsible for the services requested. It shall provide registration details, ownership, operating addresses, relevant permits, insurance or equivalent liability arrangements, authorized signatories and a responsible technical manager.

4.2 Under the ordinary IAF recognition route, an applicant shall complete the applicable membership process before formal recognition. Membership shall not establish competence or guarantee accreditation. Access required by mandatory law, an adopted scheme or a valid external arrangement shall be handled under the Constitution and recorded expressly.

4.3 The application shall identify every activity, site, mobile unit, subcontracted function, vehicle class, technology, method and scheme edition. It shall distinguish work performed by the applicant from results obtained from others. Scope wording shall be sufficiently precise for a customer to identify whether a particular job is covered.

4.4 The organization shall demonstrate adequate staffing, equipment, facilities, technical information and financial continuity. A small organization may combine compatible administrative roles, but shall not combine evaluation and certification decisions or remove mandatory independent review.

4.5 Required statutory licenses and any claimed manufacturer appointment shall be verified for the actual entity, location, service and period. IAF shall not approve an unlawful activity. If a permission is unavailable, the requested scope shall be restricted to lawful activities and its limits made explicit.

4.6 A network shall identify the contractual authority and central controls governing every site. Separate legal entities and franchises shall not be covered by a parent's certificate merely through branding. Any approved group arrangement shall identify all participating entities, responsibilities and enforceable oversight rights.

4.7 An applicant shall accept access to relevant personnel, facilities and records, including lawful arrangements for witnessing work at client premises. Confidentiality or cybersecurity concerns shall be resolved through secure evidence arrangements; missing essential evidence prevents approval of the affected scope.

4.8 Prior accreditation, certification or recognition may support the evidence review after authenticity and scope are checked. It shall not create automatic transfer, mutual recognition or exemption from IAF-specific requirements. Any reduced assessment shall have a documented technical justification.

5 People and organizational competence

5.1 The organization shall define competence criteria for each technical role. Criteria shall address education or equivalent knowledge, practical experience, methods, equipment, relevant vehicle technologies, professional judgment, safety and reporting. A job title or training certificate alone is insufficient.

5.2 Before independent work, personnel shall demonstrate competence through observed tasks and review of resulting records. Written authorization shall identify activities, methods, equipment, limits and the approving person. Temporary, contract and visiting personnel are subject to the same controls.

5.3 Authorization shall be reviewed at least annually and after a material method change, prolonged inactivity, poor performance or significant complaint. Reauthorization shall include practical evidence where the change affects competence. Personnel shall work under supervision until competence is established.

5.4 The technical manager shall control methods, technical resources, supervision and result validity. A designated quality function shall monitor the management system and corrective action. Deputies and escalation routes shall be defined for absence, resignation and urgent safety matters.

5.5 The organization shall plan continuing development around actual scope risks, including new propulsion, software, automated functions and materials where relevant. Training effectiveness shall be evaluated in work performance. Attendance hours alone shall not be treated as proof of continuing competence.

5.6 Compensation and performance targets shall not reward favorable results, pass rates, repair sales, certificate issuance or suppressed findings. Personnel shall be able to stop unsafe work, report pressure and raise integrity concerns without retaliation.

5.7 External specialists shall have verified competence, confidentiality commitments, declared conflicts and defined responsibilities. The organization remains accountable for acceptance and use of their work. Expert advice shall identify assumptions and limits rather than imply competence beyond the specialist's field.

5.8 The personnel register shall retain role criteria, evaluations, authorizations, supervision, training, performance reviews and relevant restrictions. It shall allow an assessor to identify who was competent and authorized on the date a particular output was produced.

6 Facilities equipment and measurement

6.1 Premises, test areas, inspection lanes and repair bays shall suit the authorized work. The organization shall control environmental conditions that can affect validity or safety and define stop-work limits. Mobile and customer-site work shall meet equivalent controls through a documented location check.

6.2 Equipment shall have a unique identity, operating range, required performance, software version where relevant, location, custodian and maintenance history. Personnel shall check suitability and current status before use. Out-of-service equipment shall be identified and protected against accidental use.

6.3 Measurements affecting a conclusion shall be traceable to appropriate references through documented calibration or other justified technical means. Calibration evidence shall address the actual quantity, range, uncertainty and conditions required. A supplier label alone does not establish suitability.

6.4 Calibration and intermediate-check intervals shall be based on stability, use, environmental exposure, consequence of error and previous results. The organization shall review intervals using evidence and meet any stricter method or legal requirement. This guide does not prescribe one universal interval for every instrument.

6.5 After an out-of-tolerance result, failure or unauthorized adjustment, the organization shall assess work performed since the last known valid state. It shall identify affected outputs, notify relevant parties where necessary, correct records and verify equipment before returning it to service.

6.6 Reference materials, diagnostic devices, targets, fixtures and software shall be controlled for identity and suitability. Software updates shall undergo documented verification before operational use. Remote configuration changes shall be authorized and traceable.

6.7 Vehicle movement, lifting, stored energy, electrical systems, pressure, chemicals and damaged batteries shall be addressed in task-specific risk assessments. Work on high-voltage systems requires competent personnel, suitable equipment and vehicle-specific safe procedures. This guide is not a repair instruction or a substitute for those procedures.

6.8 Emergency arrangements shall address foreseeable incidents, evacuation, fire response, first aid and equipment failure. The organization shall maintain drills and accessible instructions proportionate to its work, and manage waste, hazardous materials and environmental releases lawfully.

7 Control of service delivery

7.1 Before accepting work, the organization shall confirm the customer, intended use, requested scope, technical requirements, legal conditions, competence, resources, price and reporting terms. It shall resolve differences and disclose exclusions, subcontracting and any limits on the use of results.

7.2 Each job shall receive a unique identifier linking the vehicle, component, sample, client system or person to the instructions, personnel, evidence and final output. Vehicle identity shall use the available physical identifiers and supporting records; discrepancies shall be investigated and reported.

7.3 Methods shall be current, accessible and suitable for the intended purpose. Established methods shall be verified before use. Modified or internally developed methods shall be validated to the extent needed to demonstrate reliable performance. Approval shall precede routine use.

7.4 Sampling and selection shall identify the population, selection method, sample size, condition, limitations and responsible person. The organization shall not imply that a selected sample proves conformity of an entire population unless the governing method supports that conclusion.

7.5 Items and evidence shall be protected during receipt, storage, examination, transport and disposal. Chain-of-custody records shall identify transfers and conditions where integrity can affect a result. Existing damage, restricted access and missing information shall be recorded before interpretation.

7.6 Conformity conclusions shall use a defined decision rule and acceptance criteria. Where measurement uncertainty can change the conclusion, its treatment shall be established before issuing a result and explained to the customer unless already prescribed by the applicable rules.

7.7 The organization shall evaluate the competence and scope of subcontractors before use, obtain customer agreement where required and retain evidence of oversight. Outsourced results shall be identifiable. Core certification decisions shall remain with the authorized certification body.

7.8 An authorized person shall review outputs before release. Reports shall state the object examined, dates, methods, results, scope limits, deviations, responsible personnel and revision status. Corrections shall preserve the original record and identify the reason and recipients. No report shall imply that unperformed work was completed.

8 Quality assurance and information

8.1 The organization shall maintain a documented management system covering this guide and its applicable annexes. Policies shall support competence, impartiality, valid results and customer protection. Controlled procedures shall identify responsibilities, records and actions when requirements are not met.

8.2 Validity monitoring shall combine controls appropriate to the activity, such as repeat measurements, reference items, proficiency testing, comparison exercises, blind cases, technical file review or witnessed performance. Adverse trends shall trigger investigation and action before unreliable results continue.

8.3 Internal audits shall cover all common requirements and applicable annexes within each twelve-month period. Auditors shall be competent and independent of the work audited. Management shall review performance at least annually, including resources, complaints, risks, external findings, changes and improvement actions.

8.4 Nonconforming work shall be contained, evaluated for impact and authorized for resumption only after adequate action. Root-cause analysis shall address systemic causes. Corrective action shall identify responsibility, deadlines and objective evidence of effectiveness.

8.5 Records shall be legible, attributable, dated and protected against unauthorized alteration. Raw data, images, calculations, audit trails and approval evidence shall support reconstruction of the work. Confidentiality commitments and lawful access rules apply to staff, external personnel and service providers.

8.6 Digital systems shall use role-based access, individual accounts, suitable authentication, backup and tested recovery. Changes to templates, calculations, algorithms and automated decision support shall be authorized and validated. Artificial intelligence shall not invent evidence or replace accountable technical judgment.

8.7 Records shall be retained for at least five years after issue of the relevant output, or longer where law, contract, scheme rules or an unresolved claim requires. For certificates lasting beyond that period, supporting decision records shall remain available throughout validity and for at least five years after expiry or withdrawal. Personal data shall be minimized and securely disposed of when retention is no longer justified.

8.8 A security breach, lost evidence or system failure affecting result integrity shall trigger containment and impact review. The organization shall notify IAF within two calendar days of discovering a material effect on approved work and comply with any shorter statutory notification deadline.

9 Application and assessment planning

9.1 The applicant shall submit the common application dossier in Annex F and a proposed scope schedule in Annex G. The Secretariat shall acknowledge receipt within seven calendar days and identify missing administrative items within twenty-one days of receipt. Assessment scheduling begins after completeness and capability review.

9.2 IAF shall confirm that it has competent resources, lawful access and suitable assessment methods for the requested scope. Where these are unavailable, it shall explain the limitation, defer the affected scope or decline the application. An application shall not be accepted solely to secure a fee.

9.3 Before chargeable work, IAF shall provide the assessment scope, stages, expected effort, fees, travel terms, evidence requirements, confidentiality rules and complaint routes. The applicant shall accept a binding assessment agreement. Optional familiarization shall not include designing the applicant's system or guaranteeing success.

9.4 The desk review shall examine legal eligibility, scope, procedures, competence records, technical methods, internal audit, management review and representative work. Its purpose is to establish readiness and focus the assessment. A satisfactory desk review is not an accreditation decision.

9.5 The assessment plan shall identify sites, annexes, technical families, personnel, witness activities, file samples, remote activities, timing and team competence. It shall justify coverage by risk and show how every requested scope segment will be supported by evidence.

9.6 The initial assessment shall include direct observation at critical physical locations where the work depends on facilities, equipment, vehicle condition or practical skills. Remote techniques may supplement coverage when lawful and technically adequate. They shall not replace essential physical observation merely for convenience.

9.7 At the opening meeting, the team shall confirm scope, access, safety, confidentiality and reporting. During assessment it shall trace work from acceptance to release, interview personnel, observe practical tasks and test whether records correspond to actual operations. The closing meeting shall present findings and explain the remaining decision process.

9.8 A newly established applicant may demonstrate competence through controlled pilot work clearly identified as unaccredited. Missing commercial history shall not be disguised with fabricated records. Approval of a scope segment shall wait until representative practical competence and the full decision process have been demonstrated.

10 Sampling and witness coverage

10.1 The assessment team shall document a sampling rationale using technical diversity, safety consequences, volume, site differences, new technology, complaints and previous performance. Sampling reduces repetition only where equivalence is demonstrated; it does not remove responsibility for the full approved scope.

Code	Minimum initial witness coverage	Supporting record sample
LAB	Each distinct technical family; representative methods and safety-critical facilities.	Raw data, calculation, calibration, validity control and released report.
CB	Each certification type and scheme family; an actual or controlled evaluation and subsequent decision file.	Application review, evaluation, findings, review, decision and certificate.
EXP	Each distinct appraisal service family, including high-risk vehicles where requested.	Identity, images, measurements, assumptions, opinion and technical review.
REP	Each critical operation family, including EV, structural or assistance-system work where requested.	Work order, instructions, parts traceability, checks and release.
VIB	Each vehicle or method family where competence is materially different.	Vehicle presence, instrument data, defect decision and final record.

10.2 For each selected activity family, the team shall normally review at least three completed records, including a recent case and, where available, an adverse or atypical case. If fewer exist, it shall review all records and obtain additional practical evidence. This minimum does not establish statistical confidence or justify inadequate coverage.

10.3 Every initial critical location shall be evaluated. Noncritical sites may be sampled only under demonstrably common controls, with a documented coverage plan. Distinct legal entities, equipment capabilities or safety-critical operations shall not be grouped without evidence supporting equivalence.

10.4 Over the accreditation cycle, the plan shall cover all approved technical families and critical locations. Repeated adverse findings, material change or complaints shall increase coverage. Unannounced visits require lawful contractual access and a documented reason; safety and confidentiality controls continue to apply.

11 Findings and corrective action

11.1 A finding shall identify the requirement, objective evidence, affected scope and consequence. The team shall distinguish nonconformities from improvement suggestions. A favorable score or an average percentage shall not offset an unmet mandatory requirement.

Finding	Meaning	Required response
Critical	Immediate serious safety or integrity threat, deliberate falsification or absence of an essential legal permission.	Stop affected work and claims immediately; notify IAF within one day; provide containment evidence within two days.
Major	Systemic failure or a deficiency that can invalidate a result, competence decision or impartiality control.	Contain affected work; submit cause and action plan within fifteen days; provide correction evidence within sixty days.
Minor	Isolated failure without evidence of a systemic breakdown or immediate invalidity.	Submit cause and action plan within thirty days; provide correction evidence within ninety days.

11.2 All response periods are calendar days from notification unless an earlier safety or legal deadline applies. A reasoned extension for corrective work may be accepted by the independent reviewer, with controls and a new deadline. An extension cannot permit unsafe work, unlawful activity or unsupported claims.

11.3 Initial approval and scope extension require closure of all nonconformities affecting the requested scope. Closure shall establish implementation and, where necessary, effectiveness through records, follow-up witnessing or an additional visit. A promise of future action is insufficient.

11.4 For an existing approved organization, a minor finding may remain open within its agreed period if validity and safety are maintained. Major or critical findings require an immediate decision on restriction or suspension of the affected scope. Overdue, repeated or ineffective action shall be escalated.

11.5 The applicant may submit corrections to factual errors or challenge a finding with evidence. The team shall record its response and any revision. An unresolved disagreement shall be available to the independent reviewer and appeal process; a dispute shall not delay necessary protective measures.

11.6 The final assessment report shall show the agreed scope, coverage and limitations, findings, applicant responses, closure evidence and the team's recommendation. It shall not be worded as a grant of accreditation.

12 Review decision and activation

12.1 The independent reviewer shall verify competent assessment, sufficient scope coverage, consistent findings, completed corrective action and a supported recommendation. The reviewer shall request additional evidence when necessary and shall not fill evidence gaps by assuming competence.

12.2 The authorized technical decision maker shall record grant, refusal, partial grant, extension, restriction, suspension, restoration, renewal or withdrawal. The decision shall identify reasons, the exact scope, conditions, dates and available appeal. Refused segments shall be identified separately from granted segments.

12.3 The normal decision target is thirty calendar days after the complete reviewed file is available. Any delay shall be explained with a revised target. This is an administrative service target and does not reduce evidence requirements or guarantee a positive decision.

12.4 Before activation, the organization and IAF shall execute a binding Cooperation and Authorization Memorandum of Understanding with its scope schedule. The instrument shall identify the parties, authorized services, standards or methods, locations, territory, oversight, fees, marks, data, complaints, duration, termination and governing law.

12.5 Activation requires a positive independent technical decision, the necessary corporate authorization, an effective signed Memorandum, a controlled scope schedule and a current register entry. The corporate signatory verifies lawful execution and authority; the signatory may not expand a technical scope or compel a favorable decision.

12.6 IAF shall issue a uniquely numbered certificate and scope schedule identifying the legal entity, category, approved activities and sites, issue date, expiry date, relevant guide revision and verification route. Issue dates shall reflect the actual decision and shall not be backdated to imply earlier approval.

12.7 A grant under this guide has a maximum four-year organizational cycle, subject to surveillance and continued compliance. A shorter period may be set for a documented risk. This cycle does not determine the life of a vehicle test, rating, repair release or client certificate; those outputs follow their own scheme rules.

12.8 The public register shall identify current status and scope restrictions. A certificate shall direct users to verify the live record. Registration is evidence of the recorded decision only; it does not create a statutory power or external recognition absent a separate valid basis.

13 Surveillance changes and renewal

13.1 The first surveillance assessment shall be completed within twelve months of activation. Thereafter the interval between surveillance assessments shall not exceed twelve months. IAF shall set shorter intervals where risk, new activities or adverse performance requires closer oversight.

13.2 Surveillance shall review changes, complaints, internal audits, management review, competence, equipment status, result validity, use of marks and a risk-based sample of technical work. Each visit shall include relevant practical evidence and follow-up of previous findings.

13.3 The organization shall notify IAF before adding an activity, scheme, site or legal entity to its approved claims. Scope extensions require evidence, assessment as needed, independent review and a decision before use. A new branch, method or technology is not automatically included.

13.4 Material changes to ownership, key technical personnel, premises, essential equipment, methods, digital systems, impartiality or statutory permissions shall be notified within ten days of knowledge and, where practicable, before implementation. Safety or integrity events follow the shorter periods in Sections 8 and 11.

13.5 A relocation or change of control shall trigger a documented continuity assessment. Legal-entity changes require a new or formally transferred agreement and explicit decision. A certificate cannot be privately sold or transferred with a trade name.

13.6 An organization seeking renewal shall apply at least six months before expiry. Reassessment shall cover the full system and all approved technical families through a documented plan. A renewal decision shall be completed before expiry; a pending application does not extend the certificate.

13.7 If accreditation expires, affected claims and mark use shall cease. Restoration shall require a decision supported by current evidence; any gap in status shall remain visible in the record. Records shall not be altered to conceal the gap.

13.8 Fees and overdue invoices shall be handled under the agreement and with notice. Payment never cures a technical failure. Where an administrative restriction is necessary, the notice and register shall distinguish it accurately from a technical finding.

14 Complaints appeals and status action

14.1 Organizations shall provide an accessible complaint process, acknowledge complaints within seven days and normally issue a reasoned outcome within thirty days. Delays shall be explained. The investigator and decision maker shall be independent of the conduct complained of, and records shall support corrective action.

14.2 A complaint about IAF shall be acknowledged within seven days, receive an initial response within thirty days and normally conclude within sixty days, consistent with the Constitution. Complaints may concern assessment conduct, impartiality, public claims or scheme administration.

14.3 An applicant or approved organization may appeal an adverse IAF decision within thirty days of notification. A three-person independent case panel constituted through the constitutional appeals procedure shall examine the evidence and normally determine the appeal within sixty days. It may affirm, set aside or remit the decision within its authority.

14.4 Appeal participants shall disclose conflicts and have no prior material involvement in the case. The appellant shall have access to the reasons and relevant evidence, subject to lawful confidentiality, and a reasonable opportunity to respond. No person shall be penalized for a good-faith complaint or appeal.

14.5 IAF may restrict or suspend the affected scope where competence, safety, integrity, oversight access or a required authorization is lost. A reasoned notice shall identify the scope, evidence, immediate effect, corrective conditions and appeal route. Urgent provisional measures shall receive independent review within thirty days.

14.6 Suspension shall prohibit new accredited outputs and mark use for the affected scope. It shall normally be resolved within six months through restoration, restriction or withdrawal. A shorter safety deadline prevails. An exceptional extension shall require an independent reasoned decision and shall not conceal continuing suspension.

14.7 Withdrawal, expiry or suspension shall trigger customer notification where relevant, control of marks and records, and an assessment of previously issued outputs. Prior outputs shall not be automatically invalidated as a group; affected results shall be identified on evidence and corrected or withdrawn as necessary.

14.8 These procedures preserve mandatory legal remedies and urgent court relief. Arbitration requires a separate valid agreement and the constitutional safeguards; membership or an accreditation application alone does not create consent to arbitration.

15 Recognition claims and scheme control

15.1 Organizations shall recognize current IAF authorization within the commitments accepted through the IAF Framework and the recorded scope. Acceptance of a particular result remains subject to its validity, intended use and applicable rules. An objection shall identify technical or legal grounds and follow the available review process.

15.2 Another accreditation body, certification organization or scheme operator seeking to offer IAF-recognized services, operate an IAF scheme or claim IAF approval shall obtain prior written approval and execute the binding Memorandum required by the Constitution. A general cooperation memorandum is insufficient.

15.3 An organization approved under this guide may not accredit other bodies, sublicense IAF marks or appoint regional operators unless a separate written delegation expressly grants those functions. Subcontracting a technical task does not transfer accreditation authority.

15.4 Claims shall use the approved designation and certificate number with the relevant scope. "IAF Scheme Accredited" shall identify this voluntary IAF scheme and shall not imply governmental approval, manufacturer appointment, universal acceptance or recognition by unrelated organizations. Marks shall not appear on out-of-scope results or suggest that organizational approval certifies every vehicle or product.

15.5 Fees shall be published or quoted before commitment, with assessment effort, travel, follow-up, renewal and cancellation terms. IAF shall apply objective and proportionate access criteria. Sponsorship and commercial benefits shall not buy competence findings, preferred technical treatment or restrictions on lawful independent services.

15.6 The Secretariat shall control this guide under document number IAF-GUI-ACC-001, Revision 01. It shall maintain approved editions, change summaries and notices. The scheme shall enter operational use on the date stated in the competent approval and commencement notice; the Constitution's own effective date does not automatically backdate this guide.

15.7 Material technical changes shall follow the applicable constitutional consultation and approval process. The notice shall state the changes, affected scopes and a justified transition period, normally at least six months. Urgent safety or legal changes shall explain any shorter period and the necessary controls.

15.8 The Council shall ensure that the named operator, assessors, independent decision function, agreement, fee schedule, verification register and appeals route are ready before applications are accepted for operational accreditation. An annual scheme review shall use performance evidence to improve consistency and identify emerging technical needs.

Annex A Laboratory competence

This annex applies to automotive testing, calibration and associated sampling. The common requirements remain applicable. An applicant shall identify whether it performs testing, calibration, sampling or a combination.

A.1 The laboratory scope shall specify the item or matrix, property or measurand, method and edition, range or limit, technique, location and any relevant uncertainty or capability. Calibration scopes shall state measurement capability; sampling shall be listed separately where offered as an accredited activity.

A.2 Technical families may include mechanical and materials testing, chemical analysis, emissions, electrical and electromagnetic testing, environmental durability, battery and charging evaluation, software testing or metrology. Inclusion requires demonstrated methods and competence; a general automotive laboratory designation is insufficient.

A.3 Method verification shall demonstrate that the laboratory can achieve the required performance under its own conditions. Validation of modified or new methods shall evaluate relevant characteristics such as precision, bias, detection capability, range, selectivity, robustness and uncertainty, according to intended use.

A.4 Sampling procedures shall address selection, representativeness, preservation, transport and handling. Records shall identify who sampled, where, when and under what conditions. Where the client supplied the sample, the report shall distinguish laboratory results from unverified sampling claims.

A.5 The laboratory shall maintain measurement traceability and evaluate measurement uncertainty where required for calibration, method performance or a conformity conclusion. It shall document assumptions, significant contributors and the reporting approach rather than use a generic uncertainty statement unrelated to the method.

A.6 Personnel shall be authorized separately for method performance, technical review, opinions and release as relevant. Analysts shall demonstrate correct use of standards, reference materials, instrument settings and calculations. Software-generated results remain subject to technical responsibility.

A.7 Test conditions and deviations shall be recorded. Destructive testing, high energy systems, emissions facilities and environmental chambers shall have appropriate containment, interlocks and emergency controls. A safety stop shall not be concealed by substituting an unperformed test result.

Annex A Laboratory evidence and reporting

A.8 The laboratory shall implement a risk-based plan for proficiency testing and interlaboratory comparisons covering its technical scope over the cycle. Where an appropriate exercise is available and suitable, participation shall be used. If it is unavailable, the laboratory shall justify alternatives and obtain independent acceptance of the validity-monitoring plan.

A.9 Internal controls shall be selected for the method, for example blanks, reference materials, duplicates, control charts, retained-item retesting or independent calculations. Acceptance limits and responses to adverse results shall be defined in advance. Repeated failure shall trigger review of affected reports.

A.10 A laboratory report shall identify the laboratory and site, client, item, dates, method, results and units, relevant uncertainty, deviations, sampling basis and authorized release. Opinions and conformity statements shall be clearly identified and supported by the agreed rule. Outsourced and out-of-scope results shall be distinguishable.

A.11 The initial assessment shall observe representative methods through receipt, preparation, measurement, data processing and reporting. The team shall examine raw instrument records, calibration chains, validation, controls and handling of atypical results. Calibration competence shall not be inferred from testing competence.

A.12 Changes in method, range, matrix, instrumentation principle or location shall be evaluated before being claimed within scope. A flexible scope is permitted only if expressly granted with defined boundaries, competent internal authorization and a current controlled method list; it cannot add a new technical discipline without IAF approval.

Minimum laboratory evidence

Evidence group	Records to present
Methods	Controlled list, verification or validation, uncertainty basis and decision rules.
Resources	Analyst authorizations, equipment histories, calibration evidence and environment records.
Validity	Comparison plan, performance results, quality-control trends and corrective action.
Output	Sample traceability, raw data, calculations, review and representative reports.

Annex B Certification body competence

This annex covers organizations certifying management systems, products, processes, services or persons. Each certification type and scheme shall be expressly included in scope. Accreditation under one type does not establish competence for another.

B.1 The body shall identify each certification scheme, normative requirements, intended users, eligible applicants, evaluation methods, competence rules, decision criteria, surveillance and renewal conditions. It shall obtain lawful access to scheme documents and any necessary scheme-owner authorization.

B.2 Certification shall be a third-party activity. The body shall identify relationships with applicants, consultants, training providers, manufacturers and related companies. It shall not certify its own relevant work or use separation on paper to conceal control or commercial dependence.

B.3 The body shall define competence for application review, audit or evaluation, technical review, certification decisions and surveillance. Competence shall address the certification type and automotive sector. A general auditor qualification does not establish competence for all technologies or certification schemes.

B.4 Contract review shall establish the client's legal identity, sites, scope, complexity, products or services and applicable scheme. Audit or evaluation time shall have a documented justification based on risk, complexity, personnel, locations and methods. Commercial discounts shall not remove necessary evaluation.

B.5 The evaluation plan shall specify criteria, evidence, sampling, team responsibilities and any external testing or inspection. Findings shall be linked to requirements. The client shall be informed of nonconformities and any conditions that prevent certification.

B.6 Technical review and certification decision shall be independent of evaluation and of consultancy to the client. The body shall retain final decision responsibility and authority. It may use competent contracted personnel under its controls but shall not transfer its decision responsibility to a separate body.

B.7 Certificates and the public directory shall identify the certified entity or person, exact scope, applicable scheme and edition, sites where relevant, issue and expiry conditions, unique identifier and status. Suspension, restriction and withdrawal shall be reflected promptly and communicated to affected clients.

Annex B Certification type requirements

B.8 Management-system certification shall evaluate readiness and implementation, including process effectiveness, internal audit and management review. Initial audit shall include a readiness stage and an implementation stage. The scheme shall define surveillance, recertification, remote-use limits and multisite eligibility. A management-system certificate shall not be presented as product approval.

B.9 Product, process and service certification shall define the object and characteristics certified, selection and sampling, evaluation evidence and continued-conformity controls. The body shall establish whether the scheme covers a type, batch, item or ongoing production or service. A single test shall not support broader certification without the scheme's required evidence.

B.10 Personnel certification shall define a job or practice profile, prerequisites, competence domains, assessment methods, examination security, pass criteria and recertification. Examiners shall be competent and free from relevant conflicts. The assessment shall accommodate legitimate needs without changing the competence being measured.

B.11 Training offered by or related to a personnel certification body shall not confer automatic certification or an unfair assessment advantage. Examination materials, item banks and results shall be protected. Identity verification, remote proctoring where used and appeal arrangements shall preserve fairness and privacy.

B.12 The body shall define how it handles client changes, serious complaints, loss of competence, misuse of marks and prior certificates. Transfer from another body shall require authenticity and status checks, access to sufficient records and resolution of outstanding risks. A transferred certificate shall not inherit unsupported scope.

B.13 IAF witnessing shall cover evaluation performance and follow the resulting file through review and decision. A controlled pilot may demonstrate a new scheme before activation, but no IAF-accredited client certificate may be issued before the body's relevant scope is active.

Minimum certification evidence

Present scheme rules, competence matrices, conflict controls, evaluation-time calculations, witnessed evaluation records, completed technical reviews, independent decisions, certificates, client status records and surveillance plans for every certification type requested.

Annex C Vehicle appraisal competence

This annex applies to vehicle appraisal and expertise firms examining condition, damage, repair quality, valuation or technical causation. It covers the firm and its controlled work; it does not appoint an individual as a court expert or arbitrator.

C.1 The scope shall identify service families, vehicle classes, propulsion technologies, examination depth and limits. Condition assessment, valuation and accident-causation opinions require distinct competence. A visual condition review shall not be described as a complete structural or mechanical guarantee.

C.2 Before examination, the firm shall agree the purpose, intended users, requested opinion, access, dismantling permissions and known limitations. It shall declare connections to the seller, buyer, insurer, repairer or financier and control any incentive to overstate or understate defects or value.

C.3 The examiner shall reconcile vehicle identifiers with available records and document discrepancies, odometer information and relevant configuration. Records supplied by another party shall be identified as such. The firm shall not present an unverified history as independently established fact.

C.4 The examination plan shall address body and structural condition, mechanical systems, brakes, steering, suspension, restraints, electrical systems and diagnostic evidence where within scope. Specialized checks shall use competent personnel, suitable tools and controlled methods; limitations shall be visible in the report.

C.5 Evidence shall include relevant photographs, measured values, diagnostic records and examination conditions, with date, identity and traceability to the vehicle. Images shall not be edited to conceal defects. Any enhancement used to improve visibility shall preserve the source and be identified.

C.6 Condition observations, measurements, interpretations and recommendations shall be distinguished. The report shall explain the basis for significant conclusions and alternative explanations where evidence is inconclusive. A lack of visible damage shall not be presented as proof that hidden damage is absent.

C.7 Examiners shall define when dismantling, a specialist test or further investigation is required. Where the necessary work is not authorized or cannot be safely performed, the limitation and its effect on the opinion shall be stated. A customer's requested outcome shall not determine the finding.

Annex C Appraisal opinions and assurance

C.8 Valuation shall identify the valuation date, market, currency, vehicle specification, condition adjustments, comparison evidence and assumptions. The firm shall distinguish observed transaction evidence from asking prices or model estimates. A range or qualified opinion shall be used when uncertainty is material.

C.9 Damage and causation opinions shall identify the evidence relied on, competing explanations, competence limits and any need for specialist analysis. The firm shall not determine legal liability or promise a court outcome through a technical appraisal.

C.10 Battery state or remaining-life claims shall identify the measurement or estimation method, operating conditions, data limitations and uncertainty. Diagnostic fault absence alone shall not prove battery health or vehicle safety. Work involving high voltage shall follow the authorized safety scope.

C.11 Safety-critical or disputed opinions shall receive a second competent technical review independent of the commercial transaction. Other files shall receive a documented level of review proportionate to risk. Review shall challenge evidence sufficiency and consistency, not merely check formatting.

C.12 The report shall identify the client, vehicle, purpose, date, location, examination depth, equipment or methods, findings, limitations, opinion and authorized reviewer. It shall distinguish a private appraisal from a statutory roadworthiness inspection, warranty, repair release or certification decision.

C.13 Ongoing competence checks shall include repeated or blind vehicle cases where practicable, comparison of examiner judgments, review of complaint trends and analysis of materially revised opinions. Differences shall be investigated and used to improve methods and supervision.

Minimum appraisal evidence

Evidence group	Records to present
Identity and purpose	Engagement terms, identifiers, configuration, consent and conflict declarations.
Examination	Original images, measured values, diagnostic data and stated access limitations.
Opinion	Technical reasoning, valuation basis where applicable, uncertainty and independent review.
Assurance	Examiner authorizations, comparison exercises, complaints and corrected reports.

Annex D Authorized repair competence

This annex applies to maintenance and repair organizations and controlled service networks. “IAF authorized” describes permission under this scheme. A claim of manufacturer-authorized repair requires a separate current appointment from that manufacturer.

D.1 The scope shall identify vehicle classes, propulsion systems and operation families, including maintenance, mechanical repair, structural repair, refinishing, electrical work, battery work, software operations or driver-assistance calibration where requested. Approval of routine service does not authorize specialized safety-critical repairs.

D.2 The service shall verify the vehicle identity, customer authority, symptoms and requested work. The work order shall record the condition at receipt, estimate, customer consent, agreed parts and any later changes. Unauthorized extra work and undisclosed substitutions shall be prevented.

D.3 Personnel shall use current vehicle-specific repair information and lawful access to diagnostic or programming resources. The service shall control revisions, technical notices and repair restrictions. A generic procedure shall not override a model-specific safety instruction.

D.4 Parts and materials shall be suitable for the intended repair and traceable to suppliers and relevant batch or serial information. The service shall control counterfeit, damaged, recalled and restricted parts. Reused or remanufactured parts shall meet the agreed specification and legal conditions.

D.5 The repair record shall identify tasks, personnel, methods, significant measurements, tightening or joining controls where relevant, installed parts and software changes. Work affecting structural integrity, restraint systems, braking, steering or high voltage shall have enhanced verification before release.

D.6 The service shall maintain adequate lifting, alignment, measuring, joining, diagnostic and calibration resources for its scope. Essential equipment shall be verified and maintained. Outsourced specialized work shall have defined acceptance criteria and evidence of supplier competence.

D.7 High-voltage and damaged-battery work shall be limited to specifically authorized personnel and suitable facilities. Task-specific procedures shall address isolation, verification, stored energy, restricted access and emergency arrangements. The scope shall identify any excluded live work, battery opening or other restricted operation.

Annex D Repair verification and release

D.8 Software installation, programming and configuration changes shall have vehicle compatibility checks, authorized access, version records and a recovery plan. The service shall verify completion and relevant vehicle functions. It shall not bypass safety, emissions or security controls to conceal a defect.

D.9 Work affecting sensors, cameras, steering geometry, body reference points or other relevant systems shall trigger an assessment of driver-assistance calibration requirements. Calibration shall follow the vehicle-specific procedure and recorded environmental and equipment conditions. A diagnostic reset alone shall not be represented as a completed calibration.

D.10 Before release, a competent person shall verify completion against the work order and applicable technical criteria. Safety-critical work shall receive a second competent check or another documented independent verification accepted for that operation. The person selling the repair shall not override an unresolved safety finding.

D.11 Any road or functional test shall have a defined purpose, legal permission, competent operator and safety conditions. When a necessary test cannot be completed, the service shall record the limitation and withhold an unrestricted release. Unsafe vehicles shall be managed under lawful handover or recovery arrangements.

D.12 The customer shall receive a clear service record identifying completed work, parts, significant checks, unresolved defects, operating restrictions and applicable warranty terms. A repair release confirms the defined work; it is not a statutory inspection certificate or a guarantee of every vehicle system.

D.13 The service shall monitor repeat repairs, returns, complaints, safety incidents and supplier failures. It shall investigate trends and contact affected customers when an identified defect in its work creates a material safety or reliability risk. Records shall link corrective work to the original repair.

Minimum repair evidence

Present technical authorizations, any claimed manufacturer mandates, work orders, current repair instructions, parts traceability, equipment checks, specialized work records, software and calibration evidence, final release checks and follow-up of repeat repairs. IAF shall witness representative practical work in every requested critical operation family.

Annex E Vehicle inspection competence

This annex applies to private vehicle inspection and to statutory inspection only where the organization holds the required public authorization. IAF approval does not create permission to operate a statutory inspection station or issue an official roadworthiness certificate.

E.1 The scope shall identify the inspection purpose, vehicle classes, propulsion types, methods, sites and any statutory mandate. Private pre-purchase inspection, fleet condition inspection and legally prescribed roadworthiness inspection shall be distinguishable in procedures and reports.

E.2 The body shall control conflicts with repair sales, vehicle trading, fleet ownership and financial interests in inspected vehicles. Inspectors' remuneration shall not depend on pass rates or resulting repairs. Any legally required structural independence shall be satisfied before that scope is approved.

E.3 Before inspection, the body shall verify vehicle identity, class, presented condition and eligibility. The record shall establish that the vehicle was physically present when required and link instrument results and observations to the actual inspection. Shared credentials and fabricated attendance evidence are prohibited.

E.4 Inspection methods shall specify the sequence, equipment, operating conditions, acceptance criteria, defect classification and limitations. The body shall use the requirements applicable to the vehicle and jurisdiction. This guide does not establish one universal set of statutory defect limits.

E.5 Lanes, lifting or pit arrangements, lighting and access shall support a safe and complete inspection. Braking, emissions, lighting, alignment or other measurement equipment shall be suitable, maintained and calibrated or verified as required. A failed essential instrument shall prevent unsupported results.

E.6 Inspectors shall demonstrate competence for each relevant vehicle and method family, including safe treatment of electric and hybrid vehicles where included. Diagnostic information shall support the inspection only within the approved method and shall not replace required physical checks.

E.7 Uninspected items, test restrictions and equipment limitations shall be explicit. The body shall not issue a complete pass when the governing procedure requires unresolved items to be examined. Unsafe conditions encountered during inspection shall trigger the prescribed protective and notification actions.

Annex E Inspection decisions and evidence

E.8 Defects and measurements shall be recorded contemporaneously and classified under the applicable rules. The inspector shall retain the evidence supporting the decision, including instrument data where generated. A supervisor shall not change a failure to a pass without new valid evidence and an attributable record.

E.9 Retesting shall follow defined eligibility, scope and timing rules. The record shall link to the original inspection, show repairs or changes considered and identify items repeated. The organization shall prevent selective retesting from concealing new or unresolved defects.

E.10 The inspection report shall identify the body, site, inspector, vehicle, date and time, method, results, defects, limitations and decision. Any statutory certificate shall use the required official system and authorized signatory arrangements. Private scheme reports shall not imitate official certificates.

E.11 IT controls shall protect individual credentials, vehicle records, instrument interfaces and certificate issuance. Manual entry, overrides, aborted tests and system outages shall be logged and reviewed. A contingency process shall preserve traceability and comply with any mandated official procedure.

E.12 Quality monitoring shall include witnessed inspections, technical file review, equipment performance and analysis of atypical pass rates, unusually short test times, reversals and complaints. Indicators shall prompt investigation rather than serve as quotas that influence decisions.

E.13 The body shall maintain complaints, reinspection and appeal arrangements appropriate to its legal mandate. It shall inform clients of applicable external statutory routes. IAF shall not replace a public authority's inspection appeal or enforcement power.

Minimum inspection evidence

Evidence group	Records to present
Authority and scope	Licenses where required, vehicle classes, sites and current inspection criteria.
Competence and facilities	Inspector authorizations, witnessed work, lane controls and equipment records.
Decision traceability	Vehicle presence, measurements, defect records, retests and issued reports.
Oversight	Override logs, quality reviews, complaint outcomes and affected-result actions.

Annex F Common application dossier

Every applicant shall prepare one indexed dossier. For each item below, identify the controlled document or record, revision, responsible person and secure access location. Evidence already supplied shall be referenced rather than duplicated.

File	Required contents
F01 Identity	Legal name, registration, ownership, addresses, signatories, insurance and statutory permissions.
F02 Scope	Categories and annexes, activities, methods or schemes, ranges, vehicle classes, sites and exclusions.
F03 Organization	Structure, responsibilities, related entities, conflicts and controls protecting impartiality.
F04 Personnel	Competence criteria, authorizations, observed evaluations, training and technical deputies.
F05 Resources	Facilities, equipment, calibration or verification, maintenance, technical information and safety controls.
F06 Methods	Controlled procedures, method verification or validation, sampling and decision rules.
F07 Operations	Representative work files, raw evidence, subcontracting controls, technical reviews and released outputs.
F08 Assurance	Internal audit, management review, validity monitoring, corrective actions and complaint records.
F09 Information	Document control, record retention, access control, backups, recovery and data-protection arrangements.
F10 Agreements	Membership status or applicable access basis, assessment terms, client access permissions and proposed Memorandum particulars.

Application declaration

The authorized representative shall confirm that the application is accurate, all requested locations and functions are disclosed, required access can be provided and no IAF approval will be claimed before activation. The declaration shall include the actual signatory name, authority and date.

The applicant shall attach an applicability matrix listing every common section and technical annex as applicable or not applicable, with reasons. The assessor shall verify exclusions; the independent reviewer shall accept or reject them before decision.

Annex G Common scope schedule

The scope schedule is an integral part of every grant. It shall contain the shared identity fields followed by activity rows for each approved category. An organization with several categories shall use a consolidated schedule with clearly separated rows.

Shared field	Required entry
Organization	Exact legal name, registration identifier, principal address and certificate identifier.
Control	Decision reference, actual issue date, expiry date, guide revision and scope revision.
Locations	Approved sites, critical locations, mobile arrangements and any permitted remote activities.
Authority	IAF scheme operator, status, relevant statutory or manufacturer permissions and their separate limits.
Verification	Current register route, scope restrictions and relevant suspension or transition conditions.

Activity row fields

Code	Additional fields for each scope row
LAB	Item or matrix; property or measurand; method and edition; range; technique; site; relevant uncertainty or capability.
CB	Certification type; scheme and edition; technical sector; product or service family; client-site or geographic limits.
EXP	Appraisal service; vehicle class and technology; examination depth; methods; valuation or causation limits.
REP	Vehicle class and technology; authorized operation; site; specialized equipment or competence limits; separate manufacturer mandate where claimed.
VIB	Inspection purpose; vehicle class; method or legal criteria; location; statutory permission where applicable; exclusions.

Terms such as “all automotive services” or “all standards” shall not be accepted without bounded, assessed activities. New rows and material changes require the decision process. Administrative corrections shall be traceable and shall not silently expand scope.

Annex H Assessment and decision records

IAF shall maintain one coordinated case record even where several technical annexes apply. The record shall allow an independent person to reconstruct the evidence, reasoning and authority behind every scope decision.

Record	Minimum contents
H01 Plan	Application scope; criteria and editions; risk rationale; team competence; conflicts; sites; witness activities; record samples and dates.
H02 Evidence log	Requirement or annex clause; evidence identifier; activity, site and personnel observed; sampling limitations; assessor and date.
H03 Findings	Requirement; objective evidence; severity; affected scope; containment; root cause; corrective action; deadline and verified closure.
H04 Assessment report	Coverage achieved; changes to plan; unresolved issues; completed corrections; scope recommendation; factual comments from applicant.
H05 Independent review	Reviewer competence and independence; adequacy of coverage; finding consistency; accepted exclusions; requests for further work and conclusion.
H06 Technical decision	Decision maker and authority; independence declaration; exact scope granted or refused; reasons; conditions; dates and appeal route.
H07 Activation	Corporate authorization; signed binding Memorandum; scope schedule; certificate; register publication and notification evidence.
H08 Continuing control	Surveillance and cycle plan; changes; complaints and appeals; status actions; renewal; prior-output impact reviews.

Traceable authorization

Each approval shall show the actual person, role, date and authenticated signature or equivalent controlled authorization. Blank forms, unsigned memoranda and favorable recommendations shall not be treated as completed decisions.

A public extract shall disclose identity, current scope and status. Personal, commercially sensitive or privileged evidence may remain in controlled files, subject to lawful inspection and independent oversight.

Annex I Common timetable and readiness

The following periods are scheme rules established by this guide. They are not presented as requirements of an external organization. Calendar days apply, and a shorter mandatory legal or safety period prevails.

Event	Period or control
Application acknowledgment	Within 7 days; administrative gaps identified within 21 days.
Critical finding	Immediate containment; notify within 1 day; containment evidence within 2 days.
Major finding	Action plan within 15 days; correction evidence within 60 days.
Minor finding	Action plan within 30 days; correction evidence within 90 days.
Initial or extended scope	All relevant findings closed before approval and activation.
Decision target	Normally 30 days after the complete reviewed file is available.
Organizational cycle	Maximum 4 years; certificate states actual issue and expiry dates.
Surveillance	First within 12 months; subsequent intervals no longer than 12 months.
Renewal application	At least 6 months before expiry; no automatic extension.
Material change notice	Within 10 days of knowledge; before implementation where practicable.
Integrity incident	Within 2 days where materially affecting work; shorter critical rule applies.
Appeal to IAF	Submit within 30 days; normally determined within 60 days.
Suspension	Normally resolved within 6 months; status remains visible until decision.

Readiness before activation

Confirm legal eligibility, the accepted applicability matrix, practical competence, complete scope coverage, closed findings, independent review and decision, valid corporate approval, signed Memorandum, controlled scope schedule and active verification record. Missing evidence shall be resolved before the relevant activity is represented as IAF scheme accredited.