



IAF CAAR | CONFORMITY ASSESSMENT | FIRST EDITION

OPERATIONS MANUAL

Competent assessment, independent decisions,
surveillance, remedies and accountable programme
operation.

PREPARED FOR IAF ADOPTION

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Body accreditation | Bounded project recognition
Automotive conformity assessment | English master text

International Automotive Federation

iaf.com

Document control

Item	Controlled value
Programme	IAF Conformity Assessment Accreditation & Recognition (IAF CAAR)
Sector	Automotive and related mobility conformity assessment
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Status	Prepared for IAF adoption. Effective operation requires a recorded adoption and implementation notice.
Owner	International Automotive Federation
Master language	English
Hierarchy	Standard with category schedules, automotive overlays and internal directives; adopted implementation notice within those rules; Trust and Mark Rules; Operations and Technical Manuals; Applicant Guide; controlled forms.
Authority boundary	Voluntary sectoral assurance. No automatic public appointment, statutory authorization, external-standard equivalence or universal acceptance.
Use	Controlled ten-document set. Protect completed applications, client evidence, personal data and decision records.

Purpose and use

Competent assessment, independent decisions, surveillance, remedies and accountable programme operation.

This document implements the Standard and cannot weaken its requirements. Administrative convenience, commercial priority or a favorable score cannot compensate for unproven competence, unsafe work or compromised impartiality.

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Roles and separation of authority

Role	Responsibility
IAF governing authority	Adopts the scheme, resources independent oversight and approves prospective policy changes. Does not reverse technical outcomes for commercial or political reasons.
Scheme manager	Controls editions, implementation notices, cases, competence pools and consistent operation; ensures separation from membership services.
Case manager	Checks administrative completeness, access and scheduling; maintains the evidence manifest and communications without directing technical findings.
Assessment lead	Plans risk and sampling, integrates category expertise, runs the assessment and records a justified recommendation.
Technical assessor/expert	Assesses authorized technical scope and witnessed competence; discloses limits and does not substitute reputation for evidence.
Independent decision panel	Three competent uninvolved persons; checks sufficiency and scope, records reasons and decides with at least two affirmative votes.
Appeal panel	Three different uninvolved persons; reviews the grounds, evidence and fairness without commercial direction.
Integrity and complaints officer	Receives protected concerns, preserves evidence, coordinates independent investigations and urgent protection.
Registry and records custodian	Maintains identifiers, scope, status, corrections, access controls, retention, backup and verification responses.
Applicant executive	Accepts duties, provides resources and truthful access and ensures corrective action and proper public claims.
Applicant technical leadership	Owns competence, technical validity, review, safe work and impact assessment of failures.
Independent programme oversight	Reviews conflicts, systemic integrity, annual audit and periodic external evaluation without controlling individual commercial outcomes.

Case lifecycle and decision gates

Intake -> scope and conflict review -> document review -> risk/sampling plan -> physical and witnessed assessment -> findings and factual response -> verified closure -> independent decision -> accurate scope/status release -> surveillance and renewal. REC uses a bounded project and individual output decisions within the same technical gates.

Administrative targets and mandatory limits

Use the timeline table at the end of this manual and the Standard Annex E. Do not convert a service target into automatic approval, or allow a missed target to extend an approval term. Record delays, responsibilities and protective steps.

Case ownership

Maintain one master evidence manifest and a version history. The case manager coordinates but does not direct technical outcomes. Restrict access by role and use the toolkit records for traceable hand-offs. All references to a body shall identify the legal entity, not only a trading brand.

OP01 Intake and route selection

Owner: Case manager | Trigger: New ACC, REC or scope-change application

1. Register

Assign a unique case ID and record receipt, applicant entity, requested route and confidentiality needs. Acknowledge within five business days.

2. Screen

Check identity, membership undertaking, scope schedule, category selection, independence mode and evidence availability. Target administrative screening within fifteen business days of receipt.

3. Clarify

Issue one consolidated completeness request with a normal twenty-calendar-day response period. Explain that completeness is not technical approval.

4. Route

Confirm ACC, REC or private readiness. Exclude unsupported public authority claims and identify permits or access that must be resolved.

5. Accept

Record technical review readiness, responsible case manager and agreed next steps. Do not assign approval status or issue an endorsement code.

Required record: F01 application screening

OP02 Competence, conflicts and team appointment

Owner: Scheme manager | Trigger: Case ready for technical planning

1. Map

Match every category, family and automotive overlay to assessor competence and jurisdictional/site needs.

2. Screen

Obtain current conflict declarations covering thirty-six-month employment/consultancy history and any other material interest. Exclude compromised personnel.

3. Appoint

Use at least two assessment members including a lead and technical assessor; add expertise until the whole scope is covered. Record individual authorizations.

4. Inform

Notify the applicant of the team and allow reasoned conflict objections. Do not permit rejection merely because an assessor is rigorous.

5. Separate

Reserve independent decision and appeal capacity. Assessors may explain evidence to the panel but shall not vote on their own case.

Required record: F02 impartiality and team authorization

OP03 Document review and applicability

Owner: Assessment lead | Trigger: Evidence pack accepted

1. Review

Read the self-evaluation, legal and scope documents, technical dossiers, completed cases and management records.

2. Map

Map all 240 master requirements to applicable core, category, domain and directive modules. Accept NA only for inherent scope reasons; identify scheme-operator controls separately.

3. Challenge

Check contradictions between marketing, scope, staff, equipment and actual outputs. Review failed and corrected work, not just exemplar reports.

4. Plan

Define unresolved questions, source access, witness activities and additional expertise. Record unavailable evidence as Pending.

5. Report

Issue a controlled document-review note and readiness decision for the visit. A satisfactory desk review does not authorize a grant.

Required record: F03 applicability and document review

OP04 Risk, case sampling and site plan

Owner: Assessment lead | Trigger: Visit and witness planning

1. Define

Build category/site/family strata and the twelve-month population of completed work. Verify reconciliation with records of the body.

2. Select

Apply all-if- $N \leq 5$, otherwise $\max(5, \text{ceiling}(\text{square root of } N))$; add adverse, amended, outsourced and high-risk cases. Do not pool unrelated strata.

3. Cover

Schedule every initial critical permanent site and representative field work. Witness every category/family at least once and check the three-case readiness minimum.

4. Protect

Agree safe site access, independent interviews, confidentiality, evidence handling and stop criteria. Avoid destructive demonstrations that create unnecessary hazards.

5. Approve

Document visit duration from actual activities and complexity. The plan is a minimum; expand scope of review when contradictions or failures emerge.

Required record: F04 risk and sampling plan; F05 visit plan

OP05 On-site assessment and witnessing

Owner: Assessment lead and technical assessors | Trigger: Approved visit plan

1. Open

Confirm scope, roles, actual activities, safety rules, confidentiality and daily communication. Explain that findings remain subject to independent decision.

2. Observe

Witness actual setup, execution, records, quality controls, review and release. Trace equipment, personnel and configuration to authorizations.

3. Triangulate

Compare interviews, documents, system logs and outputs. Follow a result backward to original data and forward to its reported conclusion.

4. Expand

Investigate adverse evidence and widen samples, locations or technical depth as needed. Stop unsafe observation and preserve relevant evidence.

5. Close

Present traceable findings, unresolved limits and next steps. Record applicant factual comments without negotiating away a substantiated failure.

Required record: F06 witnessed activity; F07 case-file review

OP06 REC project and output recognition

Owner: Technical lead | Trigger: Bounded project request

1. Bound

Agree project window, criteria, category/domain modules, object/configuration, methods, responsible people and expected outputs before project work.

2. Verify

Assess common and technical controls for the actual project. Use physical witnessing when required; justify fully digital remote arrangements specifically.

3. Review

Review every output and all material project stages, with detailed source sampling as justified. Trace external inputs and unresolved limitations.

4. Decide

Submit each output or controlled enumerated batch to independent decision only after all applicable findings are closed. Record exact recognized revisions.

5. Close

End the project window no later than twelve months after its decision; preserve historical verification and amendments. New work needs a new project decision.

Required record: F08 REC project and output review

OP07 Findings and factual response

Owner: Assessment lead | Trigger: Assessment evidence collected

1. Classify

Record requirement, objective facts, affected scope and Met/Minor/Major/Critical/Pending/NA result. Justify severity and any protective action.

2. Contain

For validity, safety or integrity threats require immediate containment and impact review. Escalate Critical issues for protective suspension review.

3. Draft

Issue controlled draft findings and provide fifteen calendar days for factual response. Preserve the initial evidence and every revision.

4. Resolve

Assess responses fairly, correct factual errors and retain reasons where findings remain. Do not demand acceptance of an incorrect statement as a condition of progress.

5. Finalize

Issue the final finding list, closure evidence needed and deadlines. Distinguish assessment conclusions from the later panel decision.

Required record: F09 finding and factual-response record

OP08 Corrective action and closure verification

Owner: Independent competent reviewer | Trigger: Corrective evidence submitted

1. Assess

Check containment, scope of affected prior work, root causes and corrective actions. Identify omitted sites, methods, staff or customers.

2. Verify

Use original evidence, re-performance, independent challenge or revisit where needed. Confirm actual effectiveness and no unacceptable residual risk.

3. Time

Initial grants wait for complete closure. Active-scope Minor closure is limited to ninety calendar days; Major uses a thirty-day target with immediate containment.

4. Escalate

If active-scope actions fail or deadlines lapse, initiate a reasoned suspension review of the affected scope. Do not silently reset the clock.

5. Record

Close, retain open or reclassify with reasons and an independent signature. A body statement that an action is complete is not verification.

Required record: F10 corrective action and effectiveness

OP09 Independent decision and scope release

Owner: Decision panel | Trigger: Complete assessed case

1. Check

Confirm team competence, conflicts, category/site/family coverage, witness evidence, findings, responses and closure.

2. Deliberate

Three uninvolved competent members review the evidence. Require at least two affirmative votes; record dissent, uncertainty and any scope reduction.

3. Decide

Grant only if all applicable requirements are Met. Otherwise defer, refuse or restrict the proposed scope through a clear reasoned outcome.

4. Notify

Target a decision within thirty calendar days after a complete decision file. Issue legal entity, route, exact scope, dates, obligations and appeal instructions.

5. Release

Check the certificate/scope record against the decision, assign identifiers and update public status. No administrative employee may enlarge the panel scope.

Required record: F11 independent decision; F12 scope/certificate release

OP10 Surveillance and annual performance review

Owner: Case manager and assessment lead | Trigger: ACC anniversary and risk triggers

1. Collect

Receive annual data within thirty calendar days of the anniversary: outputs, staff, sites, comparisons, complaints, incidents, corrections and changes.

2. Analyze

Compare current data with prior periods, denominators and original records. Investigate implausible pass rates, sudden volume or missing adverse cases.

3. Assess

Plan surveillance by months twelve, twenty-four and thirty-six, including annual physical visits to risk-selected locations. Cover every site and family during the cycle.

4. Adjust

Increase witnessing and file review where risk rises. Failure to provide necessary access prevents continuation of affected approval.

5. Conclude

Record maintained, restricted, suspended or other status with reasons and any further decision requirement. Surveillance is not automatic renewal.

Required record: F13 annual monitoring and surveillance

OP11 Scope change, renewal and transfer

Owner: Scheme manager | Trigger: Change or renewal request

1. Classify

Distinguish administrative correction from new category, method family, capability, critical site, ownership or independence change.

2. Review

Evaluate effects on competence, impartiality, evidence validity, public claims and existing clients before authorizing expanded work.

3. Assess

Use proportionate desk, physical and witness assessment. Initial capability requirements apply to newly added families and sites.

4. Renew

Receive renewal at least six months before expiry; complete reassessment and independent decision before the four-year term ends. Do not backdate or automatically extend.

5. Transfer

Treat legal-entity changes explicitly; approval is not a tradable asset. Preserve prior identifiers and history while deciding the successor scope.

Required record: F14 change and renewal review

OP12 Serious incident and invalid-output response

Owner: Integrity officer | Trigger: Credible safety, fraud or validity concern

1. Protect

Act promptly to stop unsafe or unreliable affected work, preserve originals and restrict release. Consider interim suspension without waiting for a completed investigation.

2. Notify

Record awareness time and the forty-eight-hour IAF notice obligation. Meet any shorter binding duty and protect confidential reporting.

3. Investigate

Use independent expertise to establish facts, earliest affected date, scope and recipients. Avoid assuming that every old output is invalid or that none is.

4. Correct

Require targeted notices, report amendments/withdrawals, retesting or other remedies; update public verification status with factual limits.

5. Recover

Restore only after verified effectiveness and independent decision. Record lessons for the body and programme and preserve the investigation history.

Required record: F15 incident and retrospective impact

OP13 Complaints and protected concerns

Owner: Complaints officer | Trigger: Complaint or credible protected report

1. Receive

Provide accessible confidential channels and acknowledge within five business days where a contact exists. Accept anonymous evidence when investigable.

2. Triage

Identify urgency, conflicts, affected scope and whether the matter is a complaint, appeal or technical incident. Protect the reporter and records.

3. Investigate

Appoint uninvolved competent people, obtain evidence and offer a fair response opportunity to affected parties.

4. Conclude

Target a reasoned outcome within forty-five calendar days of a complete file, or explain delays and protective measures. Communicate within confidentiality limits.

5. Learn

Verify remedies and analyze recurrence. Escalate systemic technical failures into scope and status review rather than closing them as customer-service issues.

Required record: F16 complaint and protected-report record

OP14 Appeals against IAF decisions

Owner: Appeal panel | Trigger: Appeal within thirty calendar days

1. Register

Record the challenged decision, grounds, requested remedy and date. Explain that necessary protective action is not automatically stayed.

2. Appoint

Use three competent persons uninvolved in assessment or original decision, with current conflict declarations.

3. Hear

Review original and new relevant evidence, provide a fair response opportunity and assess technical reasoning and process fairness.

4. Decide

Target resolution within forty-five calendar days after a complete appeal file. Record votes, reasons and whether the decision is upheld, varied or remitted for new assessment.

5. Implement

Notify parties, correct scope/status where required and verify execution. Do not punish the appellant for using the process.

Required record: F17 independent appeal record

OP15 Registry, verification and mark control

Owner: Registry custodian | Trigger: Grant, report issue, status change or verification request

1. Register

Create distinct entity, site, scope, decision, project and output identifiers. Validate minimum fields, dates and permission boundaries.

2. Verify

Check document identity, issuer, revision, integrity, historical scope and current status separately. Record unresolved checks instead of displaying a misleading green approval.

3. Publish

Publish protective status changes normally within two business days and preserve history. Protect private technical data from unnecessary public release.

4. Enforce

Review mark use, mixed-scope reports and customer claims. Require correction and investigate repeated or deliberate misuse.

5. Recover

Test backup, export, status propagation and a manual verification fallback. A technical outage shall not be reported as a valid current status.

Required record: F18 verification and mark-use review

OP16 Suspension, withdrawal and continuity

Owner: Decision panel and records custodian | Trigger: Serious failure, expiry, closure or voluntary exit

1. Bound

Define the affected entity, rows, dates and reasons. Use precautionary measures proportionate to urgent risk, with prompt independent review.

2. Communicate

Notify the body and affected users as appropriate, stop new affected endorsements and publish accurate status.

3. Review

Determine impact on previously issued reports and certificates. Preserve authentic historical facts and identify particular unreliable outputs.

4. Secure

Arrange records custody, pending complaints, client information and verification contacts. Approval does not pass automatically to another legal entity.

5. Close

Record withdrawal, expiry or restoration through an authorized decision and retain a complete audit trail and any legal holds.

Required record: F19 status action and continuity

OP17 Programme launch, calibration and acceptance

Owner: Governing authority and scheme manager | Trigger: First adoption or major revision

1. Adopt

Record edition approval, effective date, governing authority, staffed roles, contacts and operational registry arrangements.

2. Pilot

Run laboratory, inspection, certification and digital/verification pilots; compare assessor judgments and verify forms, scope and report wording.

3. Correct

Resolve pilot weaknesses, train and authorize assessors and validate independent decision and appeal arrangements.

4. Engage

Document actual user and authority acceptance with exact geographic and technical limits; publish only supported claims.

5. Improve

Audit annually, independently evaluate at least every four years and issue prospective transitions for revisions.

Required record: F20 programme assurance and acceptance

Operating deadlines and cycle controls

Action	Time	Condition
Receipt acknowledgement	5 business days	Administrative target; does not imply acceptance.
Administrative screening	15 business days	Target from receipt; completeness may require further evidence.
Completeness response	Normally 20 calendar days	Case-specific extension may be agreed and recorded.
Draft factual response	15 calendar days	From notified draft findings; urgent protection may act sooner.
Initial decision	Target 30 calendar days	After a complete decision file; never automatic grant.
Active ACC Minor closure	Maximum 90 calendar days	Only where validity, safety and impartiality remain protected.
Active ACC Major closure	30-calendar-day target	Immediate containment; unresolved scope enters suspension review.
Serious incident notice	Within 48 hours	From awareness; any shorter binding duty also applies.

Action	Time	Condition
Other material changes	Before implementation / within 30 calendar days if unexpected	Expanded scope cannot be used before approval.
IAF appeal submission	30 calendar days	From notification of the decision.
Complaint/appeal outcome	Target 45 calendar days	From a complete file; explain delay and protection.
ACC annual report	Within 30 calendar days of anniversary	Surveillance planned by months 12, 24 and 36.
ACC renewal application	At least 6 months before expiry	Decision completed before four-year maximum term ends.
REC project window	Maximum 12 months	Historical output recognition is distinct from authority for new work.
Protective public status update	Normally within 2 business days	Retain exact effective dates and audit history.
Technical record retention	At least 10 years	After output issue or related certificate end, whichever is later; longer obligations/holds prevail.

Difficult cases and consistent responses

A strong laboratory has one unsupported family

Exclude that family through an independent coherent scope decision or defer approval until competence is demonstrated. Do not average its Pending result against strong performance elsewhere.

A certification body also sells implementation consultancy

Trace the client and staff relationships. Do not certify work the body materially designed or implemented; apply the twenty-four-month personnel exclusion and longer controls where threats remain.

A report was issued before accreditation

It cannot receive retrospective ACC endorsement. A separately planned and eligible REC project is a distinct route and cannot rewrite the historical status of prior work.

An authentic report refers to a different software version

Authenticity does not prove configuration applicability. Require a technically justified extension or new assessment before using it for the changed configuration.

A platform outage interrupts verification

Return unresolved/unavailable and use the controlled manual route. Do not display stale current status without its retrieval time.

An appeal challenges an urgent suspension

Maintain necessary proportionate protection while a separate panel reviews the evidence and fairness. The appeal does not automatically restore endorsement rights.