



IATF Oversight

Certification Body Communiqué

Communiqué # 2007-007

DATE: December 2007

	Yes	No
Confidential		X
Mandatory content	X	

SUBJECT: IATF Rules 2nd edition, Annex 3, item #1

The purpose of this communiqué is to reiterate and clarify the IATF position regarding the number and types of employees to be considered when calculating audit days. The IATF requirement is detailed in Rules 2nd edition Annex 3 item #1 where it states that “the number of employees is the total of those on site and in supporting locations”.

It has come to the attention of the IATF Global Oversight that the Certification and Accreditation Administration of the People’s Republic of China (CNCA) requires a monthly report from every certification body operating in China. The report includes 50 items that must be reported to the CNCA database. A copy of the reporting requirements (English translation) is attached to this communiqué for reference.

This requirement is a matter between the certification bodies operating in the People’s Republic of China and the CNCA. However, two (2) items of the 50 have caused some confusion in some IATF-recognized certification bodies. Item number 16 asks for the total number of employees in the organization and item number 17 asks for the number of employees related to the system or product of the certificate. The CNCA definition of “employees” does not include temporary or seasonal employees in the total number. The IATF definition of “employee” does include all temporary and seasonal personnel in the total number.

The difference in the definition of the term “employee” is a matter of concern because IATF Global Oversight has been made aware that some IATF-recognized certification bodies are utilizing the CNCA employee count when calculating audit days rather than the IATF employee count. One IATF-recognized certification body was found to have understated the employee count by almost 900 people by using the CNCA number as the basis for their calculation.

The position of the IATF is firm on this subject. If after the date of this communiqué an IATF recognized certification body is found to be utilizing the CNCA employee count in the calculation of audit days is in violation of Rules 2nd edition and considered to be in breach of their contract. The applicable Oversight office will issue a major non-conformity and initiate the de-recognition process. Contact the applicable Oversight office if there are any questions on this matter.

Annex 1 :

Reporting requirement on certified organization information (CB)

No	Item in the report	Item title	Data format	Reporting contents and format	Reporting note
1	AUDORGID	CB approval no.	Txt.	CNCA approval no.	Mandatory. Exactly same as CNCA approval document.
2	AUDFLAG	Accreditation logo	Txt.	The logo on certificate: <u>01</u> =CNAS (include former CNAB) ; <u>02</u> =UKAS ; <u>03</u> =JAS-ANZ ; <u>04</u> =ANAB ; <u>05</u> =RVA ; <u>06</u> =JAB ; <u>07</u> =KAB ; <u>08</u> =others (AB's country and acronym) ; <u>00</u> =not recognized	Mandatory. 1 . If multi-accreditation, all listed 2 . Note if reported 08 3 . If 01,item 25 will be Mandatory
3	ORGNAME	Organization name	Txt.	Active name of certified organization	Mandatory. Organization name in Chinese, only other language when Chinese name not applicable
4	ORGNAME ENG	Organization name (English)	Txt.	Active English name of certified organization	optional may be same as item 3 when it's in English

No	Item in the report	Item title	Data format	Reporting contents and format	Reporting note
5	ORGOLDNAME	Name used before	Txt.	Ever used on certificate, but replaced by existing active name now.	Mandatory when 01 for item 43, otherwise leave it empty.
6	ORGID	Organization code	Txt.	Per organization's code certificate	Mandatory.
7	AREAID	Regional code of organization	Txt.	Per <regional code list>	Mandatory. 1 . Code from province/state to city/county. 2 . If could not find district code in the code list, just use code in the city. 3 . If address different for registration and contact , file the contact address code
8	ORGADDR	Organization's contact address	Txt.	Contact address of organization (registration address ; site address) If not same for the 3 address, report : Contact address of organization (registration address xxxxx ; site address yyyyy)	Mandatory. 1 . Contact address shall include province/state, and city/county 2 . Prefer the country name in Chinese if internationally
9	ORGZIP	Zip code	Txt.	Zip code of contact address	Mandatory.
10	ORGTEL	Contact tel.no.	Txt.	Active tel. no. when contact the organization.	Mandatory. Shall include the city code no., and country code if abroad

No	Item in the report	Item title	Data format	Reporting contents and format	Reporting note
11	ORGFAX	Fax.no.	Txt.	Active Fax. no. when contact the organization.	optional Shall include the city code no., and country code if abroad
12	ORGLEADER	Legal owner	Txt.	Name of organization's legal owner	Mandatory.
13	ORGTYPED	Nature code of organization	Txt.	Per code as following : <u>01</u> =government <u>02</u> =semi-government <u>03</u> =society unit <u>04</u> =enterprice <u>0401</u> = co., ltd. <u>0402</u> =Joint stock company <u>0403</u> =cooperation <u>0404</u> =state owned <u>0405</u> =Collective ownship <u>0406</u> =Private Cooperation <u>0407</u> =private <u>05</u> =other	Mandatory.
14	ORGREGCAPITAL	Registration capital	Txt.	Per capital certificate	Mandatory. 1.may be empty when no capital certificate on license

No	Item in the report	Item title	Data format	Reporting contents and format	Reporting note
					2.with the unit of “wan”(10,000) yuan 3.note if not in RMB, e.g. USD
15	IMPACCIDENT	Violation of gov. regulation and laws regarding system, product certification, and major accidents in this year for the organization	Remark	<p>1 . For initial certified organization, fill in the situation in the previous year..</p> <p>2 . For certified organization (including CB transfer), fill in the situation as surveillance, re-cert, or transfer.</p> <p>3 . When cancellation or suspension happens, shall fill in related information.</p> <p>4 . Fill in this column as expires for non-recertificate.</p>	Mandatory as applicable.
16	ORGSIZE	No of employees	numeral	Total employees of organization	Mandatory.
17	ORGSYSSIZE	No of employees related to system/product	numeral	No of employees related to system/product of certificate	Mandatory.
18	FAACDATE	Initial certificate date	date	The certificate date of initial certified.	Mandatory.
19	OSCID	Registration no of certificate	Txt.	Certificate no.	Mandatory.
20	SUBCERT	If sub certificate	Txt.	“yes” for sub-certificate Otherwise “no”	Mandatory.

No	Item in the report	Item title	Data format	Reporting contents and format	Reporting note
21	MULTIPLA CE	Multi-site?	Txt.	<p>If multi-sites related to this certification, “yes”</p> <p>Otherwise “no”</p>	<p>Mandatory.</p> <p>Multi-sites means more than one address/location audited, not different departments in one location.</p>
22	MODELID	Certification standard code	Txt.	<p>Per code as following:</p> <p><u>Q1</u>=GB/T19001-2000-ISO9001:2000 ;</p> <p><u>QT</u>=TL9000(对应 GB/T19001-2000) ;</p> <p><u>TS</u>=TS16949 ;</p> <p><u>E2</u>=GB/T24001-2004/ISO14001:2004 ;</p> <p><u>S1</u>=GB/T28001-2001 ;</p> <p><u>H1</u>=HACCP ;</p> <p><u>F1</u>=GB/T22000-2006 ;</p> <p><u>C1</u>=SJ/T11234 or SJ/T11235 ;</p> <p><u>P1</u>=product certification ;</p> <p><u>G1</u>=GAP ;</p> <p><u>O1</u>=organic product certification ;</p> <p><u>02</u>=non-pollution agriculture product ;</p> <p><u>03</u>=green food ;</p> <p><u>04</u>=green market ;</p> <p><u>05</u>=information safety management system</p> <p><u>06</u>=measurement management</p>	<p>Mandatory.</p> <p>1. shall note if code of 10</p> <p>2. if P1, item 23,24 shall be mandatory</p>

No	Item in the report	Item title	Data format	Reporting contents and format	Reporting note
				system <u>07</u> =SA8000 ; <u>08</u> =ROHS ; <u>09</u> =CE ; <u>10</u> =not list above, please note the standard and code	
23	OTHERMO DEL	Standard no of product certification	remark	Inspection standard no for the certified product. List all if more standard referenced	Mandatory if P1 selected in item 22
24	PRODMOD EL	Nature of product certificaton	Txt.	Fill in : non-mandatory certification note : mandatory product certification per CNCA related regulation	Mandatory if P1 selected in item 22

No	Item in the report	Item title	Data format	Reporting contents and format	Reporting note
25	SPECIALS ORT	Business scope code	remark	Fill in the code to the last item per CNAS requirement List all if applicable, e.g. : 16.01.01 ; 16.01.02 。	Mandatory when 01 (CNAS / Former CNAB) selected in item 2
26	REGIRANG E	Certificate scope	remark	For system , fill in the certificate covered business ; For product , fill in product name, specs, model and brand	Mandatory.
27	AUDTYPEI D	Certification type	Txt.	Per following code : <u>01</u> =initial ; <u>02</u> =Re-certification ; <u>03</u> =standard transfer ; <u>04</u> =CB transfer ; <u>05</u> =surveillanc ; <u>06</u> =extend/reduce the scope ; <u>07</u> =extend product model (only for product certification) May multi choice, but must be within the month.	Mandatory. 1. items 28-34 shall be filled in if auditing related. Otherwise empty. 2.fill in item 40 if certificate changed. if the no. of certificate changed, fill in the item 41(original no.) 3.if code 04 selected , fill original CB in item 42 4.or fill in item 43 with items 27-34 empty.
28	AGAINTIME S	times of Re-cert	Txt.	1,2,.....,n stand for the no of re-cert.	Mandatory when code 02 selected in item27
29	SURTIMES	Times of surveillance	Txt.	1,2,.....,n stand for the no of surveillance.	Mandatory when code 05 selected in item27

No	Item in the report	Item title	Data format	Reporting contents and format	Reporting note
30	SUBAUDORG	Name of Key auditing location who conduct the audit	Txt.	Name of branch of CB who conducts the audit(e.g. sub- branch or division) Empty when audit conducted by CB headquarter	Mandatory if the audit conducted by CB's branch office note : key auditing location not refer to the audited site or department.
31	AUDGROUP	Audit team member (lead and member)	Txt.	Fill in this column for all audit activities. Lead auditor first, then audit team member. Fill like : xxx (lead); xxx ; xxx (technical expert); xxx (auditor-in-training) note : if auditor also expert, then fill in technical expert	Mandatory when auditing related in item27
32	AUDDATE	Audit date	Txt.	Fill like : yyyy-mm-dd ; yyyy-mm-dd , first start date, then end date. If two phase auditing, stage 1 first, then stage 2 date.	Mandatory when auditing related in item27
33	AUDDAYS	Audit man days	Txt.	Separately fill in the man days for document review and site audit. e.g. : 2 (doc. review) ; 2.5 (site audit)。 keep empty when no doc. Review. Shall note the audit stage when 2 stages audit conducted. E.g. : 4 (stage 1 on site)。	Mandatory when auditing related in item27 If combined audit, may fill in total audit man-days, and note in item 22, e.g. :*(Q1/E2 site)。
34	ASSMANLIST	Decision making people	Txt.	Fill in this item as related decision making, separate individuals by	Mandatory when auditing related in item27

No	Item in the report	Item title	Data format	Reporting contents and format	Reporting note
				semicolon. E.g. : xxx ; xxx	
35	GETAUDM ONEY	Actual certification fee	Txt.	<p>Normally, Shall fill in the actual fee for this certification(may including: application fee, auditing/plant inspection, product inspection, surveillance, approval and registration fees, etc), make note for each if the fees for the whole cycle or multi certification.</p> <p>The certification fee filled in “yuan” of RMB.</p>	<p>Shall fill in the information as certificate issued or at end of certification completed. Keep empty when the fee not received as reporting date. report the fee as received later in item 43, select the <u>1001</u>= compensated certification fee.</p>
36	RISCKOEF	Risk factor	Txt.	<p>Fill in the code as following:</p> <p><u>01</u>= level 1 risk to environmental factor, safety risk.</p> <p><u>02</u>= level 2 risk to environmental factor, safety risk.</p> <p><u>03</u>= level 3 risk to environmental factor, safety risk.</p>	<p>Mandatory as E2 or S1 selected in item 22.</p> <p>1. risk to environmental per CNAS-GC31 《EMS CB business scope guide》</p> <p>2. risk to safety per CNAS-GC41 《H & S MS CB business scope guide》</p>
37	INVOICEN O	Invoice no.	Txt.	Code shall in number.	Mandatory when item 35 filled actual fee.
38	REGIDATE	Certificate issue date	date	<p>Certificate issued date</p> <p>In form of : yyyy-mm-dd</p>	Mandatory.

No	Item in the report	Item title	Data format	Reporting contents and format	Reporting note
39	REGITODATE	Expiration date	date	Certificate expires date In form of : yyyy-mm-dd	mandatory , but may empty for P1 selected in item 22 which without expires.
40	NEWREGIDATE	Re certificate date	date	“re certs”refer to reissue the certificate In form of : yyyy-mm-dd	Mandatory as item 27 related to recerts.
41	OLDREGIID	Original(achieved) certificate no.	Txt.	The certificate no. of original active certificate. When the organization also got another certificate from other CB for the same scope, fill in the other CB certificate no.	When <u>02</u> (recert) , <u>03</u> (standard transfer)or <u>04</u> (CB transfer) selected in item 27, shall fill in the last certificate no as the no. changed.
42	OLDORGNAME	Original(issued) CB name	Txt.	The CB name of original active certificate issued. When the organization also got another certificate from other CB for the same scope, fill in the other CB name.	Mandatory when <u>04</u> (CB transfer) selected in item 27.

No	Item in the report	Item title	Data format	Reporting contents and format	Reporting note
43	CHANGETY PEID	Change type	Txt.	<p>Fill in the code as following:</p> <p><u>01</u>=organization changing name ;</p> <p><u>02</u>=organization related information changed (address, zip code, ownership, no. of employees, etc.) ;</p> <p><u>03</u>=certificate suspension ;</p> <p><u>04</u>=certificate re-active ;</p> <p><u>05</u>=certificate cancellation ;</p> <p><u>0501</u>=certificate terminated ;</p> <p><u>06</u>=certificate inactive ;</p> <p><u>0601</u>=certificate expired ;</p> <p><u>0602</u>=already re-cert ;</p> <p><u>0603</u>=standard transfered ;</p> <p><u>07</u>=changing name re-active(certificate re-active with name changed same time) ;</p> <p><u>08</u>=changing re-active(certificate re-active with other information changed same time) ;</p> <p><u>09</u>=logo changed ;</p> <p><u>0901</u>=international multi-logo changed ;</p>	Mandatory when item 27 empty. Or item 27 shall selected as this item empty.

No	Item in the report	Item title	Data format	Reporting contents and format	Reporting note
				<u>0902</u> =accreditation logo changed. <u>10</u> =other <u>1001</u> =compensated certification fee.	
44	PCID	Suspension reason	Txt.	Fill in the code as following : <u>01</u> =system unnormal <u>02</u> =surveillance not on time <u>03</u> =surveillance failed <u>04</u> =others <u>0401</u> =violation of law or major accident (together with item 15) <u>0402</u> =not paid on time	Mandatory when <u>03</u> (suspension) selected in item 43

No	Item in the report	Item title	Data format	Reporting contents and format	Reporting note
45	RCID	Cancellation reason	Txt.	Fill in the code as following : <u>01</u> =audit failed <u>02</u> =request of organization(delist) <u>03</u> =change CB <u>04</u> =certified organization terminated <u>05</u> =others (may only selected <u>05</u> for non <u>0501</u> or <u>0502</u>) <u>0501</u> = violation of law or major accident (together with item 15) <u>0502</u> = not paid on time	Mandatory when <u>05</u> (cancellation) selected in item 43
46	CHANGEDATE	Change date	date	In form of : yyyy-mm-dd	Mandatory as item 43 selected not empty.
47	OSCYM	Reporting year/month	Txt.	In form of :yyyy-mm ,refer to the month of reporting e.g. fill as“2007-04”for the information of Mar.2007 Note : the data in txt. Not date	Mandatory.
48	BEGINDATE	Start date of data from	date	Refer to the date when the information collection started. In form of : yyyy-mm-dd	Mandatory.
49	ENDDATE	End date of date from	date	Refer to the date when the information collection ended. In form of : yyyy-mm-dd	Mandatory.

No	Item in the report	Item title	Data format	Reporting contents and format	Reporting note
50	CHECKMS G	Report check	remark		

Note : 1. Reporting document must in ACCESS , with a data form , titled : DBO_TBLORSENDCERT 。

2. there must be 50 items in the data form DBO_TBLORSENDCERT which matched with above items

3. the data must be correct.