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1. OBJECTIVE

The objective of this procedure is to determine the methods to be applied in the stages of receiving the applications of ASB customers to obtain management system certificates, conducting audits and issuing and delivering the documents of the organizations entitled to receive certificates.

2. DEFINITIONS

Certification Committee: This is the committee appointed by the *ASB* Management. It is authorized to take all decisions related to certification.

Audit Team: In relation to certification activities, it is the team appointed to examine and evaluate the management system of the organizations according to the relevant standard, selected among the ASB audit officers, working in accordance with the ASB working principles and temporarily formed. The number of officers in the audit team may vary according to the size of the organization, product, process diversity and the relevant standard. If deemed necessary, a technical expert related to the sector may take part in the audit team.

3. RELATED DOCUMENTS

ASB.FR.26	Certification Application Form
ASB.FR.27	Application Preliminary Review Form
ASB.FR.07	Certification Cycle Program
ASB.FR.29	Transfer Control Form
ASB.FR.30	Certification Agreement Form
ASB.FR.33	List of Certified Bodies Form
ASB.FR.46	Certification Proposal Form

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ASB.FR.64	Certification Committee Membership Agreement Form
ASB.FR.74	Customer Satisfaction Survey
ASB.FR.86	Certification Committee Initial Evaluation and Appointment Form
ASB.FR.51	Performance Evaluation Form
ASB.KEK.EK-E	Professional Liability Insurance Risk analysis
ASB.PR.09	Audit Planning Procedure
ASB.PR.10	Audit Implementation Procedure
ASB.PR.11	Technical Review Procedure
ASB.PR.17	Remote Audit Planning and Implementation Procedure
ASB.PR.01	Document Management Procedure
ASB.TL.03	Instruction on Audit Remuneration
ASB.TL.05	Logo Usage Instruction
ASB.TL.07	Certification Committee Working Instructions
ASB.TL.08	Certification Agreement Instruction
ISO/IEC 17021	Requirements for organizations providing audit and certification of management systems
ISO 19011	ISO 19011 Management Systems Audit guide
ISO 22003-1	Requirements for organizations providing audit and certification of food safety management systems
ASB.TL.04	Instruction on Determining Audit Durations
R40 12	Guidance on Accreditation of Management Systems Certification Bodies
TÜRKAK, IAF MD	Guidelines and Guides

4. APPLICATION

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4.1. Certification Application

General

ASB performs certification services in Turkey and in all countries of the world, provided that the personnel availability is appropriate.

Receiving Applications

Applications for certification of management systems are received in person or electronically (via fax, e-mail or ASB website) **with the Certification Application Form**. An offer is made to the requesting organization by **the Planning Manager** with **the Certification Proposal Form**. The organization that accepts the offer is given a "**Client Number**" by **the Planning Manager**. **Certification Agreement** is prepared by **the Planning Manager** and customer approval is obtained.

In the applications made by the organization applying for certification for its facilities with different legal entities, it is ensured that **a separate Certification Application Form** is filled separately.

As of the date of contract approval, if Stage 1 (on-site) is not accepted by the organization within 6 months or if the certification audit is postponed by the organization within 6 months from Stage 1 (on-site or desk), the application / contract of the organization is canceled. If the organization whose application is canceled applies, it is considered as a new application.

The information requested during the application is given below:

- a) The name of the applicant organization, the address of its physical location, its general characteristics, including the important aspects of its processes and operations, and the relevant legal obligations,
- b) The scope of certification required,
- c) General information about the applicant organization's activities, human and technical resources, functions and, if any, its relationship with a larger company in relation to the certification area applied for,
- d) Information on all external resources used by the organization that may affect compliance with the requirements,

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- e) Standards or requirements to which the customer seeks certification,
- f) Information on obtaining consultancy services in relation to the management system,
- g) Documents for legal permits.
- h) ASB **requests** the applicant organization to provide detailed information on process lines, HACCP studies and number of employees **with** ASB.FR.26 **Certification Application Form**.

ASB requests ISO 22000 certification applications to provide information on products and processes that are important in determining the audit duration according to ISO 22003-1 Annex-A and Annex-B.

ASB does not certify a company that has ISO/IEC 27001 certification by another certification body as a result of ISO/IEC 27701 audit alone. ASB conducts ISO/IEC 27701 audit together with ISO/IEC 27001 audit. ISO 20000-1 audits are also performed together or separately on their own.

Note: An organization may design its own controls or select them from any source to address information security risks. Therefore, even if an organization does not use any of the controls specified in **Annex A of ISO/IEC 27001:2022**, it may still be certified in accordance with the **ISO/IEC 27001 standard**.

The certification assessment is conducted based on whether information security risks are appropriately addressed and on the effectiveness of the **Information Security Management System (ISMS)**, rather than on the source of the controls.

Prior to the certification audit, the certification body requests the client to inform whether there are any **confidential or sensitive information, records, or documents within the scope of the ISMS that cannot be reviewed by the audit team**. Based on these limitations, the auditability of the ISMS is evaluated. If it is determined that an effective audit cannot be conducted without appropriate access, the certification audit shall not be carried out.

ISO 20000 auditors are evaluated by paying attention to the additional requirements of ISO IEC 20006, ISO/IEC 27006, ISO/IEC 27006-2 and ISO IEC/27006 AMD-1:2020 and TURKAK R40.12 Guidelines.

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Review of Applications and Planning

The Planning Manager reviews the application information and file by taking into account the *Application Preliminary Review* Form for the purpose of reviewing the application. This review is to ensure that the application form is filled in completely and to check the requested commercial and other documents. If there is something missing at this stage, the organization's application information and/or documents are completed. The reviews made by the planning manager are reviewed and approved by the Certification Manager. In special cases where the operations officer and certification manager do not have technical qualification, technical opinion is obtained from the ASB auditor pool.

At this stage, audit day durations and -if any- reductions or increases in audit day durations are explained *in the Application Preliminary Review Form*.

While determining the number of branches or facilities to be audited in multi-enterprise organizations, *planning is made by taking into account the guidance numbered IAF MD1: 2018* numbered guideline is taken into consideration.

There may be cases where applications are rejected by ASB. These are there is no auditor assigned in the relevant EA/Nace/Category, there is no suitable time auditor to be assigned to the audit, the ASB is not accredited within the scope requested by the organization, the organization's campus is not within the ASB's fields of activity. In case of such situations and when rejection is required, ASB will notify the organization in writing (e-mail, official letter).

In order to determine the scope of ASB ISO 22000 applications;

- Uses ISO 22003-1 Annex-A.
- Determine the category or sub-category within the scope of certification for each site or sites.
- The scope briefly describes the main types of activities/processes related to the products and/or services.
- Scope;
 - a) It should not be misleading,
 - b) If such activities, processes, products or services may have an impact on the food safety

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of final products as defined by the legal responsibility for the organizations' activities, such activities, processes, products or services are excluded from the scope of certification,

- c) cannot contain any promotional statement, trademark or claim.

Transfer Application

As a policy of ASB Top Management, transfer activities of companies certified by a different certification body are not carried out. Companies coming in this way are treated as the first certification. ASB only carries out transfer activities between its own accreditations.

However, if ASB's customer wishes to transfer to a different certification body, the documents and information required for transfer activities are shared within the framework of confidentiality rules. In this context, within the framework of confidentiality rules, the company's current certificate, scope, address(es), reports of the most recent audit and con-conformity records, if any, if there is ongoing con-conformity, these con-conformity records, if the document is suspended, suspension information is shared.

Making a Contract

Certification Agreement is prepared in 2 copies by *the Planning Manager*. After it is signed by the **ASB** signature authority, it is ensured that the approval of the customer authority is obtained (by cargo etc. methods). One copy *of the* approved **Certification Agreement** remains with the client and one copy is delivered *to the Certification Manager*. In addition, *the Certification Contract Instruction* is an integral part of the Contract.

DETERMINATION OF THE PERSONNEL TO PREPARE THE CONTRACT

1-ISO 22000 Food Safety Management System The personnel who will prepare the contract must have received the following trainings on this subject:

Principles of hazard analysis, hazard assessment and critical control points (HACCP)

Principles of food safety management systems including pre-requisite programs

ISO 22000 training

2- Must have attended audits, even as an observer.

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3 - Must have competence in the following subjects:

Classify the food chain categories and sectors in which the applicant companies are involved.

Be competent to evaluate the applicant's products, processes and practices.

Be able to make appropriate assignments based on category and audit experience compatibility.

Must be able to calculate audit man days.

Must be familiar with the policies and procedures of the certification body related to the contract.

If the personnel preparing the contract does not have the competence mentioned above, technical support is obtained from the committee members; if one of the committee members does not have the competence, technical support is obtained from the audit members who provide the qualification.

After the contract is signed mutually and the Certification process is initiated, the Planning Manager requests the following information and documents from the Organization;

- Organization's Handbook (if applicable),
- Main procedures for the management system (if applicable),
- Risk Analysis (related to Quality, Environment, Occupational Health and Safety, Information Security and/or Other Management System)
- SoA Statement of Applicability (for ISO 27001 and ISO 27701)
- Hazard Analysis and Flowcharts (for ISO 22000)
- Total Energy Consumption and SEUS (Significant Energy Uses) Analysis (for ISO 50001)

Scope Change Application

The scope change activities to be carried out by ASB are summarized in the following order:
The client organization submits the application form to ASB to notify the scope change. ASB examines the application with the preliminary examination form and determines whether

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certification can be made within the scope mentioned. If appropriate, a scope extension audit is conducted.

The period determined by ASB for scope extension audits is defined as minimum 0.5 man days. (In this period, the effect of the scope change on the activities will be audited and a general system audit will not be carried out and this period is valid even if there is more than one certificate) However, in cases such as the scope to be added during the examination of the application is realized at more than one address, the number of employees has increased too much, the scope includes more than one activity, this period can be increased by using the increase criteria in the Application pre-examination form.

In cases where a **scope extension** is requested for **ISO/IEC 27001 (ISMS), ISO/IEC 27701 (PIMS), and ISO/IEC 20000-1 (SMS)** standards:

- If the scope extension activity is conducted together with a **surveillance audit or recertification audit**, it shall be planned as **0.5 auditor-day**,
- If the scope extension audit is carried out as a **separate audit**, it shall be planned as **1.0 auditor-day**.

In case of scope reduction, after the information is received with the Application Form, after the necessary examination is made by ASB regarding the part of the scope to be reduced, a decision is made with the Decision Form and the new certificate is issued and sent without the need for an audit after the reduced part is removed from the certificate. In addition, scope reductions may also take place during the audits to be conducted by the ASB. In this case, if the audit team determines that some of the scope is not realized when compared with the information in the application or when compared with the scope in the previous year's audit, it informs the ASB by stating the scope narrowing proposal in the report and a new certificate is issued by making a decision to narrow the scope.

Address Change Application

If the organizations apply for a change of address, they will first be asked to fill in the Application Form and submit it to ASB. If it is a production organization or if an activity that has an impact on the service is carried out at the relevant address for the service provided, the

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change of address audit is planned by requesting official documents (at least one of the official newspaper, tax plate or chamber registration certificate) by **the Planning Manager**. The period determined by ASB for address change audits is defined as minimum 0.5 man days. However, during the examination of the application, the number of addresses to be added / removed / changed will be taken into account, in cases such as the number of employees has increased too much, different works are carried out at the addresses, this period can be increased by using the increase criteria in the Application preliminary examination form. In addition, in case of a change in the address of the organization due to the municipality, etc. (although the organization is at the same address, only the door number or street address changes), only official documents are requested and the certificate is issued by making a decision according to the new address.

In addition, in the case of a request to remove one or more of the addresses that can be called additional addresses (branches, etc.) from the previously audited addresses of the organization, if the activities at the address to be removed affect the activities at other addresses, the audit will be required under the above conditions, and if not, the certificate will be issued by removing the said address.

Title Change Application

In case of a title change application of the organizations, first of all, the Application Form will be requested to be filled in and submitted to ASB. Official documents are requested by **the Planning Manager**. (at least one of the official newspaper, tax plate or chamber registration certificate) If the official status of the company has changed (address, title, etc.), the service contract is renewed.

Audits are not scheduled for title change.

Planning of Audits

Planning of audits is carried out **in accordance with ASB.PR.09 Audit Planning Procedure**.

4.2. Conducting Audits

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Conducting and reporting of audits *are carried out according to ASB.PR.10 Audit Implementation Procedure.*

In ISO 45001 OHSMS audits, the audit team interviews the following personnel:

- i) Managers with legal responsibility for occupational health and safety,
- ii) Employee representative(s) with responsibility for occupational health and safety,
- iii) Personnel responsible for monitoring the health of employees, such as doctors and nurses
- iv) Managers, permanent and temporary employees

Certification of the OHSMS under the scope of ISO 45001:2018 is not a guarantee of legal compliance (nor are other means of control, including formal controls or other types of controls and/or legal compliance audits or other forms of certification or verification). In contrast, ISO 45001:2018 certification has proven to be an effective means of achieving and maintaining compliance with such laws. Accredited OHSMS certification is considered to demonstrate that the organization has been assessed and validated as having a clearly effective OHSMS to ensure that it meets its policy commitments, including compliance with the law. Ongoing or potential non-conformities in terms of applicable legal requirements may indicate a deficiency in management review within the organization and a careful review of the OHSMS and compliance with the ISO 45001:2018 standard is required.

In ISO 45001 audits; If the Audit Team determines that the audited organization does not comply with the relevant legal requirements, it transmits one copy of the con-conformity reports (FR.42) to the company and the other copy to ASB Certification. ASB Certification notifies the audited organization that it does not comply with the legal requirements on the same day. If the legal requirements classified in the ISO 45001 audit report are not complied with, it is expected to carry out the activities according to the actions to be taken (such as making the necessary notifications by official means, etc.) and to close the company in case of con-conformity. Otherwise, no certificate is issued.

Corrective action(s) to be taken in relation to nonconformities identified in the audits must be notified to ASB within 15 days at the latest and minor and major non-conformities must be closed within maximum 2 months. Following the closure of con-conformities and the approval of the lead auditor, the company file is forwarded to the Certification Committee. The organization cannot be recommended for issuance of a certificate until the corrective actions related to con-conformities are fulfilled. If the con-conformities are not closed by the client

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organization within the specified period, the file is rejected, unless there is a force majeure declared by the organization (epidemic, natural disaster, fire, etc.).

4.3. Evaluation

The decision stated in the report prepared by the **ASB** Audit Team for the relevant organization is not a final decision, but a recommendation *to the Certification Committee*. After the audits, no *recommendation* can be made *to the Certification Committee* for certification or recertification decision until it is guaranteed that the major nonconformities / nonconformities identified have been accepted by *the Lead Auditor*.

The ASB Certification Committee consists of the Certification Manager, experienced permanent personnel and, where necessary, contracted external auditors. This structure ensures that certification decisions are made by competent and independent individuals.

Members of the Certification Committee are evaluated according to the criteria defined in **ASB.FR.07 and its annexes (Personnel Competence Matrix)** and are appointed by the General Manager using the **ASB.FR.86 Certification Committee Initial Evaluation and Appointment Form**. The appointment process is completed by signing a **Certification Committee Membership Agreement** with the appointed members.

The performance of committee members is evaluated by the **Management Representative** using the **Certification Committee Performance Evaluation Form**, and the results are reviewed as input during **Management Review (MR) meetings**.

Further details regarding the working procedures and principles of the Certification Committee are described in the **Certification Committee Working Instruction**.

ASB retains the authority for certification decisions and does not delegate this responsibility to any external organization or individual. Certification decisions are taken by authorized personnel within the Certification Committee under the management system of ASB.

After confirmation that the con-conformities have been closed under the conditions specified above or the organization has taken corrective actions - time to remedy the nonconformity,

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- Audit Report(s),
- Nonconformity/Corrective Action Form(s), evidence of closure, if any,
- Audit records and attachments, if any,

It is submitted *to the Certification Committee*.

Submission of the records required for certification or recertification decisions *to the Certification Committee* is done by *the Certification Manager*.

It is essential that the person making certification or recertification decisions and the members of the committee are different from those performing the audit.

The person and committee making certification or recertification decisions shall confirm the following before making the decision:

- The qualification of the information provided by the audit team in terms of the certification requirements and the scope of certification,
- The audit team has reviewed, accepted and verified the correction and corrective actions for all nonconformities indicating that
 - 1) Failure to fulfill one or more requirements of the management system standard,
 - 2) Where significant doubts have been raised about the client's ability to achieve the intended outputs of the management system.
- For other con-conformities, the client has reviewed and accepted the planned correction and corrective actions, evidence of closure.

As a result of the review and evaluation of the organization's file, *the Certification Committee* takes the most appropriate decision on certification or recertification of the relevant organization. The working procedures and principles *of the Certification Committee* are specified *in the Certification Committee Working Instruction No. ASB.TL.07*.

The Certification Committee makes the certification decision based on the evaluation of the audit findings, results and other relevant information (public information, etc.).

The ASB makes decisions on recertification based on the results of the recertification audit, the review of the system during the certification period and complaints from certification users,

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etc.

As a result of the review and evaluation made *in the Certification Committee*, in cases that are not clear and require detailed information, information may be requested from the lead auditor who prepared the report. In these cases, the decision on the organization is left for later. **Certification Manager** contacts the lead auditor and ensures that the necessary information is obtained.

In cases where certification cannot be realized, the decision taken is notified to the relevant organization with a cover letter by *the Certification Manager*.

Following the negative decision *of the Certification Committee* regarding the issuance of the certificate or the determination of a situation that prevents the use of the certificate, the relevant organization is requested *by the Certification Directorate* to apply in writing to eliminate the reasons in question and to request a follow-up audit.

The maintenance of the certificates depends on the results of the surveillance audit. In these audits, if there is no situation requiring recertification (change of address, title, scope, etc.), *the Certification Manager* may decide to continue the certificate without the need for *certification committee* approval. If the Certification Manager is not qualified in the audit team or for the relevant standard, one of the Committee Members decides to continue the certification by taking the opinion of the Technical Assessment Officer (if not qualified).

After the Stage 1 audit has been completed, the Stage 1 report is reviewed by another auditor who is technically competent in the relevant standard and who was not part of the audit team. If the review result is found appropriate, the Stage 2 audit may be planned. This requirement is applicable only for **ISO/IEC 27001 and ISO/IEC 27701 audits**.

After the surveillance audit is performed, the reports are evaluated by another auditor competent in the technical and technological fields assigned for the relevant standard and not included in the audit team.

4.4. Issuance of the Document

After a positive decision is taken by the *Certification Committee* to issue a certificate, *the Certification Manager* prepares the relevant system certificate in full and complete form to include the information given below, taking into account the report set prepared by the lead auditor and the decision taken.

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The document contains the following information:

1. **ASB's** title and full address
2. Organization name,
3. Full address(es) of the center and/or certified facility,
4. Certificate initial issue date, recertification date, issue date, expiry date and certification period,
5. Certificate number,
6. Scope of certification (Product, process or service categories)
7. The system standard(s) and/or other standard documents for which the quality system is certified.
8. SOA/Rev: information for ISO 27001 and ISO 27701 documents
9. In cases where none of the organization's activities within the scope of **ISO/IEC 27001 and ISO/IEC 27701 certification** are carried out at a defined physical location and all activities are performed remotely, this situation shall be clearly stated in the certification document(s). In such cases, the certification document(s) shall include a statement indicating that all activities within the scope of certification are conducted remotely.

In the documents of multi-enterprise organizations, the addresses of all enterprises deemed appropriate for certification may be indicated on the document or in the document annex. In ISO 22000 certifications, since all addresses where activities are carried out within the scope of the category specified in ISO 22003-1 are included in the audit process, all addresses must be included in the document or document annex.

Audit reports of audits conducted due to transfer, change of scope or address, re-certification and title change requests are reviewed and evaluated by *the Certification Committee*. After the positive decision *of the Certification Committee*, the Document of the organization is prepared in the order of the above-mentioned process.

In the documents of multi-enterprise organizations, the addresses of all enterprises that have

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been deemed appropriate for certification can be indicated on the document or in the annex of the document.

Numbering of the documents is done *in accordance with ASB.TL.01 Certificate Coding Instruction*.

The issued documents are signed and approved by *the General Manager*, a photocopy is taken to be kept in ASB and attached to the file of the related organization.

System documents are normally written in Turkish. However, if requested by the client organization, documents can be issued in other languages.

In the documents, the date of the first certification decision is written as the "First Publication Date" and the validity period of the document is based on the "First Publication Date".

The certificate of the organization is sent by cargo after the invoice is paid by the organization.

The organizations for which a certificate is issued are recorded in the *"List of Certified Bodies"* by *the Certification Manager*.

Accredited certificates issued by ASB can be queried by scanning the QR code produced by TBDS with mobile devices or by using the TBDS Document number at <https://tbds.turkak.org.tr>. In addition, accredited certificates issued by ASB shall include the following statement regarding the verification method of the document:

"This document can be verified by scanning the QR code generated by TBDS with mobile devices or by using the TBDS document number at <https://tbds.turkak.org.tr>."

Using the Certificate

Management system certificates are valid for (3) three years, provided that surveillance audits are positive.

The rules for the use of the documents are specified *in the* mutually signed *Certification Agreement*. The organization undertakes to comply with the rules specified in this contract with the contract. Organizations can only use the system documents within the framework of the rules specified in the contract.

After the issuance of the certificate, *ASB* monitors the organizations on the use of the

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certificate. In this scope, the press, publications and media are monitored. In addition, when complaints from customers and a situation contrary to the specified rules are detected, corrective action is requested from the relevant organization. If the corrective action is not taken within the specified period, **ASB** performs the following activities:

- The accreditation body is informed,
- The withdrawal of the document is publicly announced,
- Legal proceedings are initiated.

Maintenance of Certification

Certification is maintained on the basis that the client demonstrates that it continues to fulfill the requirements of the management system standard. Without further independent review, the client's certification is maintained by the decision of the Certification Manager. If the Certification Manager is not competent in the audit team or for the relevant standard, one of the Committee Members decides to maintain the certification by taking the opinion of the Technical Assessment Officer (if he does not have the competence). The Occupational Health and Safety Management System certified organization informs ASB without delay in the event of a serious Occupational Health and Safety incident or violation of the regulation that requires the participation of legal authorities.

4.5. Document Renewal

At the end of three (3) years, which is the validity period of the organization's certificate, a recertification audit is carried out to ensure that the management systems are maintained effectively and effectively in accordance with the requirements of the relevant standard and that their continuity is ensured.

The document renewal audit is applied in such a way that all issues examined in certification audits are examined, taking into account the past performance and weak points of the organization.

In certificate renewal audits, the findings obtained as a result of the audit and the follow-up of corrective actions to eliminate con-conformities are carried out as in the certification audit.

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As a result of the document renewal audit, after the corrective actions and closures for non-conformities, if any, are carried out, it is verified that the organization management system complies with the requirements of the relevant standard, and the necessary work is completed and a new document is issued as after the first certification audit.

For the Document Renewal audit, the audit date is determined by the Planning Manager by informing the relevant organization at least 4 (four) months in advance. The audit date is confirmed with the organization and the audit is carried out and the certificate of the organization is renewed. If these periods are exceeded, a new application is received from the organization and the procedure is carried out according to the methods applied in the first recertification.

4.6. Suspension of the Certificate

Certification shall be suspended for a period not exceeding (6) six months if the following conditions occur

- The client's certified management system consistently or seriously fails to meet the certification requirements, including the requirements for management system effectiveness,
- The certified client does not allow surveillance or recertification audits to be conducted at the required frequency,
- The certified client voluntarily requests a temporary suspension.
- Major non-conformities are found as a result of the audits conducted and these nonconformities are not closed within the specified periods,
- Failure to close minor non-conformities identified during audits within the specified timeframes,
- Failure to comply with certification rules,
- Non-payment of audit fees.

The decision to suspend the certificate is taken by *the Certification Committee and Certification Manager*. The suspension of the certificate is notified in writing to the relevant organization.

In suspension, the client's management system certificate is temporarily invalid. **ASB** is

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guaranteed by *the Certification Agreement* that its customers will not promote/advertise its certification in case of suspension. In cases where it is determined that the customer does not comply with this, a written warning is given and legal measures are taken if necessary. **ASB** will take any other measures it deems appropriate, including publication of the suspension on the web or in the press.

If the client persistently or seriously fails to meet the certification requirements for part of the certification scope, the ASB may reduce the scope of the client's certification to exclude the part of the scope for which the requirements are not met. Such a reduction shall take into account compliance with the requirements of the standard used for certification.

If *the ASB* fails to resolve the issues that led to the suspension within the time limit given by the ASB, the certification shall be withdrawn or reduced to the appropriate scope.

Where the ASB suspends, withdraws or reduces the scope of ISO/IEC 27001 certification (including the scope of ISO/IEC 27701 certification), the scope of ISO/IEC 27701 certification is also suspended, withdrawn or reduced.

4.7. Lifting the Suspension of a Certificate

If the organizations whose certificate is suspended notify ASB in writing that the grounds for suspension have been removed, the suspension is lifted.

In order to confirm that the grounds for suspension have been removed, an audit is carried out by **ASB** at the organization.

The scope and duration of the audit for lifting the suspension is determined depending on the reason for suspending the certificate.

At the end of the audit, the suspension of the certificate of the organization whose compliance is verified is lifted. In case the grounds for suspension are not eliminated, the document shall be withdrawn.

The suspension of the certificate shall be notified to the organization in writing.

4.8. Withdrawal of the Certificate

The certificate is withdrawn in the following cases:

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- Failure of the organization to make the payments specified in the contract on time,
- Request from the organization,
- Bankruptcy of the organization or termination of its activities within the scope of the certificate,
- Change of legal entity of the organization,
- Failure of the organization to accept the terms of the suspension,
- Failure of the organization to remove the grounds for suspension,
- The organization fails to provide confirmation for a follow-up audit at the end of the suspension period,
- Failure to close identified con-conformities within the prescribed timeframes during follow-up audits to lift the suspension,
- Misleading and unfair use of the document by the organization in areas other than the product or service specified in the document,
- The organization cannot be found at the facility address specified in the document,
- As a result of falsification of documents and annexes by the organization,
- As a result of the organization not accepting the surveillance audit.

If the organization has not applied for a follow-up audit within (6) six months after its certificate is suspended, additional time may be granted or its certificate may be withdrawn by ***the decision of the Certification Manager.***

In case of withdrawal of the certificate, the organization must fulfill its obligations specified below and included in ***the Certification Agreement:***

- Suspension of the use of the **ASB** document and logo,
- Waiver of any rights under the revoked certificate scope,
- Payment of any outstanding certification or audit fees.

Within one month of the withdrawal of the certificate, the organization must remove the logo from all correspondence and promotional materials etc. Otherwise **ASB**;

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- Announces to the relevant accreditation body and other certification bodies,
- It announces in various media that the organization is using the document illegally in violation of the contractual rules,
- Therefore, it applies to legal remedies for the compensation of material and moral damages.

In addition, in the event that the organization does not request document renewal, the product production / service provision within the scope of the document is stopped or the organization is closed, the document is withdrawn and announced to the public.

ASB; For customers for whom the certification committee has decided to cancel, the relevant company is informed by the *Management Representative* by issuing a letter including the necessary warnings.

4.9. Passive Status of the Certificate

In recertification audits, the certification process can be extended up to 6 months after the expiry of the document validity date. However, during this 6-month period, the company's certificate will be inactive. In order for the certificate to be considered inactive, the company must have initiated the recertification audit process (at least the recertification offer must be accepted). Otherwise, the certificate will be canceled. In any case, the recertification decision date must be taken within 6 months.

Cases where the certificate is considered inactive;

- Document renewal activities have been initiated but not completed before the expiry date and the decision date is after the validity date of the document,
- Certificate renewal activities have been completed by the date of the first decision but the recertification decision date is after the validity date,

In both of the above cases, the first document is processed based on the date of publication. The certification process is continued.

If the recertification processes for the passive document are completed within 6 months, the following information will also be included on the document.

- Current certification cycle start and end dates
- End date of the last certification cycle, together with the date of the certification renewal

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audit

In line with the above information, the passive status in the document cycle will be seen on the document, as the date of the first publication of the certification will also be indicated.

NOTE: If the certification process or new decision date of a passive document extends more than 6 months from the end of the document, the relevant document is considered as canceled. If the company requests a document at the end of 6 months, the company will be considered as a new application.

Company responsibilities for the inactive document;

- The organization stops the use of the document and logo when the document is inactive.
- During the period when the document is inactive, it cannot benefit from the rights of the document.

4.11.Customer Satisfaction Assessment

For organizations certified by **ASB**, the *Customer Satisfaction Questionnaire* is sent to the auditors together with the auditor set by *the Archive Officer*. Customers are asked to fill in the questionnaire form. In addition, if there are surveys received via the website, they are evaluated and the results are discussed at the **MR** meeting. The evaluations of the companies that fill out the questionnaire are recorded as average %, and for the companies that do not fill out the questionnaire, if they have not made any complaints, the evaluations are taken into consideration as 100.

4.12.Professional Liability Insurance

Professional Liability Insurance is taken out by **ASB** as a requirement of accreditation rules. The two most important main elements when taking out insurance are **ASB** customers and **Audit / Technical** Experts. The insurance is renewed every year. When renewing, a valuation is made according to the following method and the insurance price to be made in that period is determined:

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For Customers : Number of Documents X A* X 0,3 (occurrence potential coefficient: 0,3 is taken)

For Auditors : Number of Active Auditors X B* X 0.3 (occurrence potential coefficient: 0.3)

See for A* and B*. ASB.TL.03

As defined in ASB.TL.03 Audit Remuneration Instruction 'A* : The fee amount required for operational expenses and company profit, B*: Professional liability insurance is calculated by taking into account the fee to be paid per auditor for daily audit. These values are determined according to the inflation rates changing every year and changes are made in the relevant instruction. In addition, **ASB.KEK.EK-E Professional Liability Insurance Risk Analysis and Total risk** analysis cost are costed for the reasons specified in the analysis and action is taken accordingly.

4.13 Certified Customer Records

The records of the customers certified by **ASB** are recorded in the **ASB** customer register by **the Certification Manager**. This register contains a lot of information about the company other than the report and its annexes. After the certification decision is taken, all necessary information is entered into the log before the customer file is removed to the archive. After the entries are completed, the following information is checked in the file:

Application information and initial, surveillance and recertification audit reports,

Certification contract,

Justification of the methodology used for sampling,

Justification for determining auditor time,

Verification of correction and corrective actions,

Records of appeals, complaints and subsequent corrections and corrective actions,

Where applicable, committee deliberations and decisions,

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Documentation of certification decisions,

Certification documents including the scope of certification in relation to the product, process or, where applicable, services,

Evidence of qualification of auditors and technical experts to ensure the credibility of the certification (this can be seen in the auditor files)

Once it is confirmed that this information is complete, it is removed to the archive. In addition, routine surveillance audits and document renewals are carried out in a similar manner. Apart from this routine process performed after each audit, the customer log is subjected to a general check once a month by *the Certification Manager* and the deficiencies, if any, are completed.

REVISION DETAILS		
Rev. No	Revision Date	Revision Explained
01	22.02.2024	Updated article 4.12
02	24.06.2024	Article 4.12 has been added.
03	07.10.2024	ISO 22003-1:2022 transition studies were also added to article 4.1.
04	28.04.2025	Revision of article 4.4. Updating certificate information and defining the certificate inquiry method.
05	15.01.2026	Transition to ISO/IEC 27006 and update of certain contents (e.g., the General Manager is no longer a member of the Certification Committee).

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