NEMZETI AKKREDITÁLÓ HATÓSÁG

The Rules of Procedure of Accreditation and Surveillance

Edition: 5.

Date: 10 July 2017

Prepared: József Szegő Dr. General Head of Department

Checked: Csaba Bodroghelyi Deputy Director General

Approved: Miklós Devecz Director General

REGISTER OF AMENDMENTS

Amendment date	Edition REASON FOR MODIFICATION CONTENT OF CHANGE	Modified scope
15 January 2016	**Edition 1**	
	Transformation of NAT – NAH, transition of legislation	Chapters 1-17 Recommendation on the Form and Content of the Application for Accreditation
25 April 2016	**Edition 2**	
	Transition of corrections in legislation	Chapters 1-19
25 June 2016	**Edition 3**	
	Corrections, specifications in the order of procedures	Chapters 1-4., 6-8., 13., 17-20
31 March 2017	**Edition 4**	
	Transition of changes in legislation, transition of EA corrections, comments by the Accreditation Council, changes in drafting/editing	Chapters 1-17 Annexes M1 – M5
15 June 2017		Cover and Table of Contents
10 July 2017	**Edition 5**	
	Changes in 4.2. and 5.1.8.	Electronic administration

Table of contents

1. Introduction

1.1. The following Rules regulate the procedure on new accreditation, renewal of accreditation, extension of scope, regular and extraordinary surveillance (hereinafter: official procedure) applicable to those applying for accreditation and/or accredited organizations and natural persons, pursued by the National Accreditation Authority (hereinafter: Authority).

2. Definitions[1]

2.1. Accreditation: the definition specified in Section 1 (1) of Act CXXIV of 2015 on the organization, duties and powers, and procedure of the Authority in the Nation Accreditation Scheme.

2.2. Client: organizations and natural persons applying for accreditation or accredited organizations or natural persons.

2.3. Surveillance: procedure performed at regular intervals to check the availability of the conditions necessary for the accredited status and the competence of the Client.

2.4. Extraordinary surveillance: surveillance launched in response to a complaint reported or a significant change that has taken place in the circumstances serving as the basis for accreditation.

2.5. Official procedure: procedures for new accreditation, renewal of accreditation, extension of scope, regular and extraordinary surveillance pursued by the Authority and applicable to the Clients.

2.6. Root cause: the real cause of a problem, the remedy of which will certainly eliminate the problem, its reoccurrence, furthermore, we can also prevent a number of other potentially occurring problems.

2.7. Competence: ability to apply knowledge and skills in the interest of achieving planned results (MSZ EN ISO 9000:2015)

3. Requirements Serving as a Basis for Accreditation

3.1. Accreditation requirements applicable to Clients

3.1.1. Standards, rules of law (hereinafter: normative documents) containing the requirements applicable to Clients enlisted in Section 5 of Act on national accreditation are published on the homepage of the Authority (www.nah.gov.hu). In the event of non- compliance with the requirements, the accredited status cannot be granted, and/or it cannot be maintained.

3.2. Profession Specific Requirements and Guidelines

[1]Concepts of conformity assessment are contained in Standard MSZ EN ISO 17000, whereas concepts of quality control are contained in Standard MSZ EN ISO 9000.

3.2.1. In addition to the requirements for accreditation laid down in the normative documents, the Authority also uses in its procedures the documents declared for obligatory use by the European Cooperation for Accreditation (EA), the International Laboratory Accreditation Cooperation (ILAC), the International Accreditation Forum (IAF), the Forum of Accreditation and Licensing Bodies (FALB). The Authority may also prescribe the use of guidelines prepared by international, European or national standardizing, metrological or other professional bodies. In addition to the accreditation requirements specified in the normative documents, the Clients shall also meet these profession specific requirements and guidelines of declared mandatory use.

3.2.2. The Authority gives information on the mandatory specific requirements and guidelines, and deadline of their application on its website.

3.2.3. In areas legally regulated legislation may provide for further requirements.

3.2.4. In respect of admission of new accreditation activities and introduction of changes in accreditation requirements, the Authority proceeds in accordance with Rule of Procedure NAR-35.

3.3. Changes in the Accreditation Requirements, Specific Requirements and Guidelines

3.3.1. The accreditation requirements, specific requirements and guidelines are regularly reviewed by the international and European standardization organizations, the European and international accreditation organizations and NAH. Clients are informed of the changes in requirements by the Authority on its website.

4. Application for accreditation

4.1. Accreditation can be applied for by Clients enlisted in Section 5 (1) of the Act on national accreditation, if, in line with Section 5 (2) of the Act, at least 3 months prior to the submission of the application, their operation is inconformity with the rules of law applicable to their activities, the legal acts of general effect and directly applicable of the European Union, furthermore, the documents referenced in 3.1 and 3.2 of this Rule of Procedure.

4.2. Clients may submit their application for accreditation by submitting Form NAD-103 and the attached annexes to the Authority via post or electronically. The Authority gives information on the ad- mission of applications, on the new Forms and on how to fill in applications on its website. Forms can be downloaded from the website of the Authority.

4.3. In case of a foreign applicant, the Authority will also consider Regulation 765/2008/EC, Regulation 1221/2009/EC, Regulation 600/2012/EU, ILAC-G21:09/2012 Cross Frontier Accreditation - Principles for Avoiding Duplication, IAF MD12 Guidance on Cross Frontier Accreditation and EA-2/13 M EA Cross Frontier Policy for Cooperation between EA Members and will proceed in accordance with Section 11 of the Act on national accreditation.

5. Accreditation procedure

The accreditation procedure shall be carried out in accordance with Regulation 765/2008/EC, Regulation 1221/2009/EC, Commission Regulation 600/2012/EU, Sections 3-6 of the Act on national accreditation, Government Decree No. 424/2015. (XI. 23) (hereinafter: Decree), Act CXL of 2004 on the general rules of public administrative procedures and services (hereinafter: Ket.) and the applicable rules of Government Decree No. 295/2012 (X.16.), as well as in accordance with Standard MSZ EN ISO/IEC 17011:2004 'Conformity Assessment. General requirements for accreditation bodies accrediting Conformity assessment bodies' (hereinafter: Standard). In the procedure the Authority takes into account the requirements of international bodies.

The special rules of procedure applicable to EMAS verifiers, EU ETS verifier organizations, accreditation for the purpose of designation, accreditation of integrated management system certification and to accreditation requested for flexible scope are contained in ANNEX M1-M5.

The accreditation procedure consists of an assessment and a decision-making phase.

5.1. Assessment phase

5.1.1. The time available for completing the assessment phase is 100 days. The assessment phase starts on the day following the day of registering the application by the Authority and ends when the order according to point 5.1.27 is made.

5.1.2. The application for accreditation (together with its appendices) is registered and reviewed by the Authority. The Authority, depending on the results of the review,

a) rejects the application in the cases determined in Section 30 of Ket., within 8 days, without examination on the merits of the application, by issuing an order, or

b) if necessary, calls on the Client, within 8 days dated from the receipt of the application, for the submission of the missing data by setting a deadline of maximum 30 days in an order, or

c) decides on launching the procedure (establishes the fee of the procedure and appoints the leading assessor, assessors and experts to conduct the accreditation procedure (hereinafter together: Assessment team).

5.1.3. In case the Authority in the course of examining the application ascertains that with attention to the structure of the organization to be accredited the accreditation cannot be completed in one procedure within the time stipulated by the Act on national accreditation, the Authority may, if it is justified, carry out the accreditation in parallel procedures about which it will inform the Client in writing.

5.1.4. The Client may request

a) the extension of its scope to be accredited before the receipt of the order appointing the Assessment Team;

b) in a special case: the Authority may accept the modification of the application by the submission of the relevant corrected forms,

if the modification of the application to extend the scope to be accredited does not require the modification of the Assessment Team, and if during the document assessment of the accreditation ap- plication it is possible for the Assessment Team to assess the modification of the application;

c) the reduction of its scope to be accredited in the on-site assessment the latest or as a corrective action submitted on the basis of the on-site assessment;

d) the withdrawal of its application until such time as the decision on accreditation enters into force, in accordance with Section 34 (4) of Ket.

5.1.5. The fee for the accreditation procedure as determined in Decree No. 45/2015. (XII. 30.) NGM (hereinafter: Decree on fees) shall be paid when the application is submitted to the payment account of the Authority in cash or via bank transfer.

5.1.6. In case the Client fails to pay the accreditation procedure fee in spite of receiving a notice of payment or fails to submit missing data by the deadline that has been set, and did not use the opportunity to submit an excuse, the Authority will terminate the procedure.

5.1.7. In case the application is accepted and the missing data as laid down in Section 8 (2) of the Decree has been received, the Authority will appoint the lead assessor, the assessors and, as necessary, the experts (together: the Assessment Team) for the performance of the accreditation procedure with attention to points 7.5.2 and 7.5.3 of the Standard, Section 6 (2) of the Act on national accreditation and Rules of Procedure NAR-06 for the performance of the accreditation procedure.

5.1.8. The Authority shall inform the Client of the composition of the Assessment Team in an order, and will, depending on the number of members of the Assessment Team, request further copies of the documentation of the applicant to be attached within 15 days, or request its transfer in electronic form (CD, DVD, pen drive) or providing digital access until the end of the procedure. The time between the call by the Authority and the time when it is fulfilled shall not be included in the administration time by the Authority. If the Client fails to submit the documentation by the deadline stipulated in the order and in the determined number of copies, the Authority will terminate the procedure.

5.1.9. The Client may, within 8 days of receipt of the order, object to the members of the Assessment Team, if the applicant finds a reason for the disqualification of the member in question as determined in Section 7 of the Decree or Section 42 of Ket. In the event of a well-based motion for objection the Authority will appoint a new assessor or expert.

5.1.10. The Authority will forward the Client's documentation to the members of the assessment team.

5.1.11. The Assessment Team will evaluate the documentation submitted by the Client in accordance with Clause 7.6 of the Standard. During the evaluation the team examines if, on the basis of the documentation, the Client complies with the relevant accreditation requirements stipulated in 3.1 of this Rule in the area to be accredited, and with the profession-specific requirements indicated in 3.2 of this Rule – and published on the website of the Authority – and it uncovers deficiencies and non-conformities.

In the event of deficiencies and non-conformities the Authority will, at the proposal of the Assessment Team, invite the Client to eliminate the disclosed deficiencies and non-conformities and to provide evidence thereof by setting a deadline of not more than 30 days. The period which elapses between the invitation and the fulfilment of the substitution of data and correction will not be considered as part of the administration time of the Authority.

5.1.12. In case the Assessment Team does not discover any deficiencies, or the Client took measures before the deadline set to terminate those, the Assessment Team will carry out on-site assessment at the Client's site[2]. If the Assessment Team does not accept or accepts only partly the demonstration of the elimination of discovered deficiencies, non-conformities, the Authority informs the Client about the remaining deficiencies simultaneously with the sending of the site audit plan the latest. The Client may arrange for the elimination of the deficiencies until the time of the site assessment. The Assessment Team checks the measures and conducts the site assessment taking into account the said measures.

5.1.13. During site audit, the Authority is represented by an employee of the Authority or by a lead assessor appointed by the Authority. The elements of the assessment procedure applied during the on-site assessment are the following:

a) Site assessment in offices/laboratories/on-sites: audits conducted at the site where the Client carries out the activity to be accredited or any part of it (according to 7.5.7 of the Standard), assessment techniques applied by the Assessment Team are especially

aa) observation/witnessing of the pursuit of activities (assessment of presented activities),

ab) review of document of earlier performed activities (vertical assessment),

ac) assessment of the professional knowledge of the staff by way of targeted questions (interview).

b) Witness audits: observation and assessment of the Client during activities undertaken at the site of other organizations (e.g. external sampling, on-site testing or calibration, inspection, product and management systems certification or surveillance audit, examination)

c) Proficiency tests or inter-laboratory comparisons: assessment of the results of participation therein.

5.1.14. Before starting the assessment on site, the Assessment Team determines the dates and the plan of the assessments necessary to evaluate the conformity of the Client.

a) in the case of testing laboratories and sampling organizations, the scope and number of tests or sampling to be carried out or taken during the on-site assessment,
b) in the case of calibration laboratories, the scope and number of calibrations which will feature during the on-site assessments,
c) in the case of inspection bodies the scope and number of inspections or related tests to be carried out,

[2] Site audit and site assessment are synonyms in the present Rules. The Act on national accreditation uses the term 'audit', while the Standard uses the term 'assessment'.

d) in the case of product certification bodies, the certification processes to be presented, the area and scope of witnessed site assessments, and the circle and number of the related tests,

e) in the case of systems certification bodies, the scope and number of witness assessments,

f) in the case of persons certification bodies, the scope and number of examinations to be taken,

g) in the case of proficiency test providers, the scope and number of proficiency tests to be presented and the scope and number of related tests,

h) in the case of reference material producers, the scope and number of production and certification processes to be presented and the related tests,

i) in the case of EMAS verifiers, the scope and number of witness assessments

in such a way that when the accreditation takes place, in a representative proportion of the scope and the staff working in that scope to which the application pertains – in particular in the critical areas and activities – the performed activities, vertical assessments, interviews, witness assessments, and proficiency or inter-laboratory comparisons must also provide convincing evidence of the competence, proficiency and adequacy of the activity of the Client on the full scope of accreditation.

5.1.15. The Assessment Team assesses the activities of the Client on every site where the Client performs the main activity to be accredited or a related activity (e.g. storage of equipment or documents). The Authority agrees with the Client on the date of the assessments, with a view to have it carried out after the assessment of the documentation so that the assessment phase could be completed within the administration deadline. The Authority sends the date, site and plan of the audit(s) to the Client. If the Client does not make it possible to conduct the on-site assessment on the agreed date, the Authority will terminate the accreditation procedure by issuing an order.

5.1.16. During the audit, the Assessment Team examines whether the operational and management system of the Client complies with the accreditation and special requirements published on the website of the Authority in the scope to be accredited and whether the Client applies in its operation the guidelines enlisted in point 3.2 of this Rule of Procedure and whether it possesses the required competence in the area to be accredited.

5.1.17. The site assessment is carried out in accordance with Sections 7.7 and 7.8 of the Standard. The Assessment Team determines the purpose of the assessment, the requirements of accreditation and confirms the area to which the assessment will be applied and the schedule at the opening meeting of the assessment. The Assessment Team collects objective evidence of the competence of the Client and its compliance with the relevant standards and other accreditation requirements in the scope of accreditation.

5.1.18. During the site assessment the Assessment Team assesses a representative proportion of the activities of the Client by applying the assessment techniques of point 5.1.13.

5.1.19. The Assessment Team observes on-site the implementation in practice of the regulation described in the quality control documentation.

5.1.20. During the site assessment of testing laboratories the assessment team specially evaluates the participation of the Client in proficiency tests or inter-laboratory comparisons and the results obtained therein.

5.1.21. The representative of the Authority will make a report, the Assessment Team will make an expert opinion on the on-site visit, and will record the non-conformities and deficiencies explored during the on-site assessment in nonconformity reports. The Assessment Team will hand over the copies of the non-conformity reports to the Client at the closing meeting of the site assessment. At the closing meeting the Client may comment on the reports. In case the Client does not accept the non-conformities documented in the non-conformity reports, the Assessment Team shall attempt to come to an agreement with the Client. In case their efforts fail, the Assessment Team informs the Authority about this fact in the expert opinion. The Client – if it agrees with the non-conformity reports – shall lay down in writing in the non-conformity reports on-site what measures it is planning to take to eliminate the recorded deficiencies, non-compliances. In respect of those non-conformities, where the Client needs more time for the root cause analysis of the evolution of non-conformity or for making a declaration on the planned measure due to other circumstances (e.g., decision is needed by the top management or a board) the Client will send its root cause analysis and the planned measures in the non-conformity report prepared on-site to the Authority following the site assessment. Subsequently, the Authority sends the root cause analysis to the Assessment Team for approval and informs the Client of the result electronically. Subsequently, the correction shall be performed by the Client and sent to the Authority. The Client has a total of 30 days for root cause analysis and corrections. If the Client submits the measures by the deadline, the Authority shall submit the documents generated in the procedure to the subsequent meeting of the Accreditation Committee for passing a decision.

5.1.22. The Client may eliminate the deficiencies and non-conformities until the site assessment is completed.

5.1.23. In the procedures the findings of the Assessment Team shall be graded as follows: Major non-conformity (JNM): system fault that hinders conformity with the normative documents, or an identical non-conformity or non-conformity with a similar nature occurring at least on three occasions, or a failure occurring repeatedly. Major non-conformity means that the introduced system is not in compliance with its own objectives, nor with the accreditation requirements, and poses a direct threat to the compliance of the activities and/or the efficiency of the system. The Client must perform root cause analysis and must carry out the correction of the deficiencies, non-conformities.

Minor non-conformity (ENM): sporadically occurring non-conformity, non-conformity not affecting the operation of the system significantly. The non-conformity is limited to a certain activity and its occurrence does not have an immediate impact on the compliance of the entire activity and/or the efficiency of the system. The Client must take measures to correct the deficiencies, the non-conformity.

Comment (É): deviation, which is not an obstacle to conformity, but affects efficiency, or a comment not sufficiently followed up which may later lead to a non-conformity. The Client may use the observations as a component to continuously improve development strategy.

5.1.24. When all non-conformity reports are available, the Authority will invite the Client in an order to take measures to eliminate the non-conformities recorded in the non-conformity reports by stating a deadline of not more than 30 days dated from the day following the on-site assessment (from the day following the last on-site assessment in case of more than one assessment) and to submit evidence of the measures completed. The 30 days deadline is to be considered as of the date of the different site assessments. The time elapsing between the date of the site assessment and the provision of evidence on non-conformity is not considered in the administration time available for the Authority.

5.1.25. At the time when the Client submits evidence and information to prove that the corrective actions have been taken, the Assessment Team will check – possibly by means of a repeated site assessment – whether the measures taken by the Client were sufficient and effective to eliminate the non-conformities, deficiencies and whether all information is available for the decision-making. Repeated site assessment is performed when the documents submitted are not sufficient in themselves, do not provide sufficient evidence to prove the performance of correction and the performance of another check in the form of a site assessment becomes necessary. The justified repeated assessment (additional assessment) is performed by the Authority for additional fees.

5.1.26. Following the site assessment, or the check of the measures taken to eliminate the deficiencies, non-conformities in case such deficiencies, non-conformities were recorded, the Assessment Team prepares an assessment report on the accreditation procedure, which also contains the team's recommendation on accreditation.

5.1.27. The Assessment Team hands over the documents generated in the procedure to the Authority. The Authority reviews the documents. The Authority issues an order on the completion of the assessment phase and the suitability of the application for decision. The Authority submits the documents generated in the procedure to the subsequent meeting of Accreditation Committee for passing a decision.

5.2. Decision-making phase

5.2.1. The administration time available for the decision-making phase is the 30 days following the date of the order closing the assessment phase.

5.2.2. The Accreditation Committee will issue an expert opinion to the Authority on granting accreditation, which contains the information as stipulated in points 7.9.4 and 7.9.5 of the Standard.

a) In case the Accreditation Committee issues an expert opinion fully in line with the application, the Authority's decision (simplified decision) will not contain information on legal remedies and reasons, and it will enter into force on the day of its issuance.

b) In case the Accreditation Committee issues an expert opinion granting the accredited status for part of the scope or rejecting the request for accreditation, the decision of the Authority contains the reasons and information on legal remedies available.

5.2.3. In the decision-making phase, the Authority decides on the accreditation or rejecting the application for accreditation with attention to the opinion of the Accreditation Committee. The Authority's decision on the accredited status recognizes and proves that the Client is competent to perform certain conformity assessment activities.

5.2.4. When the application concerns activities that the Assessment Team could not observe and assess (e.g., witness audit or vertical assessment at product and/or management system certification bodies), the accredited status may be granted provisionally under the following conditions:

a) the activity to be accredited is occasional;

b) the activities to be accredited are part of a sector where accreditation is a prerequisite to the conclusion of a contract (e.g., in sectors legally regulated);

c) competence of the Client may be verified by 'virtual, simulated' activity (examination, interview);

d) the observation, additional assessment must be performed at the earliest (at the time of the first order received) or at the next reaccreditation the latest.

When passing this decision, the Authority considers the critical classification of the scopes and the proportion of the non-observed scopes.

If the accredited organization intends to perform accredited activity in the area with provisional accreditation, it must be reported to the Authority at least 30 days prior to the performance of the planned activity.

5.2.5. The scope of accreditation as stipulated in point 7.9.5 of the Standard will be contained in the Detailed Scope of Accreditation being part of the decision on accreditation.

5.2.6. The accredited status is valid for 5 years.

5.2.7. The Authority shall send the decision, the Detailed Scope of Accreditation and the certificate of accreditation to the Client by post in accordance with Section 78 of Ket., or in extraordinary circumstances, if it is requested by the Client, it may be received in person.

5.2.8. One copy of the management documentation, which forms the basis of accreditation, will be archived by the Authority, the remaining copies will be returned to the Client. The copy which can be digitally saved will also be archived in accordance with the applicable rules.

5.2.9. At the same time, when the decision is issued, the Authority will enter the Client into the register with the contents complying with Section 12 (1) of the Act on national accreditation and publishes the information on its website within 2 days after the decision becomes effective.

5.2.10. In case the decision on accreditation relates to more accredited areas, and the Client submits request for legal remedy only against provisions for certain areas, the provisions not questioned by the applicant shall become effective.

5.2.11. The Client may submit a request for judicial review against the decision and all orders against which an independent appeal is allowed by Ket., within 30 days dated from the receipt of the decision or order, to the Remedy Office, addressed to the Metropolitan Public Administration and Labour Code (1027 Budapest, Tölgyfa utca 1-3.) or may send his request for judicial review by registered post.

5.2.12. The rules on handling request related to complaints and legal remedy procedures are contained in Rules of Procedure NAR-54.

6. Accreditation Certificate

6.1. On the day of entry into force of the Authority's decision on granting accreditation, the Authority will draw up an accreditation certificate prepared for that purpose and containing the relevant data pursuant to Section 13 (1) of the Decree.

6.2. Based on the Act on national accreditation, the accreditation certificate shall contain

a) the logo of the Authority,

b) the name of the accredited organization (unit of organization) or the accredited natural person, its seat (address) and all premises where the accredited activities are pursued,

c) the unique accreditation number,

d) the effective date of granting and the expiry of the accredited status,

e) the name of the accreditation category as listed in Section 5 (1) of the Act,

f) the declaration on competence, and

g) reference to the standard or other documents on the basis of which the assessment of the organization (unit of organization) or of the natural person was conducted.

6.3. The categories and markings of the accreditation are contained in Rules of Procedure NAR-08.

6.4. The Authority sends the accreditation certificate to the Client within 8 days after the decision becomes effective, or if it is justified, it gives an opportunity to receive it in person. In case of exchange of certificate, Client is obliged to return the accreditation certificate to the Authority for invalidation within 8 days.

7. Surveillance

The Authority will monitor the prevalence of the circumstances serving as the basis for granting the accredited status and the competence of the Client in the framework of regular surveillance as laid down in point 7.1, or if it is justified in the framework of an extraordinary surveillance as laid down in point 7.2. In case there is no need to order an extraordinary surveillance visit to assess the changes notified according to Section 14 of the Regulation, the Authority follows the procedures as laid down in point
7.3.

The regular surveillance process and the extraordinary surveillance consist of an assessment and a decision-making phase. The time available for completing the assessment phase is 65 days. The administration time for the decision-making phase is 15 days.

7.1. Regular Surveillance

7.1.1. During the 5-year period of the accredited status, the Authority shall conduct regular surveillance on 3 occasions in order to monitor whether the accredited party is in continuous compliance with the accreditation requirements in the detailed scope of accreditation.

7.1.2. The Authority informs the Client of its obligation to initiate surveillance. The accredited organization is obliged to submit a request for surveillance within one year from the granting of the accredited status for the first time, and after that every second year in a way that the time which elapses between the on-site assessments may not be longer than two years.

7.1.3. The verifying organization according to point k) of Section 5 (1) of the Act on national accreditation shall submit an application for supervision annually.

7.1.4. The date of submission of application for surveillance shall be determined by the Authority based on the regulation of standards or international prescriptions, former activities of the organizations, stability of its management system and its performance that it has had so far. The Authority shall notify the Client of its obligation to submit an application to initiate surveillance 60 days before the expiry of its obligation, therefore, this period is available for the submission of the application. The application can be submitted in Form NAD-104 and by applying the relevant annexes. The start date of the procedure is the day following the receipt of the application.

7.1.5. In case of transition to new standards (in order to certify the transition) the applications for surveillance with a date other than the due date of the surveillance is considered surveillance and the Authority charges a surveillance fee.

7.1.6. When determining the fee of the procedure and the number of staff of the Client, the Authority takes into account the persons who participate in the operation complying with the normative documents specified in Sections 3.1 and 3.2 of present Rules of Procedure (e.g. internal auditor, external examiner, manager, decision-maker, managerial review auditors, etc.).

7.1.7. In the surveillance, the Authority can evaluate the changes reported by the Client before the start of the surveillance and not classified as significant by the Authority, and the change of the site provided that it does not involve the increase of the number of the sites.

7.1.8. If the Client fails to request surveillance before the deadline available (60 days), the Authority withdraws the accredited status.

7.1.9. If the Client submits the request within 60 days following notification received from the Authority, but fails to pay the prescribed administration service fee and to make available the documents necessary for surveillance to the Authority, the Authority will call on the Client to submit missing information within 8 days. The period which elapses between the issuance of the order and the fulfilment of the measure indicated therein shall not be included in the Authority's administration time.

7.1.10. The Authority performs surveillance in accordance with points 5.1.8. (or 5.1.21.) – 5.1.27. of this Rule of Procedure.

7.1.11. In the course of the surveillance the Assessment Team will examine that

a) the accreditation requirements have been continuously complied with,

b) the changes which might have taken place in the documentation conform to the accreditation requirements stipulated in point 3.1 of this Rule of Procedure and the specific requirements indicated in 3.2 of this Rule of Procedure and published on the website of the Authority, and whether the guidelines enlisted in 3.2 of this rule of Procedure are being applied,

c) the competence, the experience and the conformity of the activity of the Client, in case of testing laboratories, the participation in and results of the proficiency tests by the assessment of a representative proportion of the accredited scope and the staff of the Client.

7.1.12. The Assessment Team will apply the components of the procedure enlisted in point 5.1.14 of the present Rule of Procedure with attention to the result of previous assessments (accreditation, surveillance).

7.1.13. The Assessment Team determines the date and the plan of the on-site assessment(s). In the plan, the Client shall be informed of the following:

a) in case of multiple sites, on which site(s) the surveillance will take place;

b) which part of the accredited status will be subject to the surveillance with attention to the fact that during the accreditation cycle all areas pertaining to the scope of accreditation must be surveyed;

c) the area(s) and final deadline for witness assessments.

7.1.14. Following the receipt of notification, the Client should select the date of submission of the request with a view to be able to perform the site assessment (e.g., with attention to holidays, end-of-year holidays).

The witness assessment may exceptionally be held in the frame of a preliminary verification visit if on the scope related to the surveillance of the Client the witness assessment may not be performed for objective reasons during the time of the surveillance due to the nature of the activity being the subject of surveillance (e.g., suspension of the activity, stoppages at Client, legislative requirements, weather conditions, ensuring witness assessments).

7.1.15. Preliminary verification can exclusively be applied if the Client notifies the Authority of the activity in writing, at least 30 days before the date of the activity to be witnessed, and if justified, the Authority orders the preliminary verification to be performed, also appointing the assessor, expert (hereinafter: assessor) to perform the assessment.

7.1.16. The assessor will make a report on the preliminary verification visit and record the non-conformities and deficiencies in a non-conformity report. The Client must notify the Authority in writing in five days following the preliminary verification visit of what corrective actions it is planning to take in order to eliminate the recorded deficiencies and non-conformities. The execution of the measures planned to eliminate the non-conformities, deficiencies is assessed by the Authority during the next surveillance process.

7.1.17. If the Client fails to submit its declaration on the measures before the expiry of the deadline, in the surveillance audit the appointed Assessment Team must consider the non-conformity, deficiency as such that has not been eliminated by the Client.

7.1.18. If the Client does not enable the on-site assessment(s) to take place on the dates determined, the Authority withdraws the accredited status.

7.1.19. During the accreditation cycle, activity not suitable for assessment, not performed (due to lack of orders, technical economic reasons) in an area granted accreditation can be maintained if

a) the staff and equipment are available,

b) documentation of the performance of the activity is updated (including the applicable standards, rules of law and other relevant documents);

c) the Client has documented procedure in place when the order is updated,

d) notifies the Authority of the performance of the activity when it is updated.

7.1.20. Maintenance of the conformity assessment skill must be demonstrated for activities not performed during the cycle but maintained.

7.1.21. The Accreditation Committee reviews all the documents of the procedure (information collected during the assessment phase, reports on the on-site assessment, expert opinion of the Assessment Team, corrective measures and the comments of the Client), and depending on the results the Authority issues an expert opinion. Based on the ex- pert opinion, the Authority will

a) maintain the accredited status by a simplified decision, or

b)

ba) suspend partially or fully,

bb) withdraw the accredited status partially or fully.

7.2. Extraordinary Surveillance

An extraordinary surveillance may be undertaken in case of a change that has taken place in the circumstances serving as the basis for accreditation, complaint reported or upon the request of the organization.

An extraordinary surveillance may also be initiated ex officio by the Authority in case it obtains knowledge on changes taking place in the circumstances serving as the basis for accreditation. The rules applicable to re- quested surveillance are applicable to the extraordinary surveillance. If an extraordinary surveillance procedure is in process, until its completion, the Authority sends the notification concerning the surveillance due only after the closing of the extraordinary surveillance.

The Authority may request documents and other information for the performance of the extraordinary surveillance and appoints the Assessment Team.

7.2.1. Extraordinary Surveillance Due to Changes in the Circumstances Serving as the Basis for Accreditation

7.2.1.1. Following the report on significant changes by the Client, the Authority will apply risk assessment in deciding whether it is necessary to order an extraordinary surveillance process.

7.2.1.2. The Authority appoints the Assessment Team to conduct the assessment. In the course of an extraordinary surveillance, which is initiated because of a change in the circumstances serving as the basis for accreditation, the Assessment Team will examine on the basis of the documents and information submitted by the Client, by using the required elements of the assessment process whether in the changed circumstances the Client complies with the accreditation requirements stipulated in 3.1 of this Rule of Procedure and the specific requirements indicated in 3.2 of this Rule of Procedure and published on the website of the Authority.

7.2.1.3. Rules on extraordinary surveillance procedure initiated for succession are contained in point 12.2 of this Rule of Procedure.

7.2.2. Extraordinary Surveillance as a Result of a Complaint Reported

7.2.2.1. In the extraordinary surveillance as a result of a complaint the Authority appoints an Assessment Team to conduct the surveillance. Based on the complaint submitted, other documents and information, by applying the necessary components of the assessment procedure, the Assessment Team examines at a site assessment whether the complaint is well-founded.

7.2.2.2. If the Assessment Team does not conduct an on-site assessment as described in point 7.2.2.1, and performs the investigation of the complaint on the basis of the documents submitted, it shall record the findings of the check by laying down the explored non-conformities, deficiencies in a report. The Authority will send the report, together with an order issued, to the Client for making comments, and invites the Client with a deadline of 30 days, to take measures to eliminate the eventual non-conformities, deficiencies and provide evidence thereof. The period which elapses between the issuance of the invitation to take measures and the submission of evidence thereof shall

not be included in the Authority's administration time. Following that point, the procedure is continued in accordance with 7.3.1.

7.2.2.3. The Accreditation Committee reviews all the documents of the surveillance (information collected during the assessment phase, reports on the on-site assessment, assessment report, corrective measures and the comments of the Client). Based on the expert opinion of the Accreditation Committee and the results of the extraordinary surveil- lance, the Authority will

a) reject the complaint, or

b)

ba) suspend partially or fully,

bb) withdraw the accredited status partially or fully.

7.2.2.4. The Authority will inform the complainant and the Client in writing of the result of the investigation of the complaint. In case of EU ETS verifiers, this notification on the results of the investigation of the complaint received from the competent authority shall be sent in accordance with the second sentence of paragraph (2) of Article 72 of Regulation 600/2012/EU within 3 months the latest to the competent authority.

8. Reducing the Scope of Accredited Status

8.1. The Client may, in accordance with Section 10 (1) of the Decree request in writing the reduction of the detailed scope of its accredited status stated in the decision and enlisted in the detailed scope of accreditation in accordance with point 7.9.5 of the Standard. The scope of reduction shall be requested according to and in the same form as in the last valid detailed scope of accreditation. The Authority will reduce the scope of the accredited status in a simplified decision in line with the content of the request, without applying discretion.

8.2. During the period of the suspension of the accredited status, the decision on the application for the reduction of the scope of the accredited status is suspended by the Authority until the termination of the suspension of the accredited status.

9. Extending the Scope of the Accredited Status

9.1. The Client may request in writing the extension of the detailed scope of the accredited status stated in the decision and enlisted in its the detailed scope of accreditation in accordance with point 7.9.5 of the Standard. The request for the extension of the scope of accreditation will be judged pursuant to Section 8 (1) of the Decree, in accordance with the rules laid down in Sections 3-5 on granting accreditation with the exception of the following:

a) if the Client declares in an officially signed document that no change has taken place in any of the documents to be submitted and enlisted in the Annex to the Application, the unchanged documents do not have to be attached to the application;

b) if the Client declares in an officially signed document that the documents of the last internal audit and/or management review performed prior to the submission of the application have already been submitted to the Authority in relation with another procedure (accreditation, surveillance, extension of scope) performed before the submission of the application, repeated attachment thereof is not necessary.

9.2. In the event of a procedure to extend the scope of the accredited status, the fee for the accreditation procedure determined in the Fee Decree – in respect of the scope of extension – must be paid at the same time as the submission of the request for an extension.

9.3. The procedure to extend the scope of the accredited status cannot be combined with the surveillance or extraordinary surveillance process. During the period of the suspension of the accredited status, the procedure to extend the scope of the accredited status cannot be carried out, the admission of the application shall be suspended by the Authority until the suspension of the accredited status is terminated.

9.4. The validity of the extended scope of the accredited status will be identical with the validity of the original accredited status.

9.5. The application for extension of scope can be submitted also for the extension of the flexible accredited scope on the existing accredited area.

10. Suspension of the Accredited Status

10.1. On the basis of the opinion of the Accreditation Committee or ex officio, the Authority shall, in accordance with Section 9 of the Act, suspend the accredited status partially or fully if

a) a well-founded objection is raised in connection with the activity of the Client, which, however, is not so severe as to justify the withdrawal of the accredited status in accordance with the applicable European or international standards,

b) the Client fails to make the documents necessary for the surveillance available by the deadline,

c) the surveillance is completed with a result which justifies suspension,

d) the accredited organization or natural person itself requests the suspension,

e) the conditions specified in paragraph (2) of Article 53 of Commission Regulation (EU) 600/2012 prevail for a verifying organization specified in point k) of Section 5 (1) of the Act on national accreditation, or based on the data supply according to Section 8 (12) it can be ascertained that a senior manager, verifying expert, senior verifying expert employed by the verifying organization has criminal record, or is under prohibition to be employed as a verifier or a verifying expert.

10.2. In accordance with clause 4.1.2 of IAF Mandatory Document 7:2010, the Authority fully suspends the accredited status of the accredited organization, if the accredited certification organization provides certification to conformity assessment standard (e.g. ISO/IEC 17025 or ISO 15189) being the basis of accreditation, as this behavior of the certification organization creates a situation for the Authority, where the Authority violates Clause 4.3.6 of the Standard.

10.3. The Authority will set out in the decision on suspension the conditions and deadline for the termination of the suspension, and will also draw the attention of the Client to the termination of authorizations obtained as a result of accreditation (use of accreditation mark, references to accredited status, posting of certificates) and to the legal con- sequences of their continued use.

10.4. The decision of the Authority is executable irrespective of the appeal launched. The Authority publishes the decision on its website on the date when the decision is made.

10.5. In case the accredited status was suspended due to breach of procedural rules and the accredited party fulfils the requirements necessary for the termination of suspension before the deadline, the Authority terminates suspension on the basis of the opinion of the Accreditation Committee.

10.6. In case the accredited status was suspended due to the result of the surveillance (ac- cording to points b) and c) of Section 9 (1) of the Act on national accreditation), the Authority decides on the existence of the conditions necessary to terminate the suspension and the maintaining of the accredited status in an extraordinary surveillance process.

10.7. In case the accredited party fails to fulfil the requirements necessary for the termination of suspension before the deadline, the Authority will partially or fully withdraw the accredited status according to Section 10 of the Act and on the basis of the opinion of the Accreditation Committee.

11. Withdrawal of the Accredited Status

11.1. The Authority shall, in accordance with Section 23 of the Act, withdraw the accredited status partially or fully if

a) a serious and well-founded objection is raised in connection with the activity of the Client with regard to the relevant European or international standards,

b) the Client does not enable a surveillance which falls due to be undertaken, or hinders it,

c) a change has taken place in the circumstances serving as the basis of the accreditation, which results in the fundamental requirements of the accreditation not being met,

d) the accredited status has been suspended and the conditions for the termination of the suspension have not been met by the Client by the deadline stipulated,

e) the accredited organization is terminated without a legal successor, or the accredited natural person dies,

f) the Client itself requests the withdrawal of the accredited status,

g) the Client failed to apply for surveillance within 2 months following notification by the Authority,

h) EU ETS verifying organization proceeds as specified in paragraph (3) of Article 53 of Commission Regulation (EU) 600/2012.

11.2. In accordance with clause 4.1.1 of IAF MD 7:2010 the Authority fully withdraws the accredited status of an accredited organization if it is proven that the accredited organization

a) acts unfairly,

b) purposefully provided false information about its accredited status or for the purpose of obtaining or maintaining it,

c) deliberately violates the accreditation rules.

11.3. In accordance with clause 4.1.2 of IAF MD 7:2010, the Authority fully withdraws the accredited status of an accredited organization, if following the suspension of its accredited status according to point 10.1 of this Rule, the corrective actions and root cause analysis by the organization are not satisfactory.

11.4. The decision of the Authority is executable irrespective of the appeal launched. The Authority publishes the decision on the website of the Authority on the date when the decision is made.

11.5. In the event of changes in the requirements, the European and international organizations of accreditation may determine a transitional period upon the expiry of which the accredited status of the Clients not in compliance shall be withdrawn by the Authority upon the recommendation of the Accreditation Committee.

12. Handling changes

12.1. Rules applicable to extraordinary surveillance procedures launched in response to reporting changes are contained in point 7.2.1.

12.2. Authorization to Use the Accredited Status in Case of Legal Succession

12.2.1. In the event of termination or transformation of the accredited organization, the only party which can be authorized to use the accredited status is the legal successor of the accredited organization, if it fulfils the requirements serving as the basis for the accreditation. Legal succession may be certified by an extract from the company register, by the reference to the legislation on the succession, or by a contract concluded between the Client and the legal successor. If succession is ordered in other regulation of the state, a copy of this document shall be attached to the application. Reporting legal succession must be submitted in Form NAD-102 filled in.

12.2.2. Compliance with the requirements serving as the basis for the accreditation will be examined by the Authority ex officio, on the basis of the documents and in the framework of an official procedure. The Authority maintains the accredited status in the new name, to the benefit of the legal successor, following the review of the submitted document of evidence and amends the accreditation certificate including the name of the legal successor.

12.2.3. If official procedure is conducted at Client, and site assessment has not been performed yet, auditing reorganization is performed in that procedure. If it is reported after the assessment is completed, audit is carried out in an additional assessment.

12.2.4. If no official procedure is conducted at Client, compliance with the requirements for accreditation in the legal successor organization is audited by the Authority in an extraordinary surveillance.

12.2.5. In case of an extraordinary surveillance, the procedure fee determined in the Decree on Fees on surveillance shall be paid on the basis of the order ordering the performance of an extraordinary surveillance.

12.3. Recording Changes without Surveillance

12.3.1. If the Authority does not order an extraordinary surveillance after the report on the changes by the Client, or does not order the change to be audited in the framework of the next oncoming surveillance, or the change does not qualify as the extension of the accredited scope, the entry of the change is carried out as follows:

12.3.2. The change can only be entered, if the Client enclosed the changed documents evidencing changes, and submitted earlier in an annex to the application.

12.3.3. The changes can only be entered without surveillance especially if the name or the legal status of the Client is concerned.

12.3.4. The transition of the marking (e.g. standard reference, marking of a method, etc.) of normative technical documents of the accredited scope is possible if, at the time of reporting the change, the Client attaches a statement of the publisher of the normative document stating that only the reference of the document has been changed, and the technical content of the document is identical with the previous one. Attachment of a statement is unnecessary when the normative technical document includes a reference to the identical content. The list of identical normative documents is published by the Authority on its website. When a rule of law is changed, the accredited scope can be modified on the basis of a comparative analysis by the Client in case there is no content related change.

13. Renewal of the Accredited Status

13.1. When decision is made on an application for the renewal of an accredited status, the rules laid down in Sections 3-5 on granting accreditation must be applied in accordance with Article 8 of the Decree.

13.2. To the Assessment Team, the Authority appoints assessors and experts preferably not participating in the previous accreditation cycle. If there is no way to do so, the Authority should more thoroughly check the impartiality of the members of the Assessment Team before appointment.

13.3. The application for the renewal of the accredited status can be submitted one year before the expiry of the accredited status the earliest. It is recommended that the application should be submitted at least half a year before the expiry of the accredited status. The application can be submitted even if other procedures are in process (extraordinary surveillance, extension of accredited scope).

14. Management of complaints and applications for legal remedy procedures

14.1. NAH handles the complaints and requests for remedy according to NAH-54 Rules.

15. Obligations

15.1. Obligations of the Client

15.1.1. General

For the duration of the accredited status, the Client is obliged to continually fulfil the requirements serving as the basis for accreditation in the scope identified in the Detailed Scope of Accreditation. This compliance is checked by the Authority in the framework of surveillance or, if necessary, extraordinary surveillance procedure.

15.1.2. Cooperation

The Client is obliged to give all assistance to the Authority in accordance with the Standard, in order that the accreditation and surveillance procedure can be conducted professionally, effectively and without difficulties. To this end, the Client shall

a) make available – or provide access to - all the information, documents and records, which are necessary for the evaluation of compliance with the requirements, which serve as the basis for accreditation,

b) report any changes in the accreditation requirements,

c) enable the assessment of the activity accredited or to be accredited on all its sites that are connected with the activity accredited or to be accredited,

d) arrange for the on-site witness assessment of the accredited activity and activity to be accredited (including the site of third parties),

e) provide the Assessment Team with the necessary safety provisions and protective equipment during the site assessment and witness assessments,

f) ensure access to all documents which enable an assessment on the extent of independence and impartiality between the organization to be accredited and the Client and its related organizations,

g) ensure that the Assessment Team does not find itself in a situation which might put its independence or impartiality at risk.

15.1.3. References to the Accredited Status and the Use of the Accreditation Mark

15.1.3.1. The Client is entitled to refer to its accreditation status or use the accreditation mark in accordance with the provisions of the Rule of Procedure NAR-08 in the accredited area.

15.1.3.2. In surveillance procedures, the Authority performs only the assessment of documents containing references to the accredited status.

15.1.4. Reporting Changes

15.1.4.1. The Client shall notify the Authority of the significant changes affecting its accredited activity and having taken place in 15 days by the application of Form NAD-102. Any change related to the status of the accredited party or any change that affects in any way any feature of its status or activity is considered a significant change, any change taken place in particular:

a) in the legal, ownership or organizational form, structure or management of the accredited organization,

b) in the number of persons carrying out the accredited activity, exceeding 30% within 6 months,

c) in the person of the head, quality control head or other employee who has exclusively performed the accreditation activity at the accredited organizational unit,

d) in the principal seat or sites of the accredited organization, address of the accredited natural person,

e) in the accredited scope, and

f) in the legislation applicable to its activity having a significant impact on the accredited status of the accredited organization or natural person, in legal acts of general effect and direct application of the European Union, in European and international standards published as national standards, and in essential conditions published in technical regulations applicable thereto.

15.1.4.2. Other conditions may include, e.g., absence of key staff employed in the accreditation area for a term longer than 6 months, extraordinary changes in the financial situation of the organization significantly affecting its activity (insolvency, suspension of payment or bankruptcy), temporary shortage or failures of the testing equipment if due to this the accredited activity must be suspended for a term longer than 6 months, unfavorable evolution of test results in the proficiency or comparative tests, updating an activity not performed in the accreditation cycle.

15.1.4.3. In case the Client is planning a change which is related to its accredited status and in any way it is affecting its status or any characteristic of its activity, it can submit a preliminary report to the authority. The Authority will examine the preliminary report and will form an opinion concerning the significant change. The Authority conducts the procedure within a 21 days procedure deadline.

The fee imposed on the procedure related to the examination of the preliminary report will be determined by the Authority by considering as a basis the tariffs applied in relation to engineer categories of the Hungarian Chamber of Engineers and with consideration to the time used in the procedure.

15.1.4.4. On the basis of European and international standards applicable to accreditation, and the rules of international organizations that it is a member of, the Authority may consider changes in other facts, data or condition significant and request report about them (unless it is contradictory to the valid legislation on the protection of personal data and the publicity of data of public interest).

15.1.4.5. Client must attach to the report of changes the document verifying the changes in an original copy of or copy of such document certified by a notary public unless the Authority may have access to them in other databases.

15.1.4.6. In case the Client fails to report a change considered significant according to Section 9 (2) of the Act on national accreditation by the deadline, the Authority suspends the accredited status.

15.1.4.7. The Client may submit one NAD-02 form reporting a change valid for more than one of its accredited statuses, by giving the registration number of the accredited statuses.

15.1.4.8. The Client shall indicate in its documents the transition of the marks of withdrawn standards and shall report to the Authority its application for transition on Form NAD-102. If the Client requests accreditation for the new standard in addition for the withdrawn standards, the Authority assesses competence in an extraordinary surveillance unless the identical technical content is supported by evidence. Details of this procedure are contained in Rule of Procedure NAR-02.

15.1.5. Obligation to pay administrative service fees

15.1.5.1. The Client shall pay the fee for the accreditation or surveillance procedure in accordance with the provisions of the Act on national accreditation and in the Decree for fees payable for administration services. In the annex to the Decree on fees, the vertical column stands for the scope while the horizontal line stands for the number of staff.

15.1.5.2. When two or more management system certifications are accredited simultaneously (in an integrated manner), the number of staff shall be determined in each management system by including the total staff employed in the given management system (managers, administrative staff, internal auditors).

15.1.5.3. If the Client does not pay the fee for the accreditation procedure as stipulated in the Decree for fees according to the Decree on Fees, the Authority will invite the Client, by means of an order, to fulfil its payment obligation within 15 days dated from the day following the filing of the application. If, in spite of the invitation to fulfil its payment obligation, the Client still fails to do so, the Authority terminates the accreditation procedure.

15.1.5.4. If the Client fails to pay the surveillance fee concurrently with the submission of the application (or prior to this) as laid down in Article 7 of the Act on national accreditation, the Authority will, within 8 days dated from the day following the registration of the application, call on the Client in an order to fulfil its fee payment obligation.

If, in spite of the invitation to fulfil its payment obligation, the Client still fails to do so by the deadline indicated in the order, the Authority will withdraw the accredited status of the accredited party according to Section 10. d) of the Act.

15.1.5.5. If extraordinary surveillance is ordered to be performed, the rules applicable to surveillance procedure shall be applied to determine the fee.

15.1.5.6. If the fee falls on an empty cell in the Decree on fees, the fee shall be established by calculating the average of the cells being the closest.

15.1.6. Fee payment obligation of the Organization in respect of acts not included in the administrative service fees.

15.1.6.1. Pursuant to Article 153 (9) of the Act on public administration (Ket.), the Authority is authorized to establish non-foreseeable extra costs occurring in relation with the activity in the procedure (repeated site audit, repeated witnessed audit, extension of components of the procedure, checking conditions to termination of suspension of status) and send a payment order to the accredited organization on the basis of the subsequent accounting, at the closure of the assessment phase. If, for other reasons, monitoring the corrective actions, performance of witnessed and extended assessment become necessary, the general department appointing the Assessment Team is entitled to decide about it.

15.1.6.2. The general department of the Authority will notify the Client and Deputy Director General of the Authority of the procedure occurring in the meantime within 3 days the latest dated from the time of becoming knowledgeable about it. If the additional action to the procedure becomes known during the site audit, the representative of the Authority or the head of the Assessment Team informs the head of the client organization thereof, who acknowledges it by signing it in the report made at the audit, undertaking also the related costs.

15.1.6.3. Extra cost of the procedure act(s) are accounted by subsequent settlement, based on the number of input hours. The Authority issues an order on the determination of the fees when the procedure is closed, with a payment deadline of 8 days. If the Client fails to pay the fee, the Authority suspends the accreditation procedure or the accredited status until payment obligation is fulfilled. When the fee is paid, the Authority performs the procedure in accordance with 5.2 and 7.1.21.

15.1.6.4. The Authority determines the extra cost with consideration to the list of fees submitted by the expert, and by considering as a basis the tariffs applied in relation to engineer categories of the Hungarian Chamber of Engineers. The cost is charged also in case the activity is performed by the staff of the Authority.

15.1.6.5. The fee includes

a) the cost of hour input at the site audit,

b) verified travel costs, and

c) the cost calculated on the basis of hour input into document review (10 pages/hour).

15.1.6.6. The Client hands over the documents to the Authority together with the obligation of filling in Form NAD-240.

15.2. Obligations of the Authority

15.2.1. Confidentiality

Every officer, committee member, assessor, expert of the Authority and individual working in the accreditation, surveillance procedure in an employment relationship with the Authority or having any other legal relationship for the purpose of employment with the Authority must treat all the information and data classifying as business secrets which come into their possession in the course of the procedure as confidential, and use such data only in the performance and in the interest of their duties for the Authority.

Those who have no employment relationship with the Authority and have or may have an access to the business affairs of the Client or accredited party in the course of the procedures above, must sign a declaration of confidentiality and comply with the content thereof.

15.2.2. Publication

15.2.2.1. The Authority shall keep records of the Clients with the data content stipulated in Section 12 (1) of the Act on National Accreditation. The records shall contain

a) the registration number of the accredited organization, natural person,

b) the company name of the accredited organization (organizational units), the name of the natural persons,

c) the seat and sites of the accredited organization (organizational units), and the residential address of the natural person,

d) the accreditation category and the scope of accreditation,

e) the date of granting the accreditation and the expiry date,

f) information on the partial or full suspension or on the partial or full withdrawal of the accredited status,

g) in case of EU ETS verifiers the Member States where the verifying organization performs verification,

h) in case of EU ETS verifying organizations, name, address, registration number, expertise, qualification, authorization restrictions of the EU ETS senior verifier and EU ETS verifiers employed by the organization.

15.2.2.2. In order to make potential contacts with the Client, the records may also contain the contact details (e.g., telephone number, e-mail address, website address).

15.2.2.3. In the event of full suspension of the accredited status, the accredited Client will be temporarily transferred into the records of accredited Clients with a suspended status.

15.2.2.4. In the event of full withdrawal of the accredited status, the Client shall be transferred into the records of Clients with withdrawn status. After 6 months' time, the Authority cancels the publication of the withdrawn status of the Client on its website.

15.2.2.5. The Client will be removed from the records of the accredited Clients on the day after the accredited status has expired unless the accredited status has been renewed in the meantime.

15.2.2.6. The Authority publishes on its website the data of its records, the database of experts, assessors, with the exception of those in point 15.2.2.1. h).

15.2.3. Information on the Changes in the Requirements Serving as the Basis for Accreditation

15.2.3.1. On its website, the Authority provides continuous information on the changes in the requirements serving as the basis for accreditation and, on the European or international transitional periods, or such periods as determined by the Authority and their regulation, the deadline for the admissibility of the application and the preparation of the Authority. In the event of changes, the Authority shall proceed in accordance with the provisions of Section 3.3.

15.2.4. Notification of the International Accreditation Forum (IAF)

15.2.4.1. In accordance with clause 5 of IAF MD 7:2010 the Authority shall inform IAF Secretariat about the application of the sanctions specified in Sections 10.2, 11.2 and 11.3 of the present Rule and the evaluation of the related legal remedy, providing the decision and the reasons. IAF Secretariat informs in writing all IAF members about the accredited status of the certifying organization.

15.2.5. Other Notification Obligations

15.2.5.1. With attention to Article 28 (8) of Regulation 1221/2009/EC and Article 5 (1) of Governmental Decree 308/2010 (XII.23.), the Authority shall, until the 10th of the month following the subject month, inform the European Commission monthly with the simultaneous notification of the Supervisory Entity, of the changes taking place in the list of EMAS verifiers accredited by it.

15.2.5.2. The Authority shall make the management report prepared in accordance with Article 70 (3) of the Regulation 600/2012/EU until 1 June of each year, and will make the accreditation work programme prepared in accordance with Article 70 (1) until 31 December of each year to the Supervisory Entity. In case the verification body reports changes in data in accordance with Article 76 of Commission Regulation 600/2012/EU, the Authority shall send the corrected accreditation work programme to the responsible Supervisory Entity within 15 days in case the change concerns the work programme.

15.2.5.3. The Authority communicates the results of accreditation and surveillance procedures for designation purposes to the designating authorities pursuant to Article 8 (10) of the Act on national accreditation.

16. Closing provisions

16.1. The present Rule of Procedure enters into force on 31 March 2017.

16.2. The provisions of present Rules shall be applied as of their entry into force.

16.3. Publication on the website of the Authority(www.nah.gov.hu) shall constitute as publication of this Rule of Procedure.

16.4. The questions not regulated herein are governed by the provisions of the Act on national accreditation. In case the Act on national accreditation specifies no special rules, the provisions of Ket. are governing.

17. List of rules of law

Act CXXIV of 2015 on National Accreditation Government Decree No. 424/2015. (XII. 23.) on the National Accreditation Authority and the accreditation procedure

Government Resolution No. 1956/2015 (XII. 23.) on the Accreditation Council.

Decree No. 45/2015. (XII. 30.) NGM on the administrative service charges payable for the procedures of the National Accreditation Authority

Instruction No. 27/2015 (XII.) NGM on the rules of organization and operation of the National Accreditation Authority

18. ANNEXES

M1. Special Rules of Procedure for EMAS Verifiers

M1.1. For EMAS verifier organizations and natural persons (hereinafter: EMAS verifiers) the provisions of this procedure shall be applied taking also into account these special rules.

M1.2. In line with 3.2.1 of this Rule of Procedure, the EMAS verifiers shall comply with the requirements of the Regulation 1221/2009/EC and the reference documents and guides published by the European Commission pursuant to Article 46 of the Regulation.

M1.3. If the EMAS verifier intends to perform activities in third countries, it shall also apply for an additional accreditation for the given third country. The additional accreditation procedure is performed by the Authority in accordance with the rules applicable to the extension of the accredited scope, enforcing also the provisions in Article 22 of the EMAS Regulation. In the additional accreditation procedure, the Authority uses the services of expert(s) and interpreter(s) as determined in Ket., whose costs shall be borne by the applicant.

M1.4. The accredited EMAS verifier shall inform the Authority at least four weeks in advance about each and every verification, giving the date, place and the special field (TEÁOR) of the verification, and the names and positions of the persons participating in the verification. The Authority registers the notification and decides on the assessment of the registered verification on the basis of all information available about EMAS verifiers – to ensure the representation of the accredited area and the employed person – according to the following:

a) orders a witness site assessment to assess the verification to be performed by the EMAS verifiers and appoints the Assessment Team

c) evaluates the verification performed by the accredited EMAS verifiers on the basis of the validated environmental statement or the updated environmental statement and calls on the EMAS verifiers to submit the documents.

Subject to the result of the assessment the Authority decides on

a) the use of the result in the annual surveillance process,

b) ordering an extraordinary surveillance process.

M1.5. The accredited EMAS verifier shall fulfil its obligation of notification contained in (2) of Article 24 of the EMAS Regulation.

M1.6. Verification and validation activities performed in Hungary by the EMAS verifiers accredited by the Authority are supervised by the Authority as regulated in point a) of paragraph (1) of Article 23 of the EMAS Regulation, pursuant to (5)-(6) of Article 23 of the EMAS Regulation.

M1.7. Verification and validation activities performed in third countries by the EMAS verifiers accredited by the Authority are supervised by the Authority as regulated in point a) of paragraph (1) of Article 23 of the EMAS Regulation, pursuant to (5)-(6) of Article 23 of the EMAS Regulation. The Authority uses the services of expert(s) and interpreter(s) in the surveillance as determined in Ket., and their costs shall be borne by the EMAS verifier.

M1.8. The verification and validation activities performed in Hungary by the EMAS verifiers accredited in other Member State are supervised the Authority with attention to point c) of paragraph (1) of Article 23 of the EMAS Regulation, based on paragraphs (5)-(6) of Article 23 and Article 24 of the EMAS Regulation. Supervision of the activities in Hungary of EMAS verifiers accredited in other Members States shall be performed in accordance with Rule of Procedure NAR-24 by the Authority. Verification audits shall be reported in the form to be found at the end of this Rule at least 4 weeks before the audit.

M1.9. Where the Authority is of the opinion that the quality of the work of the EMAS verifiers does not meet the requirements of the EMAS Regulation, the Authority sends a written assessment report to the competent body to which the organization concerned has submitted the request for registration or which has registered the organization concerned. In the case of any further dispute the Authority sends the assessment report to the FALB as well.

M2. Special Rules of Procedure for EU ETS verifiers

M2.1. For the verifying organizations specified in the regulation on the Community trading scheme of greenhouse gases (hereinafter: EU ETS verifiers), the provisions of the present Rules shall be applied together with the additional provisions of the present Section.

M2.2. In accordance with Section 3.2.3 of the present Rules the EU ETS verifiers shall comply with the reference documents and guidelines specified in Chapter III of Commission Regulation (EU) 600/2012 and published by the European Commission for the application of present Rules and the Government Decree 295/2012 (X.16.).

M2.3. Accreditation can be applied for by EU ETS verifiers who comply with the legislative provisions applicable for their activities and the directly applicable legal acts of the European Union of general effect, in particular the organizational, financial – relating to coverage - and personnel requirements specified in the Regulation on the Community trading scheme of greenhouse gases, Chapter III of Commission Regulation (EU) 600/2012 and Government Decree 295/2012 (X.16.).

M2.4. The accreditation shall be applied for by submitting the forms NAD-103 and NAD-103-10 together.

M2.5. When appointing the Assessment Team specified in Sections 4.1.8., 6.3.7., 5.1.8. and 7.1.11. of the present Rules, the Authority takes into account the requirements specified in Articles 56-59 of Regulation (EU) 600/2012.

M2.6. When in course of the checks performed according to point 7.1.17 of the procedure, the assessment team find that the corrective actions performed by the applicant art not adequate or are not efficient, the Authority may request further information or call on the applicant to carry out corrective action by setting a deadline of not more than 15 days.

M2.7. During the accredited status of the accredited EU ETS verifier the Authority checks in the surveillance process whether a senior manager, EU ETS lead verifier and EU ETS verifier as employee or employed in any other legal relationship aiming at employment of the EU ETS verification organization has criminal record, or is under prohibition to be employed as a verifier or a verification expert. For the purpose of the check the Authority requests data from the organization registering criminal record to ensure that the senior manager, the verifying expert, senior verifying expert are not under prohibition from employment as a verifier or a verifying expert.

M2.8. The Authority decides on the termination of the suspension of the accredited status and the maintenance of the accredited status in an extraordinary surveillance process.

M2.9. In case the Authority withdraws the accreditation of an EU ETS verifier based on Section 10 of the Act on national accreditation, the EU ETS verifier may not be accredited for 2 years from the effective date of the decision.

M2.10. The accredited EU ETS verifier is obliged to inform the Authority in writing about the following until 15 November every year:

a) a planned date and place of the verifications to be performed by the verifier,

b) contact data of operators or aircraft operators whose emission or tonne-kilometre report is the subject of the verification.

M2.11. In case there is a change in the data specified in a) and b) of M2.10., the EU ETS verifier is obliged to inform the Authority in writing about the changes within 15 days. In case the EU ETS verifier fails to report the changes, the sanctions specified in Section 9 of the Act shall be applied.

Verifications in Hungary performed by an EU ETS verifier accredited in another EU Members States:

M2.12. EU ETS verifiers accredited in other EU Member States shall inform the Authority about the verification activity to be performed in Hungary according to Section 8 (1) of Government Decree 295/2012 (X.16.) with the content specified in Section 8 (2) of Government Decree 295/2012 (X.16.). Within 30 days of the notification, the Authority registers the EU ETS verifier in accordance with the Section 9(2) of the Government Decree 295/2012. (X. 16.).

M2.13. For monitoring the activity, the Authority may order an assessment, site inspection and audit provided that the assessment, the inspection or audit is non-discriminative and is proportionate and it is not due to the fact that the service provider is established in another EU Member State.

M2.14 In case the Authority finds that the EU ETS verifier accredited in other EU Member States does not comply with Commission Regulation (EU) 600/2012 in the course of its verification activities, the Authority informs the National Accreditation Body accrediting the verifier without delay.

M2.15. The Authority deletes from the register the EU ETS verifier accredited in other EU Member States, if

a) the Authority or the authority specified in the regulation on the Community trading scheme of greenhouse gases finds that the verifier has violated the applicable legislative provisions deliberately or due to gross negligence,

b) the verifier provided untrue information during the notification,

c) the Member State accrediting the verifier informs the Authority, or the Authority is informed in other ways that the accredited status of the verifier has been withdrawn.

M2.16. The Authority suspends the verification authorization for Hungary of the EU ETS verifier accredited in other Member States,

a) if the financial warranty has been used, restricted or terminated, until its restoration to the amount stipulated in the Section 10 (2) of Government Decree 295/2012

b) until the suspension is terminated if the Member State accrediting the verifier informs the Authority, or the Authority receives the information in other ways that the accreditation of the verifier has been suspended, until the termination of the conflict of interest if the obligation specified in Section 7 (5) of Government Decree 295/2012 is violated.

M2.17. In case the EU ETS verifier accredited in other EU Member States has been deleted by the Authority from the registration, the verifier cannot be registered for 2 years in the register of accredited EU ETS verifiers or in the register of accredited EU ETS verifiers of other EU Member States.

M2.18. In relation with the measures according to point 1.2, the Authority shall with no delay take the measures stipulated in Section 71 of Commission Regulation 600/2012/EU and notify the Supervisory Entity.

M2.19. In respect of EU ETS verifiers, the measure specified in Article 47 (1) c) of Commission Regulation 600/2012/EU shall be determined by the Authority in the procedures.

M3. Special Rules of Procedure applicable to Accreditation for designation Purposes

M3.1. To the accreditation procedure for designation purpose of the designated conformity assessment organizations (hereinafter: Organizations), the provisions of present Rules shall be applied together with the deviations and additional provisions of this Section.

M3.2. In accordance with Section 3.2.3 of the present Rules, in addition to compliance with the accreditation requirements specified for their activities in Section 3.1, the Organizations shall also comply with the requirements specified in the provision of Act CXXXIII of 2009, Government Decree 315/2009 (XII.28.), the Decrees of ministers applicable to designation and the activities of designated organizations, and the rule(s) of law applicable to the conformity assessment area of designation applied for.

M3.3. The application for accreditation for the purposes of designation may be submitted by Organizations established on the territory of Hungary, who wish to use the resolution granting accreditation for designation purpose issued by the Authority as evidence to compliance with the requirements contained in Article 3 (2) of Act CXXXIII of 2009 in its designation procedure.

M3.4. The accreditation for designation purposes shall be applied for by submitting the application NAD-103 and the relevant annex and the form in the annex of certain rules of law for designation (e.g., Decree 5/2010 (I.14) NFGM, Annex No. 1).

M3.5. In case the accredited status is partially or fully suspended or withdrawn, the Authority informs the designating authority at the same time when the order becomes effective.

M3.6. The Authority admits only the application submitted with the purpose of designation in the scope of designation and does not carry out other (e.g. expert) activities.

M3.7. When an organization is concerned in an accreditation area for both designation and non-designation purpose, the Authority shall assess competence in one procedure and shall separate the two areas in the detailed scope of accreditation. The registration number reference will be NAH-x-xxxx/year/K. The rule of law serving as the basis for designation is displayed by the Authority in the accreditation certificate.

M4. Special Rules of Procedure applicable to the Accreditation of Integrated Management System Certification

M4.1. For the accreditation procedure of the integrated management system certification, the provisions of the present Rules shall be applied together with the deviations and additions in this Section.

M4.2. The accreditation for integrated management system certification shall be applied for by submitting forms NAD-103 and NAD-103-6. Chapters II-IV of NAD-103-6 application form shall be filled in for each management system separately according to the general rules of accreditation.

M5. Special Rules of Procedure applicable to the Accreditation of Flexible Scope

M5.1. Rules on accreditation of flexible scope are contained in Rules of Procedure NAR-31.

M5.2. Applications for accreditation of flexible scope are handled by the Authority

identically with those submitted for fix accreditation.

M5.3. When determining the fee, the Authority takes into account the fix components within the flexible scope, for each method.

M5.4. When change affecting a flexible scope is reported, it is registered by the Authority and the reported change is inspected by the Assessment Team at the next surveillance site assessment.

M5.5. When the flexible scope is audited, the change is approved following the positive decision by the Assessment Team and the Accreditation Committee.

M5.6. In the event of a negative decision by the Assessment Team and the Accreditation Committee, the flexible technical scope not adequately managed by the accredited organization is cancelled from the detailed scope of accreditation. The organization shall withdraw the report concerning the flexible, accredited technical areas not adequately managed, and replace it by the mark ‘non-accredited test’.

The end