



**SRI LANKA ACCREDITATION BOARD
for CONFORMITY ASSESSMENT**

**RULES & PROCEDURES
for ACCREDITATION OF GHG
VALIDATION/VERIFICATION BODIES**



ACCREDITATION SCHEME FOR GHG VALIDATION/VERIFICATION BODIES

RULES AND PROCEDURES FOR ACCREDITATION OF GHG VALIDATION/VERIFICATION BODIES

INTRODUCTION

The Sri Lanka Accreditation Board for Conformity Assessment (SLAB) is the National Accreditation Authority of Sri Lanka established under Act No. 32 of 2005. The SLAB offers accreditation services to bodies that provide Conformity Assessment Services such as Certification Bodies, Inspection Bodies, Testing and Calibration Laboratories, Bodies Certifying Persons, GHG Validation/Verification Bodies etc.

The work procedures of the SLAB for GHG Validation/Verification Bodies (V/VB) are based on ISO/IEC 17011 – General Requirements for Accreditation Bodies Accrediting Conformity Assessment Bodies. Preference will be given to Subject Specific Documents published by International Accreditation Forum (IAF), wherever applicable. The Governing Council of SLAB or relevant advisory committees if required, will advise SLAB management in the areas for which there are no IAF or other acceptable explanatory documents available.

1. GENERAL

1.1 Scope

This document outlines the rules and procedures to be adopted when V/VBs seek accreditation for their V/VB activities from SLAB. V/VBs activities for accreditation by SLAB cover the scope sectors applicable to GHG V/VBs at organizational and project level are given in Appendix I. Accreditation will be granted against the applicable International Standards or widely accepted standards or guidelines that are auditable or verifiable.

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2. ACCREDITATION REQUIREMENTS

2.1 Accreditation Criteria

The applicable international documents, used by the SLAB for accreditation, are given below;

ACTIVITY	APPLICABLE STANDARD/GUIDE
Organization level for quantification and reporting of greenhouse gas emissions and removals	ISO 14065: 2013 ISO 14064-1:2006 ISO 14064-3: 2006 ISO 14066: 2011
Project level for quantification, monitoring and reporting of greenhouse gas emission reductions or removal enhancements.	ISO 14065: 2013 ISO 14064-2:2006 ISO 14064-3: 2006 ISO 14066: 2011

As relevant to the Accreditation Schemes, the following mandatory documents and resolutions published time to time by International and Regional Accreditation Organizations as applicable as Accreditation Criteria. Depending on each accreditation scheme / scope (s) Specific criteria have been laid down and the above standards shall be read in conjunction with the relevant specific criteria documents.

IAF Mandatory Documents;

- IAF MD 06: 2014 – IAF Mandatory Document for the Application of ISO 14065:2013.
- IAF MD 14: 2014 – IAF Mandatory Document for Application of ISO/IEC 17011 in Greenhouse Gas Validation and Verification (ISO 14065: 2013).

IAF/ILAC Documents;

1. IAF/ILAC A5 - Application of ISO/IEC 17011:2004

If any document mentioned above is revised, the SLAB will automatically adopt those amendments/modifications in its criteria and parties concerned are given sufficient time as prescribed in publications of International/Regional Accreditation Organizations or as deemed suitable by SLAB for transition.

2.2 Eligibility

The applicant V/VB must comply with all criteria of APPLICABLE STANDARD/GUIDE. In addition to this the applicant V/VB must comply with the relevant specific criteria (if any) of SLAB for the scopes covered in their V/VB scheme.

V/VB that perform V/VB activities (organizational and project level), that has international or local recognition and acceptance can be accredited by SLAB.

The applicant V/VB must ensure that their validators/verifiers are qualified and involved in continual professional development activities gaining skills and competencies as well as updating themselves to meet the demands and expectations of the clients/ stakeholders.

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3. PREPARATION FOR ACCREDITATION

Preparing for Accreditation of GHG Validation/Verification Bodies

The management of V/VB should first decide to obtain accreditation for their V/VB activities from SLAB. It is important for a V/VB to make a definite plan of action for obtaining accreditation and nominate a responsible person to co-ordinate all activities related to the accreditation process. The person nominated should be familiar with the V/VB's existing quality system.

A request can be made to SLAB in person, by post, by telephone or by E-mail for relevant information on Accreditation. Information regarding SLAB Accreditation process, relevant documents and application form (GHG-FM (P)-01) will be made available to prospective clients (Ref. SLAB website; www.slab.lk). The V/VB should be acquainted with the SLAB assessment procedure & methodology before submitting the application in the prescribed format.

A quality manual shall be prepared in accordance with the requirements specified in the APPLICABLE STANDARD/GUIDE and this should be supplemented by a set of other documents such as procedures, work instructions etc. in alignment with the particular quality system requirements. The V/VB must ensure that the procedures described in the Quality Manual and other documents are being implemented. Preferably the applicant V/VB must have conducted at least one Internal Audit and one Management Review before the submission of application.

V/VB needs to establish the status of its existing quality system and technical competence with regard to requirements of SLAB for accreditation.

Scope of Accreditation

The scope of the accreditation, often referred to as the 'scope', is defined as those activities for which the SLAB has determined that the V/VB complies with the requirements. The scope also specifies the locations/branches where the V/VB carries out its activities.

Based on the scope of accreditation, when an application is registered it is ensured that the policies, processes and procedures as necessary are in place. Therefore each application is subjected to contract review, adequacy assessment and planning & conducting of pre-assessment, initial assessment, witnessing and review of assessment findings.

During the preliminary assessment process, the scope of the accreditation is discussed with the V/VB in detail, and the nature and extent of the assessment will be based on that.

In the Initial Assessment, in addition to visiting the main or head office, based on the Scope of accreditation, visits will be made to 1/3 of critical locations from which one or more key activities are performed (ex. Policy formulation, process and/or procedure development, contract review, planning, review, approval and decision on Validation/verification). . Whenever a new critical location has applied, that critical location will also be witnessed.

4. ACCREDITATION PROCESS

The accreditation process consists of registration followed by an adequacy assessment, preliminary assessment and an initial assessment (Final assessment for the grant of Accreditation). The process is completed with the decision on accreditation. After the accreditation is granted, the post accreditation phase begins.

4.1. Pre Assessment Process

4.1.1 Application and Registration for Accreditation

The application form and the necessary details are available on the SLAB web site- www.slab.lk. The V/VB shall return the completed application form and Self-Assessment Questionnaire (GHG-FM (P)-02) along with a copy of the quality manual of the V/VB and other relevant documents to SLAB. The application shall be accompanied with the prescribed application fee. V/VB has to take special care in filling the scope of accreditation for which the V/VB wishes to apply. In case, the V/VB finds any clause of the Standard (in part or full) not applicable to the V/VB, it shall furnish justifiable reasons. The accreditation cycle is for three years. The V/VB is notified well in advance before the expiry of this period. During this period, the V/VB will be notified if there are any change in procedures and requirements.

4.1.2 Special Cases

- **Additional Accreditation**

If a V/VB that is already accredited wishes a second or further accreditation against another internationally accepted standard or for that matter any recognized and accepted standard, the procedure is the same as for a new registration. However, in such case, the assessment effort by the SLAB may be limited to cover the areas not covered by the existing accredited system and certain specific areas as decided by SLAB.

- **Already Accredited Certification Activity**

In case an applicant V/VB is already accredited for the applied scope by another Accreditation Body with IAF membership, incompliance with the SLAB Cross Frontier Accreditation Policy explained in AC-RG(P)-07, SLAB will communicate with the particular Accreditation Body to collect necessary information and will seek possibilities to act in collaboration with the said Accreditation Body when processing the Accreditation Application. In such circumstances the SLAB may grant accreditation after an abbreviated assessment; however any such decision will be taken at the sole discretion of SLAB.

- **A V/VB operating in a foreign country**

In case if an applicant V/VB operating in a foreign country of which accreditation body has been a IAF MLA partner is seeking accreditation, SLAB will initially communicate with that accreditation body inquiring its obligations or objections with regard to processing of such application and based on the response will proceed with the application following the SLAB Cross Frontier Policy explained in AC-RG(P)-07.

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- **Non Routine Cases**

In case a V/VB requests accreditation for a V/VB activity where an established Standard/ Guide is not available, SLAB, in consultation with the technical advisory committee will decide on the suitable accreditation criteria to be followed by the V/VB.

The applicant V/VB has to submit necessary supportive documents as evidence to substantiate their claim when they seek accreditation under Special Cases.

4.1.3 Acknowledgement and Registration of Application

SLAB on receipt of application, the quality manual, other relevant documents and the fees, will issue an acknowledgement to the V/VB. After scrutiny of application for its completeness in all respects, a unique customer reference number will be allocated to the particular application, which will be used for correspondence with the V/VB thereafter. SLAB may request for additional information / clarification(s), if necessary from the applicant V/VB.

If, on the basis of documents and information provided by the V/VB, SLAB is of the opinion that an assessment cannot result in accreditation, the applicant V/VB shall be informed in writing giving reasons. An Authorized Officer under the supervision of Technical Manager of the accreditation scheme, will be appointed on behalf of SLAB to deal with the application and the case file being maintained thereafter. All information of the V/VB will be kept strictly confidential.

4.2 Assessment process

4.2.1 Adequacy of Quality Manual

Based on the application and other documents submitted, a Lead Assessor will conduct the document and Record Review. The aim of the adequacy assessment is to determine whether the V/VB is sufficiently prepared for a preliminary assessment and having a reasonable chance of getting Accreditation and to ascertain the compliance of the documents with the criteria specified in the APPLICABLE STANDARD/GUIDE. The adequacy assessment is also meant to obtain a clear idea of the intended scope of the accreditation.

The Lead Assessor, will inform SLAB regarding the adequacy of the quality manual with a report (GHG-FM-05), indicating inadequacies (if any) in the quality manual which in turn should be communicated to the Client V/VB. Based on this feedback the V/VB shall amend the manual and also implement the quality system accordingly.

If the V/VB satisfies the relevant requirements at the adequacy Assessment stage or after the V/VB has taken necessary corrective action based on the adequacy assessment, the assessment process will move into the next phase.

If, on the basis of documents and information provided by the V/VB, SLAB is of the opinion that an assessment cannot result in accreditation, the applicant V/VB will be informed in writing and the documents concerned will be returned to the V/VB for necessary improvement. All information of the V/VB will be kept strictly confidential.

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4.2.2 Appointment of Assessment Team

Towards the task of on-site assessment, the Lead Assessor will be assisted by a team of technical assessors/ technical experts who will be appointed by SLAB as appropriate with the scope of accreditation and in accordance with the criteria adopted for the selection of Assessment teams. The SLAB will propose the composition of assessment team. The V/VB may lodge a complaint against specific team members. Such a complaint should be motivated by clear reasons. If no replacement is available, it is possible that the visit will be postponed, or that a part of the scope will not be assessed until a suitable replacement is found.

SLAB may also nominate trainee assessors to participate in the assessment as observers during on-site assessments, whenever possible.

4.2.3 Onsite Assessment Plan

The SLAB contacts the V/VB to agree on the date(s) and schedule for the assessment. Based on this SLAB prepares the Assessment plan (GHG-PL-01) and the composition of the team and send it across to the V/VB well in advance.

4.2.4 Onsite Assessment

The Onsite Assessment will be carried out in two stages namely Pre-assessment and Initial Assessment (The Final Assessment for the grant of Accreditation). During both these stages witness assessment at the site of the applicant V/VB's Client will be carried out.

Although there are no strict demarcations for these two assessments, the objectives of these Assessments may be expressed in the following manner.

- **Pre-assessment**

- a. Assess the completeness of the documentation structure of the implemented system
- b. Assess the degree of preparedness of the V/VB for the assessment
- c. Study the scope of accreditation so that the time frame, number of Assessors required in various disciplines and visits to sites, if applicable, for the assessment can be determined more accurately.

- **Initial Assessment**

- a. Assess the effectiveness of the implementation of the documented system
- b. V/VB's Competence in Performing Conformity Assessment.
- c. Take a decision on the Recommendation for the Grant of Accreditation

At the end of each assessment the Lead Assessor will submit Assessment Reports as appropriate to the objective of the assessment.

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4.2.5 Conducting the Assessment

The assessment team shall commence an on-site assessment with an opening meeting at which the purpose of the assessment and criteria are clearly defined and the assessment schedule and the scope for the assessment are confirmed. During the assessment, the Assessment team will assess the documentation and implementation of the management system as well as the competence of the V/VB in accordance with the APPLICABLE STANDARD/GUIDE and specific criteria (if any) of SLAB. The V/VB shall provide with the assessment team a list of clients, validation/verification files, List of validators and verifiers with their competence for scope sectors, validation/verification programme of each company and use of V/VB's symbol.

In doing so, the assessment team will take a representative sample in the areas within the scope of the accreditation. This process shall be extended to witness assessment activities also. The V/VB shall demonstrate that it is competent in all the activities at all sites for which accreditation has been requested. With regard to the management system of the V/VB, the assessment team should be able to assess at least one complete cycle of the Internal Audit and Management Review.

If nonconformities are found, the team member involved fills in a 'nonconformity form (GHG-FM-20)' for each non-conformity. The team grades the nonconformities based on the severity of the situation, as major or minor.

Under normal circumstances the onsite assessment will be terminated with the closing meeting. In the closing meeting the team discusses the results of the assessment with the V/VB. The nonconformity reports are handed over to the Management of the V/VB, so it can immediately proceed with the implementation of corrective action plan. The Assessment should not proceed into next stage unless all non - conformities are satisfactorily addressed and closed.

4.2.6 Assessment Techniques

The SLAB Assessors use one or more combination of the following assessment techniques when conducting the assessment.

- **Document review:** assessing quality manuals, procedures etc. for compliance with the criteria; a document review can also involve records at the V/VB's location, such as personnel files, , validation/verification reports, management review reports, client files etc.;
- **Office assessment:** an assessment at the premises of the V/VB in order to assess the implementation of the system;
- **Interviews:** evaluating the expertise of the V/VB's personnel via targeted interviews.
- **Witnessing:** at least 40% of the scopes for the pre and initial assessments and the rest for the surveillances as per Annex 1 will be witnessed.

For re-assessments, the number of scopes may be decided upon the changes added to the System but which should not be less than 25% of scopes including surveillances. If the V/VB has been accredited by another Accreditation Body (AB) for the respective scopes applied or accredited, witness audits may not be arranged for all scope sectors.

In case of Scope extensions at least 50% of scopes shall be considered and the rest for the Surveillances.

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4.2.7 Corrective Actions & Follow-up of Assessment

V/VB shall take necessary corrective action on the remaining non-conformance(s) to SLAB within a maximum period of six months.

If it deems necessary, SLAB should communicate with the V/VB and shall ensure that all outstanding non conformities are available with and are well understood by the V/VB. SLAB should monitor the progress and coordinate the activities with regard to the closure of non-conformities. The decision with regard to closure of non-conformities shall be taken by the Assessment Team.

When there are significant non-conformities identified during the on-site assessment, the progress is monitored closely and in this regard the SLAB may arrange for a verification visit for the closure of the non-conformities.

Whatever it may be the case all non-conformities raised during the assessment shall be closed before consideration for the Grant of Accreditation.

4.2.8 Assessment Report

The assessment report (GHG-FM-17) prepared by the Lead Assessor in the formats prescribed will be handed over to SLAB once the particular assessment phase is complete. The assessment report shall contain the evaluation of compliance to APPLICABLE STANDARD/GUIDE and relevant specific criteria (if any) and the non-conformances, if any. In case of initial assessment, the assessment report will also provide a recommendation towards grant of accreditation or otherwise.

4.3 Accreditation decision

After satisfactory closure of all non conformities, the SLAB prepares a report (GHG-FM-46) considering all relevant information gathered during the processing of the application, the assessment report prepared by the assessment team, additional information received from the V/VB and the consequent verification activities. The summary report is placed before the Accreditation Committee which is appointed by the Governing Council. The Accreditation Committee for Certification Bodies and GHG Validation/Verification Bodies studies the final report and the recommendation given by the team and then approves the grant of Accreditation. The approval will also be submitted to the Council through Director/CEO, SLAB for covering approval.

The SLAB informs the V/VB in writing of the decision taken. If a positive decision is taken, the SLAB will draft the accreditation documents. In case of a negative decision, the SLAB will inform the V/VB in writing.

All decisions taken by SLAB regarding grant of accreditation will be open to appeal by the V/VB consistent with the appeal procedures (GN-PR(P)-09).

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4.3.1 Issue of Accreditation Certificate

As soon as a decision is taken to grant Accreditation SLAB will prepare the following Documents.

- Accreditation certificate with a unique number for identification duly signed by the Director / CEO, SLAB. This certificate specifies the date on which the accreditation was granted, the standards based on which the accreditation was granted and the period of validity of the certificate.
- A Schedule Referring to the Scope of Accreditation.
- Accreditation Agreement -Terms and condition for maintaining accreditation (GHG-RG(P)-03). This contains the rights and obligations of parties; the party providing the accreditation and the party being accredited and signed by both parties.

The applicant V/VB must fulfil all the financial obligations due to SLAB, before receiving the certificate(s).

5. POST ACCREDETATION PROCESS

5.1 Post Accreditation Assessments

The SLAB accreditation certificate will be valid for a period of 3 years. During the validity of accreditation, the V/VB must continuously comply with the requirements of APPLICABLE STANDARD/GUIDE and “Terms and condition for maintaining accreditation” (GHG-RG(P)-03). In this regard SLAB will periodically review the validity of Accreditation. To this end, the SLAB carries out surveillance assessment annually and a re-assessment within three years. During the accreditation period, the scope of the accreditation may be changed.

5.1.1 Surveillance

SLAB shall conduct annual surveillance of all accredited V/VB. Surveillance is aimed at examining whether the accredited V/VB is maintaining all the requirements of APPLICABLE STANDARD/GUIDE and SLAB specific criteria (if any). SLAB will inform the accredited V/VB at least three months before the due date of accreditation for conducting the surveillance visit and the V/VB shall confirm its readiness within 30 days.

The V/VB during the validity of accreditation may request to enhance the scope of accreditation for which they should preferably apply two months before the conduct of assessment/surveillance. Surveillance visits will cover only selected areas. The non-conformities, if any, shall be closed within two months of conduct of surveillance. The summary of the surveillance report along with other relevant information will be submitted to the Director / CEO, SLAB to make a decision on the continuation of accreditation or otherwise. SLAB will inform the V/VB, in writing, about the decision.

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5.1.2 Reassessment and Renewal of Accreditation

The SLAB will intimate the V/VB in writing on the expiry of Accreditation approximately four months in advance and the V/VB has to respond at least two months before the expiry. The V/VB shall apply for renewal of accreditation by submitting a new application in the prescribed Application form (GHG-FM(P)-01). Along with this a copy of the current Quality Manual of the V/VB which describes the existing quality system in accordance with APPLICABLE STANDARD/GUIDE should be made available. The request shall be accompanied with the prescribed re-assessment fee.

The V/VB may request for extension of scope of accreditation, which should be explicitly mentioned in the application form. The procedure for processing of renewal of application is similar to that of first application except that no preliminary assessment is conducted and likewise the procedure for the on-site reassessment visit is similar to that of initial assessment. If the results of reassessment visit are positive and all non-conformances are closed before the expiry of the certificate, then the validity of the certificate is extended by a further period of three years without any discontinuity. In case of renewal a new certificate of accreditation is issued while the certificate number is retained.

5.1.3 Supplementary/ Special Assessments

The SLAB may organize Supplementary/ Special Visits under the following circumstances:

- Repeatedly finds nonconformities of category Major or large numbers of nonconformities of category Minor during the surveillance/ reassessment.
- Receiving complaints that are substantiated with facts or on instances where the V/VB is found to be misusing the Certificate of accreditation/ Accreditation symbol.
- Based on public complaints, publications or information from interested parties and the government.

The Director/CEO, SLAB may decide to carry out special assessments at any time during the period of validity of Accreditation. The execution of special assessments may take place with no prior notification or with very little time between notification and execution.

Special assessment may also become necessary when changes occur in Accreditation Criteria, Organizational Structure and in Management/ Ownership. However in these cases the SLAB will give V/VB sufficient time for preparation.

All costs associated with special assessments will be charged to the V/VB.

5.2 Changes in the Accreditation / Specific Criteria

If there is a change in the APPLICABLE STANDARD/GUIDE or in the accreditation criteria of SLAB, SLAB shall inform the V/VB of this in writing indicating the transition period, which shall be at least 6 months duration. Upon receiving such information, the V/VB must confirm to SLAB, its willingness in writing to modify its quality system in accordance with the changes. Upon receiving confirmation from the V/VB, SLAB may conduct a supplementary / special assessment to assess the implementation of same.

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5.3 Changes Affecting the GHG Validation/Verification Body Operations

In the event of the V/VB informing SLAB about any changes affecting the V/VB's activities and operations, SLAB may organize a supplementary/ special visit. The reportable changes are described in section 6.1.4. V/VB shall communicate this with relevant documentary evidence along with the amended Quality manual. The final decision is communicated to the V/VB along with an amended certificate. The costs associated with the issue of amended certificate will be charged to the V/VB.

5.4 Reduction of the Scope

During assessments by the SLAB, the accredited V/VB shall demonstrate that it complies with all accreditation criteria regarding the entire scope and that it has complied with these criteria from the date on which accreditation was granted. If a V/VB is of the opinion that parts of the scope no longer conforms to the accreditation criteria, it is expected that the V/VB will withdraw the relevant part of the scope itself. If during an assessment it becomes clear that it is necessary to withdraw accreditation for parts of the scope, the SLAB will also review the validity of the remaining accredited scope.

In order to demonstrate that a V/VB has complied with and is complying with the criteria for the complete scope of accreditation, the V/VB shall be able to provide records of the activities carried out. During SLAB assessments, these records shall demonstrate that the procedures for carrying out specific activities (Organization level/project level) have been applied correctly by qualified personnel in the past year.

The concerned part of the scope shall be withdrawn if records do not demonstrate this. If this means that the entire scope is withdrawn, then the entire accreditation is withdrawn. However the V/VB concerned can again be granted accreditation for the APPLICABLE STANDARD/GUIDE and the scope involved, under the same registration number, if a new application is sent in to the SLAB within two years after the withdrawal.

5.5 Extension of Scope

At any given moment, the V/VB can request an extension of the scope. To this end, a written application shall be sent to the SLAB. An assessment for extension of scope will not be initiated if nonconformities are currently open in related parts of the scope or in the general management system of the V/VB.

The SLAB distinguishes between extension within and extension outside the scope already accredited. Extensions of the scope that fall within the framework of the same accreditation standard will be considered. Extension within the scope and if not it will be considered otherwise. Requests for accreditation involving a different accreditation standard shall be treated as a new application.

Depending on the size and nature of the extension requested, the extent of the assessment needed for the extension will be determined by SLAB on a case by case basis. All costs for extension of scope will be charged to the V/VB.

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5.6 Transfer of Accreditation

If the ownership or name of an accredited V/VB changes, the accreditation may be transferred to the new owner or to the new name if the V/VB involved make such requests in writing. For such a transfer the following pre-conditions apply:

- The V/VB remains operating within the legal and regulatory framework of the country in which it operates;
- The policy and management system remain unchanged;
- The management and key personnel remain unchanged;
- The former owner does not remain active in the same sphere of activity or a similar area under the old name or a related name;
- The general composition of the V/VB's personnel remains the same;
- The basic infrastructure and other facilities are not compromised.

The V/VB shall provide the SLAB with the necessary documents showing that the above conditions are met. The costs for reviewing the documents/ conducting onsite review will be charged to the V/VB.

If all requirements are met, the new V/VB retains the registration/accreditation number and receives the new accreditation documents. The surveillance and re-assessment schedule will remain unchanged.

6. OBLIGATIONS

6.1 GHG Validation/Verification Body

6.1.1 General

A V/VB shall always comply with the relevant regulations and accreditation criteria. This not only applies to accredited V/VB but also to V/VB whose accreditation has been suspended.

6.1.2 Co-operation

The V/VB shall provide the SLAB assessment teams with all the necessary support in order to carry out their work efficiently, safely and honestly, whereby:

- It shall be possible to check the compliance of the V/VB's management system within the criteria;
- It shall be possible to gain insight into the relationship between the documented system and the APPLICABLE STANDARD/GUIDE via an up-to-date review;
- It shall be possible to observe the activities at the V/VB.
- If requested, the V/VB shall provide access to all relevant locations, dossiers and documents;
- In case the assessment of SLAB requires the participation of clients or other related bodies of the V/VB, the V/VB shall take measures to assure this participation; in particular V/VB shall have enforceable arrangements with its clients holding an accredited certificate, to ensure SLAB access to witness the V/VB audit team performing an audit at the V/VB's client's site.
- Assessors of SLAB shall not be put in a position where their independence and objectivity could be compromised.

6.1.3 Accreditation Symbols

Accredited V/VB have the right to use the applicable accreditation symbol. As such, on grant of accreditation, the V/VB may use SLAB symbol on letterheads, brochures and any other material issued to its clients including the certificates/ statements. However such usage shall be confined within the scope of Accreditation. The policy for using SLAB symbol is given in the document “Terms & Conditions for use of the Accreditation Symbol” (AC-RG(P)-01).

Misuse of the symbol by accredited V/VB may lead to suspension or withdrawal of the accreditation. If non-accredited V/VB use the logo, the SLAB can resort to legal action.

6.1.4 Reporting Changes

The V/VB shall inform the SLAB within one month of every change that can have considerable impact on the activities covered by the scope. Such changes may be of following nature:

- Changes in the legal, commercial or V/VB’s organizational status;
- Changes in the sphere of activities or economic activities of the V/VB
- Change in management and its structure;
- Policy changes;
- Changes in personnel that fill key positions, such as managers and decision-makers and personnel with specific and unique expertise for the V/VB;
- Changes in location and other resources that can have a significant influence on the accredited activities carried out;
- Significant changes in working procedures.

If a V/VB expects the changes to have a temporary negative effect on the accredited activities, then the V/VB can request a voluntary suspension. In case of that the SLAB possesses the right to carry out extra assessments to ensure that the V/VB again complies with the accreditation criteria before lifting the suspension. If during a periodical assessment of SLAB it is found that SLAB was not informed about changes may decide to extend the assessment to review the changes and their impacts.

6.1.5 Financial Obligations

The V/VB will receive an invoice for all the assessment activities carried out by the SLAB. The amount invoiced will depend on the number of man-days worked; the applicable fee and other costs be found in GHG-RG (P)-01. A V/VB shall always pay the invoices before the final payment date specified on the invoice. If a V/VB does not make payment on time, the SLAB sends a reminder. If payment still does not take place then, the suspension procedure will begin. If there are payments outstanding during the initial phase of the accreditation process, the SLAB has the right to halt the accreditation process until payment is done.

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6.2 SLAB

6.2.1 Behavior of Assessment Teams

The assessment team will limit its assessment activities to an investigation of whether the V/VB complies with the applicable criteria. In doing so, Assessors will make use of the relevant criteria documents, scope-related documents (including standards, descriptions of methodology, diagrams etc.) and generally accepted interpretations. Assessors may not accept any gifts, presents etc. from V/VB that may compromise their neutral role in assessments.

6.2.2 Confidentiality

The SLAB protects the confidential nature of the assessment findings unless V/VB has given written consent or legally obligated to do so. If the V/VB provides third parties with access to the assessment report, it shall provide access only to the complete assessment report. Assessors and all other persons who, work for the benefit of the accreditation by the SLAB, shall have access to the V/VB's files only after they sign and handover confidentiality statement to the particular V/VB.

6.2.2 Changes in Criteria and Interpretations

The SLAB informs the V/VB about changes in the various accreditation criteria and their interpretations. The V/VB are given sufficient time to adapt their system to the changes.

6.2.4 Limitations

The SLAB does not undertake any service which affects impartiality, such as consultancy or services that are to be performed by any V/VB.

7. SUSPENSIONS AND WITHDRAWALS

Conditions for Suspensions and Withdrawals eg. failure to resolve nonconformities in accordance with an SLAB's procedures; Negative outcome of a complaint investigation, Misuse/misrepresentation of an accreditation symbol, Non-payment of fees as explained in IAF MD 7 are referred in GHG-RG(P)-03. Above issues pertaining to suspension or withdrawal will be dealt with the Accreditation Committee according to the Procedure AC-PR-09 and accordingly accreditation granted will be suspended, withdrawn or reduced.

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7.1 Suspensions

7.1.1 General

During the suspension period, the V/VB may not make use of the accreditation symbol or in any other way actively refer to the accredited status. V/VB may not accept any new certification requests for issuing accredited certificates. Existing certification contracts shall be respected, which means that the V/VB continues to carry out the necessary surveillance activities.

A suspension is lifted if an additional assessment shows that the reason for the suspension no longer exists. If the suspension period ends without this being the case, the SLAB implements the withdrawal procedure.

7.1.2 Voluntary

A V/VB may request a voluntary suspension from the SLAB if it is temporarily unable to comply with the accreditation criteria. In such circumstances, the V/VB is not permitted to make use of the symbol or refer to the accredited status. It is not possible to submit a request for a voluntary suspension during the period that an SLAB assessment is being carried out.

7.1.3 Imposed by SLAB

If a V/VB not demonstrably eliminate one or more nonconformities within the applicable period, or the V/VB fails to fulfill its obligations related to the accreditation, the SLAB suspends the accreditation for a period of at most six months. The V/VB is informed of this in writing. A suspension is put into effect by the Director/CEO, SLAB on the recommendations (AC-FM-14) made by the Accreditation Committee.

7.1.4 Publicity

SLAB will notify the interested parties and the public through its web site, newspapers etc.

7.2 WITHDRAWALS

7.2.1 General

The accredited V/VB and the SLAB can withdraw an accreditation and thus cancel the accreditation agreement. From the moment of withdrawal, the V/VB will have to refrain from using the accreditation symbol or otherwise referring to the accredited status. In such situations the certificates issued under SLAB-accreditation shall also have to be withdrawn.

7.2.2 Voluntary

If V/VB wishes, for whatever reason, to end its accreditation, it shall submit a request to the SLAB for voluntary withdrawal in writing. Withdrawal may apply to a part of the scope or the entire scope. The SLAB confirms the withdrawal in writing.

7.2.3 Imposed by SLAB

If SLAB determines that a suspension has not been removed within the applicable period or if evidences are found to substantiate that the V/VB brings the Accreditation into grave disrepute, the SLAB will impose the withdrawal. SLAB informs the V/VB of the withdrawal in writing. After a withdrawal, the SLAB will not accept an application for accreditation from the same V/VB within a period of six months.

7.2.4 Publicity

SLAB will notify the interested parties and the public through its web site, newspapers etc.

8. DISPUTES, COMPLAINTS AND APPEALS

8.1 Disputes

The SLAB defines a dispute as difference of opinion between the accredited V/VB or the V/VB to be accredited and the SLAB with regard to:

- The interpretation of a requirement of a standard;
- The working procedure of the SLAB.

The V/VB can report the existence of such dispute to the Director/CEO, SLAB in writing. The Director/CEO, SLAB will consult with the parties involved and with the Technical Advisory Committee and takes a decision. The decision will be communicated to the parties in writing.

8.2 Complaints

The SLAB distinguishes two types of complaints:

- Complaints about the SLAB and its Assessors.
- Complaints about registered or accredited V/VB.

In both these cases Director/CEO, SLAB or the panel appointed by him/her will investigate the complaints.

Complaints shall be submitted in writing. The SLAB will confirm the receipt of the complaint. The complaints will be handled in accordance with the Complaint handling Procedure (GN-PR (P)-08). If a complaint is not submitted in writing, if it is not motivated or if the complainant and the party complained about are not clearly indicated, the SLAB will treat the complaint as it sees reasonable and proceed with the complaint handling accordingly.

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8.3 Appeals

V/VB are free to make appeal against decisions taken by the SLAB such as appointment of assessors, grant of accreditation, reduction/ expansion of scopes, suspensions/ withdrawal etc. All such appeals will be dealt with in accordance with the SLAB Appeal procedure GN-PR (P)-09.

Cost associated with the processing and handling the appeals are charged to the V/VB.

9. PUBLICITY

The details of scope of accreditation & accreditation status of the accredited V/VB along with their contact addresses are published on SLAB website.

10. LIABILITY

SLAB shall not be responsible for any damages, which the V/VB may suffer as a result of any action or negligence by those who are carrying out the tasks on behalf of SLAB and any failure to the grant of accreditation or abeyance / suspension / forced withdrawal of the accreditation, and neither shall SLAB be held responsible for any damage whatsoever, caused to any party by the acts of V/VB.

Appendix 1

SCOPES OF ACCREDITATION

1.1 Organizational level verification (ISO 14064-1)

	Technical area	Category covered by technical area
1.	Power generation and power Transactions	<ul style="list-style-type: none"> • Transmission of electricity • Generation of bulk electric power • Transmission from generating facilities to distribution centers and /or distribution to end users • Renewable energy systems • Purchased electricity, and heat
2.	General manufacturing (Physical or chemical transformation of material or substances into new products)	<ul style="list-style-type: none"> • Manufacturing - Electric and electronics equipment, • industrial machinery • Manufacturing of Food Beverages, tobacco and food processing • Manufacturing of Textile, wearing apparel and leather products • Manufacturing of Wood and wood products • Manufacturing of Paper and paper products • Manufacturing of Chemical, petroleum, rubber and plastic products • Manufacturing of Nonmetallic products • Manufacturing of Basic metal products • Manufacturing of Fabricated metal products • Manufacturing of Products not elsewhere specified • Civil construction
3.	Oil and gas exploration, extraction, production and refining and pipeline distribution, including petrochemicals	<ul style="list-style-type: none"> • Conventional exploration and production • Oil sand and heavy oil upgrading • Coal bed methane production • Gas processing plants • Gas well completion • Transportation and distribution • Natural gas storage and LNG operations • Crude oil transportation • Refilling • Petrochemical manufacturing • Emissions from process vents in oil and gas treatment • Process emission (eg: - glycol dehydration, acid gas removal/sulphur recovery, hydrogen production, fluid catalytic cracker (FCC) catalyst regeneration). • Venting emission (eg:- vessel loading, tank storage and flashing, and venting of associated gas) • Fugitive emissions (e.g leaks from equipment and piping components) • Non - routine events (e.g gas releases during planned piped line and equipment maintenance releases from unplanned events)

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	Technical area	Category covered by technical area
4.	Metals production	<ul style="list-style-type: none"> • Production of processing of ferrous metals • Production of Primary and secondary aluminium • Production of non-ferrous metals including • production of alloys • Production of coke • Metal ore roasting or sintering including pelletisation • Production of pig iron or steel including continuous casting
5.	Mining and mineral production	<ul style="list-style-type: none"> • Production of cement clinker and production of lime or calcinations of dolomite or magnetite • Glass and ceramic, mineral wool
6.	Pulp, paper and print	
7.	Chemical Related Process	<ul style="list-style-type: none"> • Production of carbon black • Production of ammonia • Production of bulk organic chemicals by cracking, reforming, partial or full oxidization or by similar processes • Production of hydrogen and synthesis gas by removing or partial oxidation • Production of soda ash and sodium bicarbonate • Production of nitric acids • production of adipic acid • production of glyoxal and glyoxylic acid
8.	Carbon capture storage	<ul style="list-style-type: none"> • Capture and transport of GHG by pipelines for geological storage • Geological storage of GHG in a storage site
9.	Transport	<ul style="list-style-type: none"> • Aviation • Other transportation
10.	Waste handling and disposal	<ul style="list-style-type: none"> • water and waste water treatment • Landfill and Composting Facilities
11.	Agriculture, Forestry and Other Land Use	<ul style="list-style-type: none"> •
12	General	<ul style="list-style-type: none"> • Building Services/ Facilities Management • Education • Hospital • Other

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1.2 Project Level Validation and Verification (ISO 14064-2)

	Technical area	Category covered by technical area
1.	Energy industries (renewable/non-renewable sources)	<ul style="list-style-type: none"> • Thermal energy generation from fossil fuels and biomass including thermal electricity from solar • Energy generation from renewable energy sources
2.	Energy distribution	<ul style="list-style-type: none"> • Electricity distribution • Heat distribution
3.	Energy demand	Energy Demand
4.	Manufacturing industries	<ul style="list-style-type: none"> • Cement sector • Aluminium • Iron and steel • Refinery
5.	Chemical industry	<ul style="list-style-type: none"> • Chemical process industries
6.	Construction	<ul style="list-style-type: none"> • Construction
7.	Transport	<ul style="list-style-type: none"> • Transport
8.	Mining/mineral production	<ul style="list-style-type: none"> • Mining and mineral process excluding oil and gas industry, coal mine methane recovery and use • Oil and gas industry, coal mine methane recovery and use
9.	Metal production	<ul style="list-style-type: none"> • Metal production
10.	Fugitive emissions from fuels (solid, oil and gas)	<ul style="list-style-type: none"> • Mining and mineral process excluding oil and gas industry, coal mine methane recovery and use • Oil and gas industry, coal mine methane recovery and use
11.	Fugitive emissions from production and consumption of halocarbons and Sulphur Hexafluoride	<ul style="list-style-type: none"> • Chemical processing industries • GHG capture and destruction
12.	Solvents use	<ul style="list-style-type: none"> • Chemical process industries
13.	Waste handling and disposal	<ul style="list-style-type: none"> • Waste handling and disposal • Animal waste management
14.	Afforestation and reforestation	
15.	Agriculture	<ul style="list-style-type: none"> • Agriculture
16.	Carbon Capture and Storage of CO ₂ in Geological Formation	<ul style="list-style-type: none"> • Carbon capture and storage of CO₂ in geological formation

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