Regulations for occupational health and safety management systems certification

This document has been approved by the Director.

0. HISTORY

This Edition 18 – 15 July 2020 of the Regulations for occupational health and safety management systems certification published by IGQ replaces the previous edition 17 of 25 March 2019 and enters into force upon its publication.

1. GENERAL

IGQ is a management system certification body competent and accredited in defined sectors of industrial, commercial and service activities.

1.1 Every organization operating within the sectors of competence IGQ has free access to IGQ certification, without any discrimination and without any undue financial or other conditions.

1.2 The certification scheme implemented by IGQ verifies and documents the compliance of occupational health and safety management systems with the requirements of the reference standard BS OHSAS 18001:2007 – Occupational health and safety management system – Specification or ISO 45001:2018 - Occupational health and safety management system – Requirements with guidance for use.

This certification does not replace the organization's responsibility for compliance with all applicable provisions of the European Union law, national or local laws or technical standards regarding occupational health and safety controls and the fulfillment of obligations under these provisions of law or rules.

If at the time of application for certification the organization is subject to any legal proceedings for infringement of the Laws or Regulations on occupational health or safety and/or in breach of any requirements of the Public Administration, the organization is required to notify IGQ for a proper evaluation in the certification process.

The organization shall also inform IGQ in writing of any judicial proceedings relating to accidents and injuries or significant violations of laws and regulations on health and safety in the workplace which may have occurred during the validity of the certification and accept the resulting decisions of IGQ, except as stated in paragraph 14.

1.3 Within this activity, IGQ operates in accordance with the requirements of applicable European and international standards and the applicable regulations issued by the accreditation bodies (see in particular para. 15).

IGQ is responsible of all steps of the certification process, from the initial assessment to the subsequent surveillance.

IGQ may not provide consultancy services to its customers for the design and implementation of occupational health and safety management systems, such as for example:

- provide personnel who operate as an RSPP;
- reporting on safety and health in the workplace;
- carry out risk assessment;
- carry out internal inspections or audits on aspects of safety and health in the workplace;
- manage communications with the competent authorities on behalf of the organization;
- development and implementation of health and safety management systems in the workplace;
- carry out investigations and analysis of accidents and injuries.

All operations relating to the issue and maintenance of certifications are performed by qualified personnel of IGQ with guarantee of confidentiality and no conflict of interest. Only the accreditation bodies have free access to the above mentioned information.

The issue and maintenance of certification is contingent upon payment of the charges according to the defined conditions.

IGQ may suspend the programmed audits when scheduled payments are not timely received.

2. CERTIFICATION PROCESS

2.1 APPLICATION

2.1.1 The company wishing to receive a certification shall provide an application signed by an authorized representative, supplying all the information required by the specific application documents.

2.1.2 The application shall be referred to the occupational health and safety management system of a specific organizational unit of the company. Such unit is hereafter referred to as the organization. The system is meant to apply to all employees of the organization (including any other workers as established by the Law, or supplied to other organizations), the suppliers and the clients acting within the site of the organization. They will in the following be referred to as employees.

≡

For temporary sites (such as construction sites) the assessment is carried out by sampling within the certification process of the organization.

2.1.3 The organization shall implement a documented occupational health and safety management system in compliance with the reference standard and meet all requirements of this Regulations.

In particular the organization must ensure that:

- the responsibilities for the occupational health and safety management system are clearly defined, and assigned to a person at the right level, responsible for ensuring that the rules of the system are observed and that non conformities, including those identified by IGQ, are resolved;
- the health and safety management system in the workplace includes the activities, products and services controlled or influenced by the organization and which have an impact on the system itself, including temporary sites (eg construction sites) and personnel provided to other organizations;
- compliance with the legal health and safety requirements in the workplace applicable to it has been achieved despite its assessment before certification is issued;
- to continue to apply the health and safety management system in the workplace, even in closed sites that remain within the scope of application of the system and / or in closed production areas located in sites falling within the scope of application of the system;
- a complete list of the applicable occupational health and safety regulatory requirements is available and maintained;
- a preliminary analysis has been carried out to identify the occupational health and safety hazards and relevant risks related to the activities at site;
- all the documentation of the occupational health and safety management system shall be made available to IGQ, in particular:
  - the occupational health and safety management system manual and the related documents, or equivalent documentation, if present
  - a description of the organization and the processes carried out;
  - the preliminary analysis including the risk assessment that will be used to define the audit plan, its extensions and insights;
  - a declaration that all workers have been involved in the implementation of the occupational health and safety management system;
- management consultants, if present during the assessment activities or the audit, shall be limited to the role of observers;

In addition, for the certifications accredited by ACCREDIA, the organization must ensure that the organizational principles defined in the Guidelines UNI-INAIL are adopted, as a guide for the construction and operation of the system: "Linee guida per un sistema di gestione della salute e sicurezza sul lavoro" – UNI, 2001.

The assessment of the occupational health and safety management system and the certification of the same are limited solely to the requirements of the BS OHSAS 18001 standard (as interpreted according to the mentioned UNI – INAIL Guide Lines for certifications accredited by ACCREDIA). The conformity to national Laws is a pre-requisite for the execution of the audits.

2.2 APPLICATION ACCEPTANCE

2.2.1 IGQ, following receipt of the application:

- informs the organization of the acceptance of the application or, alternatively, explains the reasons for rejecting the application;
- describes the subsequent steps of the certification process, specifying the names of the IGQ persons in charge;
- requests any further information necessary;
- requires the payment of the application fees.

2.2.2 The organization may object on the appointment of the persons in charge of each step of the certification process and request their substitution, explaining the reasons for such request.

2.2.3 The organization may voluntarily waive the continuation of the certification at any time by giving written notice to IGQ. The waiver implies in any case the payment of the fees for the application and for the audits which may have been already conducted.

2.3 PRE-ASSESSMENT AUDIT (PRE-AUDIT)

Before beginning the certification process, and upon request by the organization, IGQ may conduct a pre-assessment audit (pre-audit). The purpose of the pre-audit is only to allow the organization to familiarize itself with IGQ assessment methods and to summarily evaluate the general state of conformity of its occupational health and safety management system. The audit is carried out with the same criteria of an initial audit (see below); the only difference is the extension of the audit, which may be total or partial depending on the preference of the organization being audited. The duration is defined case by case according to the request.

The outcome of a pre-assessment and its findings have no influence on the assessment process and, in particular, on the extension and duration of the certification audit.

2.4 CERTIFICATION

The certification audit in carried out in two steps:

- technical meeting or stage 1 audit;
- stage 2 audit.

The audit team always includes a member competent in the sector of activity of the organization. A lead auditor is the team leader and coordinates the activities of the team.

2.4.1 In the course of the two stages:

2.4.1.1 The organization must ensure that:

- all documents and records relevant to the implementation of the occupational health and safety management system are made available to the audit team;
- the audit team is allowed free access to all areas involved in the activities included in the scope of certification;
- the audit team is assisted during the audit by competent personnel and by the occupational health and safety manager;
- all necessary measures are put in place to ensure that the audit team may operate safely, in compliance with all applicable regulatory requirements. IGQ and accreditation bodies auditors present at the audit cannot sign declarations of discharge of liability to the organization for security issues, and should take immediate action to prevent injury, including if necessary the abandonment of the audit area and the interruption of the audit.
- performance indicators are in place for prevention and protection relevant to the processes and the activities;
- appropriate objectives are defined for occupational health and safety, that these objectives are supported by a technical and financial planning and programming and that the objectives and indicators are consistent with the risk assessment;
- the occupational health and safety management system keeps track and responds to the key instances of the interested parties;
- workers are entrusted with clear, well-defined and well-known roles and a clear definition of responsibilities for occupational health and safety;
- the human resources training and information plan is defined according to the analysis of the needs and implemented;

- the identification and analysis of hazards and the relevant risks assessment constitute the input data for the continuous improvement process and the relevant procedure is both substantial and actually applied;
- the analysis of the involvement of the personnel is included in the report of the occupational health and safety manager and appropriately leveraged to set appropriate preventive actions;
- a full cycle of internal audit and at least the first management review has been conducted before the audit.

2.4.1.2 Before beginning the assessment, the audit team holds a meeting with the management of the organization in order to:

- introduce the audit team and explain the assessment procedure;
- establish an official channel of communication with the organization's management;
- clarify any doubts by answering specific questions;
- underline the commitment to confidentiality regarding processes, procedures, records and measures of occupational health and safety to be examined during the audit.

2.4.2 Document review

IGQ conducts a detailed review of the conformity of the documentation with particular reference to the Risk Assessment Document (DVR). In this stage IGQ may require integrations to the documentation.

Should the company refuse to provide in advance the confidential documentation (manual and DVR and other required documentation) the document review is conducted at the organization's premises. This review may lead to an increase in the required audit on-site man-days, according to the provisions of the international standards.

The organization is then informed of any documentary non conformities.

2.4.3 Technical meeting – stage 1 audit

IGQ carries out the stage 1 audit at the premises of the organization, in order to:

- review the occupational health and safety management system documentation and assess its consistency with respect to the Risk Assessment (DVR) and to the Emergency Management documents
- assess the site and its specific characteristics;
- assess the awareness of the requirements of the standard within the organization and in particular verify that:
  - appropriate maintenance programs and/or systems are in place and are effective e.g. programmed maintenance systems for the equipment, and predictive maintenance systems for the equipment critical parts;
  - there are procedures to ensure compliance with the legal issues arising from legally binding regulations or other regulatory documents;
  - the process of hazards identification and analysis and the risk assessment are described in a specific procedure, which specifies the criteria for monitoring over time and involves the personnel working in the different processes;
  - the risk assessment keeps into account all possible hazards including those resulting from the processes put in place by suppliers operating, even sporadically, at the site, or those related to the presence of visitors; or those relating to employees not permanently operating on the organization's sites or provided to other organizations;
  - for the execution of the site activity, the organization is in possession of all necessary licenses pertaining to safety;
- collect the necessary information related to the scope of the occupational health and safety management system and the processes involved, including the conformity to the applicable legal/regulatory requirements;
- review the allocation of resources for the stage 2
- define the stage 2 audit plan;
- verify that the internal audits and management review have been planned and conducted and that the degree of implementation of the system is such to allow the stage 2 audit to be conducted.

The results of the stage 1 of the audit are documented and communicated to the organization, including the identification of any problem which may be classified as a non conformity in the subsequent stage 2. For the stage 2 to take place all such problems must

be solved by the organization. Verification of their effective removal will be carried out during the stage 2 audit.

If the solution of the problems identified in the stage 1 requires the organization longer than 6 months, it may be necessary to carry out an extension of the stage 1 audit. The duration of such extension shall be defined by the IGQ Certification Scheme Manager, according to the nature of the problems found, and after consulting with the RVI.. If more than 12 months have elapsed, the stage 1 audit shall be repeated.

2.4.4 Stage 2 audit

2.4.4.1 The stage 2 audit always takes place at the premises of the organization ≡. The purpose of the stage 2 audit is to assess the implementation and the effectiveness of the occupational health and safety management system and in particular to confirm the consistency and coherence of the organization with its own health and safety policy, with the system objectives and procedures and confirm that the occupational health and safety management system complies with all requirements of the reference standard and the requirements of these Regulations.

2.4.4.2 The assessment includes the verification of the conformity of the procedures of the organization and of their complete and effective implementation. The assessment of the organization's management system is carried out on all processes, work shifts and sites subject to certification. The following will be subject to verification:

- information and evidence about compliance with all the requirements of the standard or other normative document applicable to the management system;
- monitoring, measurement, reporting and performance review, with reference to the objectives and fundamental goals of the performances themselves (in line with the expectations of the applicable management system standard or other normative document);
- the effectiveness of the health and safety management system in the workplace in managing and ensuring compliance with legislative requirements;
- the keeping under control of the processes;
- internal audits and management review;
- the responsibility of the management for policies;
- links between regulatory requirements, policy, goals and performance targets, all applicable legal requirements, responsibilities, staff competence, activities, procedures, performance data and findings and conclusions of internal audits.

2.4.4.3 At the end of its work the audit team analyses the data collected and draws its conclusions.

Then in the course of the closing meeting the audit team informs the management of the organization or its representatives of the findings, and expresses its evaluation on the conformity of the occupational health and safety management system to the requirements of the reference standard.

The organization's representative must invite to attend the closing meeting: Management / Employer, RSPP, Competent Doctor, RLS.

The findings are classified as follows:

- **Non conformity** – one or more findings of this type implies a negative assessment of the conformity of the occupational health and safety management system; evidence of the implementation of adequate corrective actions must be provided before granting certification;
- **Minor non conformity** – this type of findings do not imply a negative assessment, however a corrective action plan must be submitted to IGQ before the certification can be granted or renewed. Evidence of the implementation of corrective action may be verified after the issue or renewal of the certification;
- **Recommendation** – this finding is an opportunity for improvement of voluntary application by the organization.

During the closing meeting the representatives of the organization may seek all necessary clarifications and, if they do not share the results of the assessment, express their objections.

The findings and any objections expressed by the organization are recorded by the audit team leader and submitted to IGQ.

2.4.4.4 At the end of the audit the audit team delivers directly to the representatives of the organization a summary of the findings with the instructions for their proper management.

If any of the audit observations are modified by IGQ, the organization will receive a written notice.

2.4.4.5 In case of Non Conformities the organization shall analyze the causes and describe the specific correction and corrective actions taken, or planned be taken within a defined time, specified in the instructions provided, in order to eliminate such nonconformities. . In case it is not possible to verify the implementation of the corrections and corrective actions within 6 months of the end of stage 2 audit a new stage 2 audit will be conducted.

2.4.4.6 IGQ may then, at its discretion, conduct a new audit, partial or total, or review the documentary evidence of the implementation of the corrective actions.

Failure to implement the corrective actions results in the suspension of the certification process.

In the case of minor non conformities, the corrective actions plan shall be sent to IGQ before the issue of the certificate; the implementation of the corrective actions will be verified during the first surveillance audit.

IGQ provides a written report for each audit and for each stage of the audit. The reports are sent to the organization but remain the property of IGQ. The organization may divulge or publish them provided they are not modified and always in their entirety.

2.5 ISSUE OF THE CERTIFICATE

2.5.1 The issue of the certificate is contingent upon the favorable opinion of the IGQ Certification Commission regarding the conformity of the organization's occupational health and safety management systems to the requirements of the standard.

IGQ informs the organization that the certification has been granted and sends the certificate and the certification mark. These documents may be used under the conditions reported in the *Regulations for the use of the IGQ management systems certification mark*.

IGQ publishes and maintains on the www.igq.it website the list of all certified organizations.

3. VALIDITY OF THE CERTIFICATION

The certificate is valid three years, and precisely until the end of the thirty fifth month from the date of the certification decision.

The period of validity of the certification may not be extended beyond these terms. In special cases, in agreement with the certified organization, IGQ may reduce the period of validity of the certification.

4. SURVEILLANCE AND RECERTIFICATION

4.1 SURVEILLANCE

4.1.1 IGQ performs the surveillance of the occupational health and safety management system at least once every calendar year. The first surveillance takes place within 12 months from the date of the certification decision.

For ACCREDIA accredited certifications IGQ performs the surveillance of the occupational health and safety management system in the first three years cycle in relation to the complexity of the organization (high, medium, low) as follows:

- **high complexity organizations**. Prior to recertification, the surveillance program is as follows: first surveillance at 6 months, second surveillance at 15 months; third surveillance at 24 months, since the stage 2 audit
- **medium complexity organizations**. Prior to recertification, three audits shall be conducted. The recertification audit shall be carried out as an independent audit.
- **low complexity organizations**. At IGQ's discretion: three audits prior to recertification. The recertification cannot be combined with the last audit, but the last surveillance can coincide with the recertification: This last case is subject to the signing of the contract renewal, which must be completed before the second surveillance audit.

From the second three-year certification period on, the frequency of surveillance audits will be annual.

4.1.2 The frequency and extent of surveillance audits are established by IGQ to ensure that the occupational health and safety management system is maintained in compliance with the requirements of the reference standard.

The surveillance audit is carried out according to the applicable requirements of para. 2.4.

During the surveillance audit the following are verified:

- the implementation of the corrective actions and the removal of any non conformities found in the previous audit;
- some elements of the occupational health and safety management systems chosen by the lead auditor, but including, at least once every year, the following:
  - internal audits and management reviews,
  - effectiveness of the occupational health and safety management systems with regard to achieving the organization's objectives,
  - investigation and analysis of accidents occurred in the period since the last audit;
  - effectiveness and capacity over time of the management system to manage compliance with the legislative requirements of the applicable health and safety aspects;
  - progress of planned activities aimed at continual improvement, corrective and preventive actions;
  - continuing operational control;
- handling of occupational health and safety complaints received by the organization;
- the use of the IGQ certification mark;
- any changes made since the last audit;
- the proper functioning of the procedure that governs the management of communications with stakeholders and those relating to the assessment of the risks related to occupational health and safety.

An interview is conducted with the management, having the responsibility of the system.

4.1.3 In the closing meeting the audit team informs the organization's management or its representatives of the findings and expresses its evaluation on the conformity of the occupational health and safety management systems to the requirements of the reference standard.

The representatives of the organization may seek all necessary clarifications and, if they do not share the results of the assessment, express their objections.

The findings and any objections expressed by the organization are recorded by the audit team leader and submitted to IGQ.

4.1.4 At the end of the audit the audit team delivers directly to the representatives of the organization at least a summary of the findings with the instructions for their proper management.

Should one or more of the remarks made by the audit team leader be modified by IGQ, the organization will be informed in writing

In case of Non Conformities the organization shall analyze the causes and describe the specific corrections and corrective actions taken, or planned to be taken within a defined time, specified in the instructions provided, to eliminate such nonconformities, and send this corrective action plan to IGQ.

The information provided by the organization will be examined by the Certification Commission which will decide on maintenance, possibly conditioned by the successful outcome of any extraordinary or re-scheduled audits, suspension or withdrawal of certification. The Certification Commission decisions are communicated to the organization.

Non conformities which are not removed within the defined time may imply suspension or withdrawal of the certification (see 9 and 10).

4.1.5 The organization shall have a record of:

- accidents and emergencies and other events occurred that could have affect the occupational health and safety;
- reports and comments from the authorities responsible for overseeing occupational health and safety.

These records, together with those of the corrective actions taken shall be made available during the surveillance audits;

4.2 RECERTIFICATION

4.2.1 A recertification audit will be conducted before expiry of the certificate.

The recertification audit is programmed at least one month prior to the expiry date, so as to allow sufficient time for the organization to implement any necessary corrective action relating to the non conformities or minor non conformities found during the recertification audit.

4.2.2 A recertification audit implies a complete review of the occupational health and safety management system ≡.

The audit is conducted according to the applicable requirements of para. 2.4 and aims to ascertain the following:

- the effectiveness of the occupational health and safety management systems in its entirety in the light of internal and external changes and its continued relevance and applicability to the scope of certification;
- demonstrated commitment to maintain the effectiveness and improvement of the management system in order to enhance overall performance;
- whether the operation of the certified management system contributes to the achievement of the organization's policy and objectives.

4.2.3 In the closing meeting the audit team shall notify the Management or the Management representatives any findings and present its assessment of the conformity of the management system for health and safety in the workplace with the requirements of the reference standard.

The organization's representative must invite to attend the closing meeting: Management / Employer, RSPP, Competent Doctor, RLS.

The representatives of the organization may seek all necessary clarifications and, if they do not share the results of the assessment, express their objections. The findings and any objections expressed by the organization are recorded by the audit team leader and submitted to IGQ.

4.2.4 At the end of the audit the audit team delivers directly to the representatives of the organization a summary of the findings with the instructions for their proper management.

If any of the audit observations are modified by IGQ, the organization will receive a written notice.

In case of Non Conformities or Minor Non Conformities the organization shall analyze the causes and describe the specific corrections and corrective actions taken, or planned to be taken within a defined time, specified in the instructions provided, to eliminate such nonconformities, and send this corrective action plan to IGQ.

In case of Non Conformities the information provided by the organization will be examined by the IGQ Certification Commission which will decide on recertification, possibly conditioned by the successful outcome of any extraordinary or re-scheduled audits, ≡ or withdrawal of certification. The Certification Commission decisions are communicated to the organization.

In case of only Minor Non Conformities the information provided by the organization will be examined by the IGQ Certification Scheme Manager who will decide on recertification. The implementation and effectiveness of the corrective actions will be verified at the next surveillance audit.

Non Conformities which are not removed within the defined time may imply the ≡ withdrawal of the certification (see 10).

4.2.5 The expired certificate can be restored within 6 months of its expiry, provided that all activities resulting from the recertification audit have been completed. In the case in which the recertification audit has not been completed within the expiry date, in order to restore the expired certificate at least one stage 2 audit must be conducted.

4.3 UNANNOUNCED OR SHORT NOTICE AUDITS

In cases when:

- IGQ receives complaints by customers of the certified organization or other stakeholders;
- serious accidents or serious violations of legislation related to occupational safety occur;

- a surveillance audit finds non conformities not removed within the agreed time;
- an incorrect use of the certificate or of the certification mark has been detected;
- the organization is in a situation which severely limits the decision-making power of its management as regards the definition and implementation of the occupational health and safety policy, such as in the case of insolvency proceedings;

IGQ may conduct unannounced or short notice audits, in place of or in addition to the programmed audits. In the case of short notice audits the organization will be notified no more than three days in advance, by written notice sent by fax or other electronic means. The notice will contain all necessary information for the audit, including starting and ending dates and times, composition of the audit team and extension of the audit.

5. CHANGES AND EXTENSION OF THE CERTIFICATION

IGQ may modify the scope of the certification for clarity and completeness. IGQ will reduce the scope of the certification should processes or sites within the scope of certification be no longer active. IGQ will extend the scope to cover new activities or sites, following a request from the organization and after positive outcome of the audit activities extended to the new activities or sites.

6. CHANGES IN THE ORGANIZATION

6.1 The certified organization shall promptly inform IGQ of any changes to its occupational health and safety management system or any changes which may influence conformity to the requirements and in particular of any significant changes regarding:

- the legal, commercial, organizational status or ownership;
- organization and management (e.g. key managerial, decision-making or technical staff);
- contact address and sites;
- scope of operations under the certified management system;
- major changes to the management system and processes.

6.2 IGQ will assess the extent of the changes notified by the organization and, after any further requests for information, will decide on the necessary actions.

7. PUBLICATIONS

7.1 IGQ maintains and updates the list of certified organizations. The list is published on the IGQ website (www.igq.it) and on the CISQ Federation website (www.cisq.com).

7.2 The organization may:

- inform the public, with any means, of the certification;
- publish the certificate;
- use the IGQ certification mark in accordance with the requirements of the *Regulations for the use of the IGQ management systems certification mark.*

7.3 The organization whose occupational health and safety management systems has been certified:

- must not give statements that are misleading with regards to its certification;
- must not use, or consent to the use by a third party, of a certification document, or any part of it, in a misleading way;
- must change and correct all advertising if the scope of certification as been reduced;
- must not allow references to the certification of its management system to be used in a way that could suggest that the certification body certifies a product, service or process;
- must not imply that the certification applies to activities which are outside the scope of certification;
- must not use its certification in such a way as to damage the reputation of IGQ or of the certification system or affect public confidence.

8. IMPROPER USE OF THE CERTIFICATE OR OF THE CERTIFICATION MARK

8.1 The improper use of the certificate or of the certification mark may imply:

- a request for corrective actions;
- the publication of the infringement in the press;
- the suspension or withdrawal of the certification (see para. 9 and 10);
- a legal action.

9. SUSPENSION OF THE CERTIFICATION

9.1 The certification may be suspended by IGQ whenever:

- it is not possible to conduct the audits;
- the surveillance detects Non Conformities (but such as not to cause its withdrawal) not resolved in the agreed time;
- there are serious accidents or serious violations of the legislation relating to health and safety in the workplace with the involvement of the competent authorities and in the audit the evidence of one or more Non-Conformities of the and health and safety management system is found linked to the aforementioned events (but such as not to cause its withdrawal);
- the organization commits an infringement of the rules of the certification system or regulations of IGQ that does not entail the withdrawal of the certification;
- the organization is in a situation which severely limits the decision-making power of its management as regards the definition and implementation of the quality policy, such as in the case of insolvency proceedings; in these cases IGQ may maintain the certification provided it can verify that the occupational health and safety management system is maintained in conformity to the requirements of the reference standard.

9.2 The organization may ask, by written request, a suspension of the certification.

9.3 The suspension of the certification is officially notified to the organization by registered letter which includes the conditions under which the certification may be restored.

The suspension of the certification lasts no longer than 6 months. This period may be extended for justified reasons up to a maximum of 6 more months. The suspension in any case cannot be longer than 12 months.

The certification can only be restored following the positive outcome of a complete recertification audit ≡ and subject to compliance with any other specific conditions defined by IGQ depending on the circumstances that led to the suspension. Otherwise the certification will be withdrawn.

9.4 The suspension and its duration are published, during the suspension period, in the list of certified organizations

10. WITHDRAWAL OF THE CERTIFICATION

10.1 IGQ may withdraw the certification in the following cases:

- in the case of a suspension, if the conditions for the restoration of the certification are not met within the agreed time (see para. 9.3);
- if non conformities have been found during an audit and the organization has failed to remove them within the agreed time;
- if an audit detects evidence that the occupational health and safety management system does not ensure systematic compliance to the occupational health and safety requirements, mandatory by law or regulations, subject to the exclusive responsibility of the organization for the possible failure to comply;
- if the organization commits an infringement of the rules of the certification system or regulations of IGQ.
- if the certification requirements are changed (see para. 12) and the organization will not or cannot ensure conformity to the new requirements;
- if the organization refuses or impedes the audits;
- if the organization fails to meet its financial obligations to IGQ;

10.2 The withdrawal implies the withdrawal of the certificate and of the authorization for the use of the certification mark, from the moment of the notification of withdrawal, by registered letter, to the legal representative of the entity to which the organization belongs.

IGQ then eliminates the organization from the list of certified organizations.

IGQ also reserves the right to publicize the withdrawal if a lack of publicity could damage the image of IGQ.

10.3 The organization which intends to obtain again a certification after withdrawal shall submit a new application and follow the entire certification process.

11. RENUNCIATION OF THE CERTIFICATION

11.1 The certified organization may renounce the certification at any time, with at least 90 days' advance notice sent to IGQ by registered letter.

11.2 The certified organization may renounce the certification with at least 30 days advance notice sent to IGQ by registered letter, in the following specific cases:

- non acceptance of changes to the agreed economic conditions;
- cessation of the activity subject to certification.

12. CHANGES TO THE CERTIFICATION REQUIREMENTS

12.1 Changes to the certification scheme may be necessary when:

- the standardization bodies change the occupational health and safety management systems reference standard;
- the standardization bodies modify the standard rules governing the conduct of certification bodies;
- accreditation rules are changed (see para. 15).

12.2 In the case of changes to the certification requirements, IGQ:

- provides all necessary information to the certified organization;
- verifies that the certified organization implements the necessary changes within a specified time.

12.3 Failure by the organization to implement the necessary changes within the specified time may imply the suspension or the withdrawal of the certification in accordance to para. 9 and 10.

13. APPEALS AND COMPLAINTS

13.1 Appeals against the decisions of IGQ relating to the issue, suspension or withdrawal of the certification shall be addressed to the Director of IGQ, who is required to take it into consideration in accordance with IGQ procedures.

13.2 Complaints relating to the activities of the Auditors or of the Technical Staff shall be addressed to the Director of IGQ, who will handle such complaints in accordance to the procedures of IGQ.

13.3 Complaints received by customers or other stakeholders of certified organizations may imply extraordinary audits.

14. CIVIL LIABILITY

IGQ does not assume any liability for any non compliance with applicable provisions of European Union law, national or local laws or technical standards regarding occupational health and safety controls and the fulfillment of obligations under these provisions of law or rules.

The legal entity owner of the organization remains solely responsible for the conformity of its activities with applicable occupational health and safety legislation. The certification of the occupational health and safety management systems constitutes neither a declaration nor a guarantee by IGQ that the organization respects legal obligations and requirements.

15. OBLIGATIONS ARISING FROM ACCREDITATION

ACCREDIA is the Italian accreditation body for certification bodies.

ANAB è l'organismo statunitense di accreditamento per gli organismi di certificazione.

IGQ is accredited by ACCREDIA and ANAB for several sectors of economic activities and but may issue certifications in other sectors. The accreditation logo of ACCREDIA and/or ANAB appears on the certificate only in the case of certifications accredited by ACCREDIA and/or ANAB. For certifications issued without accreditation no accreditation logo appears on the certificate.

When the certification is accredited the certified organizations are required to comply with specific regulations imposed by the accreditation bodies. Specifically:

- Accreditation bodies reserve the right to conduct audits at organizations with observers accompanying the IGQ inspectors. In addition, in order to ascertain that the method of assessment adopted by IGQ comply with the applicable standards, Accredia may require visits to the certified organization, carried out by its staff. The participation in the audit by observers or the visit conducted directly by accreditation body personnel, is previously agreed upon between IGQ and the certified organization:
  - the organizations may not refuse such witness audits by penalty of withdrawal of the certification;
  - The accreditation bodies ensure to the organizations the same level of confidentiality guaranteed by IGQ with respect to any information acquired during the audit;
  - Accreditation bodies auditors are mere observers during the witness audit and do not influence its results.
  - at the end of the witness audit, after the final meeting between the audit team and the representatives of the organization, a short meeting will take place between accreditation body auditors and IGQ auditors,
  - The number of ANAB auditors who will take part in a witness audit equals the number of IGQ auditors. Each ANAB auditor will be accompanied by a translator.
  - The assessment methods used by Accredia, are included in special regulations, notices or circulars available on Accredia website.
- IGQ shall notify the accreditation bodies all the accredited certifications issued, and to ACCREDIA IGQ shall also notify suspensions, withdrawals and renunciations of the certifications, specifying the reasons, even if the renunciation occurs before the issue of the certification.

  The above information are used by ACCREDIA to monitor the proper functioning of the certification system and, in particular, for the purpose of identifying situations of undue issue of certifications, and to notify the competent authorities;
- For accredited certifications additional rules are applied, as described in the document IAF MD22, publicly available on the website www.iaf.nu. Such rules are contractually binding in the case of accredited certifications.

16. ARBITRATION

Any dispute arising between IGQ and the organization in connection with the interpretation and application of these Regulations, with the exception of disputes deriving from the payment of fees and expenses due to IGQ, which will be settled by a Court of Justice, will be submitted to a board of three arbiters, appointed by the President of the Court of Milano.

The board of arbiters will make its decisions informally though admitting the principle of cross-examination.

The board will meet in Milano and the arbitration will be informal and legally binding.

17. REGULATION (EU) 2016/679 GDPR

IGQ, in its capacity as independent Data Controller of the personal data of individuals belonging to the client company, guarantees compliance with the Regulation (EU) 2016/679 of the European Parliament and of the Council of 27 April 2016 concerning the protection of natural persons with regard to to the processing of personal data, as well as to the free circulation of such data (GDPR.)

IGQ's privacy policy and the information to be provided to interested parties are on the IGQ website at www.igq.it/privacy.

The organization undertakes to provide, in the name and on behalf of IGQ, the aforementioned privacy information to all its employees and collaborators.