



Hong Kong Accreditation Scheme

HKCAS 014

Application for Reassessment and Surveillance Plan B

Note:

1. Applications for adopting Plan B for a given scope of activities will only be accepted from an accredited certification body at the time when it is providing information for a reassessment of such activities.
2. This form shall be completed by any certification body intending to adopt Plan B, irrespective of its current plan.
3. For accredited certification bodies applying to adopt Plan B, this form shall be completed and returned together with HKCAS 007 (QMS & EMS), or HKCAS 013 (Product).
4. An electronic version of the completed form shall also be provided to facilitate assessment.
5. Before completing this form, applicants should study HKAS Supplementary Criteria No.4 carefully.
6. Applicants must provide all the information requested in this form. Otherwise, the application cannot be accepted.
7. Completing this form is necessary only for certification bodies intending to adopt Plan B. For certification bodies intending to adopt Plan C, HKCAS 015 should be used. Plan A will be adopted for accredited certification bodies which have not applied for Plan B or Plan C.

HONG KONG ACCREDITATION SERVICE

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The personal data collected will be used for accreditation purpose only.

To be completed by the applicant

On behalf of _____ (the Organisation),
(Full name of organisation[#])

I, _____ (full name of the authorised representative),
having read and understood the document HKAS Supplementary Criteria No.4 hereby apply
to HKAS Executive for adopting the reassessment and surveillance Plan B described in HKAS
Supplementary Criteria No.4 for the scope of accreditation listed in the accompanying HKCAS
007.

I confirm that our organisation will continue to abide by Chapters 4 to 8 of HKAS 002, HKCAS
Supplementary Criteria No.4 irrespective of whether HKAS Executive agrees to adopt Plan B.

Signed: _____

Date: _____

The legal name of the organisation which is the owner of the certification body applying to adopt Plan B.

To be completed by the applicant	To be completed by the assessment team
Please tick the appropriate boxes and provide the information requested. (Clauses 1 - 4 relate to the pre-requisite for application.)	Please tick "Yes" box if there is sufficient information provided to confirm conformity with the criteria. Otherwise tick the "No" box.
1. The current reassessment and surveillance plan of our certification body is <input type="checkbox"/> Plan A <input type="checkbox"/> Plan B <input type="checkbox"/> Plan C	<input type="checkbox"/> Yes <input type="checkbox"/> No
2. Please state whether your certification body has been accredited by HKAS ¹ for the Areas of Activity system included in the scope of accreditation (refer to the confirmed scope to be reassessed) for at least two years. <input type="checkbox"/> Yes _____ (please state the number of year since first accreditation for those Areas of Activity.) <input type="checkbox"/> No _____ _____ _____	<input type="checkbox"/> Yes <input type="checkbox"/> No Remark: _____ _____ _____ _____
3. There shall have been no drastic change to the organisation structure and ownership in the past 12 months. Please provide a brief history of changes to your organisational structure and ownership in the last 12 months. _____ _____ _____ _____	<input type="checkbox"/> Yes <input type="checkbox"/> No Remark: _____ _____ _____ _____
4. The management system shall be free from any major changes for at least 24 months. Please provide a brief history of changes to your management system in the last 24 months. _____ _____ _____ _____	<input type="checkbox"/> Yes <input type="checkbox"/> No Remark: _____ _____ _____ _____

To be completed by the applicant (Clauses 5 – 12 relate to requirements for this plan)	To be completed by the assessment team
<p>5. Please state whether your management system has been effectively implemented and is able to handle all routine operation through a combination of documented procedure and knowledgeable staff.</p> <p><input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>For a “yes” reply, please list the evidence below and provide it together with this application form:</p> <p>_____</p> <p>_____</p> <p>_____</p>	<p><input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>Remark:</p> <p>_____</p> <p>_____</p> <p>_____</p>
<p>6. Please state whether your management system has provisions in its procedures or documented contingency plan and the required resource to correctly handle all common failures.</p> <p><input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>For a “yes” reply, please list the evidence below and provide it together with this application form:</p> <p>_____</p> <p>_____</p> <p>_____</p> <p>_____</p>	<p><input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>Remark:</p> <p>_____</p> <p>_____</p> <p>_____</p> <p>_____</p>
<p>7. Please state whether your turnover rate of key staff members was less than 15% per year in the preceding two years. If the number of key staff members is small such that 15% amounts to less than 1, 1 is allowed for the preceding two years provided that it does not constitute more than 35% turnover during that two-year period.</p> <p><input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>For a “yes” reply, please list the evidence below and provide it together with this application form:</p> <p>_____</p> <p>_____</p> <p>_____</p>	<p><input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>Remark:</p> <p>_____</p> <p>_____</p> <p>_____</p> <p>_____</p> <p>_____</p>

<u>To be completed the applicant</u>	<u>To be completed by the assessment team</u>
<p>8. Please state whether your certification body has strong commitment to improvement.</p> <p><input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>For a “yes” reply, please list the evidence of the strong commitment and briefly describe the preventive actions implemented since the establishment of the management system below and provide the details together with this application form:</p> <p>_____</p> <p>_____</p> <p>_____</p> <p>_____</p>	<p><input type="checkbox"/> Yes</p> <p><input type="checkbox"/> No</p> <p>Remark:</p> <p>_____</p> <p>_____</p> <p>_____</p> <p>_____</p>
<p>9. Please provide the following accreditation history: If the number of accredited technical activities is small, i.e. 10% of the technical activities covered in the current reassessment amount to less than 1, please go to 9.2. The letters A, B, C, etc. are identification labels used for later calculations.</p> <p>9.1 For cases where 10% of the technical activities covered in the current reassessment amount to 1 or more.</p> <p><u>Last reassessment / assessment</u></p> <p>The number of system breakdowns or management system NCs _____ (A)</p> <p>The number of technical activities² covered _____ (B)</p> <p>The number of technical activities having 1 or more system breakdown or NC _____ (C)</p> <p>The number of technical activity NCs _____ (D)</p> <p>The percentage of technical activities having 1 or more system breakdown or NC³ $E = \frac{C}{B} =$ _____ %</p>	<p>Is A ≤ 2?</p> <p><input type="checkbox"/> Yes</p> <p><input type="checkbox"/> No</p> <p>Is E ≤ 10%?</p> <p><input type="checkbox"/> Yes</p> <p><input type="checkbox"/> No</p>

To be completed by the applicant

9.1 For cases where 10% of the technical activities covered in the current reassessment amount to 1 or more. (Cont'd)

Surveillance visits since the last reassessment / assessment

Surveillance visit since the last reassessment	1	2
Number of technical activities ² covered	F	G
Number of system breakdowns	H	I
Number of management system NCs	J	K
Number of technical activity having 1 or more NC	L	M
Number of technical activity NCs	N	O
On average, the number of management system NCs per surveillance visit ⁴	$P = \frac{J + K}{\text{Number of surveillance visits}} = \underline{\hspace{2cm}}$	
On average, the percentage of technical activities having 1 or more NC per surveillance visit ⁵	$Q = \frac{L + M}{\text{Number of surviellance visits}} \times 100\% = \underline{\hspace{2cm}} \%$	

To be completed by the assessment team

Is $H = I = 0$?

- Yes
- No

Is $P \leq 1$?

- Yes
- No

Is $Q \leq 5\%$?

- Yes
- No

To be completed by the applicant

9.1 For cases where 10% of the technical activities covered in the current reassessment amount to 1 or more. (Cont'd)

Current reassessment

The number of technical activities covered in the current reassessment _____ (R)

To be completed by the assessment team

The number of system breakdowns _____ (S)

The number of management system NCs _____ (T)

The number of technical activities found to have 1 or more NC _____ (U)

The number of technical activity NCs _____ (V)

Is $S = T = 0$?

Yes

No

Is $\frac{U}{R} \leq 10\%$?

Yes

No

9.2 For cases where 10% of the technical activities covered in the current reassessment amounts to less than 1.

Last reassessment / assessment

The number of system breakdowns or management system NCs _____ (A)

Is $A \leq 2$?

Yes

No

To be completed by applicants

9.2 For cases where 10% of the technical activities covered in the current reassessment amount s to less than 1. (Cont'd)

The number of technical activities² covered _____ (B)

The number of technical activities having 1 or more system breakdown or NC _____ (C)

The number of technical activity NCs _____ (D)

Surveillance visits since the last reassessment / assessment

Surveillance visit since the last reassessment / assessment	1	2
Number of technical activities ² covered	F	G
Number of system breakdowns	H	I
Number of management system NCs	J	K
Number of technical activity having 1 or more NC	L	M
Number of technical activity NCs	N	O
On average, the number of management system NCs per surveillance visit ⁴	$P = \frac{J + K}{\text{Number of surveillance visits}} = \underline{\hspace{2cm}}$	

To be completed by the assessment team

Is $H = I = 0$?

- Yes
 No

Is $P \leq 1$?

- Yes
 No

To be completed by applicants

To be completed by the assessment team

9.2 For cases where 10% of the technical activities covered in the current reassessment amount s to less than 1. (Cont'd)

Current reassessment

The number of technical activities covered in the current reassessment _____ (R)

The number of system breakdowns _____ (S)

The number of management system NCs _____ (T)

The number of technical activities found to have 1 or more NC _____ (U)

The number of technical activity NCs _____ (V)

Is **S = T = 0**?

- Yes
- No

Is **C + L + M + U ≤ {B x 10% + F x 5% + G x 5% + R x 10% or 1, whichever is larger}**?

- Yes
- No

Note: If there is only one surveillance visit conducted since the last reassessment, **G = M = 0**.

If more than 2 surveillance visits were conducted since the last reassessment, the table and the above formula should be extended according to the requirements of HKAS Supplementary Criteria No. 4.

To be completed by the applicant	To be completed by the assessment team
<p>10. Are the corrective actions taken against system breakdowns or NCs identified since the last reassessment / assessment. completed within the given periods of time (normally within 3 months of identification)?</p> <p><input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>If yes, please list the evidence below and provide it together with this application form:</p> <p>_____</p> <p>_____</p> <p>_____</p>	<p><input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>Remark:</p> <p>_____</p> <p>_____</p> <p>_____</p> <p>_____</p>
<p>11. Number of recurring NCs found in the current reassessment.</p>	<p>The number of recurring NC in the current reassessment _____ (Y)</p> <p>Is $\frac{Y}{D + N + O} \leq 20\%$?</p> <p><input type="checkbox"/> Yes <input type="checkbox"/> No</p>
<p>12. Number of adverse observations found in the current reassessment.</p>	<p>Number of adverse observations found in the current reassessment⁶ _____ (Z)</p> <p>Is Z relatively small compared with the size of operation?</p> <p><input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>Remark:</p> <p>_____</p> <p>_____</p> <p>_____</p> <p>_____</p>

	<u>To be completed by the assessment team</u>
<p>Notes:</p> <ol style="list-style-type: none"> 1. Please see Note 2 of HKAS Supplementary Criteria No. 4. 2. A technical activity includes all the steps necessary to certify the subject of certification for a given standard or requirement. 3. The requirement is that not more than 10% of the technical activities have 1 or more system breakdown or NC found in the last reassessment. 4. The requirement is that on average, the number of management system NCs shall be 1 or less per surveillance visit. 5. The requirement is that on average, not more than 5% of the technical activities shall have 1 or more NC per surveillance visit. 6. Please see 4.2.2 d for HKAS Supplementary Criteria No. 4 Appendix II. 	<p>Conclusion:</p> <p>The certification body</p> <p><input type="checkbox"/> Conform</p> <p><input type="checkbox"/> Do not conform</p> <p>with the requirements for Plan B.</p> <p>(Conformity is confirmed if answers to all the above questions are “yes”.)</p> <p>Adoption of Plan B is</p> <p><input type="checkbox"/> Recommended</p> <p><input type="checkbox"/> Not recommended</p> <p>Remark: _____</p> <p>_____</p> <p>_____</p> <p>_____</p> <p>_____</p> <p>Name of assessment team leader: _____</p> <p>Signature: _____</p> <p>Date: _____</p>