KENAS
Delivering Trust

KENYA
ACCREDITATION
SERVICE

ACC-PR-07-04

Application for Accreditation, Management and Reporting of Assessments Procedure

Table of Contents

1 Background Information 2
1.1 Purpose 2
1.2 Scope 2
1.3 Role(s) and Responsibility 2
2 Terms and Definitions 2
2.1 Acronyms and Abbreviations 2
2.2 Definition of Terms 2
3 Process Detail 3
3.1 Review Application for Accreditation 3
3.2 Assessment planning, Resource and Document review 4
3.3 Pre-assessment 5
3.4 Preparation for the Initial Assessment 5
3.5 The Onsite Assessment 6
3.6 Joint Assessments and Transfer of Accreditation 6
3.7 Extra Ordinary Assessments 7
3.8 Recording 7
3.9 Closing Meeting 7
3.10 Periodic Assessment 8
3.11 Reassessment 8
3.12 Multi-Site and Group Accreditation 9
3.13 Reporting 12
3.14 Feedback of the accreditation process 13
4 Associated Documents 13
5 Revision/ Amendment Records 14
Annex 1: Standard Email for Acknowledgement of Applications for Accreditation 1

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1 Background Information

1.1 Purpose

This procedure defines how KENAS carries out initial assessments, Periodic assessment activities, reassessment and reporting of findings.

1.2 Scope

This procedure is applicable to all KENAS assessment activities leading to accreditation decisions.

1.3 Role(s) and Responsibility

Role	Responsibility
Process owner	Heads of Directorates
Reviewer	QRMO
Recommender	QM
Approval	CEO
Compliance	All KENAS Staff

2 Terms and Definitions

For the purpose of this procedure, the following terms and definitions shall apply in addition to those given in ISO/IEC 17000 and the Kenya Accreditation Service Act CAP 496A.

2.1 Acronyms and Abbreviations

AB	Accreditation Body
CEO	Chief Executive Officer
CAB	Conformity Assessment Body
ISO	International Organization for Standardization
IEC	International Electrotechnical Commission
PLSO	Principal Legal Services Officer

2.2 Definition of Terms

2.2.1 Accreditation

A third-party attestation related to a conformity assessment body conveying formal demonstration of its competence to carry out specific conformity assessment tasks.

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2.2.2 Assessment

Process undertaken by an accreditation body to determine the competence of a conformity assessment body based on standard(s) and/or other normative documents for a defined scope of accreditation.

2.2.3 Assessment activities

Set of activities carried out to monitor continual fulfilment by accredited CABs of requirements of accreditation

2.2.4 Reassessment

Assessment performed to renew the accreditation cycle.

2.2.5 Scope of Accreditation

Specific conformity assessment services for which accreditation is sought or has been granted.

3 Process Detail

3.1 Review Application for Accreditation

3.1.1 A Conformity Assessment Body (CAB) shall submit an application for accreditation in the prescribed manner, to the Office of the Chief Executive Officer (CEO) physically or on email (ceo@kenas.go.ke), containing the documents below:

3.1.1.1 Application for Accreditation of Conformity Assessment Bodies form (ACC-FM-06);

3.1.1.2 Accreditation agreement (AG-01);

3.1.1.3 The required documents as detailed in application form; and

3.1.1.4 Evidence of payment of at least the application and document review fees.

Note: The templates are downloadable from the KENAS website ***www.kenas.go.ke/resources*** **.**

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3.1.2 The Chief Executive Officer shall acknowledge receipt of the documents in 3.1.1 above within one day (24 hours) as in Annex 1.

3.1.3 The registry shall open a file; assign an identification number and transmit the file to the PLSO.

3.1.4 The PLSO shall conduct due diligence and submit a due diligence report to the Chief Executive Officer within one day (24 hours).

3.1.4.1 If there are no legal concerns, the Chief Executive Officer shall assign the relevant Scheme Manager to conduct an application completeness check.

3.1.4.2 If there are legal concerns, the Chief Executive Officer shall give further directions on handling of the application.

3.1.5 The relevant Scheme Manager shall perform a completeness check on the submitted application documentation and submit a report to the Chief Executive Officer within one day (24 hours).

3.1.5.1 If the application is incomplete, the Chief Executive Officer shall request the applicant CAB to submit the missing information. Failure to provide the required information within 60 days, will lead to the lapsing of the application.

3.1.5.2 If the application is complete, the CEO shall execute the accreditation agreement. The executed agreement shall be sealed the PLSO and a copy of the executed agreement shall be sent to the applicant.

3.1.6 The Chief Executive Officer shall inform the applicant of the acceptance of the application.

3.1.7 The CEO shall then assign the file to the relevant Scheme Manager for document review and further actions.

3.2 Assessment planning, Resource and Document review

3.2.1 The Scheme Manager shall conduct a resource review (using ACC-FM-41) and allocate the assessors and technical experts (where required). The Scheme Manager shall notify the CAB of the assessors chosen and obtain their concurrence (No objection).

3.2.2 The CAB shall be required to acknowledge receipt of notification and concurrence to both the assessors and the proposed dates of assessment by signing Assessment Notification Form (ACC-FM-09) within 5 days.

3.2.3 Once no objection is received, the Scheme Manager shall prepare the team appointment letters for approval by the CEO for each assessment.

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3.2.4 The appointed assessment team shall sign the declaration of confidentiality and Impartiality ACC-FM-28 prior to conducting the review of the documents submitted by the CAB to verify conformance with the requirements of the relevant standard and other applicable normative documents. Document review can be done onsite or remotely. A document review report shall be submitted to the CAB and shall include identified gaps (if any). The document review shall be conducted within ten (10) working days of the assignment of the team and any gaps will be required to be completed by the CAB before onsite assessment.

3.2.5 Based on the outcome of the document review, KENAS shall decide either to proceed with or to terminate the assessment and shall communicate the decision to the CAB.

3.3 Pre-assessment

3.3.1 For a new CAB whose scope of operations may not be clear from the documents submitted, a pre-assessment may be carried out to confirm the operation of the CAB as well as to clarify any issues that may have emerged during the document review. This pre-assessment visit will help to guide on the proper composition of the assessment team and the number of days required for the assessment. This exercise though desired is not mandatory and hence the CAB concurrence will be sought.

3.3.2 A pre-assessment can also be carried out at the CAB's request at a fee. The pre-assessment will ordinarily be done by the Team Leader or delegated KENAS Technical Staff well versed with assessment requirements.

3.3.3 The CAB shall be given the Pre-Assessment report (**ACC-FM-42)** within five (5) days of the assessment.

3.4 Preparation for the Initial Assessment

3.4.1 The scheme manager shall prepare an assessment pack using the assessment pack checklist ACC-FM-08 and send it to the assessment team.

3.4.2 The Assessment Team Leader in liaison with team members shall draw the assessment plan (**ACC-FM-46**) detailing the activities to be assessed, the locations at which activities will be assessed, the personnel to be assessed where applicable and the assessment techniques to be utilized including witnessing where appropriate or applicable. The assessment preparation shall take into consideration the sampling plan determined for each respective assessment as per the procedure for sampling during assessments and internal audits **ACC-PR-03**.

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3.4.3 For initial and reassessments, onsite assessment technique(s) shall be applied. During periodic assessment, the assessment technique(s) to be applied will be based on the risk assessment. Assessment techniques are provided in **ACC-CD-02**.

3.4.4 The plan shall be sent to the CAB and to all the assessment team members preferably two (2) weeks before commencement of the assessment.

3.5 The Onsite Assessment

3.5.1 The Assessment Team Leader shall chair the opening meeting where attendance shall be recorded using ACC-FM-24 and address the agenda items as per **ACC-FM-24** (Opening and Closing Meeting agenda).

3.5.2 Where necessary, the Assessment Team Leader may allow for a brief tour of the facilities before starting the assessment.

3.5.3 The assessment team shall examine all aspects of the implementation of the management system and fulfilment of the technical /competence and other requirements to verify that the CAB meets the normative standards requirements and demonstrates competence.

3.5.4 The Technical Assessor shall evaluate technical signatories as applicable to each scheme and report in the Evaluation of Technical Signatories form ACC-FM-21 (general), Witnessing and Evaluation of Competence – Inspection and Verification (ACC-FM-25) or Witnessing for Evaluation of Competence for ISO/IEC 17025:2017 (ACC-FM-38).

3.5.5 For certification, the witnessing assessment shall be planned and carried out separately from the office assessment with the concurrence of the CB.

3.5.6 Witnessing shall be carried out and reported in accordance with:

a) Management system certification ACC-FM-32
b) Product Certification ACC-FM-52
c) Person certification ACC-FM-54
d) Validation and verification ACC-FM-53

3.6 Joint Assessments and Transfer of Accreditation

KENAS shall participate in a joint assessment with another AB where a CAB has requested for the same. In this case the KENAS accreditation process shall apply. Th

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3.7 Extra Ordinary Assessments

3.7.1 KENAS may conduct extraordinary assessments or unscheduled visits so as to confirm that the CAB complies with accreditation requirements on an ongoing basis or in response to customer complaints or market feedback .

3.7.2 The Scheme Manager or designate shall appoint an authorized KENAS assessor who shall conduct the assessment in line with this procedure.

3.7.3 Remote assessments may be initiated in line with the KENAS policy PL-12 on Management of Extraordinary Events and the relevant IAF, ILAC and AFRAC policies, procedures and guidelines.

3.8 Recording

3.8.1 The assessment team shall record details of observations such as good practice and opportunities for improvement and non-conformities. Where non-conformities are raised, seek concurrence from the CAB representative.

3.8.2 The assessment team shall summarize all the findings during the Assessment Team Members review meeting, making reference to relevant clauses of the standard (s), and other supporting documentation. When there is difficulty in reaching conclusion about a finding the team shall refer back to the accreditation department at KENAS for direction, preferably talking to the scheme manager or either of the Chief Manager Laboratories or Certification and Inspection who shall provide guidance to resolution.

3.9 Closing Meeting

3.9.1 The Assessment Team Leader shall chair the closing meeting where attendance shall be recorded in the Opening and Closing meeting agenda (ACC-FM-24) convened for the purpose of presenting the assessment findings to the CAB's management and staff. The agenda of the closing meeting shall be as per **ACC-FM-24**.

3.9.2 During the closing meeting, the assessment team shall present in detail each of the non-conformities raised in order to ensure that the CAB fully and clearly understands each of them. The non-conformities raised shall be left on site either as copies if written manually or in an electronic format.

3.9.3 The Team Leader shall compile the assessment report within ten (10) days on completion of the assessment and indicate key areas that require corrective action.

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3.9.4 The CAB shall develop a corrective action plan within seven (7) days with timelines for closure and seek concurrence with the Team Leader and the Technical Assessor (s).

3.9.5 The CAB shall provide evidence of corrective actions taken to ensure closure of the non-conformities raised within three (3) months from time of agreement of corrective actions for initial assessment and one (1) month for periodic assessment. Team

3.9.6 Leader and the Technical Assessor shall verify the effective closure of the non-conformities in the close out report ACC-FM-YY prior to progression of the case file for decision making. The Team leader shall draft the schedule of accreditation (using ACC-FM-55, ACC-FM-56, ACC-FM-57, ACC-FM-58 or ACC-FM-59), the accreditation program (using ACC-FM-50) and recommendation for accreditation and submit it together with the report to the scheme manager

3.10 Periodic Assessment

3.10.1 Based on the assessment programme, KENAS shall notify the client of the upcoming assessment in line with clause 3.3. A confirmation of the assessment shall be sent to the client at least two weeks before the scheduled assessment. The periodic assessment should be conducted not later than two (2) months from the dates provided in the assessment programme.

3.10.2 An assessment team shall be allocated and appointed to perform the subsequent assessments and shall carry out assessments in a similar manner as per clause 3.3 to 3.9, whether carried out onsite or remotely.

3.10.3 Subsequent assessment activities shall be planned to cover the entire accreditation scope over the accreditation cycle.

3.10.4 KENAS shall confirm in writing the continuation of accreditation or any other accreditation decision based on the report of subsequent assessments carried out.

3.10.5 KENAS may perform unscheduled assessments as a result of complaints received and/ or significant changes in the CABs management system and operations.

3.11 Reassessment

3.11.1 Following accreditation of a CAB, KENAS shall reassess the CAB in accordance with the Assessment Programme. KENAS shall notify the CAB when the expiry of the accreditation cycle is due and treat the last assessment activity on the program as a reassessment.

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3.11.2 The reassessment shall be planned in a manner that it starts before the accreditation period lapses so as not to create any gap in the CAB's accreditation status, taking into consideration the accreditation history of the CAB. The CAB shall sign a new accreditation agreement and communicate to KENAS regarding any changes that may have occurred.

3.11.2.1 If accreditation lapses before the assessment has been finalized, the accreditation decision shall be rendered within six (6) months from the date of expiry of the current accreditation. The accreditation period shall remain unchanged and will commence from the date of expiry of the previous accreditation.

3.11.2.2 If the accreditation lapses, however, before the assessment commences, the process will have to start at the application stage, meaning that the CAB will need to apply a fresh for accreditation starting from clause 3.1.

3.12 Multi-Site and Group Accreditation

3.12.1 General Guidelines for Multi-Site Accreditation

3.12.1.1 An applicant for Multi-Site Accreditation shall submit one application form covering all the sites and scopes for which they seek accreditation.

3.12.1.2 The central office of the multi-site conformity assessment bodies shall maintain responsibility for the activities performed by any locations covered by the scope of accreditation.

3.12.1.3 Multi-site Accreditation is limited to Scopes in the same scheme.

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3.12.2 Requirements for Multisite Accreditation

3.12.2.1 To qualify for Multi-Site Accreditation, a CAB shall first designate a central office or primary site from which processes shall be centrally controlled. The controls shall include Management System Requirements as defined in the applicable Conformity Assessment Standards.

3.12.2.2 Multi-Site Accreditation shall not include Flexible Scope.

3.12.2.3 Each Multi-site Conformity Assessment Body shall confirm annually the list of all sites, employees, the legal relationships in place and a description of activities performed within the quality management system for all the sites being assessed.

3.12.2.4 KENAS shall establish through objective evidence and by using various techniques that the quality system is effectively and fully implemented at all sites.

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3.12.2.5 An application for Multi-Site Accreditation shall be made through ACC-FM-06.

3.12.2.6 Reports and certificates issued shall document the location from where the conformity assessment activity is performed.

3.12.2.7 In the event that the results of any of the assessments of sites 'sample sites' reveal that there is a significant weakness or inconsistency in the application of the quality system, KENAS shall review the assessment `e and may increase the number of sites to be assessed.

3.12.2.8 Failure by one site to comply with KENAS requirements may lead to the removal of the site from the schedule of accreditation. If the cause of non-conformity is the lack of central control, then accreditation shall be subject to review by KENAS and may lead to suspension or withdrawal of accreditation from all sites.

3.12.2.9 All sites shall be bound by the Accreditation Agreement signed by the Legal Entity.

3.12.2.10 The KENAS accreditation certificate shall be issued to one legal entity.

3.12.2.11 The assessment programme shall provide for sites to be visited annually for the entire accreditation cycle. KENAS reserves the right to increase the frequency of site visit.

3.12.3 Monitoring and Assessment of Multi-Site Conformity Assessment Bodies

3.12.3.1 KENAS shall assess Multi-site operations in two distinct elements i.e. management requirements under the central office and the technical requirements under the respective operational sites.

3.12.3.2 Assessment of the central office shall be conducted to:

a) ensure that the client has full operational control of all sites included in the certificate,
b) that procedures are in place to ensure full conformity with the accreditation requirements, that the procedures have been implemented by trained and qualified personnel, and
c) that the central office conducts monitoring and oversight of all sites to ensure that each is in full conformity with Accreditation requirements.

3.12.3.3 Assessment of the operational sites shall be conducted to:

a) ensure the operation at each site conforms with accreditation Standard requirements; and
b) ensure that the operational procedures of the central office are fully implemented at the operational sites.

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3.12.3.4 The initial, surveillance, and re-accreditation assessments shall include onsite assessment at all sites.

3.12.4 Assessment of Multi-site CABs

3.12.4.1 An Initial Assessment shall be carried out to determine the competence of the Multi-site CABs.

3.12.4.2 An on-site initial assessment shall be carried out on all the sites applied for by the CABs.

3.12.4.3 Upon awarding of Accreditation, KENAS shall develop an Assessment program that includes the frequency of assessments within the Accreditation Cycle. The program shall take into consideration the risk and shall be reviewed based on the outcome of the previous assessment where necessary.

3.12.5 Schedules /Certificates of Accreditation for Multi-Site CABs

3.12.5.1 KENAS shall list all sites/locations where conformity assessment activity occurs on the Schedule of Accreditation

3.12.5.2 The sites shall be readily identifiable and documented in the CAB's quality system.

3.12.5.3 The CAB shall keep KENAS informed as this information changes and it shall be recorded in the schedule of accreditation. These additional sites shall be included in the CAB risk-based assessment plan, and shall be visited as part of KENAS surveillance assessments.

3.12.6 Group Conformity Assessment Bodies

3.12.6.1 Group CABs shall submit separate applications for the various schemes through ACC-FM-06.

3.12.6.2 Assessments for the various schemes shall be conducted simultaneously. The Assessment process shall be in line with ACC-CD-06.

3.13 Reporting

3.13.1 Within ten (10) working days of any type of assessment, the Assessment Team Leader with the support of other team members shall prepare a report ACC-FM-10 which shall be reviewed for appropriateness by the scheme prior to submission to the CAB.

3.13.2 The assessment report shall consist of positives, non-conformities, opportunities of improvement and observations raised. It shall refer to the relevant criteria, scope and status of the CAB's competence.

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3.13.3 KENAS shall provide an explanation to the CAB in a scenario where the report on the outcome of assessment differs from the outcome delivered at the close of the assessment.

3.13.4 KENAS shall formally communicate in writing the final assessment report to the CAB. The same report, the corrective actions taken by the CAB and closure of the same shall be presented for decision making.

3.14 Feedback of the accreditation process

The KENAS technical Administrator shall send the Accreditation feedback Form (ACC-FM-26) and the feedback shall be analysed by the Manager, Scheme Development Training and Advocacy.

4 Associated Documents

Ref	Document Identifier	Document Title
1.	ISO/IEC 17011	Conformity assessment – Requirements for accreditation bodies accrediting conformity assessment bodies
2.	QMM-01	Quality Manual
3.	PL-29	Policy for dealing with objection of assessors/experts
4.	AG-01	Accreditation Agreement
5.	ACC-CD-06	Criteria for Selection and Management of Assessment Personnel
6.	ACC-PR-03	Sampling during Assessment and Internal Quality Audits
7.	ACC-FM-06	Application for Accreditation of Conformity Assessment bodies
8.	ACC-FM-08	Assessment Pack Checklist
9.	ACC-FM-13	Assessors/Expert/Trainers Register
10.	ACC-FM-21	Evaluation of Technical Signatories form
11.	ACC-FM-24	Opening and Closing Meeting Agenda Template
12.	ACC-FM-25	Witnessing For Evaluation Of Competence – Inspection & Verification
13.	ACC-FM-38	Witnessing For Evaluation Of Competence ISO/IEC 17025:2017
14.	ACC-FM-40	Application Completeness Check Report
15.	ACC-FM-41	Resource Review Report
16.	ACC-FM-42	Pre-Assessment report
17.	ACC-FM-43	Standard letter for acceptance of application

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Ref	Document Identifier	Document Title
18.	ACC-FM-44	Standard letter for acceptance and notification of assessment
19.	ACC-FM-50	Assessment Programme Template
20.	ACC-FM-46	Assessment - Audit plan template
21.	ACC-FM-55	Schedule Of Accreditation Template - Calibration
22.	ACC-FM-56	Schedule Of Accreditation Template - Inspection
23.	ACC-FM-57	Schedule Of Accreditation Template - Certification
24.	ACC-FM-58	Schedule Of Accreditation Template - Testing
25.	ACC-FM-59	Schedule Of Accreditation Template - Medical

5 Revision/ Amendment Records

Date	Ver	Revised By	Reason for Revision
10/10/2022	01	RSQ	Newly developed/formatted document
14/12/2022	02	RSQ	Revision of clause 3.5.2
30/06/2025	03	QRM	Systematic review of QMS Documentation
13/10/2025	04	QRM	Renaming procedure Review of the application for accreditation clause 3.1 Inclusion of Annex 1

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Annex 1: Standard Email for Acknowledgement of Applications for Accreditation

We acknowledge receipt of your application for accreditation under [Scheme name].

Your application will be reviewed for completeness, and within two (2) days you will receive a formal communication either confirming its acceptance or requesting any necessary amendments.

We sincerely thank you for choosing KENAS as your partner in the quality journey and assure you of our highest consideration throughout this process.

Kind regards,

[Full Name]

For: Chief Executive Officer

Kenya Accreditation Service (KENAS)

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