



Jordanian Accreditation System  
نظام الاعتماد الأردني  
**Accreditation Unit**

## ACCREDITATION PROCESS REQUIREMENTS AND CRITERIA

Jordan Accreditation System - Accreditation Unit

---

# TABLE OF CONTENTS

|                                                 |    |
|-------------------------------------------------|----|
| 1. PURPOSE AND SCOPE _____                      | 3  |
| 2. REGULATORY FRAMEWORK _____                   | 3  |
| 3. CONDITIONS FOR GRANTING ACCREDITATION _____  | 3  |
| 4. GENERAL APPLICATION INFORMATION _____        | 4  |
| 5. RESOURCE REVIEW _____                        | 5  |
| 6. ASSESSMENT PROCESS _____                     | 6  |
| 7. DECISION MAKING _____                        | 8  |
| 8. SURVEILLANCE _____                           | 9  |
| 9. SCOPE EXPANSION _____                        | 9  |
| 10. REASSESSMENT _____                          | 10 |
| 11. SUSPENSION, REDUCTION, AND WITHDRAWAL _____ | 12 |
| Compulsory _____                                | 12 |
| Voluntary _____                                 | 13 |
| 12. CONFIDENTIALITY _____                       |    |
| 3. JAS-AU Accreditation Criteria _____          | 19 |

|                     |                  |              |
|---------------------|------------------|--------------|
| Document No.: AD-01 | Revision / Issue | Page         |
| Date: 2025-07-10    | 3/1              | Page 2 of 22 |

# 1.PURPOSE AND SCOPE

The purpose of this document is to provide accredited conformity assessment bodies (CABs), CABs applying for accreditation and assessment teams with the necessary requirements and policies applicable for the accreditation process.

This document is applicable to all schemes of accreditation established by JAS-AU.

# 2.REGULATORY FRAMEWORK

Accreditation Unit – Jordan accreditation and standardization system is established as the independent national accreditation body authorized to accredit conformity assessment bodies based on international requirements.

The following instructions form the legislative framework according to which JAS-AU operates:

- Article no. (21-b) of the Law of Standards and Metrology no. (22) for the year 2000 and its amendments.
- Bylaw on “Administrative Organization of Jordan Standards and Metrology Organization” no. (88) For the year 2015
- “Instructions for Administration of Accreditation Procedures of Conformity Assessment Bodies” which defines the criteria according to which the assessment and the accreditation of conformity assessment bodies are conducted.

# 3.CONDITIONS FOR GRANTING ACCREDITATION

The conformity assessment body is bound by the following conditions:

3-1 Fulfilling all specified requirements.

3-2 Paying all fees and financial costs incurred by the approval in accordance with the provisions referred to in the instruction’s fees.

3-3 The validity of all data and information submitted to JAS-AU for the purpose of applying and granting accreditation.

|                     |                  |              |
|---------------------|------------------|--------------|
| Document No.: AD-01 | Revision / Issue | Page         |
| Date: 2025-07-10    | 3/1              | Page 3 of 22 |

## 4.APPLICATION AND APPLICATION REVIEW

The Conformity Assessment Body requesting accreditation shall fill in the application form qf071-02 which shall be signed by an authorized representative of the applicant CAB.

The applicant CAB shall specify the scope of accreditation on the **relevant form annexed to the application form** (qf071-32) according to JAS-AU's policy JAS-P07 for testing and calibration laboratories, **JAS-G08 for medical testing laboratories** and ILAC Guidance document ILAC G28 for inspection bodies and submit it to JAS-AU along with the application form. **Certification activities performed and/or managed in multiple countries shall be defined by the CAB according to IAF MD 12.** The applicant CAB shall provide the necessary documents and evidence to demonstrate fulfillment of the accreditation criteria according to the List of documents necessary for accreditation when submitting the application.

Documents necessary for **initial** accreditation are listed in the following documents:

- qf 071-03 list of documents necessary for accreditation (Testing, calibration and medical **testing laboratories**)
- qf 071-95, List of required documents (Inspection)
- qf 071-20 Necessary submitted documents for **accreditation of product** certification bodies.
- **qf 071-117 list of documents necessary for accreditation (PT Providers)**

**The necessary documents for the accreditation schemes established by JAS-AU are published and made available to applicants and accredited CABs on JAS-AU website (<https://au.gov.jo/AUdocuments>) and can be submitted through a package to the applicant CAB, upon request, by JAS-AU.**

Upon the reception of the required documents, a review process of the application for completeness using a checklist of submitted documents necessary for accreditation is performed within five working days. **The applicant CAB may be asked to provide additional information and clarification. If no response was received from the applicant CAB's side within 2 months, the application is considered cancelled, and the CAB can apply again provided that the necessary documents for accreditation are provided.**

When the CAB submits all documents, JAS-AU informs the CAB of receiving the **documents necessary for accreditation** using a confirmation letter.

After the completion of the submission of the application and the required documents by the applicant **CAB** and the completion of resource review (**clause 5 in this document**) by JAS-AU and

|                         |                  |                            |
|-------------------------|------------------|----------------------------|
| Document No.: AD-01     | Revision / Issue | Page                       |
| Date: <b>2025-07-10</b> | <b>3/1</b>       | Page <b>4</b> of <b>22</b> |

before formally accepting and signing the **application**, the applicant CAB is informed by preliminary meeting whether physical, **online** or by e-mail of the following :

1-The requirements for accreditation are clearly defined, documented, and understood, and.

2-Any issue related to accreditation between JAS-AU and the applicant CAB is resolved such as fees required, assessment team members, scheduled dates of assessments, etc. in addition to the rights and obligations for each party.

The **application for accreditation** is signed between JAS-AU and the representative of the conformity assessment body authorized to sign. This **application form** is considered as **the accreditation agreement** between the JAS-AU and the conformity assessment body.

Upon the request of the CAB, a preliminary visit may be conducted at the applicant **premises within 1 month of signing the agreement** to assess the suitability for accreditation. The preliminary visit shall not include any consultation.

The preliminary visit includes the following main aspects:

- The appraisal of the prerequisites regarding personnel, premises, and management system under accreditation.

- The final agreement on the scope of accreditation for the initial assessment.

- **The assigned Team Leader usually conducts the preliminary visit if available, if not, an accreditation unit staff will carry out the preliminary assessment.**

JAS-AU has the right to reject any application in the cases detailed in the Instructions for Administration of Accreditation of Conformity Assessment Bodies, provided that the conformity assessment body is informed of the reasons for this based on the internal procedures of the unit.

The conformity assessment body is allowed to submit a new application after (60) days from the rejection date.

## 5.RESOURCE REVIEW

JAS-AU reviews **whether it offers the scope of accreditation applied and its ability to carry out the assessment of the applicant conformity assessment body, in terms of its own policy and procedures, its competence and the availability of personnel suitable for the assessment activities and decision making.**

An assessment team is nominated, the names of which are made known to the CAB, to allow the CAB to object to members of the team, with justification.

|                         |                  |                            |
|-------------------------|------------------|----------------------------|
| Document No.: AD-01     | Revision / Issue | Page                       |
| Date: <b>2025-07-10</b> | <b>3/1</b>       | Page <b>5</b> of <b>22</b> |

JAS-AU will form an assessment team consisting of the assessment team leader, **team leader's assistance(s)**, technical assessor(s) and/or technical expert(s) or observer(s). The size and formation of the team is based on the size of the conformity assessment body and the nature of the accreditation scope.

Conformity assessment body is informed of the names of the members of the assessment team within an appropriate period based on the unit's internal procedures and has the right to object within 1 week to any member of the assessment team and provide justification for such objection, otherwise the applicant **CAB** is considered to agree to the formation of the assessment team.

## 6.ASSESSMENT PROCESS

Several assessment techniques can be used by JAS-AU to perform an assessment such as onsite assessment, remote assessment, witnessing, document review, file review, measurement audits, review of performance in proficiency testing and other interlaboratory comparisons, unannounced visits, interviewing.

Remote assessment is covered in JAS-P23.

### Documentation Assessment

Upon acceptance of the **assessment** team by the CAB and signing the **application** by the JAS-AU, the **assessment** team is given one month (from the date of signing the application) to evaluate the Management System documentation to determine whether the CAB's management system complies with the relevant accreditation standard, applicable regulatory requirements, and any other requirements for accreditation.

For product certification bodies, the designated assessment team conducts a scheme evaluation before the document review **in accordance with JAS-P29**.

The assessment team shall provide the applicant **CAB** with the results of the document review and a recommendation based on the outcomes of the documentation assessment. **The CAB is required to submit proposed corrective action reports within a week to be evaluated within a week by the assessment team.** The CAB will be provided with an opportunity to correct any non-conformities noted in the report according to the time frame determined in (JAS-P01)-Policy on Grading of Non-Conformities **and shall provide corrective actions to be evaluated by the assessment team within 2 week**

|                         |                  |                            |
|-------------------------|------------------|----------------------------|
| Document No.: AD-01     | Revision / Issue | Page                       |
| Date: <b>2025-07-10</b> | <b>3/1</b>       | Page <b>6</b> of <b>22</b> |

for closure of non-conformities before an on-site assessment is planned. Communication shall be between the CAB and the designated team leader in this regard.

Upon the completion of the Documentation and Record Review and the agreement with the applicant CAB on the dates of the on-site assessment, an initial on-site assessment within maximum (6) months from the date of accepting management system documentation is planned, on the condition that the CAB applied the management system for at least (3) months including conducting at least one management review meeting and two internal audits.

## On-Site Assessment

The purpose of the formal on-site assessment is to verify the information submitted by the applicant CAB and to confirm the adequacy and competence of its activities in the applied scope of accreditation in this regard. The applicant CAB is responsible for making all necessary on-site arrangements for the proper conduct of the assessment, including the provisions to allow the assessment team to examine documentation and access to all areas, records, and personnel for the purpose of the assessment.

For conformity assessment bodies with no clients within their applied scope of accreditation, the conformity assessment body shall take all necessary measures to facilitate witnessing assessment of activities performed by the CAB at the client's site (e.g. inspection, certification activities) as detailed below:

1. The CAB shall take all necessary actions to arrange a mock assessment; this mock assessment should reflect real conformity assessment activities and enable the assessment team to evaluate the CAB's competence in practice.
2. If a mock assessment cannot be arranged, the CAB shall provide the assessment team with a comprehensive dummy conformity assessment file(s). This file shall simulate a full conformity assessment process and shall include all relevant documentation and evidences covering every stage of the conformity assessment process.

The purpose of the dummy file is to demonstrate the CAB's ability to operate in accordance with the requirements of the relevant standards and normative documents, despite the absence of actual clients.

3. The CAB shall inform JAS-AU immediately Upon receiving a client's request within the accredited scope—where previously there were no clients—to arrange for appropriate follow-up assessment activities. In case of not notifying JAS-AU of the client's request, accreditation will be suspended partially or fully for the relevant scope(s).

|                     |                  |              |
|---------------------|------------------|--------------|
| Document No.: AD-01 | Revision / Issue | Page         |
| Date: 2025-07-10    | 3/1              | Page 7 of 22 |

4. In the event that the CAB did not have clients during two consecutive on-site assessments (including the initial assessment), JAS-AU will suspend the affected scope(s) in accordance with its procedures. The suspension may apply to a partial or full scope, depending on the circumstances. If the CAB does not resolve the issue within the defined suspension period, the accreditation will be reduced or withdrawn for the affected scope.

The assessment team will examine records, files, and further documents in addition to perform witness assessments and use of any assessment technique as deemed needed. In case of non-conformities that are detected by the assessment team a Nonconformity report shall be given to the applicant CAB. The CAB is required to submit proposed corrective action reports within a week to be evaluated within a week by the assessment team.

Durations required to implement the corrective actions are based on Grading of Non-Conformities Policy (JAS-P01). Corrective actions shall be provided to be evaluated by the assessment team within 2 week for closure of non-conformities. Communication shall be kept between the CAB and the designated team leader in this regard.

Follow-up assessments can be performed; the assessment date shall be agreed upon between the CAB and assessment team. Results of such assessments shall be reported on the supplement records.

At any point in the initial assessment process, if there is evidence of fraudulent behavior, if the conformity assessment body intentionally provides false information or if the conformity assessment body conceals information, JAS-AU terminates the assessment process.

The applicant CAB is provided with the assessment report of the assessment findings, both positive and negative points, with a month from the assessment date. The assessment report with its supplement records shall include the team recommendation regarding CAB's accreditation.

## 7.DECISION MAKING

Once all non-conformities recorded at the assessment which needs corrective actions as per JAS-P01 are closed. The decision is taken by the accreditation Committee to grant accreditation based on the assessment team recommendation. The accreditation committee is also responsible for taking decisions on extending, renewing, maintaining (in case of major changes), suspending, reducing, and withdrawing accreditation.

Decision on maintaining accreditation (after surveillance visits when no changes of scope are required) is taken by JAS-AU.

|                     |                  |              |
|---------------------|------------------|--------------|
| Document No.: AD-01 | Revision / Issue | Page         |
| Date: 2025-07-10    | 3/1              | Page 8 of 22 |



The CAB is notified of the accreditation decision including the scope of accreditation. JAS-AU promulgates in the official gazette about accreditation decisions as per the “Instructions for Administration of Accreditation Procedures of Conformity Assessment Bodies”. In addition, JAS-AU maintains an accreditation directory on its website including the status of accreditation of CABs.

Accreditation certificates issued by JAS-AU are valid for 5 years from the date of the decision on initial accreditation.

## 8. SURVEILLANCE

During the accreditation cycle the whole scope is to be covered in surveillance visits. The first surveillance visit is conducted no longer than 1 year from date of accreditation, during the remainder of the accreditation cycle surveillance visits will be conducted and the planned based on the recommendation of the assessment team and the associated risks with the CAB activities and in any case the duration between two consecutive on-site assessments shall not exceed 2 years.

Extraordinary assessments may be conducted due to complaints or changes in the CAB.

## 9. SCOPE EXPANSION

Accredited conformity assessment bodies have the right to request extending their accreditation by adding other conformity assessment activities to their scope by notifying JAS-AU in writing of their intention to expand their accreditation scope.

A formal application using the form (qf071-02) with at least the following documents/records shall be submitted at least 2 months prior to the onsite assessment visit:

- a. Relevant annex for the scope of accreditation (qf071-32). according to JAS-P07 for testing and calibration laboratories, JAS-G08 for medical testing laboratories and ILAC G28 for Inspection Bodies. Certification activities performed and/or managed in multiple countries shall be defined by the CAB according to IAF MD 12.
- b. Copies of the conformity assessment scheme/program/methods
- c. Proficiency testing and/or interlaboratory comparison records, whenever applicable
- d. Validation records, whenever applicable
- e. In-house calibration records, whenever applicable
- f. Checklist for evaluation of scheme (qf071-113) for product certification bodies

|                     |                  |              |
|---------------------|------------------|--------------|
| Document No.: AD-01 | Revision / Issue | Page         |
| Date: 2025-07-10    | 3/1              | Page 9 of 22 |

The accredited CAB is notified about the status of application, whether accepted or rejected, and the arrangements required for assessment.

When the accredited CAB applies for an extension, the assessment may be combined with the scheduled surveillance visit, or an extra **assessment** visit is arranged upon the CAB's request. This is indicated on the application form (qf071-02). If the extension is requested during the assessment visit, it shall not reduce the effectiveness and coverage of the scheduled visit. No application form (qf071-02) is required to be submitted by the CAB when the CAB's request is accepted by the assessment team during the assessment visit.

For product certification and if the product certification body applies for scope expansion to include accreditation of a new certification scheme, evaluation of the new scheme **for suitability** shall be performed **in accordance with JAS-P29**.

Upon the positive accreditation committee's decision on extending accreditation, accreditation certificate and scope are updated regarding the expansion scope. The accreditation directory on JAS-AU website is updated accordingly.

## 10. REASSESSMENT

Re-assessment visits are performed in case of re-accreditation according to JAS-AU policy on reassessment of accredited conformity assessment bodies (JAS-P027).

The CAB applying for reaccreditation shall submit application and all necessary documents Before (12) months from the expiry of accreditation certificate.

At least the following documents/records shall be submitted by the CAB:

- a. Application form (qf071-02) identifying scope expansion if applied:
- b. Relevant annex for the scope of accreditation (qf071-32). according to JAS-P07 for testing and calibration laboratories, JAS-G08 for medical testing laboratories and ILAC G28 for Inspection Bodies. Certification activities performed and/or managed in multiple countries shall be defined by the CAB according to IAF MD 12.

|                     |                  |               |
|---------------------|------------------|---------------|
| Document No.: AD-01 | Revision / Issue | Page          |
| Date: 2025-07-10    | 3/1              | Page 10 of 22 |

- c. Questionnaire (qf071-01)
- d. Checklist against the accreditation criteria to which a CAB is applying for
- e. Checklist for evaluation of scheme (qf071-113) for product certification bodies, in case of new or changed scheme
- f. Management system documents
- g. Copies of the conformity assessment scheme/program/methods, if new or revised
- h. Proficiency testing and/or interlaboratory comparison records, whenever applicable
- i. Copies of reports/certificates (for each conformity assessment area, if needed)

Noting that reaccreditation can include extending the accredited scope and/or shrinkage of accredited scope. The reassessment will include an examination of the whole scope as the initial assessment visit

If the decision on accreditation renewal of the CAB is taken before the expiry date of accreditation certificate, the CAB is consulted regarding the accreditation cycle whether to begin from the date after the certificate end date or the decision date.

If the decision on the accreditation renewal is not made before the expiry date, a formal letter is issued to the relevant conformity assessment body informing it about the expiry of certificate, the requirements of JAS-AU symbol instructions and the agreement on the use combined JAS-AU symbol and ILAC MRA/IAF MLA MARK, if signed with it, regarding the expiry of certificate.

The relevant conformity assessment body is requested to provide JAS-AU with evidence on notifying affected clients of the expiry of certificate. Both the accreditation certificate and scope shall show the expiry status as a watermark on each page and the accreditation directory on JAS-AU website is updated accordingly.

A new accreditation certificate and scope is issued on the renewal decision; the cycle starts from the renewal decision date and the expiry period will be stated in the accreditation history on the certificate. JAS-AU will not be held responsible if the CAB does not abide to the time frames set within this policy and the accreditation certificate expires before the renewal decision is taken.

In case the conformity assessment body operates in multiple countries, IAF MD 12 shall be applied.

|                     |                  |               |
|---------------------|------------------|---------------|
| Document No.: AD-01 | Revision / Issue | Page          |
| Date: 2025-07-10    | 3/1              | Page 11 of 22 |

# 11. SUSPENSION, REDUCTION, AND WITHDRAWAL

## Compulsory

JAS-AU has the right to suspend accreditation – for all or part of the accreditation scope for a period that does not exceed (90) days in cases defined in the "Instructions for Administration of Accreditation of Conformity Assessment Bodies".

JAS-AU is obligated to inform the conformity assessment body of the decision to suspend the accreditation – full or partial - with an indication of the reasons for it without delay.

The accreditation of the conformity assessment body shall be withdrawn – in full or partial - upon the expiry of suspension period due to its failure to take the required corrective measures. In the event of reduction of accreditation, a new certificate shall be issued.

In the case where the CAB provided JAS-AU with the actions taken regarding the suspension decision, the CAB is notified about the actions to be taken (e.g. planning for an assessment, evaluation of corrective actions by the assessment team, etc.). In the case where the CAB provided the assessment team with evidence on closure of the non-conformities that resulted in issuing the decision on suspending the accreditation temporarily –either for the whole or part of the accreditation scope – for a period that does not exceed (90) days, the decision to lift suspension of accreditation—either for the whole or part of the accreditation scope is taken internally by JAS-AU or , when needed, by the accreditation committee formed by JAS-AU based on the assessment team recommendation.

JAS-AU has the right to withdraw the accreditation when any behavior involving acts of fraud, cheating, deception, falsification of information, or intentional violation of accreditation requirements is proven.

The CAB is issued a formal letter covering the following:

1. The CAB shall immediately stop using JAS-AU symbol on all records, stickers and labels, papers, documents and promotional materials related to conformity assessment activities affected by the suspension/reduction/withdrawal of accreditation.
2. To provide JAS-AU with proof showing the parties affected by the suspension/reduction/withdrawal of accreditation and informing these affected parties of the decision to suspend/reduce/withdraw of accreditation and the associated consequences

|                     |                  |               |
|---------------------|------------------|---------------|
| Document No.: AD-01 | Revision / Issue | Page          |
| Date: 2025-07-10    | 3/1              | Page 12 of 22 |

within (10) days from the date of the decision. Failure to comply with the decision will lead to sanctions as following:

- a. For partial suspension, accreditation will be reduced for the suspended scope.
- b. For full suspension, accreditation will be withdrawn for the full suspended scope.
- c. For reduction, accreditation will be withdrawn for the full suspended scope.
- d. For withdrawal, JAS-AU will not accept the application for reaccreditation/terminate the reaccreditation process until the required information is provided.

3. The use of JAS-AU symbol, the combined JAS-AU symbol and ILAC MRA mark and the combined JAS-AU symbol and ILAF MLA mark in such cases in accordance with the relevant instructions and JAS-P028.

JAS-AU publishes on its website the status of every accreditation, including whether a particular accreditation has been suspended, reduced or withdrawn.

JAS-AU promulgates in the official gazette about compulsory reduction/withdrawal decisions of the accreditation and the reasons thereof after (30) days from the accreditation date.

## Voluntary

The accredited conformity assessment body has the right to request voluntary suspension for all or part of its accreditation scope for a period that does not exceed (180) days, **reduction or withdrawal of accreditation** provided that JAS-AU is informed of its desire to do so in writing using form no(qf071-103) through the authorized personnel. JAS-AU will conduct any suitable assessment activities (if necessary) prior to issuing its decision on lifting the suspension.

If the CAB exceeds the voluntary suspension period, accreditation for the suspended activities will be **reduced/withdrawn**.

The conformity assessment body has the right to request an extension to the voluntary suspension period, provided that the total suspension period does not exceed 180 days.

In the event of voluntary reduction of the accreditation scope, a new accreditation certificate shall be issued for the accredited scope.

|                     |                  |               |
|---------------------|------------------|---------------|
| Document No.: AD-01 | Revision / Issue | Page          |
| Date: 2025-07-10    | 3/1              | Page 13 of 22 |

In the event of the voluntary withdrawal of the full scope of accreditation, the accreditation is considered expired from the date of **JAS-AU**.

The CAB is issued a formal letter covering the following:

1. The CAB shall immediately stop using JAS-AU symbol on all **records, stickers and labels**, papers, documents and promotional materials related to conformity assessment activities affected by the **voluntary** suspension/reduction/withdrawal of accreditation.
2. To provide JAS-AU with proof showing the parties affected by the **voluntary** suspension/reduction/withdrawal of accreditation and informing these affected parties of the decision to **suspend/reduce/withdraw of accreditation** within (10) days from the date of the decision. **Failure to comply with the decision will lead to sanctions as following:**
  - a. **For voluntary partial suspension, accreditation will be reduced for the suspended scope.**
  - e. **For voluntary full suspension, accreditation will be withdrawn for the full suspended scope.**
  - f. **For voluntary reduction, accreditation will be withdrawn for the full suspended scope.**
  - g. **For voluntary withdrawal, JAS-AU will not accept the application for reaccreditation/terminate the reaccreditation process until the required information is provided.**
  - h. **The use of JAS-AU symbol, the combined JAS-AU symbol and ILAC MRA mark and the combined JAS-AU symbol and ILAF MLA mark in such cases in accordance with the relevant instructions and JAS-P028.**

JAS-AU publishes on its website the status of every accreditation, including whether a particular accreditation has been **voluntarily** suspended, reduced or withdrawn.

JAS-AU promulgates in the official gazette about voluntary reduction/withdrawal decisions of the accreditation and the reasons thereof **once the decision is taken by JAS-AU**.

## 12. CONFIDENTIALITY

|                         |                  |                      |
|-------------------------|------------------|----------------------|
| Document No.: AD-01     | Revision / Issue | Page                 |
| Date: <b>2025-07-10</b> | <b>3/1</b>       | <b>Page 14 of 22</b> |

All information obtained or created during the accreditation process **is** treated **as** confidential. All assessors used by JAS-AU are required to sign the JAS-AU Assessor Contract, as well as impartiality and confidentiality declaration before conducting and assessment they perform. **JAS-AU staff and committee members are also required to sign impartiality and confidentiality declarations before performing any accreditation activity.** Any breach of confidentiality will be viewed in a very serious manner.

## 12. APPEALS

Accredited CABs and CABs applying for accreditation **have** the right to appeal to JAS-AU within **one month** from the date it was notified of any decisions taken by JAS-AU that it deems unfair against the following **Decisions**:

- Granting/renewing accreditation
- maintaining accreditation
- extending accreditation
- reduction/ withdraw **of accreditation.**
- partially or fully suspension of accreditation

**Appeals are handled according to JAS-AU's procedure (JAS-P075) which is publicly available on JAS-AU website.**

## 13. JOINT ASSESSMENTS

Accreditation of CABs in cooperation with a foreign accreditation body can only be granted in one of the following cases and following the rules stated in Joint Assessment Procedure (QP-079).

- If a joint assessment is conducted by JAS-AU and Foreign accreditation body assessors.
- If joint assessment is not possible, then JAS-AU has to contract an Assessor from abroad.
- If both cases are not possible, then JAS-AU has to send an apology for not being able to grant Accreditation or proceed with the existing Accreditation to the CAB and explaining the situation.

Joint assessment is conducted by the JAS-AU and foreign accreditation body assessors in the following cases:

- If JAS-AU cannot find a competent technical assessor/ expert for the required scope of accreditation, a joint assessment can be carried out thereon.
- If the **CAB** requested to carry out the assessment jointly with a certain foreign accreditation body in order to save time and money,etc.

|                         |                  |                             |
|-------------------------|------------------|-----------------------------|
| Document No.: AD-01     | Revision / Issue | Page                        |
| Date: <b>2025-07-10</b> | <b>3/1</b>       | Page <b>15</b> of <b>22</b> |

The foreign accreditation body shall be internationally recognized and a signatory of a Multilateral Agreement with ILAC/IAF.

Resulting assessment reports will be submitted to the relevant Committee for final decision as per the decision issuing process mentioned in article No. (7) of this document.

In some cases, decision of accreditation can be based on foreign accreditation body assessment reports, with making sure the fulfillment of JAS-AU policies/requirements.

## 14. GENERAL ACCREDITATION REQUIREMENTS

14-1 The conformity assessment body shall maintain all records related to the accreditation scope for at least (5) years, whenever appropriate.

### Timeframe for the Accreditation Process (Initial assessment)

| Activity                                                                                       | Time frame                                                                                                                                                    |
|------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <b><u>Application</u></b>                                                                      |                                                                                                                                                               |
| - Review the application and documents submitted by the CAB for completeness;                  | Within five working days.                                                                                                                                     |
| - Resource review                                                                              | Within two weeks of receiving the scope                                                                                                                       |
| <b><u>Assessment</u></b>                                                                       |                                                                                                                                                               |
| - Implementation of the preliminary visit                                                      | Within four weeks of signing the agreement                                                                                                                    |
| - Evaluation of the certification scheme by the assessment team                                | Within 3 weeks after signing the agreement                                                                                                                    |
| - Implementation of the Document and record review                                             | Within a month after signing the agreement for all conformity assessment schemes except for product certification (within a month after accepting the scheme) |
| - CAB rectifies the nonconformities found during the document review                           | Within 4 months from notifying the CAB of the results of the review.                                                                                          |
| - CAB suggests the appropriate corrective actions using form qf071-24.                         | Within one week of receiving the assessment report                                                                                                            |
| - The designated assessment team assesses the proposed corrective actions submitted by the CAB | Within 7 days from receiving them. And shall inform the CAB in writing if any proposed action is inappropriate.                                               |

|                     |                  |               |
|---------------------|------------------|---------------|
| Document No.: AD-01 | Revision / Issue | Page          |
| Date: 2025-07-10    | 3/1              | Page 16 of 22 |



|                                                                                                                                                                                                                                                               |                                                                                                                                                                                                                                                                                                                                                                                       |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| - The designated assessment team assesses the corrective actions submitted by the CAB                                                                                                                                                                         | Within 2 weeks from receiving them.<br>(Evaluation of the corrective actions of Documentation Assessment qf071-50) shall be filled.                                                                                                                                                                                                                                                   |
| - If there is a change on the nominated assessment team chosen in the process of resource review, members of the Assessment team shall be send to the CAB                                                                                                     | At least three weeks before the agreed date for the assessment.                                                                                                                                                                                                                                                                                                                       |
| - Preparation of the "Documents Package" needed by the assessment team for the conducting of the onsite assessment.                                                                                                                                           | At least 10 days before the assessment.                                                                                                                                                                                                                                                                                                                                               |
| - Sending: List of tests/calibration/sampling to be witnessed (qf071-27)/ Inspections to be witnessed (qf071-104) certification activities to be witnessed, assessment time table (qf071-26), <b>qf071-128 for proficiency testing providers</b> ) to the CAB | One week before the assessment; given that this shall be within (6) months from the acceptance of the management system documentation and closing of all non-conformities resulted from the document and record review, if there were any, and that the applicant CAB implemented the management system for at least (3) months. On-site assessment usually lasts (2-3) working days. |
| - All proposed corrective actions by the applicant CAB submitted (in written form) to the team leader                                                                                                                                                         | within one week of the assessment.                                                                                                                                                                                                                                                                                                                                                    |
| - Informing the applicant of accepting/ rejecting its proposed corrective actions.                                                                                                                                                                            | Is made by Assessment team within (7) days                                                                                                                                                                                                                                                                                                                                            |
| - Completion of the Reports of the Assessment Team                                                                                                                                                                                                            | Max (4) weeks after conducting the assessment                                                                                                                                                                                                                                                                                                                                         |
| - Duration for the closure of nonconformities by applicant CAB.                                                                                                                                                                                               | (5) months after conducting the assessment.                                                                                                                                                                                                                                                                                                                                           |
| - Completion of the evaluation of the corrective actions report (the supplements to the technical and to the final report)                                                                                                                                    | Max (2) weeks after closing up all non-conformities (by the CAB) detected during the on-site assessment.                                                                                                                                                                                                                                                                              |
| If all non-conformities raised during the onsite assessment were not closed within (5) months, the applicant is requested to submit new and appropriate corrective actions                                                                                    | Applicant has to submit new corrective actions within a month.                                                                                                                                                                                                                                                                                                                        |
| <b><u>Decision about accreditation</u></b>                                                                                                                                                                                                                    |                                                                                                                                                                                                                                                                                                                                                                                       |
| - Invite AC to meet.                                                                                                                                                                                                                                          | Within a week from sending assessment records to the secretary of AC.                                                                                                                                                                                                                                                                                                                 |

|                                            |                                                                                                                                               |
|--------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------|
| - Decision about the Accreditation by AC.  | within (30) days after sending the assessment records to AC. In case any AC decision took more than one month, a justification shall be made. |
| - Preparing the Accreditation Certificate. | within (7) working days after the decision is taken.                                                                                          |

## B. JAS-AU ACCREDITATION CRITERIA

### 1. Accreditation standards:

|    |                                                                                                                                                                    |
|----|--------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| 1. | ISO/IEC 17025 - Testing and calibration laboratories                                                                                                               |
| 2. | ISO 15189- Medical laboratories – Requirements for quality and competence                                                                                          |
| 3. | ISO/IEC 17065 - Conformity assessment – Requirements for bodies certifying products, processes, and services.                                                      |
| 4. | ISO/IEC 17020 - Conformity assessment – Requirements for the operation of various types of bodies performing inspection                                            |
| 5. | ISO/IEC 17021-1- Conformity assessment – Requirements for bodies providing audit and certification of management systems – and relevant management system standard |
| 6. | ISO/IEC 17043 - Conformity assessment – General requirements for proficiency testing                                                                               |

Mandatory Documents which are required to be used by accredited, applicants CABs and assessment teams for best practices in applying and interpreting the accreditation criteria:

**National regulatory and statutory requirements in addition to scheme owner requirements are also added to accreditation requirements.**

### 2. General Requirements for all CABs (latest issues):

|    |                                                                                          |
|----|------------------------------------------------------------------------------------------|
| 1. | Instructions for Administration of Accreditation of Conformity Assessment Bodies No. (4) |
| 2. | تعليمات أجور الاعتماد                                                                    |
| 3. | تعليمات رمز وشعار نظام الاعتماد الأردني                                                  |
| 4. | <b>Accreditation process requirements and criteria (AD01)</b>                            |

JAS-AU Policies applicable for All CABS

|    |                                               |
|----|-----------------------------------------------|
| 1. | JAS-P01-Policy on Grading of Non-Conformities |
|    | Document No.: AD-01                           |
|    | Revision / Issue                              |
|    | Date: 2025-07-10                              |
|    | 3/1                                           |
|    | Page                                          |
|    | Page 19 of 22                                 |

|    |                                                                                                                            |
|----|----------------------------------------------------------------------------------------------------------------------------|
| 2. | JAS-P23-JAS-AU Policy on Accreditation and Conformity Assessment During Extraordinary conditions                           |
| 3. | JAS-P27-JAS-AU policy on reassessment of accredited conformity assessment bodies                                           |
| 4. | JAS-P28- CONDITIONS FOR THE USE OF JAS-AU ACCREDITATION SYMBOL and COMBINED ACCREDITATION SYMBOL FOR ILAC MRA/IAF MLA MARK |

### 3. JAS-AU Policies applicable for Testing (including medical testing) and calibration laboratories (as applicable to the sector)

|     |                                                                                              |
|-----|----------------------------------------------------------------------------------------------|
| 1.  | JAS-P02-Policy of Proficiency Testing                                                        |
| 2.  | JAS-P03-Policy of Measurements Uncertainty                                                   |
| 3.  | JAS-P04-Policy on Metrological Traceability                                                  |
| 4.  | JAS-P05-Policy for Using Reference Materials                                                 |
| 5.  | JAS-P06-Policy for Using Testing Standards/Methods in the Scope of Accreditation             |
| 6.  | JAS-P07-Documenting and describing the standards of testing and or calibration methods       |
| 7.  | JAS-P08-Policy for Validation of Test Methods                                                |
| 8.  | JAS-P09-Policy on Accreditation for Non-Destructive Testing                                  |
| 9.  | JAS-P11-Safety Policy for Labs Performing Environmental & Water Testing                      |
| 10. | JAS-P12-Safety Policy for Chemical and Biological Sector                                     |
| 11. | JAS-P13-Policy for Labs Performing Environmental and Water Testing, Good Laboratory Practice |
| 12. | JAS-P14-Policy on Test and Measuring Equipment Documentation                                 |
| 13. | JAS-P15-Policy on Traceability in Chemical Measurements                                      |
| 14. | JAS-P17-Calibration of Piston Pipettes Using Gravimetric Method                              |
| 15. | JAS-P18-Safety Policy in Food Testing Laboratories                                           |

|     |                                                                             |
|-----|-----------------------------------------------------------------------------|
| 16. | JAS-P19-Safety Policy in Testing Laboratories                               |
| 17. | JAS-P21-Policy on in-house calibration                                      |
| 18. | JAS-P22-Safety Policy in Electrical Testing Laboratories                    |
| 19. | JAS-P25- Air Quality Measurements Policy                                    |
| 20. | JAS-P26- Sensory Testing Laboratories Policy                                |
| 21. | اتفاقية استخدام العلامة المشتركة لرمز نظام الاعتماد الاردني وعلامة ILAC MRA |

#### 4. Specific requirements applicable to Construction Laboratories:

|  |                                                                                                                                          |
|--|------------------------------------------------------------------------------------------------------------------------------------------|
|  | قائمة الحد الأدنى من طرق الفحص المطلوبة لحصول المختبرات الانشائية على الاعتماد- وزارة الاشغال العامة والإسكان (لمختبرات الفحص في الأردن) |
|--|------------------------------------------------------------------------------------------------------------------------------------------|

#### 5. Specific requirements applicable to Medical Laboratories:

|    |                                                                                              |
|----|----------------------------------------------------------------------------------------------|
| 1. | JAS-P16-Policy Biosafety and Biosecurity Policy for Medical Labs                             |
| 2. | JAS-P20-Policy for Method Validation in Medical Laboratories                                 |
| 3. | تعليمات أسس وشروط ضبط الجودة المخبرية وتحسينها (للمختبرات الطبية داخل الأردن)                |
| 4. | نظام رقم (٩٢) لسنة ٢٠٠٨<br>نظام معدل لنظام ترخيص المختبرات الطبية الخاصة                     |
| 5. | نظام رقم (٣٠) وتعديلاته<br>نظام ترخيص المختبرات الطبية الخاصة (للمختبرات الطبية داخل الأردن) |
| 6. | نظام رقم (٣٥) لسنة ٢٠٠٤ - نظام معدل لنظام ترخيص المختبرات الطبية ٢٠٠٤                        |

#### 6. Specific requirements applicable to Inspection Bodies:

|    |                                       |
|----|---------------------------------------|
| 1. | JAS-P02-Policy of Proficiency Testing |
|----|---------------------------------------|

|                     |                  |               |
|---------------------|------------------|---------------|
| Document No.: AD-01 | Revision / Issue | Page          |
| Date: 2025-07-10    | 3/1              | Page 21 of 22 |

|    |                                                                                                                                       |
|----|---------------------------------------------------------------------------------------------------------------------------------------|
| 2. | JAS-P03-Policy of Measurements Uncertainty                                                                                            |
| 3. | JAS-P04-Policy on Metrological Traceability                                                                                           |
| 4. | JAS-P05-Policy for Using Reference Materials                                                                                          |
| 5. | JAS-P21-Policy on in-house calibration                                                                                                |
| 6. | JAS-P24: Policy on Accreditation Requirements for Inspection Bodies Working in the Field of Lifting Equipment and Lifting Accessories |
| 7. | ILAC P15:05/2020 Application of ISO/IEC 17020:2012 for the Accreditation of Inspection Bodies                                         |
| 8. | اتفاقية استخدام العلامة المشتركة لرمز نظام الاعتماد الاردني وعلامة ILAC MRA                                                           |
| 9. | نموذج فحص الرافعات وسلامة تركيبها بالمشاريع الانشائية الصادر عن وزارة الأشغال والإسكان (لجهات التفتيش داخل الأردن)                    |

## 7. Specific requirements applicable to **product** certification bodies:

|    |                                                                                                                                       |
|----|---------------------------------------------------------------------------------------------------------------------------------------|
| 1. | JAS-P29 – Policy on Evaluation of Conformity Assessment Schemes                                                                       |
| 2. | IAF MD 4:2025 IAF Mandatory Document for the Use of Information and Communication Technology (ICT) for Conformity Assessment Purposes |
| 3. | IAF MD 7:2023 IAF Mandatory Document for the Harmonization of Sanctions and Dealing with Fraudulent Behaviour                         |
| 4. | IAF MD12:2023 Accreditation Assessment of Conformity Assessment Bodies with Activities in Multiple Countries                          |
| 5. | IAF MD25:2023 Criteria for Evaluation of Conformity Assessment Schemes                                                                |
| 6. | Agreement for the use of the IAF MLA mark                                                                                             |