CERTIFICATION & INSPECTION

QSI.PRO.10

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System Certification Procedure

CONTENTS

1. PURPOSE

The purpose of this procedure is to define the processes required for management system certification before, during and after the inspection, those responsible and the records to be kept.

2. SCOPE

This procedure, prepared on the basis of EA and IAF documents related to ISO/IEC 17021-1:2015 and ISO/IEC 27006:2015 standards, and TURKAK Guidelines, covers ISO 9001 KYS, ISO 14001 EMS, ISO 45001 OHS, ISO 50001 EnYS and ISO 27001 ISMS certification activities.

3. DEFINITIONS

Inspection: All activities carried out to determine whether the organization meets the relevant requirements of the standard on which the certification processes are based in order to make the certification/registration decision regarding the certification of an organization and to provide the necessary information for the conclusion of the certification process, including the review of the documentation, the inspection, and the preparation of the inspection report.

Non-conformity: The absence or failure to implement or maintain one or more of the management system requirements, or a situation that casts significant doubt on the quality the organization will provide based on available objective evidence.

When a nonconformity is detected in the ISMS, in the head office or in a site, the corrective action procedure is applied to the head office and to all sites covered by the certification.

Major Non-conformity: It is inadequate definition and/or implementation of any of the standard items or sub-headings. At the same time, it is the presence of deficiencies and malfunctions that will affect the healthy operation of the system.

For the ISO 50001 EnMS, Major Non-Conformity means Significant Non-Conformity. In the following cases, the nonconformities can be classified as significant:

- Evidence of inspection indicating that energy performance improvement has not been achieved,
- Presence of significant doubt that effective process control exists,
- A large number of minor nonconformities associated with the same conditions or issues may indicate systematic defect and thus constitute a significant nonconformity.

Minor Non-conformity: They are nonconformities from system standard conditions that do not affect the overall system. They are individual nonconformities of the organization's management system to an item in the inspection standard, independent of other elements that do not affect the operation of the management system. It is the type of nonconformity that does not arise from the structure of the management system and does not reduce the system's ability to provide controlled processes and production. Partial nonconformities with the company's

documented management system or requirements, Deviations in the implementation of the company's management system.
Observation: They are the positive or negative written opinions of the inspection board about the management system, which is the basis for certification, in order to assist the next inspection. If no precautions are taken in the established food safety management system of the company, the issues that are determined to cause non-conformity are determined and put into writing.

Integrated Management System Audit: They are the simultaneous inspections carried out in organizations that run more than one management system in parallel.

Mentor: Person appointed by the inspected client and assisting the inspection team

Observer: Person who accompanies the inspection team but does not inspect

Head office: A network of sites or local offices or branches where all or some of the EMS activities of an organization located at multiple sites are planned, controlled or managed.

Improving energy performance: Improvement in measurable outcomes related to energy efficiency, energy use or energy consumption relative to the energy base level.

EnMS Site (location): The place within which the energy source(s), energy use(s) and energy performance are within the organization's control.

4. REFERENCE DOCUMENTS

4.1. Forms

- 3-Year Inspection Program QSI-PRO.10/F01
- Inspection Plan QSI-PRO.10/F03
- Inspection Report QSI-PRO.10/F04
- Non-Conformity Form QSI-PRO.10/F05
- Certification Decision Form QSI-PRO.10/F06
- Certification Application Form QSI-PRO.10/F07
- Inspection Question List QSI-PRO.10/F10
- Opening Meeting and Final Sitting Attendance List QSI-PRO.10/F13
- System Certification Contract QSI-PRO.10/F16
- Certificate Template QSI-PRO.10/F17

4.2. Other Documents

- Instruction on Calculation of Inspection Period QSI-TAL.04
- Multi-Site Inspection Instruction QSI-TAL.06
- Document and Record Control Procedure QSI-PRO.02
- Objections and Complaints Procedure QSI-PRO.04
- Personnel Training, Competence and Performance Evaluation Procedure QSI-PRO.05

- Personnel Competence Table - General QSI-TBL-01-GNL
- Personnel Competence Table – ISO 14001 EMS QSI-TBL-01-ÇYS
- Personnel Competence Table – ISO 50001 EnMS QSI-TBL-01-EnYS
- Personnel Competence Table – ISO 45001 OHS QSI-TBL-01-İSG
- Personnel Competence Table – ISO 9001 QMS QSI-TBL-01-KYS
- Accreditation Scope Table – ISO 14001 EMS QSI-TBL-02-ÇYS
- Accreditation Scope Table – ISO 50001 EnMS QSI-TBL-02-EnYS
- Accreditation Scope Table – ISO 45001 OHS QSI-TBL-02-İSG
- Accreditation Scope Table – ISO 9001 QMS QSI-TBL-02-KYS
- ISMS Categories List QSI-TBL-03
- ISMS Activity and Technological Field Categories Qualification Table QSI-TBL-05
- QSIPRO Software
- TURKAK R 40.01 Guidelines
- IAF ID1
- IAF MD1 – Inspections for Multiple Addresses
- IAF MD19 – Inspection and certification of the management system managed by the multi-site organization (when sampling is not possible)
- IAF MD2 – Transfer Inspections
- IAF MD5 – Calculation of Number of Days
- IAF MD11 – Integrated Inspections
- IAF MD22 - Application of 17021-1 for the Certification of OH&SMS
- ISO 27006 Requirements for organizations that inspect and certify information security management systems
- ISO 50003 Energy management systems – Requirements for organizations providing inspection and certification of energy management systems
- ISO 17021-1, 2, 3, 10

5. IMPLEMENTATION

5.1. Pre-Inspection Activities

5.1.1. Application

Certification requests are received with the Certification Application Form via e-mail/fax or web page.

In case of missing information in the applications or if there is a need for additional information for a sound assessment, it is contacted with the client and the necessary information is provided.

For the application, a new client is defined on the QSIPRO software information screen by the person who received the application. At this stage, a temporary client code is given to the client by QSIPRO.

The person receiving the application saves the details of the client request in the application form on the QSIPRO request screen. According to the client's request, s/he assigns the appropriate NACE code/technical area code from the NACE code section. In the light of the information recorded on

information is checked again by the Certification Manager / General Manager and the BGG module is filled. All authority regarding the Application Review rests with the Certification Manager and the General Manager.

The information provided by the client's authorized representative for ISO 45001 Certifications about their processes and activities also includes the identification of the main hazards and OHS risks related to the processes, the main hazardous materials used in the processes and the relevant legal obligations. In ISO 45001 applications, the application shall include activities, products and services within the organization's control or influence that may affect the organization's OHS performance. For example, temporary construction sites and construction sites, regardless of their location, are within the scope of the organization's OHS. If an organization's sites where the activity subject to certification is carried out are not ready, the organization must inform the certification body prior to the inspection which sites will be included in the inspection and which sites will be excluded.

5.1.1.1. Transfer Applications

In transfer applications, the following information is checked by the Certification Manager. Transfer applications that do not meet the specified conditions are not considered as transfers.

- ✓ A copy of the client's currently valid accreditation certificate (The certificate must be obtained from an approved certification body by an Accreditation Body party to the IAF - MLA contract and its validity must be confirmed from the website of the the certification or accreditation body.)
- ✓ Stating the reason for the transfer
- ✓ Reports of previous certification or certificate renewal and subsequent surveillance inspections, nonconformities detected as a result of inspections, other relevant notes for the inspections, if any (inspector's note, question lists, observation form, etc.). If the required inspection reports of the last inspections are not available or if the surveillance inspection has not been carried out even though the surveillance inspection period has expired, the application is not considered as a transfer.
- ✓ The nonconformities detected during the last inspection of the previous certification body must be closed by the certification body. If objective evidence about this situation cannot be obtained, the application is not considered as a transfer.

The method in certification applications is applied when receiving, reviewing and finalizing transfer applications and concluding a contract.

Transfer certification is carried out by conducting surveillance inspections for companies whose deadlines are approaching. In transfer inspections, the information at which stage of the transferred client's certification cycle is transferred is recorded on QSIPRO and the inspection program to be created by QSI is prepared in accordance with this cycle. Considering the validity period of the previous certificate, necessary inspections are carried out for the 3-year certificate cycle.

In case of doubts as a result of the reviews, the applicant organization is considered as a new organization. Transfer applications of organizations that are suspended or in danger of being suspended are not accepted.

5.1.1.2. Scope Change Application

Scope change requests are received with the Certification Application Form and the steps in the first certification applications are repeated. After the client approves the contract, inspection activities are carried out.

In scope reduction requests, the scope reduction request and its justifications are assessed by the Certification Manager.

In some situations, the scope can be reduced without a request for scope reduction. These situations are;

- The fact that the organization ceases its activities within the scope,
- The fact that it is determined in the inspections that some of the activities within the scope of the certification of the company are not effectively carried out within the system,
- Changes in legal requirements and non-compliance of the organization, etc.

5.1.1.3. Address Change Application

In case of a change in the address of the organization, it is obliged to inform QSI and request an address change in accordance with the terms of the System Certification Contract. This request is made with commercial documents supporting the address change. The review for the address change is carried out by the Certification Manager and s/he requests an inspection planning for address changes that directly affect the company's processes and physical conditions.

In cases where the company's activities subject to certification will not be affected by the address change, a decision is made to issue/not issue a new certificate as a result of the Certification Manager's assessment of the information about the requested change without an inspection.

5.1.2. Review of the Application

Applications are reviewed by the Certification Manager / General Manager via the QSIPRO BGG module through the information entered into the QSIPRO software. In case the Certification Manager / General Manager does not have the necessary competence to review, support is obtained from a qualified chief inspector or technical expert.

Applications are reviewed according to the following steps.

a- ***Confirmation of Impartiality;*** According to the Impartiality Procedure, it is analyzed whether there is any conflict of interest that threatens impartiality and confidentiality. In case of any threat, the application is rejected.

b- ***Scope Compliance;*** The suitability of the requested scope is assessed and if necessary, it is recommended to the applicant organization in terms of written language.

During the application review phase for ISO 27001 ISMS, it is also examined whether the requested certification scope meets the criteria in the 4.3 article of the ISO 27001 standard. It is checked whether the information security risk assessment and risk processing activities of the organization fully reflect its activities. These issues should be clearly reflected in the scope and in the declaration of applicability. It should also be verified at this stage that there is a separate declaration of applicability for each certification scope. The units where the activities and services that are not fully covered by the certification are carried out should be clearly stated and should be included in the risk assessment activities of the organization. If there is an excluded item, its conformity should be verified. Eligibility of access to confidential records should be reviewed.

The scope and limits of the ISO 50001 EnMS are defined in the light of the information in the Application Form, and the compliance of the scope and limits is verified in each inspection by the Chief Inspector and recorded through Question Lists. Scope of certification defines the limits of the EnMS, including activities, facilities, processes and decisions related to the EnMS. The scope can be an entire organization with multiple sites, a location within an organization, or subdivision(s) of the site, such as a building, facility, or process. The energy sources of the organization cannot be excluded while defining the limits.

The Scope Code of the relevant scope for which the application is made is determined through the QSIPRO software. In case the client has more than one code, the highest risk codes are taken as reference according to the client's field of activity. QSIPRO software automatically checks whether there is QSI accreditation in the relevant Codes. The client is informed for the applications not covered by accreditation.

c- ***Confirmation of Competence;*** QSIPRO software automatically checks whether there is a team with the necessary competence for the successful completion of possible tasks.

d- ***Calculation of Inspection Periods;*** Inspection periods are automatically calculated by QSIPRO in accordance with the Instruction on Determination of Inspection Periods and presented to the Certification Manager as a recommendation.

e- ***Analysis of Requested Inspection Period;*** While planning the inspection period, criteria such as the optimum time that will pass between the stage 1 and stage 2 inspections, the complexity of the inspection scope, the risk category, and the maturity level of the system are taken into account. Appropriate times for the inspection team are determined by the Certification Manager over QSIPRO. The determined inspection period is compared with the inspection period requested by the client.

f- ***Analysis of Multiple Sites;*** In the applications of organizations with more than one site, it is analyzed whether the sites meet the conditions specified in the Instruction on Calculation of Inspection Period. Additional information about multiple sites is requested if necessary. In the light of information obtained at this stage, the Central Office is determined for the EnMS.

g- ***Complexity & Risk Category Analysis;*** In the light of the information in the Application Form, the complexity and/or risk category of the organization

is determined over QSIPRO in accordance with the complexity category determination method specified for each standard in the Instruction on Calculation of Inspection Period.

h- ***Final Analysis of Application;*** For the final acceptance of the application, in addition to the above-mentioned titles, the appropriateness of other issues affecting certification activities (language, security conditions, client's financial risk, etc.) is assessed over QSIPRO. If the application is accepted after the final analysis of the application, the bidding stage is initiated via QSIPRO.

When the application is rejected, the reasons for the rejection are clearly notified to the client by e-mail and the notification is kept as a quality record. No restrictions or discrimination such as religion, language, race, geographical region, commercial interest can be imposed on the applications, except for the technical restrictions required by the accreditation rules, lack of human resources or a geographical area where QSI does not operate. Every applicant is treated in accordance with the principle of equality.

5.1.3. Bidding and Signing the Contract

Following the acceptance of the application, a proposal is created by the Client Relations Manager / General Manager or Certification Manager using the System Certification Contract via QSIPRO and sent to the client. The bids submitted are followed by the Client Relations Manager through QSIPRO.

If the proposal is approved by the client, the Certification Manager reviews whether the conditions set in the proposal still remain valid. After the contract approved by the client is accepted by QSI, the Contract, the SSI statement of the last month (for all locations within the scope of the inspection) and the Tax Plate are scanned by the Accounting and Finance Officer and saved in the QSIPRO software. The wet signed original of the contract is put into the Contract File by the Accounting and Finance Officer.

The documents are reviewed by the Certification Manager to ensure that the information in the application form and the information in the commercial documents are correct. After the reviews, if a situation arises between the Application Form and the approved contract, which requires a change in the contract, the contract is renewed and submitted to the approval of the client again. If there is no difference between the application and the approved contract, the contract is put into effect for the planning of the inspection.

If the Stage 1 inspection is not accepted by the organization within 6 months as of the approval date of the contract, or if the Stage 2 inspection is not performed for any reason within 6 months from the last day of the Stage 1 inspection, the organization's contract is canceled. If the organization whose application has been canceled applies, it is considered as a new application.

5.1.4. Inspection Program

5.1.4.1. A **3-Year Inspection Plan** is prepared by the Certification Manager, taking into account the size of the client, the scope and complexity of the management system, the products and processes, as well as the results of previous inspections and the level of effectiveness of the management system

5.1.4.2. The initial certification inspection program includes two stages, the first inspection in the first year following the certification decision, the surveillance inspection in the second year, followed by a recertification inspection before the certification expires in the third year. The first three-year certification cycle begins with the certification decision. The following cycles begin with the recertification decision.

While preparing and revising the inspection program, the following points are also taken into consideration. They are also used in determining the scope of the inspection or preparing the inspection plan:

- Complaints about the client to QSI,
- Combined, integrated or joint inspections,
- Changes in certification requirements,
- Changes in legal requirements,
- Organization's performance data (such as defect levels, key performance indicator data),
- Assessments by appropriate interested parties.
- Identified information security controls (for ISMS)

5.1.4.3. While preparing the inspection program, surveillance inspections are carried out once in every calendar year, except for the year of re-certification. The first surveillance inspection to be carried out after the first certification shall not exceed 12 months from the date of the certification decision.

When determining the frequency of surveillance inspections, consideration is given to seasonal or management systems certification for a certain period of time (e.g. temporary construction site).

5.1.4.4. Sufficient evidence, such as reports and documentation of corrective actions applied to any non-conformities, is stored on QSIPRO, taking into account the client's existing documentation and inspections carried out by another organization. Based on the information obtained, any changes in the existing inspection program and the follow-up of corrective actions regarding previous nonconformities are verified and recorded.

5.1.4.5. When the client works in shifts, the work carried out in the shift is taken into account when developing the inspection program and plan. In case of processes different from normal working hours in shifts, these processes are also included in the inspection program and plan.

Where product or service realization processes operate on a shift basis in ISO 45001 inspections, the scope of inspection of each shift by QSI depends on the operations performed in each shift, taking into account the relevant OHS risks and the level of control of each shift. To inspect effective implementation, one shift is inspected during the first certification cycle, both

during and outside of normal working hours. During surveillance inspections of subsequent cycles, s/he may decide not to inspect the second shift, depending on the recognized maturity of the organization's OHS. In order to cover both shifts within the 8 hour inspection period, it is recommended that adjustments be made to delay the starting time of inspection whenever possible The reason for not inspecting other shifts is recorded in the 3-year inspection plan, taking into account the risk of not doing it.

5.1.4.6. Each revision and its reason in the 3-year inspection program prepared for the client is recorded in the plan and sufficient and verifiable information is collected for the reasons.

5.1.5. Determining the Inspection Period

5.1.5.1. According to the Instruction on Calculation of Inspection Period, the required time for each client to plan and perform a full and effective inspection of the client's management system is determined by the Certification Manager through the QSIPRO software.

5.1.5.2. The following additional considerations are taken into account in determining the inspection period:

a) The requirements of the relevant management system standard,
b) The complexity of the client and the management system
c) The technological and regulatory context,
d) The activities subcontracted out of all the activities within the scope of the management system,
e) The results of previous inspections,
f) Size and number of facilities, their geographical locations, and multiple facility assessments,
g) Risks related to products, processes or activities of the organization,
h) Whether inspections are combined, joint, or integrated.

The following factors are additionally taken into account by the certification body in determining the inspection period in ISO 50001 EnMS inspections:

a) Energy resources,
b) Significant energy uses,
c) Energy consumption,
d) Number of EMS effective personnel.

In ISO 27001 ISMS inspections, the following factors are additionally taken into account in determining the inspection period:

a) Complexity of ISMS (for example, priority of information, risk status of ISMS, etc.),
b) Work(s) carried out within the scope of ISMS,
c) Previous performance of ISMS,
d) The diversity and scope of technology utilized in the implementation of the various components of the ISMS (e.g. number of different IT platforms, number of dedicated networks),
e) Scope of outsourcing and third-party regulations used within the scope of ISMS,

f) Development degree/level of information systems,
g) Number of sites and disaster recovery centers (FKM),
h) The scope and amount of changes related to the ISMS within the scope of surveillance or recertification inspections.

5.1.6. Multi-site Sampling

When sampling is performed at more than one facility for the client's inspection of the management system covering the same activity in various geographical regions, a sampling program is established according to the Multi-site Inspection Instruction to ensure that the inspection of the management system is appropriate, and the sampling plan is recorded with the 3-Year Inspection Program. The rationale for the sampling plan is documented for each client in the 3-Year Inspection Program.

If multiple facilities do not cover the same activities, sampling is not performed.

Where the Client has multiple sites that meet criteria a) to c) below in the ISMS, an approach based on sampling may be considered in the multi-site certification inspection:

a) Where all sites are centrally managed, inspected and operated under the same ISMS subject to central management review,
b) Where all sites are included in the client organization's ISMS internal inspection program,
c) Where all sites are included in the client organization's ISMS management review program.

Within the scope of ISMS, a representative number of sites are sampled, taking into account internal inspection results of head office and sites, results of management review, differences in size of sites, differences in business objectives of sites, complexity of ISMS, complexity of information systems in different sites, differences in working styles, differences in activities carried out, potential interaction with critical information systems or information systems that process sensitive information, any changing legal requirements, geographical and cultural aspects, risk status of the sites, and information security events.

In the ISMS, a representative sample is selected among all the sites within the scope of the client's ISMS. This selection is based on the decision to be made, reflecting the randomness factor. All sites within the ISMS, which face significant risks, are inspected. The head office is informed about the sites that will be included in the sampling for a period of time, which will enable preparation for the inspection.
The inspection period is calculated after the determination of the sample size and the sites from which samples will be taken. In inspection team assignments to be made for multi-site organizations, it is ensured that the inspection team that goes to each site has the relevant qualifications.

When a nonconformity is detected in the ISMS, in the head office or in a site, the corrective action procedure is applied to the head office and to all sites covered by the certification.

5.1.7. Multiple Management System Standards

When certification is provided in multiple management system standards, inspection planning includes site inspections for the confidence of certification.

The company should notify QSI about its multi-site enterprises that are not ready for the inspection, prior to the inspection and ensure that they are removed from the inspection program. Enterprises that are not ready for inspection are not subject to inspection and their addresses cannot be written on the certificate.

The client's internal inspection and MR practices should cover multiple sites.

In ISO 27001 certification, consolidated documents are accepted as long as the ISMS clearly defines it, together with appropriate interfaces to other systems (e.g., for information security, quality, health and safety, and the environment).

The ISMS inspection can be combined with inspections of other management systems as long as the other inspection is proven to meet the requirements for ISMS certification. All elements important to the ISMS are clearly defined in the inspection reports. Consolidation of the inspections should not be in such a way so as to adversely affect the quality of the inspection.

5.1.8. Transfer Inspections

In order for the inspection to be a transfer inspection, it must meet the requirements according to the IAF MD2 guidelines.

5.1.9. Integrated Inspections

Integrated Management System inspections are carried out according to IAF MD 11 guidelines. The general rules in this procedure are applied in the planning and recording of Integrated Inspections. Inspection periods for Integrated Inspections are determined according to the Instruction on Calculation of Inspection Period.

The ISMS inspection can be combined with inspections of other management systems as long as the other inspection is proven to meet the requirements for ISMS certification. All elements important to the ISMS are clearly defined in the inspection reports. Consolidation of the inspections should not be in such a way so as to adversely affect the quality of the inspection.

5.1.10. ISO 45001 Inspection of Outsourced Processes

If the client is outsourcing some of its functions or operations, it is QSI's responsibility to find evidence that the organization has effectively determined the type and scope of controls to be applied to ensure that the outsourced functions or operations are not performed adversely. The effectiveness of OHS, including the supplier's ability to control OHS risks and its commitment to comply with legal requirements, is controlled by the inspection team.

QSI inspects and assesses the risk that any supplied activity poses to client's activities and processes and compliance requirements to OHS performance; this may include collecting feedback on the level of effectiveness of suppliers, based on:

- Criteria applied by the organization to assess, select, monitor performance and re-assess these external providers based on their ability to provide functions or processes in accordance with specified requirements, legal requirements, and
- the risk that external providers will adversely affect the organization's ability to control its own OHS risk.

Even if the full supplier's management system is not required to be inspected, QSI considers those processes or functions within the scope of OHS that are outsourced to external providers in order to plan and perform an effective inspection.

5.2. Planning of Inspections

5.2.1. Determining the Purpose, Scope and Criteria of the Inspection

5.2.1.1. The purposes of the inspection are determined by the QSI. The scope of the inspection and the criteria are established by QSI after discussion with the client, including any changes. The purpose, scope and criteria of the inspection are documented with the Inspection Plan.

5.2.1.2. The purposes of the inspection are what the inspection is aimed at and include:

a) Determining the conformity of the client's management system or part of it using inspection criteria,
b) Determining the ability of the organization's management system to meet applicable legal, regulatory and contractual requirements,
c) Determining the effectiveness of the management system to secure the client's expectation that the set objectives can be achieved,
d) Identification of potential areas for improvement of the management system, if appropriate,
e) Determining the effectiveness of the management system to verify that the organization has implemented applicable controls and achieved the specified information security objectives, based on the risk assessment for the ISMS.

5.2.1.3. The scope of the inspection defines the boundaries of the inspection (such as the facilities to be inspected, management units, activities and processes). If the initial or re-certification process consists of more than one inspection (for example, if it covers different facilities), the scope of each inspection may not include the entire certification scope, but the sum of all inspections will match the scope in the certification document.

5.2.1.4. The inspection criteria are used as a reference for determining compliance and include:

- Requirements of the mandatory provision document defined regarding management systems,

- Defined processes and documentation of the management system developed by the client.

5.2.2. Selection and Appointment of the Inspection Team

5.2.2.1. General

The inspection team is selected and appointed by the Certification Manager. If there is only one inspector, this inspector should be qualified to perform the duties of the inspection team leader for the relevant inspection. The overall competency of the inspection team assigned for the inspection must meet the competencies specified in the Personnel Competency Tables. Appointed inspection team member(s) may still need technical expert support even though they have the overall competency needed to perform the inspection. In this case, the chief inspector, who feels this need, states his/her need in the stage 1 report.

Before each inspection, the Certification Manager communicates verbally with the people who are planned to be included in the Inspection Team and a general planning is made. Then, the entire inspection team and the client are informed via QSIPRO and they are asked to approve the inspection over QSIPRO software. The relevant client file is automatically made available to inspection team members.

The Inspection Team competence must be provided at each site included in certification and inspections.

5.2.2.1.1. The following issues are taken into account when deciding on the size and structure of the inspection team:

a) Objectives, scope, criteria and estimated duration of the inspection,
b) Whether the inspection is combined, integrated or joint,
c) The overall competence of the inspection team necessary to achieve the objectives of the inspection,
d) Certification requirements (including applicable legal, regulatory or contractual requirements),
e) Language and culture.

In the selection and appointment of the team leader of the combined or integrated inspection, it is necessary to be authorized as chief inspector in at least one of the standards and to be aware of the other standards used for certain inspections.

5.2.2.1.2. The required knowledge and skills of the inspection team leader and inspectors can be supplemented by technical experts and interpreters working under the direction of an inspector. In case of using an interpreter, interpreters are selected in such a way that they do not adversely affect the inspection.

The selection criteria of technical experts are determined for each inspection based on the requirements of the inspection team and inspection scope.

5.2.2.1.3. Inspectors receiving training may participate in the inspection, provided that one of the inspectors is designated as the assessor. The assessor must be competent in accordance with the Personnel Training Competence and Performance Evaluation Procedure in order to fulfill the responsibilities. The assessor also has final responsibility for the activities and findings of the inspector receiving training.

5.2.2.1.4. The inspection team leader, in consultation with the inspection team, assigns each team member the responsibility of inspecting certain processes, regions and activities during the inspection in accordance with the Inspection Plan s/he has prepared through QSIPRO. While making this assignment, the competency and the needs of effective and efficient use of the inspection team are taken into account, considering different duties and responsibilities of inspectors, inspectors receiving training and technical experts. Areas of responsibility may be amended to ensure that inspection objectives are met.

While establishing the inspection team for ISMS, the following are sought for the inspectors:

a. It is determined according to the customer understanding required to conduct a reliable ISMS certification audit, to have an understanding of the legal and regulatory requirements applicable to the Customer's

b. ISMS according to the category codes made in connection with their work experience, and to the areas where they have received their work experience and training (proved by the certificates), considering the technical knowledge required for specific activities within the scope of the ISMS and,

c. where relevant, related procedures and their potential information security risks, the scope of the ISMS according to the category codes assigned according to their work experience, and the context in which the organization manages the information security aspects of its activities, products and services. In case of a change in legal requirements, QSI either ensures that its authorized inspectors receive training in this field or updates this knowledge by organizing internal training.

5.2.2.2. Observers, Technical Experts and Mentors

5.2.2.2.1. Observers

During an inspection activity, the presence and verification of observers is submitted for client's approval with the Inspection Plan before the inspection takes place. The inspection team is not allowed to adversely influence or interfere with the inspection process of the observer or to affect the inspection result.

Observers may be members of the client organization, consultants, testifying accreditation body staff, regulators or other verified personnel.

5.2.2.2.2. Technical experts

During an inspection, the role of the technical expert is submitted for client's approval with the Inspection Plan before certification takes place. The technical expert does not act as an inspector in the inspection team. Technical experts are accompanied by an inspector.

Technical experts may advise the inspection team on preparation, planning or inspection.

5.2.2.2.3. Mentors

A mentor is requested to accompany each inspector at the opening meeting, unless the inspection team leader and the client agree otherwise. The mentor(s) are assigned to the inspection team before the inspection starts in order for the inspection to take place. The inspection team is not allowed to adversely influence or interfere with the inspection process of the mentors or to affect the inspection result.

The duties of mentors may include:

a) Creating links and scheduling for interviews,
b) Arranging visits to certain parts of the facility or organization,
c) Ensuring that rules regarding site safety and security procedures are known and followed by inspection team members,
d) Witnessing the inspection on behalf of the client,
e) Providing clarification or information as requested by the inspector.

If appropriate, the inspected party can act as a mentor.

5.2.3. Inspection Plan

5.2.3.1. General

QSI establishes the inspection plan prior to each inspection as included in each inspection program, to provide the basis for agreement on the conduct and programming of inspection activities.

5.2.3.2. Preparation of the inspection plan

The Inspection Plan is prepared by the Chief Inspector over the QSIPRO software in line with the 3-Year Inspection Program in accordance with the scope and objectives of the inspection. The Inspection Plan includes at least the following:

a) Inspection objectives,
b) Inspection criteria,
c) The scope of the inspection, including the definition of the organizational and functional units and processes to be inspected,
d) The dates and sites at which on-site inspection activities will take place (including, as appropriate, different sites and remote inspection activities);
e) Expected duration of on-site inspection activities,
f) Duties and responsibilities of inspection team members and accompanying personnel (for example, observers and interpreters).
g) Identified information security controls

The Inspection Plan includes the duties and responsibilities of the inspection team members and accompanying personnel (for example, observers and interpreters), and the dates and sites where the on-site inspection activities will be carried out.

5.2.3.3. Inspection team's duty communication

Duties assigned to the inspection team are clearly defined in the Inspection Plan. In this way, it is envisaged that the inspection team will fulfill the following issues:

a) Examining the structure, policies, processes, procedures, records and related documents regarding the client organization's management system,
b) Determining that they meet all the requirements of the intended certification scope,
c) Determining those processes and procedures are established, effectively implemented and maintained to provide a basis for confidence in the client organization's management system.
d) Notifying the client of activities and inconsistencies between the client's policy, targets and objectives, and results.

Information security controls are also taken into account while preparing the plans for ISO 27001 inspections, and the chief inspector can make a network-supported inspection organization is s/he deems necessary. The chief inspector indicates this in the inspection plan. Network-assisted inspection techniques can be teleconferencing, Internet conversation, Internet-based interactive communication, and remote access to ISMS documentation or ISMS processes.

In case of integrated inspections, the inspection plan is prepared to cover all areas and activities of each management system and to be inspected by the competent inspector. When another management system is integrated with the ISMS, QSI will only accept this integration if the ISMS is clearly defined.

5.2.3.4. Communication of the inspection plan

The Certification Manager communicates verbally with the client and the inspection team and confirms whether there has been a change (organizational and administrative system changes, number of employees…..) that will affect the flow of the inspection since the application date and / or the previous inspection. If there is a change, s/he makes the necessary changes on QSIPRO and decides on the exact inspection date with the client. The Certification Manager records the finalized inspection date and the team in the QSIPRO software.

The inspection plan is communicated to the client organization and the inspection team through QSIPRO software by the Chief Inspector at least 3 business days before the inspections.

For the inspection to take place, the client and the inspection team must approve the plan through the QSIPRO software. With the approval of the plan, the impartiality of the inspection team is confirmed.

5.2.3.5. Communication with members of the inspection team

QSI notifies each member of the inspection team to the client organization via QSIPRO software. This notification is made to allow sufficient time (at least 3 days prior to the inspections) for the client organization to challenge the appointment of a particular inspector or technical expert and for the certification body to reconstitute the team in response to the valid objection. The objection related to the Inspection Team is examined by the Certification Manager, and the objection related to the Inspection Plan is examined by the Chief Inspector and if the client is found to be right, the Plan and/or Inspection Team are replaced.

Changes in inspection dates can be made by mutual correspondence with the client. For changes originating from QSI, the Plan is sent back to the client for approval.

5.3. Types of Inspections

5.3.1. Initial certification inspection

5.3.1.1. General

The initial certification inspection of the management system is carried out in two stages as Stage 1 and Stage 2. Inspections are carried out on the date and time specified in the Inspection Plan. The organization regarding the conduct of the inspection belongs to the Planning Officer and the Chief Inspector.

5.3.1.2. Stage 1 Inspection

5.3.1.2.1. Stage 1 inspection is the inspection performed to check whether the company to be inspected and certified is ready for Stage 2 inspection. In Stage 1 inspections, the accuracy of the company's information in the Application Form is checked, and the criteria that affect the inspection periods are especially deliberated. In order to carry out the Stage 1 inspection, the organization must have completed at least 1 internal inspection and MR process and the system must have been in use for at least 2 months.

Stage 1 does not require a formal inspection plan.

Whether the Stage 1 inspection will be conducted at the client site or at the QSI office is decided according to the table below. After the desk-bound inspection, the report and its annexes are sent to the client via e-mail by the Chief Inspector.

9001		14001		27001	50001	45001
Complexity	Location	Complexity	Location	Location	Location	Location
		Limited	Desk-Bound	Site	Site	Site
Low	Desk-Bound	Low	Desk-Bound	Site	Site	Site
Moderate	Site	Moderate	Site	Site	Site	Site
High	Site	High	Site	Site	Site	Site
-----	-----	Highest	Site	Site	Site	Site

However, although it is written on the table as desk-bound, after the assessment made by the Certification Manager or the Chief Inspector according to the conditions stated below, the inspection can also be carried out in the form of a site inspection. Stage 1 inspection is carried out on site at the head offices of all clients covered by multi-site certification, regardless of the risk group of the scope.

- Complex process structure,
- Excess number of branches/work sites to be inspected,
- Company's organizational structure (whether the authorities and responsibilities to be determined for Stage 2 inspection are clear or not),
- The complexity of the documentation structure,
- Whether the documentation structure is sufficient for the Stage 2 inspection to be carried out,
- Company's location and surroundings,
- Company size,
- Existence of uncertainties regarding regulatory compliance and compliance with product requirements.

5.3.1.2.2. The purpose of Stage 1 inspection is to carry out the following:

a) Reviewing the documented information in the client's management system, verifying the justification of the excluded standard items, if any, for ISMS,
b) Assessing client site and site-specific conditions and negotiating with client's personnel in determining readiness for Stage 2 inspection,
c) Understanding the standard requirements for reviewing the client's status and particularly identifying key performance or key issues, processes, objectives and operation of the management system,
d) Obtaining necessary information regarding the scope of the management system, including:
   - Client site(s),
   - Processes and equipment used,
   - Established control levels (especially for clients with multiple sites)
   - Applicable situational and regulatory conditions,

e) Reviewing the allocation of resources for Stage 2 inspection and agreeing with the client on the details of Stage 2 inspection.
f) Focusing on planning Stage 2 inspection, providing adequate understanding of the client's management system and site operations in the context of the management system standard or other relevant documents,

g) Evaluating whether internal inspections and a management review are planned and carried out, and assessing the level of implementation of the management system implemented and the client's readiness for Stage 2 inspection,
h) Determining the organizational structure of the organization, risk assessment and risk processing, information security policy and objectives, and especially the organization's readiness for the ISMS Stage 2 inspection.

In ISO 27001 ISMS inspections, ISMS policy and controlled document statements include the ISMS scope, ISMS supporting procedures and controls, definition of risk assessment methodology, risk assessment report, risk processing plan, how to measure the effectiveness of the required procedures and controls, records required by this standard, and the applicability statement.

In ISO 50001 EnMS inspections, Stage 1 includes:

a) Verification of the scope and boundaries of the EMS to be certified,
b) Examining graphical or textual description of the organization's facilities, equipment, systems and processes for defined scope and boundaries,
c) Verifying the number of EMS active personnel, energy sources, significant energy uses and annual energy consumption to verify the inspection period,
d) Examining the documented results of the energy planning process,
e) Reviewing the relevant objectives, targets and action plans with a list of identified energy performance improvement opportunities.

5.3.1.2.3. Stage 1 inspection findings are documented and communicated to the client as an Inspection Report, including the identification of any areas that can be classified as nonconformity during the Stage 2 inspection.

Stage 1 outputs do not need to meet all the requirements of an inspection report.

5.3.1.2.4. In determining the interval between Stage 1 and Stage 2 inspections, the time the client will need to resolve issues identified during the Stage 1 inspection is taken into account. Arrangements for Stage 2 may be revised in light of the findings from the Stage 1 inspection. If there are significant changes that will affect the management system, repeating the Stage 1 is considered by the Chief Inspector. The client is informed that the results of Stage 1 may lead to delay or cancellation of Stage 2.

The period between Stage 1 and Stage 2 cannot exceed 6 months.

5.3.1.3. Stage 2 Inspection

The purpose of the Stage 2 inspection is to assess implementation, including the effectiveness of the client's management system. Stage 2 inspection is carried out at the client's site(s). Stage 2 inspection includes at least the following:

a) Information and evidence on compliance with the requirements of the applicable management system standard or other applicable documents,
b) Monitoring, measuring, recording and reviewing the performance (consistent with expectations in applicable management system standard or other normative documents) for key performance goals and objectives,
c) Performance of the customer with regard to the management system capability and meeting the applicable statutory, regulatory and structural requirements,
d) Operational control of client's processes,
e) Review of internal inspection and management,
f) Management's responsibility for client's policies.

If it is a Transfer Inspection, the company's retrospective reports (at least all inspection reports in the last certification period) are checked by the inspection team during the inspection and detailed information is written in the inspection report/checklist.

In order to ensure the integrity of the inspection, the inspector questions another process and standard item related to the cross-examination method during the inspection of a process.

Information such as the company's activity, address, title… are verified with the company's legal documents and search engines such as Google.

When performing ISO 27001 certification, stage 2 inspection focuses, without limitation, on the following:

- Verification that the organization adheres to its own policies, objectives and procedures
- Senior management leadership and commitment to information security policy and commitment to information security goals
- Documentation requirements in the ISO 27001 standard
- Assessment of risks related to information security and confirmation that the assessment produces consistent, valid and comparable results in case of repetition
- Determination of control objectives and controls based on risk assessment and risk processing processes
- Evaluation of information security performance and effectiveness of ISMS according to information security objectives
- Consistency between the results of the identified controls, the declaration of applicability, the information security risk assessment and risk processing processes, and the information security policy and objectives

- Application of controls, and analysis of the organization's monitoring, measurement and information security processes and controls, taking into account internal and external conditions and related risks, to determine whether the controls are implemented and meet the declared information security objectives (Article 6)
- Review of programs, processes, procedures, records, internal inspections, ISMS effectiveness and their traceability towards senior management decisions, information security policy and objectives

In ISMS Stage 2 inspections, the inspection team will require the following:

- The organization demonstrates that the risk assessment related to information security is relevant and appropriate for the ISMS operation within the scope of the ISMS

Demonstrate whether the organization's procedures and practices for identifying, reviewing and assessing information security risks are consistent with the organization's policies and objectives.

During the ISO 50001 EnMS Stage 2 inspection, the inspection team gathers the necessary inspection evidence to determine that energy performance improvements have been proven before making the certification decision. Verification of energy performance improvement is required for initial certification to be granted.

5.3.1.4. Initial Certification Inspection Results

The inspection team analyzes all information and inspection evidence gathered during the Stage 1 and Stage 2 inspections prior to the final sitting to review the inspection findings and agree on the inspection results.

5.3.2. Surveillance Inspections

5.3.2.1. General

5.3.2.1.1. Surveillance activities are carried out to inspect the areas and functions within the scope of the management system at least once a year, and changes in the certified client and management system are taken into account in this planning.

In cases where there has been significant changes in the management system or organization of the entity (restructuring, major changes in the management system and processes, mergers of companies, change of address, etc.), a full inspection is performed when necessary.

5.3.2.1.2. Surveillance activities are site inspections that assess the certified client's fulfillment of certain requirements related to the standard on which the certification is based. Other surveillance activities may include:

a) Questions directed by the certification body to the certified organization in matters of certification,

b) Statements related to the certificate in the transactions of the certified organization (for example, promotional materials, website)
c) Documented information requests from the certified client (on paper or electronically),
d) Other tools for monitoring the certified client's performance.

5.3.2.2. Surveillance Inspection

Surveillance inspections are site inspections but do not require an inspection of the entire system and, together with other surveillance inspections, are scheduled with reference to QSI's 3-Year Inspection Program to ensure continued confidence in the fulfillment of the documented management system's requirements between recertification inspections. Surveillance inspections review at least;

a) Internal inspections and management reviews,
b) Review of the actions taken on the nonconformities identified during the previous inspection,
c) Handling complaints,
d) Effectiveness of the management system in terms of achieving the objectives of the certified client and the objectives of the relevant management system(s),
e) Development of scheduled activities aimed at continuous improvement,
f) Maintaining operational control,
g) Reviewing documented system or other changes,
h) Other references to the brand and/or certification,
i) Necessary inspection evidence to determine whether continuous energy performance improvement is demonstrated in ISO 50001 EnMS inspections.
j) Elements of system continuity such as information security risk assessment and maintenance of control, internal ISMS inspections, management review and corrective actions,
k) Communications from external parties and other documents required for certification as required by the ISMS standard ISO/IEC 27001,
l) Changes to the certified system,
m) Areas subject to change,
n) Selected ISO/IEC 27001 requirements,
o) Other areas selected where appropriate,
p) Considering the achievement of the client's information security policy objectives,
The effectiveness of ISMS,
q) The functioning of the procedures for regular evaluation and compliance reviews in terms of relevant information security legislation and regulations,
r) Changes made to identified controls and resulting changes in SoA,
s) Implementation and effectiveness of controls according to the inspection program.

Surveillance inspections are carried out once in every calendar year, except for the year of re-certification. The first surveillance inspection to be carried out after the initial certification should not exceed 12 months from the date of certification. If the inspections are not carried out within the specified periods, the certificate is suspended for a maximum of 6 months. In principle, the client is notified of the **surveillance inspection automatically**

by the QSIPRO software 60 days before the expiry of the surveillance date, so that the client can take adequate action for nonconformities.

In cases where the client does not accept the inspection, nonconformities are detected during the inspection and these nonconformities cannot be closed in a timely manner, the client is responsible for the cancellation or suspension of the certificate.

In addition, in the ISO 27001 Surveillance Inspection, QSI should be able to adapt and verify its surveillance program based on risks related information security issues and their impact to the client.

Surveillance inspections may be conducted in conjunction with inspections of other management systems. Reporting should clearly outline aspects of each management system.

During surveillance inspections, QSI should check the records of objections and complaints submitted to it and if a conflict with the certification qualifications or a situation that does not meet the qualifications arises, that the client has reviewed its ISMS and methods and taken appropriate corrective actions.

The surveillance report should include the current version of the SoA and any significant changes made after the previous inspection, particularly with the knowledge that previously identified conflicts have been resolved.

Reports arising from surveillance should be drawn up to cover at least all of the requirements set out in 5.6.2.2 above.

5.3.3. Recertification Inspections

5.3.3.1. Planning the Recertification Inspection

5.3.3.1.1. The purpose of the recertification inspection is to confirm the continuing suitability and effectiveness of the management system as a whole, and its compatibility and applicability for the scope of certification. The recertification inspection is planned and performed to assess that all the requirements of the relevant management system standard and other mandatory document are consistently met. This planning and execution is **automatically notified by the QSIPRO software to the recertification inspection client 60 days before the certificate expiry date** so that the renewal will occur before the certificate expiration date. With the approval of the client, a new request is opened in accordance with the application process. After signing a new contract with the client, recertification inspections are carried out.

5.3.3.1.2. The recertification activity includes reviewing previous surveillance inspection reports and evaluating the performance of the management system in the most recent certification cycle.

5.3.3.1.3. A separate Stage 1 inspection may be conducted when there is a significant change in recertification inspection activities, the management system, the client, or the scope in which the management system operates (such as changes in legislation). This decision is taken by the Certification Manager.

Such changes may occur at any time during the certification cycle and QSI's performance of a two-stage or non-two-stage specific inspection may be carried out at the discretion of the Certification Manager.

5.3.3.2. Recertification inspection

5.3.3.2.1. The recertification inspection includes a site inspection that addresses:

a) The effectiveness of the management system as a whole under the light of the ongoing relevance and applicability of internal and external changes and its scope of certification,
b) The commitment to continue the effectiveness and improvement of the management system to improve overall performance,
c) The effectiveness of the management system in terms of achieving the certified client's objectives and the intended results of the relevant management system(s).
d) During the ISO 50001 EnMS Re-certification inspection, the necessary inspection evidence is reviewed to prove whether the energy performance improvement is continuous before the certification body makes the certification decision. Recertification inspection considers major changes to facilities, equipment, systems and processes. Confirmation of the continuity of energy performance improvement is required for certification to be renewed.
e) During the ISO 27001 ISMS Recertification inspection, the time to be granted to take corrective action should be consistent with the severity of the nonconformity and the associated information security risk.

5.3.3.2.2. When the recertification activities are concluded successfully before the expiry of the existing certification, the validity period of the existing certification is taken as the basis for the validity period of the recertification. The issue date of the new certificate may be the date of the recertification decision or a later date.

5.3.3.2.3. If, before the validity period of the certificate, the recertification inspection cannot be completed or if correction and corrective action for any major nonconformity cannot be verified, recertification is not recommended and the validity of the certificate is not extended. The client is informed about this and the next steps are explained.

5.3.3.2.4. At the end of the certification period, the certification is withdrawn for 6 months provided that notable recertification activities are completed, otherwise at least Stage 2 is performed. The valid date on the certificate is the recertification date or later, and the validity period is based on the previous certification cycle.

5.3.4. Special Inspections

Activities required to implement ISO 27001 special inspections should be subject to special provision if a client with a documented ISMS makes major changes to its system or other changes that affect the basis of its certification.

Special inspections are carried out in cases such as the occurrence of major accidents, serious problems related to compliance with legal requirements, etc. QSI is aware of.

Regardless of the involvement of the competent regulatory authority in ISO 45001 certification, a special inspection may be required to investigate whether the management system has been compromised and is operating effectively if QSI is aware that a serious health and safety incident has occurred, such as a serious accident or serious breach. During this process, the client's certificate may be suspended.

5.3.4.1. Scope Extension Inspection

In response to an application for extension/reduction of the scope of certification that has already been granted, QSI reviews the application and determines the necessary inspection activities to decide whether the extension can be made. This inspection may be performed in conjunction with a surveillance inspection.

If a decision is made to expand or reduce the scope in line with the decision made as a result of the Scope Change Inspection, the former certificate is requested back from the client and a new certificate is prepared.

If the scope change affects the number of man-day, a new contract is concluded.

5.3.4.2. Short Term Inspections

QSI may subject its certified client to inspection, either in a short time or without notice, to investigate complaints or address changes or follow up on suspended clients. In these cases:

a) QSI specifies in the client contracts under which conditions it will carry out these short-term visits,
b) QSI attaches utmost importance to the appointment of the inspection team, as the client's team members will not have the opportunity to object.

5.3.4.2.1. For Complaints

It is the inspection conducted outside of the Stage 1, Stage 2, surveillance, certificate renewal and follow-up inspection. It is the type of inspection that may be needed in case of unfair use of the certificate or logo by the client, in case of practices contrary to QSI Certification and/or in case of complaints about the client, and should be carried out in a short time without wasting time.

QSI has the right to conduct a short-term inspection in the above-mentioned situations. This right is registered with the contract concluded with the client. The Certification Manager decides to conduct a short-term inspection.

The scope and criteria of the inspection are reviewed and determined by the Certification Manager and the appointed chief inspector. This can be a full, partial or just a process / section depending on the circumstances.

The inspection committee is determined by the Certification Manager. Since the inspection must be carried out in a short time, the inspection committee is formed in such a way that the company does not object to the committee. At least one member of the inspection team (especially in the inspection of departments such as design, process and quality control) must be appointed according to the appropriate EA and NACE code.

In complaint inspections, the subject that causes the inspection is inspected (the subject that is the reason for complaint, process, product, etc.). Complaint inspections are planned as 1 man/day, but this period may be extended depending on the nature of the complaint. QSI's normal procedures and formats apply in conducting and reporting the inspection.

Complaints for ISO 27001 inspection are an indication of potential breach event and possible non-compliance.

5.3.4.2.2. For Address Change

It is the inspection carried out in case of a change in the facility address on the certificate owned by the client. The client has to submit the documentation changes required by the address change to QSI. In case the address change affects the field of activity, a full inspection is carried out, the former certificate is canceled and a new certificate is issued when necessary.

If the addresse change affects the number of man-day, a new contract is concluded.

The scope and criteria of the inspection are reviewed and determined by the Certification Manager and the appointed chief inspector. This can be a full, partial or just a process / section depending on the circumstances.

The inspection committee is determined by the Certification Manager. Since the inspection must be carried out in a short time, the inspection committee is formed in such a way that the company does not object to the committee. At least one member of the inspection team (especially in the inspection of departments such as design, process and quality control) must be appointed according to the appropriate EA and NACE code.

5.3.4.3. Preliminary Inspections

Planning is made by taking into account the demands of the organizations. Preliminary inspections are independent from certification inspection and certification does not affect the number of inspection days in any way.

The duration of the preliminary inspections is limited to 1 (one) day, regardless of the size of the organization.

In preliminary inspections, the following issues should be particularly taken into account:

- Management review,
- Internal inspections,
- Corrective/Preventive actions,
- Management system documentation,
- Applications for continuous improvement.
- ISMS inspections should included the definition of the risk assessment methodology, the risk assessment report, the risk processing plan, the definition of how the effectiveness of the required procedures and controls will be measured, the records required by this standard, and the applicability statement.

5.4. The Process During Performing Inspections

5.4.1. General

The QSI Inspection Process begins with the Opening Meeting and ends with the Final Sitting.

5.4.2. Holding the Opening Meeting

A formal opening meeting is held where participants are registered with the Minutes of the Opening Meeting and Final Sitting, and where appropriate, the client's managing authority, the persons responsible for the processes and functions to be inspected. The opening meeting is led by the Chief Inspector, with a brief explanation of how the inspection activities to be performed will be carried out, and includes the following elements. The degree of detail is performed consistent with the client's familiarity with the inspection process:

a. Introduction of QSI & Introduction of the Inspection Team & Introduction of the Participants themselves
b. Confirmation of the scope of certification and the number of employees
c. Confirmation of inspection standard, exclusions, if any, and their criteria
d. Confirmation of the inspection plan, requesting mentor(s) and explaining their roles, confirmation of the working environment and the resources that may be required (Internet, tel..), confirmation of the occupational safety, emergency and security procedures related to the inspection team
e. Approving the language to be used during the inspection, Approving privacy-related issues,
f. Asking whether they have been closed if there are previous inspection findings and informing that this will be confirmed after the meeting,
g. Providing information about the execution and control of the inspection (site visit, use of the question list, inspection based on sampling). Classification of the inspection findings, reporting, submitting to the committee, stating what the recommendation as a result of the inspection means
h. Providing information about conditions that would require the inspection to be terminated prematurely (security breach, failure of the team to carry out the inspection, extraordinary circumstances…)
i. Confirmation that the customer will be notified of the progress of the inspection and of any concerns
j. Giving the client an opportunity to ask questions

5.4.3. Communication During Inspection

5.4.3.1. During the inspection, the inspection team periodically assesses the progress of the inspection and exchange of information with interim meetings. The inspection team leader periodically communicates the progress of the inspection and in case of any concerns of the client, reorganizing the business situation needed among the members of the inspection team.

5.4.3.2. In the event of non-achieved inspection objectives or an urgent and significant risk (e.g. security), existing inspection evidence showing the existence of non-compliance with legal requirements for ISO 45001 inspections, the inspection team leader determines the appropriate action and reports it to the client and, if possible, to QSI. Such action may include changing or terminating the inspection objectives or scope of inspection, or changing or reaffirming the inspection plan. The inspection team leader reports the result of the action taken to QSI.

5.4.3.3. The inspection team leader reviews with the client any change to the scope of inspection that occurs in the progress of the inspection activities on site and reports it to QSI.

5.4.4. Obtaining and Verifying Information

5.4.4.1. During the inspection, information on inspection objectives, scope and criteria (including information on functions, activities and interfaces between processes) is obtained by appropriate sampling and verified for being an inspection evidence.

5.4.4.2. The information collection method should include, but is not limited to:

a) Interviews,
b) Observations of processes and activities,
c) Review of documentation and records.

In ISO 45001 inspections, the inspection team interviews with the following;

- Management with legal responsibility for Occupational Health and Safety,
- Representatives of employees with responsibility for Occupational Health and Safety,
- Personnel responsible for monitoring the health of workers, such as physicians and nurses.
  Reasons should be recorded in remote interviews,
- Managers and permanent and temporary employees. Other personnel to consider for the interview:
- Managers and employees engaged in activities related to the prevention of Occupational Health and Safety risks, and
- Management and employees of contractors.

5.4.5. Identifying and Recording Inspection Findings

5.4.5.1. Inspection findings that summarize conformity, detail nonconformity and support inspection evidence are recorded and reported with the Inspection Question List (QSIPRO Questions screen) and Inspection Report in order to make an informed certification decision or to ensure sustainable certification.

5.4.5.2. Unless opportunities for improvement are prohibited by the requirements of a management system certification scheme, findings are recorded as observations (QSIPRO Inspection Nonconformities screen). Inspection findings identified as nonconformities are not recorded as opportunities for improvement.

5.4.5.3. When a nonconformity is detected that contains a clear statement of the nonconformity and is based on objective evidence in detail, the nonconformity finding that meets a certain condition of the inspection criteria is recorded with the Nonconformity Form (QSIPRO Inspection Nonconformities screen). Nonconformities are discussed with the client to ensure that the nonconformities are understood and the evidence is conclusive and accurate. However, the inspector refrains from the cause of the nonconformities or making suggestions for their solutions. After the inspection, the Nonconformity Form is printed out from the QSIPRO software and signed mutually between the Chief Inspector and the client Representative.

5.4.5.4. The inspection team leader attempts to resolve differing opinions between the client and the inspection team regarding inspection evidence or findings and records unresolved issues in the Inspection Report.

5.4.5.5. During the ISO 50001 EnMS inspection, the inspector collects and verifies inspection evidence related to energy performance. This inspection evidence includes at least the following. These items are inspected in all inspections:

- Energy planning (all divisions), (ISO 50001:2018 Article 6 & Annex-A.6)
- Operational controls, (ISO 50001:2018 Article 8.1-2)
- Monitoring metrics and analysis. (ISO 50001:2018 Article 6.4, 6.6, 9.1, 9.3.2-3, Annex-A.6.6, Annex-A.9.1)

5.4.6. Preparation of Inspection Results

Under the responsibility of the inspection team leader and prior to the final sitting, the inspection team:

a) Reviews inspection findings and other appropriate information gathered during the inspection against inspection objectives and criteria and identifies non-conformities,
b) Agrees on the results of the inspection, taking into account the uncertainty inherent in the inspection process,
c) Agrees on all necessary follow-up activities,
d) Confirms the eligibility of the inspection program or identifies any desired changes to future inspections (e.g. scope of certification, inspection period or date, surveillance frequency, qualification of inspection team).

5.4.7. Holding the Final Sitting

5.4.7.1. A formal final sitting is held where participants are registered with the Minutes of the Opening Meeting and Final Sitting, and where appropriate, those responsible

for the processes or functions being inspected, including the client's managing authority. The purpose of the final sitting, normally conducted by the inspection team leader, is to present inspection results with recommendations regarding certification. Each nonconformity is presented in a clear way and the client is granted time to respond to them. In ISO 45001 inspections, the employer or his/her representative, employee representative, and the persons responsible for monitoring employee health must attend the final sitting unless they have a valid excuse. With the Mandatory Inspection Plan, clients are notified before the inspection. In case the employer or his/her representative, employee representative, and the persons responsible for monitoring employee health do not attend the meeting, the reason is recorded by the Chief Inspector at the Opening Meeting and Final Sitting.

Note – The phrase "understandable" does not imply acknowledgment of the nonconformity by the client.

5.4.7.2. The final sitting also includes the following elements. The degree of detail is performed in line with the inspection process and the client's awareness:

a) Expressing to the client that the evidence obtained was obtained based on the sampling information, thereby expressing uncertainty;
b) The method and duration of reporting, including any classification of the inspection findings,
c) The certification body's process for addressing nonconformities, including any consequences regarding the client's certification status;
d) The time granted to the client to correct any nonconformities identified during the inspection and to prepare a plan to take corrective action,
e) Post-inspection activities of the certification body,
f) Complaint handling and information on objection processes.

5.4.7.3. An opportunity is provided for the client to ask questions. Different views on inspection findings or conclusions are discussed between the inspection team and the client, and a decision is made if possible. Different opinions that are not resolved are recorded with the Inspection Report and reported to QSI.

5.4.8. Inspection Report

5.4.8.1. The Chief Inspector presents the inspection Report s/he prepared with the QSIPRO software for the inspection, to the Certification Manager after the inspection records are completed. The inspection team can identify opportunities for improvement in the report, but does not recommend specific solutions. The ownership of the inspection report belongs to the certification body and therefore its original is kept by QSI and its copy is sent to the client.

5.4.8.2. The inspection team leader confirms that s/he is responsible for the inspection report and its content. The inspection report and the question lists filled in for the relevant standard ensure that the inspection is accurate, concise and clear, which can enable the certification decision to be communicated, and include or make reference to the following:

a) Definition of certification body,
b) Name and address of the client and client management representative,
c) Type of inspection (e.g. initial, surveillance or recertification inspection or special inspections),
d) Inspection criteria,

e) Objectives of the inspection,
f) The scope of the inspection, in particular the organizational structure of the inspected organization or the identification of functional units or processes, and the duration of the inspection,
g) Any deviation from the inspection plan and its reasons,
h) Significant circumstances affecting the inspection program,
i) Introduction of the inspection team leader, inspection team members and accompanying persons,
j) The locations and dates of the inspection activities (on-site or off-site, permanent and temporary locations),
k) Inspection findings with reference to evidence and results, consistent with the requirements of the type of inspection;
l) Significant changes, if any, affecting the client's management system that have occurred since the last inspection;
m) Unresolved issues, if identified,
n) Where appropriate, if the inspection is combined, joint or integrated,
o) Statement that the inspection is based on the sampling process of available information,
p) The recommendation of the inspection team,
q) Controlling the inspected client's use of certification documents and marks, as appropriate,
r) Verifying the effectiveness of applicable corrective actions regarding previously identified nonconformities,
s) Scope and boundaries of the inspected EnMS,
t) Improving energy performance with a statement that continuous improvement of the EnMS has been achieved and inspection evidence to support these statements,
u) A description of the inspection, including a summary of the document review (ISO 27001),
v) A statement of the certification inspection of client information security risk analysis (ISO 27001).

5.4.8.3. The report also includes:

a) Statement regarding the eligibility and effectiveness of the management system, together with a summary of the evidence for:
   - The ability of the management system to meet applicable requirements and expected outputs,
   - Internal inspection and management review process,
b) A conclusion on the eligibility of the scope of certification,
c) Confirmation that inspection objectives have been met,
d) Key inspection steps followed and methods used (ISO 27001),
e) Positive (e.g. notable features) and negative (e.g. potential nonconformities) observations (ISO 27001),
f) Clear explanations of nonconformities with client comments on compliance of ISMS (ISO 27001),
g) Reference to the version of the Declaration of Applicability and, if applicable, useful comparisons with the results of the client's previous certification inspections (ISO 27001).
h) Completed surveys, checklists, observations, records or inspector notes can form an integral part of the inspection report. If these methods are used, these documents should be submitted to the certification body by the inspector as evidence supporting the

certification decision. Information on samples evaluated during the inspection should be included in the inspection report or other certification document (ISO 27001).

i) The report should consider the adequacy of the internal order and procedures adopted by the client to ensure reliability in the ISMS (ISO 27001).

j) A summary of the most significant observations, positive or negative, regarding the implementation and effectiveness of ISMS requirements and BG controls (ISO 27001).

5.5. Certification Decision

5.5.1. General

5.5.1.1. Individuals or committees that make decisions to grant or reject certification, extend or reduce the scope of certification, suspend or withdraw certification, and revoke or re-certify are different from those who perform the inspections. Person(s) appointed to make the certification decision are those who have the appropriate qualifications according to the Personnel Training, Competence and Performance Evaluation Procedure. The competency criteria of the persons who make decisions to grant, reject, maintain, renew, suspend, withdraw or cancel the certification, and expand or reduce the scope of the certification are given in the Personnel Competency Tables prepared on the basis of each standard. In case the client cancels the certificate at his/her own request, fails to pay or does not accept the inspection, the decision to suspend/cancel the certificate is made directly by the Certification Manager. The decision-making process is not subcontracted to any third party other than QSI. Certification decision is made with the Certification Decision Form on QSIPRO by the competent personnel to be appointed together with the Certification Manager in cases where the Certification Manager is not competent in accordance with the Personnel Training, Competence and Performance Evaluation Procedure.

If the decision makers do not accept the proposal of the Chief Inspector in the Inspection Report, the reasons for this are recorded in the Certification Decision Form by the decision makers and the dispute is resolved by the Appeals and Complaints Committee.

In case the Certification Manager is included in the inspection team, a full-time inspector representing QSI deputizes for the Certification Manager.

Company partners never take part in the decision-making process.

QSIPRO software is used in the selection of those who will make the certification decision and the software does not allow the appointment of decision makers who do not meet the above criteria.

Individuals or committees making the certification decision are normally advised not to overrule the inspection team's negative recommendation. If such a situation occurs, QSI should document and support the reason for the recommendation to fail.

A certification decision cannot be made without evidence to prove that the necessary arrangements for management reviews and internal inspections have been implemented, are effective, and will be maintained.

5.5.1.2. The person(s) appointed to make the certification decision shall not be affiliated with the certification body or an organization under the organizational control of the certification body, or be bound by a legally binding arrangement. QSI corporate control is one of the following:

a) QSI's wholly or majority ownership of another entity,
b) QSI's majority representation on the board of directors of another organization,
c) Documented authority of the certification body over another body, in connection with ownership or board control, within the network of legal bodies (including QSI).

5.5.1.3. Personnel working or contracted within the organization under corporate control must meet the same requirements for personnel employed or contracted at the certification body, included in this part of the procedure.

5.5.1.4. Each certification decision, including additional information or explanations from the certification team and other sources, is recorded with the Certification Decision Form.

5.5.2. Things to Do Before Making a Decision

QSI carries out an active review through the QSIPRO software before making a decision about issuing the certificate, expanding or reducing the scope of the certification, renewing the certificate, suspending, withdrawing or canceling it.

QSI makes the certification decision based on the evaluation of the inspection findings and results and other relevant information (general information, comments on the inspection report received from the client, etc.).

For ISO 45001 clients, the client notifies QSI if a serious accident occurs at the client's site, a serious negligence is detected by the competent authorities, or it is proven that the system has failed to meet the OHS certification requirements. Such situations provide input to decision makers in making decisions.

Decision makers have access to all records of the client's current and past inspections through QSIPRO. Decision makers

a) Check whether the information provided by the inspection team is sufficient according to the certification requirements and scope of certification.
b) They check for evidence of review, acceptance and verification of correction and corrective action for any major nonconformities,
c) They check for evidence of revision and approval of the correction and corrective action plan for any minor nonconformities.

Analysis of the Causes of Nonconformities: Clients should analyze the cause of the nonconformities for Minor and Major nonconformities identified during the inspection and submit the Corrective Action (DF) Plan to QSI via the QSIPRO software in accordance with the tables below. The DF Plan is approved by the Chief Inspector via the QSIPRO software.

Effectiveness of corrections and corrective actions: The client must have the closures (objective proofs) showing the activities s/he has carried out regarding the nonconformities approved by QSI via the QSIPRO software in accordance with the tables below. Nonconformity closure approvals are given by the Chief Inspector via the QSIPRO software.

Initial Certification, Transfer, Recertification and Special Inspections;

	From the Last Day of the Inspection			
	15th Day	90th Day	(Additional Time) 180th Day	
Major	*DF Plan Must Be Approved*	*DF Must Be Closed (Obj. Evidence or Follow-up Inspection)*	*DF Must Be Closed (Obj. Evidence or Follow-up Inspection)*	Existing Document, if any, is Suspended, Stage 2/YB inspection is carried out again
Minor	*DF Plan Must Be Approved*	*DF Must Be Closed DF Must Be Closed (Obj. Evidence)*	*DF Must Be Closed DF Must Be Closed (Obj. Evidence)*	Existing Document, if any, is Suspended, Stage 2/YB inspection is carried out again

In Surveillance Inspections;

If the client does not approve the inspection plan and does not accept the inspection or terminates the certification voluntarily, the client is informed by the Certification Manager via the QSIPRO software and the certificate is requested to be returned.

	15th Day	90th Day	(Additional Time) 180th Day	Next Inspection	
Major	*DF Plan Must Be Approved*	*DF Must Be Closed (Obj. Evidence or Follow-up Inspection)*	*DF Must Be Closed (Obj. Evidence or Follow-up Inspection)*	The existing certificate is suspended until the major is closed. At the end of 180th day, the certificate is canceled	
Minor	*DF Plan Must Be Approved*	*DF Must Be Closed (in the next Inspection)*			It turns to Major

5.5.3. Initial Certification Decision

5.5.3.1. At least the following information should be provided to the certification body by the inspection team for the certification decision:

a) Questionnaires filled in for the inspection report and the relevant standard,
b) Comments on nonconformities and, where appropriate, corrections and corrective actions taken by the inspected organization;
c) Confirmation of the information provided to the certification body to be used in the review of the application,
d) Confirmation that inspection objectives have been met,
e) Recommendation on whether to issue the certificate, with any conditions or observations.

In addition, ISO 27001 Certification should be based on the certification recommendation in the certification inspection report provided by the inspection team.

In transfer applications, it is obligatory to obtain sufficient information in this procedure to take a certification decision.

5.5.4. Certificate Continuation Decision

QSI decides to continue certification based on the client's demonstration that it continues to meet the requirements of the management system standard. Continuation of the client's certificate may be decided based on the positive opinion of the inspection team leader without additional independent review and decision, provided that there are no major non-conformities or circumstances that could cause the suspension or withdrawal of the certificate. If the chief inspector still requests that the report be reviewed independently, s/he should state this in his/her inspection report

If there is no major non-conformity or a situation that may cause the suspension or withdrawal of the certificate, the decision for the continuation of the certificate can be made with the positive opinion of the inspection team leader. In this case, the inspection report is reviewed by the Certification Manager.

5.5.5. Recertification Decision

QSI makes its decisions about recertification based on the results of the recertification inspection, the system review during the certification period, and complaints received from certificate users.

5.5.6. Decision to Suspend or Withdraw the Certificate or Restrict Its Scope

5.5.6.1. The actions to be taken to suspend, withdraw or reduce the scope of certification are specified in the client contracts.

5.5.6.2. QSI suspends certification if:

- The client's documented management system consistently and severely fails to meet certification requirements, including requirements for that system to be effective;
- The certified client does not allow surveillance or recertification inspections to be conducted as often as necessary,
- The certified client voluntarily requests a suspension.

5.5.6.3. In case of suspension, the client's management system certificate is suspended temporarily (max. 6 months). During these periods, the certificate is invalid and the actions to be taken in such case are specified in the client contracts. The suspended certification status is made available to the public via the website and all other appropriate measures are taken.

5.5.6.4. Failure of the client to resolve issues within the given time results in the withdrawal or reduction of certification.

The suspension period shall not exceed 6 months.

5.5.6.5. When the client shows persistent or severe failure to meet the certification requirements for a portion of the certification scope, QSI narrows it down to exclude the portion that does not meet the client's certification scope. This type of reduction conforms to the requirements of the standard used for certification.

5.5.6.6. Terms of withdrawal are specified in client contracts.

The certificate is withdrawn under the following conditions;

- In the activities carried out to remove the suspension (inspection, document review, etc.),
- The company does not close its non-conformities within the stipulated time,
- Failure of QSI to make payments reported in the proposal,
- Client's bankruptcy or termination of activity under the certificate,
- Use of the certificate outside the specified conditions,
- As a result of the client's request,
- Using the Client Management System Certificate in areas different from the product or service specified in its scope,
- Incomplete and misleading information by the client during the inspection,
- Determining that the client's system has lost its compliance with the relevant standard during the inspections carried out within the validity period of the certificate,
- Absence of the client at the facility address specified in the certificate,
- The client's destruction of documents and attachments,
- Change of client's legal personality

5.6. Issuance of Certificate

After the inspections due to the initial certification, surveillance, recertification, scope and address change, the positive decision regarding the certification is recorded on the QSIPRO committee screen.

Based on the report approved by the decision makers, the certificate in accordance with the Certificate Template is prepared by the Certification Manager by obtaining the TURKAK data matrix and approved

by the General Manager. The issued certificate contains the following information:

- ✓ The name and geographical location (or geographical location of its head office and sites covered by multi-site certification) of the client whose management system is certified
- ✓ "First Issue Date", "Last Issue Date" and "Validity Date" of the Certificate, not before the relevant certification decision day
- ✓ "Certification Period" consistent with the recertification cycle,
- ✓ Certificate No

- ✓ The document containing the management system standard and/or provision to show the effective status (for example, revision date and number) used in the inspection of the certified client,
- ✓ The scope of certification, taking into account the type of activities, products and services, so as not to cause misunderstanding or ambiguity and to be applied at each facility,
- ✓ QSI Certification's name, address and logo, other logos (e.g. Accreditation symbol),
- ✓ Certificate template form number and revision number.
- ✓ Applicability declaration and revision in ISO 27001 certificates

In the certificates of multi-site organizations, the addresses of all sites that have been deemed appropriate to be certified can be specified on the certificate or in the annex to the certificate.

If the organization makes a written request, QSI can prepare a certificate attachment for each site containing the scope and forward it to the organization.

For each certificate, an automatic certificate number is given via QSIPRO.

In the certificates issued for the first time, the date of the certification decision is written as "First Issue Date" and "Last Issue Date". The validity date is written as 12 months after the first issue date.

In the certificates issued after the surveillance, the "First Issue Date" does not change, the certification decision date is written as the "Last Issue Date". The validity date is written as 12 (and multiples) months after the first issue date.

In the reissued certificates, the "First Issue Date" does not change, the last recertification decision date is written as the "Last Issue Date".

In transfer certificates, the date of the first issue of the transferred UDK is written as the "First Issue Date", and the certification decision date is written as the "Last Issue Date". The validity date is written as 12/24 months after the first issue date.

Issued certificates are signed, scanned and stored in QSIPRO software by the General Manager under the coordination of the Certification Manager.

The certificate of the organization is sent by cargo or hand delivered against signature, following the payment of the invoice issued by the Accounting and Finance Officer by the organization.

The organizations for which a certificate is issued are published on the website.

5.7. Objections

Objections and Complaints Procedure is applied.

5.8. Complaints

Objections and Complaints Procedure is applied.

5.9. Clients' Records

5.9.1. QSI maintains records of inspection and other certification processes for all clients, including applicant organizations and all organizations which were inspected and certified or the certificates of which are withdrawn and suspended.

5.9.2. Records of certified clients include:

a) Application information and initial, surveillance and recertification inspection reports,
b) Certification agreement,
c) Justification of the method used for sampling (if appropriate);
d) The justification for setting the inspection period,
e) Confirmation of corrections and corrective actions,
f) Records of objections and complaints and subsequent corrections and corrective actions,
g) Committee minutes and resolutions, where applicable,
h) Documentation of certification decisions,
i) Certification documents, including the scope of certification regarding the product, process or service, where applicable,
j) Relevant records of inspectors and technical experts, such as proof of competence, necessary to ensure the reliability of the certification,
k) Inspection programs.

The sampling method includes site selection within the scope of management system(s) and/or multiple site inspections to which a particular sampling is applied.

5.9.3. QSI maintains records about the client who has applied and been documented to ensure the confidentiality of the information. It enables records to be moved, transferred or transmitted in a way that ensures their confidentiality is maintained. Accordingly, confidentiality agreements have been made with all personnel in the inspection process.

5.9.4. All records related to the inspection process are stored on QSIPRO without a time limit. The originals of the Opening Meeting and Final Sitting Minutes kept during the inspection and System Certification Contracts with wet signatures are kept in the files.

5.9.5. Records are maintained according to the Document and Record Control Procedure.

5.10. Guidelines for the review of applied ISO/27001:2013

Implementation of controls determined to be necessary by the client for the ISMS (as per the Statement

of Applicability) should be assessed during Stage 2 of the pre-inspection and surveillance or recertification activities.

The best quality inspection evidence is obtained through the inspector's observation (i.e. the door is locked, people are entering into confidentiality agreements, there is an asset record and includes observed assets, system settings are adequate, etc.). Evidence can be gathered by looking at the performance results of a control (i.e. printouts of access rights granted to individuals and signed by the correct authority, records of incident resolutions, processing authorities signed by the correct authority, minutes of management meetings (or other), etc. Evidence may be the result of direct testing (or regardless of re-performance) of controls by the inspector, i.e. attempts to perform tasks prohibited by controls, determining whether software to protect against malicious code is installed on devices and up-to-date, access rights granted (after authorization check), etc. Evidence can be gathered from interviews with employees or contractors related to processes and controls under the control of the organization and confirming their accuracy.

ISO/IEC 27001:2013 is specified in inspection questions made available to the inspector through QSIPRO to review the implementation of the controls listed in Annex A and to guide the collection of inspection evidence from the performance of controls at pre-inspection and subsequent inspections.

- "Institutional Control" and "Technical Control" (KK-TK): The (KK-TK) in the relevant article indicates whether the control is institutional or technical control. Because some controls are both institutional and technical, e can be found in both of these control columns. Evidence for the performance of the organization's controls can be obtained by reviewing the performance records of the controls, interviews, observation, and physical examinations. Evidence for the performance of technical controls is often gathered through testing the system or using specialized inspection/reporting tools.

- "System Test" Column (ST): "System test" refers to direct review of information systems (e.g., evaluation of system settings or configuration). The inspector's questions can be answered at the system control desk or by evaluating the results of the test tools. If the client uses a computer-based tool that the inspector is familiar with, this tool can be used to support the inspection or the results of the assessment made by the client (or its subcontractors) can be reviewed.

- "Visual Inspection" Column (GI): "Visual inspection" means that on-site visual inspection is required to evaluate the level of effectiveness of these controls. This means that it is not enough to simply examine the paper records or conduct interviews; it is recommended that the inspector verify the control where it is implemented.

6. REVISION TRACKING PAGE

Rev. No	Rev. Date	Revision Description
1	07.02.2011	Terminology errors were fixed.
2	02.03.2011	The information method for duties, responsibilities and authorities of the inspectors and technical experts was specified.
3	30.03.2011	Sentence errors were corrected.
4	26.04.2011	Those who could not attend the training were informed.
5	07.02.2011	Terminology errors were fixed.
6	19.01.2013	Inspection Program and plan were prepared and updated with client information.
7	27.3.2013	The situation where the period of inspection to be held at the client's site cannot be less than 80%
8	01.08.2013	Translated to English.
9	08.10.2013	Communication with the client
10	08.07.2015	Change in Company Title
11	01.10.2015	General revision was made, TNET application was canceled. ISO 17021-1:2015 Transition made
12	01.09.2016	It was added to the procedure how the decision making process will work if the Certification Manager participates in the audit and the decision process will belong only to QSI. It was added to the procedure that surveillance inspections will be carried out 12 months after the initial certification decision date. How to assign dates in transfer inspections was added to the procedure. It was added that the most recent recertification date will be written on the certificate in recertification inspections. Questionnaires (client satisfaction, inspection team evaluation) included in the Annex of Training and Personnel Competence Procedure were added to this procedure.
13	07.02.2018	Combined with PRO07 Contract Signing Procedure. ISO 27001 integration was made.
14	06.03.2018	Certification Proposal was removed from the system. The Certification Contract will also be used for proposal purposes.
15	15.11.2018	ISO 50001 EnMS & ISO 45001 OHS integration was made. The parts related to ISMS were updated. It was added to the procedure that ISMS Applications will be evaluated by the Planning Officer.
16	01.04.2019	Additions related to ISO 27001 were made.
17	22.07.2019	IAF MD 22:2018 requirements for ISO 45001 inspections were added.
18	05.09.2019	Some responsibilities regarding receipt of the application, inspection planning and document printing were transferred from the Certification Manager to the Planning Officer. It was added to the procedure that if the DF Plan approval (for Minor DF) / DF Closure (for Major DF) is not made within 2 months in the surveillance inspections, the certificate will be suspended for 6 months and the certificate will be maintained during this 2 month period. The opening meeting agenda was revised.
19	01.11.2019	It was added to the procedure that application evaluation, 3-Year Plan, Inspection Plan, Inspection Report, Inspection Notification and Certification Decision Forms will be prepared via the QSIPRO software and the duties of the Planning Officer will be carried out by the Certification Manager.
20	10.01.2020	The location of ISO 9001 Stage 1 inspections was updated according to the TURKAK R 40.05 guidelines. Minor and Major non-conformity closures were detailed.

Rev. No	Rev. Date	Revision Description
21	09.02.2021	In the light of TURKAK inspection findings; The phrase "The Inspection Plan includes the duties and responsibilities of the inspection team members and accompanying personnel (for example, observers and interpreters), and the dates and sites where the on-site inspection activities will be carried out." was added to article 5.2.3.2. The phrase "For the inspection to take place, the client and the inspection team must approve the plan through the QSIPRO software. With the approval of the plan, the impartiality of the inspection team is confirmed." was added to article 5.2.3.4. The phrase " In ISO 45001 inspections, the employer or his/her representative, employee representative, and the persons responsible for monitoring employee health must attend the final sitting unless they have a valid excuse. With the Mandatory Inspection Plan, clients are notified before the inspection. In case the employer or his/her representative, employee representative, and the persons responsible for monitoring employee health do not attend the meeting, the reason is recorded by the Chief Inspector at the Opening Meeting and Final Sitting." was added to article 5.4.7. In Articles 5.4.9 and 5.4.10, it was added to the procedure that the client has Max 15 days to submit the DF Plan, and 3 months + 3 months for DF Closures, and in case of major and minor nonconformities, decisions for certification/continuation/renewal of certificate will not be made without DF closings, and that a continuation decision can be made only in surveillance inspections provided that the DF Plan is approved. The phrase "The competency criteria of the persons who make decisions to grant, reject, maintain, renew, suspend, withdraw or cancel the certification, and expand or reduce the scope of the certification are given in the Personnel Competency Tables prepared on the basis of each standard. In case the client cancels the certificate at his/her own request, fails to pay or does not accept the inspection, the decision to suspend/cancel the certificate is made directly by the Certification Manager." was added to Article 5.5. The phrase "Continuation of the client's certificate may be decided based on the positive opinion of the inspection team leader without additional independent review and decision, provided that there are no major non-conformities or circumstances that could cause the suspension or withdrawal of the certificate. If the chief inspector still requests that the report be reviewed independently, s/he should state this in his/her inspection report." was added to article 5.6.
22	25.02.2021	In the procedure, the places of the items were changed. In article 5.5.2, it was added to the procedure that closures of minor non-conformities detected during the inspections will be made in the next inspection It was added to the procedure that Inspection Notification and approval will be made via QSIPRO software. Inspection notification form was removed from the system. It was added to the procedure that the client will be warned 60 days in advance with the QSIPRO software in surveillance and recertification inspections.