1.PURPOSE

The purpose of this procedure is to determine the necessary stages for the methods to be applied in the stages of receiving applications, conducting audits, monitoring, recertification and conducting special purpose audits in certification activities. To determine the principles for certification decisions of the organizations whose audits have been completed and for the printing of certificates. To determine the necessary stages for the suspension and cancellation of the certificate of the certified organizations and the expansion and reduction of the scope of the certificate.

2. RESPONSIBLE PERSONS

The Certification Manager, Planning Officer, Customer Relations Officer, Administrative Affairs Manager and auditors are responsible for the implementation of this procedure. The auditor is responsible for the certification decision and holds this authority. It covers the issuance, support, extension, shortening, renewal and re-issuance of this decision. It is carried out by the Certification Committee, Certification Manager and Planning Officer.

3. DEFINITIONS AND ABBREVIATIONS

Audit Team: A temporary team selected from among Denetik auditors and technical experts, assigned to examine and evaluate the management system of the organizations according to the relevant standard regarding the system certification activity, and working in accordance with Denetik's working principles. In cases where deemed necessary, a technical expert related to the sector may be included in the audit team. The audit team acts impartially, keeps all information about the organization confidential, and signs a contract to accept these terms.

Certification Committee: It is a committee appointed by Denetik management. It is authorized to evaluate the reports related to DENETIK system documents and to make all decisions regarding certification.

Audit framework: The Management System audit conducted by Denetik does not mean an audit of the Legislation and Regulatory Requirements. In other words, a successful management system audit of the company does not indicate 100% compliance with the Legislation and Regulatory Requirements.

Suspension: Suspension of use of a document for a period of time.

Cancellation of the Document: Withdrawal of the document and complete cessation of its use.

Nonconformity: The absence or failure to implement or maintain one or more of the Management System requirements or a situation that, based on available objective evidence, gives rise to significant doubt as to the quality to be provided by the organization.

Major (Major) Nonconformity: A nonconformity that affects the ability of the management system to achieve the desired results. Nonconformities can be classified as major if;

- If there is significant doubt over the current effective process control (or the ability of products/processes to meet certain requirements),
- A certain number of minor non-conformances are detected regarding the same standard requirement or the same issue, indicating a systematic error.

Minor Nonconformity: A nonconformity that does not affect the ability of the management system to achieve desired results.

Observations: These are written opinions, whether positive or negative, regarding the Management System that forms the basis of certification, to assist the audit team in the next audit.

4. ACTIVITIES BEFORE CERTIFICATION

4.1 Application - Application Review

A sales opportunity is created via the ZOHO Creator application and the application link is sent to the customer contact person through the opportunity.

a) In the Application Control Form, attention is paid to whether the incoming customer is a "transferred customer" or a "new customer". This distinction should be made and control should be ensured.
b) A Stage 1 audit can be carried out as early as two months after the company has implemented its management system.
c) The requested scope of certification (the "Activities performed in the field" item, which includes the examination of the scope of the scope item on the basis of the center and each location)
d) As a result of the audit conducted by TÜRKAK, the EA codes in the Denetik Accreditation Certificate are examined according to the TS EN ISO/IEC 17021-1:2015 standard. If DENETIK is not accredited according to the EA codes according to the Company Application, the application will not be accepted.
e) The general characteristics of the applicant organization, including the name and address of its physical locations, important aspects of its processes and operations, and any relevant legal obligations,
f) General information about the applicant organization's activities, human and technical resources, functions and, if applicable, its relationship with a larger company, in relation to the certification field applied for.
g) Information on all external processes used by the organization that will affect compliance with requirements,
h) Information on which standards and conditions the applicant organization wants certification for, and on receiving consultancy services regarding the management system. (Although the Planning Officer has declared that he/she has received consultancy services, he/she will make sure that the name of the organization and consultant is written.)
i) The capacity to provide certification services according to the scope of the requested certification, the organization's place of work and special conditions such as the language to be used in the audit,
j) In requests for accredited certification, the organization's EA/NACE code,
k) Auditor and technical expert capacity within the scope of EA/NACE applied for.
l) When different activities are carried out in the fields, sampling is done in multiple fields. Auditors/days are added as necessary.
m) in the ET_FR-08-01 Application Form regarding the indication of multi-site and standard version changes must be filled in. If necessary, some documents may be requested to determine whether the company is ready. Accordingly, if the company is ready, an audit is planned. As a result of the audit, a transition certificate is issued to the company in line with the recommendation of the audit team and the positive decision of the certification committee.
n) Information on the Integration Level of the Management Systems Established in the Company is obtained.
o) The capacity to provide the audit certification service is evaluated according to the scope of the requested certification, the organization's place of work and special conditions such as the language to be used in the audit, and the audit is carried out under compliance conditions.
p) Denetik requests the following official documents to verify the information declared by the applicant organization during the application phase;

- Copy of Trade Registry Gazette,
- Tax Certificate,
- Certificate of Activity,
- Signature Circular.

The application forms that must be sent to the applicant organizations are as follows;

ET_FR-08-01 Application Form is a mandatory form that must be submitted by all customer organizations, regardless of the standards requested.

ET_FR-08-01 EK 27 Application Form ; It is an additional form that must be submitted to organizations requesting ISO 27001 certification. If the customer receives ISO/IEC 27001 certification from a different accredited organization, the ISO/IEC 27701 certification application will not be accepted and the customer will be informed about this.

ET_FR-08-01 EK 45 Application Form ; It is an additional form that must be submitted to organizations requesting ISO 45001 certification.

ET_FR-08-01 EK 50 Application Form ; It is an additional form that must be submitted to organizations requesting ISO 50001 certification.

Incomplete applications will not be accepted. If an application form containing incomplete information has been received from a customer, the Customer Relations Officer must contact the relevant company and ensure that the application form is filled out completely.

A separate Application Form is filled out for each site with different legal personality of the organization applying for certification.

Planning Officer approves the Application Form received from the Customer via the ZOHO Creator application according to the ZOHO Application Instruction-Audit Planning Module.

E_TA-08-01 There is an Instruction for Determining Audit Periods. Audit period is determined by the Audit Period Planning Officer via the ZOHO application, taking into account the audit period discount/increase factors.

The Audit Man Day Account reviewed by the Certification Manager is reviewed via the ZOHO Creator application . It is accepted or rejected via the system. If rejected, the reason is communicated to the Planning Officer in a very clear manner. The Planning Officer communicates the reason for rejection to the Customer Relations Officer via e-mail. The Customer Relations Officer communicates the reason for rejection to the applicant customer via e-mail.

The Planning Officer forwards the approved Audit Man Day Account to the Customer Relations Officer for preparation of quotation and contract via the ZOHO Creator application.

The organization information received in the Application Form is updated via the ZOHO Creator application "Organizations Module". Changes are made to the relevant fields via this module and managed by Customer Relations. The accuracy of the information is checked by the Planning Department via the ZOHO Creator application.

Conditions for Integrated Audits:

When designing an integrated audit program, the scope, business processes carried out within the scope and locational difference distributions of business processes will be specifically requested from the client in order to measure the level of integration during the application.

An audit leader will be determined for each standard to be audited. If the audit leader has sufficient competence, he/she may lead more than one standard.

Depending on the scope of the integrated audit, an audit team will be assigned for each standard in each relevant technical field.

In the planning of the integrated audit, competent auditors will be assigned so that the audit plan covers every location and activity for all standards within the scope.

For organizations that do not have integration capabilities, joint auditing is recommended.

Transfer Application

transfer applications, evaluations will be made with the ET_FR-08.03 Transfer Preliminary Evaluation Form. The person making the evaluation will be evaluated by a person or persons who have the same standard and scope of competence as the customer .

The person who made the Certification decision for the transfer client cannot be the same as the transfer assessor.

All documentation and audit records should be regularly reviewed early in the process and appropriately maintained.

In cases where a certification transition is required, a recertification and initial audit are carried out in accordance with the initial certification standard. If a transition is made in surveillance 1 and surveillance 2, the effectiveness of the transition should also be assessed.

Transfer of accredited documents is only possible if the documents are accredited by a member of EA, PAC, IAAC and IAF MLA. Otherwise, they will be considered as a new client.

Transfers from certification bodies whose accreditation has expired, been suspended or withdrawn shall be completed within 6 months or upon termination of certification.

Once the transfer is accepted, Denetik will review the documentation through a documentation review. If there are any exceptionally large non-conformances, the client will be visited prior to the transfer to confirm the situation. This visit will not be an audit.

The Customer Relations Officer will request the following documents from the certification body that issued the certificate;

- Initial certification or latest recertification audit reports conducted by the incoming client's previous certification body,
- The final surveillance report,
- Reports and evidence of corrective actions taken against any nonconformity,
- Company documentation, if any
- Certificates
- Audit program created by the previous certification body, if any

The transfer application is reviewed by the Planning Officer to ensure that:

- Whether the activities of the relevant organization are within the scope of Denetik's accreditation,
- Reasons for transfer,
- Whether the accreditation body issuing the document is within the scope of MLA,
- Whether the document is accredited or not, its validity, and its validity period,
- Validity of existing certification,
- Final certification or recertification audit reports, subsequent surveillance reports and any non-conformances that may arise from these (If these are not available or the surveillance audit period has expired, this organization will be considered as a new customer);

- Complaints received and actions taken,
- Current status of the certification cycle.

For transfer, the applicant organization's system documents and -if any- the audit reports of the previous certification body are requested and examined.

In order for the transfer to be made, the following conditions must be met;

- *Verification of correction and corrective action implementations regarding all major nonconformities,*
- *Acceptance of correction and corrective action plans for minor nonconformities.*

Transfer applications from organizations that are suspended or in danger of suspension will not be accepted.

Any nonconformities identified in the previous audit must be closed by the current certification body before the transfer audit.

The same method as for new certification applications is applied in receiving, reviewing and finalizing transfer applications and making contracts.

The reason why the customer who comes for transfer wants to make the transfer must be stated in the application form and information about the transfer must be given to the certification body that has previously made the certification by the Sales and Marketing personnel.

In case of a transfer audit, the Customer Relations Officer will contact the other certification body in writing. In this way, written evidence will be created that the other certification body has been notified and the validity of the certificate related to the institution to be audited has been checked. During this communication to be established by e-mail, the name of the person communicating, the date of communication, the subject of communication and details regarding the transfer audit will be specified. In addition, a request for proof of the certificate validity of the institution to be audited will be forwarded.

If no results or potential problems are identified during the pre-transfer review, the next surveillance is based on the previous certification scheme, unless Denetik conducts an initial or recertification audit as a result of the review. If, after the pre-transfer review process, the existing document is not deemed valid by Denetik, the applicant is treated as a new client. After such audits, the validity date of the new document is 3 years from the Denetik Certification issue date. (ISO 17021-1:2015 9.1.3.4)

shall show any records requested by the relevant party to demonstrate compliance with IAF MD 2 and accreditation rule 17, where certification transfer is permitted .

The issuing CB is not allowed to penalize the suspension of the certificate or the withdrawal of the client from the certification process based on the notification of the Client's transfer to DENETIK, unless there are some extenuating circumstances (e.g. non-compliance, lack of payment, failure to make the necessary planning for the audit or the client's request, lack of survival for the management system).

If the issuing CB imposes a penalty without any reason, Denetik and/or the transferred customer can complain to ANAB using the WEB address www.anab.org if they have an ANAB accredited document. If they have a TÜRKAK accredited document, they can complain to TÜRKAK using the WEB address www.turkak.org.tr.

4.2 Making a Contract

The Customer Relations Officer prepares an offer within the specified man-day period and sends the E_FR-08-02-Denetik Technical Contract form to the customer via e-mail.

The Customer Relations Officer requests the organization that accepts the offer to send the official documents and papers, along with the originals signed by the organization's authorized representative.

At the contract signing stage, the following official documents and papers are requested from the organization:

- The organization's system documents (Manual and Procedures, etc.)
- Promotional documents, if any (brochure, catalogue, advertising CD, etc.)
- Signature circular of the authorized person who signs the contracts
- Copy of the Trade Registry Gazette
- Certificate of Activity

After the contract texts are signed and returned by the organization's authorized person, the contract texts are also signed by the General Manager.

The information of the organization with which the contract will be made (organization name, address(es), etc.) is entered into the system via ZOHO by the Customer Relations Officer . *The information is recorded in the system as complete and verified.*

The organization with which the contract is signed is given a customer number via ZOHO by the Customer Relations Officer, and the organization's file is identified with this number.

A copy of the contract texts signed by the General Manager is sent to the organization, and a copy is kept in the organization's file.

The validity period of the contract is the same as the validity period of the document and is three (3) years.

Once an approved offer is received from the customer, the Offer Form is sent to the Planning Officer.

4.3 Scheduling the Audit

ET_FR-09-03 *The audit program is prepared for each organization to be certified. The audit program is created in accordance with the relevant standards for the entire certification cycle, which includes audit activities that require organizations to prove all the conditions of their management systems.*

The audit programme includes a two-stage initial audit, surveillance audits in the first and second years following the certification decision, and a recertification audit in the third year before the certificate expires. The three-year certification cycle begins with the initial certification or recertification decision .

In determining the audit programme and any arrangements, consideration is given to the size of the client organisation, the scope and complexity of the management system, products and processes, as well as the demonstrated effectiveness of the management system and the results of previous audits.

the audit program needs to be revised or developed, the following points are taken into consideration;

- *Complaints received by Denetik about customers ,*
- *Combined , integrated or joint audits ,*
- *Changes in certification conditions ,*
- *Changes in legal conditions ,*
- *Changes in accreditation conditions ,*
- *The organization 's performance data (e.g. defect levels, key performance indicator data),*
- *Assessments of appropriate interested parties .*

cases where the client works in shifts , the audit program is carried out by taking into account the activities carried out in the shifts . The audit sector determines all certification cycles as 3 (three) years , without distinction .

The Audit Program is prepared by the planning officer after the contract approval. The content of the Audit Program is checked after each audit and updated if necessary.

IAF MD 1 article 6.1.2.4, these changes are made by the Planning Officer.

4.4 Determination of the audit period

When determining the detailed audit period, the method defined in the E_TA-08-01 Audit Period Determination Instruction is applied.

In determining the audit period, the following points are taken into consideration;

a) The requirements of the relevant management system standard,

b) The complexity of the customer and the management system,

c) Technological and legislative context,

d) All activities within the scope of the management system, including those subcontracted to subcontractors,

e) Results of previous examinations,

f) Size and number of facilities, their geographical locations and multiple facility evaluations,

g) Risks related to products, processes or activities of the organization,

h) Whether the audits are combined, joint or integrated,

I) Culture, language and regulations.

Time spent by any team member not designated as an auditor (i.e. technical experts, interpreters, observers, and auditors attending for training) does not count towards the management system audit time specified above. Use of an interpreter may require additional audit time.

TÜRKAK R.40.05 document is taken as reference when determining the risk level .

4.5 Audits by Multi-Site Organizations

When multi-site sampling is taken for a management system audit covering the same activities at various sites of the client, DENETIK applies a sampling program to ensure appropriate audit of the management system.

Before the contract is made, the field grouping and sample level are determined by the following additional issues in the application evaluation structure.

Audits are planned by reviewing customer sites within the scope of the application and activities.

When calculating the audit time, the grouping of multiple sites and the number of samples are taken into account.

(IAF MD 1 and ISO 17021 will be taken into consideration with priority.)

1) Not all areas of the organization may be used in sample selection.

2) The fields that can be used in sample selection will be grouped according to activities by determining the field-based business processes obtained during customer interviews after the field addresses and numbers are received in customer applications.

3) The following points should be taken into consideration when grouping the fields:

- Size of the site and number of employees
- The complexity or risk level of the activity and management system
- Variations in work practices (such as shift work)
- Environmental dimensions and importance
- Complaint records and situations that will affect corrective and preventive actions
- International situation
- Internal audits and management review activities
- Culture, language and regulations,
- Geographical effects

Requirements for ISO 27001

(ISO/IEC 27006 article 9.1.4 will be taken into consideration.)

1) The sites will be categorized according to the ISMS requirements, by distinguishing between central operations, disaster recovery centers (if any) and operational functions affiliated to the center, and the number of sites to be inspected will be determined according to the table in theE_TA-08-01 Inspection Period Determination Instruction.

3) When selecting the number of samples, programming will be done by keeping it as wide as possible.

4) If any nonconformity is detected during the audit, corrective action will be followed up for both the center and the fields.

While the sample size for audits can be chosen randomly, the following points are used in selecting the sites by contacting the customer and obtaining information.

- Results of internal audits of head offices and venues,
- The results of the management review,
- Changes in the size of spaces,
- Changes in the business purpose of the venues,
- The level of complexity,
- The complexity of information systems in different places,
- Changes in business practices,
- Changes in the activities carried out,
- Possible interaction with information systems that process sensitive information or critical information systems,

For multi-site organizations that will be audited for certification, surveillance or recertification, the sampling method is carried out in accordance with the E_ TA-08-01 Audit Duration Determination Instruction.

4.6 Multiple Management System Standards

Multiple management system standards are certified by Denetik. For example; ISO 9001, 14001, 20000-1, 22301, 27001, 27701, 37001, 37301 ... etc. In the planning of these audits, attention should be paid to the provision of field audits.

5. SELECTION AND APPOINTMENT OF THE AUDIT TEAM

The purpose, scope, criteria and objectives of the audit are determined in the ET_FR-09-02 Audit Plan .

During the planning phase of the audit, the Planning Officer takes into consideration the criteria specified in the E_LS-13-01 Qualification Matrix to ensure technical field competence.

In order to check whether the organization has the competence and capability to perform certification activities, the " ET_FR-13-08 Auditor - Technical Expert List" is used. If the certification of the organization in question may cause a conflict of interest with impartiality, the issue is presented to the Certification Manager. The Certification Manager examines the relevant situation and makes the final decision.

In the organization to be audited, the risks determined in ET-FR-00-02 Risk Analysis and Conflict of Interest for the auditor who will conduct the audit are taken into consideration.

The following are taken into consideration when deciding on the size and structure of the audit team.

- The objectives, scope, criteria and estimated audit duration of the audit,
- Whether the audit is combined, integrated or joint,
- The overall competence of the audit team required to achieve the audit objectives,
- Documentation requirements (including applicable legal, regulatory and contractual requirements),
- Language and culture.

If interpreters are used, they are selected in a way that will not negatively affect the examination.

Observers are agreed upon between DENETIK and the client before the audit takes place. The audit team ensures that the observer is not allowed to have a negative impact or interfere with the audit process or affect the audit result.

Observers may be members of the client organization, consultants, witnessing accreditation agency personnel, regulators, or other verified personnel.

in accordance with E_PR-13 Appointment and Performance Evaluation Procedure .

6. PLANNING OF EXAMINATIONS

- Applications received and requests from organizations,
- Surveillance, recertification audits and other short-term audit needs,
- The time that can be allocated for examinations,
- EA and NACE codes of the client organization, auditors and technical experts,
- Status of auditors and technical experts

is done by taking into consideration.

For this purpose, planning activities are carried out and monitored by the Planning Officer using the ET_FR-09-02 Audit Plan form.

In the inspection sets, which are forwarded to the inspection team by the planning officer before the inspections, the previous;

-Audit Reports,

-Observations (if any)

-Discrepancies (if any)

-Declaration of Applicability (ISO 27001-ISO 27701)

is located.

When preparing the 1st audit plan, it should be taken into account that the 7 specific objectives of ISO 17021-1:2015 are covered. In addition, focus should be placed on the stage 2 audit plan. The 7 specific objectives of ISO 17021-1:2015;

1. Auditing customer management system documentation,
2. Assess the specific conditions of the client site and discuss preparations for the phase 2 audit with the client's employees.
3. Examining the customer's situation on the necessary perspective regarding key performance definitions or processes, goals and operations,
4. Gather the necessary information regarding the scope of the management system. Review any legal or contractual sanctions or qualifications related to the scope of the management system, the client's location and processes.
5. Review appointments for stage 2 audit. Agree details of stage 2 audit with client.
6. Focusing the phase 2 audit plan by adequately understanding the client's field operations and management system.
7. Assess whether the internal audit and management review are planned and conducted. Discuss whether the client is ready for stage 2.

Approval is obtained from the auditors regarding the audit plan and their compliance with Microsoft Outlook and/or Zoho software.

An ET_FR-09-02 Audit Plan Form is prepared for each client and this plan is shared with the client organization at least two (2) days before the audit via Microsoft Outlook and/or Zoho software. If requested, the resumes of the Audit Team are sent to the company via e-mail.

Computer Aided Investigation Techniques;

Examples of network-enabled audit techniques in ISMS audits may include remote electronic access to ISMS documentation and/or ISMS processes, remote conferencing, web-based meetings, and interactive web-based communication. The essence of such techniques is to ensure the integrity of the audit process and to increase audit effectiveness and efficiency. is to be increased. (IAF_MD 4)

DENETIK shall provide the client with the necessary background information on the members of the audit team, if requested, in sufficient time in advance of any objections to the assignment of any auditor or technical expert and, in cases where there is a valid objection, for the reorganization of the team. If the organization requests a change in the audit team members for reasonable reasons, the Planning Officer shall request that they provide written justification.

6.1 Planning Initial Certification Audits

All initial certification audits are planned in two (2) stages: “Stage 1” and “Stage 2”.

Stage 1 of ISO 9001 and ISO 14001 can be carried out at the desk or on site depending on the risk group of the applicant organization. This is planned by taking into account the risk groups determined according to IAF MD 5 and the critical codes in the TÜRKAK R40.05 guide.

Situations where a Stage 1 audit should be carried out at the client's premises;

- For ISO 9001: “High Risk Group” and “Critical Codes”
- For ISO 14001; “High Risk Group”, “Medium Risk Group” and “Critical Codes”

Situations where a Stage 1 audit can be performed desk-based (without going to the client's workplace):

- For ISO 9001; “Medium Risk Group” and “Low Risk Group”
- For ISO 14001; “Low Risk Group” and

Note: If necessary, the Certification Manager may request that Stage 1 audits that must be conducted on a desk be conducted in the company. At the same time, the company may request that Stage 1 be conducted in the field.

For ISO 9001, ISO 14001, ISO 37001 and ISO 37301 initial certification audits, all or part of the stage 1 audit may be conducted at the client's premises.

In ISO 27001, ISO 27701, ISO 20000-1, ISO 22301, ISO 450001, ISO 50001 initial certification audits, all stage 1 audits are carried out at the customer's workplace.

6.1.1 Planning Stage 1 Audits

The purpose of performing a Stage 1 examination is;

a) Review of the client's management system documentation,
b) Assessing the client's sites and site-focused situations and meeting with the client's personnel to determine readiness for the Stage 2 audit.
c) Review of the client's status and understanding of the standard and its requirements, particularly in relation to the identification of key performance or significant aspects, processes, objectives and operation of the management system.
d) Gathering the necessary information on the scope of the management system, legal and regulatory issues related to the processes and the customer's sites (quality, environment and information security, legal aspects of the customer's work, related risks, etc.),
e) Reviewing the resource allocation for the Stage 2 audit and agreeing the details of the Stage 2 audit with the client.
f) Focusing on planning the Stage 2 audit by ensuring a sufficient understanding of the client's management system and the fieldwork in relation to its potentially significant aspects.
g) Assessing whether internal audits and management reviews are planned and carried out and the level of management system implementation implemented and the customer's
h) Assess readiness for Stage 2 examination.

If the Stage 1 audit is conducted with the client, opening and closing meeting minutes are kept.

If there is any scope change in the organization after the Stage 1 audit, the lead auditor conducting the audit will communicate the situation to the planning specialist.

The time allocated for Stage 1 can be 30%-35% of the total certification time.

In cases where both stages (2) of the initial certification audits will be carried out at the customer's workplace, the date and audit team for the stage 1 audit will be determined first and, where applicable, the Audit Plan will be notified to the relevant organization one (1) day before the audit for confirmation.

When deciding on the period between Stage 1 and Stage 2 audits, the periods determined by the customer for closing the nonconformities determined in Stage 1 audit are taken into consideration. The period between Stage 1 and Stage 2 audits cannot exceed 90 days. In cases exceeding 90 days, Stage 1 audit is renewed. Accordingly, DENETIK may also change its arrangements for Stage 2 audit if necessary.

After the Stage 1 audit, Stage 1 audit control is carried out with the ET_FR-10-06 Stage-1 Audit Report Control Form for the 2nd stage audit together with the System Certification Manager and the technical field expert determined for the customer for the audit compliance.

Following the completion of the Stage 1 audit, the date and audit team for the Stage 2 audit are determined and notified to the relevant organization with the Audit Plan at least 2 (two) days before the audit for confirmation.

If there is any scope change in the organization after the Stage 1 audit, the lead auditor who conducted the audit will inform the Planning Officer. The Planning Officer will contact the organization and request that the application form be filled in according to the new scope. The application control form will be prepared according to the newly filled application form and the relevant auditor EA/NACE will be appointed.

Whether Stage 1 is carried out on site or without going to the site of the organization, a Stage 1 Inspection Report is created and delivered to the customer for Stage 1 inspection findings, including the specification of areas that can be classified as nonconformances in Stage 2.

The organization is obliged to report the corrective actions to be taken for the nonconformities detected in the Stage 1 audit to DENETIK! within 2 (two) weeks, together with the nonconformity reports. Corrective actions to be taken for the nonconformities found during Stage 1 must be completed before Stage 2. While closure evidence is requested from the organization for major nonconformities, action plans are requested for minor nonconformities.
The activities planned for the nonconformities detected in Stage 1 are verified by the audit team before Stage 2. If the nonconformities cannot be closed, Stage 2 audit is not carried out.

6.1.2 Planning Stage 2 Audits

Stage 2 is an audit in which the implementation of all articles of the reference standard is examined in order to determine compliance with the relevant standards and system documents and to determine whether the organization's management system can be certified. This audit is carried out at the customer's site or sites to evaluate the following:

a) Information and evidence regarding compliance with the requirements of the applicable management system standard or other official documents;
b) Performance monitoring, measurement, reporting and review, taking into account the consistency of the expectations of the implemented standards and official documents, according to the key performance goals and objectives;
c) The performance of the management system in terms of legal compliance and operational control of processes;
d) Management responsibility for client policies, such as management review and internal audit;
e) Performance data, internal audit findings, management review and conclusion.
f) Operational control of customer processes,

In Stage 2 audits, all activities within the scope of the organization's management system certification and their records are examined based on the relevant reference standard articles.

The organization must, as a minimum, maintain records of the operation of the system and records of internal audits and management reviews prior to conducting a certification audit.

The findings and evaluations made in the Stage 1 examination are taken into consideration.

6.2 Planning Surveillance Audits

Surveillance audits are conducted at least once a year. The first surveillance date following initial certification is determined not later than 12 months after the last day of the stage 2 audit.

Surveillance audits are planned by monitoring the stage 2 audit dates of the organizations in line with the principle stated above.

Surveillance audits are carried out by the Planning Officer, who determines the audit date two (2) months before the end of the 12-month period, and notifies the relevant organization via e-mail for confirmation.

Surveillance audits are planned in accordance with the "ET_FR-09-03 Audit Program Table and ET_FR-09-02 Audit Plan".

Surveillance audits may cover all or parts of the organization's management system. A surveillance audit does not have to include the entire audit. It should include at least:

a) Internal audit and YGG
b) Review of activities carried out regarding nonconformities detected in previous audits.
c) Handling of complaints and activities carried out on the subject
d) The effectiveness of the system in terms of the customer's objectives
e) Developments in planned activities aimed at continuous improvement
f) Maintained operational control
g) Control of every change in the system
h) References to brand use/certification
i) Compliance with legislation and regulations
j) Checking the existing certificate to determine whether the certificate has been changed without permission.

6.3 Planning Recertification Audits

At the end of the three (3) year validity period of the certificate, a certificate renewal audit is carried out to ensure that the management systems of the organizations are maintained effectively and in accordance with the requirements of the relevant standard and that continuity is ensured.

The points to be considered during the document renewal field inspection are as follows:

a) The effectiveness of the management system in its entirety in the light of internal and external changes.
b) The relevance and applicability of the effectiveness of the management system to the scope of certification.
c) Demonstrated commitment to continuing effectiveness and improvement of the management system to enhance overall performance
d) Whether the operation of the management system contributes to the achievement of the organization's policies and objectives.

The Planning Officer will contact the companies and send them the Application Form two (2) months before the expiry of the document validity period. If the company does not respond or does not request the continuation of the document, the document will lose its validity at the end of the validity period.

If the organization wishes to be re-certified after the expiration of the document validity period, the application is treated as initial certification, not as recertification.

If the company requests re-certification but the audits are not completed by the document validity date, the document is made passive. In order for the company to benefit from the passive status, at least the contract must be signed. For the customer with the document that is made passive, the entire process, including the decision, must be completed within 6 months at the latest from the end of the document validity date. Otherwise, the document is canceled and the company's request is taken as the first certification.

At the end of the inactivity period, the effective date on the document shall be the date on which the certification decision was taken or a later date, and the previous certification cycle shall be taken as the basis for the expiry date of the document. However, the commencement and validity date of the current certification activity shall be clearly stated on the document.

The organization that has a passive certificate, within this period;

- Stops use of the document and logo.
- Cannot benefit from the rights of the document

If the company requests document renewal, a new contract is made and a document renewal audit is carried out.

A recertification audit may require a Stage 1 audit when there are significant changes to the management system, the customer or the conditions under which the management system operates (e.g. changes in legislation). If a Stage 1 audit is deemed necessary by the certification manager, the process implemented in the certification audit is applied. If a Stage 1 audit is not deemed necessary, the process applied from Stage 2 is followed. *(ISO 17021-1:2015/ 9.6.3.1.3)*

The same steps as above apply to the programming and planning of these audits.

The document renewal audit is carried out in a way that examines all the issues examined in the certification audits, taking into account the organization's past performance and weak points.

In document renewal audits, the findings obtained as a result of the audit and the follow-up of corrective actions to eliminate nonconformities are carried out in the same way as in the certification audit. The document renewal decision will be taken based on the results of the document renewal audit, the results of the system review during the certification period and the complaints received from the users.

6.4 Special Audit Program and Planning

6.4.1 Scope Extension Audit

These are the audits carried out in case of change in the scope of the company's activities, change in the company's address and branches. If the official status of the company has changed (address, title, scope, etc.) before the change audits, the service contract is renewed.

A new application form is received from companies with change requests. The application is reviewed by the planning officer and a decision is made whether or not an audit will be conducted with the approval of the Certification Manager. A consensus is reached on whether scope change audits will be conducted together with a surveillance audit or as a separate audit. Depending on the agreed situation, a surveillance audit or planning is made in the relevant organization to audit all items that may be affected by the scope change of the reference standard. *(ISO 17021-1:2015 9.6.4.1)*

During field inspections, the field inspection is carried out for the required time depending on the scope and location of the activity and is recorded with the inspection report.

In cases where a field audit is not required, a new document is prepared and sent to the company. If a field audit has been carried out, a new document is prepared by the Certification Committee if the documents and the audit report are deemed appropriate. If the certification change is not deemed appropriate, the company is notified in writing. In case of document changes, the company's current document validity period does not change.

6.4.2 Short Notice Inspections (Complaints)

Denetik can conduct short-term inspections in case of complaints containing objective evidence, to investigate these or to follow up on suspended customers. In such inspections, the company is notified in advance (maximum 1 day) that will not allow the company to change the current situation and the inspection is carried out.

When appointing the team to conduct the audit, the certification manager appoints an audit team that is different from the previous audit team and is competent enough to interpret the complaint subject. (ISO 17021-1:2015 9.6.4.2)

If the company does not accept the audit, its certificate is suspended by the decision of the certification committee and the situation is notified to the company in writing.

In addition, if there are any negative reports other than those mentioned above, DENETİK Belgelendirme or TÜRKAK may, if deemed necessary, conduct unplanned visits to the organizations certified by DENETİK Belgelendirme.

For companies with ISO 45001 Management System certification, DENETIK may conduct a special audit, independent of the involvement of the competent regulatory authority, to investigate whether the management system has been compromised and is operating effectively if it becomes aware of a serious incident related to occupational health and safety, such as a serious accident or a serious regulatory breach. DENETIK records the results of such an investigation.

The situations that the customer must declare regarding Denetik's ability to perform short-term audits are stated in "E_FR-08-02 Technical Contract-article; 3.4".

6.4.3 Transfer Control

Before the transfer, Denetik prepares a transition plan to be communicated to the certification body and the client, taking into account the audit and certification cycle the client is in. This ensures appropriate oversight of the certification.

Transfer audits are audits carried out to confirm the validity of the relevant certificate in order to ensure the transfer of a management system certificate issued by another certification company to Denetik Certification.

If there is less than 6 months left until the expiration of the certificate validity period, the number of auditor days for the transfer audit is determined by taking into account the recertification periods in the Regulation on Determination of Audit Periods. The audit is carried out in accordance with the recertification rules.

6.4.4 Follow-up Audit

These are full or limited audits carried out to determine whether the major nonconformities identified during the audits have been resolved and that the relevant corrective actions are being effectively implemented through on-site inspections, or due to the reasons specified in the article on suspension of the certificate.

Follow-up audits are planned by the organization, taking into account the written notification that the corrective actions have been completed. If the completion time for corrective actions exceeds the required time according to the type of nonconformity, planning is made to re-evaluate the entire system of the organization.

nonconformities , it is carried out to determine whether the detected nonconformities have been eliminated and the relevant corrective actions are effective.

Follow-up audits are planned by the organization, taking into account the written notification that the corrective actions have been completed. If the completion period of corrective actions exceeds three (3) months, planning is made to re-evaluate the entire system of the organization.

If follow-up audits are not accepted by the certified/certified organization at the end of the period determined for the closure of corrective activities, they may be postponed for a maximum of three (3) months and one (1) time by the decision of the Certification Manager, if there are reasonable and compelling reasons.

6.4.5 Preliminary Audit

It is carried out upon the request of the client prior to the certification audit in order to obtain accurate information regarding the implementation of the management system to which the company is subject, and to determine and verify that the certification procedure is understood in its entirety in the company. Preliminary audits do not reduce or increase the audit duration and do not create any positive or negative impact on the certification audit.

If a preliminary audit is requested by the client during the application, the Planning Officer will contact the client to determine the audit date, scope, etc. Unless the client states otherwise, the scope of the preliminary audit is the same as

the certification audit. It is not mandatory to review all articles of the relevant standard or all areas/departments/processes of the company. However, it is mandatory to review the following in preliminary audits;

- Quality Manual (if applicable)
- Procedures (if any)
- Examples of procedural applications
- Appropriate EA/NACE, category or sector code
- Identification of personnel required for certification audit

The auditors assigned for the preliminary audit do not make any advisory suggestions or guidance regarding the company management system. The client has the right to object to the auditor assigned for the preliminary audit. In such cases, the company's justifications are evaluated by the Certification Manager. If the justifications are found to be justified, changes are made to the team.

6.4.6 Standard access controls

It may perform transition activities during a routine surveillance, recertification audit or a special audit. In case transition audits are performed together with scheduled surveillance or recertification, at least 1 auditor auditor day is added to meet the existing and new requirements stipulated by the relevant standard. It is assumed that the transition audit is separate for each client and the time required to prove compliance with the relevant standard will be increased above the minimum level.

Before the ISO 27001 transition audits, Denetik customers who will make the transition must re-fill the application form, attach their updated SOA and forward it to the planning department.

6.4.7 Remote controls

6.4.7.1 Remote Audit Preparations

In case of terrorism, war, non-fulfillment of legal conditions, epidemics and quarantine, postponement or remote examination method is used when applicable.

In cases where special audits are required for transfer audits or extension audits, remote audits can be carried out using information technology, provided that the requirements of IAF MD 2 are met. In this case, Denetik will assess the risk for transfer audits or extension audits.

remote auditing , confirmation is obtained from the Client Organization with the Remote Audit Approval Form .

Types of ICT that can be used in the audit can be selected from (but not limited to) the following:

- *Sharing visual media (such as photos and videos)*
- *Information and document transfer via e-mail and remote access programs*

- *Voice calls*
- *Video conferencing programs (such as Skype, Zoom, Microsoft Lync, WebEx, Microsoft Teams)*
- *Providing temporary remote access to the company's documents and records*
- *Temporary control and access to camera footage of company sites*

Since the variety of methods will contribute to the effectiveness of the remote audit, as many methods as possible should be used together. Live imaging options should be used especially in companies that have a production area and/or where the work environment has a significant impact on the scope of the audit.

6.4.7.2 Programming and Planning Remote Audits

The minimum audit duration is determined using the processes related to the scope of the audit, IAF MD 5. It is noted that the use of information technology may require additional time given the inadequacy of access, information sharing and video viewing. The records to be obtained should demonstrate that the audit team has sufficient time to achieve the audit objectives.

After deciding on remote examination, the following should be determined;

- *Predefined records, documentation and remote audit agenda to be kept ready during the audit,*
- *Activities, areas, information to be included in the remote audit and company employees who will accompany the audit (such as unplanned items, planned sites in multiple sites, issues that need to be examined and evaluated from previous audits),*
- *If applicable, a method for reviewing information that cannot be shared remotely should be determined.*

When preparing the audit plan, the sections/processes to be audited on-site and remotely are specified in the plan.

The ICT methods to be used in the audit should be tested by the audit team and company officials during the planning phase.

Certain questions may be posed to the organization by the audit team prior to the audit in order to ensure effective audit conditions. Depending on the answers to the questions, auditors will have preliminary information to be able to collect appropriate evidence during the interviews. If deemed necessary and approved, preliminary information may also include requesting appropriate company documents.

For the effectiveness of remote audits, this procedure and the methods defined in the ISO 19011 standard must be used.

In order to increase the effectiveness of the audit, records that need to be verified during the audit may need to be forwarded to the audit team. These records may include operational records, control records, laboratory analysis results, calibration reports, inspection reports, personnel records, etc.

Simultaneous video interviews may be required to verify some requirements. For example, the following may be monitored to determine physical environment qualifications:

- *production infrastructure,*
- *shipping and storage areas,*
- *testing and laboratory space, etc.*

In cases where sufficient information cannot be obtained to verify the relevant requirement and effective communication cannot be provided;

- *Alternative ICT usage can be implemented.*
- *If the problem persists, the investigation is terminated and this is stated in the investigation report.*
- Activities that cannot be audited or audit objectives that cannot be met during a surveillance or recertification audit conducted using information technologies will be completed on-site later in the cycle or added to the subsequent surveillance or recertification plan to increase the audit duration.

The assessment should be made in the quietest possible environment to avoid background noise. In order to avoid interference, appropriate equipment should be used and precautions should be taken to avoid being affected by external effects (such as speakers, cameras).

Both parties should take care to verify the information heard, expressed and read throughout the evaluation.

The audit team and the company must maintain the confidentiality of information provided and shared throughout the audit.

Evidence of competence supporting proficiency, including documented records of support for IAF MD 4 and the ability to understand and use the information technologies used, will be included in the audit report.

6.4.7 Witness/Witness Inspections

Planned witness audits are carried out in accordance with the ANAB processes and the rules in the R40.05 guide for TÜRKAK for each management system/certification program that is intended to be accredited/accredited during the initial accreditation, surveillance, scope expansion and accreditation renewal audits.

For each accreditation cycle, an accreditation cycle program is prepared, including the scope of Denetik that wants to be accredited/is accredited, and shared with the management representative.

In witness audits to be conducted regarding certification activities carried out abroad, the rules in the R10.10 guideline for TÜRKAK are applied.

The monthly audit list, which includes the planned and confirmed audits (date, place, audit team members, audit type and scope, etc.) at least 1 month before the accreditation audit, is notified to TÜRKAK or ANAB by the management representative.

The following documents and records regarding the client organization where the witness audit will be carried out are delivered to the witness audit team in full by the planning officer at least 1 week before the witness audit;

The client's application and application review records,

The client organization's manual (if any, regarding quality, environment, information security and/or other management systems),

Main procedures related to the management system (if any),

Previous examination reports (if any),

Inspection plan,

Records of audit team competence,

Records regarding the calculation of audit time (including justification) and other records deemed necessary.

7. CONDUCTING THE INSPECTION

7.1 Opening Meeting

A formal kick-off meeting is held with the client's senior management and, where appropriate, those responsible for the functions and processes to be audited. The purpose of the kick-off meeting is to provide a brief explanation of how the audit activities will be carried out and is usually conducted by the audit team leader.

The opening meeting is held by the Lead Auditor in accordance with the agenda in the Opening/Closing Meeting Form. The process is defined in the ET_FR-10-01 Opening Closing Meeting Form and the ET_TA-10-01 Opening Closing Meeting Instructions .

, an e-mail is shared with the relevant people via ZOHO Creator at ameliyat@denetik.com to fill the list of participants.

Opening meeting participants are entered by the customer and transferred to the system. The log record is kept on the Approval log module. The method is defined in the E_TA-08-04 ZOHO Audit Planning Application Instruction .

7.2 Communication During the Inspection

During the audit, the audit team periodically evaluates the progress of the audit and exchanges information. The lead auditor redistributes the work among the audit team members when necessary and periodically informs the client about the progress of the audit and all issues.

When the available audit evidence indicates that the audit objectives will not be achieved or that an immediate and significant risk (e.g. security) exists, the lead auditor shall notify the client and, if possible, DENETIK to determine the appropriate action. Such actions may include reconfirming or modifying the audit plan, changing the audit objectives or scope, or terminating the audit. The lead auditor shall report the results of the action to DENETIK.

The lead auditor reviews any changes to the audit scope that occur during the progress of the audit activities in the field with the client organization and reports this to DENETIK.

7.3 Obtaining and Verifying Information

The audit is carried out by means of mutual interviews, examination of documents and records using a sampling method, and observation of work and conditions in relevant areas to confirm whether the management systems are implemented in an acceptable manner according to the standards or the relevant document, scope and documentation created.

The audit is carried out by the audit team in accordance with the audit plan.

During the audit, it is examined using the relevant audit report whether the management system has been established, documented and effectively implemented in accordance with the requirements of the relevant standards.

During the audit, information regarding the audit objectives, scope and criteria (including information regarding the interfaces between functions, activities and processes) is obtained through appropriate sampling and verified to become audit evidence.

The method of collecting information includes, but is not limited to, the following:

a) Interviews,

b) Observations of processes and activities,

c) Review of documentation and records.

d) Interviewing the following personnel for ISO 45001 audits:

- Managers who have legal responsibility for occupational health and safety,
- Employee representatives who have responsibility for occupational health and safety,
- Personnel responsible for monitoring the health of employees, such as doctors and nurses. In case of remote interviews, the reasons are recorded,
- Managers, permanent and temporary employees.

- Managers and employees who carry out activities related to the prevention of occupational health and safety risks,
- Managers and employees of contractors.

Each auditor must carry out the audit under the supervision of a guide.

Guides assist the audit team in facilitating the audit. The audit team ensures that guides do not interfere with the audit or influence the audit results. The responsibilities of guides are as follows:

a) Scheduling meetings and establishing contact,

b) Organizing visits to the field or certain parts of the organization,

c) Ensure that the audit team members are aware of the known rules regarding field safety and security procedures.

d) Being an audit witness on behalf of the customer,

e) Provide clarification or information when requested by an auditor.

Positive and negative findings and observations regarding the examinations and observations made by the audit team members during the audit are recorded in the relevant report.

Where a certified organisation cannot demonstrate that all external and internal issues identified as relevant, including Climate Change, have been taken into account, an appropriate finding must be made.

7.4 Determining and Recording Inspection Findings

During the Stage 2 audit, priority is given to Stage 1 findings. If these issues are still non-conformances, the process proceeds through ZOHO Creator.

Audit findings summarizing compliance or detailing non-compliance are identified, classified and recorded to enable an informed decision to grant or continue certification.

Opportunities for improvement may be identified and recorded, unless prohibited by the terms of the management system certification scheme.

A finding of nonconformity detected against a specific condition is recorded and includes a clear nonconformity statement that describes in detail the objective evidence on which the nonconformity is based. Nonconformities are discussed with the client organization to ensure that the nonconformities are understood and that the evidence is conclusive and accurate. However, the auditor refrains from suggesting the cause of the nonconformities or their solution.

The lead auditor attempts to resolve any differing views between the client organization and the audit team regarding the audit evidence or findings and records any unresolved issues.

Root cause analysis is required for MINOR and MAJOR nonconformities and the importance of effective root cause analysis for preventive measures is requested in the form.

If the situation cannot be expressed as a nonconformity, but it is felt that it may cause a problem later, observation (OBSERVATION) is opened and the Observation Form is filled. Observation has no binding effect, it only draws attention.

7.5 Preparation of Inspection Results

Under the responsibility of the lead auditor, prior to the closing meeting, the audit team:

a) Reviews the audit findings and other relevant information collected during the audit according to the audit objectives and criteria and classifies the nonconformities,

b) Provides agreement on audit results, taking into account the uncertainty inherent in the audit process,

c) Decides on all necessary follow-up activities,

d) Confirms the adequacy of the audit program or identifies any desired changes for future audits (e.g. scope of certification, audit duration or date, surveillance frequency, audit team competence).

The time required for the interim evaluation meeting of the audit team is also specified in the "ET_FR-09-02 Audit Plan Form".

The purpose of this interim meeting held by the audit team before the closing meeting is to review the audit findings and agree on the nonconformities.

E_TA-08-05 ZOHO Audit Report is implemented according to the process defined in the Implementation Instruction.

7.6 Closing Meeting

The purpose of the closing meeting is to present the audit results including recommendations regarding certification.

The meeting is conducted by the Chief Auditor using the "E_FR-10-01 Opening and Closing Meeting Form". Before the closing meeting, an e-mail is shared with the relevant persons via ZOHO Creator at ameliyat@denetik.com to fill in the list of participants.

a) Expectations from ISO 22301 and ISO 20000-1 Accredited customers; The end user expects an organization with a certified business continuity management system to effectively combat business continuity. In the event of any business interruption, such an organization must be capable of providing production and service and must have a structure to recover its operational structure.

b) Expected outcomes for accredited certification to ISO 37001: end users can expect an organization with a certified bribery management system to proactively contribute to the fight against bribery; be committed to establishing a culture of integrity, transparency, openness and compliance, and implement measures to prevent, detect and address bribery.

c) The auditor assumes that his own auditor and other personnel are aware of the results and informs the client about the expected outputs. In the closing meeting, the auditor informs the client about the end user's expectations.

In the Stage 2 audit, the lead auditor requests the Management Representative to report the activities they plan to carry out regarding the nonconformities and the completion periods within (2) two weeks by explaining them in the Nonconformity Notification Forms. The nonconformity closure period cannot exceed 6 months. If it exceeds 6 months, the Stage 2 audit is repeated.

If the audit team does not recommend that follow-up audits be required for nonconformities, it can be checked by examining the documents and records to see whether these nonconformities have been resolved. Activities related to nonconformities are as follows:

a) If there is a major nonconformity, the certificate cannot be recommended until the relevant corrective actions are taken. The lead auditor warns the client about this issue at the closing meeting. The organization is asked to send the corrective action plan including the time schedule.

b) In cases of minor significance (e.g. typographical error, list update, practical application but no record, etc.), it may not be necessary to see evidence of correction of the nonconformity on site. Review of documents and/or records may be sufficient to close the nonconformity upon the decision of the lead auditor.

c) In cases of high importance (e.g. changes that will directly affect personnel, processes and/or infrastructure, etc.), it is necessary to see on-site evidence. Just examining documents and/or records is not enough. Follow-up audits must be planned and carried out.

d) If the examination of documents and/or records and/or follow-up audit is successfully carried out, the results of the measurement for the effectiveness of the change are decided to be audited in the next surveillance. This is valid only if precautions are taken for legal requirements, liability to other parties and corporate risks and their evidence is prepared.

e) If the customer fails to fulfill the commitment of the corrective action plan and implementation schedule, the certificate will be suspended in accordance with the suspension and withdrawal rules.

f) The organization cannot be a candidate for certification without closing all nonconformities.

Closing meeting participants are entered by the customer and transferred to the system. The log record is kept on the Approval log module. The method is defined in the E_TA-08-04 ZOHO Audit Planning Application Instruction.

At the closing meeting, it is stated that if no nonconformities are detected, the Certification Committee will be given a positive opinion in favor of the certification of the customer, and if nonconformities are detected, the Certification Committee will be given a positive opinion in favor of the certification of the customer after the nonconformities are closed.

8. INSPECTION REPORT

8.1 Reporting

DENETIK provides a written report to the client organization for each audit. The audit team may identify improvement opportunities, but cannot recommend specific solutions. The audit report is the property of DENETIK.

The lead auditor prepares the Audit Report by analyzing all information and audit evidence obtained during the audits to review the audit findings and decide on the audit results.

The lead auditor ensures the preparation of the audit report and is responsible for its content. The audit report ensures that the audit is accurate, concise, clear and includes or refers to the following, which will enable the certification decision to be reported:

a) Definition of DENETIK,

b) Name and address of the customer organization and management representative,

c) Type of audit (e.g. initial certification, surveillance or recertification or special audits),

d) Criteria for the audit,

e) Objectives of the audit,

f) The scope of the audit, particularly the organizational structure of the audited client organization or the definition of functional units or processes and the audit period,

g) Any deviation from the audit plan and the reasons,

h) Significant situations affecting the audit program,

i) Introduction of the lead auditor, audit team members and accompanying persons,

j) Dates and locations where audit activities were carried out (On-site or external, permanent and temporary sites)

k) Inspection findings that are consistent with the conditions of the inspection type and refer to evidence and results,

l) Significant changes, if any, that have occurred since the last audit and that affect the client organization's management system,

m) Unresolved issues, if identified,

n) If applicable, whether the audit is combined, joint or integrated,

o) Statement that the audit was conducted based on sampling of existing information,

p) Recommendation of the audit team,

q) If applicable, whether the audited client organization effectively controls the use of certification documents and marks,

r) Verification of the effectiveness of corrective actions taken regarding previously identified nonconformities, if any.

The report also covers:

a) A statement of the suitability and effectiveness of the management system, together with a summary of evidence relating to:

- Ability of the management system to meet applicable requirements and expected outcomes,

- Internal audit and management review process,

b) A conclusion regarding the suitability of the certification scope,

c) Confirmation that the audit objectives have been met.

8.2 Analysis of Causes of Nonconformities

DENETIK requests the client organization to conduct a cause analysis within the specified period and to define the corrections and corrective activities carried out or planned to be carried out to eliminate the detected nonconformities.

8.3 Effectiveness of Correction and Corrective Actions

DENETIK reviews the corrections submitted by the client organization, the identified reasons and corrective actions to determine whether they are acceptable.

DENETIK verifies the effectiveness of each correction and corrective action taken.

Evidence obtained to support the resolution of nonconformities is recorded.

The client organization is informed of the review and verification result.

The client organization is informed whether an additional full audit, an additional limited audit or documented evidence (to be confirmed in subsequent audits) is required to verify effective correction and corrective actions.

E_TA-08-05 ZOHO Audit Report is implemented according to the process defined in the Implementation Instruction.

8.4 Information on Certification Decision Making

The information provided by the audit team to the Certification Directorate and thus to the Certification Committee for the certification decision is prepared to include at least the following:

- Inspection reports,
- Comments on nonconformities and, where applicable, the corrections and corrective actions taken by the customer,
- Confirmation of the information provided to Denetik during the review of the application,
- Recommendation on whether or not to grant the certificate, together with conditions and observations.

Annexes to the Audit Report to be prepared are given below:

For Initial Certification;

- Stage 1 Inspection Report
- If the Stage 1 audit is on site - Stage 1 Audit Plan
- If the Stage 1 audit is on site - Stage 1 Opening/Closing Meeting Form
- If applicable - Non-Conformity Notification Forms

For all Certifications (Stage 2, surveillance, recertification, special audit);

- Inspection Report
- Inspection Plan
- Opening/Closing Meeting Form
- If applicable - Records of correction/corrective activities

The Audit Report and its annexes are prepared in full by the lead auditor and forwarded to the Certification Directorate.

8.4.1 Review and Documentation Decision

The report prepared by the audit team is not the final decision, but is an opinion to the Certification Committee.

Before making a decision to grant, not grant, maintain, expand or narrow the scope of certification, renew, suspend or lift the suspension, withdraw or cancel the certification, Denetik conducts a review that includes the following:

a) Adequacy of the information provided by the audit team in accordance with the certification conditions and the scope of certification,

b) Review, acceptance and verification of correction or corrective actions for nonconformities,

The company is obliged to notify Denetik, Belgelendirme of the corrective actions to be taken regarding the nonconformities detected during the audit with a nonconformity report within 15 days.

The report must be sent to the planning department by the lead auditor within 2 weeks at the latest. If there is a nonconformity, the planning department is informed and this nonconformity is expected to be resolved first. The certificate expiration date is also taken into account when sending the report.

The corrective action period given for the nonconformities in the audit reports is defined as ninety (90) days for minor/major nonconformities. If the document period has expired within this period, the document is suspended. The closure of minor nonconformities is verified by examining the implementation of the company action plans on site in the next audit. If a follow-up audit is not recommended for major nonconformities, the company is obliged to send the information and documents regarding its corrective activities to Denetik, to be submitted to the Certification Committee at the end of the prescribed period in order for the nonconformity to be closed. Stage 2 audit is repeated for nonconformities that cannot be closed within this period. This situation is notified to the company in writing.

For the certification decision;

- Stage 1 Inspection Report
- If the Stage 1 audit is on site - Stage 1 Audit Plan
- If the Stage 1 audit is on site - Stage 1 Opening/Closing Meeting Form
- Inspection Report (Stage 2)
- Stage 2 Inspection Plan
- Stage 2 Opening/Closing Meeting Form
- If applicable - Non-Conformity Notification Forms
- If applicable - Records of correction/corrective activities

It is presented to the Certification Committee.

The Certification Manager submits the records required for certification or recertification decisions to the Certification Committee.

It is essential that the person and committee members making certification or recertification decisions are different from those conducting the audit.

The person or persons and committees making certification or recertification decisions shall confirm the following before making the decision:

a) Adequacy of the information provided by the audit team in terms of certification conditions and certification scope,

b) The audit team reviews, accepts and verifies correction and corrective actions for all nonconformities indicating:

1) One or more conditions of the management system standard cannot be fulfilled,

2) Situations where significant doubts arise regarding the ability of the client to achieve the targeted outcomes related to the management system.

c) For other nonconformities, the customer reviews and accepts the planned corrections and corrective actions.

For certification or recertification decisions, ET_FR-11-01 Certification Committee Decision Forms are prepared by the Certification Manager. E_TA-08-05 ZOHO Audit Report The process is defined in the application instructions.

The Certification Committee consists of at least 1 person. The auditor participating in the audit, persons who are not suitable due to conflict of interest and company partners cannot be members of the Committee. When making the certification decision, a lead auditor or auditor appointed in the relevant standard and EA Code/Sector/Category accompanies the committee as a member. If the accompanying committee member does not have the relevant EA Code/Sector/Category qualification, the decision is made by taking into account the opinions and evaluation headings of the technical experts appointed in the relevant EA Code/Sector/Category.

The Committee reviews the files via ZOHO Creator. The Committee decision is made via ZOHO Creator.

The Certification Committee, as a result of the review and evaluation of the relevant organization's file, makes a decision in accordance with the ET_FR-11-01 Certification Committee Decision Form. This decision includes one of the decisions to grant/not grant certification, to maintain certification, to expand or narrow the scope of certification, to renew certification, to suspend or lift the suspension, to withdraw or cancel it.

ET_FR-11-01 Certification Committee Decision Form is approved after each decision taken by the Certification Committee.

The Certification Committee makes the certification decision based on the evaluation of the audit findings, results and other relevant information (public information, client's comments on the audit report).

The Certification Committee makes decisions on recertification based on the results of the recertification audit, the review of the system during the certification period and complaints from certified organizations.

As a result of the review and evaluation made by the Certification Committee, in cases where there is an outstanding issue and detailed information is required, information may be requested from the Chief Auditor who prepared the report. In such cases, the decision of the organization is postponed. The Certification Manager ensures that the necessary information is obtained by communicating with the Chief Auditor.

Following the Certification Committee's negative decision regarding the granting of a certificate or the detection of a situation preventing the use of the certificate, the Certification Directorate requests the relevant organization to apply in writing to eliminate the reasons in question and request a follow-up audit.

Decisions on surveillance, address changes, short-term audits are made with the approval of the Certification Manager in line with the opinion of the Chief Auditor. In case of disagreement, it is made with the approval of the Certification Committee.

8.5 Maintenance of Documentation

If the certified organization requests recertification at the end of the 3-year period, they are subject to a recertification process, after an evaluation is made as to whether there has been a change in the scope.

If the reason for the suspension of the suspended document is eliminated, the issue is evaluated by the Certification Committee and, if positive, a decision is made to continue the document.

Denetik Certification continues certification based on the client's demonstration that the management system standard requirements continue to be met. Without further review, the client's certification is continued with the approval of the Certification Manager based on the Lead Auditor's positive conclusion.

Reports of surveillance audits;

It is reviewed and evaluated by the Certification Manager. After the positive decision of the Certification Manager, the Documentation Forms are signed and forwarded to the Planning Officer for the preparation of the documents.

If the lead auditor indicates the need to initiate a further review, the assessment is carried out in the same way as after certification and recertification audits.

8.6 Suspension of Document

The certificate is suspended for a period not exceeding six (6) months by the decision of the Certification Manager, if the following conditions are met:

- The request of the organization,
- Numerous major nonconformities were found in the audits carried out,
- Major and minor nonconformities detected during audits are not resolved within the specified time periods,
- The organization violates its obligations in the contract text to an extent that does not require the cancellation of the document,
- Detection that legal sanctions that should be applied outside the relevant standard regarding the product/service within the scope of certification have not been fulfilled,
- The Organization's request to stop production/service due to strikes, lockouts, natural disasters, epidemics, raw material shortages, inability to receive orders, interruption of activity due to changes in the facility address, or similar reasons (IAF ID 3, ANAB Accreditation Rule 9, Heads Up # 448, Heads Up # 467)
- The organization's request to postpone the surveillance audit date continuously,
- Failure to comply with documentation rules,
- Improper use of the document and logo,
- Non-payment of documentation or audit fees.

Results of the suspension process:

- The document is temporarily invalid.
- The suspension status is made public / is publicly accessible information.
- The certification body may take all other measures it deems appropriate within the framework of the contract.

Notification of suspended or cancelled certificates to customers is made via the " ET_FR-12-01 Suspension-Cancellation Information Form ".

The Planning Officer records the decisions regarding the suspension of the document and its notification to the organization in the relevant organization's file on ZOHO Creator.

Failure to resolve issues within the time period will result in certification being withdrawn or reduced.

If the reasons for suspension are not eliminated, the document is cancelled.

If the organizations whose certificates have been suspended notify Denetik in writing that the reasons for suspension have been eliminated, an audit may be conducted to investigate complaints and address changes without informing the organization in order to confirm that the reasons for suspension have been eliminated.

8.7 Expansion and Reduction of Document Scope

In case the certified organization changes in terms of the number of its employees, the location and number of business locations it provides service, the scope of activity changes, or major organizational and technological structure changes occur, the issue is notified to Denetik by the company.

For changes that need to be made within the scope of the document, the necessary procedures for the decision to renew or revise the document (such as special examination, cancellation of the document or re-audit) are determined and implemented.

Following the examination and audit procedures, the Certification Committee evaluates the document as appropriate and the necessary reduction and expansion processes are carried out for the document. Otherwise, the document is cancelled.

In responding to an application for the extension of the scope of the given certification, a new application form is reviewed to determine whether the extension can be made and the necessary audit activities are decided for this purpose. In the organization that accepts the proposal for the extension, the scope extension audit is planned and carried out. The scope extension audit can be carried out together with the surveillance audit in appropriate cases. After the positive report of the audit team, a new certificate is issued with the approval of the Certification Committee.

If the request is to reduce the scope, a new certificate is issued with the approval of the Certification Manager without performing the audit.

When persistent or serious failure to meet system requirements is demonstrated for a portion of the scope, Denetik narrows the client's certification scope to exclude the portion of the scope that is not met.

8.8 Cancellation of the Document

In the following cases, the Certification Committee decides to cancel the certificate:

- As a result of the establishment request,
- The organization does not allow the audit to be carried out until the end of the given suspension period (maximum 6 months),
- As a result of the organization not closing its nonconformities within the prescribed time period during the follow-up audits carried out to lift the suspension status,
- Bankruptcy of the organization or cessation of activities within the scope of the document,
- As a result of the organization's misleading and unfair use of the document in areas other than the product or service specified within the scope of the document,
- The organization provides incomplete and misleading information during audits,

- Failure to pay the fees accrued by Denetik within 30 days following invoicing,
- The organization does not accept the suspension conditions,
- The organization does not eliminate the reasons for suspension,
- The organization is not located at the facility address specified in the document,
- The organization falsifies documents and their attachments,
- The organization does not accept the surveillance audit,

Within one month following the cancellation of the document, the organization must remove the Denetik logo from all correspondence and promotional materials. Otherwise, DENETIK;

- Announces the issue to the relevant accreditation body and other certification bodies,
- It announces in various media outlets that the organization has used the document illegally by violating the contract terms,
- If necessary, it will take legal action to compensate for any material and moral damages that may arise as a result.

In addition, if the organization does not request a certificate renewal, the provision of products/services within the scope of the certificate is stopped or the organization is closed, the certification committee makes a decision to cancel the certificate and announces it to the public (www.denetik.com website document query screen). The suspension or cancellation decision should be clearly stated on the “ET_FR-11-01 Certification Committee Decision Form”.

In case of cancellation of the organization's document, the "ET_FR-12-01 Suspension-Cancellation Information Form" is sent to Denetik, informing that the document will be canceled if the organization does not make any notification, and as a result of this form, the document is canceled as per the contract and published on the www.denetik.com website.

The Planning Officer records the decisions regarding the cancellation of the document and its notification to the organization in the relevant organization's file on ZOHO Creator.

9. ISSUANCE OF CERTIFICATE

9.1 Report and Certificate Numbering

Numbering of Audit Reports;

Auto Number is a type of field in Zoho Creator that automatically generates a unique number that increments whenever a new record is created. This field allows records to be assigned a sequential and unique number without requiring users to enter manual data. The Auto Number field continues to increment by 1 from the previous number whenever a new record is added.

Numbering of Certificates;

Certificates are kept in the system as Auto Number, and a sequential structure is provided by assigning a unique number to each certificate. However, when the verification of certificates will be carried out via the www.denetik.com/Bilgi_Edinme website, the sequential data created by Auto Number may pose a privacy risk within the scope of KVKK (Personal Data Protection Law) and therefore, in order to manage this risk, the Linear Congruential Generator (LCG) algorithm is used to generate certificate numbers.

The LCG algorithm generates unique and non-consecutive numbers within a certain range (2^32, i.e. 4,294,967,296). In this way, unique numbers with a random distribution are obtained instead of sequential numbers for certificates, thus reducing the risk of confidentiality. The basic structure of the algorithm is as follows:

// 'a' is the multiplier, a prime number (1664525) carefully chosen for good randomness.

a = 1664525;

// 'c' is the increment value, preventing cyclic patterns between numbers (1013904223).

c = 1013904223;

// 'm' is the modulus, determining the range of numbers (32-bit mode, 2^32).

m = power(2,32);

// The main formula of the LCG algorithm: multiplier, increment and mod operations are performed to produce a new number.

new_number = (a * value + c) % m;

Using this algorithm, a unique non-consecutive number is generated for each certificate. Certificate numbers are thus stored securely in the system, minimizing any risk of non-consecutiveness or predictability during external verification.

9.2 Issuance of Certificate

Following the positive decision of the Certification Committee regarding the issuance of a certificate, the certificate is issued by the System Certification Directorate. The certificate issuance period is normally two (2) weeks on average.

Organization information is received directly from the Zoho application during the certificate printing process. All printouts must match the information approved in the system exactly.

The issued certificate includes the following information:

1. Name of each site of the customer whose management system is certified,

2. Dates of issuance, extension or renewal of the certificate,

3. Validity expiration date consistent with the recertification cycle,

4. ID number,

5. The standard or provision document used in the audit, together with its publication and revision,

6. Scope of certification for each site, including product (including service), process, etc., where applicable.

7. DENETIK's name, address (geographic location of the center and any place within the scope of certification, including the country name) and certification mark,

8. Other information required by the reference standard

9. Printing or revising the certification document by distinguishing revised documents from previous documents.

10. Statement of Applicability (SoA) date and revision number for standards within the scope of ISMS

is stated.

Following the decision of the issue in the Certification Committee, the Certification Committee will process and record the decision, Certification Committee Decision Form and Audit Report Control Form via ZOHO Creator.

The Certification Committee decision date is taken as basis for the validity date of the certificate. The validity period of management system certificates is three years. After the scope change, the certificate scope is rearranged and the Certification Committee decision date is indicated on the scope.

After the certificate is printed, Denetik delivers the signed version of the certificate to the customer by hand or by cargo. If the customer requests a digital copy of the certificate from Denetik, the digital copy of the certificate is sent to the customer via e-mail.

As a result of the document renewal audit, after the corrective actions are taken for the nonconformities detected, if any, and the organization's management system is verified to be in compliance with the requirements of the relevant standard, the necessary work is completed as after the first certification audit, and a new certificate is issued. The first issue date is also stated in the new certificate.

During the transfer phase, the certificate validity period expires on the date specified in the first issued certificate.

At the end of the certification period, Denetik may withdraw the certificate for 6 months provided that the outstanding recertification activities are completed, otherwise at least a Stage 2 will be performed. The valid date on the certificate will be the recertification date or later and the validity period will be based on the previous certification cycle.

For ANAB approved certificates, the customer's certificate is printed in both English and Turkish. Other Customer certificates with different accreditations are printed in Turkish and / or English upon customer request.

Even if requested by the customer, no certificate will be printed in a way that violates ISO 17021-1 and accreditation rules. For example: Even if the customer requests that only the center address be written on the certificate, the Planning Officer will inform the customer that this is against the accreditation rules and ensure that all addresses within the scope are written on the certificate.

RELATED DOCUMENTS

ET_FR-08-01 Application Form

ET_FR-08-01 ANNEX 27 Application Form

ET_FR-08-01 ANNEX 45 Application Form

ET_FR-08-01 ANNEX 50 Application Form

E_TA-08-01 Instruction for Determining Audit Periods

ZOHO Creator app

E_FR 08-02 Offer and Contract Form

ET_FR-09-03 Audit Program Table

ET_FR-09-02 Inspection Plan

E_FR-10-03 Integrated Audit Report

E_LS-13-01 Competency Matrix

ET_FR-13-08 Auditor - Technical Expert List

ET-FR-00-02 Risk Analysis and Conflict of Interest

E_PR-13 Appointment and Performance Evaluation Procedure

ET_FR-09-03 Audit Program Table

and ET_TA-10-01 Opening Closing Meeting Instructions

ET_FR-10-01 Opening Closing Meeting Form

E_TA-08-04 ZOHO Audit Planning Implementation Instruction

E_TA-08-05 ZOHO Audit Report Implementation Instruction

ET_FR-11-01 Certification Committee Decision Form

ET_FR-12-01 Suspension-Cancellation Information Form

ET_FR-08.03 Transfer Preliminary Evaluation Form

ET_FR-09-05 Remote Audit Approval Form

ISO/IEC 17021-1:2015

ISO/IEC 17021-2

ISO/IEC 17021-3

ISO/IEC 17021-10

IAF MD 1- MD 2- MD 3- MD 4- MD 5

IAF_MD 5

TURKAK R40.02

TURKAK R.40.05

TURKAK R40.07

TURKAK R10.10

ISO 27006

ISO 9001

ISO 45001

ISO 50001

ISO 14001

ISO 20000-1

ISO 22301

ISO 27001

ISO 27701

ISO 37001

ISO 37301