LCIE C 00-193
October 2024

IECQ HSPM CERTIFICATION

Hazardous Substance Process Management

CERTIFICATION RULES and PROCEDURE
Edition n° 7

HSPM

Effective date of implementation: October 1st, 2024

This document is a translation of the French edition. In case of conflict, the French edition will prevail.
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IECQ HSPM CERTIFICATION of the HAZARDOUS SUBSTANCE PROCESS MANAGEMENT

The present document replaces the edition 6 of March 2023.

Foreword

The Rules of Certification LCIE C 00-193 have been up-dated for considering the following changes:

- *IECQ Documentation updates and changes.*

1 PURPOSE AND SCOPE OF APPLICATION

The present Certification rules are applicable to Organizations wishing to obtain and maintain a certification of their Hazardous Substances Process Management System (hazardous substances used in electric and electronic materials, components, assemblies and processes), for compliance with applicable European or international regulations, or customer requirements.
Certification is led according to IECQ Rules.

In the present document, this certification scheme is called "IECQ HSPM Certification".

LCIE is a fully-owned subsidiary of the Bureau Veritas group. LCIE, by its Certification Department, is an impartial and independent Certification Body in the following fields:

- Certification of Quality Management Systems according to ISO 9001 standard,
- Quality Certification of electronic components (according to Certification Regulations LCIE C 00-195 for the IECQ mark according to IECQ 03-x),
- Certification of independent testing laboratories in the framework of electronic components (in accordance with IECQ 03-6 based on ISO/IEC 17025),
- Certification of processes according to IECQ Rules of Procedures, notably IECQ 03-5 (IECQ HSPM).

LCIE complies with the requirements of ISO/IEC 17021-1:2015 "Conformity assessment - Requirements for bodies providing audit and certification of management systems" and issues ISO 9001 certificates to Organizations belonging to the electrical, electronic domain (IAF/EA code 19) or other domain (IAD/EA codes 14, 17, 18), and product certification for products related to these domains.

Within this framework, LCIE offers internationally recognised certification.

The present document is publicly available on LCIE Web site (www.lcie.fr) and on request at the secretariat of the Direction of Certification of LCIE. It is also sent to Organizations applying for the certification. Up-dates are sent to each Organization holding an IECQ HSPM certificate for acceptation and consideration.

For the purpose of this document, LCIE France is designated as "Certification Body" or "CB".
Also, the terms "LCIE", "LCIE Bureau Veritas", means "LCIE".

2 REFERENCE DOCUMENTS

For the undated references, the latest issue of the reference document prevails (including the possible amendments).

IEC CA 01 ed3.0	IEC Conformity Assessment Systems - Basic Rules
IECQ 01-S ed3.0	IEC Quality Assessment System for Electronic Components (IECQ System) - IECQ Supplement to IEC Conformity Assessment Systems - Basic Rules IEC CA 01
IECQ 01A ed4.1	IEC Quality Assessment System for Electronic Components (IECQ System) – Guidance for the use of the IECQ logo and IECQ Mark of Conformity
IECQ 03-1 ed3.1	IEC Quality Assessment System for Electronic Components (IECQ System) - Rules of Procedure - Part 1: General Requirements for all IECQ Schemes
IECQ 03-5 ed5.2	IEC Quality Assessment System for Electronic Components (IECQ System) - Rules of Procedure - Part 5: IECQ HSPM Scheme - Hazardous Substance Process Management Requirements
QC 080000 Ed4.0:2017	IEC Quality Assessment System for Electronic Components (IECQ System) - Hazardous Substance Process Management (HSPM) System Requirements
ISO/IEC 17021-1:2015	Conformity assessment - Requirements for bodies providing audit and certification of management systems
ISO/IEC 17021-3:2017	Conformity assessment – Requirements for bodies providing audit and certification of management systems - Part 3: Competence requirements for auditing and certification of quality management systems
ISO/IEC 17065:2012	Conformity assessment - Requirements for bodies certifying products, processes and services
ISO 9001:2015	Quality Management System - Requirements
ISO 19011:2012	Guidelines for quality and/or environmental management systems auditing used for performing the audits

The IAF MD1, MD2, MD3, MD4, MD5, MD11 mandatory documents

3 USE OF THE CERTIFICATE

The holder can make state of his IECQ HSPM certification granted by the Certification Body, provided that it is in agreement with specificities of the certificate which was issued to him.

Marking requirments of the Mark of Conformity IECQ and the definition of the logotypes are defined in the IECQ 01A specification, available on the Website www.iecq.org or on demand to LCIE.

Graphical Symbol of the IECQ system

Note: The following IECQ logo must not be used as a Product Certification Mark. It may be used on literature only, for promoting the system.

The following logo is accepted for IECQ HSPM:

IECQ-H IECQCB 18.0001

4 PROCEDURE FOR OBTAINING THE CERTIFICATION

The certification process is managed by the Certification Body (LCIE) up to the delivery of the certificate. The audit may be performed either by an auditor of the Certification Body or by an auditor duly qualified by the CB.

4.1 General Conditions

Before applying, the applicant must ensure himself that the activity to be certified belongs to the electric and electronic sector (EA code 19), or is a Supplier of the electric and electronic industry, and his Quality Management System and his manufacturing unit comply with the IECQ 03-5 requirements.

By his application, the applicant commits himself to:

- set up and maintain a Quality Management System in conformity with the ISO 9001 standard requirements, or equivalent,
- comply permanently to the certification requirements including control of changes required by the Certification Body,
- take any provision needed for
    1. conducting the assessment and the surveillance (in case maybe), including providing elements to be assessed like documents and records, access to equipment, sites, zones, personnel and sub-contractors of the client concerned,
    2. instructing the customer claims,
    3. accepting participation of observers in case maybe.
- use his certificate only for the scope and perimeter defined.

The applicant commits also to the following:
- comply with the Certification Body requirements when he refers to the situation of his certification through his communication means, such as internet, brochures or advertisement, and any other documents,
- do not make false declaration concerning his certification,
- Do not make improper use of any document of certification, in total or partial,
- cease immediately, in case of suspension or withdrawal, usage of the certificate, any communication referring to the statement of a certified system,
- modify any object of publicity in case of reduction of his perimeter of certification,
- do not let use the reference to the certification of his quality management system for letting supposed that a product or a process is approved by the certification body,
- do not let understand that the certification applies to any activities out of the perimeter of certification,
- do not use his certification in a manner which causes degradation of the reputation of the certification body and impacting the confidence the public has in him.

The program of certification of the HSPM Process includes an initial audit in two stages (stage 1 maybe done as documentation review), annual surveillance audits during the first and second year of the cycle, and a renewal audit during the third year before expiration of the certification. The cycle of 3 years begins with the decision of granting or renewing the certification.

4.2 Application and File

4.2.1 Certification Application Form and Information relative to the Organizations

The applicant must fill in an Application Form which shall specify
- the perimeter aimed for the certification,
- the general characteristics of the organism, including the name, address of list of the site(s) concerned with certification, significant aspects of its processes and operations, and any legal applicable obligation,
- the activities to be certified, the population of each site, the number of employees per shifts,
- the information relative to the outsourced process which may have an impact on the management system,
- the ISO 9001 or other equivalent reference standard chosen by the Organization for the certification,

- any information relative to any individuals/companies having providing consultancy to the Organization in relation to the management system.

A representative of the Organization to be audited is designated to be the permanent interface with the Certification Body (this person is called "DMR", Designated Management Representative).

4.2.2 Case of Multi-site Organizations

As per IAF MD1 and IECQ 03-1, *a multi-site organization is defined as an organization having an identified central function at which certain activities are planned, controlled and managed, and a network of offices or branch (sites) at which such activities are fully or partially carried out.*

Multiple sites organizations are defined with the following criteria:

a) All sites shall have a legal or contractual link with the central office of the organization and be subjected to a common management system
b) The common Quality Management System must be settled, managed in a central manner and be audited internally periodically, on all sites, according to the ISO 9001 requirements,
c) The Quality Management System must comply with ISO 9001 requirements,
d) The activities which can be centralised includes the following:
    1- The document system and management of the system changes,
    2- The management review of the QMS,
    3- The customer claims,
    4- Planning of quality and continuous improvement actions,
    5- Planning of internal audits and measurement of their results,
    6- Evaluation of Corrective Actions Efficiency,

    And, according to the structure of the Organization:

    7- Design activities,
    8- Supplier qualification
    9- Evaluation of Training needs
    10- Customer order review (out of local order acceptance).

In order to audit the Quality Management System totally, it is needed to audit each site.

In IECQ HSPM, Organizations with multiple sites are certified site per site. A separate certificate is issued per Organization name and address.

The number of man-days per site, including the central office, shall be calculated for each site using the calculation man-days table of IECQ 03-5. Reduction can apply to take into account the clauses that are not relevant to the central office or local site(s). Reasons for justification shall be documented.
The total time spent is the total sum of the time spent at each site plus the central office and should never be less than that which would have been calculated for the size and complexity of the operation if all the work has been undertaken at a single site (all employees on 1 site).

For Organizations having multiple offices doing the same operations, like the commercial agencies of distributors, when they have all the same structure and the same activity, sampling of sites may be decided by the Certification Body according to the IAF MD1 rules.

The Application for Certification prepared by the applicant must explicit the Organization situation in detail, for allowing a clear understanding of the CB.

4.2.3 Case of Certification Transfer

As per IECQ 03-1, an Organization holding an IECQ certificate may apply for transferring his certificate issued by a CB to another CB, at the following conditions

- the previous certification must not be suspended nor withdrawn by the previous CB; the non-conformities detected by the previous CB must be closed (IAF MD2)
- an Application Form shall be provided to the new CB, with explaining the situation as far as possible,
- The receiving CB shall review the last Audit report confirming closing of the NCrs and making a technical review of the file.

The review of the Application corresponds to a review of Pre-Transfer (document review, including a visit on the client site normally). This documented review includes:
- Confirmation that the certification perimeter relates to the accreditation of LCIE,
- Reason of transfer,
- Confirmation that the site(s) belong(s) an accredited valid certification in terms of authenticity, duration and scope of activity,
- The status in the current certification cycle,

With this information, the Certification Officer can verify that:
- The certification perimeter is the same as before,
- No non-conformity found during the previous cycle is still in process
- The management provisions for the customer complaints are efficient,

The Certification Officer decides about consequences to be given in case of unsatisfactory element.

From this pre-transfer review, the certification body determines the competencies needed for the audit team and the appropriate steps of the certification process.
The transfer is done after an on-site audit normally (renewal or specific/special audit).

The audit file is assessed and a decision is taken, like for an initial certification.

It belongs to the Organization (company/customer) to inform the previous CB about the transfer for withdrawing the previous certificate.

4.3 Review of the Application

Before planning the audit, the Certification Body shall make a review of the application and of the information provided, in order to be sure that:
- information provided are sufficient to proceed with the audit,
- the requirements relative to the certification are clearly defined and documented,
- any discrepancy in understanding between the certification body and the candidate organism has been solved,
- the certification body has competency and capacity to perform the certification mission,
- the perimeter, the site(s), the duration required to perform the audits, and any other points having an impact on the certification tasks are taken into account,
- the records of the justification of the decision to perform the audit are kept.

On the basis of this review, the Certification Body determines
- The duration of the audit taking into account the number of people in each site to be certified, nature and complexity of activities, the multi-site situation in case maybe (see §4.2.2) in respect of the IAF MD5 requirements,
- the needed competences for the audit team.

All shifts must be audited. Otherwise, it must be documented and justified.

The Certification Body decides upon the audit team according to the competence and availability of the auditors.
The review is validated by a Reviewer.

4.4 Tender, Certification Contract and Order

- A commercial and technical **"offer of service"** is drawn up and submitted to the Organization. Once agreed, it is asked to place an order for invoicing purposes.

- A **"Certification Contract"** is addressed to the Organization for fixing the mutual obligations of the Parties. The Contract is signed by both Parties.

- The Customer Service is charged of making the Contract review to confirm the order corresponds to the offer. In case of gap, he make the necessary action to the client for solving the issue.

- The certification process may start only at reception of order and contractual documents for certification (contract).

Before each audit, the lead auditor verifies the conditions of the audit with the nominated Organization representative of the client, takes the offer and the order into consideration and confirms that the conditions of the audit correspond to the offer/order. In case of significant gap, he requires emission of an amendment to the offer.

4.5 Initial Certification Audit

4.5.1 Initial Audit Stage 1

- A preliminary Visit of information may be carried out on the site(s) to be audited, to present the requirements of the reference documents and the certification process.

- A **Documentation Review** is carried out for checking the IECQ HSPM document requirement implementation: Quality Manual, documents of the process of management of the Hazardous Substances, the ISO 9001 certificate or equivalent when it exists. This Documentation Review represents the Audit Stage 1 the most often.

- A pre-assessment Visit can be performed on the site(s) to be audited, for evaluating the degree of maturity of the Process concerned, the effectiveness of the provisions of the Quality Management System and documentation review. A Questionnaire can be used to collect the data of the Organization. This visit rules on the possible corrections or complements to bring up to the Quality Management System before the certification audit.

4.5.2 Initial Audit Stage 2

The purpose of the stage 2 audit is to evaluate the implementation, including effectiveness, of the client's management system. The stage 2 audit shall take place at the site(s) of the client. It shall include at least the following:

a) information and evidence about conformity to all requirements of the applicable management system standard or other normative document;
b) performance monitoring, measuring, reporting and reviewing against key performance objectives and targets (consistent with the expectations in the applicable management system standard or other normative document);
c) the client's management system and performance as regards legal compliance;
d) operational control of the client's processes;
e) internal auditing and management review;
f) management responsibility for the client's policies;
g) links between the normative requirements, policy, performance objectives and targets (consistent with the expectations in the applicable management system standard or other normative document), any applicable legal requirements, responsibilities, competence of personnel, operations, procedures, performance data and internal audit findings and conclusions.

- Preparation of the stage 2 audit:

In the case of an Initial audit, the Lead Auditor:

- gets the elements of the file defining the applicable reference standard and the scope of the audit,
- determine if the audit is achievable by examining the appropriate documents of the QMS of the applicant. In case maybe, he may ask for complementary documents,
- establishes the planning of the audit with the applicant according to the duration of the audit
- The audit planning and the audit team are communicated to the Organization, at least 2 weeks before the starting of the audit,
- A Customer Satisfaction Questionnaire relative to the auditor mission is sent to the Organization, either with the audit planning of with the audit report, to be returned to the LCIE, Quality department.

- Carrying out the audit

- The audit is carried out according to the requirements of ISO/IEC 17021. It aims to collect information and proofs of conformity regarding all the requirements of the applicable reference standards, notably regarding surveillance, measurement, review report and performance review of the QMS in relation to the objectives of the organism.
- The opening meeting is formal, and the participants are registered,
- All the clauses of the reference specification QC 080000 are taken into account.
- In case of discrepancies to the requirements (non-conformances), a Corrective Action Request is drawn up, indicating the requirements which are not respected, and the non-conformity observed.
- The non-conformity(is) is/are communicated to the auditee and the CAR (s) is /are provided at the end of the audit allowing the auditee to complete with the corrective actions he decides to implement to solve the non-conformity reported.
- The audit is summarised at the closure meeting and the participants are registered. Presence of the Top Management or his representative is required.

The stage 1 and the examination of documentation may be conducted either on- or off-site. If conducted off-site the justification shall be documented, whilst the stage 2 shall be conducted onsite. In case Initial audit Stage 2 is conducted off-site or remotely a special on-site audit must be performed within the next 6 month.

Note: Surveillance audits can be conducted onsite or off-site or as a hybrid under the provisions of IECQ OD 0201 and procedures CERT-GEN “Force majeure” and CERT-GEN “Remote Audit” when invoked.

4.6 Audit Conclusion

- An audit report is drawn up, incorporating the NC Sheets issued during the audit and completed by the audited Organization with the appropriate corrective action.
- The report is delivered to the audited Organization. A copy is kept by the Certification Body, and if applicable, by the Assessment Body.
- 90 days maximum are allowed to the auditee for returning the Corrective Action Requests to the Lead Auditor, and for providing evidence that the corrective actions are implemented. Beyond this time, the audit should to be performed again.
- A recommendation of decision is made by the Lead Auditor.

4.7 Certification decision:

- The information transmitted by the audit team is examined by a competent Reviewer having not participated to the audit. Those information concerns at least the following:
    - The audit report,
    - Observations relative to the non-conformities and corrective actions undertaken by the client organism,
    - Confirmation of the information provided to the certification body and used for the application review
    - Proposal relative to the decision to grant or not the certification, with any reserves or remarks,
    - and any complementary document useful for making the decision of certification.

- The decision of certification is never made by the personnel involved in the audit. The Reviewer recommends a certification decision.
- From the elements gathered by the audit, the Director for Certification takes one of the following decision:
    - certification is granted,
    - decision is adjourned until after another audit,
    - certification is refused.

- In case of positive decision, the certificate is issued and sent to the audited Organization.
- In case of adjournment or refusal, a motivated letter is sent to the applicant.

4.8 Surveillance of the Certification

4.8.1 Surveillance Audit

- The surveillance activities are made of surveillance audits mainly. Other activities may include surveys of the certified organism, review of customer declaration regarding its operations, request made to the client to get documents or records, or other surveillance methods.

- Surveillance audits are held regularly to ensure that the quality system still complies with the requirements of the IECQ 03-5 specification.
- The surveillance audits are prepared, performed and concluded in the same way as for the initial audit and the certification decision as well.
- The audit conditions are verified before starting each audit.
- The program of the surveillance audit of the QMS includes at least the following:
    - Internal audits and management review,
    - Review of the corrective actions implemented according to the non conformities identified during the previous audit,
    - Treatment of complaints,
    - Efficiency of the QMS regarding the objectives,
    - Statement regarding the continuous improvement actions,
    - Control of the daily operations,
    - Review of the any changes impacting the QMS,
    - Usage of logos and marks, and any reference to the certification.

4.8.2 Frequency of the surveillance audits

- The certification is renewed every three years. This implies that verification of the effectiveness of the system requirements has been demonstrated, and complies with the requirements of the IECQ QC 080000 specification based on ISO 9001.

- The surveillance audits shall be scheduled once a year at least. The date of the first surveillance audit following the initial certification shall be fixed in 12 months maximum after the last day of the audit Stage 2.

- The Renewal audit is held before the end of the certification cycle of 3 years, so that any corrective actions are audited for clearance and that the renewal decision can be made before the end of the cycle so that cycles follow each other without interruption.

Certification must be suspended in case of non-respect of audit dates at the target dates required (see chapter « Suspension/Withdrawal/Reduction of scope »).

4.8.3 Decision for maintenance of the certification

The information transmitted by the audit team is examined by a Reviewer having not participated to the audit. He recommends a certification decision, and the Director for Certification takes one of the following decisions:

- maintenance of the certification,
- adjournment of the decision and request for a complementary action of evaluation,
- maintenance is refused and request for suspension or withdrawal or reduction of scope.

In any case, a motivated letter is sent to the client and complementary actions are undertaken.

4.9 Renewal of the certification

4.9.1 Target of the renewal audit

A renewal audit is planned and performed for evaluating the continuity of conformity to all the QC 080000 clauses requirements, and also evaluating efficiency of the global QMS, pertinence and permanent applicability for the perimeter of certification.

The renewal audit concerns the performance review of the QMS over the certification period and includes review of the previous surveillance audit reports.
When significant changes occurred for the QMS, the Organization or the context of operation, the renewal audit activity may require to perform again an audit Stage 1.
In the case the certification covers several sites the renewal audit is planned for assuring that on site audits cover the sites sufficiently to provide confidence in the certification.

4.9.2 Application for Renewal and Review

Before each Renewal audit, an Application Form may be addressed to the Organization for confirming conditions of the coming Renewal audit (number of people, activity and scope of certification, changes, etc.). Information may be collected by exchange of correspondane too.

Like for the initial audit, analysis of the Application for Renewal is the basis for the commercial Offer for the new cycle of certification. The client is invited to place an order for confirming his acceptance of the service to be done.

4.9.3 Scheduling of the Renewal audit

Scheduling of the Renewal audit must be done for having no interruption of the certification.

It is organized 3 months before expiry of the current certificate, approximately.

When the client certified has not allowed realization of the renewal audits according to the frequency required, the certification body must suspend the certification. (See chapter « Suspension/withdrawal/Reduction of scope »).

A Renewal audit not realized at the expiry date of the current certification is considered as an Initial audit.

If, for exceptional reasons, the organization of the renewal audit or treatment of non-conformities that the date of expiry of the certificate is expired, LCIE reserves the right to:
- Reduce the expiry date of the new certificate, in order to readjust the previous cycle,
- Request the performance of additional audit (before certification decision) or additional (after certification decision)
- Ask for stronger surveillance audits
- Carry out a full initial audit.

When the renewal audit is performed before the expiry date of the previous certificate, but the treatment of the corrective actions leads to pass over this date, the lead auditor may propose emission of a temporary certificate for 3 months if he has confidence in the action plan received from the Organization before the expiry date. The final certificate is issued when the decision is taken on the whole file closing the NCs.

4.9.4 On site Audit

The renewal audit covers the following topics:
- Efficiency of the HSPM system in its totality, regarding internal or external changes, its pertinence and applicability for the perimeter of the certification,
- Proof of commitment to maintain and improve the HSPM system in order to increase the global performances,
- Verification that the HSPM operations contribute to reach the objectives fixed in the quality policy of the audited Organization,

The non conformities identified are documented onto non conformity sheets. The audited Organization has 90 days maximum for implementing the corrective actions needed to solve the non conformities.

4.9.5 Decision for renewing the certification (Organization Approval)

The decision for renewing the certification is taken considering the results of the renewal audit, the results of the review of the HSPM provisions over the period of certification, and complaints received from users of the certification.

4.10 Particular audits

4.10.1 Extension of the perimeter of certification

In case of request for extension of the certification perimeter already granted, review of the application shall determine any audit activity needed for deciding or not to grant the extension. This extension may be made during a surveillance audit.

4.10.2 Audit with short notice

It may be needed to plan an audit with short notice, in order to instruct a complaint or following changes or to make a follow-up of suspended customers.
In this case, the audit date is fixed by common agreement with the Organization, taking care to the audit team designation which cannot be refused by the audited Organization.
This audit is concluded by an audit report like another audit. The corresponding decision is taken in the current conditions of the Certification Body (as initial, surveillance, renewal).

4.10.3 Integrated audit IECQ HSPM and ISO 9001

An integrated IECQ HSPM and ISO 9001 (or its full equivalent AS/EC 9100, ISO/TS 16949, IRIS, etc.) audit is defined as follows:

a) the QMS and IECQ HSPM are being assessed concurrently bythe same audit team.
b) The activity and geographical scopes of the QMS shall be identical or larger than the activities and geographical scopes of the HSPM.
c) There is only one closing meeting for presenting the audit findings and conclusions. However, should there be need to conduct two separate closing meetings, the audit conclusion of the QMS portion of the assessment shall be made earlier or coincide with the IECQ HSPM assessment. In other words, at the time of the IECQ HSPM audit conclusion, the IECQ HSPM audit team shall be confident that the QMS is in compliance with ISO 9001.
d) All auditors participating in the integrated audit shall be qualified in both ISO 9001 (or its full equivalent) and IECQ HSPM,
e) Each audit team member in the audit team shall perform audits against both the QMS and IECQ HSPM standards.
f) The IECQ HSPM assessment shall maintain a technical focus and evidence of compliance shall be recorded in the audit report.
g) Separate audit reports for the IECQ HSPM assessment shall be compiled.
h) Maximum of 20 % of man-day reduction from the man-day may be applied if the conditions stated in this paragraph are met. Reasons for the reduction shall be recorded.

4.10.4 Combined audit IECQ HSPM and ISO 9001

A combined audit as defined in ISO 17021:2011 is not considered an integrated audit described above. In a combined audit, the QMS and IECQ HSPM audits are scheduled to audit in parallel by two different teams. A combined audit is not eligible for the man-day reduction.

5 COMMITMENT OF THE APPLICANT OR CERTIFICATION HOLDER

The applicant undertakes to maintain and improve continuously the Quality Management System and the Process object of the certification, in accordance with the IECQ HSPM Rules of Procedures and applicable specification, lawful and/or contractual reference documents.

The certificate holder must keep a record of all complaints relative to its certified Process/products received from his customers. This record must be produced to the audit team during audits.

6 ORGANIZATIONS INVOLVED IN THE PROCEDURE FOR GRANTING OR RENEWING OF THE RIGHT TO USE THE IECQ MARK

This chapter describes the different parties implies in the Certification process.

6.1 The National Member Body to IECQ

The French National Body, member of IECQ (IECQ Member Body) is the French Electro-technical Committee which has mandated LCIE as delegated « Member Body ».

6.2 The National Certification Body (NCB/ONC) for IECQ

The *Laboratoire Central des Industries Electriques* "LCIE" has been accepted by the IECQ scheme as one of French Certification Body, to operate the IECQ certification scheme in France and abroad. In case of multiple National CBs should be designed for operating the IECQ scheme, each settles its own Rules of Certifications as detailed in the FR National Arrangement for Surveillance Arrangement.

Therefore, the LCIE, Direction of Certification, assumes responsibility for certification of electronic components, the application of the present Certification Regulations and for all decisions made within the framework of the latter.

It is responsible for the following operations:

a) - preparation of the Certification Regulations defining the procedures of evaluation of conformity in the requirements of the provisions taken by the requestor in terms of Quality Management System of the Organization, and quality of products,
   - obtaining approval of the Certification Regulations by the LCIE Director, after advisory opinion of the Director for Certification,
   - and application of these Regulations,
b) instruction of the applications for approval of manufacturers, independent distributors, independent test laboratories and manufacturers' test laboratories, and examination of application for admission of products to the Marks, and performing all operations of permanent surveillance,
c) establishment with the Organization of a Contract of Certification defining mutual duties of the parties, ,
d) performing the audits and certification operations
e) issuing of certificates
f) up-date of the list of the Organizations and products certified to IECQ,
g) surveillance of the financial regime of the certification activity.

6.3 Resources

6.3.1 Internal Resources

The auditors involved in the audit of the IECQ HSPM certification have a convenient personal background, education, competencies and experience in the audited field. They have signed the BV Code of Ethics, and the "Confidentiality and Non-conflict of interest" agreement.
They are qualified by the Certification Body.

6.3.2 External Resources

LCIE assumes the full responsibility of all the certification operations.

LCIE may sub-contract some certification operations, like realization of audits in foreign countries. In that case, LCIE may delegate some certification operations to the personnel of local Asessment Body having the appropriate competences to interface to the local clients.

The Authorized Assessment Body is committed to enforce the Rules of Certification edited by the Certification Body. An Agreement is signed between the Authorized Assessment Body and the Certification Body.
Competence criteria and qualification of the external auditors are the same of those for internal auditors, under the control of LCIE.

6.4 The Certification Committee

The Certification Management Committee of LCIE fulfils the role and functions of Certification Committee.

Note: Mission, composition and mode of operation of the Certification Management Committee of LCIE are detailed in the internal procedure CERT DIR CDC (edition in force).
Information set forth below is an abstract only.

6.4.1 Mission of the Certification Management Committee

The Certification Management Committee has the following functions, relative to the certifications delivered by the LCIE:

- On a strategic level, and of a general nature:
  - It formulates principles of actions concerning the operation of certification,
  - It supervises the application of the policy defined, including the promotional actions of certifications,
  - It supervises the financial situation.

- Moreover, it is the Committee for preservation of Impartiality and authority of recourse for certifications delivered by LCIE.

6.4.2 Composition of the Certification Management Committee

The Certification Management Committee is made of three colleges:
A- “Manufacturers”
B- “Users” including representatives of final users, installers, operators, etc.
C- “Others” including representatives of Public Authorities, Standard institutions, LCIE.

The LCIE ensures the secretary charges of the Certification Management Committee.

6.5 Impartiality

LCIE manages its activity if strict impartiality relatively to the applicants.

Personnel engaged in the certification process are under contract with LCIE, and have no subordination with the client Organizations.
The Certification Management Committee is the Committee for the Preservation of Impartiality and in this aspect, performs an annual review of impartiality of processes, assessments, reviews and decision taking for certification which are proper to LCIE in the frame of QMS and Product certifications.

6.6 Confidentiality

All these members are held with the professional secrecy.
The members must guarantee the protection of the documents which are entrusted to them against duplication and the unauthorized diffusion.

The information data relative to the client which are made publicly available are those from the certificate. Other information is considered as confidential.

However, any information data of the certification file are accessible to the Accreditation Body (i.e. COFRAC) or Peer Assessment bodies, which are themselves committed by confidentiality.
Confidentiality may be raised also by written agreement given by the Organization.

7 APPEALS AND RECOURSE

In the event of a challenge of any nature whatsoever, the applicant has a period of fifteen working days after notification of the decision or becoming aware of the facts to present its comments in writing to the LCIE Director for Certification or Director for Quality.

The appeals and recourses are not suspensive.

If the contestation cannot be resolved kindly, the litigation is transmitted to the Certification Management Committee which makes examination. The object of the dispute is sent to the Committee members with the meeting agenda for allowing them to take note about it. The proxies provided by the absent members are explicit to this object.

In any case, a non solved dispute is submitted to the IECQ secretary for applying the procedure as per IECQ 01 by the Board of Appeal. The IECQ MC decides at the end.

Information of end of treatment of the appeal and the decision are communicated to the Organization.

People implied in the process of treatment of appeals are different from those having performed the audits and taken the decision of certification.

Appeals are recorded and managed according to the corresponding applicable general procedure of LCIE. The appropriate corrective actions are also managed according to this procedure.

Notes
The application of the present Certification rules is subjected to the French law; the unresolved disagreements or litigations may be carried in justice to the courts of Paris, only qualified.

8 CLAIMS AND COMPLAINTS

Two categories of calims and complaints may be defined:

a) From a Tiers against a certified Organization
b) From a certified client to a decision taken by LCIE

In all case, claims and complaints are recorded and managed according to the corresponding applicable general procedure of LCIE. The appropriate corrective actions are also managed according to this procedure.

a) When the claim concerns a certified Organization, the client is notified in due time and the claim is examined regarding efficiency of the QMS of this client.
b) When the claim concerns an action taken by LCIE, instruction of the claim is conducted under the Quality department control, according to theLCIE General Procedure “Treatment of Claims, Appeals and Complaints”.

The claimer is acknowledged about reception and consideration of his claim, and about progress and completion as well.

The decision concerning the claim is taken by a person being not involved in the subject of the claim. In general, this person is the Quality Director of LCIE.

The LCIE, the customer and the claimer decide all together if the object of the claim and its solution may be made publicly available, and how far it is.

In the case of a claim issued by a Tiers against a certified client, LCIE shall charge costs related to the claim instruction to the certified client, when the claim is justified by by the instruction led by LCIE.

9 Procedure to be followed by the holder in the event of changes affecting compliance TO THE REFERENCE DOCUMENTS

Any changes to the conditions of obtaining the right to use the IECQ Mark shall be notified without delay to the LCIE in writing by the holder.

Changes may concern the following:

- The legal or commercial status, its owners or the organization
- The organization and management (i.e. key people such as managers, decision-makers or technicians),
- Name and address of the person to be contacted and the main sites,
- The perimeter of operations made in the frame of the management system certified,
- The important changes made to the Quality Management System and to the processes.

10 Certificates, validity and renewal

10.1 Certificate

The IECQ certificate issued mentions conformity to the IECQ Basic Rules IECQ CA 01, IECQ 01-S, Rules of Procedures IECQ 03-1, IECQ 03-5 and IECQ OD 015 Part 1 + 2.
Standard models of certificates and content of certificates are given by the IECQ secretariat.

- The date of issue of the certificate cannot be before the date of decision of certification.
- The IECQ certificates are issued through the international IECQ database (www.iecq.org).
- Certificates and other certification documents may be communicated but in full.
- The Certification Body shall control Certificates, Licenses and Marks of Conformity as specified in the certification programme, concerning property, usage, display, any means used for communicating status of QMS and product.

One certificate is issued per site (one name and one address).
The HSPM certificates are issued from the international IECQ database (www.iecq.org).

- The certificate nuber is allocated by the IECQ system.

- The CB reference number is allocated as follows:
  QN123456 QN+6 digits (incremented) for initial projects
  or
  QL123456 QL+6 digits (incremented) for surveillance or special projects

The 6 digits allow a unique identification of the project in the document management system implemented at LCIE.

10.2 Validity period

The effective date of the certificate is put on it, and the expiration date as well.
The IECQ HSPM certificates are valid for 3 years.
The effective date of the certificate cannot be before the date of decision of certification.
The certificate remains valid, as long as the surveillance by the surveillance audits is satisfactory.
Otherwise, it may be suspended or cancelled.

10.3 Renewal

See § 4.9

11 SUSPENSION / WITHDRAWAL/ REDUCTION OF SCOPE OF CERTIFICATION

Suspension of the certification may be taken

- either by the Organization which can decide it. The request is managed by the Certification manager and a notification of withdrawal is sent to the Organization.
- or by the Certification Body in case of serious failure of the Organization to its commitment to maintain the conditions of certification, and possibly after recall of the Certification Body remained without effect, notably when
    - the QMS does not respect the certification requirements critically, including the requirement for efficiency of the QMS,
    - the customer has not allowed the realization of the surveillance or renewal audits according to the frequency required,
    - It can also occur if the Organization does not pay the invoices duly emitted for covering the charges of the certification.
    - Refusal to access without justification accepted by LCIE to areas included in the scope of certification,
    - Organization does not pay invoices corresponding to the certification services.

The certification body verified the satisfactory conditions before closing the suspension.

Withdrawal of certification may be done

- On voluntary request of the Organization to stop the certification,
- After a period of suspension having not allowed to revalidate the certification,
- In case of serious and repeated infringement to the rules, notably in solving issues in the time fixed by the certification body,
- Cease of the activity certified.

Reduction of the scope of certification

When the Organization has seriously and repeatedly infringed the rules for certain requirements of the scope certification the LCIE must reduce the scope of certification for excluding the elements which do not comply with the rules. Such reduction of scope must be conforming to the standard requirements used for the certification.

The certification shall be suspended for non-respect of the dates of audit at the target dates required.

The suspension may only be cleared by doing the planned audit.

Suspension is pronounced for 6 months only. An extension of 6 other months may be decided exceptionally, on justified decision of the Director for Certification. Beyond, certification is withdrawn and the cycle has to restart with an Initial audit.

A suspension not cleared in the required time leads to the withdrawal of the certification.

In case of suspension or withdrawal, the holder of the certificate commits to cease any publicity relative to his status of certified Organization and to return the certificate without delay to the certification body which has granted it.

Any wrong reference to the system of certification and any deceptive usage of the certificates or marks allow the Certification Body to treat this failure as an infringement to the Rules of Certification. The actions are decided by the Director of Certification according to the gravity of the situation, which can be a formal notice or taking the case to court.

On a simple request, the LCIE is required to communicating the status of the certification of a customer, as valid, suspended, withdrawn or reduced.

12 IMPROPER USE OF CERTIFICATE GRANTED BY LCIE

Wrong references to the certification program or misleading use of licenses, certificates, trademarks or any other device that a product is certified, in the documentation or other advertising tools must be corrected by appropriate action

The improper use of the certification granted by LCIE, the withdrawal request is documented by the Certification Manager, and the decision is taken by the Director for Certification. The certificate is withdrawn immediately and the offender is notified for stopping and solving the improper situation.

13 RECORDS RELATIVE TO THE REQUESTORS AND TO THE CUSTOMERS

The records relative to the HSPM certification activity are kept by LCIE, according to the relevant applicable general procedure, and respecting the confidentiality rules.

The records include:

- Information relative to the application, review of application and audit reports,
- Certification contract
- In case of multi-site certification, the method used for the sampling,
- Definition of the time allocated to the auditors,
- Verification of the Corrective Actions,
- Records of the Claims and appeals, including any relevant corrective action,
- Minutes of Certification Committee meetings
- Documentation relative to the decisions taken for the certification,
- Certification documents, including those relative to the perimeter of certification,
- Records relative to the competency and the qualification of the auditors.

Records are kept at least for the current cycle and the previous cycle.

14 FINANCIAL TERMS

The Organization is committed to respect the payment of the bills concerning the certification, admission and/or maintenance. In case of unpaid bills, the Certification Body is empowered to cease the certification or the granting process.
The charges of admission include the fees for the opening and administration of the file, for the document review and the initial audit, and the cost for the emission of the certificate.
The fees for maintenance of certification include the administrative fees for the up dating of the file, for the document review and the follow-up audits.
The travel expenses maybe included to the total or not. If not, they have to be refund on receipt.

15 CHANGE OF ACCREDITATION AND CERTIFICATION RULES

In case of changes, and if those changes impact the current contracts, LCIE will inform its clients of the methods linked to the changes.
The maintenance of existing certificates shall be dependent of the respect of transition methods imposed by the Rules.

16 APPROVAL – REVISION

The present Certification Regulations, and its revisions, are submitted to the Certification Director and the Certification Committee for consultation, and then approved by the LCIE President.