## 1. PURPOSE
The purpose of this procedure is to specify the methods and responsibilities for the receipt of certification applications and for the realization of the certification

## 2. DEFINITIONS
**Decision Maker:** He is the person appointed by the General Manager. It is authorized to take all decisions regarding certification.

**Audit Team:** This team is a team appointed to review and evaluate the management system of the organizations in relation to the certification activities according to the relevant standard, and it is selected from among ASCERT audit officers and acting in accordance with ASCERT working principles and provisionally organized.

**Multiple Field Organizations:** Places, which are legally connected to the head office of the customer body and included in the management system maintained by the head office and where corrective action can be taken in the request of the center, are called fields; and customer bodies with these field are multiple field organizations. In these fields, the processes should be the same species or conducted with similar methods.

## 3. APPLICATION
### 3.1. Certification Application
### 3.1.1. Accepting Applications
Certification applications are received either in person or in electronic form (via fax, e-mail or ASCERT website) with the Certification Application Form.

ASCERT requests the necessary information from the authorized representative of the customer body applying to ensure that:

a) The scope of required certification,
b) Detailed information about the customer body applying for; name of organization, field addresses, processes and operations, human and technical resources, functions, relations and related legal obligations,
c) Information on processes carried out outside the organization used by the organization that will affect conformity with the requirements,
d) The standards or other requirements, for which the applying organization requests certification,
e) Whether consultancy is obtained for the management systems, for which certification is required; and from whom if it is obtained.

### 3.1.2. Review of Applications
Certification applications are collected in the Planning Officer. The Planning Officer conveys the Certification Application Form to the Certification Manager for the purpose of review.

The Certification Manager shall consider the criteria set out in the Personnel Competence Matrix, in order to ensure the competence for the applied technical field in the process of reviewing the application. Accordingly, the Auditor or Technical Experts are provided with the opportunity to participate in the required field for the review.

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In order for certification applications to be accepted, management systems must have been implemented for a minimum of 3 months. Certification Manager shall review and, if appropriate, approve the application of the relevant organization in the direction of the Review of Application Form to ensure the application period of the management systems and the followings:

a) The applying customer body must have sufficient knowledge of the management system to develop an audit program,
b) Resolving any difference of understanding known between the ASCERT and the applying customer body,
c) Having the competence and ability to perform certification activities of ASCERT (Such as the IAF/EA/NACE code / Category / Technical Field, the scope of the application, the capacity of the Auditor and the Technical Expert, in the accrediting certification requirements),
d) Consideration of the scope required for certification, the time to perform audits of the fields where the applying customer body's operations are performed, and the other issues affecting the certification activities (language, security requirements, impartiality threats, etc.)

During this review, if there is no auditor, technical expert or personnel to be involved in the certification decision who are eligible for the IAF/EA/NACE code/Category/Technical Field of the organization, these personnel and the required qualification to be had are provided, indicating in the Application Review Form

At this stage, the audit days and, if any, the reductions or increases in audit days are explained in the Review of Application Form.

If ASCERT rejects the application as a result of the audit, it should specify the reasons for rejection of application in the Review of Application Form and, if requested, submit them to the client in writing.

### 3.1.3. Offering
As a result of audit and approval made by the Certification Manager, the Planning Officer will submit the offering to the relevant organization.

The Planning Officer requests the following documents from the customer body in the offering stage:
- Signature circulars or signature statement of the authority to sign the contracts
- Copy of Trade Registry Gazette
- Tax Record
- Current Activity Document
- Employee's SGK enrollment

**Documents required for ISO 14001 standard**:
- Documents providing environmentally required legal conditions (EIA report, environmental permit etc.)

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**Documents required for ISO 22000 standard**:
- Your HACCP Plans for HACCP Study Information
- Legal documents required for Food Safety (Business Registration/Approval Documents)

**Documents required for ISO 27001 standard**:
- SOA

The organization accepting the offer is given a "Client ID" by the Planning Officer.

### 3.1.4. Contracting

After the certification application has been finalized, the Certification Officer shall prepare two copies of the Certification Services Contract.

Each copy of the Certification Contract shall be sent to ASCERT after it has been signed by the authorized signatory of customer body or the Lead Auditor shall make the contract to be signed by the authorized signatory of organization and deliver it to the Certification Manager.

After the authorized signatory of customer body has signed and returned the contract, the authorized signatory of ASCERT signs also the contract. A copy of the signed Certification Contract is sent to the organization, and a copy is kept in the organization's file.

### 3.1.5. Application for Scope Change

ASCERT conducts a feasibility study to determine whether the extension can be made in responding to the application for extension of the scope of the certification and decides on the audit activities required for it.

At the organization that accepts the offering for the scope extension, the scope extension audit is planned and carried out. Scope extension can be performed with surveillance audit, where appropriate.

If the request is to reduce the scope, a new certificate will be issued without auditing.

### 3.1.6. Application for Address Change

Address change audit is planned if organizations make an application for address change, if the organization accepting the offering is a manufacturing organization or if it is carrying out an activity in the relevant address for the service provided, which has an effect on the service and if there is a possibility of a change in the requirements of the relevant reference standard.

### 3.2. Scheduling and Planning of Audits
### 3.2.1. Creating the Audit Program

The audit program shall be established in accordance with the relevant standards for the entire certification cycle involving audit activities that require certification of all conditions of the management systems of the organizations to be documented.

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The audit program includes two-stage initial audit, surveillance audit in the first and second years, and re-certification audit prior to the last validity date of the certificate in the third year. Three-year certification cycle begins with initial certification or re-certification decision.

In the setting of the audit program and in any regulation; the size of the customer body, the scope and complexity of the management system, products and processes, as well as the effectiveness of the management system shown and the results of previous audits are taken into account.

The Audit Program is created by the Planning Officer before starting to plan Stage 1.

The contents of the Audit Program are updated by the Planning Officer in accordance with the information obtained from the audit reports or the audit team after Stage 1, stage 2 and surveillance audits. The Audit Program created and updated for the first time is communicated to the Certification Manager after approval of the Planning Officer.

The Certification Manager reviews and approves the Audit Program and sends it to the Planning Officer for planning audits.

Where necessary, opinions of auditors may be obtained for the IAF/EA/NACE Code/Category/Technical Field according to the relevant standard.

### 3.3. Planning of Audits
The preparation of the planning of the audits to be carried out in ASCERT is made by the Planning Officer through the Audit Team Information Form by considering the followings;

- Applications
- Surveillance and re-certification audits and other short-term audits,
- EA/NACE code/Category/Technical Field
- Situations of Auditors and Technical Experts
- Requests of organizations

### 3.3.1. Planning of Initial Certification Audits
The first certification audits of ISO 9001 and ISO 14001 are planned in two (2) stages, namely "Stage 1" and "Stage 2".

In the initial certification audits of ISO 9001 and ISO 14001, it may be decided that all or at least part of Stage 1 is carried out at the client's workplace. For this purpose:

For the first certification audits of ISO 9001 and ISO 14001, a risk group is determined (critical code)

Stage 1 must be performed by the client's workplace for the organizations that are in critical code for ISO 9001, and ISO 14001.

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Stage 1 can also be performed without going to the client's workplace for the organizations that are not critical code for ISO 9001 and ISO 14001.

The duration of stage 1 is planned to be 1/3 of the total audit duration and the duration of stage 2 to be 2/3 of the total audit duration.

The period between Stage 1 and Stage 2 is planned by looking at whether the organization is ready for Stage 2. However, this duration should not exceed 6 months. For longer periods, Step 1 is repeated.

In cases where the two stages of the initial certification audits (2) are to be performed at the client's workplace, the date and the audit team are determined for Stage 1, and the Audit Plan prepared by the Planning Officer is generally notified to the organization two days (2) before the audit in order to be confirmed.

When deciding the duration between Stage 1 and Stage 2, the needs of the client are taken into account in the solution of the problem fields determined in Stage 1. ASCERT reviews the regulations for Stage 2.

Following the completion of Stage 1, the date and the audit team are determined for Stage 2, and together with the Audit Plan prepared by the Planning Officer is generally notified to the organization two days (2) before the audit in order to be confirmed.

### 3.3.2. Planning of Surveillance Audit
Surveillance audits are conducted at least once a year. The first surveillance date following the initial certification shall be determined not to exceed 12 months after the decision date.

Surveillance audits are planned to follow up the organizations in line with the principle set out above.

Surveillance audits shall be notified by the Planning Officer through the Surveillance Audit Notification Form to the relevant organization to confirm and determine the audit date three (3) months before the expiration of the 12 month period.

The agreed date and audit team for the Surveillance Audit is determined and the Audit Team Information Form prepared by the Planning Officer is notified to the members of the relevant audit team, two (2) days before the general audit, in order to be confirmed.

Subsequently, the audit team is identified for the agreed audit date, and the Audit Plan prepared by the Lead Auditor is notified to the relevant organization by the Planning Officer two (2) days before the audit in general.

### 3.3.3. Planning of Recertification Audits
The date of recertification audits is determined based on the certificate validity period.

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Re-certification audits are planned to be followed up in line with the principle set out above.

A recertification Audit Notification Form is notified to organizations, whose certificate validity period will end, by Planning Officer, three (3) months before the expiration of the certificate validity period, in order to determine the date of re-certification audit.

It is ensured that the re-certification activities are carried out and verified before the end of the certification period. Prior to the expiration of the certification period, the maximum time to eliminate the major nonconformity is taken into account in order to be able to complete the re-certification activities, if any major nonconformity is detected. ASCERT defines the time limit for correction and corrective action in the Audit Procedure.

The agreed date for the Recertification Audit, and audit team are determined, and the Audit Team Information Form prepared by the Planning Officer is notified to the members of the relevant audit team two (2) days before the audit in general, in order to be confirmed.

Then, for the agreed audit date, the audit team is determined, and the Audit Plan prepared by the Lead Auditor is communicated to the relevant organization by the Planning Officer two days before the audit (2) in general, in order to be confirmed.

Re-certification audit activities may require Stage 1 when there are significant changes in the management system, on the client, or on conditions under which the management system operates (eg changes in legislation).

In such a case, the date for stage1 is first determined and, for confirmation, the organization concerned is informed of the Audit Plan prepared by the Planning Officer.

Then, for the agreed Stage 2 or re-certification audit, the audit team is determined, and the relevant organization is notified of the Audit Plan prepared by the Planning Officer two (2) days before the audit in order to be confirmed.

When deciding the duration between Stage 1 and Stage 2, the needs of the client are taken into account in the solution of the problem fields identified in Stage 1. ASCERT reviews the regulations for Stage 2.

When the re-certification activities are completed successfully before the end of the current certification, the validity period of the existing certification is based on the validity period of the re-certification. If this is requested by the customer body or any requirement (delay of completion of corrective action, etc.) is needed, the date of release of the new certification can be the date decision of the re-certification, or a later date.

If ASERT cannot complete the re-certification or verify that the correction and corrective action has been performed for any major nonconformity audit before the validity period of the certification, re-certification is not recommended and the validity of the certification is not extended. In this case, the customer body is informed of this and things to be carried out later on.

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If re-certification activities are initiated before the end of date of expiration of the current certification, ASCERT may restore certification within six months provided that the remaining re-certification activities are completed. The date of certification may be the date of re-certification or a later date, and the validity period is based on the previous certification cycle.

### 3.3.4. Planning of Short-Term Audits

ASCERT can conduct short-term audits to investigate complaints, respond to changes, or follow up with suspended clients. In such cases ASCERT;

a) Notifies the documented client of conditions under which short-term visits may be carried out and informs the client in advance for these visits,

b) Is more cautious in appointing the audit team as the client will not be able to appeal to the audit team members.

For scope change audits, a consensus is reached that it will be carried out with surveillance audit or a separate audit. According to the agreed-upon situation, planning is carried out to audit all the items that may be affected by a change in the scope of a surveillance audit or reference standard at the relevant organization.

When audit is required in the case of address change cases, planning is carried out to audit all relevant items that may be affected by address change of the reference standard.

Follow-up audits are planned by the organization taking into consideration the written notification that the corrective actions have been completed. If three (3) months have elapsed since the completion of the corrective actions, planning is carried out so that the entire system of the organization will be reassessed.

Follow-up audits can be postponed up to three (3) months and one (1) time by the Certification Manager, in the event that it is not accepted by the organization documented/to be documented at the end of the period set for the closure of corrective actions, when reasonable and forceful reasons are the subject.

Short-term audits are communicated to the relevant organization together with the Audit Plan prepared by the Planning Officer, two (2) days before the audits in general, in order to be confirmed.

### 3.3.5. Determination of Audit Durations

In the course of the planning of audits, the following situations are taken into consideration, besides the number of employees and the type of audit, when determining the duration required for audits to be carried out in a full and effective manner:

a) The requirements of the relevant management system standard,
b) The complexity of the client and management system,
c) Technological and legislative context,
d) Activities given to the subcontractor from all the activities within the scope of the management system,

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e) The results of previous audits,
f) The size and number of fields, their geographical location and multiple field assessments,
g) The risks associated with the activities of the products, processes or customer body,
h) The controls being unified, common, or integrated.

In all audits, according to the type of audits, the number of man required and the number of days of audits to be carried out and the reductions or increases to be made during the audit is in accordance with the Audit Duration Determination Instruction.

The duration of follow-up audits is determined by considering the number of corrective actions and not exceeding the initial certification audit period, depending on the non-conformity categories.

The duration of scope and address change audits is determined by the decision on how these audits will be performed (such as a surveillance audit).

### 3.3.6. Audits of Multiple Field Organizations

ASCERT implements a sampling program to ensure the proper audit of the management system when the client receives multi-field sampling for management system audit covering the same activities at various fields.

Sampling numbers for multiple field organizations to be audited for initial certification, surveillance or re-certification are calculated in the table below:

| Number of Fields (except central office) (1) | Number of samples for initial audit (2) | Number of Samples for Surveillance Audit* (3) | Number of Samples for Recertification Audit (4) | Notes (5) |
|---|---|---|---|---|
| 1-2 | %100 (all) | (all) | (all) | -- |
| 3-4 | 2 | 2 | 2 | ** |
| 5-9 | 3 | 2 | 3 | ** |
| 10-25 | 4-5 | 3 | 4 | ** |
| 26-36 | 6 | 4 | 5 | ** |
| 37-49 | 7 | 5 | 6 | ** |
| 50-64 | 8 | 5 | 7 | ** |
| 65-100 | 9-10 | 6 | 8 | ** |
| 101-121 | 11 | 7 | 9 | ** |
| 122-144 | 12 | 8 | 10 | ** |
| 145-169 | 13 | 8 | 11 | ** |
| 170-225 | 14-15 | 9 | 12 | ** |
| 226-256 | 16 | 10 | 13 | ** |
| 257-289 | 17 | 11 | 14 | ** |
| 290-324 | 18 | 11 | 15 | ** |
| 325-400 | 19-20 | 12 | 16 | ** |
| > 400 | At least 21 | At least 13 | At least 17 | ** |

(*) If more than one surveillance audit is conducted annually, the number specified in column (3) is divided by the number of surveillance audit, and then the samples are selected according to the obtained number.
(**) At least 25% of sample operations are randomly selected. The remainder is selected from among the fields with the greatest degree of difference in quality for a given time period.

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When selecting the samples, the following criteria are taken into account:
- The internal audits of the sites and the results of the review or previous audits of the management,
- Complaints received, and corrective/preventive actions taken on complaints,
- The size of the fields,
- Shift work and certification,
- Complexity of the management system and processes managed in the field.
- Changes after the final certification audit,
- Information about the maturity of management system and organization,
- For environmental management systems; environmental issues, environmental dimensions and effects,
- Legal conditions, language and culture differences,
- Geographical distribution of the fields.

The reasons for sampling are documented for each client.

In the first certification audit, the head office of the organization is absolutely included. The choice of the other fields is made randomly by looking at the relationship of the processes between fields, the fields in which the critical processes are located, or the field with the greatest number of processes.

If all the fields in which the organization conducts its activities subject to certification are not ready for auditing at the same time, it is learned which fields are subject to certification and planning is done according to these fields.

### 3.3.7. Determination of Audit Team
The following are the points to be considered when the size and structure of the audit team are decided:
- The IAF/EA/NACE/Category/Technical area code of the organization to be audited,
- Audit purposes, scope, criteria and estimated duration,
- The situation of audit being a combined/integrated audit,
- Independence and conflict of interest of the audit team from the activity/organization to be audited
- Certification requirements (including applicable legal, regulatory or contractual requirements),
- The language of the audit, and the social and cultural characteristics of the audit.

In all audit types, when an audit team to be appointed is established, at least one Auditor from the audit team should be appointed in the IAF/EA/NACE/Category/Technical area codes for the activity field of the organization. Where this is not provided, Technical Experts assigned in the IAF/EA/NACE/Category/Technical area codes will be assigned for the activity field of the organization.

If a part of the audit takes place electronically or if the field to be audited is virtual, ASCERT assures that such activities are carried out by a sufficient number of personnel.

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The Lead Controller, Auditor or Technical Expert who has been training, consulting or in conflict of interest within the last two (2) years in the organization to be audited aren't assigned to audit for the relevant organization.

While an audit team is appointed for follow-up audits, at least one person from the previous audit team is ensured to be in the audit team, when applicable.

### 3.3.8. Body of Planning of Audit

The Audit Plan is created by the appointed Lead Auditor in such way to audit the products/services/processes or standard items related to the fields of expertise of the Auditors and Technical Experts on the audit team.

The audit plan is structured in accordance with the scope and purposes of the audit and includes or refers to at least the following:
   a) Audit purposes,
   b) Audit criteria,
   c) Audit scope, including the definition of institutional and functional units and processes to be audited,
   d) Dates and fields that audit activities in the field are carried out (including, if appropriate, different fields and remote audit activities),
   e) The expected duration of audit activities in the field,
   f) Duties and responsibilities of members of the audit team and accompanying staff (eg observers and interpreters).

When an audit plan is established, the purposes of the audit are determined, the scope of the audit and the criteria, including any changes, are interviewed with the customer body and the following are considered:
   - The purpose of the audit describes what the audit to be carried out is and includes the following:
       a) By using the audit criteria, the conformity determination of the client's management system or of a part of it,
       b) Determination of ensuring that client meets the applicable, regulatory and contractual requirements with the ability of the management system
       c) The determination of the effectiveness of the management system in order to guarantee the expectation that the client can achieve the set purposes
       d) Where appropriate, the description of potential improvement fields of the management system.
   - The scope of the audit defines the boundaries of the audit (eg, fields, management units, activities and processes to be audited). If the initial or re-certification process consists of multiple audits (for example, if they involve different fields), the scope of each audit may not include the entire scope of certification but it is ensured that the sum of all audits is consistent with the scope of the certification.

The audit criterion is used as a reference to what the conformity is assigned to and includes the following:

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- The terms of the document expressing the provision related to the management systems,
- Defined processes and certification of client-developed management system.

### 3.3.9. Informing the Organizations and the Audit Team before the Audit

Before the audits, the Audit Information Form containing the names of the Auditors and the Technical Experts to be assigned to the audit team shall be submitted to the organization to be audited, as determined under the relevant headings above. In this way, audit dates are agreed in advance with the customer body.

ASCERT also provides background information for members of the audit team, if the time to reorganize the team is requested in advance in the events that there are objections to the appointment of any Auditor (Lead Controller, Auditor, and External Auditor) or Technical Expert for the client and there is a valid objection. If, for a reasonable cause, the organization requests changes to the members of the audit team, written reasons are required by the Planning Officer. This applies to all audit types.

Examples of reasonable grounds include cases of conflict of interest (such as an audit team member being a former employee of the organization or advising the organization) or previous non-ethical behaviors.

The Audit Plan is communicated to the customer body by the Planning Officer at least two (2) days before the audit date, together with the Audit Information Form.

When the information indicating that they have confirmed the audit is received from the organizations, the members of the audit team assigned by the Planning Officer are informed by sending the Audit Information Form.

The Planning Officer and the Lead Inspector coordinately and jointly execute the activities such as informing the audit team and ensuring access to the organization, providing accommodation and other organizations.

### 3.4. Implementation of Audits

Implementation and reporting of audits are carried out according to audit procedure.

### 3.5. Decision of Review and Certification

The report prepared by the audit team is not the final decision; it is the opinion of the Decision Maker.

ASCERT conducts a review of the following before issuing certification, extending or narrowing the scope of certification, renewing, suspending, withdrawing or canceling the certification:

a) The conformity of the information provided by the audit team according to the certification requirements and certification scope,

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b) The review, acceptance and verification of any correction or corrective action for any major nonconformity,

c) The review, acceptance and verification of any correction or corrective action for any minor nonconformity.

There is no recommendation to the decision maker for a decision on certification or re-certification before ensuring that all major and minor incompatibilities identified have been completely remedied after the audits.

After confirming that the nonconformities have been completely remedied, the following are presented to the decision maker;

- Stage 1 Audit Report
- If Stage 1 audit is in the field- Stage 1 Audit Plan
- If Stage 1 audit is in the field- Stage 1 Opening/Closing Meeting Form
- If available Non Conformity Notification Forms
- If available Observation Form (Only for Stage 2)
- Audit Report (Phase 2)
- Stage 2 Audit Plan
- Stage 2 Opening/Closing Meeting Form
- If available- Records of correction/corrective actions

The necessary records for the certification or re-certification decisions is prepared and submitted by the Certification Manager to the Decision maker.

Decision maker or members who make the decisions about the certification or re-certification should be different from the auditors.

Decision maker or members who make the decisions about the certification or re-certification confirm the following before making a decision:

a) Sufficiency of information provided by the audit team in terms of certification requirements and certification scope,

b) For all nonconformities that show the following, the audit team has reviewed, agreed and verified the corrective and corrective actions:
   1) Situations where one or more of the requirements of the management system standard cannot be met
   2) Situations where there are significant suspicions about the ability of the client to reach the targeted output related to the management system.

c) The client has reviewed and accepted the planned corrective and corrective actions for other non-conformities.

Decision Making Forms are prepared by the Decision maker for the certification or re-certification decisions.

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The Decision Maker makes a decision on the basis of certification and re-certification of the organization concerned as a result of the review and evaluation made in the file of the concerned organization about the Decision Making Form.

Decision Making Form is signed by the Decision maker and members only after a positive decision. The Decision maker does not sign the Decision Making Form after the negative decision.

The Decision maker gives the certification decision based on the evaluation of audit findings, its results and other relevant information (public information, client's comments on the audit report).

The Decision maker makes decisions on re-certification based on the results of re-certification audits, review of the system throughout the certification period, and complaints from documented organizations.

The Decision maker decides on the certification decision; based on the evaluation of audit findings, results and other relevant information (public information, customer comments on the audit report).

The Decision maker makes decisions on re-certification based on the results of the re-certification audit, review of the system during the certification period and complaints from the certified bodies.

As a result of the review and evaluation on the Decision maker, the Lead Auditor who have prepared the report may be requested for information in cases where it is pending and requires detailed information. In these cases, the decision of the organization is The Certification Manager communicates with the Lead Auditor to ensure that the necessary information is available.

After a negative decision on the issuance of the certificate by the Decision maker or a situation determined by it, which prevents the use of the certificate, the relevant organization is required by the Directorate of Certification to apply in writing to request for eliminating the these reasons and request follow-up audit.

### 3.6. Issuance of Certificate
After audits due to initial certification, follow-up or scope change, Decision Making Forms are signed by the Decision maker and members and forwarded to the Certification of Manager for the purpose of issuing the certificates after a positive decision on document of the Decision maker.
The certificate issued contains the following information:
   a) The geographical location (or the geographic location of the central office and the fields covered by multiple field certification) and name of the client whose management system is documented,
   b) "First Release Date", "Release Date" and "Certificate Valid Date" of the Certificate,
   c) The " Certificate Expiration Date", which is consistent with the re-certification cycle,

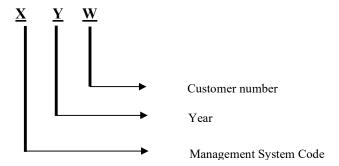| Prepared by | Approval |
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d) Identification code (Certificate No.),
e) Certificate, release and/or revision number indicating the standard and / or provision used in the control of the documented client,
f) Where applicable, the scope of certification for the product (including service), process, etc.,
g) The name, address and logo of ASCERT and other logos (e.g. Accreditation symbol),
h) Other information provided by the standard or provisional documents used for certification,
i) Printing or revision of the certification certificate by distinguishing the revised documents from the previous documents.
j) In the ISO/IEC 27001:2013 Information Security Management System certifications, the current Applicability Declaration (SOA) number

In the certificates of multiple field organizations, where appropriate, the addresses of all the fields for which certification is appropriate may be specified on or in the certificate attachment.

If the organization has a written request, ASCERT can prepare a certificate for each field and submit it to the organization.

The following systems are used in coding management systems certificates:

**X    Y    W**

→ Customer number

→ Year

→ Management System Code

Management System Codes:

| KQ | Quality management system |
|---|---|
| CE | Environmental management system |
| GF | Food Safety Management System |
| BI | Information Security Management System |
| EE | Energy Management System |
| IO | Occupational Health and Safety Management System |

In the certificates issued for the first time, the date of certification decision is written as "First Release Date" and "Release Date". After Surveillance and Re-certification audits, the "First

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Release Date" remains the same in the certificate of the organization, but the "Release Date" is renewed according to the decision date.

The "Certificate Validity Date" is based on the first release date.

In cases where the certificate has to be re-published due to the scope and address change, "First Release Date" remains the same and a new "Release Date" is issued. For the date of expiration of the certificate, it is based on "First Release Date".

The "Certificate Expiration Date", which is consistent with the re-certification cycle, is written as the previous day one year after the release date. (Ex: Date of Release: 05.01.2018 Certificate Expiration Date: 04.01.2019.)

The certificates issued shall be signed by the Certification; their copies are received to keep at ASCERT and attached to the file of the relevant organization.

In cases where the certificate has to be re-published due to the scope and address change for which IAF/EA/Nace/Category/Technical area codes have not changed, regardless of the decision of the Decision maker, Decision Making Forms are signed by the Certification Manager and forwarded to the Planning Officer for the purpose of issuing the certificates.

The certificate of organization is sent by cargo after the payment of the issued invoice is provided by the organization or is delivered by hand against signature.

Organizations to which certificates are issued are registered by the Planning Officer as "Client Certified Customer List".

### 3.7. Maintenance of Certification
ASCERT decides to maintain the certification on the basis that it demonstrates that it is maintaining the requirements of the customer body maintain the management system standard. For the maintenance of the certificate, the decision process in the initial certification is applied.

### 4. RELATED DOCUMENTS AND REFERENCES
BQF.28 Certification Application Form
BQF.29 Certification Request Inquiry Form
BQF.30 Proposal Form
BQF.32 Certification Agreement
BQF.34 Decision Making Form
BQF.36 Audit Team Information Form
BQF.37 Audit Plan
BQF.75 Audit Program

| Prepared by | Approval |
|---|---|
| *Management Representative* | *General Manager* |

## 5. REVISION INFORMATION

| Rev. Date | Rev. No | Item No | Rev. Descriptions |
|---|---|---|---|
| 10.06.2013 | 01 | 3.1.1.1 | "certification services, the availability of staff, as appropriate, performs within the boundaries of the Republic of Turkey" has been changed. |
| 11.01.2016 | 02 | 3.5.7 | In case of revision in certificates, the method to distinguish between old certificates has been defined. |
| 15.10.2016 | 03 | - | TS EN ISO / IEC 17021-1: 2015 requirements added |
| 01.02.2017 | 04 | 3.10.1 | The definition of who will make the document withdrawal decision has been made. |
| 01.02.2017 | 04 | 3.7.4 | Arrangement for planning re-certification audits |
| 01.02.2017 | 04 | 3.11 | Operational Control has been added. |
| 01.03.2021 | 05 | - | Added requirements for ISO 45001 |

| Prepared by | Approval |
|---|---|
| *Management Representative* | *General Manager* |