

**BRITISH COLUMBIA CERTIFIED ORGANIC  
PRODUCTION OPERATION POLICIES AND  
MANAGEMENT STANDARDS  
VERSION 14**

**BOOK 1**

**Operation Policies and Procedures**

**Annex 2-Part A**

**COABC ISO 17065 COMPLIANT ACCREDITATION PROGRAM**

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## Introduction

The accreditation procedures and criteria described in Annex 2 are applicable to all certification bodies (CBs) operating in British Columbia that wish to conform to the requirements of the Canada Organic Regime. COABC ISO 17065 Compliant Accreditation also provides for compliance with the requirements for the certification of agricultural and food products under of the Organic Production Certification Regulations of British Columbia.

Accreditation under the Canada Organic Regime means that the accredited certification body (CB) becomes accredited by the CFIA under an agreement with the COABC. The COABC Accreditation Board performs the evaluation, makes the decision on accreditation under the BC Certified Organic program, and passes this decision to the CFIA in the form of a recommendation for accreditation under the Canada Organic Regime. The accreditation is valid for five years, and in order to have its accreditation renewed once this period has ended, the CB must reapply and again be granted accreditation by the CFIA, via the COABC Accreditation Board.

### Oversight by BC Ministry of Agriculture

The COABC Accreditation Board has the benefit of a unique relationship with the British Columbia Ministry of Agriculture. As administrator of the *Organic Agricultural Products Certification Regulation* (under the *Agri-Food Choice and Quality Act*), the COABC is responsible to the government of BC through the BC Ministry of Agriculture. To achieve this government oversight role, the BC Ministry of Agriculture appoints an ex-officio director to the COABC Board of Directors who participates in the annual management review.

## Part A. Accreditation Procedures

### 1. Application for Accreditation

#### 1.1 Application

- 1) A CB applies for British Columbia Certified Organic ISO 17065 compliant accreditation by submitting the duly completed application form together with the registration fee (below). The certification body must forward all the required documentation as stipulated in the ISO 17065 Compliant Application to the Director of the Accreditation Board.
- 2) A CB requesting accreditation must submit a completed Application Form, accompanied by a non-refundable initial application fee of \$1,000. Applications forms are available from the COABC office.
- 3) The COABC shall acknowledge receipt of the application within 10 working days and shall notify the CFIA about the application.
- 4) Before the initial assessment, a preliminary visit may be conducted with the agreement of the applicant CB. The visit may result in the identification of deficiencies in the quality management system of the applicant CB or its competencies. The COABC shall at no time during the visit offer or provide consultancy services.

### 1.1.1 Fees for Service

- 1) CBs requiring BC Certified Organic ISO 17065 Compliant Accreditation may be charged an extra fee for this service. This fee will be used to cover extra costs associated with the audit process. The COABC will determine the fee.
- 2) COABC Accreditation Board will provide auditing services in the most efficient, cost-effective manner possible with consideration to the needs of the applicant, the capabilities and needs of the Program, and sound management practices.
- 3) Auditor assignments will also include considerations such as ensuring uniformity of service, specialised training, personnel staffing issues, and specific program needs. It will be the responsibility of the COABC Accreditation Board to staff audits in the most cost-effective manner possible while ensuring uniform, high-quality service.

## 2. Program Analysis

### 2.1 Resource Review

- 1) The Director shall review the Accreditation Board's ability to carry out the assessment of the applicant certification body, in terms of the board's own policy, its competence and the availability of suitable assessors and experts.
- 2) The review shall also include the ability of the accreditation board to carry out the initial assessment in a timely manner.

### 2.2 Review of File

- 1) The application and accompanying documents will be reviewed to determine if the certification program of the CB complies with the procedures and standards established by the British Columbia Certified Organic Program for ISO 17065 compliant accreditation.
- 2) All applicants for ISO 17065 compliant accreditation in the BC Certified Organic Program will be audited against the COABC ISO 17065 Compliant Accreditation Criteria as well as the OPR and any additional requirements of the COO Operating Manual and CFIA directives

#### 2.2.1 Preliminary review of application

- 1) Upon receipt of the application, the Director shall determine whether the documentation submitted is sufficiently complete to proceed to the analysis stage. If this documentation is deemed inadequate, the Director shall so inform the applying certification body, specifying the missing documents.

#### 2.2.2 Application analysis

- 1) The Director, or evaluator assigned by the Director, shall review all documentation and prepare a report identifying any points of non-conformity. The report will be submitted to the Accreditation Board who shall determine whether the accreditation program criteria have been met. The Accreditation Board, shall establish, if applicable, points of non-conformity and write its recommendations within a reasonable period. The Accreditation Board may determine:
  - a) Approval to proceed to the on-site evaluation without conditions
  - b) Approval to proceed to the on-site evaluation with conditions for amending the program to be fulfilled by the time of the visit.

- c) Refusal to continue the process of accreditation for major non-compliance revealing that the program is unable to monitor organic integrity.

#### 2.2.3 **Intention to proceed with Accreditation Analysis**

- 1) Upon completion of the file review, the Director shall inform the CB and the Canadian Organic Office of the Accreditation Board's intention to proceed with the analysis and the assessment.

#### 2.2.4 **Corrective Measures and Conditions**

- 1) In the case of a refusal, the Accreditation Board shall inform the CB as to the necessary corrective measures so that it may reapply for accreditation.

### **3. Assessment Process for ISO 17065 Compliant Accreditation**

#### **3.1 On-site Audit**

##### **3.1.1 Audit Scheduling**

- 1) The on-site assessment occurs after the document review is satisfactorily completed and when the certification program has been running long enough that a thorough examination is practical. The initial on-site audit assessment shall take place within 1 year from the document review. The CB agrees to submit its program to a meticulous on-site evaluation, of its activities and monitoring procedures. The purpose of this evaluation is to ensure the CB manages the program in the manner described by its own documentation.

##### **3.1.2 Assessment Team**

- 1) The Director, shall appoint an assessment team consisting of a lead auditor and, where required, a suitable number of assessors and/or experts for each specific scope.  
When selecting the assessment team, the Director shall ensure that the expertise brought to each assignment is appropriate. In particular, the team as a whole:
  - a) shall have appropriate knowledge of the specific scope for which accreditation is sought, and;
  - b) shall have understanding sufficient to make a reliable assessment of the competence of the CB to operate within its scope of accreditation.
- 2) The Director shall ensure that team members act in an impartial and non-discriminatory manner. In particular:
  - a) assessment team members shall not have provided consultancy to the CB which might compromise the accreditation process and decision, and;
  - b) in accordance with the provisions of 6.1.4, of ISO/IEC 17011:2004(E) the assessment team members shall inform the Director, prior to the assessment, about any existing, former or envisaged link or competitive position between themselves or their organization and the CB to be assessed.
- 3) The Director shall inform the CB of the names of the members of the assessment team and the organization they belong to, sufficiently in advance to allow the CB to object to the appointment of any particular auditor or expert. In light of the response by the CB, the Director will decide to appoint another auditor or will retain the one initially selected.

- 4) The Director shall clearly define the assignment given to the assessment team and shall ensure the assessment team is provided with the appropriate criteria documents, previous assessment records, and the relevant documents and records of the certification body.

## 3.2 Evaluation Procedures

### 3.2.1 Notification to CB

- 1) The Director shall ensure that the CB receives the information, documentation, and instructions necessary for the evaluation visit, witness audits and verification audits as well as estimated travel and lodging expenses that could be incurred during that visit.

### 3.2.2 Visit to certification body office

- 1) During their visits to each selected office, auditors must work in an objective manner as they gather any evidence that would allow them evaluate the certification body's ability to meet requirements related to accreditation.
- 2) The auditors shall interview those responsible for the certification program (employees, contractors, volunteers, managers, etc.). The auditors shall ensure in an opening meeting that the purpose of the assessment and the accreditation criteria are clearly defined, and the assessment schedule as well as the scope for the assessment, are confirmed. They must verify that the Quality Manual is being implemented and inspect and verify all points specifically identified by the Accreditation Board in its analysis report. The auditors shall conduct a thorough examination of certification records.
- 3) In the event of an initial accreditation application, the auditor will carry out an in-depth verification of the certification files of all active operators in the ISO compliant program according to the table below.

Number of files to be reviewed for initial accreditation

<b>Number of active operators registered with the CB under COR</b>	<b>Number of files to be reviewed</b>
240 or less	Between 10 and 12 files, 10 of which must be full reviews.
400 or less	Between 12 and 15 files, 10 of which must be full reviews.
1000 or less	Between 15 and 20 files 10 of which must be full reviews
More than 1000	Between 20-25 files 10 of which must be full reviews.

- 4) The auditor shall randomly select the files to be included in the sample, with consideration given to the various categories of operations being carried out by the enterprises registered with the certifying body.
- 5) In addition, and when applicable, a file from an operator in the Low Risk Program shall be reviewed.

- 6) The examination of these records is carried out to determine whether:
  - a) Documentation files are complete (i.e. that questionnaires, forms, production specifications, copies of certificates, decision sheets and other correspondence are present and up to date)
  - b) Inspection reports are present and include enough information to make informed decisions
  - c) Certification decisions are consistent with the information in the inspection report
  - d) In situations where the certification decision was conditional to meeting certain requirements, that follow-up was conducted to ensure compliance with those requirements.
  - e) All instances of non-compliance shall be noted in the auditor's report.
  
- 7) The assessment team shall verify the competence of the personnel involved with certification activities to provide assurance of the competence of the CB across the scope of accreditation and shall conduct interviews with some of them.
  
- 8) In addition the assessment team shall visit a production premises to conduct a witness audit, where the auditor will observe a routine inspection to assess the performance of the Verification Officer and the implementation of the CB's inspection procedures.
  
- 9) The Auditor's visit to the CB office shall include a closing meeting between the auditor and the certification body management. The auditor will provide a written or oral indication of the conformity of the CB (to the accreditation requirements), while the CB will have an opportunity to query the findings and their basis. The team's observations on areas for possible improvement may also be presented to the CB. However, consultancy shall not be provided.

### **3.2.3 Evaluation report**

1. Once the evaluation visit has been completed, the auditor shall write the evaluation report. This evaluation report must include, among others:
  - a) The date of the audit and name of the auditor
  - b) A brief history of the certification program
  - c) An evaluation of the certification program's independence from other activities conducted by the applying body
  - d) A detailed report on the examination of documentation – the numbers and types of files examined, how they were selected, how they compare to the entire program (% of total operations, types of operations, etc.) and what strengths and weaknesses were found.
  - e) The findings of the witness audit
  - f) Any useful comparisons between this and previous evaluation visits
  - g) A summary report on the evaluation visit, including the people met, the enterprises visited and the observations noted. All instances of non-compliance identified must be included in the report
  - h) A summary of the auditor's main conclusions and recommendations

- 2) The auditor must submit a draft report to the CB. The CB is thus invited to make comments on the reports content and verify its accuracy. If any comments are made, the auditor should include the comments and corrections in the report.
- 3) When completed, the report shall be submitted to the COABC Accreditation Board.
- 4) The accreditation board shall remain responsible for the content of the evaluation report, including nonconformities, even if the lead evaluator is not a permanent staff member of the accreditation board.

#### **3.2.4 Accreditation Board Review and Analysis**

- 1) Upon receipt of the evaluation report, the Accreditation Board shall prior to making a recommendation, be satisfied that the information provided in the evaluation report is adequate to decide that the requirements for accreditation have been fulfilled.
- 2) The Accreditation Board shall review the information in order to point out any instances of non-compliance with the program's accreditation criteria and any divergence between the certification program's documentation and its current application.
- 3) The Accreditation Board will allow the applicant a time period for taking the necessary corrective action. The AB may also request further information or conduct additional assessment activities before making a final decision.
- 4) In light of this analysis of the information in the evaluation report and of the corrective actions taken by the CB to address any nonconformities identified, the Accreditation Board shall make its accreditation decision. The decision on whether to grant or extend accreditation should be made in a timely manner.

### **3.3 Accreditation Decision and Conditions**

#### **3.3.1 Application Status**

- 1) The COABC Accreditation Board shall notify the applicant of their organisation's accreditation status in the BC Certified Organic Program as being:
  - a) Accreditation - Grant the accreditation status in cases where the applying CB has established monitoring procedures leading to a certification program that conforms to accreditation criteria;
  - b) Conditional accreditation - in cases of minor non-compliance, issue conditional accreditation along with deadlines for amendments to the certification program. The time allowed for compliance shall never be more than 12 months.  
Evidence of effective implementation of actions taken shall be provided—the Accreditation Board shall evaluate whether the responses and action taken by the applicant to resolve any non-conformity appear sufficient and effective and shall decide whether a follow-up assessment is required to verify effective implementation of corrective actions.
  - c) Accreditation refusal - Refusal of accreditation where major non-compliance shows the inability of the program to control the integrity of product characteristics. In the case of a refusal, the Accreditation Board shall inform the CB as to the necessary corrective measures so that it may reapply for the accreditation program.



- 2) In cases where evaluation visits deal with a certification program that had been previously accredited by the COABC Accreditation Board, the Accreditation Board shall decide, in accordance with analysis of results of the evaluation report whether to:
  - a) Maintain accreditation status
  - b) Impose upon the accreditation agreement conditions that prescribe a timeframe for amendments to the certification program.
  - c) Withdraw the accreditation status.

### 3.3.2 Authority for Accreditation Decision

- 1) The COABC Accreditation Board has exclusive responsibility for accreditation decisions in the BC Certified Organic Program.
- 2) The COABC Accreditation Board is the final arbiter of accreditation status, though the applicant may make an appeal of the Accreditation Board ruling according to procedures described in Book 1, section 3. A CB may also appeal a decision whether to proceed with a visit; a decision regarding any additional visit; and a decision to terminate an evaluation process.

### 3.3.3 Written Report

- 1) The applying CB shall be advised in writing of any decision made by the Accreditation Board.

### 3.3.4 Report to Canada Organic Office

- 1) The Accreditation Board shall, without undue delay, recommend to the CFIA the status of the applicant body:
  - a) Accreditation granted or renewed, when all identified non-conformities have been adequately addressed by the applicant.
  - b) Accreditation refused.
- 2) The Accreditation Board shall send the recommendation in writing and provide evidence for the decision. If requested by the COO, the Accreditation Board will provide a copy of the evaluation report.
- 3) If the Accreditation Board refuses to recommend the accreditation of an applicant, it will send a notice to the CB by registered mail stating the reason for the decision and advising the applicant of their right to request in writing that the CFIA review the decision within 30 working days after receipt of notice.

## 3.4 Accreditation Completion

### 3.4.1 Agreement

- 1) The COABC Accreditation Board shall send the CB an accreditation agreement that binds the latter to complying with the conditions submitted and to the timeframe submitted. This agreement shall be renewed annually by means of a supplemental agreement (i.e. the annual letter confirming ongoing compliance which is sent with the annual certificate).
- 2) The agreement shall ensure (among other things) that accredited CBs automatically and unconditionally accept the certification decisions made by any other accredited certifier under the COR.

- 3) The agreement remains valid for up to 5 years. Within five years of the initial decision a reassessment shall take place and a new accreditation decision made, followed by the signing of a new agreement.
- 4) Where the COABC is prevented from completing the 5 year reassessment of a CB, notification will be provided to the COO in a timely matter, describing the nature of the issue and a timeline for the completion of the reassessment.

### **3.5 Accreditation Certificates**

- 1) The Accreditation Board shall provide an accreditation certificate to accredited CBs. This certificate shall provide the name and address of the CB as well as the address of the Accreditation Board. The certificate shall also stipulate the scope of accreditation (ISO 17065 or Regional).
- 2) The certificate shall state the date of expiry. Provided the accredited CB is in compliance with the BC Certified Organic Program, the certificate will be re-issued annually before the expiration of the previous certificate.
- 3) Upon withdrawal of accreditation, non-renewal, or suspension of the certification program for more than six months, the Accreditation Board will request the surrender of the current accreditation certificate.

#### **3.5.1 Access to Official Marks**

- 1) After a CB is accredited and upon payment of accreditation fees, all of its members located in BC who comply with the British Columbia Certified Organic Program will be permitted to use the phrase: "British Columbia Certified Organic" and program symbol once the "Consent to use Official Marks" forms have been signed. All members except those enrolled in the BCCO Low Risk Program, will be permitted to use the Canadian Logo.

### **3.6 Monitoring and Surveillance**

The Accreditation Board is responsible for monitoring the compliance of accredited CBs with the ISO Compliant BCCOP, ISO 17065, the OPR, the COO Operating Manual and the CFIA directives on an ongoing basis.

#### **3.6.1 Annual Report Requirements**

- 1) Accredited CBs shall submit an Annual Report to the COABC Accreditation Board.
- 2) Information included in the annual report submitted to the COABC Accreditation Board shall include:
  - a) A complete list of enterprises certified during the period covered by the annual report with the relevant certification program identified.
  - b) A complete list of operations certified to the terms of the US/Canada import/export equivalence arrangement including name, address and phone number of the certified entity, the type of the operation certified.
  - c) Changes in staff or certification committee assignments.
  - d) Details by operator category, of the number of certificates newly issued, renewed, suspended and withdrawn under each certification program (COR, BCCO Low Risk).

- e) A list of any changes in standards, procedures, forms and/or internal governing regulations adopted by the body during the period covered.
  - f) A description of all appeals filed relative to certification decisions.
  - g) A copy of the CB's complaints register, i.e. complaints from operators and general public, including all reported misuse of the Canada Organic Logo received by the CB.
  - h) A report (with supporting documents) on measures adopted to meet accreditation conditions.
  - i) Findings from the internal audit and management review output (in years not visiting).
  - j) Brief financial report, including details of application, inspection and certification fees set during the period covered.
  - k) A list of the names of the directors of the Society.
  - l) The name of the director appointed to COABC as well as an alternate representative.
  - m) COABC membership fees in the amounts determined by the membership of the COABC.
- 3) Authorized personnel must sign the certification body's annual report.
  - 4) The annual report must be submitted to the Director during the first quarter of every year.

### 3.6.2 Continuation of accreditation

- 1) Upon receipt of the annual report, the Director shall draw up a report for the accreditation board determining the level of compliance with accreditation conditions, steps taken by the certification program to comply as well as all actions that might change accreditation status.
- 2) Upon receipt of this report, the Accreditation Board may:
  - a) Recommend continuation of the accreditation status for a period of 12 months. The Accreditation Board reserves the right to issue new conditions and timeframes for meeting these conditions.
  - b) Recommend continuation of the accreditation status subject to a new evaluation visit.
  - c) Suspend accreditation status until a new evaluation is conducted and the Accreditation Board rules on the case.
  - d) Recommend to the CFIA accreditation suspension. The Accreditation Board shall provide to the CFIA a report which specifies the grounds for suspension and required corrective measures.

### 3.6.3 Frequency of On-Site Surveillance Visits

- 1) The frequency and scheduling of evaluation visits are at the discretion of the Accreditation Board in consultation with the assessment team. Accredited CBs must undergo a full evaluation visit initially, then at least once every five years.
- 2) After initial accreditation an on-site surveillance must take place with twelve months of the initial accreditation date.
- 3) In the years between full evaluation visits, surveillance visits may take place at the discretion of the Accreditation Board, but shall be no later than two years following the date of the most recent on-site visit. These are generally more limited

in scope, or as necessary to verify that corrective actions have been taken as required.

- 4) All premises from which one or more key activities is performed by a CB shall be assessed by the COABC Accreditation Board, within 12 months from the initial accreditation date and no later than two years following the dates of the most subsequent surveillance and reassessment visits.
- 5) The COABC Accreditation Board may conduct additional assessments as a result of complaints or significant changes that have affected the CBs operations.

5) Over the length of the accreditation cycle, for each surveillance visit, the evaluator will examine a number of files, proportional to the number of operators registered with the certifying body concerned, and based on the table below:

Number of files to be reviewed during each surveillance visit

Number of active operators registered with CB under COR	Number of files to be reviewed
240 or less	Between 7 & 10, 6 of which must be full reviews
400 or less	Between 10 & 12, 6 of which must be full reviews
1000 or less	Between 12 & 15, 6 of which must be full reviews
more than 1000	Between 15 & 20, 6 of which must be full reviews

#### 3.6.4 Witness and verification audits

1) Over the length of the accreditation cycle witness audits shall be conducted according to the table below.

Number of active operators registered with CB under COR	Total number of witness audits during the accreditation cycle.
240 or less	2 witness audits
400 or less	3 witness audits
1000 or less	4 witness audits
more than 1000	5 witness audits

2) Over the length of the accreditation cycle verification audits shall be conducted. The number per cycle is based on the table below.

Number of active operators registered with CB under COR	Total number of verification audits during the accreditation cycle.
1000 or less	2 verification audits
More than 1000	3 verification audits

2.1) The auditor in consultation with the COABC Accreditation Director, shall choose the operators where the verification and witness audits shall be conducted. In

selecting the operator for witness audits, the CB schedule of on-site inspections will be taken into consideration.

2.2) The purpose of the verification audit visit is not to re-inspect the enterprise for the purposes of a certification decision, but rather to verify the application of program monitoring procedures and the certification process relative to the management of this specific case.

The auditor shall verify, among other things:

- a) The operator has on hand a copy of the CBs requirements, as well as any requests for corrective measures submitted to the operator by the CB,
- b) That the inspection report adequately describes the production system;
- c) That the inspection was able to adequately identify areas of non-compliance regarding prescribed standards.

### **3.6.5 Reporting**

The auditor shall record the findings from the on-site visit, the witness audits and the results from verification audits. The Accreditation Board shall inform the CB of the results from the surveillance activities by issuing a letter indicating that the CB continues to maintain its compliance with the COR and the BCCOP. The Accreditation Board shall send a copy of this letter to the CFIA.

### **3.6.6 Reassessment**

1) Reassessment takes place every five years following the requirements of the initial assessment outlined in sections 1 to 3.3

## **3.7 Amendments to Certification Body Program**

### **3.7.1 Report to Accreditation Board**

- 1) Any changes to the certification program of an accredited CB must be submitted in writing to the COABC Accreditation Board for review at least 60 days before the proposed effective date of the changes. Requests for amendments must include a clear description of the proposed changes. Substantive changes may require additional document and onsite compliance audits as determined by the COABC Accreditation Board of Directors.

### **3.7.2 Extension or Reduction of Accreditation Scope**

- 1) The accreditation board shall, in response to an application for an extension or reduction of scope, including the exclusion of a type of certification (e.g. group certification) of an accreditation already granted, undertake the necessary activities to determine whether or not the extension or reduction of scope may be granted. The CB must state the objectives and the reasons associated with this request.
- 2) When applying for an extension of its scope of accreditation, the CB must also supply documents relative to the policies, procedures and monitoring measures intended to be implemented as to support this extension.

## **3.8 Disciplinary Measures**

### 3.8.1 Complaints

- 1) If an investigation, because of a complaint or other information results in a decision to apply disciplinary measures to an accredited body, the Accreditation Board may, at its discretion, impose the following disciplinary measures:
  - a) issue a warning letter
  - b) Impose new conditions and demand specific corrective measures.
  - c) Require that a monitoring procedure be carried out within the next 12 months.
  - d) Suspend accreditation until a new evaluation of monitoring procedures is conducted.
  - e) Suspend accreditation and recommend to CFIA accreditation suspension.
  - f) Impose any other disciplinary measure.

### 3.8.2 Legal Action and Penalties

- 1) Whenever a major misdemeanour or fraud occurs, the Director shall supply the COABC Board of Directors with any pertinent information or documentation. Following a study of the case, the COABC Board of Directors shall make recommendations to the COABC Accreditation Board in order carry out effective proceedings.

### 3.8.3 Withdrawal of Accreditation

- 1) The COABC Accreditation Board may withdraw accreditation of a CB for any of the following reasons:
  - a) Failure to maintain system in compliance with referenced standards and approved procedures.
  - b) Failure of suspended programs to meet conditions for reinstatement within required timeframes.
- 2) When accreditation in the BC Certified Organic Program is withdrawn, the Accreditation Board shall also recommend to the CFIA accreditation cancellation.
- 3) CBs that have had their accreditation suspended or withdrawn will have their names and program information removed from all official lists of accredited programs.

### 3.8.4 Surrender of certificates

- 1) Withdrawal of accreditation will result in cancellation and recall of the applicant's certificate of compliance. Applicants must surrender certificates of compliance or file a written appeal within 10 working days of written request of the COABC Accreditation Board of Directors.
- 2) If certificates are cancelled, applicants must immediately discontinue use, reference to, or distribution of materials that refer to BC Certified Organic Accreditation. Applicants must effectively recall or arrange for discontinuation of distribution all point-of-purchase materials referencing or implying conformity assessment by COABC within 10 working days of written notification by the COABC Accreditation Board.
- 3) If applicants fail to surrender certificates or discontinue use of marks of conformity as required by this instruction, the COABC may take whatever steps necessary to inform the public of the discontinued eligibility of the applicant to

reference BC Certified Organic accreditation and the reasons for certificate withdrawal.

- 4) Further misuse of the BC Certified Organic Program will result in prosecutions under the provisions of the *Agri-Food Choice and Quality Act*.

## **4. Accredited Program Profile and Public Information**

### **4.1 Public Profile**

- 1) Once an accreditation status has been established, the Board shall draw up a descriptive profile of the accredited certification body.
- 2) In order to maintain adequate transparency, the Board shall ensure that information be included in its databank, and be available for public consultation. For each certified enterprise, these elements include the following:
  - a) name and address of manager, as well as facilities (if multiple)
  - b) Type of operation (e.g. primary, processing etc.)
  - c) Generic list of certified products for each enterprise & house brand names
  - d) name of the certifier
  - e) date of entry within certification program
  - f) Date of first certification.

#### **4.1.1 Records on Accredited Certification Bodies**

- 1) The accreditation board shall maintain records on CBs to demonstrate that requirements for accreditation, including competence, have been effectively fulfilled.
- 2) The accreditation board shall keep the records on CBs secure in accordance with its procedures for records and document control.
- 3) Records on CBs shall include:
  - a) clearly defined scope of accreditation
  - b) relevant correspondence,
  - c) assessment records and reports,
  - d) records of committee deliberations, if applicable, and accreditation decisions,
  - e) copies of the CB's quality manual and relevant associated documents,
  - f) copies of accreditation certificates, and
  - g) a contract to fulfil the requirements for accreditation and other obligations of the CB.
- 4) The COABC Accreditation Board shall provide annually (by December 31<sup>st</sup>) to the CFIA an updated list of all accredited CBs including information concerning their corporate entity, name and business addresses and a list of the CB's countries of operation.

#### **4.1.2 Public Disclosure**

- 1) Conformity assessment and accreditation services are designed to provide confidence in the ability of the CB to provide credible product certification services. All quality manuals submitted by applicants and maintained by the COABC Accreditation Board secretary are available for public inspection and are subject to complete disclosure under the Freedom of Information Act. Any portion of the program documentation that the applicant considers proprietary

must be identified to the COABC Accreditation Board at the time the information is submitted along with written justification why said documents should not be released to or reviewed by the public. If, upon review of the information, the Board agrees that the identified information is indeed proprietary and that protecting the information from public review will not hinder public confidence in the system, the Director will make appropriate provisions to protect the information from disclosure to the extent possible under existing Federal/Provincial laws.

## **5. Additional requirements**

### 5.1 Requirements when a CB changes CVB under the COR

See section B12 of COO operating manual.

### 5.2 Requirements for Voluntary withdrawal of a CFIA accredited CB under the COR

See Section B13 of COO Operating Manual

### 5.3 Requirements when a CB goes out of business.

See section B14 of COO Operating Manual