**Dear Client to apply for and to justify possible application of Waivers related to** [**IAD ID 3:2011**](https://www.iatfglobaloversight.org/wp/wp-content/uploads/2020/02/IATF-Certification-Body-Communiqu%C3%A9-2020-001-IATF-Waivers-Coronavirus-1.pdf) **we like you to answer the :following questions and send it to your related ISACert office :**

|  |  |
| --- | --- |
| **Company / Site name (as on Certificate)** |  |
| **Street, number:** |  |
| **ZIP City:** |  |
| **Certified Scheme(s):** |  |
| **Certificate Number (TP…)** |  |

|  |  |
| --- | --- |
| **Certificate expiry date:** |  |
| **Date of the last audit:** |  |
| **Kind of last audit:**(re- or certification audit, 1-st surveillance audit, 2-nd surveillance audit) |  |

**PART A: To be filled by Client**

**A1: Reason for Waiver Request**

|  |
| --- |
| tick reason(s) for your application (in left column, several reasons can be ticked as applicable): |
|  | Site is producing but directly affected by Coronal Outbreak issues (describe e.g. employee shortages, governmental requirements, trade restrictions related due to corona outbreak)  |
|  | Site is producing but affected by Corona Outbreak related restrictions please specify the country / state / region and the restrictions:  |
|  | Site is affected by decreased / stopped demands from corona outbreak impacted Customers  |
|  | Site is affected by pre-material / service issue (e.g. delivery shortages / production stops) of suppliers affected by corona outbreak |
|  | Other (please explain): |

**A2: Waiver Request**

|  |
| --- |
| tick reason(s) for your application (in left column, several issues can be ticked as applicable): |
|  | Postpone (any) Audit with reference to IAF ID3:2011(not more than 6 month) |
|  | Performing risk assessment + interview audit (BRC, FSSC, HACCP, GMP+) |
|  | Performing of remote audit (Risk Plaza, IFS) |
|  | De-Certification-/Suspension Process needed  |
|  | Other (please explain): |

**A3: Requirements on risk assessment + interview/remote audits to be confirmed by the client** (in left column, tick the confirmed requirements)

| in left column, tick the confirmed requirements |
| --- |
|  | Computer with Internet-Access |
|  | Conferencing tools (Skype for Business, Zoom, What’s app etc.) |
|  | Webcam |
|  | Good audio equipment (microphone, speakers, headset, telephone, etc.) |
|  | Secure and stable Internet connection (LAN, WLAN) also in all areas of the production facility |
|  | In case of specific company security requirements the client is responsible to provide a secured internet connection |

**A4: Information about the current and expected future situation**

| **Question** (with reference to IAF ID3:2011) | **Answer / Explanation** | **Remark** |
| --- | --- | --- |
| How in particular is Your Organization / Site as above directly / indirectly affected by the extraordinary event or circumstance? |  |  |
| When will your organization expect to be able to function normally? |  |  |
| When will your organization expect to be able to ship products or perform the service defined within the current scope of certification? |  |  |
| Have You informed Your Customer(s) about implication of the Corona-Outbreak to Your site (as above)  |  |  |
| Will your organization need to use alternative manufacturing and/or distribution sites?  |  |  |
| If so, are these currently covered under current certification? |  |  |
| Does existing inventory still meet customer specifications or will your organization contact your customers regarding possible concessions? |  |  |
| Are Contingency Plans (and / or disaster recovery plan or emergency response) implemented and carried out effectively? |  |  |
| Will some of the processes and / or services performed or products shipped be subcontracted to other organizations?  |  |  |
| If so, how will the other organizations’ activities be controlled by the certified organization / Your site (as above)? |  |  |
| To what extent has operation of the management system been affected? |  |  |
| How has your organization / the site conducted an impact assessment? |  |  |

**A5: Waiver Application prepared by (Initiator)**

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
|  |  |  |  |  |  |  |
| Date |  | Name |  | Function |  | Signature |

(Print), sign (scan) and send to your supporting local ISACert office

**Part B: To be filled / processed by ISACert office**

**B1: Supporting information for Client Waiver Request**

|  |
| --- |
| tick reason(s) for your application (in left column): |
|  | Auditor / Audit-Team has restrictions to travel to Clients site because of extraordinary event or circumstance and related governmental and / or ISACert restrictions |
|  | Cycle Auditor / Audit-Team is located in the affected area  |
|  | Cycle Auditor / Audit-Team is located in other country (please specify): |
|  | Change Audit-Team within cycle to adhere to regular Audits scheduling / due dates 1) |
|  | Other (please explain): |

**B2: Risk Assessment of ISACert Office**

|  |  |  |  |
| --- | --- | --- | --- |
| **Requirements evaluation:** | **0** | **1** | **3** |
| Presence of hardware and software resources to be able to carry out an exhaustive and effective remote audit (e.g. webcam, microphones, speakers, fast internet line, etc.)Presence = 0Absence = 3 |  | N.A. |  |
| Absence of critical situations throughout the organization's certification history with respect to the scheme for remote auditAbsence of certificate suspension and/or withdrawn in the last 3 years = 0Presence of certificate suspension and/or withdrawn in the last 3 years = 1**Result/grade last audit:** (BRC: when last audit C or D grade then risk assessment + interview audit **NOT** allowed) |  |  | N.A. |
| Absence of critical situations in the previous auditNo Critical NCs = 0Critical NC raised up = 3 |  | N.A. |  |
| Presence of pending complaints / Compliance activities / legal proceedings Absence = 0Presence = 3 |  | N.A. |  |
| Presence of substantial changes compared to the previous verification Absence = 0Presence = 1 |  |  | N.A. |
| Presence of a crisis management plan (also for COVID-19)Presence = 0Absence = 1 |  |  | N.A. |
| Presence of processes or services outsourced following the COVID-19 emergencyAbsence = 0Presence = 1 |  |  | N.A. |
| If the sum of the individual items is <= 2, the risk is considered LOW.If the sum of the individual items is > 2, the risk is considered HIGH. | **Risk:**  |

**B3: Assessment of the risk**

|  |  |
| --- | --- |
| Tick for the next steps (in left column): |  |
|  | High risk of continuing certification:Contact with the organization cannot be made, the normal processes and procedures for suspension and withdrawal of certification has to be followed | Date of suspension: |
|  | Low risk of continuing certification -Risk assessment + interview audit / Remote audit allowed | Date of planned assessment/ kind of assessment (e.g.remote): |

**B4: Affected Audit / Activity**

| **tick affected Activity in left** **column:** | **Max. time frame for postponed activity**  | **Proposed resp. agreed date with TN (if already known**)(dd.mm. to dd.mm.yyyy) |
| --- | --- | --- |
|  | Surveillance Audits (FSSC+HACCP+ GMP+) | Risk assessment + interview audit following Standard guidelines, postponement of the surveillance audit by a maximum of 6 months within the calendar year.  |  |
|  | Recertification Audis (FSSC + HACCP+ GMP+) | In case the certificate will expire, a validity extension of up to 6 months is allowed when a documented risk assessment and interview audit following Standard guidelines is performed successfully. New on site audit within the 6 months for new certification. |  |
|  | BRC audit  | In case the certificate will expire, a validity extension of up to 6 months (NOT for C and D grade certificates) is allowed when a documented risk assessment and interview audit following BRC guidelines is performed successfully. New on site audit within the 6 months for new certification. |  |
|  | Risk Plaza audit | Remote audit and new yearly certificate  |  |
|  | IFS audit | Remote surveillance chek and confirmation letter and possible GMP on site audit site as soon as it is possible again  |  |

**B3: Waiver Application approved by ISACert Operational Manager:**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
|  |  |  |  |  |  |
|  | Date |  | Name |  | Signature |

**(Print), sign (scan) and send to the applicable Scheme Manager of the involved Standard**

**Part C: To be filled / processed by applicable Scheme Manager**

**C1: Decision**

|  |  |
| --- | --- |
|  | Suspension of certificate |
|  | Withdrawal of certificate |
|  | Surveillance audit : postponement by a maximum of 6 month in the same year, based on sufficient risk assessment + interview audit |
|  | Recertification: validity extension of up to 6 month beyond the original expiry date, based on sufficient risk assessment + interview audit |
|  | Certification: validity extension of up to 6 month beyond the original expiry date, based on sufficient risk assessment + interview audit |
|  | Remote audit Risk Plaza |
|  | For IFS cancelling audit: Text Corona comment for in IFS database:  |
|  | Remote audit IFS |

**C2: Justification of internal waiver**

|  |  |  |
| --- | --- | --- |
| above Application justified | yes |  |
| no |  |

|  |  |  |
| --- | --- | --- |
| above Application accepted / released | yes |  |
| no |  |
| Explanation if answer is “No:” |  |

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
|  |  |  |  |  |  |
|  | Date |  | Name |  | Signature |