

# Request and Justification waiver/cancelling audits

based on IAF ID 3:2011 and Standard positions in relation to  
Novel Coronavirus (Covid-19)



Dear Client to apply for and to justify possible application of Waivers related to IAD ID 3:2011 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:	
Certificate Number (TP...)	

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

## PART A: To be filled by Client

### A1: Reason for Waiver Request (for remote audits)

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

### A2: Waiver Request

tick reason(s) for your application (in left column, several issues can be ticked as applicable):	
<input type="checkbox"/>	postpone (any) Audit with reference to IAF ID3:2011(not more than 6 month)
<input type="checkbox"/>	Performing of remote audit techniques to perform partial audits
<input type="checkbox"/>	De-Certification-/Suspension Process needed
<input type="checkbox"/>	Other (please explain):

### A3: Requirements on remote audit to be confirmed by the client (in left column, tick the confirmed requirements)

in left column, tick the confirmed requirements	
<input type="checkbox"/>	Computer with Internet-Access
<input type="checkbox"/>	Conferencing tools (Skype for Business, Zoom, What's app etc.)
<input type="checkbox"/>	Webcam
<input type="checkbox"/>	Good audio equipment (microphone, speakers, headset, telephone, etc.)

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in left column, tick the confirmed requirements

	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

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## 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):	
<input type="checkbox"/>	Auditor / Audit-Team has restrictions to travel to Clients site because of extraordinary event or circumstance and related governmental and / or ISACert restrictions
<input type="checkbox"/>	Cycle Auditor / Audit-Team is located in the affected area
<input type="checkbox"/>	Cycle Auditor / Audit-Team is located in other country (please specify):
<input type="checkbox"/>	Change Audit-Team within cycle to adhere to regular Audits scheduling / due dates <sup>1)</sup>
<input type="checkbox"/>	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 = 0 Absence = 3		N.A.	
Absence of critical situations throughout the organization's certification history with respect to the scheme for remote audit Absence of certificate suspension and/or withdrawn in the last 3 years = 0 Presence of certificate suspension and/or withdrawn in the last 3 years = 1			N.A.
Absence of critical situations in the previous audit No Critical NCs = 0 Critical NC raised up = 3		N.A.	
Presence of pending complaints / Compliance activities / legal proceedings Absence = 0 Presence = 3		N.A.	
Presence of substantial changes compared to the previous verification Absence = 0 Presence = 1			N.A.
Presence of a crisis management plan (also for COVID-19) Presence = 0 Absence = 1			N.A.
Presence of processes or services outsourced following the COVID-19 emergency Absence = 0 Presence = 1			N.A.
If the sum of the individual items is $\leq 2$ , the risk is considered LOW. If the sum of the individual items is $> 2$ , the risk is considered HIGH.	<b>Risk:</b>		

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## 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 - In case of re-certification: remote audit to verify continuing system effectiveness for the organization has to be performed  In case surveillance audit – postponement of audit by a maximum of 6 month	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)
	First Surveillance Audit after initial certification	Risk assessment of the situation of the certified organization, postponement of the surveillance audit by a maximum of 6 months within the calendar year.	
	Subsequent Surveillance Audit	Risk assessment of the situation of the certified organization, postponement of the surveillance audit by a maximum of 6 months within the calendar year.	
	Recertification Audis	In case the certificate will expire, a validity extension of up to 6 months is allowed following a documented risk assessment and a successful 'remote' audit following IAF MD4:2018	
	BRC audit	In case the certificate will expire, a validity extension of up to 12 months (6 months for C and D grade certificates) is allowed following a documented risk assessment and a successful 'remote' audit following BRC guidelines	

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

\_\_\_\_\_

Date

\_\_\_\_\_

Name

\_\_\_\_\_

Signature

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## 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
	Recertification: validity extension of up to 6 month beyond the original expiry date, based on sufficient evidences for the effectiveness of management system
	For IFS: Text Corona comment for in IFS database:

### C2: Justification of internal waiver

above Application justified	yes	
	no	
above Application accepted / released	yes	
	no	
Explanation if answer is "No:"		

\_\_\_\_\_  
Date

\_\_\_\_\_  
Name

\_\_\_\_\_  
Signature