This document is used by Emirates International Accreditation Centre (EIAC) and applicants for Inspection bodies' accreditation to conduct an ISO/IEC 17020:2026 quality document review.

Note: The assigned EIAC assessor/team is responsible for conducting a document review using the checklist and references given by the Inspection Body. The assessor/team shall confirm the compliance with the requirements of ISO/IEC 17020:2026 and indicate the compliance of Inspection Body in the "EIAC Review" Yes and No columns of the form. The assessor/team can use the Notes column to define any non-compliance, observations, need for further queries etc.

Assessment Team Review Information					
Name	**Role in assessment**	**Received Date:**	**Start date:**	**Completion Date:**	**Submitted date**

Instructions

Applicant Inspection Bodies:

How to complete the "IB Document Review (Document Ref./Clause No.)" column:

The applicant shall complete column **A** "**IB DOCUMENT REVIEW (Document Ref./Clause No.)**" by referencing its document that shows they are compliant with the specific requirement. This reference shall indicate the document title/name/number, page and/or clause(s) in which the compliance can be confirmed. The form and all documentation referenced on the checklist then be forwarded to the Inspection Bodies Accreditation Department in Emirates International Accreditation Centre (EIAC) along with application form and related documents.

Please do not fill **column B** "**EIAC REVIEW Y/N NOTES".** These are for EIAC use only. The Inspection bodies shall refer to the ISO/IEC 17020:2026 standard while filling this checklist.

Example (for illustration only – document names and codes are examples):

CLAUSE NO.	REQUIREMENT	IB DOCUMENT REVIEW (Document Ref./Clause No.)
4.1.5	Is top management commitment to impartiality demonstrated (e.g. signed impartiality policy or statement)?	Yes. QM-01 Quality Manual, Rev. 3, Clause 4.. POL-02 Impartiality Policy, Rev. 1 (signed by the General Manager). PR-14 Impartiality procedure, rev. 01 Clauses 4.8 and 4.9. FRM-11 Rev 01 Impartiality declaration signed by each employee and countersigned by the top management.
6.1.2 a)	Does it address determination of competence requirements, including for professional judgement where needed?	Yes. QM-01 Quality Manual, Rev. 3, Clause 6.1.2 a. PR-04 Competence Management Procedure, Rev. 2, Clauses 5.2 and 5.4. FRM 16 Job Description signed by each member of staff.
6.3.3	Does the inspection body normally perform the inspections it contracts to undertake itself? Are externally provided inspection activities used only in exceptional circumstances?	Yes. QM-01 Quality Manual, Rev. 3, Clause 6.3.3. PR-08 External provided services and outsourcing procedure, clauses 3.1 and 3.3. FRM 16 Work instruction Job Description signed by each member of staff.

Applicant Inspection Body Name:

Completed on behalf of the Inspection Body:

Name	Position / Job title	Date

CLAUSE NO.	REQUIREMENT	FILLED BY IB	FILLED BY EIAC		
		IB DOCUMENT REVIEW (Document Ref./Clause No.)	EIAC REVIEW		
			Y	N	NOTES
4	**General requirements**				
4.1	**Impartiality**				
4.1.1	Are inspection activities carried out impartially?		☐	☐	
4.1.2	Does the inspection body take responsibility for the impartiality of its inspection activities and prevent commercial, financial or other pressures from compromising it?		☐	☐	
4.1.3	Does the inspection body monitor its activities and relationships on an ongoing basis, including the relationships of its personnel, to identify threats to impartiality? Is the monitoring documented (e.g. impartiality risk register)?		☐	☐	
4.1.4	Where a threat to impartiality has been identified, has its effect been eliminated or minimized, and can the inspection body demonstrate how?		☐	☐	

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4.1.5	Is top management commitment to impartiality demonstrated (e.g. signed impartiality policy or statement)?		☐	☐	
4.1.6	Is the inspection body structured and managed so as to safeguard impartiality?		☐	☐	
4.1.7	Are all internal and external personnel who could influence inspection activities required to act impartially? Is remuneration of personnel involved in inspection free from any link to inspection results?		☐	☐	
4.2	**Confidentiality**				
4.2.1	Is the inspection body responsible, through legally enforceable commitments (e.g. contracts, published confidentiality policy), for managing all information obtained or created during inspection activities? Is the client informed in advance of any information the body intends to make public, and is all other information treated as confidential?		☐	☐	
4.2.2	Where confidential information is released because the law requires it or a contract authorizes it, is the client notified of what was released (unless prohibited by law)?		☐	☐	
4.2.3	Is information about the client obtained from other sources (e.g. complainants, regulators) kept confidential unless the source agrees otherwise?		☐	☐	

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4.2.4	Are all personnel, committee members, contractors, external bodies' personnel and persons acting on the body's behalf required to keep confidential all information obtained or created during inspection activities? Are signed confidentiality undertakings available?		☐	☐	
5	**Structural requirements**				
5.1	**Independence**				
5.1	Has the inspection body identified which independence type (type A or type non-A, as per Annex A) applies to each of its inspection activities, and does it meet the related requirements, including any required by the inspection scheme?		☐	☐	
5.2	**Legal entity and liabilities**				
5.2.1	Is the inspection body a legal entity, or a defined part of one, with the legal entity legally responsible for all its inspection activities? Is evidence available (e.g. trade licence, decree of establishment)?		☐	☐	
5.2.2	Where the inspection body is part of a larger legal entity, is it identifiable within that entity (e.g. in the organization chart)?		☐	☐	
5.2.3	Are the inspection activities for which the body conforms to ISO/IEC 17020:2026 defined and documented, including field, range and stage of inspection and the applicable regulations, schemes, standards or specifications?		☐	☐	

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5.2.4	Does the inspection body have adequate provisions (e.g. insurance or reserves) to cover liabilities arising from its activities, and does it meet a) to c) below?		☐	☐	
5.2.4 a)	Have the risks arising from the inspection activities been analysed?		☐	☐	
5.2.4 b)	Have the potential liabilities associated with the identified risks been assessed?		☐	☐	
5.2.4 c)	Is the level of provisions consistent with those liabilities?		☐	☐	
5.2.5	Is there documentation describing the contractual conditions under which inspection is provided? Where inspection is provided to the body's own legal entity, are internal agreements in place?		☐	☐	
5.3	**Organization and management**				
5.3.1	Does the inspection body meet a) to d) below?		☐	☐	
5.3.1 a)	Is the organization and management structure defined, including the body's place within any parent organization and the relationship between management, technical activities and support services?		☐	☐	
5.3.1 b)	Are the responsibility, authority and interrelationships of all personnel who manage or perform work affecting inspection results specified?		☐	☐	

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5.3.1 c)	Does the inspection body maintain its capability to perform the inspection activities defined under 5.2.3?		☐	☐	
5.3.1 d)	Are procedures documented to the extent needed for consistent inspection and valid results?		☐	☐	
5.3.2	Is there technical management with overall authority and responsibility for a) to f) below?		☐	☐	
5.3.2 a)	Has responsibility been assigned for developing inspection activities, including methods and related processes?		☐	☐	
5.3.2 b)	Has responsibility been assigned for performing monitoring (see 6.1.5)?		☐	☐	
5.3.2 c)	Has responsibility been assigned for access to the necessary resources?		☐	☐	
5.3.2 d)	Has responsibility been assigned for determining competence requirements for personnel?		☐	☐	
5.3.2 e)	Has responsibility been assigned for the technical aspects of contractual arrangements?		☐	☐	
5.3.2 f)	Has responsibility been assigned for performing inspection activities?		☐	☐	

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5.3.3	Is technical management technically competent to operate an inspection body? Is evidence of this competence available?		☐	☐	
5.3.4	Are personnel assigned who, regardless of other responsibilities, have the authority and resources to carry out a) to e) below?		☐	☐	
5.3.4 a)	Implement, maintain and improve the management system?		☐	☐	
5.3.4 b)	Identify deviations from the management system?		☐	☐	
5.3.4 c)	Initiate actions to prevent or minimize such deviations?		☐	☐	
5.3.4 d)	Report to management on management system performance and any need for improvement?		☐	☐	
5.3.4 e)	Ensure the effectiveness of the inspection body's activities?		☐	☐	
5.3.5	Are the duties, responsibilities and authorities of each function involved in inspection documented (e.g. job descriptions)?		☐	☐	

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6	**Resource requirements**				
6.1	**Personnel**				
6.1.1	Does the inspection body have access to a sufficient number of competent persons for the type, range and volume of its inspection work? Does each person clearly understand their duties, responsibilities and authorities?		☐	☐	
6.1.2	Is there a documented process for managing the competence of personnel involved in inspection, covering a) to f) below?		☐	☐	
6.1.2 a)	Does it address determination of competence requirements, including for professional judgement where needed (e.g. education, training, technical knowledge, skills, experience)?		☐	☐	
6.1.2 b)	Does it address selection of personnel?		☐	☐	
6.1.2 c)	Does it address initial training?		☐	☐	
6.1.2 d)	Does it address authorization of personnel?		☐	☐	
6.1.2 e)	Does it address monitoring of competence?		☐	☐	
6.1.2 f)	Does it address continual training?		☐	☐	

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6.1.3	Do personnel performing inspection have the knowledge relevant to the type of inspection, as described in a) to d) below?		☐	☐	
6.1.3 a)	Knowledge of the technology used to manufacture the products, operate the processes or deliver the services inspected?		☐	☐	
6.1.3 b)	Knowledge of how products are used, processes are operated and services are delivered?		☐	☐	
6.1.3 c)	Knowledge of defects, failures or deficiencies that can occur?		☐	☐	
6.1.3 d)	Knowledge of the significance of deviations from normal use, operation or delivery?		☐	☐	
6.1.4	Does initial training include an induction period and a mentored working period with authorized, competent personnel for the relevant inspection activity?		☐	☐	
6.1.5	Are personnel involved in inspection monitored at a defined frequency by authorized, competent personnel, following a documented monitoring programme?		☐	☐	
6.1.6	Are monitoring results used to identify training needs (see 6.1.8) and considered when maintaining authorization?		☐	☐	
6.1.7	Is each inspector observed performing inspection? Where an inspector is not observed, is there sufficient evidence that they continue to perform competently?		☐	☐	

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6.1.8	Are training needs identified, and is relevant training provided so personnel keep pace with technology, inspection methods and other relevant changes, based on their competence, experience and monitoring results?		☐	☐	
6.1.9	Is documented information available demonstrating the competence of personnel (see 6.1.2)?		☐	☐	
6.2	**Facilities and equipment**				
6.2.1	Are suitable and adequate facilities and equipment available so that inspection and associated activities are carried out competently and safely (including equipment not owned by the inspection body)?		☐	☐	
6.2.2	Are there rules for access to and use of specified facilities and equipment used for inspection?		☐	☐	
6.2.3	Is the continued suitability of facilities and equipment for their intended use ensured (e.g. functional checks, maintenance, recalibration)?		☐	☐	
6.2.4	Has all equipment with a significant influence on inspection results been determined, and where appropriate, does it meet a) to c) below?		☐	☐	
6.2.4 a)	Is the equipment uniquely identified?		☐	☐	

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6.2.4 b)	Is it subject to in-service checks according to a procedure, when needed to maintain confidence in its performance?		☐	☐	
6.2.4 c)	Is measuring equipment calibrated before being put into service and then according to an established programme?		☐	☐	
6.2.5	Is there a procedure for handling, transport, storage, use and planned maintenance of the equipment in 6.2.4, to ensure proper functioning and prevent contamination or deterioration?		☐	☐	
6.2.6	Is equipment verified against specified requirements before being placed into, or returned to, service?		☐	☐	
6.2.7	Where measurement results significantly influence the inspection result, or the inspection scheme requires it, are measurement results metrologically traceable to the SI through at least one of a) to c) below?		☐	☐	
6.2.7 a)	Calibration by a competent laboratory (e.g. accredited to ISO/IEC 17025)?		☐	☐	
6.2.7 b)	Certified values of certified reference materials from a competent producer, with stated traceability to the SI?		☐	☐	
6.2.7 c)	Direct realization of SI units through comparison, directly or indirectly, with national or international standards?		☐	☐	

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6.2.8	Where traceability to the SI is not technically possible, is traceability to an appropriate reference ensured, for example through a) or b) below?		☐	☐	
6.2.8 a)	Certified values of certified reference materials from a competent producer?		☐	☐	
6.2.8 b)	Results of reference measurement procedures, specified methods or consensus standards that are clearly described, accepted as fit for their intended use and ensured by suitable comparison?		☐	☐	
6.2.9	Does the inspection body use technology in connection with inspection (e.g. computers, automated equipment, data processing, artificial intelligence, augmented reality, remote inspection techniques)? If yes, identify where it is used and confirm a) to c) below. If no, answer "No" and state the reason in the IB Document Review column.		☐	☐	
6.2.9 a)	Is the technology suitable and adequate for use (e.g. validation of calculations, revalidation after hardware or software changes)?		☐	☐	
6.2.9 b)	Are procedures established and implemented to protect the integrity and security of data?		☐	☐	
6.2.9 c)	Is equipment, including hardware and software, maintained to ensure proper functioning?		☐	☐	

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6.2.10	Are there documented procedures for defective equipment, ensuring it is segregated, clearly labelled or marked as defective, and its effect on previous inspections examined following 8.5?		☐	☐	
6.2.11	Is relevant information on equipment, including software, recorded (identification and, where appropriate, calibration and maintenance)?		☐	☐	
6.3	**Externally provided products and services**				
6.3.1	Does the inspection body ensure that only suitable externally provided products and services affecting inspection are used, where they are as described in a) to c) below?		☐	☐	
6.3.1 a)	Products and services intended to be incorporated into the body's own inspection activities?		☐	☐	
6.3.1 b)	Products and services provided to the client, in part or in full, directly as received from the external provider?		☐	☐	
6.3.1 c)	Products and services used to support the operation of the inspection body?		☐	☐	
6.3.2	Is there a procedure, with records retained, covering a) to d) below?		☐	☐	
6.3.2 a)	Defining, reviewing and approving the body's requirements for externally provided products and services?		☐	☐	

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6.3.2 b)	Criteria for evaluation, selection, performance monitoring and re-evaluation of external providers?		☐	☐	
6.3.2 c)	Ensuring that externally provided products and services meet the body's requirements (or relevant standard requirements, where applicable) before they are used?		☐	☐	
6.3.2 d)	Taking actions arising from evaluations, performance monitoring and re-evaluations of external providers?		☐	☐	
6.3.3	Does the inspection body normally perform the inspections it contracts to undertake itself? Are externally provided inspection activities (part or all of an inspection) used only in exceptional circumstances?		☐	☐	
6.3.4	Is the client informed in advance of the intention to use externally provided inspection activities, and given the opportunity to object?		☐	☐	
6.3.5	When externally provided inspection activities are used, does responsibility for the inspection results and any conformity determination remain with the inspection body?		☐	☐	
6.3.6	Is documented information retained on approved external service providers and the services each is approved for (e.g. approved provider list)?		☐	☐	

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7	**Process requirements**				
7.1	**Review of requests, tenders and contracts**				
7.1.1	Is there a procedure for reviewing inspection requests, tenders and contracts that ensures a) to e) below?		☐	☐	
7.1.1 a)	Is the inspection defined, the item clearly identified, and the requirements adequately specified, documented and understood?		☐	☐	
7.1.1 b)	Does the body have the capability, including adequate resources, to meet the client's requirements?		☐	☐	
7.1.1 c)	Are appropriate inspection methods available, or will they be developed?		☐	☐	
7.1.1 d)	Are requirements, including any special client conditions, understood well enough to give clear instructions to inspection personnel?		☐	☐	
7.1.1 e)	Have the requirements of the request, tender, contract or work order been met?		☐	☐	
7.1.2	Is the client informed when a requested inspection is considered inappropriate?		☐	☐	
7.1.3	Are differences between the request or tender and the contract resolved before inspection starts?		☐	☐	

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7.1.4	Is each contract acceptable to both the body and the client? Is it ensured that deviations requested by the client do not affect the validity of results?		☐	☐	
7.1.5	Are records of reviews of requests, tenders and contracts, including significant changes, retained?		☐	☐	
7.2	**Inspection methods and procedures**				
7.2.1	Are inspections performed using appropriate methods and procedures?		☐	☐	
7.2.2	Where methods and procedures are not defined, are specific ones developed (see 7.2.3)?		☐	☐	
7.2.3	Are standard inspection methods or procedures used? Where non-standard ones are used, are they appropriate and documented?		☐	☐	
7.2.4	Is the development and modification of inspection methods or procedures planned and assigned to competent personnel with adequate resources?		☐	☐	
7.2.5	Do inspection methods or procedures address a) to i) below?		☐	☐	
7.2.5 a)	The techniques to be used and, where appropriate, the measurements to be taken, including adequate information on the equipment and facilities used?		☐	☐	
7.2.5 b)	Activities where the inspector's judgement may rely on the use of technology?		☐	☐	

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7.2.5 c)	Inspection planning and sampling, where missing instructions could put the effectiveness of inspection at risk?		☐	☐	
7.2.5 d)	Where sampling affects the validity of the outcome, is there a sampling plan and method (statistically based where appropriate), and are sampling records kept (method, date and time, personnel, deviations from the plan)?		☐	☐	
7.2.5 e)	Information supplied by other parties, including the client, and how its integrity and validity are verified for its intended use?		☐	☐	
7.2.5 f)	Inspection results obtained from artificial intelligence or digital developments?		☐	☐	
7.2.5 g)	The use of safety equipment and the rules or instructions for performing inspections safely?		☐	☐	
7.2.5 h)	Where applicable, the criteria for deciding on conformity of the item?		☐	☐	
7.2.5 i)	Which equipment (if any) has a significant influence on the result and, when relevant, the conditions of use (e.g. environmental)?		☐	☐	
7.2.6	Are non-standard inspection methods or procedures, including those using technology, validated as appropriate to the application? Are validation records retained?		☐	☐	

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7.3	**Handling of items**				
7.3.1	Are items to be inspected uniquely identified to avoid confusion?		☐	☐	
7.3.2	Where applicable, does the body establish whether the item is ready for inspection? Where there is doubt about the item's suitability, or it does not match its description, is this recorded and the client contacted before proceeding?		☐	☐	
7.3.3	Are there documented procedures and appropriate facilities to prevent deterioration of or damage to items while under the body's responsibility?		☐	☐	
7.4	**Inspection records**				
7.4.1	Are observations and data recorded promptly so that no relevant information is lost? Are calculations and data transfers checked in an appropriate, systematic way?		☐	☐	
7.4.2	Are records maintained that show the inspection procedures were effectively followed and allow the inspection process to be evaluated?		☐	☐	
7.4.3	Do records identify the equipment with significant influence, its date of use for each inspection activity and, when relevant, the conditions under which it was used?		☐	☐	
7.4.4	Can amendments to inspection records be traced to previous versions or original observations? Are both original and amended data and files retained, with dates?		☐	☐	

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7.5	**Control of data and information**				
7.5.1	Are the systems used to collect, process, record, report, store or retrieve inspection data validated? Are changes (including software configuration or modification of off-the-shelf software) authorized, documented and validated before implementation?		☐	☐	
7.5.2	Do technical data and inspection records meet a) to c) below?		☐	☐	
7.5.2 a)	Are they protected against unauthorized access, tampering and loss?		☐	☐	
7.5.2 b)	Are they maintained so that the integrity and security of data and information are ensured?		☐	☐	
7.5.2 c)	Do they include information on system failures and the immediate and corrective actions taken?		☐	☐	
7.6	**Inspection report or inspection certificate**				
7.6.1	Is all work performed covered by an inspection report or inspection certificate?		☐	☐	
7.6.2	Does each inspection report or certificate include at least a) to i) below? (Review a sample report or certificate template.)		☐	☐	
7.6.2 a)	Identification of the issuing body?		☐	☐	

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7.6.2 b)	Unique identification of the report?		☐	☐	
7.6.2 c)	Date of issue?		☐	☐	
7.6.2 d)	Date(s) of inspection?		☐	☐	
7.6.2 e)	Identification of the item(s) inspected?		☐	☐	
7.6.2 f)	Signature or other indication of approval by authorized personnel?		☐	☐	
7.6.2 g)	A statement of conformity, where applicable?		☐	☐	
7.6.2 h)	The inspection results (for inspection certificates, available on request and traceable to the report)?		☐	☐	
7.6.2 i)	The facility name or location of inspection, when relevant?		☐	☐	
7.6.3	Is the information in 7.6.2 reported correctly, accurately and clearly? Are results delivered by external providers clearly identified?		☐	☐	
7.6.4	Is each report or certificate traceable to the inspector(s) who performed the inspection?		☐	☐	
7.6.5	Are corrections, additions or amendments after issue recorded in line with 7.6? Is an amended report or certificate issued that clearly identifies the one it replaces?		☐	☐	

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7.6.6	Where results are reported in a simplified way as agreed with the client, is any 7.6.2 information not reported readily available?		☐	☐	
7.7	**Handling of appeals**				
7.7.1	Is there a documented procedure for handling appeals that covers a) to c) below?		☐	☐	
7.7.1 a)	How appeals are received and investigated, and how resulting actions are decided?		☐	☐	
7.7.1 b)	Tracking and recording appeals, including actions taken to resolve them?		☐	☐	
7.7.1 c)	Ensuring appropriate action is taken?		☐	☐	
7.7.2	Is a description of the appeals-handling process publicly available (e.g. on the website)?		☐	☐	
7.7.3	Is receipt of an appeal acknowledged, and does the appellant receive the outcome and, where applicable, progress reports?		☐	☐	
7.7.4	Does the inspection body gather all information needed to decide whether the appeal is valid?		☐	☐	
7.7.5	Is the inspection body responsible for all decisions within the appeals-handling process?		☐	☐	
7.7.6	Is the decision on an appeal made, or reviewed and approved, by persons not involved in the decision being appealed?		☐	☐	

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7.7.7	Is it ensured that investigating and deciding appeals does not lead to any discriminatory action?		☐	☐	
7.8	**Handling of complaints**				
7.8.1	Is there a documented procedure for handling complaints that covers a) to c) below?		☐	☐	
7.8.1 a)	How complaints are received, substantiated and investigated, and how resulting actions are decided?		☐	☐	
7.8.1 b)	Tracking and recording complaints, including actions taken to resolve them?		☐	☐	
7.8.1 c)	Ensuring appropriate action is taken?		☐	☐	
7.8.2	Is a description of the complaints-handling process publicly available (e.g. on the website)?		☐	☐	
7.8.3	On receiving a complaint, does the body confirm whether it relates to its inspection activities and, if so, resolve it?		☐	☐	
7.8.4	Does the inspection body gather all information needed to decide whether the complaint is substantiated?		☐	☐	

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7.8.5	Whenever possible, is receipt of the complaint acknowledged, and does the complainant receive the outcome and, where applicable, progress reports?		☐	☐	
7.8.6	Is it ensured that investigating and resolving complaints does not lead to any discriminatory action?		☐	☐	
7.8.7	Is the resolution made, or reviewed and approved, by persons not involved in the subject of the complaint? Where resources do not allow this, does the alternative approach protect impartiality?		☐	☐	
8	**Management system requirements**				
8.1	**General**				
8.1.1	Has a management system been established, documented, implemented and maintained that supports and demonstrates consistent fulfilment of ISO/IEC 17020:2026?		☐	☐	
8.1.2	Does the management system include at least: policies and responsibilities (8.2); documented information (8.3); actions to address risks and opportunities (8.4); corrective actions (8.5); internal audits (8.6); management review (8.7)?		☐	☐	
8.1.3	If the inspection body meets 8.1.2 through a quality management system (e.g. ISO 9001), does that system support and demonstrate consistent fulfilment of ISO/IEC 17020:2026?		☐	☐	

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8.2	**Policies and responsibilities**				
8.2.1	Has top management established, documented and maintained policies and objectives for meeting ISO/IEC 17020:2026? Are they acknowledged and implemented at all levels of the organization?		☐	☐	
8.2.2	Do the policies and objectives address competence, impartiality and consistent operation?		☐	☐	
8.2.3	Does top management provide evidence of its commitment to developing and implementing the management system and to its effectiveness?		☐	☐	
8.3	**Documented information**				
8.3.1	Are internal and external documents relating to ISO/IEC 17020:2026 controlled, and do document control procedures ensure a) to g) below?		☐	☐	
8.3.1 a)	Are documents approved for adequacy by authorized personnel before issue?		☐	☐	
8.3.1 b)	Are documents periodically reviewed and updated as necessary?		☐	☐	
8.3.1 c)	Are changes and current revision status identified?		☐	☐	
8.3.1 d)	Are relevant versions available at points of use, with controlled distribution?		☐	☐	

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8.3.1 e)	Are documents uniquely identified?		☐	☐	
8.3.1 f)	Are documents of external origin identified and their distribution controlled?		☐	☐	
8.3.1 g)	Is unintended use of obsolete documents prevented, and are any retained obsolete documents suitably identified?		☐	☐	
8.3.2	Are controls implemented for identification, storage, protection, back-up, archiving, retrieval, retention and disposal of records?		☐	☐	
8.3.3	Are records retained for a period consistent with contractual obligations? Is access consistent with confidentiality commitments, and are records readily available?		☐	☐	
8.3.4	Are all documentation, processes, systems and records related to ISO/IEC 17020:2026 included in, or referenced from, the management system?		☐	☐	
8.3.5	Do all personnel involved in inspection have access to the documented information relevant to their responsibilities?		☐	☐	
8.4	**Actions to address risks and opportunities**				
8.4.1	Does the inspection body consider the risks and opportunities associated with its inspection activities in order to achieve a) to d) below?		☐	☐	

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8.4.1 a)	Give assurance that the management system achieves its intended results?		☐	☐	
8.4.1 b)	Enhance desirable effects that support the body's purpose and objectives?		☐	☐	
8.4.1 c)	Prevent or reduce undesired impacts and potential failures?		☐	☐	
8.4.1 d)	Achieve improvement?		☐	☐	
8.4.2	Does the inspection body plan a) and b) below?		☐	☐	
8.4.2 a)	Actions to address these risks and opportunities?		☐	☐	
8.4.2 b)	How to integrate and implement these actions into its management system, and how to evaluate their effectiveness?		☐	☐	
8.4.3	Are actions on risks and opportunities proportional to their potential impact on the validity of inspection results and, if relevant, of the inspection scheme?		☐	☐	
8.4.4	Is feedback sought from clients and, where relevant, other interested parties? Is it analysed and used to improve the management system and inspection activities?		☐	☐	

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8.5	**Corrective actions**				
8.5.1	Is there a procedure for identifying and managing nonconformities, covering both the management system and operations (against own procedures or ISO/IEC 17020:2026) and inspection activities (against own procedures or requirements agreed with the client)?		☐	☐	
8.5.2	When a nonconformity occurs, does the inspection body carry out a) to g) below?		☐	☐	
8.5.2 a)	Are responsibilities and authorities for managing nonconformities defined?		☐	☐	
8.5.2 b)	Does it react to the nonconformity and, as applicable, control and correct it and deal with its consequences?		☐	☐	
8.5.2 c)	Does it evaluate the need to remove the cause(s) so the nonconformity does not recur or occur elsewhere, by reviewing and analysing it, determining its causes, and checking whether similar nonconformities exist or could occur?		☐	☐	
8.5.2 d)	Does it implement any needed action in a timely manner?		☐	☐	
8.5.2 e)	Does it review the effectiveness of corrective actions taken?		☐	☐	
8.5.2 f)	Does it update risks and opportunities determined during planning, if necessary?		☐	☐	

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8.5.2 g)	Does it make changes to the management system, if necessary?		☐	☐	
8.5.3	For nonconformities in inspection activities, in addition to 8.5.2 c) to g), does the inspection body ensure (1) to (5) below?		☐	☐	
8.5.3 (1)	Are defined actions, including halting or repeating work and withholding reports as needed, based on the risk established by the body?		☐	☐	
8.5.3 (2)	Is the significance of the nonconformity evaluated, including its impact on previous results?		☐	☐	
8.5.3 (3)	Is a decision taken on whether the affected inspection work is acceptable?		☐	☐	
8.5.3 (4)	Where necessary, is the client notified and the work recalled or disregarded?		☐	☐	
8.5.3 (5)	Is responsibility for authorizing resumption of work defined?		☐	☐	
8.5.4	Are corrective actions appropriate to the effects of the nonconformities encountered?		☐	☐	
8.5.5	Are records retained of a) and b) below?		☐	☐	
8.5.5 a)	The nature of nonconformities, their causes and actions taken (8.5.2 to 8.5.4)?		☐	☐	
8.5.5 b)	The effectiveness of corrective actions?		☐	☐	

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8.6	**Internal audits**				
8.6.1	Are internal audits conducted at planned intervals to provide information on a) and b) below?		☐	☐	
8.6.1 a)	Whether the body conforms to its own management system requirements (including inspection activities) and to ISO/IEC 17020:2026?		☐	☐	
8.6.1 b)	Whether the management system is effectively implemented and maintained?		☐	☐	
8.6.2	Does the inspection body meet a) to g) below?		☐	☐	
8.6.2 a)	Is an audit programme planned, established, implemented and maintained (frequency, methods, responsibilities, planning requirements, reporting), considering the importance of the activities, changes affecting the body and previous audit results?		☐	☐	
8.6.2 b)	Are internal audits performed by personnel knowledgeable in inspection activities, auditing and ISO/IEC 17020:2026, who do not audit their own work?		☐	☐	
8.6.2 c)	Are audit criteria and scope defined so that the programme covers all requirements of ISO/IEC 17020:2026, across all fields of inspection and all premises where inspection is managed or performed?		☐	☐	

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8.6.2 d)	Are audit results reported to relevant management and to personnel responsible for the audited area?		☐	☐	
8.6.2 e)	Are corrections and corrective actions implemented without undue delay?		☐	☐	
8.6.2 f)	Are opportunities for improvement identified?		☐	☐	
8.6.2 g)	Are records retained as evidence of the audit programme's implementation and of audit results?		☐	☐	
8.7	**Management review**				
8.7.1	Does management review the management system at planned intervals to ensure its continuing suitability, adequacy and effectiveness, including policies and objectives related to ISO/IEC 17020:2026?		☐	☐	
8.7.2	Are management review inputs recorded, and do they include information on a) to o) below?		☐	☐	
8.7.2 a)	Relevant internal and external changes?		☐	☐	
8.7.2 b)	Suitability of policies and procedures?		☐	☐	
8.7.2 c)	Outcome of recent internal audits?		☐	☐	

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8.7.2 d)	Assessments by external bodies?		☐	☐	
8.7.2 e)	Feedback from clients, personnel and, where relevant, other interested parties?		☐	☐	
8.7.2 f)	Corrective actions?		☐	☐	
8.7.2 g)	Status of actions from previous management reviews?		☐	☐	
8.7.2 h)	Fulfilment of objectives?		☐	☐	
8.7.2 i)	Changes in volume and type of work or in the range of inspection activities?		☐	☐	
8.7.2 j)	Appeals and complaints?		☐	☐	
8.7.2 k)	Effectiveness of improvements implemented?		☐	☐	
8.7.2 l)	Adequacy of resources (human and equipment), projected workload, and training needs of new and existing personnel?		☐	☐	
8.7.2 m)	Results of risk identification, including the impartiality threat identification process and its conclusions?		☐	☐	
8.7.2 n)	Effectiveness of processes that ensure personnel competence, including monitoring and training of inspectors and other personnel involved in inspection?		☐	☐	

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8.7.2 o)	Other relevant factors?		☐	☐	
8.7.3	Do management review outputs record all decisions and actions related to a) to d) below?		☐	☐	
8.7.3 a)	Effectiveness of the management system and its processes?		☐	☐	
8.7.3 b)	Improvement of activities related to meeting ISO/IEC 17020:2026?		☐	☐	
8.7.3 c)	Provision of required resources?		☐	☐	
8.7.3 d)	Any need for change?		☐	☐	
Annex A	**Independence requirements for inspection bodies (normative)**				
A.1	**Type A inspection bodies**				
A.1	Does the inspection body claim type A independence for any of its inspection activities? If yes, confirm a) to d) below. If no, answer "No" and state the reason in the IB Document Review column.		☐	☐	
A.1 a)	Is the inspection body independent of the parties involved?		☐	☐	

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A.1 b)	Do the inspection body and its personnel avoid any activities that could conflict with their independence of judgement and integrity? In particular, are they not involved in the design, manufacture, supply, installation, purchase, ownership, use or maintenance of the items inspected or similar competitive items?		☐	☐	
A.1 c)	Is the inspection body not part of a legal entity engaged in the activities listed in A.1 b) for the items inspected or similar competitive items?		☐	☐	
A.1 d)	Is the inspection body free from links to any separate legal entity engaged in those activities through 1) to 4) below?		☐	☐	
A.1 d) 1)	Common ownership, unless the owners cannot influence the outcome of an inspection?		☐	☐	
A.1 d) 2)	Common ownership appointees on boards (or equivalent), unless their functions have no influence on the outcome of an inspection?		☐	☐	
A.1 d) 3)	Direct reporting to the same higher level of management, unless this cannot influence the outcome of an inspection (reporting on matters unrelated to the activities in A.1 b) is permitted)?		☐	☐	
A.1 d) 4)	Any other means, including contractual commitments, that could give the separate legal entity the ability to influence the outcome of an inspection?		☐	☐	

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A.2	**Type non-A inspection bodies**				
A.2	Does the inspection body operate as type non-A for any of its inspection activities? If yes, confirm a) and b) below. If no, answer "No" and state the reason in the IB Document Review column.		☐	☐	
A.2 a)	Does the legal entity (see 5.2.1) provide internal safeguards that adequately segregate responsibilities and accountabilities between inspection and other activities?		☐	☐	
A.2 b)	Is it ensured that design, manufacture, supply, installation, servicing, maintenance and inspection of the same item are not performed by the same person (unless a scheme explicitly permits this and it does not compromise inspection results)?		☐	☐	

-	EIAC Other requirements (if any)		☐	☐	
-	Other relevant Scheme		☐	☐	

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Remarks (To be filled in by EIAC):