ALL ABOUT ESG SH.P.K.

R-GR - GENERAL REGULATION FOR THE CERTIFICATION OF MANAGEMENT SYSTEMS

ref. ISO/IEC 17021-1:2015 §9 · §5.1.2 · §8.5 · IAS AC477 · public document

Document code	R-GR		
Revision	3		
Date	31 August 2026		
Nature	Regulation - public document		
Replaces	R-SG Rv.2 of 11/08/2025		
Applies to	Every organisation that applies for or holds a certification issued by ALL ABOUT ESG under an accredited scheme		
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Approved by	G. Fortino	**Signature**	Gaetano Fortino

Revision history

Rv.	Date	Description of the change	Chapters	Approved by	Prepared by
0	04/10/2024	First issue, in Italian, under the code R-SG.	all	G. Fortino	A. Madeo
1	04/08/2025	Change of company name. Issued in English under the code RU-GR.	all	G. Fortino	A. Madeo
2	11/08/2025	Extension to ISO/IEC 42001. Issued under the code R-SG.	all	G. Fortino	A. Madeo
3	31/08/2026	Full rewrite under the code R-GR.	all	G. Fortino	C. Volpe

Index

1 - Purpose and scope

This regulation states the conditions under which ALL ABOUT ESG certifies a management system: how a certification is applied for, granted, maintained, renewed, extended, reduced, suspended, withdrawn and reinstated, and what the certified organisation and the body owe each other while it lasts.

It applies to every certification issued under a scheme for which the body is accredited. At the date of this revision that scheme is ISO 39001:2012. An extension to ISO/IEC 42001:2023 has been applied for and not granted: where this regulation names that standard, the provision applies only from the date IAS grants the extension, and until then no activity under it is offered or presented as accredited.

The organisation accepts this regulation on signing the certification agreement. It is publicly accessible on the website of the body, www.allaboutesg.eu.

2 - References

Document	What is applied from it
ISO/IEC 17021-1:2015	The requirements for a body that certifies management systems, and in particular §5.1.2 on the agreement, §8.5 on the exchange of information, §9.1 to §9.6 on the certification process, §9.6.5 on suspension, withdrawal and reduction, and §9.7 and §9.8 on appeals and complaints
ISO/IEC 17000:2020	Conformity assessment - Vocabulary and general principles
ISO 9000:2015	Quality management systems - Fundamentals and vocabulary, for the terms it defines
ISO 19011:2018	Guidelines for auditing management systems
ISO 39001:2012	Road traffic safety management systems. The accredited scheme
ISO/IEC TS 17021-7:2014	Competence requirements for the audit and certification of road traffic safety management systems
IAF MD 1:2018	Certification of multiple sites based on sampling
IAF MD 2:2023	Transfer of accredited certification of management systems
IAF MD 5:2023	Determination of audit time
IAF MD 11:2019	Application of ISO/IEC 17021-1 to the audit of integrated management systems
IAS AC477 and the IAS Rules of Procedure	The accreditation criteria and rules under which this body operates
R-TM	Trademark regulation: the use of the certification mark and of the accreditation symbol
R-IC	Rules of the committee for the safeguard of impartiality
ISO/IEC 42001:2023 · ISO/IEC 42006:2025	Applicable to the requested extension, from the date it is granted

3 - Terms and abbreviations

The terms of ISO/IEC 17000:2020, of ISO 9000:2015 and of the standard of the scheme apply. In this regulation the organisation applying for or holding a certification is called the organisation, and ALL ABOUT ESG is called the body.

Abbreviation	Function or term
DG	Top management

Abbreviation	Function or term
SEG	Secretariat
RDO	Application review function
UTE	Technical office
GVI	Audit team
RGV	Audit team leader
CT	Deliberating committee
CI	Committee for the safeguard of impartiality

4 - General conditions

4.1 - What the organisation must have in place

The certification process is opened only where the organisation has a management system that meets the requirements of the scheme applied for and of any particular requirement established for the type of process, product or service, and where it accepts this regulation and the conditions of the certification agreement.
A management system is taken to be fully operational when all of the following are true:

- the internal audit programme has been carried out in full and its effectiveness can be shown;
- at least one complete management review has been carried out and recorded;
- the objectives needed to achieve results consistent with the requirements of the organisation and with its policy have been set;
- the processes needed to achieve those objectives, and to meet the applicable legal requirements, have been defined, controlled and monitored;
- actions for the continual improvement of the processes, products or services have been implemented.

Conformity to the requirements for certification is the responsibility of the organisation. Determining whether that conformity has been shown is the responsibility of the body.

4.2 - Access

At initial certification, at surveillance, at recertification and at any special audit, the organisation gives the audit team free access to the operational areas, to the information and to the documented information needed to carry out the audit plan.
The same right of access extends, when the body requests it, to the assessors of IAS accompanying the audit team for the purposes of accreditation, and to the assessors of another accreditation body under a mutual recognition agreement. Refusal prevents the granting of the certification and, where the certification is in force, leads to its suspension.
Where the audit shows the need to audit a process the organisation has entrusted to a supplier, the organisation ensures the same access at that supplier.
The granting and the maintenance of the certification are subject to payment of the amounts due under the tariff in force.

4.3 - Interested parties

The parties concerned by this regulation are the organisations that use the certification service, the users of the certified service and the public affected by it, the authorities competent for the sector, the accreditation body, and the auditors. Their interests are safeguarded by the committee for the safeguard of impartiality under R-IC, and the impartiality of each certification decision is safeguarded by the composition of CT under chapter 11.

5 - Application

The organisation applies for certification through the form the body makes available on its website. The application is accepted when it is complete in every applicable part and carries:

- the identification of the organisation, its legal status and the essential data of its activity;

- the standard and any other normative document against which certification is sought;
- the scope of certification requested;
- any exclusion of an element of the standard, with the reason for it;
- the processes of the organisation, including those entrusted to the outside that affect conformity to the applicable requirements;
- the number of permanent and temporary sites to be covered, and the activity carried out at each;
- the effective number of personnel, distinguishing full-time from part-time and stating the shift patterns and any seasonal work;
- the statutory and regulatory requirements applicable to the activity, and the licences held;
- any previous or current certification, and the body that issued it;
- the name of any consultant engaged on the management system, and the dates of that engagement.

For the road traffic safety scheme the application also states the road traffic incidents caused by, or involving, personnel of the organisation.
For the artificial intelligence scheme, once the extension is granted, the application also states the personnel working in the processes of the artificial intelligence life cycle, the role of the organisation in relation to the management system, the types of impact the systems may have, and any sensitive or confidential information that cannot be made available.

6 - Review of the application

On receipt, RDO reviews the application to establish that the information is sufficient and that the body can carry out the activity. The review covers:

- the definition of the scope of certification;
- the competence and the capability of the body for the scheme, the language and the location;
- the availability of authorised personnel for the audit team and for the certification decision;
- the audit time needed, determined under chapter 7;
- any threat to impartiality, including any consultancy the organisation has received and any previous relationship with the body;
- whether the scope requested falls within the scope for which the body is accredited.

The review and its justification are recorded. Where the review cannot be concluded because information is missing, the body states in writing what is needed. Where the application is refused, the reasons are stated in writing.
The person who reviews the application does not take part in the audit of the same file and does not take part in its certification decision.

6.1 - Effective number of personnel

The effective number of personnel is determined by counting every person engaged in the activities covered by the scope requested, including seasonal, temporary and part-time personnel and the personnel of suppliers working at the site. Part-time personnel are converted into full-time equivalents on the total hours worked. Shift patterns are counted.

6.2 - Confidential information

Where the organisation states, at the time of application, that certain information is confidential or sensitive and may not be made available, the audit team assesses at stage 1 whether the restriction prevents a proper assessment. Where it does, the body seeks agreement on how that information may be accessed. Where no agreement is reached, the certification process is stopped.
An agreement may provide that the audit team accesses the information for the duration of the audit alone, and confirms at the end of the audit that any evidence collected from it has been destroyed. Every member of the audit team is bound by a written commitment to confidentiality. An observer is excluded from access to such information.

7 - Determination of the audit time

The audit time is determined for each organisation, before the offer is made, from the effective number of personnel and from the factors that increase or reduce it, and is recorded with its justification.

Scheme	How the audit time is determined
ISO 39001:2012	The OH&SMS table of IAF MD 5:2023, adjusted by the factors specific to road traffic safety: the applicable regulatory regimes, the number and type of routes, the number and type of fleets and of vehicle types, the number of journeys and the incidents recorded
ISO/IEC 42001:2023, once the extension is granted	Table A.1 of ISO/IEC 42006:2025, counting only the persons involved in the processes of the artificial intelligence life cycle

For the road traffic safety scheme, the transport of dangerous goods, the transport of hazardous waste, the presence of a road transport manager responsible for the professional activity, and the carriage of passengers on scheduled or international services are classified as high risk. No reduction of the audit time is applied to an organisation so classified.
A commercial discount is applied to the price and never to the audit time.

8 - Offer and certification agreement

On a positive review, the body issues an offer stating the amounts for the initial certification, for each surveillance and for the recertification, the payment conditions and the audit time in man-days for each of stage 1, stage 2, the first and the second surveillance and the recertification. The offer is drawn up on the tariff in force and on the information the organisation has given.
The offer, signed by the organisation, becomes the certification agreement. The agreement identifies the scheme, the organisation and its sites, the processes, products or services covered, and the stages of the certification process; it carries the obligations of this regulation and of R-TM, and it is legally enforceable.
The organisation informs the body without delay of any change in the number of personnel, so that the offer may be revised.

8.1 - Changes to the tariff

A change to the tariff is notified to every certified organisation and to every organisation in the course of certification. The organisation may renounce the certification within one month of receiving the notice; where it does not, the change is taken as accepted. An organisation that renounces is charged at the previous rates until the relationship ends.

8.2 - Notice of the audits

The audit plan and the names of the audit team are sent to the organisation before each audit, with at least fifteen calendar days' notice for a surveillance audit. The organisation may ask for a member of the audit team to be replaced, stating a justified conflict of interest, within three working days of receiving the notice.
This does not apply to a short-notice or unannounced audit under chapter 13.2, whose conditions are stated in advance in this regulation.

9 - Stage 1

Stage 1 establishes whether the management system is adequate to the scope applied for and whether the organisation is ready for stage 2. It is carried out to:

- audit the documented information of the management system;
- evaluate the site-specific conditions of the organisation and, through exchange with its personnel, its readiness for stage 2;
- visit the sites and the working areas covered by the scope, and, for the road traffic safety scheme, the places where the activity that generates road traffic takes place;
- complete the identification of the organisation, of the context in which it operates and of the aspects and risks of its activity, and determine which of them are significant;

- review the status and the understanding of the organisation as to the requirements of the standard, and in particular the performance factors, the significant aspects, the processes and the objectives;
- collect the information needed on the scope, the processes and the locations, and on the applicable legal requirements and compliance with them;
- confirm the date on which the management system became fully operational;
- assess the competence of the internal auditors of the organisation;
- establish whether internal audits and management review have been planned and carried out, and whether the level of implementation shows that the organisation is ready for stage 2;
- confirm the resources needed for stage 2 and plan it.

Stage 1 may be carried out at the site of the organisation, remotely or in a mixed form; the visit to the sites and working areas is carried out at the site and is not replaced by a remote examination.
At the end of stage 1 the audit team issues the stage 1 report to the organisation, stating the findings and any area that could be classified as a nonconformity at stage 2. Where the examination shows deficiencies such that the documentation has to be examined again, the audit team leader records that judgement in the report; the second examination is carried out after the organisation has corrected them, and is charged at the amount stated in the offer. Where the outcome of stage 1 is negative, the costs the body has incurred - the auditor day not used, accommodation and travel - are borne by the organisation.
The interval between stage 1 and stage 2 is at least four weeks, so that the organisation may address the weaknesses stage 1 identified, and at most six months. Where more than six months pass, the body determines whether the conclusions of stage 1 still hold and whether stage 1 is to be repeated, and records the determination. Where the conditions verified at stage 1 change before stage 2, stage 1 is repeated whatever the interval.

10 - Stage 2

Stage 2 is carried out at the sites of the organisation after a positive stage 1, and evaluates the implementation and the effectiveness of the management system against the requirements of the scheme.
The audit opens with a meeting at which the audit team confirms how the audit will be carried out, establishes the channel of communication with the organisation and confirms the plan. It closes with a meeting at which the audit team presents its conclusions on the conformity of the management system, states the findings raised and any opportunity for improvement, and gives the organisation the opportunity to discuss them, to state its position and to record any reservation.
The outcome is recorded in the audit report, which the audit team leader delivers to the organisation at the closing meeting together with the findings. Where the body, on receiving the report, considers that it should be changed, it requires the change from the audit team leader and informs the organisation in writing.

10.1 - Findings

Class	What it is
Major nonconformity	The absence of one or more elements of the scheme, or a situation that raises significant doubt as to the ability of the management system to achieve the results set, with particular regard to the statutory requirements and to the requirements of the product or service. A number of minor nonconformities against the same requirement may together amount to a major nonconformity. In the presence of a major nonconformity the certificate is not issued
Minor nonconformity	The failure to meet one requirement of the scheme which, on judgement and experience, is not such as to make the management system fail or to reduce its ability to keep the processes and the products under control

Class	What it is
Observation	A requirement met, in a way that may need greater attention and may in future lead to a finding
Opportunity for improvement	A comment on a practice that is compliant and could be improved. It carries no obligation and is never recorded in place of a nonconformity

A nonconformity is raised against a specific requirement and states the evidence on which it rests. A deficiency that meets the definition of a nonconformity is raised as one, and is not recorded as an observation or as an opportunity for improvement.
Where the applicable law and the standard address the same matter, the provision giving the higher level of regulation applies.

10.2 - Responding to the findings

The organisation informs the audit team leader in writing of the correction and of the corrective action it has decided, with the analysis of the cause, and then provides documented evidence that they have been carried out. The audit team leader evaluates them and, where they are not accepted, states the reasons in writing.

Finding	The organisation responds within	Closed by
Major nonconformity	30 days	Evidence of effectiveness, verified by documentary review or by an additional audit, in any case within six months of the last day of stage 2
Minor nonconformity	90 days	Acceptance of the planned corrective action, with verification of effectiveness at the following audit
Observation	By the following surveillance audit	Verification at that audit

Where the implementation of the corrections and corrective actions of a major nonconformity cannot be verified within six months of the last day of stage 2, a new stage 2 is carried out before certification can be recommended.

11 - The certification decision

The certification is granted by CT, which examines the audit reports of stage 1 and stage 2, the findings and their treatment, and the other documents of the file.
A member of CT may not decide on an audit in which that member took part in any capacity, may not decide on a file for which that member reviewed the application, and may not decide on a transfer that that member carried out. The presence of any one of these circumstances makes the decision ineffective.
CT may ask the audit team for clarification; every request and every answer is recorded. Where the outcome is wholly or partly negative, the reports may be reviewed by the audit team or by CT, and the change is communicated to the organisation. CT may refuse the certification.
Certification is not granted where a major nonconformity is open, or where a nonconformity of the product or service against a statutory requirement is open.
Where certification is refused, the body states in writing the reasons and the deviations the organisation is to correct, within a time proposed by the organisation and accepted by the body. The body decides whether a further audit is required or whether a written declaration with supporting documentation is sufficient, and whether the implementation may be verified at the first surveillance audit. An organisation that does not accept the decision may appeal under chapter 22.

12 - Issue of the certificate

The certificate is prepared, checked and issued under the procedure of the body. It carries the legal name and the geographical location of the organisation and of every site covered, the standard with the year of the edition against

which the audit was carried out, the scope of certification, the dates of granting and of expiry, a unique identification code, and the name, address and certification mark of the body with the accreditation symbol.
The effective date written on the certificate is never earlier than the date of the certification decision.
For the road traffic safety scheme, no exclusion is possible of a process significant to ISO 39001:2012. The same holds, once the extension is granted, for a process significant to ISO/IEC 42001:2023.
On the written request of any interested party the body confirms the validity of a certification it has issued.
The use of the certification mark and of the accreditation symbol is governed by R-TM, which the organisation accepts together with this regulation.

13 - Maintaining the certification

The certification is valid for three years from the date of issue. Within that cycle the body carries out two surveillance audits, at least once each calendar year. The first surveillance audit following an initial certification is carried out within twelve months of the date of the certification decision.
Each surveillance audit examines part of the processes of the organisation, so that all of them are examined within the three-year cycle. Over the cycle the surveillance covers at least:

- internal audits and management review;
- the actions taken on the findings of the previous audit;
- the handling of complaints;
- the effectiveness of the management system in achieving the objectives of the organisation and the intended results of the standard;
- the progress of the planned improvement activities;
- the continuing operational control of the activities;
- the review of every change notified under chapter 15;
- the use of the certification mark and of any other reference to the certification.

Where a major nonconformity is raised at a surveillance audit, it is resolved - by documentary review or by an additional audit - within six months of the last day of that audit. Where it is not, the certification is suspended under chapter 18.

13.1 - Additional and short-notice audits

The body may carry out an audit in addition to those of the programme, at short notice or unannounced:

- where it receives a complaint or a report of significance concerning the conformity of the management system;
- in response to a change notified or otherwise known;
- as a follow-up to a suspension.

Because the organisation cannot object to the audit team in an unannounced audit, the body takes particular care in appointing it. Where such an audit finds deficiencies or deviations from the applicable requirements, its cost is borne by the organisation.

14 - Recertification

The recertification audit is carried out at the end of each three-year cycle, as a rule on the criteria of stage 2, and examines:

- the effectiveness of the management system as a whole in the light of internal and external changes, and its continued relevance and applicability to the scope of certification;
- the commitment shown over the cycle to maintain the effectiveness of the system and to improve it;
- whether the operation of the system contributes to the policy and the objectives of the organisation;
- the documented information of the system.

The recertification audit is planned within the six months before the certificate expires and is carried out at least one month before the expiry date, so that the decision and the issue of the new certificate can be completed in time.
Where nonconformities are found, the corrections, the analysis of the causes and the corrective actions are completed before the new certificate is issued.
The decision on recertification rests on the results of the recertification audit, on the review of the management system over the whole period of certification, and on the complaints received from the users of the certification.
Where the recertification is not completed by the expiry date, the certification expires on the day following that date, and chapter 21 applies.

Where a significant change to the organisation or to its system requires it, a stage 1 is carried out before the recertification audit.

15 - Changes to the organisation

The certified organisation informs the body without delay of any matter that may affect the ability of the management system to continue to meet the requirements of the scheme, and in particular of a change to:

- its legal, commercial or organisational status, or its ownership;
- its context, or its key managerial, technical or decision-making personnel;
- its contact addresses, its sites and its website;
- the scope of the activities covered by the certified management system;
- the management system and its processes, where the change is significant.

The body evaluates every change notified and decides whether it requires an additional audit, a change to the audit programme, a change to the certificate or a new review of the application. The cost of an additional audit follows the tariff in force.

15.1 - Transfers of business between organisations

Case	What the body does
The organisation acquires or leases a business line from an organisation certified by another accredited body, and its own corporate structure changes	An additional audit, whose duration is determined on the new structure, followed by a decision of CT
The same, where the corporate structure does not change and the activities are equal to or narrower than those of the existing certificate	Transfer of the existing certificate, on a decision of CT
The same, where the corporate structure does not change and the activities are wider or different	An additional audit, whose duration is determined on the new structure, followed by a decision of CT
The organisation acquires or leases a business line from an organisation that is not certified	An additional audit in every case
A certified organisation transfers its whole business line, and the acquiring organisation applies to this body	Transfer with the issue of a new certificate, on a decision of CT, where the corporate structure is unchanged
The same, and the acquiring organisation does not apply to this body	The certificate of the transferring organisation is withdrawn
A certified organisation transfers part of its business line, and the acquiring organisation applies to this body	The scope is reduced on a decision of CT and a new certificate is issued
A certified organisation acquires a business line and asks for a wider scope	An offer for the extension, an additional audit and a decision of CT

A minor change - a change of company name, of registered office or of operational site, or a change of legal form - leads to the reissue of the certificate at the amount stated in the tariff. On a merger, a demerger, a transfer or a change of name, the agreement continues with the legal person that takes over the existing contractual commitments.

Where the information the body receives so requires, the body may suspend the certificate as a precaution while it evaluates the change; the reinstatement follows chapter 21.

16 - Rights and duties of the certified organisation

The certified organisation undertakes to:

- keep its management system meeting the requirements of the standard against which it is certified;
- keep a record of every complaint it receives and of the corrective action it takes on it, and make it available to the audit team;

- accept, at its own expense, the audits by which the certification is maintained over the three years of validity;
- accept, at no additional cost, the presence of the assessors of IAS accompanying the audit team, and audits carried out at short notice or unannounced under chapter 13.1;
- accept, at its own expense, the additional audits made necessary by significant organisational changes;
- comply with the statutory requirements applicable to its products, services and personnel;
- inform the body in writing, and without delay, of every change of chapter 15;
- use the certification, the certification mark and the accreditation symbol only under R-TM, and only within the scope stated on the certificate;
- make no statement about its certification that is misleading, and correct any such statement the body identifies;
- assist the audit team during the audits and carry out the corrective actions agreed;
- cease to use the certification, the mark and every reference to it on suspension, withdrawal or renunciation, and return the certificate.

The certification is granted to the organisation for the sites stated on the certificate and is not transferable.
An organisation certified to ISO 39001:2012 also undertakes to notify the body of any road traffic incident causing death or serious injury in which it has been involved.
The organisation notifies the body of any event of such gravity as to bear materially on the certification, including a measure taken by an authority against it under the law applicable to it, and any legal proceedings concerning the products, the services or the management system covered by the certification.

17 - Transfer of an accredited certification

A transfer is the recognition, by this body, of a valid certification issued by another accredited certification body, in order to issue its own certificate in its place. Only a certification issued by a body accredited by a signatory of the IAF multilateral agreement may be transferred. A certification issued by any other body is treated as an initial certification.

17.1 - The review before transfer

The body reviews the certification before accepting the organisation. The review is documentary and, depending on the circumstances, may include a visit. It requires the audit reports, the findings and the corrective actions of the last three years, or, where the transfer takes place during a cycle, all the documentation produced with the previous body up to that point. The review establishes:

- that the scope of the existing certificate is consistent with the activity of the management system;
- the reason for the request to transfer;
- that every site to be transferred holds an accredited and valid certification, and that any nonconformity raised has been taken over and its resolution verified before the certificate is issued;
- the complaints received about the organisation and the actions taken;
- any legal proceedings or dispute with a supervisory authority;
- the point of the certification cycle reached, and the surveillance programme to be followed.

17.2 - Issue after transfer

A certificate that has expired, is suspended or is under a suspension process is not accepted for transfer. Where the previous body has withdrawn or suspended the certification, acceptance is at the discretion of this body and the previous body is consulted first.
Where the body cannot verify the status of a certificate, the organisation obtains confirmation of its validity from the issuing body and provides it.
Every nonconformity open with the previous body is closed before the transfer; where it cannot be, it is taken over and closed by this body, and that is recorded.
Where the review raises no obstacle, the certificate is issued through the ordinary decision process and the surveillance programme of the previous body is followed, or a new one is established. Where the review raises an obstacle, the body may treat the organisation as an initial certification with a stage 1 and a stage 2; the decision, its reasons and the action required are recorded and explained to the organisation.

18 - Suspension

The body suspends a certification in the following cases, after verifying the actions the organisation has taken:

- serious nonconformities in the management system, or nonconformities not resolved within the time agreed;
- the impossibility of carrying out the surveillance or recertification audits at the required frequency;
- a significant internal reorganisation of the organisation or of its sites, bearing on the scope, that was not notified;
- significant changes to the certified management system that the body has not accepted;
- refusal to accept the presence of the assessors of IAS accompanying the audit team;
- evidence that the management system does not ensure compliance with the applicable statutory requirements;
- a serious and founded complaint;
- non-payment of the amounts due;
- the request of the organisation itself, with its reasons.

Before a suspension is started on a major nonconformity that has not been addressed, or on which no significant improvement has been made despite the organisation's undertaking to resolve it, the body issues a formal warning stating what is missing and what is required. Where no effective response follows within ten working days of that warning, the suspension process begins.
A suspension does not exceed six months. During it the certification is invalid, and the organisation ceases every use of the certification, of the mark and of the accreditation symbol. The suspension and the conditions for lifting it are notified to the organisation in writing, and the suspended status is made publicly accessible.
Where the matter that caused the suspension is resolved within the six months, the body reinstates the certification. Where it is not, the body withdraws it. Where the matter concerns part of the scope only, the body reduces the scope instead of suspending, and issues a new certificate under chapter 12.

19 - Renunciation

The organisation may renounce its certification by giving formal notice at least six months before the next scheduled audit. Notice given later entitles the body to charge the amounts stated in the agreement.
On renunciation the organisation returns the original certificate, uses no copy or reproduction of it, and removes every reference to the certification and every mark from its stationery and from its technical and advertising material. The body does not accept a new application from the same organisation until one year after the end of the agreement, save where CI assesses an exception, and notifies the renunciation to IAS and to the competent authorities under the applicable rules.

20 - Withdrawal

The body withdraws a certification where:

- the certification is not reinstated at the end of the six months of suspension;
- the organisation repeatedly fails to honour the undertakings it has given to remedy the deviations found;
- the organisation remains in arrears for more than one month after the body's notice;
- the organisation ceases the activity for which the management system was certified;
- the organisation is wound up or becomes insolvent;
- the organisation renounces the certification.

The withdrawal is notified in writing. The organisation returns the original certificate, uses no copy or reproduction of it, and removes every reference and every mark from its material. The body does not accept a new application from the same organisation until one year after the withdrawal, and then only on evidence that the measures the body considers suitable to prevent a recurrence have been taken. The withdrawal is notified to IAS and to the competent authorities, and the status is made publicly accessible.

21 - Reinstatement

Where a certification has been renounced, withdrawn or has expired without recertification, the body may reinstate it, provided the outstanding activities - the completion of the audit and the verification of the corrections and corrective actions - have been successfully completed and not more than six months have passed since the date of renunciation, withdrawal or expiry.
Where the certificate is reissued keeping the history of the previous cycle, it states the period of invalidity, that is the period between the expiry of the previous cycle and the date of the decision to reinstate, and its expiry date remains consistent with the previous cycle. Where the initial date of the previous cycle is not carried over, the expiry date remains consistent with that cycle all the same, and the date of issue is not earlier than the date of the decision.

Where more than six months have passed, the certification is not reinstated: the organisation is treated as an initial certification, with a stage 1 and a stage 2 and a new certificate that does not carry the history of the previous one. Whatever the case, a period of invalidity is stated on the certificate, and the audit carried out for the reinstatement is of a duration not less than that of a recertification. In a cycle shortened by a delayed recertification, the whole scope and every requirement are covered by the surveillance audits of that cycle, which remain annual.

22 - Complaints and appeals

An organisation, or any other party, may bring a complaint about the body or about an organisation it certifies, and an organisation may appeal against a decision the body has taken concerning its certification. The process for receiving, investigating and deciding complaints and appeals is documented, and its description is publicly accessible on the website of the body.

The body acknowledges receipt, informs the complainant or the appellant of the progress and of the outcome, and gives formal notice of the end of the process. Bringing a complaint or an appeal results in no discriminatory action of any kind.

The decision on an appeal is taken, or reviewed and approved, by persons who did not carry out the audit and did not take the certification decision that is appealed against. The resolution of a complaint is reviewed and approved by persons not previously involved in its subject.

A valid complaint about a certified organisation is referred by the body to that organisation. The body determines, together with the organisation and the complainant, whether and to what extent the subject of the complaint and its resolution are made public.

A complaint or an appeal is brought in writing to direzione@allaboutesg.eu, or to the registered office of the body, and states the subject, the facts and the evidence on which it rests. An appeal is brought within thirty days of the notification of the decision appealed against; a complaint may be brought at any time. The body acknowledges receipt within five working days and concludes the process within sixty days of receipt, or informs the complainant or the appellant in writing of the reason for a longer time and of the new date. Bringing an appeal does not suspend the decision appealed against. The process is that of PRO-19, and no charge is made for it.

23 - Confidentiality

Information obtained or created by the body in the course of a certification activity is confidential, save for what this regulation and the accreditation rules make public. Where the law or a contractual arrangement requires the body to release it, the organisation is informed in advance of what will be released, unless the law forbids it.

The status of a certification - in force, suspended, withdrawn - and the name, standard, scope and location of a certified organisation are not confidential and are given on request under §8.1.2 of the reference standard.