

 <p>AKREDITACIONO TIJELO Crne Gore</p>	<p>ACCREDITATION BODY OF MONTENEGRO</p>	<p>Reference/Date PA.01/14.09.2020.</p>
--	---	--

ACCREDITATION RULES

	Name and surname	Position	Date	Signature
Reviewed by	Tanja Radović	Head of Accreditation Department / QMS Manager	14.08.2020.	
Approved by	Aleksandar Vujović	Chair of the ATCG Management Board	14.09.2020.	

	ACCREDITATION RULES	Reference/Date PA.01/14.09.2020.
		Page/Total pages 2/29

1. SUBJECT AND SCOPE

The Accreditation Rules (hereinafter referred to as: the Rules) are the rules of the Accreditation Body of Montenegro (hereinafter referred to as: ATCG) which further define:

- the accreditation procedure,
- the requirements to be fulfilled by a conformity assessment body,
- the rights and obligations of participants in the process of granting and maintaining accreditation.

The Rules are intended for ATCG employees, members of ATCG bodies and committees, ATCG assessors, and conformity assessment bodies.

2. ABBREVIATIONS AND DEFINITIONS

2.1 Abbreviations

- **ATCG** – Accreditation Body of Montenegro;
- **CAB** – Conformity Assessment Body;
- **LAB** – Local Accreditation Body;
- **EA** – European co-operation for Accreditation;
- **IAF** – International Accreditation Forum;
- **ILAC** – International Laboratory Accreditation Cooperation.

2.2 Definitions

accreditation

third-party attestation related to a conformity assessment body conveying formal demonstration of its competence to carry out specific conformity assessment tasks

accreditation body

authoritative body that performs accreditation

NOTE: The authority of an accreditation body is typically granted by the Government

accreditation body logo

logo used by an accreditation body for its identification

	ACCREDITATION RULES	Reference/Date PA.01/14.09.2020.
		Page/Total pages 3/29

accreditation certificate

official document or a set of documents stating that accreditation has been granted for a defined scope

conformity assessment body (CAB)

body that performs conformity assessment activities and that can be the subject of accreditation

NOTE: Whenever the term “CAB” is used in this document, it also refers to the “applicant” and to “accredited CABs”, unless otherwise specified

accreditation symbol

symbol whose use the accreditation body requires accredited CABs to use in order to indicate their accreditation status

combined marks

ILAC marks and ILAC Multilateral Recognition Arrangement (MRA) marks, used in combination with the accreditation symbol, constitute combined marks for which the national accreditation body grants the right of use to accredited conformity assessment bodies

statement of conformity

test report, calibration certificate, certificate, inspection report or inspection certificate, verification and validation report, proficiency testing report, issued by an accredited conformity assessment body for activities within the granted scope of accreditation

appeal

request by a conformity assessment body for reconsideration of any adverse accreditation decision related to its desired accreditation status

complaint

expression of dissatisfaction, other than appeal, by any person or organization to an accreditation body, relating to the activities of that accreditation body or of an accredited conformity assessment body, where a response is expected

assessment

process undertaken by the accreditation body to assess the competence of a conformity assessment body, based on particular standard(s) and/or other normative documents, for a defined scope of accreditation

NOTE: Assessment of the competence of a CAB includes determining the competence of the entire CAB, including personnel competence, validity of conformity assessment methods, and validity of conformity assessment results

	ACCREDITATION RULES	Reference/Date PA.01/14.09.2020.
		Page/Total pages 4/29

scope of accreditation

specified conformity assessment activities for which accreditation is sought or granted. The scope of accreditation may be fixed or flexible. A flexible scope of accreditation is expressed in a way that allows a conformity assessment body to modify methods and other parameters within its field of competence, as confirmed by the accreditation body

extending accreditation

addition of conformity assessment activities to the scope of accreditation

withdrawing accreditation

cancellation of accreditation for the entire scope

reducing accreditation

cancellation of part of the scope of accreditation

suspending accreditation

temporary invalidation of accreditation, in whole or in part of the scope of accreditation

assessment programme

set of assessments consistent with a specific accreditation scheme carried out by the accreditation body for a conformity assessment body during the accreditation cycle

interested parties

parties having a direct or indirect interest in accreditation

NOTE: A direct interest refers to bodies being accredited, while an indirect interest refers to bodies and other organizations that use or rely on accredited conformity assessment services

3. RELATION TO OTHER DOCUMENTS

The definitions provided in the following documents are applied in the Rules:

- Regulation (EC) No 765/2008 setting out the requirements for accreditation and market surveillance
- MEST EN ISO 9000:2015 – Quality management systems – Fundamentals and vocabulary
- MEST EN ISO/IEC 17011:2018 – Conformity assessment – General requirements for accreditation bodies accrediting conformity assessment bodies
- MEST EN ISO/IEC 17000:2009 – Conformity assessment – Vocabulary and general principles 1 (amendment dated 05 August 2021)
- ~~MEST EN ISO/IEC 17000:2022 – Conformity assessment – Vocabulary and general principles~~ 3 (amendment dated 07 September 2022)
-

	ACCREDITATION RULES	Reference/Date PA.01/14.09.2020.
		Page/Total pages 5/29

- **MEST EN ISO/IEC 17000:2022 – Conformity assessment – Vocabulary and general principles** 6 (amendment dated 06 December 2023)

2. DESCRIPTION OF ACTIVITIES

The Government of Montenegro established the Accreditation Body of Montenegro (ATCG) as the national accreditation body performing accreditation of conformity assessment bodies, guided by the principles of independence, impartiality and objectivity. The responsibilities and tasks of ATCG are clearly separated from those of other national authorities. ATCG is a non-profit organization and, in order to avoid conflicts of interest, it does not have ownership rights or other financial or managerial interests in conformity assessment bodies.

General acts governing the operation of ATCG, the annual work programme, the annual activity report, the Register of Accredited Bodies with scopes of accreditation, and other relevant information are publicly available. ATCG performs its activities in accordance with the Law on Accreditation (“Official Gazette of Montenegro”, No. 54/09 and 43/2015), the Decision on Establishment of the Accreditation Body of Montenegro (“Official Gazette of Montenegro”, No. 21/07), the Statute of the Accreditation Body of Montenegro, as well as the internal accreditation rules and procedures of ATCG.

ATCG also performs its activities in compliance with the requirements of the standard MEST EN ISO/IEC 17011 – Conformity assessment – General requirements for accreditation bodies accrediting conformity assessment bodies, and in accordance with the rules of European and international accreditation organizations (EA, ILAC and IAF).

By adopting the Law on Amendments to the Law on Accreditation (“Official Gazette of Montenegro”, No. 43/2015), full alignment of the national legislative framework with the provisions of Regulation (EC) No 765/2008 relating to accreditation has been achieved.

ATCG has a logo used for its identification, which is the intellectual property of ATCG.

Upon granting accreditation, ATCG provides the accredited conformity assessment body with the accreditation symbol, which is used to indicate its status as an accredited conformity assessment body. The conformity assessment body is obliged to use this symbol in accordance with the Rules for the use of the accreditation symbol, reference to accreditation and reference to the status of ATCG as a signatory to the EA MLA, ILAC MRA and IAF MLA agreements.

The management system of ATCG is based on the requirements of the standard MEST EN ISO/IEC 17011, the requirements of Regulation (EC) No 765/2008, i.e. the Law on Accreditation, and relevant mandatory EA/IAF/ILAC documents.

ATCG has a sufficient number of competent personnel to properly perform activities within its scope of responsibility. Human resources of ATCG consist of permanent staff, externally engaged

	ACCREDITATION RULES	Reference/Date PA.01/14.09.2020.
		Page/Total pages 6/29

assessors and technical experts, as well as experts involved in the accreditation decision-making process. Duties, responsibilities and authorities of all ATCG personnel are defined in internal documents.

Funds for the operation of ATCG are provided from the budget of Montenegro and from other sources, in accordance with the law. Income from accreditation costs refers to revenues generated through the provision of services, in accordance with the Decision on Accreditation Fees.

The amount of funds for ATCG operations provided from the budget of Montenegro is determined through the annual work programme of ATCG.

Funds from other sources are considered as other revenues generated in accordance with the law. ATCG shall not accept gifts (donations) from service users.

Funds for ATCG membership fees in international and European accreditation organizations, determined by the annual work programme of ATCG, are provided from the budget of Montenegro.

ATCG became an associate member of the European co-operation for Accreditation (EA) in November 2008, and a full member as of 24 November 2011.

ATCG became an associate member of the International Laboratory Accreditation Cooperation (ILAC) in April 2009.

ATCG has concluded bilateral cooperation agreements in the field of accreditation with accreditation bodies of neighbouring countries and countries with which there is mutual interest in such cooperation.

4.1. ACCREDITATION OF CONFORMITY ASSESSMENT BODIES

4.1.1 Introduction

Accreditation is voluntary and open to any conformity assessment body (CAB), whether privately owned, state-owned or otherwise, provided that it meets and continues to meet the established requirements and accepts all obligations, duties and rights defined in this document and in the signed Agreement on Accreditation of a Conformity Assessment Body.

ATCG personnel, as well as all persons involved in the work of ATCG bodies and committees, are obliged to treat as confidential all information obtained during their activities.

Details of the assessment and the results of findings may, except in cases defined by applicable law, be disclosed to third parties only with the written consent of the party concerned. Persons

	ACCREDITATION RULES	Reference/Date PA.01/14.09.2020.
		Page/Total pages 7/29

involved in the accreditation process confirm their acceptance of this obligation by signing the relevant document.

Through its website, ATCG provides up-to-date information relevant to its activities, including a list of conformity assessment bodies holding its accreditation.

4.1.2 Accreditation requirements/criteria

The criteria for granting and maintaining accreditation are defined in:

- the Law on Accreditation;
- Montenegrin standards adopting international and/or European harmonized standards, which contain general criteria, i.e. requirements to be fulfilled by conformity assessment bodies for specific accreditation schemes;
- documents with mandatory application, such as guidelines for the application of European and international standards and guidance documents in the field of accreditation and conformity assessment issued by EA, IAF and ILAC;
- accreditation rules.

The list of documents containing requirements to be fulfilled by an applicant for accreditation and an accredited conformity assessment body is available upon request and on the ATCG website, www.akreditacija.me.

In case of changes to the accreditation criteria, ATCG informs conformity assessment bodies accordingly, including the transition period within which they are required to comply with the amended criteria.

ATCG conducts the accreditation process and other activities within the accreditation cycle fully in accordance with the requirements of the documents referred to in clause 4.1.1 of these Rules. Within its competence, ATCG also follows documents and guidelines for the application of European and international standards and guidance documents in the field of accreditation and conformity assessment issued by EA, IAF and ILAC.

If interpretation of specific requirements from reference accreditation documents is requested, for which no application guidance exists, ATCG shall provide the appropriate interpretation by engaging expert bodies, in cooperation with interested parties

4.1.3 Confidentiality

ATCG has established documents and data considered confidential, the manner of ensuring confidentiality, as well as procedures in case of breach of confidentiality rules. Employees of

	ACCREDITATION RULES	Reference/Date PA.01/14.09.2020.
		Page/Total pages 8/29

ATCG, members of ATCG bodies and expert committees, as well as persons contractually engaged to perform specific tasks on behalf of ATCG, are obliged to ensure the confidentiality of data and information obtained in the course of performing activities for ATCG. In cases where there is a legal obligation to disclose such information, ATCG shall inform the interested parties in writing.

4.1.4 Accreditation procedure

In accordance with the non-discriminatory policy applied by ATCG, all applications for accreditation submitted by conformity assessment bodies interested in accreditation shall be accepted and considered, provided they fall within the scope of ATCG activities. Information on the fields of activity for which ATCG is competent is available in document PQ.00.01 Service Catalogue, which is publicly accessible on the website www.akreditacija.me.

A conformity assessment body may withdraw from the accreditation process at any time.

4.1.5 Scope of accreditation

A conformity assessment body submits an application for accreditation for the scope of accreditation for which it considers itself competent. This scope is agreed upon in the initial phase of the accreditation process and is finally confirmed during the accreditation decision-making process.

Guidelines for the expression of the scope of accreditation for different types of conformity assessment bodies are available on the ATCG website, as well as upon request.

4.1.6 Language of the accreditation process

ATCG conducts the accreditation process in the Montenegrin language. In cases of cross-border accreditation or engagement of a foreign assessor within the assessment team, the assessment or part of the assessment is conducted in English or another agreed language, with the involvement of an interpreter if necessary.

4.1.7 Accreditation costs

The conformity assessment body shall pay the applicable accreditation costs in accordance with the signed agreement governing mutual rights and obligations, as well as with the Decision on Accreditation Fees, which is also available on the ATCG website.

	ACCREDITATION RULES	Reference/Date PA.01/14.09.2020.
		Page/Total pages 9/29

4.1.8 Transfer of accreditation

In case of changes in the status or ownership of an accredited conformity assessment body, ATCG shall transfer the accreditation to the legal successor of the conformity assessment body, provided that it:

- has accepted the policies and procedures of the conformity assessment body's quality management system;
- has retained the key personnel of the conformity assessment body;
- has retained the conformity assessment methods and procedures used by the conformity assessment body;
- has retained the equipment, facilities and relevant premises of the conformity assessment body to the extent that they affect the results of conformity assessment activities.

If a transfer of accreditation is requested, the accredited conformity assessment body shall submit a formal written request to ATCG.

The request shall include the following:

- a description of the reasons for requesting the transfer of accreditation;
- a clear and precise description of the new legal status, where applicable;
- a description of possible changes in the management system;
- a statement by the new owner/management confirming compliance with accreditation criteria;
- planned activities with defined timelines for updating internal documents in accordance with the changes (e.g. change of name);
- information related to the updating of necessary contracts with employees, contracts with subcontractors, etc., where applicable.

Transfer of accreditation is also possible within the same legal entity, for example in the case of merger of two or more accredited conformity assessment bodies. In such cases, the validity period of accreditation shall be the shortest validity period of the accreditations of the merging bodies.

Depending on the changes, ATCG shall decide whether to approve the transfer of accreditation based on the submitted documents and/or additional information, ~~or to make an appropriate decision after obtaining additional information~~ or after performing an on-site assessment of the conformity assessment body.

4.1.9 Accreditation for the purpose of designation/authorization of conformity assessment bodies

ATCG, as **a future** ^{5 (amendment dated 06 December 2023)} signatory to the EA MLA, complies with EA policy related to accreditation for notification purposes, as defined in the document *Document on*

	ACCREDITATION RULES	Reference/Date PA.01/14.09.2020.
		Page/Total pages 10/29

Accreditation for Notification Purposes (EA-2/17 M). ATCG shall apply the requirements set out in the above-mentioned document when accrediting conformity assessment bodies that intend, on the basis of accreditation granted by ATCG, to apply for notification to perform conformity assessment activities in accordance with the harmonized legislation of the European Union.

Until the conditions for notification of conformity assessment bodies are established in Montenegro, ATCG shall apply the requirements of the above-mentioned document when accrediting conformity assessment bodies that intend, on the basis of accreditation granted by ATCG, to apply for designation to perform conformity assessment activities in accordance with the legislation of Montenegro transposing the harmonized legislation of the European Union (formerly New Approach Directives).

For this purpose, ATCG shall, based on the *Document on Accreditation for Notification Purposes (EA-2/17 M)* and in cooperation with the competent ministry responsible for the designation of conformity assessment bodies, carry out accreditation activities for conformity assessment activities for which conformity assessment bodies seek accreditation, based on identified standards suitable for use in accreditation.

4.2 INITIAL ACCREDITATION

4.2.1 Information on accreditation

The ATCG website contains information on accreditation rules, the accreditation procedure, accreditation costs, the documentation required for initiating the accreditation process, and the Accreditation Application form. Upon written request of a conformity assessment body, ATCG provides the necessary documentation for initiating the accreditation process and the Accreditation Application form.

4.2.2 Application for accreditation

The accreditation process is initiated on the basis of the submitted Accreditation Application filed by a CAB in written or electronic form. The Accreditation Application contains:

- a) general characteristics of the CAB, including information on the organization to which it belongs, its name, address, legal status, and human and technical resources;
- b) general information relating to the CAB, such as its activities, its relationship within a larger legal entity, where applicable, and the addresses of all its physical locations to be covered by the scope of accreditation;
- c) a clearly defined requested scope of accreditation;
- d) an agreement to fulfil accreditation requirements and other obligations of the CAB.

Together with the completed Accreditation Application, the CAB shall also submit the relevant required documents/information, such as: founding acts, a copy of the Quality Manual, where

	ACCREDITATION RULES	Reference/Date PA.01/14.09.2020.
		Page/Total pages 11/29

applicable, and other quality system documents (rules, procedures, records). For each accreditation scheme, the documents/information to be submitted are clearly specified in the Accreditation Application.

4.2.3 Review of the application

The Accreditation Application with accompanying documentation shall be registered by ATCG in the prescribed manner. The completeness of each submitted Accreditation Application and accompanying documentation shall be reviewed and, in case the application is incomplete, ATCG shall request the conformity assessment body to supplement the application. Supplementation of the Accreditation Application may be requested only once. If the conformity assessment body fails to submit a complete application, including all documents required therein, ATCG shall not accept the application, and in such case the conformity assessment body shall have the right to appeal.

The review of the Accreditation Application determines ATCG's capability to perform the assessment in terms of its own policies and procedures, competence and availability of appropriate personnel for assessment activities and decision-making. The review also includes determining ATCG's capability to carry out the initial assessment and make the relevant accreditation decision in a timely manner. If, based on the review, ATCG cannot accept the Accreditation Application (e.g. the applied-for scope of accreditation is outside the scope of ATCG activities or for any other justified reason), the conformity assessment body shall be informed thereof in writing, together with an adequate explanation of the reasons for non-acceptance of the application. The conformity assessment body shall have the right to appeal if it is dissatisfied with ATCG's decision not to accept the application.

If there is evidence of deception, intentional provision of false information, or concealment of information by the applicant for accreditation, during the submission and review of the application or at any other stage of the initial accreditation process, ATCG shall not accept the application or shall decide to terminate the accreditation process. The conformity assessment body shall have the right to appeal if it is dissatisfied with the decision of ATCG

4.2.4 Contracting

After acceptance of the Accreditation Application, ATCG submits to the applicant a standard Agreement defining the rights and obligations of the contracting parties in the accreditation process. If the authorized representative of the applicant does not sign the Agreement within 15 days, ATCG shall decide to terminate the accreditation process. The applicant has the right to appeal if dissatisfied with the decision of ATCG.

The accreditation process is considered to commence on the date of signing of the Agreement.

	ACCREDITATION RULES	Reference/Date PA.01/14.09.2020.
		Page/Total pages 12/29

4.2.5 Preliminary visit – pre-assessment visit

~~Within the Accreditation Application, the conformity assessment body may indicate whether it requests a preliminary (pre-assessment) visit by ATCG, aimed at evaluating the readiness of the CAB to proceed with the accreditation process. The CAB shall bear the prescribed costs for the preliminary visit.~~

~~As a rule, the pre-assessment visit is carried out by the lead assessor who will act as the team leader in the subsequent assessment process of the CAB.~~

~~During the preliminary visit, the organizational structure, locations and resources available to the conformity assessment body for the requested scope of accreditation are reviewed in detail; its general preparedness for continuation of the accreditation process is assessed; the level of documentation of the management system is reviewed against the requirements of the relevant accreditation documents; and the duration, scope and necessary resources for the assessment are estimated.~~

~~A report of the preliminary visit is prepared and submitted to the conformity assessment body. The findings serve the CAB to address any identified issues that could prevent it from obtaining accreditation and are not binding on the applicant. After the preliminary visit, the applicant may decide whether to continue with the accreditation process. The applicant shall inform ATCG thereof in writing. The deadline for submitting this notification shall not exceed 45 days from the date of receipt of the report.~~^{7 (izmjena od 15.04.2025.)}

4.3 PREPARATION FOR ASSESSMENT

4.3.1 Appointment of the assessment team

The assessment team consists of a lead assessor and an appropriate number of assessors/technical assessors and/or technical experts for each conformity assessment area, in such a way that its composition (number of team members and structure) corresponds to the scope and complexity of the conformity assessment activities for which accreditation is sought.

ATCG shall timely inform the conformity assessment body of the names of the assessment team members and the organizations in which they are employed, in order to allow the conformity assessment body to raise objections to the appointment of any team member. In case of a written objection to specific members, the objection shall be considered and, if deemed justified (confirmed conflict of interest, previous negative experience with the team member, etc.), a new assessment team/team leader/team member shall be appointed.

If the conformity assessment body does not agree with the revised assessment team, ATCG shall decide to terminate the accreditation process. The conformity assessment body shall have the right to appeal if it is dissatisfied with ATCG's decision to terminate the accreditation process.

	ACCREDITATION RULES	Reference/Date PA.01/14.09.2020.
		Page/Total pages 13/29

4.4 ASSESSMENT

The assessment process is carried out by the appointed assessment team and includes document review and on-site assessment at the premises of the conformity assessment body.

4.4.1 Document review

The assessment team reviews all relevant documented information submitted by the CAB in order to evaluate the conformity of its system with the relevant standard(s) and other accreditation criteria.

Based on the review of documented information, ATCG may decide not to proceed with further assessment. In such cases, the CAB shall be informed in writing, with justification. ATCG shall grant the CAB a period of one month to correct the identified nonconformities and/or deficiencies. If the CAB fails to submit evidence of corrective actions within the specified timeframe, ATCG shall request a written statement regarding its intention to continue the accreditation process. If the CAB does not respond within 10 working days, it shall be considered to have withdrawn from the accreditation process, and ATCG shall issue a decision to terminate the accreditation process.

Failure to enable the on-site assessment may also lead to termination of the accreditation process and the corresponding decision. The CAB shall have the right to appeal if it is dissatisfied with ATCG's decision to terminate the accreditation process.

4.4.2 Preliminary visit

The pre-assessment is carried out upon request of the client.

ATCG announces the pre-assessment visit, which is conducted by the lead assessor at the head office and/or at other locations of the client where activities subject to accreditation are performed.

During the pre-assessment visit, ATCG determines:

- whether the conditions for conducting the initial assessment are met,
- whether the scope of activities for the initial assessment is clearly defined,
- and collects other information relevant for planning and organizing the initial assessment.

If the assessor identifies such deficiencies in system arrangements, organization of work or performance of activities subject to accreditation that do not allow the initial assessment to be carried out or would certainly require its complete repetition, the client shall be informed accordingly.

After completion of the pre-assessment, the assessor prepares a written report which is also submitted to the client.

In the report, the assessor indicates any deficiencies in meeting accreditation requirements. The report also includes a recommendation regarding the continuation of the accreditation process.

The report may include an agreement between ATCG and the client on temporary suspension of the process until the client implements the agreed actions.

In such cases, ATCG shall wait for notification from the client that the actions have been implemented before continuing the process.

	ACCREDITATION RULES	Reference/Date PA.01/14.09.2020.
		Page/Total pages 14/29

If the client does not provide evidence within a reasonable period (within three months) that the conditions for continuation of the process are met, ATCG shall warn the client and request that, within 15 days of receiving the request, it specifies a timeframe for completing the agreed actions. If the client does not specify a timeframe, or if the proposed timeframe is unreasonably long such that the total duration of the suspension would exceed six months, ATCG shall send the client a notification of its intention to terminate the accreditation process, with a warning that the agreement on granting and maintaining accreditation will automatically cease to be valid upon termination of the process.

If the client does not respond within 30 days of the notification and does not declare that it will be ready for the assessment within a maximum of two months, ATCG shall issue a decision to terminate the accreditation process and notify the client accordingly.

If significant deficiencies referred to in the third paragraph of this clause are identified during the pre-assessment, and no agreement on suspension or termination of the process is reached at the end of the visit, ATCG shall inform the client of the findings and propose suspension of the process until the deficiencies are corrected or termination of the process and cancellation of the agreement. If the client, despite the warning, insists on conducting the initial assessment, the process shall continue in accordance with the rules for initial assessment. Izmjena 8 od 19.06.2025.

4.4.3 On-site assessment

For each assessment, an assessment plan is prepared and the date for conducting the on-site assessment is agreed with the conformity assessment body. During initial assessment, all locations where one or more of the following activities covered by the scope of accreditation are performed shall be assessed: formulation of policies, development of processes and/or procedures, contract review, planning of conformity assessment activities, performance of conformity assessment activities, review and approval of conformity assessment results, and decision-making on those results.

Where witnessing of planned and agreed conformity assessment activities cannot be carried out during the on-site assessment, it shall be planned separately—either before or after the on-site assessment. The selection of representative samples of conformity assessment activities to be witnessed shall be carried out in accordance with witnessing criteria, including determination of locations to be assessed, number of assessment days, and selection of representative samples of activities within the requested scope of accreditation.

The on-site assessment is conducted in accordance with the ATCG procedure for assessment of conformity assessment bodies (PR01) and consists of an opening meeting, the assessment itself, and a closing meeting.

At the opening meeting, representatives of the conformity assessment body are informed of all relevant information regarding the assessment process and the further course of the accreditation process, including obligations related to confidentiality. Among other things, the assessment plan and scope are confirmed at the opening meeting.

	ACCREDITATION RULES	Reference/Date PA.01/14.09.2020.
		Page/Total pages 15/29

The conformity assessment body shall, during the assessment, enable the ATCG assessment team access to all relevant documents, entry to all premises related to the conformity assessment activities for which accreditation is sought, as well as interviews with personnel involved in the activities covered by the assessment.

At the closing meeting, the assessment team informs the representatives of the conformity assessment body about the assessment findings, including identified nonconformities and/or comments/observations, if any, the procedure for resolving identified nonconformities and comments/observations, as well as the recommendation of the assessment team regarding the accreditation decision.

The conformity assessment body shall be given the opportunity to ask questions or request clarifications regarding the findings of the assessment team. Identified nonconformities shall be specified in Nonconformity Reports. If no understanding or agreement is reached regarding the identified nonconformities and/or comments, the team leader shall record this in the Minutes prepared on site and submit it for signature to the representatives of the CAB. Representatives of the conformity assessment body shall state their position on the assessment findings and, in case of disagreement with the findings of the assessment team, the CAB may submit an explanation of the disagreement to ATCG.

4.4.4 Correction of nonconformities and comments/observations

When nonconformities are identified during the assessment, the CAB shall, within the defined timeframe, submit proposed corrective actions to address the identified nonconformities, including a root cause analysis. If the team leader and members of the assessment team do not consider the proposed actions adequate, the CAB shall be given an additional period to define a new proposal of corrective actions. The deadline for correction of nonconformities shall not exceed three months. This deadline may be extended by an additional one month upon request of the conformity assessment body.

Within the defined timeframe, the conformity assessment body shall inform ATCG in writing of the correction of identified nonconformities and submit evidence of the implemented actions, i.e. of the correction of nonconformities.

The assessment team shall verify whether the identified nonconformities have been corrected in a satisfactory manner. Verification may be carried out through review and evaluation of submitted documented evidence and/or through a follow-up assessment. If the submitted evidence is considered inadequate, the conformity assessment body shall be given an additional period to submit further information – supplemented evidence.

If corrective actions are not defined within the established timeframe, or if the proposed actions remain inadequate, or if the nonconformities are not corrected within the specified timeframe,

 AKREDITACIONO TIJELO Crne Gore	ACCREDITATION RULES	Reference/Date PA.01/14.09.2020.
		Page/Total pages 16/29

ATCG shall make a decision not to grant accreditation. The process may be re-initiated by submitting a new application for accreditation.

The conformity assessment body shall have the right to appeal if it is dissatisfied with ATCG's decision not to grant accreditation.

4.5 DECISION ON ACCREDITATION

4.5.1 Recommendation of the assessment team

After completion of assessment activities and verification of the correction of identified nonconformities, i.e. confirmation that the proposed actions and deadlines for addressing identified comments are adequate, the assessment team provides a recommendation regarding accreditation.

4.5.2 Decision-making on accreditation

Decisions on granting, maintaining, extending, suspending, reducing and withdrawing accreditation are made by the Accreditation Commission and formally verified by the Director of ATCG. Where maintenance is not related to reassessment and there is no change in scope, or where the conformity assessment body has requested reduction, suspension or withdrawal, ATCG may apply a process that does not require an independent decision. In such cases, the decision is made by the Director upon proposal of the Accreditation Department. ^{2 (amendment dated 20 May 2022)}

The Accreditation Commission consists of permanent ATCG staff who were not involved in the assessment subject to decision-making, as well as externally engaged experts who provide the necessary technical expertise in the conformity assessment areas under consideration.

The Accreditation Commission reviews the information contained in the case submitted for decision-making, determines its completeness, and evaluates the clarity, comprehensibility and sufficiency of the information on which the accreditation decision is based. If the Commission determines that the information is insufficient to make an appropriate decision, additional information shall be requested from the assessment team or the assessed conformity assessment body, which may include conducting a supplementary assessment.

The conformity assessment body has the right to appeal against any accreditation decision that is unfavourable to it. The procedure for appeals is defined in the document "Handling of Complaints and Appeals" (PR.08), which is available on the ATCG website.

	ACCREDITATION RULES	Reference/Date PA.01/14.09.2020.
		Page/Total pages 17/29

4.5.3 Accreditation certificate and reference to accreditation

If, after the accreditation process has been carried out, it is determined that the conformity assessment body meets the accreditation requirements, ATCG shall adopt a Decision on Accreditation and issue to the conformity assessment body an Accreditation Certificate together with an Annex to the Accreditation Certificate containing the abbreviated and detailed scope of accreditation.

Together with the Accreditation Certificate, ATCG grants the accreditation symbol, which the conformity assessment body shall use in accordance with the Rules for the use of the accreditation symbol and reference to accreditation. The Accreditation Certificate is valid for four years.

An accredited conformity assessment body may, instead of using the accreditation symbol, make a textual reference to accreditation in accordance with the Rules for the use of the accreditation symbol and reference to accreditation.

The accredited conformity assessment body shall be entered into the Register of Accredited Conformity Assessment Bodies, which is available on the ATCG website.

4.6 REGISTER OF ACCREDITED CONFORMITY ASSESSMENT BODIES

The Register of Accredited Conformity Assessment Bodies contains the following:

1. accreditation number;
2. name and address of the accredited conformity assessment body, including its locations where accredited activities are performed;
3. basic information on the accredited conformity assessment body;
4. information on the accreditation status, as well as any changes in status, if applicable;
5. date of initial and most recent accreditation, as well as the expiry date of the current accreditation;
6. contact details;
7. valid scope of accreditation.

The Register is public and available on the ATCG website.

	ACCREDITATION RULES	Reference/Date PA.01/14.09.2020.
		Page/Total pages 18/29

4.7 DOCUMENTATION OF ACCREDITED CABs KEPT BY ATCG

ATCG retains the documentation of accredited conformity assessment bodies submitted with the accreditation application, as well as all records from the assessment and accreditation decision-making processes, for a period of two accreditation cycles.

4.8 ACTIVITIES WITHIN THE ACCREDITATION CYCLE

4.8.1 General

ATCG carries out activities aimed at ensuring that an accredited conformity assessment body continuously fulfils the accreditation criteria for the activities for which accreditation has been granted.

These activities include on-site assessments at the premises/locations of the accredited conformity assessment body and/or at sites where accredited activities are performed, in order to confirm that the accredited conformity assessment body operates in accordance with accreditation criteria. In addition, activities carried out continuously by ATCG throughout the entire accreditation cycle include the collection and analysis of all information relevant to maintaining the status of the accredited conformity assessment body.

4.9 ASSESSMENTS WITHIN THE ACCREDITATION CYCLE (surveillance assessments)

4.9.1 Regular assessments within the accreditation cycle

The first assessment within the accreditation cycle shall be carried out within 6 to 9 months from the date of granting accreditation, unless otherwise decided during the accreditation decision-making process, and exceptionally within 12 months where accreditation is a prerequisite for authorization/designation.

Surveillance assessments are carried out in accordance with the assessment programme, as a rule every calendar year, using applicable assessment techniques, ensuring that the interval between two on-site assessments at the client's premises does not exceed two years.

The interval between assessments within the accreditation cycle, as well as the applicable assessment techniques, depend on the results of previous assessments, the nature of identified nonconformities, the effectiveness of the established management system, results of internal audits, management reviews, results of participation in interlaboratory comparisons and proficiency testing (PT) activities, results of complaint resolution, the frequency of changes within the accredited CAB that may affect the accreditation status, etc.

	ACCREDITATION RULES	Reference/Date PA.01/14.09.2020.
		Page/Total pages 19/29

The CAB is required to submit the necessary documentation for the surveillance assessment no later than 1.5 months prior to the planned assessment date. As a rule, the assessment team remains the same throughout the accreditation cycle, but engaged in a composition appropriate to the planned assessment activities in accordance with the assessment programme.

During one accreditation cycle, all conformity assessment activities within the scope of accreditation shall be assessed using appropriate assessment techniques.

4.9.2 Extraordinary assessment

Extraordinary assessment shall be carried out when necessary, in the following cases:

- when there are complaints regarding the performance of an accredited conformity assessment body;
- when changes occur within the accredited conformity assessment body that may affect the conditions under which accreditation was granted (changes in legal status, organization, management structure, conformity assessment procedures, technical and human resources, etc.);
- when, after suspension, it is necessary to verify whether the accredited conformity assessment body again meets the accreditation requirements;
- based on information about the situation in the accredited conformity assessment body that may affect the status of the granted accreditation.

The decision to carry out an extraordinary surveillance assessment shall be made by the Director of ATCG.

4.10 RENEWAL OF ACCREDITATION

4.10.1 Reassessment

Reassessment activities shall begin at least 4 months before the expiry of the valid accreditation, by submission of an application for renewal of accreditation by the conformity assessment body, together with the accompanying documentation specified in the Application form.

All phases of reassessment are carried out in the same manner as for initial assessment, except for the preliminary visit. Where possible, a different assessment team shall be appointed for reassessment compared to the team(s) that performed the assessment in the previous accreditation cycle.

4.10.2 Extension of accreditation

If the accredited conformity assessment body has submitted an application to ATCG for renewal of accreditation within the prescribed timeframe, and the decision on renewal has not been made

	ACCREDITATION RULES	Reference/Date PA.01/14.09.2020.
		Page/Total pages 20/29

before the expiry of the current accreditation, and the delay is caused by ATCG, the Director may decide to extend the accreditation until the decision on renewal is made, but for no longer than 3 months from the expiry of the previous accreditation.

4.11 CHANGES IN THE SCOPE OF ACCREDITATION

4.11.1 Extension of the scope of accreditation

An accredited conformity assessment body may apply for extension of the scope of accreditation at any time during the validity of accreditation, including within the renewal process. In such cases, a separate application for extension is not required; instead, the conformity assessment activities for which extension is sought are identified within the requested scope of accreditation. Assessment for the purpose of extending the scope of accreditation may be carried out as a separate process or together with a regular assessment within the accreditation cycle. Extension of the scope of accreditation does not affect the validity period of accreditation.

4.11.2 Reduction of the scope of accreditation

The scope of accreditation of an accredited conformity assessment body may be reduced at the request of the conformity assessment body or following completion of an assessment process and the corresponding accreditation decision. The conformity assessment body has the right to appeal if it is dissatisfied with ATCG's decision on reduction of the scope of accreditation.

4.11.3 Other changes to the scope of accreditation

At any time during the accreditation cycle, a conformity assessment body may request a modification of the valid scope of accreditation due to changes in the reference document for conformity assessment (standard, regulation, etc.), changes in the edition year of a standard, or similar reasons.

The conformity assessment body is required to submit, together with the request, an explanation of the requested changes, including an impact analysis on the established management system. ATCG shall decide on the method of verification of the requested change (e.g. review of submitted documentation, etc.) and the activities to be carried out, based on the analysis of the submitted request, and shall inform the conformity assessment body thereof in writing.

4.12 SUSPENSION OF ACCREDITATION

4.12.1 Suspension upon request – voluntary suspension

An accredited conformity assessment body may, during the validity of accreditation, request ATCG to suspend accreditation, for part or the entire scope of accreditation, due to temporary inability to perform accredited conformity assessment activities in compliance with accreditation criteria. The requested suspension may be granted for a maximum period of 6 months. The

	ACCREDITATION RULES	Reference/Date PA.01/14.09.2020.
		Page/Total pages 21/29

accredited conformity assessment body shall request termination of the suspension in writing at least one month before its expiry.

Suspension of accreditation may be lifted based on the results of an assessment or on the basis of adequate evidence demonstrating that the circumstances leading to the suspension have ceased. If the conditions for lifting the suspension are not met, ATCG shall reduce the scope of accreditation to the extent of the suspension or withdraw accreditation if the suspension covered the entire scope.

The conformity assessment body has the right to appeal if it is dissatisfied with ATCG's decision on reduction of the scope of accreditation or withdrawal of accreditation.

The duration of the suspension does not affect the validity period of accreditation.

4.12.2 Involuntary suspension

ATCG may suspend accreditation based on the results of activities within the accreditation cycle, due to non-fulfilment of accreditation criteria or failure to comply with contractual and other obligations by the accredited conformity assessment body, based on the results of an assessment or upon proposal of the Accreditation Commission. Such suspension may last for a maximum of 6 months and may cover part or the entire scope of accreditation. The accredited conformity assessment body shall request termination of the suspension in writing at least one month before its expiry.

Involuntary suspension of accreditation may be lifted based on the results of an assessment or on the basis of adequate evidence demonstrating that the circumstances leading to the suspension have ceased.

If the conditions for lifting the suspension are not met, ATCG shall reduce the scope of accreditation to the extent of the suspension or withdraw accreditation if the suspension covered the entire scope.

The conformity assessment body has the right to appeal if it is dissatisfied with ATCG's decision on involuntary suspension.

The duration of the suspension does not affect the validity period of accreditation.

4.13 TERMINATION OF ACCREDITATION

4.13.1 Withdrawal from accreditation

An accredited conformity assessment body may withdraw from granted accreditation for any reason and may submit a written request to ATCG for withdrawal of accreditation at any time.

4.13.2 Withdrawal of accreditation

ATCG may withdraw granted accreditation based on the results of activities within the accreditation cycle, due to non-fulfilment of accreditation criteria or failure to comply with contractual and other obligations by the accredited conformity assessment body, upon proposal of the Accreditation Commission.

	ACCREDITATION RULES	Reference/Date PA.01/14.09.2020.
		Page/Total pages 22/29

In particular, ATCG shall initiate the process of withdrawal of accreditation if, during activities within the accreditation cycle, there is evidence of misleading behaviour, intentional provision of false information, concealment of information, misuse of accreditation, or violation of accreditation rules by the accredited conformity assessment body.

Following withdrawal of accreditation, the conformity assessment body is obliged to return to ATCG the Accreditation Certificate and the Annex to the Accreditation Certificate with the corresponding scope of accreditation, and to provide a written statement committing to take all necessary measures to cease using the accreditation symbol and to refrain from making any reference to accreditation.

The conformity assessment body has the right to appeal if it is dissatisfied with ATCG's decision on withdrawal of accreditation.

A conformity assessment body whose accreditation has been withdrawn may submit a new application for accreditation after 6 months from the date of withdrawal, or after 12 months in cases of withdrawal due to misuse of accreditation or violation of accreditation rules.

4.14 COMPLAINTS AND APPEALS

4.14.1 Complaints

The Complaints Commission (hereinafter: the Commission), established by the Director of ATCG for each individual case, is responsible for handling complaints.

The composition of the Commission, consisting of three members, is proposed by the Management Representative for Quality. Members of the Commission are selected from among ATCG employees, taking into account the absence of any business interest and ensuring that members have not been directly or indirectly involved in or related to the activities that are the subject of the complaint, in order to ensure independence, impartiality and objectivity.

The complainant is obliged to cooperate in the complaint handling process when required by the Commission.

Based on the Complaint Review Report submitted by the Commission, the Director of ATCG makes a Decision on the complaint, including justification. In case the complaint is accepted as justified, the Decision shall also include measures for correction of nonconformities in the activities of ATCG/CAB.

The complainant shall be informed of the Director's Decision in writing. The Decision of the Director of ATCG is final.

4.14.1.1 Complaint related to the activities of ATCG

The Commission reviews, analyses and examines the documentation related to the complaint and, as a rule, prepares a Complaint Review Report within no longer than 10 working days from the date of its establishment. The Report contains a proposal to accept the complaint or to reject

	ACCREDITATION RULES	Reference/Date PA.01/14.09.2020.
		Page/Total pages 23/29

it as unfounded, with appropriate justification. In case the complaint is accepted, the Report also includes a proposal for corrective measures to address nonconformities in the activities of ATCG.

Activities carried out in case of a justified complaint, in accordance with the Procedure for Handling Complaints and Appeals (PR.08), include:

- implementation of appropriate corrections,
- implementation of appropriate corrective actions in accordance with procedure PR.03 Control of Nonconformities, Corrective Actions and Improvements,
- initiation of an extraordinary internal audit in accordance with procedure PR.04 Internal Audit,
- other appropriate measures or a combination of measures.

The Complaint Review Report is submitted by the Commission to the Director of ATCG for decision-making.

4.14.1.2 Complaint related to the activities of an accredited CAB

The Commission forwards the complaint (with accompanying documentation) to the accredited CAB for consideration and resolution, in accordance with its internal rules and procedures for handling complaints.

NOTE: The Accreditation Agreement, which regulates the mutual rights and obligations of ATCG and the accredited CAB during the validity of accreditation, stipulates that the CAB shall cooperate with ATCG in the process of handling complaints submitted to ATCG that relate to the activities of the accredited CAB.

The accredited CAB shall, within a period not exceeding 10 working days, submit to the Commission a written report on the actions and measures taken to resolve the complaint. The Commission may request additional information and/or documentation from the CAB regarding the review and resolution of the complaint.

Based on the report submitted by the CAB, the Commission prepares a Complaint Review Report. The Report contains a proposal to accept the complaint or to reject it as unfounded, with appropriate justification. In case the complaint is accepted, the Report also includes a proposal for measures, which may include:

- verification of specific facts during a regular surveillance assessment,
- initiation of an extraordinary surveillance assessment in accordance with document PA.01 Accreditation Rules,
- other appropriate measures or a combination of measures.

	ACCREDITATION RULES	Reference/Date PA.01/14.09.2020.
		Page/Total pages 24/29

A proposal for an extraordinary surveillance assessment of the CAB is made only when it is not possible to obtain sufficient evidence for decision-making on the complaint by other means.

The Complaint Review Report is submitted by the Commission to the Director of ATCG for decision-making.

The implementation of measures following complaint resolution, as well as records, documentation and archiving of complaints, are defined in the Procedure for Handling Complaints and Appeals (PR.08)

4.14.2 Appeals

The Appeals Commission (hereinafter: the Commission), established by the Management Board of ATCG upon proposal of the Director for each individual case, is responsible for handling appeals.

As a rule, the Commission consists of three members: one member from ATCG staff, one lead assessor for the relevant accreditation scheme, and one technical assessor (or expert) from the technical field to which the appeal relates. It shall be ensured that Commission members have the necessary experience and competence, and that they have not been directly or indirectly involved in or related to the activities that are the subject of the appeal. Members of the Commission who are not permanent ATCG staff are required to sign a Confidentiality Agreement.

The Commission reviews, analyses and examines the documentation related to the appeal.

In cases where the decision subject to appeal involved the ATCG Accreditation Commission (e.g. technical evaluation of reports issued by the CAB, interpretation of results obtained during conformity assessment, etc.), the Commission shall first request the Accreditation Commission to reconsider its decision in light of the appeal and to submit an appropriate report within a defined timeframe.

The Commission evaluates the justification of the appeal and, within no longer than 10 working days from the date of its establishment, prepares an Appeal Review Report. The Report contains a Proposal for Decision on the appeal, which may be to accept the appeal or to reject it as unfounded, with appropriate justification.

In case the appeal is accepted, the actions to be taken may include:

- amendment of the previously adopted decision that was the subject of the appeal,
- initiation of an extraordinary internal audit in accordance with procedure PR.04 Internal Audit,
- implementation of appropriate corrective actions in accordance with procedure PR.03 Control of Nonconformities, Corrective Actions and Improvements,

 AKREDITACIONO TIJELO Crne Gore	ACCREDITATION RULES	Reference/Date PA.01/14.09.2020.
		Page/Total pages 25/29

- other appropriate measures or a combination of measures.

The Appeal Review Report shall be submitted to the Director of ATCG for decision-making.

The complete procedure for handling appeals is described in the Procedure for Complaints and Appeals (PR.08).

4.15 OBLIGATIONS OF ATCG AND OBLIGATIONS OF CABs

4.15.1 General

ATCG carries out the accreditation process on the basis of a concluded Accreditation Agreement with the CAB. The Agreement defines in detail the rights and obligations of ATCG, as well as the rights and obligations of the CAB within the accreditation process.

4.15.2 Obligations of ATCG

ATCG shall ensure:

- that assessment procedures are limited to evaluation of conformity with accreditation criteria;
- that the period from application review to the performance of on-site assessment does not exceed six months. amendment 4 dated 02 March 2023;
- that personnel involved in accreditation activities are competent, independent and impartial;
- the confidentiality of information and data obtained during the accreditation process;
- availability of up-to-date information on granted accreditations;
- timely information on changes to accreditation criteria, taking into account the views of interested parties, as well as the methods for verifying that each CAB has made the necessary adjustments;
- information on the use of the accreditation symbol and reference to accreditation;
- information on ensuring acceptable traceability of measurement results;
- information on the expression of the scope of accreditation of CABs;
- information on the policy for cross-border accreditation;
- information on the methodology for witnessing during assessment;
- information on international arrangements in which ATCG is involved

4.15.3 Obligations of conformity assessment bodies

The CAB shall operate in accordance with its established organization, its own rules and procedures, which formed the basis for granting accreditation by ATCG, and shall provide conformity assessment services to its clients in compliance with all accreditation criteria.

The CAB shall timely adapt to changes in accreditation criteria issued by ATCG.

	ACCREDITATION RULES	Reference/Date PA.01/14.09.2020. Page/Total pages 26/29
---	----------------------------	--

The CAB shall enable ATCG and its representatives to monitor compliance with accreditation criteria, including:

- access to all relevant areas of CAB activities, including necessary arrangements at all locations where conformity assessment activities are performed;
- availability of documents and records related to conformity assessment activities necessary for assessment and maintenance of accreditation;
- access to documents demonstrating the level of independence and impartiality of the CAB in relation to its related bodies, where applicable;
- claiming accreditation only for the scope for which it has been granted;
- payment of accreditation fees in accordance with the Decision on Accreditation Fees;
- immediate notification to ATCG of any changes affecting accreditation status, including changes in legal, commercial, ownership or organizational status; changes in organization, top management and key personnel; changes in policies, resources and locations; requests for changes in scope of accreditation; changes in the composition of committees and other bodies reflecting the influence of interested parties (e.g. product certification, management system certification and inspection bodies), where applicable; compliance under accreditation when required by ATCG for the purpose of assessment; changes in conformity assessment schemes (e.g. certification schemes); changes in certification committees and other bodies reflecting stakeholder influence; and other changes affecting compliance with accreditation criteria.

Based on analysis of the potential impact of such changes on accreditation status, ATCG shall decide on the method of verification, which may include on-site assessment.

The accredited CAB shall also:

- not use accreditation in a manner that would harm the reputation of ATCG, ensuring in particular that such use does not create confusion regarding the scope and content of accreditation and does not make statements that could be considered misuse of accreditation;
- seek clarification from ATCG in case of any doubt regarding the use of accreditation;
- not include in contracts with clients or in statements of conformity any indication that conformity has been confirmed by ATCG;
- in case of partial or full suspension, immediately cease issuing statements of conformity (including labels) and other documents bearing the accreditation symbol for the suspended scope, including on its website;
- return the Accreditation Certificate and its Annex to ATCG after withdrawal of accreditation;
- cease making any claims of being accredited and cease distributing any documents or items containing the accreditation symbol after expiry or withdrawal of accreditation, including removal from its website;
- notify its clients in writing in case of withdrawal of accreditation and require them to cease use of the accreditation symbol, where applicable, and inform ATCG thereof;
- retain statements of conformity and related records for at least one accreditation cycle;
- retain records related to incident situations affecting product safety within the accredited scope, including records from clients or third parties (e.g. judicial authorities) and measures taken;
- provide ATCG with details of actions taken by judicial authorities related to services within the

	ACCREDITATION RULES	Reference/Date PA.01/14.09.2020.
		Page/Total pages 27/29

scope of accreditation;

- where authorized/designated based on accreditation, regularly report to ATCG on the status of such authorization/designation.

An accredited certification body, or an applicant for accreditation, shall annually, upon request of ATCG, provide:

- an up-to-date list of certified clients;
- a list of consultants involved in establishing management systems for certified clients;
- an up-to-date list of auditors/assessors, including name, qualifications, work experience, technical competence (e.g. EA code, certification field) and list of assessed clients;
- a list of countries where accredited certificates are issued and the number of certificates per country;
- a list of countries where certification activities are performed from fixed locations;
- a list of countries from which personnel performing conformity assessment activities are engaged;
- evidence of mechanisms for controlling activities carried out at foreign locations or by engaged personnel.

Certification bodies for management systems shall additionally provide, by the end of January each year, data per country and per standard: number of valid accredited certificates, number of auditors, number of certification transfers, number of overdue audits and number of audit days performed.

Certification and inspection bodies shall, prior to applying for accreditation, have performed at least one certification or inspection for each applied scheme/scope.

Accreditation for certification bodies for management systems may be granted only for EA codes/technical areas for which certification decisions have been made.

Where accreditation is a prerequisite for designation/authorization, accreditation may be granted based on witnessing under simulated conditions.

A designated/authorized accredited CAB shall inform ATCG of its first conformity assessment activity for witnessing under real conditions. If witnessing is not enabled before the first surveillance assessment, ATCG shall reduce or withdraw accreditation.

If, due to technical or economic reasons, certain accredited activities are not performed for a period of one year, ATCG may allow their retention within the scope of accreditation provided that documentation, resources and relevant standards are maintained and measures for reactivation are defined. Such activities may remain within the scope for a maximum of two years. The CAB shall inform ATCG upon reactivation, and ATCG shall decide on necessary verification activities, which may include witnessing.

	ACCREDITATION RULES	Reference/Date PA.01/14.09.2020.
		Page/Total pages 28/29

After two years, ATCG shall reduce or withdraw accreditation for activities not continuously performed.

A certification body for management systems shall not offer certification services under accreditation against standards used by ATCG for accreditation of CABs (e.g. ISO/IEC 17025, EN ISO 15189).

Details on reference to accreditation status and use of the accreditation symbol are defined in the Rules for the Use of the Accreditation Symbol and Reference to Accreditation. In cases of misuse, ATCG may take measures including corrective actions, extraordinary assessment, suspension or withdrawal of accreditation.

The CAB shall comply with cross-border accreditation rules when operating abroad or having locations in other countries, as available on www.akreditacija.me.

The CAB shall allow participation of EA or other international accreditation organization peer evaluation teams during ATCG assessments, where applicable.

The CAB shall participate in interlaboratory comparisons (ILC) and proficiency testing (PT) programmes in accordance with the relevant rules.

4.16 CROSS-BORDER ACCREDITATION

ATCG applies the following general principles related to cross-border accreditation:

- ATCG primarily performs accreditation of CABs that are legal entities with headquarters in Montenegro;
- ATCG does not promote accreditation services or conduct marketing activities in the territory of other countries;
- ATCG does not compete with other national accreditation bodies in performing accreditation activities;
- ATCG may accept an application for accreditation from a CAB established outside Montenegro in the following cases:
 - a) if the country where the CAB is established does not have a national accreditation body (NAB) or has not decided to use the services of another national accreditation body;
 - b) if the NAB does not provide accreditation services for the conformity assessment activities for which accreditation is sought;
 - c) if the NAB is not a signatory to the relevant multilateral recognition arrangements (EA MLA/BLA, ILAC MRA or IAF MLA) for the specific accreditation scheme.

ATCG shall timely inform an accredited CAB established outside Montenegro of the obligation to transfer accreditation to the NAB once the above conditions are no longer met. After the relevant NAB becomes a signatory to the applicable multilateral recognition arrangements (EA

	ACCREDITATION RULES	Reference/Date PA.01/14.09.2020.
		Page/Total pages 29/29

MLA/BLA, ILAC MRA or IAF MLA) for the relevant accreditation scheme, ATCG shall not undertake further activities related to renewal of accreditation or extension of the granted scope of accreditation of such CABs. During each reassessment of a CAB established outside Montenegro, ATCG shall verify whether the above conditions for cross-border accreditation are still met and maintain appropriate records of this review.

- ATCG may direct a CAB established in Montenegro to submit an application for accreditation to the national accreditation body of another country if ATCG does not provide accreditation services for the conformity assessment activities for which accreditation is sought;
- When ATCG accredits a CAB established in Montenegro for conformity assessment activities in accordance with the national technical legislation of another country, ATCG shall, in cooperation with the NAB of that country, ensure the necessary expertise and information related to that legislation.
- When accrediting a CAB established in Montenegro that has locations and/or performs conformity assessment activities outside Montenegro, ATCG shall confirm the following:
 - that the CAB retains full responsibility for all accredited activities, including those performed at locations outside Montenegro;
NOTE: This responsibility shall be demonstrated through contractual or other legal arrangements between the CAB and its foreign locations, as well as through internal documents defining responsibilities and relationships with the parent organization
 - that the CAB and all its locations operating outside Montenegro function under the same management and within the same management system;
 - that the CAB has appropriate mechanisms to effectively control and influence activities carried out at its locations outside Montenegro;
NOTE: The CAB shall be able to demonstrate that such control and influence are established and implemented
 - that locations operating outside Montenegro do not offer services within the scope of accreditation on the local (foreign) market under their own name and logo;
 - that statements of conformity (e.g. certificates, reports, etc.) issued by such locations contain only the name and address of the accredited CAB as a legal entity established in Montenegro, without indicating the name and/or logo of the location;
NOTE: Such documents may include contact details of the location, but shall not create confusion regarding the identity of the accredited CAB.

The detailed procedure for cross-border accreditation is defined in the Rules for Cross-Border Accreditation, in accordance with EA-2/13 M:2019, which is applied as a mandatory document.